

LIVED EXPERIENCES AND COPING STRATEGIES OF DOMESTIC VIOLENCE

SUVIVORS IN OUTAPI, OMUSATI REGION, NAMIBIA

THESIS SUBMITTED IN PARTIAL FULFILMENT

OF THE REQUIREMENTS FOR THE MASTER OF ARTS (SOCIAL WORK)

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ABSTRACT

The purpose of the study was to “Explore the lived experiences and coping strategies of domestic violence from the perspective of female survivors in Outapi, Omusati Region, Namibia.” The study sought answers to the following research questions (1) What are the factors that contribute to domestic violence in Outapi, Omusati in Namibia? (2) What are the impacts of domestic violence on the victims? (3) What coping strategies can be used to address the impacts of domestic violence in Outapi, Omusati Region in Namibia? The study adopted a qualitative research design. A sample of 15 women participants who are domestic violence survivors were purposefully selected. Data was collected telephonically after working hours because some participants were busy at work and it was during the time of Covid-19 when social distance procedures were still in place. The study revealed that there are numerous factors that contribute to domestic violence in relationships. The key factors that were identified during the study were the issue of alcoholism and drug abuse, unemployment and poverty, gender inequality, childhood exposure to domestic violence, global recession and migration. Other sexual abuses when seeking for services and employment were exposed during the study. The study also found that domestic violence has serious effects on the health of the victim which range from mild to severe. Victims sustain physical injuries, suffer psychological problems, women fail to reach their potential due to fear of their abusers. Organisations fail to fully achieve their goals due to absenteeism from employees as they solve their problems at home. Coping strategies were also brought to the surface during the study. These included medical care, psychological support, daily exercises, planning for the safety of the survivors and their children, denial and avoidance.

Key words: Gender based violence, survivors of gender based violence, domestic violence, perpetrators, coping strategies

LIST OF TABLES

Table 4. 1: Characteristics of the study participants53
Table 4:2: Themes and Sub themes56

DECLARATION

I, Maria Hailonga, 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: April 2024

Maria Hailonga

DEDICATION

This work is dedicated to the almighty for pulling me through every time I was on the verge of giving up.

My fiancé Mr. Lot Sandro Shikongo for his unwavering support throughout this journey.

My friends and family who have been my greatest support since day one, their unconditional love and support gave me courage throughout the journey.

The ministry of Gender Equality Poverty Eradication and Social Welfare for giving me permission to carry out this work at the GBVU in Outapi

To everyone affected in one way or another by Domestic Violence

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My fiancé Mr. Lot Sandro Shikongo for his unwavering support throughout this journey.

The expert editors and research guidance providers that contributed enormously on paving this work from the start till the end.

ACRONYMS

DV-Domestic Violence

IPV-Intimate Partner Violence

ILO-International Labour Organisation

IDVA-Independent Domestic Violence Advisor

TBI-Traumatic Brain Injury

PTSD-Post Traumatic Stress Disorder

SDoH- Social Determinants of Health

SGBV-Sexual and Gender-Based Violence

VAW-Violence Against Women

TABLE OF CONTENTS

| | |
|---|-----|
| ABSTRACT | i |
| LIST OF TABLES | ii |
| DECLARATION | iv |
| DEDICATION | v |
| ACKNOWLEDGEMENT | vi |
| ACRONYMS | vii |
| TABLE OF CONTENTS | ix |
| CHAPTER 1: INTRODUCTION | 1 |
| 1.1 Introduction | 1 |
| 1.2. Background of the study..... | 2 |
| 1.3. Problem Statement | 6 |
| 1.4 Purpose of the Study..... | 9 |
| 1.5 Research Objectives | 9 |
| 1.6. Significance of the Study | 9 |
| 1.8 Delimitations | 11 |
| 1.9. Operational definition of key concepts | 11 |
| 1.10 Format of the study..... | 14 |
| 1.11 Summary | 15 |
| CHAPTER 2: LITERATURE OVERVIEW | 16 |
| 2.1 Introduction | 16 |

| | |
|---|-----------|
| 2.2 Defining Domestic violence | 17 |
| 2.3. Theoretical Framework | 17 |
| 2.4 Contributing Factors to Domestic Violence | 19 |
| 2.5. The impact of domestic violence..... | 24 |
| 2.6 Coping strategies for domestic violence victims who are women | 29 |
| 2.7 Chapter Summary | 35 |
| CHAPTER 3: RESEARCH METHODOLOGY | 36 |
| 3.1 Introduction | 36 |
| 3.2 Research Design | 36 |
| 3.4 Sample and Sampling methods | 38 |
| 3.4.1 Types of Sampling Methods: | 38 |
| 3.4.2 Choice of Non-Probability Sampling Method: | 39 |
| 3.4.3 Inclusion and Exclusion Criteria: | 39 |
| 3.4.4 Determination of Sample Size: | 40 |
| 3.4.5. Inclusion criteria | 40 |
| 3.5 Research Instruments | 41 |
| 3.5.1 Interview Guide | 41 |
| 3.7. Pilot Study | 42 |
| 3.8. Data collection procedure..... | 43 |
| 3.9 Data Analysis | 44 |
| 3.10.1 Credibility | 46 |
| 3.10.3 Dependability..... | 48 |
| 3.10.4 Confirmability..... | 48 |
| 3.11 Ethical Considerations..... | 49 |
| 3.11.1 Principle of informed consent..... | 49 |

| | |
|--|----|
| 3.11.2 Beneficence and non-maleficence principles | 49 |
| 3.11.3 The justice principle..... | 50 |
| 3.12 Chapter Summary | 52 |
| CHAPTER 4: FINDINGS AND DISCUSSION OF THE STUDY FINDINGS..... | 53 |
| 4.1 Introduction | 53 |
| 4.2 Socio-demographic description of the study participants | 53 |
| 4.3 Presentation and discussion of data..... | 55 |
| 4.4 Theme 1: Contributing factors to domestic violence | 59 |
| 4.4.1: Subtheme 1.1: Alcohol and Drug Abuse | 59 |
| 4.4.2: Subtheme 1.2: Recession from Work | 61 |
| 4.4.3: Subtheme 1.3: Gender Inequality and Control | 62 |
| 4.4.4: Subtheme 1.4: Growing up in a violent family..... | 64 |
| 4.4.5: Subtheme 1.5: Poverty..... | 66 |
| 4.4.6: Subtheme 1.6: Infidelity suspicion | 67 |
| 4.5 Theme 2: The Impact of Domestic Violence | 69 |
| 4.5.1 Subtheme 2.1: Physical injuries..... | 69 |
| 4.5.2: Sub-theme 2.3: Emotional Trauma..... | 70 |
| 4.5.3: Subtheme 2.2: Sexually transmitted infections (STIs) and unwanted pregnancy | 71 |
| 4.5.4: Subtheme 2.4: Loss of work productivity | 73 |
| 4.6 Theme 3: Coping strategies for women victims of domestic violence | 74 |
| 4.6.1: Sub-theme 3.1: Seeking medical care..... | 76 |
| 4.6.2: Sub-theme 3.2: Psycho-social support for the female survivors of domestic violence..... | 77 |
| 4.6.3: Sub-theme 3.3: Regular Exercise | 79 |
| 4.6.4: Sub-theme 3.4: Denial and emotional avoidance | 80 |

| | |
|---|-----|
| 4.7 Conclusion..... | 83 |
| CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS..... | 84 |
| 5.1 Introduction. | 84 |
| 5.2 Summary of the findings | 84 |
| 5.2.1 To assess the factors contributing to domestic violence in Outapi, including psychological, social, emotional, and physical dimensions..... | 84 |
| 5.2.2 To explore the impact of domestic violence on the psychological, social, emotional, and physical well-being of female survivors in Outapi. | 86 |
| 5.2.3 To determine the coping strategies employed by victims of domestic violence in Outapi. | 87 |
| 5.3 Recommendations of the study | 89 |
| 5.4 Suggestions for Further Research..... | 92 |
| 5.5 Conclusion..... | 92 |
| REFERENCES..... | 94 |
| APPENDIX 1: ETHICAL CLEARANCE CERTIFICATE | 99 |
| | 99 |
| APPENDIX 2: PERMISSION FROM MINISTRY OF GENDER EQUALITY, POVERTY ERRADICATION AND SOCIAL WELFARE..... | 100 |
| APPENDIX 3: INTERVIEW GUIDE: | 101 |
| APPENDIX 4: INFORMED CONSENT..... | 104 |
| APPENDIX 5: PROOF OF LANGAUGE EDITING | 114 |

CHAPTER 1: INTRODUCTION

1.1 Introduction

This chapter aims to introduce and provide a detailed background of the concerned topic which is domestic violence. It will explore how different authors are explaining and defining the concept of domestic violence. This chapter will also look at the different statistics that shows the severity of domestic violence internationally, nationally and locally. It will also showcase the problem statement of the term domestic violence by also including in the research objectives of the research Topic as well as the aim of the study. To further understand the relevance of the study, this chapter will outline in details the significance of the study and all this will in the end be brainstormed towards the conclusion.

Domestic violence is violence committed by someone in the victim's domestic circle (Bannister & Moyi, 2019), which includes partners and ex-partners, immediate family members, other relatives, and family friends (DuRant, 2015). There is usually a power gap between the victim and the perpetrator. The victim is dependent on the offender, and domestic violence can take the form of physical, sexual, or psychological abuse. Domestic violence occurs at all levels of society and in all population groups. Women form the largest group of victims, but men, children, and elderly people can also be victims of domestic violence. Domestic violence, according to Carroll (2012), can be physical, sexual, or psychological, and it can affect anyone of any age, gender, race, or sexual orientation. It may include behaviors meant to scare, physically harm, or control a partner, and while every relationship is different, domestic violence typically involves an unequal power dynamic in which one partner tries to assert control over the other in a variety of ways (Drost, 2011). Some perpetrators may use children, pets, or other family members as emotional leverage

to get their victim to do what they want. Victims of domestic violence experience diminished self-worth, anxiety, depression, and a general sense of helplessness that can take time and often professional help to overcome (Irfan, 2021). It can take time before victims of domestic violence recognize their situation for what it is. Abuse often leaves physical marks, from bruises and broken bones to shortness of breath and involuntary shaking (Kanbur, 2021). Being more prone to "accidents" than the average person can be a warning sign that someone is being abused. Abuse victims can also suffer both short- and long-term emotional and psychological effects, including feelings of confusion or hopelessness, depression, anxiety, panic attacks, and post-traumatic stress disorder (PTSD) (Aguirre et al., 2020). Despite, the contributing factors to domestic violence, the effects of it to survivors they also employ different coping mechanisms to help them live with the fact that they suffered this ordeal. This coping mechanism, include seeking for professional help such as therapy, laying a charge or opening a case against the abuser. Others can join social support group as well as keeping a positive mindset while remaining prayerful. Seeking for information regarding the issue is one way victims can try to cope with victimization (Hagermann, 2021). Therefore, this study seeks to explore the lived experiences of domestic violence from the perspective of female survivors in Outapi, Omusati Region, Namibia.

1.2. Background of the study

Domestic violence (DV) within a relationship or marriage is a pervasive issue where one or both partners employ physical, sexual, or psychological violence to exert power or control over the other or in response to heightened emotions (DuRant, 2015). This pressing concern has emerged as a prevalent social issue affecting individuals on a global scale. According to a comprehensive analysis of prevalence data spanning from 2000 to 2018 across 161 countries and areas, conducted

by the World Health Organization (WHO) on behalf of the United Nations (UN) Interagency Working Group on Violence Against Women, it was revealed that nearly 1 in 3 women globally, accounting for 33%, have experienced physical and/or sexual violence from an intimate or non-partner (UN, 2020).

In Namibia, the statistics underscore the gravity of the situation, with at least one in three women likely to be facing domestic violence (World Vision, 2019). Shikongo (2019) reported that Gender-Based Violence Units handle up to 200 domestic violence cases monthly. Contrasting global patterns, WHO (2019) indicated that New Zealand reports the highest rate of reported intimate partner violence among developed countries, while, of the 77 countries reporting to the UN, Sweden, the U.K., Botswana, and Australia had the highest reported rates of domestic violence (WHO, 2019).

This study delves into the intricate background of domestic violence, with a specific focus on how female victims navigate and cope with incidents of domestic violence. Legally, domestic violence cases are categorized based on the relationship between the involved parties and the nature of the abusive acts (Acosta, 2020). The legal definitions encompass relationships with current or former spouses, children (including foster children), parents of a child in common, or unmarried individuals who are intimate partners. It is essential to note that legal frameworks recognize that victims are not exclusively women, and such offenses extend beyond traditional family relationships (Diéguez et al., 2021).

The authors assert that common manifestations of family violence encompass physical attacks, sexual assaults, psychological abuse, financial exploitation, social isolation, and property destruction. Furthermore, the insidious act of stalking is frequently associated with domestic

violence, emphasizing the multifaceted nature of the problem that necessitates comprehensive understanding and intervention strategies.

Domestic violence, according to Calderón-Jaramillo et al. (2020), can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. Although it is a serious crime that often leaves permanent scars, the background of domestic violence indicates that it has not always been taken seriously by the police or the courts. This is due to the antiquated idea that a husband has the "right" to do whatever is necessary to "control" his wife, as if she were his property, in addition to the notion that responding to domestic disputes was not "real" police work (Diéguez Méndez et al., 2021).

According to Diéguez Méndez et al. (2021), the lockdown, for its part, created ideal conditions for the growth of the elements involved in domestic violence; it isolated women even more, increasing control by formal confinement in the home, facilitating impunity by making it harder for women to escape from violence, and creating a context that facilitated the use of any of its forms if faced with the slightest stimulation. Studies reveal that this is a habitual situation after a catastrophe or disaster and that aggressors take advantage of the circumstances in which movement is restricted to increase the use of violence against women (Irfan, 2021). In scenarios of this type, as studies after different disasters show (the Haiti earthquake, the fires in Australia, and the tsunami in Japan), there is an increase in domestic violence with two components: an increase in the level of violence prior to the disaster, and the appearance of gender-based violence in relationships where it had not existed beforehand. And all of this, according to Kanbur (2021), occurs without a rise in the

number of reports. The data shown in different newspaper reports on the evolution of gender-based violence during the lockdown confirms the situation, with a 37% increase in the number of calls and a fall in the number of reports. All in a scenario in which the elements that increase the risk of violence against women have increased, such as alcohol consumption, with a rise in sales of 84.4%, and pornography, which rose by 61.3%. So, it can be said that the lockdown kept women in dangerous situations and gave their attackers more freedom to do so (Le Mat et al., 2019).

Domestic abuse leaves a lot of painful memories and unavoidably haunts the victims for the rest of their lives (DuRant, 2015). Some of the repercussions might break one's heart and lead to unfavorable actions on the part of the victims (Kennedy, Hayashi, Milloy, Boyd, Wood, & Kerr, 2020). Suicide and other life-threatening health issues are examples of such repercussions. Domestic abuse cases are occasionally unreported, causing statistics on domestic violence to be skewed (Carroll, 2012). While the goal of this study is to uncover the stories of women who have been victims of domestic abuse, some participants were able to have their voices heard through the research interviews.

In exploring the global perspective of the issue, it is crucial to consider determinants of domestic violence against women in Ghana (Djah & Agbemafle, 2016) and the multiple traumas inflicted on women seeking asylum in the United States (Aguirre, 2020). The relationship between urban live ability and gender-based violence is examined in a systematic review (Alderton et al., 2020), while the roles of nurses in screening for intimate partner violence are explored through a phenomenological study (Al-Natour & Qandil, 2016). Effective interventions for addressing intimate partner violence in Latina women are analyzed through a systematic review (Alvarez et al., 2016). Finally, empowerment initiatives and their potential to address domestic gender-based violence in Western Kenya are discussed (Bannister & Moyi, 2019). Therefore, also looking into

different way survivors of domestic violence can use as coping strategies. This study will be answering and outlining some of the coping mechanisms used by survivors to help them continue living life positively despite their experience.

1.3. Problem Statement

The 5WH Theory refers to the six basic questions to ask when gathering information, meaning to address the who, what, why, where, when, and how, questions (Wa-Mbaleka, S, 2012, October). Hence it was applied in this context to bring out the issue of domestic violence survivors in this context. To clarify this to the reader, the focus is on the female survivors who suffered abuse by their partners based on their gender for different reasons stated under factors and causes in this research product. This are survivors who experienced the abuse between the years 2015-2020 and have accessed services at the gender based violence Unit in Outapi, Omusati Region to help them cope with the devious act. “According to the Ministry of Gender and Child Welfare (2020), Omusati region remains one of Namibia’s Regions with more than 30 cases of domestic violence per month, this is one of the reason that is motivating this research paper to explore the survivor’s experiences to eventually make the reader understand the phenomena in depth.

The domestic violence statistics in Namibia show that at least one out of three women in Namibia are likely to be experiencing domestic violence, according to DuRant (2015), while Gender Based Violence Units report up to 200 domestic violence cases monthly. A (WHO,2027) report for 2017 revealed that Namibia was one of the countries that recorded the highest cases of domestic violence in the SADC region. In response to the escalating crises, the Namibian Government established a standalone Ministry of Gender Equality, Poverty Eradication, and Social Welfare, whose main responsibility is to implement and monitor the policies that will mitigate the skyrocketing cases of

domestic violence in Namibia. This means that the government has a response in place to the problem, but it does not seem to be effective as the problem still persists in the region.

“According to the Ministry of Gender and Child Welfare (2020), Omusati region remains one of Namibia’s Regions with more than 30 cases of domestic violence per month,

When examining the landscape of domestic violence in Namibia, particularly in the Omusati Region, it becomes evident that despite national initiatives, this issue persists prominently. According to national statistics released by the Ministry of Gender and Child Welfare in 2020, the Omusati Region alone records over 30 cases of domestic violence per month. This concerning trend is not confined to Omusati, as Ohangwena and Khomas closely follow with high prevalence rates.

In the broader context of addressing domestic violence in Namibia, both the public and private sectors have actively engaged in initiatives to combat this pervasive problem. However, a critical research gap exists, particularly regarding the experiences of female survivors in the country. Contrary to comprehensive global and national statistics, the specific nuances of these experiences are inadequately explored.

Despite the active involvement of Gender-Based Violence Units, handling up to 200 domestic violence cases monthly according to the WHO report, there remains a limited understanding of the intricacies and lived experiences of survivors. The need for targeted research becomes even more pressing when considering that Namibia was identified in a WHO report for (2017) as one of the countries with the highest recorded cases of domestic violence in the SADC region.

Even with the active involvement of both public and private sectors in addressing domestic violence, there is a glaring research gap concerning the experiences of female survivors in

Namibia. While research has been conducted in Oshikoto Region and Khomas Region, there is an evident absence of studies specific to the Outapi Constituency in the Omusati Region. This study aims to fill this void of lack of research by examining the experiences and coping strategies employed by female survivors of domestic violence in Outapi. The research will not only contribute to the existing knowledge on domestic violence in Namibia but will also provide insights to inform policy development in the ongoing fight against this pervasive social issue. It will further educate the reader on the different ways one can use as coping mechanism in events where they are faced with domestic violence by tapping into what worked for the victim (participants). This research paper will be a great tool to use for service providers when reaching out to communities for awareness meeting on domestic violence as they will make use of some of the coping strategies/coping mechanism to empower the community members with and prepare them for when they find themselves in similar situations. This is because the social problem (domestic violence) can affect anyone and everyone at one point hence one should be fully equipped with information when it come.

Some of the Coping Strategies employed by domestic violence survivors as coping mechanisms around the World. Mahapatro and Singh (2020) stated that there is a differential impact of DV, psychological distress, and coping strategy based on contextual factor; women having an informal support system have a better result in coping. Further stating that, intervention at the formal system result in improving coping strategy and simultaneously reducing psychological distress. As the mediation period is interminable and traumatic, the institutional support to women survivors of domestic violence is an important policy alternative for improving survivors' well-being, especially in an unsupportive informal context. Other factors, are to encourage participation and guide neighbours to report cases of domestic violence. This measure highlights the importance of

the informal support network in social isolation. support groups for women in situations of violence were also identified as coping strategies (Fornari, Lourenço, Oliveira, Santos, Menegatti, & Fonseca,2021).

1.4 Purpose of the Study

The purpose of the study was to explore the lived experiences and coping strategies of female survivors of domestic violence in Outapi, Omusati Region, Namibia.

1.5 Research Objectives

The following are the study's objectives, which stem from the purpose:

1. To assess the factors contributing to domestic violence in Outapi, including psychological, social, emotional, and physical dimensions.
2. To explore the impact of domestic violence on the psychological, social, emotional, and physical well-being of female survivors in Outapi.
3. To determine the coping strategies employed by victims of domestic violence in Outapi.

1.6. Significance of the Study

This study holds significant implications for various stakeholders, contributing to both academic knowledge and practical interventions in the domain of domestic violence. The insights garnered from this study will provide a nuanced understanding of the experiences and coping strategies of domestic violence survivors in Outapi, thus offering valuable input for the development and refinement of policies aimed at preventing and addressing domestic violence at both regional and national levels. By delving into the coping mechanisms employed by survivors, the study will contribute practical information to enhance the effectiveness of support services provided by

NGOs, government agencies, and community organizations. This can lead to more targeted and tailored interventions to assist survivors in their journey towards recovery. The study's findings can be used to develop targeted awareness campaigns aimed at reducing the stigma associated with domestic violence and encouraging open dialogue. This may contribute to creating a more supportive environment for survivors to come forward, seek help, and break the cycle of abuse. While the study focuses on the specific context of Outapi, Namibia, the findings may also contribute to the global understanding of domestic violence and coping strategies. Comparative analysis with existing literature and studies from other regions can provide a broader perspective on commonalities and unique challenges faced by survivors. The research will establish a foundation for future studies, serving as a reference point for scholars and researchers interested in exploring similar themes. This can lead to a more comprehensive and evolving body of knowledge on domestic violence and survivor experiences.

1.7. Limitations of the study

Some of the respondents were always busy during the weekdays, so the researcher made arrangements to meet them outside of working hours. Also, meeting them all at once in the same place was very difficult, and the researcher had to call some of them in the comfort of their homes. While some of them provided generic answers to the interview questions, the researcher probed further to obtain responses that could be interpreted meaningfully. Since the study was not sponsored, the researcher had to bear all the costs, including those for telephonic interviews, internet connections while searching for articles and books in an attempt to finalize the report, and the printing and binding of this thesis document. All these issues required the researcher to carefully carry out her budgeting process.

1.8 Delimitations

The study focused on the female survivors of domestic violence within the Outapi Constituency in Omusati Region, Namibia. Males in Outapi and women who were not victims of domestic violence were not part of this study.

1.9. Operational definition of key concepts

Domestic Violence: Domestic violence refers to any pattern of abusive behavior within a relationship or household, where one partner seeks to assert power and control over the other through physical, sexual, psychological, economic, or emotional means (DuRant, 2015; Lorente Acosta, 2020). As highlighted by DuRant (2015) and further emphasized by Lorente Acosta (2020), domestic violence encompasses various forms of abusive behavior within interpersonal relationships. It is characterized by actions aimed at establishing dominance and control, ranging from physical harm to emotional manipulation and economic exploitation.

Gender-Based Violence: Gender-based violence involves harmful acts directed at an individual based on their gender, constituting a violation of human rights and manifesting in various forms such as physical, sexual, emotional, or economic abuse (Nunbogu & Elliott, 2021; UN, 2020). As discussed by Nunbogu and Elliott (2021) and underscored by the United Nations (UN, 2020), gender-based violence is a multifaceted issue violating human rights. It encompasses actions that target individuals based on their gender, perpetuating inequality and discrimination through various forms of abuse.

Intimate Partner Violence (IPV): Intimate Partner Violence refers to physical, sexual, or psychological harm inflicted by a current or former partner, highlighting the unique dynamics

within close relationships (Abramsky et al., 2016; Raj et al., 2020). As studied by Abramsky et al. (2016) and Raj et al. (2020), intimate partner violence encompasses various forms of harm inflicted within close relationships. It involves actions that compromise the safety and well-being of an individual by a partner, whether current or former.

Physical Abuse: Physical abuse involves the use of force or violence causing bodily harm or injury, often manifested through acts like hitting, slapping, or restraining (DuRant, 2015; Synergy et al., 2019). DuRant (2015) and Synergy et al. (2019) provide insights into the various forms of physical abuse within the context of domestic violence. It includes acts of physical harm intended to control, intimidate, or cause injury to the victim.

Sexual Abuse: Sexual abuse comprises non-consensual sexual activities, coercion, or any form of unwanted sexual conduct within a relationship or household (Abramsky et al., 2016; Synergy et al., 2019). As noted by Abramsky et al. (2016) and Synergy et al. (2019), sexual abuse encompasses a range of non-consensual sexual behaviors. It involves acts that violate an individual's autonomy and consent, causing physical and emotional harm.

Emotional or Psychological Abuse: Emotional or psychological abuse involves the infliction of emotional distress, manipulation, or degradation to control and intimidate the victim (UN, 2020; Nash & Chandan, 2021). UN (2020) and Nash & Chandan (2021) shed light on the detrimental effects of emotional or psychological abuse within the context of gender-based violence. It encompasses tactics such as gas lighting, humiliation, and mind games to undermine the victim's mental and emotional well-being.

Economic Abuse: Economic abuse pertains to controlling or limiting a person's financial resources as a means of asserting power or control within a relationship (Abramsky et al., 2016; UN, 2020). As highlighted by Abramsky et al. (2016) and the United Nations (UN, 2020), economic abuse involves manipulating financial resources to maintain control. This may include restricting access to money, employment, or financial decision-making, thereby trapping the victim in a cycle of dependency.

Survivor: A survivor is an individual who has experienced domestic violence or gender-based violence and has demonstrated resilience, strength, and coping mechanisms to overcome the traumatic experience (Mannell et al., 2018; Lorente Acosta, 2020). The term survivor, as discussed by Mannell et al. (2018) and Lorente Acosta (2020), signifies the strength and resilience of individuals who have experienced gender-based violence. Survivors not only endure the harm inflicted but also exhibit resilience and coping strategies in their journey towards healing and recovery.

Victim: A victim is an individual who has suffered harm, abuse, or mistreatment within the context of domestic violence or gender-based violence (Abramsky et al., 2016; UN, 2020). As explored by Abramsky et al. (2016) and acknowledged by the United Nations (UN, 2020), victims are individuals who have experienced harm within the realm of gender-based violence. They may endure various forms of abuse, requiring support and intervention to break free from the cycle of victimization.

1.10 Format of the study

The format of the study is as outlined below:

Chapter 1: Introduction

This chapter presented the introduction and background of the study, the problem statement, the aim of the study, the research objectives, the research questions, the significance of the study, the assumptions of the study, the delimitations of the study, and its aerial format.

Chapter 2: Literature Overview

This chapter contains a comprehensive literature review and sources that were consulted. The review seeks to answer the research questions of the study, with particular reference to what the other authorities say about the research question. The review was drawn from a number of concepts and constructs from previous researchers, mainly related to the lived experiences of women survivors of domestic violence in the Outapi and Omusati regions. It also presented the theoretical framework of the study.

Chapter 3: Research Methodology

This chapter presents the research design, the target population, sample and sampling design, research instruments, the validity and reliability of the instruments, and data collection and analysis techniques. It also contains ethical considerations.

Chapter 4: Results, Discussion, and Interpretation of the Findings

This chapter contains the findings of the study in line with the research objectives. It also interprets the meaning of these findings. Research questions were answered through critical interpretation of the results obtained during the research through interviews and the use of interview guides.

Chapter 5: Summary, Conclusion, and Recommendations

This chapter presents the summary, conclusion, and recommendations of the research project.

1.11 Summary

This chapter dealt with the background of the problem, the problem statement, the aim of the study, and the objectives. In the next chapter, we will talk about the study's theoretical framework and literature review.

CHAPTER 2: LITERATURE OVERVIEW

2.1 Introduction

The previous chapter introduced the study under the following headings: background of the study, purpose of the study, objectives of the study, research questions, significance of the study, limitations and delimitations of the study, and format of the study. This chapter focuses on the literature review of the study.

Fink (2014,p.23) defined a literature review as "a critical summary of existing knowledge on a topic of interest, often prepared in order for the research to be placed in context." The literature review informs the study on what has been done and the methods used. The main purpose of a literature review is to critically investigate the existing literature in a given research area, subject, or discipline, finding appropriate theories, key constructs, empirical methods, contexts, and available research gaps in order to identify what future research should concentrate on based on the identified gaps ((Gibbs, 2017). Gray (2014) documented that conducting a literature review has numerous benefits as follows: (1) It provides and overall overview of the existing body of knowledge that the researchers are not aware of (2) It discloses topics that have already been researched o, so that researchers do not waste their time researching something that has already been researched on (3) It provides researchers with new empirical thoughts to incorporate in their studies. (4) It helps researchers identify research gaps or flaws in existing research. Therefore, this chapter analyzes the existing literature that hast contributed empirically to an exploration of lived experiences and coping strategies of domestic violence from the perspective of female survivors in Outapi, Omusati Region, Namibia.

2.2 Defining Domestic violence

According to Aguirre (2020), domestic violence is any abusive act between family members, ex-spouses, intimate cohabitants, former intimate cohabitants, dating couples, and former dating couples in which one party seeks to gain or maintain power and control over the other partner. Couples or former couples can be of the same or opposite sex. Domestic violence, according to the author, can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any kind of behavior that scares, frightens, terrorizes, coerces, threatens, blames, hurts, injures, or wounds someone.

Domestic violence consists of intimate partner violence (IPV), which includes current and former spouses, current and former dating couples with or without a child in common, and dating couples. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. IPV can vary in frequency and severity. It can range from one hit that may or may not hurt the victim to repeated, severe beatings that happen over and over again (Lorente Acosta, 2020).

2.3. Theoretical Framework

The liberal feminist theory

This theory talks about women's experiences in life and focuses on their positions in society which are determined by individual predicaments responses to their specific needs. This includes negative consequences due to societal expectations of women gender roles. It also addresses structural inequalities, which exposes women to discrimination on the basis of race, age and sexual

orientation (Dominelli 2002 as cited in Teater, 2010). In this research, the feminist theory will to in understanding the different factors that lead to domestic violence and women experiences regarding the social problem

Gasson (2014) and (Kanbur) 2021, concurred, stating that utilising the liberal feminism theory in the theoretical framework of this study is justified by its emphasis on addressing structural inequalities, promoting equal opportunities, and advocating for women's rights within the framework of existing societal structures. Liberal feminism, as one of the major branches of feminist theory, focuses on achieving gender equality through legal and political reform, emphasizing equal rights and opportunities for women across all aspects of society. Here are some justifications for incorporating liberal feminism into the theoretical framework:

Liberal feminism advocates for legal and political changes to eliminate discriminatory practices and ensure equal opportunities for women. By applying liberal feminist perspectives, the study can explore the legal frameworks and policies in place to address domestic violence in Namibia, particularly in Outapi, Omusati Region. This lens allows for an examination of the effectiveness of existing laws and policies in protecting survivors and holding perpetrators accountable (Gasson, 2014; Kanbur, 2021). Liberal feminism recognizes and values individual agency and autonomy. Understanding women's experiences as survivors of domestic violence through a liberal feminist lens allows for an exploration of how women exercise their agency in coping with and recovering from abusive situations. This perspective acknowledges that women have the right to make choices about their lives and bodies (Gasson, 2014; Kanbur, 2021).

Liberal feminism, as referenced by Kanbur (2021), acknowledges structural inequalities that expose women to discrimination based on various factors such as race, age, and sexual orientation.

Incorporating the concept of intersectionality allows the study to consider the unique challenges faced by women with diverse backgrounds and identities. This enriches the analysis by recognizing that experiences of domestic violence can be shaped by multiple intersecting factors (Kanbur, 2021). Liberal feminism seeks to empower women and promote gender equality. By applying this theory, the study can explore how empowerment initiatives and support services contribute to the well-being of female survivors. This perspective aligns with the study's focus on understanding coping strategies employed by survivors, emphasizing the importance of fostering empowerment and equality in the aftermath of domestic violence (Gasson, 2014; Kanbur, 2021).

Liberal feminism advocates for social change and policy development to create a more equitable society. By utilizing this theoretical framework, the study can provide insights into areas where social change is needed, contributing to the ongoing discourse on policy development for addressing domestic violence. The liberal feminist lens facilitates an examination of societal norms and expectations that perpetuate or mitigate domestic violence (Gasson, 2014; Kanbur, 2021).

The liberal feminism theory provides a comprehensive framework for understanding and addressing domestic violence by focusing on legal, political, and social dimensions. Incorporating this theory into the study's theoretical framework enriches the analysis, allowing for a nuanced exploration of women's experiences and coping strategies in the specific context of Outapi, Omusati Region, Namibia.

2.4 Contributing Factors to Domestic Violence

Many factors contribute to domestic violence in the various relationships that exist in our society. When combined with an addiction to drugs or alcohol, domestic violence can escalate into a

dangerous situation that is hard to get away from (Aguirre, 2020). Many studies have found that male partners' frequent use of alcohol and drugs is a contributing factor to domestic violence against their female counterparts (DuRant, 2015).

When a person abuses drugs, the chemicals in them are rewired to seek out the substance despite any future consequences of their behavior. This can result in irrational, violent, or controlling behavior within a relationship. The risk of domestic violence increases when both parties have a substance abuse disorder (Synergy et al., 2019). If the victim is under the influence, determining how much danger they are in may become difficult. The key to understanding why domestic violence occurs and why it is so closely followed or preceded by substance abuse is that domestic violence is part of a systematic pattern of dominance or a need for control (Maquibar et al., 2019). A need to have control over another person's behavior often stems from distorted thought processes and deep-seated psychological distress, whether the perpetrator realizes it or not. The use of alcohol or illicit or prescription drugs only makes neurotic thought patterns more intense and destructive. According to Meluzzi (2021), excessive drug or alcohol use increases the risk of being a victim of domestic violence or of becoming an abuser. Heavy use of drugs or alcohol increases a person's chances of becoming abusive, and the mental anguish of domestic violence causes many victims to turn to dangerous substances (Lorente Acosta, 2020). Numerous studies affirm that substance use often plays a facilitative role in violent behavior and always exacerbates pre-existing patterns of abuse.

Poverty and unemployment were also found to contribute to domestic violence as they contribute to financial and material deficiencies, with the consequence that the anger and frustration of people living in domestic relationships are taken out on their partners (Diéguez Méndez et al., 2021). This

is exacerbated by the fact that such women usually have low levels of education, significantly reducing the possibility of alternative employment and reinforcing poverty. Poverty could be regarded as a fueling factor in domestic violence (Synergy et al., 2019). Low-income families are significantly more likely to suffer domestic turbulence and the accompanying stress. Some women keep potentially dangerous men in their lives only so that their basic needs can be met. It is thus clear that poverty creates an extra burden for abused women (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020). Some men feel threatened by their female partners having jobs, as this could mean that they would not be needed any more. They like the women to be dependent on them. In one study by Lorente Acosta (2020), a Vietnamese survivor of domestic violence indicated that her husband wanted her to stay at home and be looked after like a chicken in a cage.

Where women are employed, abusers might even interfere at women's workplaces, and harassment at work happens often (Le Mat, 2019). The pervasiveness and severity of domestic violence impacting the workplace demand the attention of employers, managers, human resources, and security staff, experts agreed. (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020). Domestic violence and sexual assault enter every workplace in the United States every day. Domestic violence robs employees of their dignity and their health.

There is a strong consensus that gender inequality is the main driver of gender-based violence (Nunbogu & Elliott, 2021). Gender inequality refers to the power imbalances between men and women, the lesser value attributed to women (particularly marginalized women), and unequal access to resources and opportunities. Still, several scholars stress considering other factors that may reinforce or contribute to the occurrence of gender-based violence (Parkes, 2020). Violence is more common in relationships in which men control decision-making and limit women's

autonomy, have a sense of ownership over or entitlement to women, and hold rigid ideas about acceptable female behavior (Nash & Chandan, 2021). The authors further claim that constraints on women's independence and access to decision-making are also evident in the public sphere, where men have greater control over power and resources. This sends a message that women have lower social value and are less worthy of respect (Carroll, 2012).

The exposure model, emerging from criminology, emphasizes the role of exposure, or the time that couples spend together (Maquibar et al., 2019). It is consistent with the stylized fact that domestic violence tends to escalate during national holidays, weekends, nights, and during periods of bad weather in the United States because, in these cases, families are at home together for longer (Calderón-Jaramillo et al., 2020). Increases in unemployment or unemployment duration lead to more time at home. Lockdown has reinforced this by forcing families to be together for long periods of time. Media coverage of the COVID-19 spike in domestic violence in several countries refers to women being "stuck at home," unable to "escape" to relatives or to call on their social network. For example, it is thought that domestic violence cases have increased by about 20% during the lockdown as many people are *trapped* at home with their abuser (Nunbogu & Elliott, 2021). There appear to be no experimental estimates of the causal effects of exposure on domestic violence. But the fact that lockdown has forced many families on full pay to spend more time together at home provides a unique opportunity to investigate this.

The spousal relationship is meant to be based on trust and faith (Irfan, 2021). When trust is questioned, however, it can serve as a catalyst for domestic violence in marriage. If a partner feels that another is not preserving the sanctity of marriage and is cheating on them, they might think of violence as the solution (Meluzzi, 2021). The author went on to say that suspicion of infidelity can

make the partner bitter and lead to opportunity-based crime and violence. The suspicion of infidelity can make the partner bitter and lead to opportunity-based crime and violence (Adjah & Agbemafle, 2016). In many instances, betrayal through infidelity can be very close to what we term domestic violence. Unfaithful husbands, especially if the husband has passive-aggressive tendencies, are often insensitive to the pain they inflict, just as are perpetrators of physical and psychological violence (Bannister & Moyi, 2019).

Often, a wife is as vulnerable and dependent as the victim of repeated beatings. The behavior patterns of ongoing infidelity often parallel the well-documented stages in the cycle of domestic abuse (Parkes, 2020). In coaching women who are going through divorce due to a husband's infidelity, it was found that the common characteristics with victims of domestic abuse were stages in the cycle of domestic abuse (Parkes, 2020). In coaching women who are going through divorce due to a husband's infidelity, it was found that the common characteristics with victims of domestic abuse. Infidelity and domestic abuse can both become ongoing aspects of marriage. There is a recurring cycle in which the abusive or cheating husband is repentant and the marital relationship functions well (Nunbogu & Elliott, 2021). Then there is another episode of abuse or infidelity. The cheating husband may show brief periods of guilt or remorse, but they usually seem insensitive to the pain they have caused and will not accept responsibility for the suffering they cause (Abramsky et al., 2016). The wife suffers from low self-esteem, a sense of worthlessness, a lack of control over her life, a dependency on her husband, and a distorted sense of reality in which she believes that what happens is her fault (Calderón-Jaramillo et al., 2020). Women who stay for significant periods of time with partners who are unfaithful often display the same psychological and social symptoms exhibited by victims of systematic abuse.

2.5. The impact of domestic violence

Domestic violence not only affects those who are abused but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020). Children, who grow up witnessing domestic violence, are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems but also teaches them that violence is a normal way of life, therefore increasing their risk of becoming society's next generation of victims and abusers (World Vision, 2019).

It is a type of violence perpetrated by intimate partners and other family members that manifests as physical, psychological, economic, and sexual abuse, according to the World Health Organization (WHO), 2019).The UN describes violence against women (VAW) 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.

Children who are exposed to domestic violence are at significant long-term emotional risk, along with a range of behavioral problems. These include violence toward others in childhood and adolescence, abusive behaviors toward their own children in adulthood, and abuse of and/or victimization by dating and marriage partners (Alderton, 2020). Domestic violence survivors can face ongoing and challenging effects after enduring physical, mental, and emotional abuse. It can take time for a survivor to adjust to living in a safe environment, especially if a perpetrator was severely violent and/or committed the actions over an extended period of time (Meluzzi, 2021).

Most people think that domestic violence is a private, family matter and choose not to get involved. However, domestic violence impacts a community in surprising ways. Domestic violence tears the very fabric of a community by dismantling family units and causing a ripple effect of repercussions that are felt for many years (Carroll, 2012). One of the most lasting consequences of domestic violence is the harm it does to family bonds. Children witnessing violence committed against their parents can find it difficult to trust adults in the future (DuRant, 2015). It compromises their attachment to the person who should love and protect them, weakening the family unit. An estimated 3.3 million children are exposed to violence against their mother or a female caretaker. These kids have higher levels of anger, hostility, disobedience, and withdrawal (Bannister & Moyi, 2019). They have similar health issues as adults: anxiety, sleep disorders, mental health, and behavior health issues. One can imagine the effect this has on school performance.

The effects of domestic violence cut across a wide range of issues, and some studies estimate the total annual cost in the U.S. exceeds \$12 billion, according to a study by Diéguez Méndez et al. (2021) This includes health care costs for the victim's body and mind for conditions such as depression, post-traumatic stress disorder, and dissociation. The effects of domestic violence do not stop at the front door. Too often, it spills into our community, into places that are supposed to be safe havens on their own (Bannister & Moyi, 2019). The aggressor may show up and harass the children and their teachers, or the victim and their colleagues, correspondingly (Le Mat, 2019). This puts people who have no direct link to the family's "private" issue in a potentially harmful situation, but if they are informed and prepared, they can be pro-active and have safety parameters in place (DuRant, 2015).

DV can negatively affect a company's bottom line too. According to Irfan (2021), a national study found that work productivity net loss was \$1.14 billion per year and 7.9 million work days. This is the exact reason why companies have started addressing domestic violence within their policies and have encouraged human relations departments to seek connections with agencies to address the needs of their employees. An employee who knows that the company she works for not only supports her efforts to live a safe life but can also help her find resources to do so increases loyalty and productivity in the long run (Diéguez Méndez et al., 2021).

An abused woman lives in fear, unable to predict when the next attack will come (Acosta, 2020). She may become isolated from friends and family and increasingly dependent on her abuser. In these circumstances, it can be very hard to make sense of what is really happening. Over time, her self-esteem may be worn down, like water dripping on a stone (Alderton, 2020). She may start to believe her abuser's insults. She may blame herself for the abuse or deny that it is taking place. She may ignore it, hoping that her partner—the man she loves—will change.

Women suffer physical, emotional, and psychological violence perpetrated against them by their male counterparts, and this is regardless of whether they are married, cohabiting, or just in a domestic relationship (Meluzzi, 2021). Meluzzi (2021) discovered that the opportunity to meet other survivors reduced the women's feelings of isolation and loneliness. DV also leads to increased incidences of depression, anxiety, posttraumatic stress disorder, and suicide; an increased risk of cardiovascular disease; and premature mortality (DuRant, 2015). The health consequences of violence vary with the age and sex of the victim as well as the form of violence.

VAW narrows women's options in almost every sphere of life, public and private, at home, in school, in the workplace, and in 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 (Diéguez Méndez et al., 2021).

A study carried out by Raj (2020) revealed that abused women were diagnosed with constant fatigue, weight and immune system problems, various injuries, and breathing difficulties. Women in abusive relationships also reported two- to three-times more injuries such as concussions, severe burns, and more severe injuries requiring surgical care (Raj, 2020). Another study by the World Health Organization (WHO) (2019) revealed that violence has effects on children; for example, girls who witnessed violence from their male family members are more likely to accept the violence as a regular part of marriage in the future, and boys who witnessed domestic violence adopt the same behavior to be violent male adults as husbands and fathers.

In their study on the severity of depression, PTSD, state anxiety (short-term anxiety), and suicidal thoughts in abused women, Nunbogu and Elliott (2021) discovered that 45.3% of the physically and psychologically abused women and 36.4% of the psychologically abused women only had depressive symptoms. As its incidence was 2.7% for those who had experienced both physical and psychological abuse and 3.6% for those who had, PTSD was seldom found to be the only impact. PTSD and depression symptoms were more common in 25.3% of physically and psychologically abused women and 30.9% of psychologically abused women.

A study conducted by Acosta (2020) in Zimbabwe found that there is an increased risk of HIV transmission among women experiencing violence. Similarly, a study conducted by Bannister and Moyi (2019) in Zimbabwe revealed that 38 % of HI- positive women living in urban areas were physically abused compared to 29 % of H-V negative women. Furthermore, most women do not consent having sex but do so at the desire of their male partners and thus suffer from many sexually transmitted diseases (Carroll, 2012).

Domestic violence has also been found to affect female fertility in ways such as unplanned pregnancy (Kanbur, 2021). Aguirre (2020), 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 more likely to become pregnant unexpectedly. Besides, some studies have established some direct and indirect links between domestic violence and increased risks of unwanted pregnancies and sexually transmitted diseases (Kanbur, 2021). The prevalence of domestic violence among pregnant women is worrisome in developing countries. As pointed out by Maquibar (2018) and Kennedy et al. (2020), the proportion of pregnant, abused women is about 32 % in developing countries while the prevalence could be found at around 12 % in developed countries. Implicitly, when there is a lack of sexual autonomy and control, after being 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 (Calderón-Jaramillo t. al., 2020).

2.6 Coping strategies for domestic violence victims who are women

According to Sullivan Abramsky et al. (2016), there should be the provision of psychosocial services to survivors and people experiencing domestic violence, which also includes policies that are aimed at curbing the pandemic. Furthermore, awareness campaigns to combat domestic violence should be implemented, as well as early education to children on how to respect women and girls and never raise their hands on them (World Vision, 2019). Financial insecurity increases the risk of IPV. A lack of money to support the family commonly predisposes the victim to stay in an abusive relationship. World Vision (2019) recommended strategies such as teaching safe and healthy relationship skills, engaging influential adults and peers, disrupting the developmental pathways toward IPV, creating protective environments, strengthening economic supports for families, and supporting survivors to increase safety and lessen harms. More than 2,600 individuals attended educational sessions on domestic abuse and how to assist someone who may be in an abusive relationship.

The majority of the time, neighbors seek help because a "private" issue has infiltrated their home, affected their children, and they are concerned for their own and their neighbors' safety (Calderón-Jaramillo et al., 2020). They know if they all get involved and join hands in ending domestic violence, it is not one person's responsibility or within one family's power, but rather it is up to all of them to create a community that is aware of the issue, that will no longer look the other way, and that will respond to the needs of other citizens (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020).

"Coping" refers to the thoughts and behaviors that people use to manage the internal and external demands of situations that are appraised as stressful (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020). A distinction is made between emotion-focused and problem-focused coping. Whereas the former refers to regulating the distress connected to the particular problem and, thus, perceiving the situation as unchangeable, the latter refers to using strategies that manage the particular problem and, thus, perceiving the situation as amenable to change (Irfan, 2021). Women use many coping strategies to manage substantial stress, escape reality, leave the violence in their lives, and establish safety for themselves (Diéguez Méndez et al., 2021).

The most common forms of coping include religious or spiritual coping, resisting the abuser, wishful thinking, trying to become more independent, maintaining relationships with others, and talking to others as well as leaving the abuser. Among the least commonly used coping responses were substance abuse, self-criticism, legal services, and seeking formal support (police, medical personnel, or a counselor). Additionally, hope, spirituality, and humor were found to be adaptive coping responses (Kanbur, 2021). In contrast, substance abuse is considered a maladaptive coping response and may result in poorer health outcomes for the person (Synergy et al., 2019). Kennedy, Hayashi, Milloy, Boyd, Wood, and Kerr (2020) say that mental disengagement, denial, and avoidance are also bad ways to deal with stress.

Whether one is healing from domestic violence or looking for a path to safety and out of an abusive relationship, support groups can help one move forward in the quest to heal from the abuse (Adjah & Agbemafle, 2016). The authors further argue that support groups provide a safe, confidential environment for sharing experiences and feelings, learning coping techniques, and other skills to practice self-care. Support groups also allow you to connect with others in a similar situation,

which can help with feelings of loneliness and isolation (Aguirre, 2020). Experiencing a domestic violence situation is traumatic and can cause a survivor to feel isolated and confused. The survivor may find it difficult to trust anyone, resulting in hesitancy to share what they have gone through. That is entirely understandable. Yet, the reality is that a support group among people who have had similar experiences can often provide victims with comfort and healing. A domestic violence support group offers a safe and caring environment for those in abusive relationships so that they do not have to face the aftermath of their trauma all by themselves and alone (Calderón-Jaramillo et al., 2020).

The health impacts of domestic violence present themselves in a range of short- and long-term effects that are both physical and psychological (Aguirre, 2020). As a result of domestic violence, you may need medical treatment for immediate and long-term care. Most women visit health care providers for routine medical care, and victims of domestic violence (DV) also see health care providers for treatment of their injuries, according to Carroll (2012). This puts health care providers in a unique position to help victims of abuse and provide them with referrals and support. The healthcare-based DV model approach, applicable to hospitals and clinical settings, enables the staff of a health care institution, in conjunction with local DV and sexual assault (SA) programs, to respond in a comprehensive manner. By networking with local DV and SA advocacy programs, providers can help their patients access essential services, including safety planning, housing, peer support and counseling, and legal options that can be lifesaving (Irfan, 2021).

Health care providers are an essential link in the coordinated effort to break the cycle of violence and build a healthy community (Le Mat, 2019). Identifying and responding to DV in health care settings can make a tremendous difference for patients' physical health, mental health, safety, and

quality of life. Although women are disproportionately impacted by DV, anyone can be a victim regardless of sex or gender, sexual orientation, race, ethnicity, culture, religion, age, income, or level of education (Kennedy, Hayashi, Milloy, Boyd, Wood, & Kerr, 2020). Victims of domestic violence turn to health care providers by the thousands every day, seeking treatment for acute injuries and other associated physical and mental health conditions, support, information, and referrals. When health care providers identify past or present domestic violence in their patients, they will benefit from a better understanding of the root cause of their patients' health concerns, such as chronic pain, depression, obstetric complications, STIs, poorly controlled chronic conditions, substance abuse, and other health problems (Synergy et al., 2019).

Physical activity can also help take one's mind off worries, according to (Nash and Chandan, 2021). The repetitive motions involved in exercise promote a focus on the body rather than your mind. By concentrating on the rhythm of the movements, one experiences many of the same benefits of meditation while working out (Adjah & Agbemafle, 2016). Focusing on a single physical task can produce a sense of energy and optimism. This focus can help provide calmness and clarity. Some people notice an improvement in their mood immediately after a workout. Those feelings do not end there but generally become cumulative over time. Chances are, you will notice increased feelings of well-being as you stay committed to a consistent exercise routine (Nunbogu & Elliott, 2021).

It can improve the quality of sleep, which can be negatively impacted by stress, depression, and anxiety, and help boost confidence levels. One of the most important ways to cope with PTSD and many other conditions is to take care of mental and physical wellness (Gay et al., 2012). According to Aguirre (2020), victims of violence who filled their time with various activities, including

working, managing households, and participating in community activities, acknowledged that these activities helped them avoid thinking about their problems.

According to Al-Natour and Qandil (2016) and Alvarez et al. (2016), one of the most important sources of support for women who have experienced violence from their partners is social support. The study by DuRant (2015) found that sharing problems with close relatives, such as family members, neighbors, and close friends, is one of the most commonly used strategies towards a more fulfilling life. Victims of violence need a form of encouragement that supports their perspective as victims and emphasizes their value in themselves (Yi et al., 2020).

Denial is a defense mechanism, an efficient mental process that acts as a protective shield and helps one cope (Acosta, 2020). It can help minimize the impact an event has had on your life. Trauma denial often occurs when the reality of the trauma is so great that it is psychologically safer to bury, deny, suppress, or avoid what happened than to accept that the trauma ever occurred in the first place (Alvarez et al., 2016). The psychological function of denial is to push aside overwhelming information to buy some time and give room to breathe after a traumatic experience. It could be a conscious or unconscious process. Avoidance, which is an attempt to refrain from feeling painful emotions by withdrawing from or dissociating from specific experiences (Calderón-Jaramillo et al., 2020), is another coping strategy employed by victims of DV. Emotional avoidance could also involve using alcohol to prevent thinking about the event or feeling detached from friends and family in general. Denial and emotional avoidance both create distance from a traumatic experience, but they are different in that denial distorts facts and events by ignoring the elephant in the room, so to speak.

Under undue stress, social support is key to relieving the victim's distress. Adequate social support decreases the risk of violence in a relationship and its negative impacts if they are present. Regardless of the severity of the abuse, emotional support from friends and family prevents mental health deterioration. Social support influences coping strategies and provides greater perceived options that contribute to increasing the feasibility of a battered woman's ability to deal with abusers. Abused women who receive emotional, tangible, and institutional support are less vulnerable to the psychologically damaging effects of violence, and their physical safety is also maintained.

Aguirre (2020) discovered that victims also utilized prayer to overcome the problems posed by violence. These coping mechanisms included praying, reciting religious literature, and meditating for mental serenity (Carroll, 2012). Occasionally, getting together or organizing prayer groups helps victims of violence cope by allowing them to turn to God for assistance with their family issues. When people share their issues in this manner, they empower one another and offer advice so that they do not make poor judgments as a result of abusive relationships.

The majority of the victims are positive concerning their children's future happiness because their children have the right to a better life than continuing to live in an abusive environment (Alderton, 2020). Bannister and Moyi (2019) found that most victims of violence are often willing to leave their spouse to protect the well-being of their children. It is vital to protect children from an abusive environment that can have a dramatic impact on their future patterns of communication.

2.7 Chapter Summary

This chapter presented a review of the literature for the study under the following headings: defining domestic violence, the theoretical framework, contributing factors to domestic violence, the impacts of domestic violence, and coping strategies for the domestic violence victims. The next chapter presents the methodology of the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the researcher's study strategy for the analysis of domestic violence survivors' lived experiences and coping strategies from the perspective of female survivors in Outapi, Namibia's Omusati area, was discussed. A research technique, according to Good and Skeates (2016), is a systematic road map or series of procedures used by a researcher to examine a research topic. This chapter talked about the research design, study population, sample, research instrument, research procedure, data presentation and analysis, and research ethics.

3.2 Research Design

Research design is the approach that the researcher should use to address the question that the research study is trying to address (Fink, 2014). The researcher must decide which study design is the most relevant and appropriate for the topic at hand. The research design serves as the foundational framework for addressing the central questions of the study (Fink, 2014). In reconsideration of the study's focus on the lived experiences and coping strategies of female domestic violence survivors in Outapi, Omusati Region, Namibia, a phenomenological design is deemed more relevant and aligned with the research objectives. Phenomenology, as a qualitative research design, is apt for exploring and understanding the lived experiences of individuals within a specific phenomenon. It seeks to uncover the essence of the phenomenon as perceived by the participants, allowing for an in-depth exploration of their perspectives and interpretations (Gasson, 2014).

The chosen phenomenological design aligns with the study's overarching goal of capturing the nuanced experiences of female domestic violence survivors. It facilitates a deep exploration of their subjective realities, shedding light on the intricate nature of their coping mechanisms. The phenomenological approach is particularly well-suited for unraveling the lived experiences of survivors within the specific socio-cultural context of Outapi, Omusati Region, Namibia. Within the phenomenological design, a case study approach is adopted to provide a rich and detailed understanding of domestic violence. This involves an in-depth examination of the root causes of domestic violence, a thorough comprehension of its effects on survivors, and a nuanced exploration of the coping methods employed by female survivors.

The chosen methodology prioritizes methodological freedom for participants, especially female domestic abuse survivors. By adopting a phenomenological approach, the study aims to allow participants to express their experiences authentically and without constraints, ensuring that their voices are central to the research findings. In essence, the research design has evolved to embrace a phenomenological approach with a case study orientation. This alignment ensures that the study methodologically captures the intricate dimensions of domestic violence experiences and coping strategies among female survivors in Outapi, Omusati Region, Namibia.

3.3 Study Population

According to Gray (2014), the term "population" refers to the total group of persons or things that meet the criteria that the researcher is looking at. According to records of the "Gender-Based Violence Unit" of the MGEPEWSW, there are survivors of domestic violence who lived in Outapi between 2015 and 2020 (Fink, 2014). Most of the people in the Outapi constituency were women who had survived domestic violence. Their ages ranged from 25 to 47. This age range indicates

that all of them were still economically active and mature to provide satisfactory responses to the researcher on the issues at hand. The composition of the study participants had people from diverse marital statuses, with seven of the participants being married, six separated, and two widowed. As for the qualifications, three participants were holders of Masters degrees, two had Honors degrees, three had Bachelor's degrees, two had Diplomas, three went up to Grade 12, and only one ended at Grade 10. This implies that the participants are able to clearly express themselves and articulate their experiences with regard to domestic violence, its causes and effects, and the coping strategies they use as victims.

3.4 Sample and Sampling methods

A In this study, the theme of "Sampling method, technique, and size" encompasses the process of selecting participants for the research. Different types of sampling methods, including probability and non-probability sampling techniques, will be explained. The rationale for choosing a non-probability sampling method, specifically purposive sampling, will be provided. Additionally, inclusion and exclusion criteria for selecting ideal participants will be elucidated, along with the determination of the sample size through data saturation.

3.4.1 Types of Sampling Methods:

Sampling methods can be broadly categorized into two types: probability and non-probability sampling techniques. Probability sampling involves randomly selecting participants from a population, ensuring that each member of the population has an equal chance of being chosen. On

the other hand, non-probability sampling does not rely on random selection, and the choice of participants is based on specific criteria (Gasson, 2014).

3.4.2 Choice of Non-Probability Sampling Method:

This study opted for a non-probability sampling method, specifically purposive sampling because the researcher wanted to be specific and purposeful when it comes to participant.

Purposive sampling

Purposive sampling involves selecting participants based on specific characteristics or criteria relevant to the research question. The decision to use purposive sampling was influenced by factors such as cost-effectiveness, time efficiency, and convenience in data collection. Given the qualitative nature of the investigation, a sample size of fifteen participants was deemed sufficient, ensuring depth and richness of data (Drost, 2011).

3.4.3 Inclusion and Exclusion Criteria:

Ideal participants were selected based on inclusion and exclusion criteria that aligned with the research focus. Inclusion criteria involved individuals who could provide pertinent data on the experiences and coping strategies of female survivors of domestic violence. This criterion aimed to ensure that the selected participants could contribute meaningfully to the study objectives considering that they received services at GBV Unit as survivors of Domestic violence.

3.4.4 Determination of Sample Size:

After applying the inclusion and exclusion criteria, a total of fifteen participants comprised the study sample. The determination of this sample size was guided by the concept of data saturation in qualitative research. Data saturation occurs when further sampling does not yield new information or insights, indicating that a sufficient depth of understanding has been reached (Gray et al., 2017).

In simpler terms, saturation implies that the researchers have gathered enough information from participants to comprehensively address the research questions. It ensures that the study captures the diversity of experiences and perspectives within the chosen sample size. Therefore, the sample size of fifteen was determined through a thoughtful consideration of the qualitative nature of the research and the principle of data saturation.

3.4.5. Inclusion criteria

Good and Skeates (2016:67) say that inclusion criteria are the conditions that a researcher must meet for an element, person, or subject to be part of the study.

The following requirements must be met by participants in this study:

- Women in the Outapi Constituency who have been directly affected by domestic abuse between 2015 and 2020 Women who were able to voluntarily agree to participate in the study
- Women aged between 24 and 48 years

3.4.6. Exclusion criteria

Inclusion criterias are defined as features of potential participants of a study who are meeting the inclusion criteria but they could be presenting with additional characteristics. These additional characteristics are seen to interfere with the success of the study and they might increase the risk for an unfavourable outcome (Bras, 2018). In this research the following will be the inclusion criteria:

- Women who are survivors of domestic violence but do not reside in Outapi Constituency.
- Female survivors of domestic violence who have experience domestic violence but before 2025.
- Female survivors who are below the age of 24 years' old

3.5 Research Instruments

A research instrument is a tool used by a researcher to collect data on a certain subject (Drost, 2011). This study used a semi-structured interview schedule to collect data. The structure of the interview guide is as follows:

3.5.1 Interview Guide

SECTION B: CONTRIBUTING FACTORS OF DOMESTIC VIOLENCE

1. What is your experience when it comes to Domestic Violence?
2. Tell me about the number of times the abuse happens? How often does the abuse occur?
3. In your opinion, what might have contributed to the violence?

4. Compare your social wellbeing for before and after the abuse, what are some of the changes?
5. Tell me about your experience after the abuse?
6. How did the abuse affect you physically, emotionally, psychologically and socially?

SECTION D: SUVIVORS COPING STRATEGIES

1. Can you share what kept you motivated and positive during the time you went through the violence?
2. What would you say worked for you as a coping mechanism after experiencing the violence? Can you share some of the things you did that helped you to overcome the impact of the abuse?

SECTION E: STRATEGIES TO MITIGATE DOMESTIC VIOLENCE

1. Tell me more about the strategies that are currently in place to fight domestic violence?
2. What is your experience with regards to the strategies in place to curb domestic violence?
3. Can you propose new ways that you think may be effective in the process of fighting domestic violence?

3.7. Pilot Study

According to Fink (2014), a "pilot study" is a small-scale study conducted on a small number of participants from the study population prior to the main research. In this investigation, a pilot study was undertaken with two (2) individuals before the main study for the purpose of allowing modifications or updates to the data collection tool before focusing on the main study in order to

save time, effort, and costs associated with data collection. Despite this, only minor changes like the clarity of the questions and the questioning techniques were made to the interview guide.

3.8. Data collection procedure

A data collection methodology, according to Gray (2014), is a strategy used by a researcher to gather data in order to identify the views and responses of participants regarding the study subject. The data for the study was collected between September 16 -23 September 2022. The researcher requested permission to collect data from the Ministry of Gender Equality, Poverty Eradication and Social Welfare since it the custodians of the Social workers based at the GBV Unit. The researcher then physically met each participant and explained the purpose of the study, after which they each signed a consent form. The researcher then conducted a maximum of 15 telephone interviews with study participants over a two-week period, gathering as much data as possible until saturation was reached. The telephonic interviews were conducted due to the fact that the data collection process took place during the time of COVID-19. This was the time when National restrictions and social distancing was mandatory and participants were skeptical about face to face interview. Furthermore, some of the participants were far from the region with work and could not reached through face to face. The researcher is a professional social worker who is already exposed to telephonic counselling especially during Covid-19 and in general hence the ability to pick up non-verbal cues through tone of voice and silences during telephonic interview sessions. The researcher could properly communicate and hear clearly to be able to jot down all that was share by the participants telephonically. The participants were later given a referral card for post counselling to deal with the emotional distress encountered during the interview session.

The interviews were audio recorded. Each participant's essential responses were documented in a separate notebook by the researcher. A semi-structured interview, according to the researcher, is the best method for extracting participants' own opinions and descriptions in depth, as well as finding themes or issues that the researcher had not anticipated (Gasson, 2014). After the interviews were done, participants were each physically given a consent ticket by the researcher to sign for post-counseling. The researcher made the necessary recommendations from her findings to the Outapi Gender-Based Violence Unit's social worker, requesting that they provide post-counselling services to those who needed them.

3.9 Data Analysis

Data analysis, a crucial stage in research, involves the systematic classification, organization, transformation, summarization, and explanation of data to address the research question (Good & Skeates, 2016). In this qualitative study centered on the lived experiences and coping strategies of female domestic violence survivors in Outapi, Omusati Region, Namibia, the raw data extracted from interview transcripts underwent a rigorous analysis employing thematic analysis (TA). Thematic analysis, as elucidated by Gray (2014), is a method of uncovering, categorizing, and providing insight into patterns of meaning within a dataset. Utilizing TA allowed the researcher to discern commonalities in the presentation of the issue and to make sense of the shared experiences among the participants (Gibbs, 2017).

Following the six-phase TA strategy proposed by Gay et al. (2012:78), the analysis unfolded as follows: Familiarization with the Data: The initial step involved immersing in the data by revisiting interview transcripts, repeatedly listening to recorded audios, and taking detailed notes to gain a thorough understanding. Creating Initial Codes: The researcher generated initial codes e.g.

participant 1 for (p1), to define the material, identifying and labeling data elements relevant to the study's focus on the experiences and coping strategies of female survivors of domestic violence.

Identifying Patterns: Patterns within the data were sought by examining coded segments across all interview transcripts, pinpointing regions of similarity and overlap between codes.

Examining Potential Themes: The identified patterns were further examined to discern potential themes, assessing their relevance to the organized extracts of the data.

Defining and Naming Themes: A coherent and comprehensive presentation of the data was crafted by defining and naming themes. Each theme was summarized concisely, capturing the essence of the issues discussed by the participants.

Thorough Presentation of Data: The final phase involved using the outcomes of thematic analysis to construct a clear, convincing, and nuanced explanation of the data. The report was structured to provide a comprehensive understanding of the lived experiences and coping strategies of female survivors of domestic violence in the specified context.

In essence, thematic analysis served as the analytical lens through which the rich qualitative data was examined, enabling the extraction of meaningful patterns and themes that contribute to a deeper understanding of the studied phenomenon.

3.10 Data Trustworthiness

According to the paradigm provided by Drost (2011), the purpose of trustworthiness in qualitative investigations is to reinforce the concept that the inquiry results are genuine. In order to figure out how trustworthy something is, every qualitative research study must look at four things: credibility, transferability, dependability, and confirmability.

3.10.1 Credibility

Participants the credibility of qualitative research hinges on the participants' ability to authentically assess the credibility of the study findings, underscoring the relevance and plausibility of the outcomes to them (Drost, 2011). To fortify credibility in this study, several measures were implemented, aligning with recognized qualitative research practices (Gray, 2014). A debriefing session between the researcher and the supervisor was conducted, ensuring a rigorous review of the research methodology. The utilization of well-established and recognized research methods contributed to the overall methodological rigor of the study.

A detailed description of the phenomenon under investigation was provided, offering a comprehensive understanding of the context and contributing to the transparency of the study. The use of in-depth one-on-one interviews, coupled with meticulous recording of participants' responses, further enhanced the study's credibility. This method facilitated a deep exploration of the lived experiences and coping strategies of domestic violence victims from the female survivors' perspective. The researcher, who was self-funded, personally undertook the study. This direct involvement ensured a close connection with the subject matter and added to the authenticity of the research process.

Vivid descriptions were employed to convey the appearance and atmosphere of the setting, contributing to the descriptive richness of the study (Alderton, 2020). Conscious of personal attitudes, ideas, experiences, and expectations, the researcher took measures to eliminate bias. This self-awareness aimed to present the participants' perspectives on their responses to the lived experiences of domestic violence victims from a female standpoint, as reflected in the transcripts (Gay et al., 2012).

3.10.2.1. Audit Trails

The study further prioritised methodological transparency through the meticulous implementation of audit trails. A comprehensive and transparent record of the research process was maintained, encompassing detailed documentation of raw data, coding procedures, decision points, and methodological choices. This systematic record-keeping was instrumental in establishing traceability throughout the research journey, thereby enhancing the dependability of the study. The provision of audit trails not only ensured transparency but also facilitated future scrutiny, replication, and a more comprehensive understanding of the research process. This methodological diligence contributed significantly to the overall transparency and rigor of the study.

3.10.2 Transferability

The extent to which a study's findings may be extended to other settings with other participants (Good & Skeates, 2016) To establish the study's context, include a complete description of the data collection methodologies and data analysis, as well as a detailed description of the subject under examination to allow comparisons. The study's transferability was also judged by how much people wanted to be involved and by a literature review that was done after data collection and analysis. The researcher, made sure that evidence was available that made transferability possible. Also, made use of a comprehensive description of data collection experiences. A qualitative researcher emphasizes clear links between the cultural and social factors surrounding data collection (Fink, 2014). This involves discussing the location of the interviews, the potential of participants performing the interview after work (which might be stressful), and other factors of data collection that contribute to a more complete picture of the study context.

This material assists the reader in constructing the context of the research study, from the daily lives of participants to the influence of unconscious biases on their replies (Holloway & Wheeler, 2009). It is useful to situate participant statements within the surrounding social and cultural situations that frame the research endeavor (Drost, 2011). This allows external researchers and readers to evaluate the transferability independently.

3.10.3 Dependability

It's a qualitative research standard that ensures study results are consistent and reproducible (Gibbs, 2017). This study's transferability was ensured through a clear methodology description that allowed the study to be duplicated. After conducting interviews until data became evident, the researcher transcribed 20 of them. All participant data was gathered, and the data was processed to answer the research question and reach a final result. To be considered credible, the researcher had to show that data analysis was done in a precise, consistent, and thorough way. This was done by documenting, systematizing, and revealing the methods of analysis in enough detail for the reader to decide if the process is credible or not.

3.10.4 Confirmability

Good & Skeates (2016) define confirmability as the degree to which the study findings can be validated by other researchers. The study's conclusions are confirmed if they are based entirely on the literature and participants and the inquiry was not impacted by the researcher's bias, motivation, or interest (Fink, 2014). A survey of several literatures and an audit trail of the research process were used to establish confirmability in this study. This was recorded via a coding schema that indicates the codes and patterns uncovered in studies. Instead, reliable research should yield

conclusions that objectively represent participant-collected data (Gay et al., 2012). Thus, the researcher's facts speak for themselves and were not influenced by other research that was done elsewhere.

3.11 Ethical Considerations

3.11.1 Principle of informed consent

According to Drost (2011), research participants are autonomous individuals who have the right to choose whether or not to engage in the study without fear of penalty or prejudice. Participants were given the option to withdraw from the study at any time, decline to disclose information, and ask questions about the research endeavor. The researcher ensured that all participants were treated with respect during the study. After explaining the goal of the study to each participant prior to their involvement, the researcher obtained their written consent. This demonstrated a respect for their integrity. Attached as Appendix B is the researcher's informed permission form for the study.

3.11.2 Beneficence and non-maleficence principles

Non maleficence serves as a reminder that the fundamental priority when performing a work is to cause no damage (Gibbs, 2017). Beneficence encourages actions that benefit others (Drost, 2011). Together, these two theories suggest that one must act in a way that fosters the welfare of others while also protecting them from danger. Through both frameworks, a single action may be examined and found to be balanced. This fair treatment should prevail before, during, and after their participation in the research study. Furthermore, participants should be treated with respect and dignity and should always be free to ask the researcher for clarity on anything they do not understand; should they wish to withdraw from the study, there should be non-prejudicial treatment. To sustain the ideal of beneficence, or "doing what is good," Gibbs (2017) proposes that

the primary objective of a researcher should be to create results that are helpful to both people and society as a whole. In addition to that, the individuals' potential for injury was also examined. The study involves human volunteers; consequently, the risks and benefits of the study should be communicated to the participants with clarity and care prior to the study. A precise evaluation was conducted to determine if the associated hazards outweighed the advantages. The researcher acquired the University of Namibia's written permission clearance.

Seven months before the study began, a formal request for approval was sent to the University of Namibia Ethical Clearance Committee. In making the application, a clear and detailed research proposal and all the research instruments were submitted for ethical clearance. A form that was filled out and sent with the application explained what the study was about and why it was being done.

Regarding withdrawals, participants were told that they are free to withdraw from the study should they feel they do not want to continue participating in it. The participants were then requested to sign consent forms before taking part in this study. The data was collected on a password-protected personal computer. The people who took part in the research were given fake names, and they were always assured of their privacy and anonymity.

3.11.3 The justice principle

The concept of justice involves the participant's entitlement to fair treatment and confidentiality (Fink, 2014). This should be the case before, during, and following their involvement in the research project. Participants should also be treated with respect and dignity, and they should

always be able to ask the researcher to explain something they don't understand. If they want to leave the study, they should be treated without bias.

No Harm

Adhering to the fundamental ethical principle of "do no harm," the research process was conducted with utmost sensitivity to participant well-being. Steps were taken to minimize potential harm by creating a supportive and non-intrusive environment. Informed consent procedures were meticulously followed, with participants being assured of the voluntary nature of their involvement and the option to withdraw at any stage without repercussions. The research team prioritized the emotional well-being of participants, implementing appropriate support mechanisms to address any arising concerns.

PRIVACY

The protection of participant privacy was a paramount ethical consideration in the study. Anonymization of data was carefully executed, involving the removal of personal identifiers and the assignment of pseudonyms to ensure confidentiality. The research team took great care to prevent the disclosure of any information that could potentially lead to the identification of participants. This commitment to privacy was clearly communicated during the informed consent process, fostering a sense of trust and security among participants.

Confidentiality

To uphold confidentiality, access to the data was restricted solely to the research team. Stringent security measures were applied to the storage of data, including password protection for electronic

files. Only the research team had access to the coded data, and efforts were made to present aggregated findings to further safeguard participant confidentiality.

Respect and Justice

Recognizing the autonomy, perspectives, and diverse experiences of participants, the researcher implemented the principles of justice through equitable participant selection, unbiased data analysis, and the fair representation of various voices within the study as the age ranged from 24-25years old participants. The cultural context of participants was not only acknowledged but embraced, for example culturally the researcher was required to greet and introduce oneself before kicking off with the session, fostering an environment of mutual respect. This practical application of respect and justice contributed to the creation of an inclusive and empowering research environment

3.12 Chapter Summary

The third chapter described the employed study technique, including the research design, population, sampling strategy, data collection tools, and ethical considerations. The next section will provide an analysis and discussion of the study's findings.

CHAPTER 4: FINDINGS AND DISCUSSION OF THE STUDY FINDINGS

4.1 Introduction

This chapter deals with the research findings from the data collected through the individual interviews with the participants. The characteristics of the study participants will be presented and the themes and sub-themes that results from data analysis will be discussed in detail. The chapter will also deal with the discussion of the study findings based on the study objectives in order to demonstrate how they relate or differ from other findings conducted in different parts of the world.

4.2 Socio-demographic description of the study participants

The participants were 15 female survivors of domestic violence all from Outapi Constituency in Omusati Region in Namibia. The characteristics of study participants are given in the table below.

Table 4. 1: Characteristics of the study participants

| Participant | Age | Marital Status | Qualifications | Occupation | No of years in relationship with abuser | No of children with abuser |
|-------------|-----|----------------|-------------------|---------------|---|----------------------------|
| 1 | 42 | Married | Honors Degree | Nurse | 10 | 2 |
| 2 | 33 | Separated | Bachelor's Degree | Teacher | 7 | 3 |
| 3 | 28 | Married | Grade 12 | Till Operator | 4 | 2 |

| | | | | | | |
|----|----|-----------|-------------------|----------------------|----|---|
| 4 | 42 | Separated | Master's Degree | Nurse | 11 | 2 |
| 5 | 25 | Married | Grade 12 | Hair stylist | 6 | 2 |
| 6 | 28 | Married | Grade 12 | Fuel Attendant | 7 | 2 |
| 7 | 30 | Widow | Bachelor's Degree | Librarian | 6 | 2 |
| 8 | 44 | Separated | Honors Degree | Accountant | 10 | 2 |
| 9 | 47 | Separated | Master's Degree | Logistics Manageress | 7 | 3 |
| 10 | 40 | Separated | Bachelor's Degree | Teacher | 8 | 3 |
| 11 | 36 | Married | Diploma | Receptionist | 5 | 2 |
| 12 | 43 | Married | Diploma | Saleswoman | 6 | 2 |
| 13 | 28 | Separated | Grade 10 | Shop Assistant | 5 | 2 |
| 14 | 35 | Widow | Certificate | Security Guard | 6 | 2 |

| | | | | | | |
|----|----|---------|--------------------|---------------------|---|---|
| 15 | 39 | Married | Master's Degree | Hotel Manageress | 7 | 2 |
|----|----|---------|--------------------|---------------------|---|---|

The above table shows the characteristics of the 15 female study participants who were victims of domestic violence. Their ages ranged from 25 to 47. The 15 female study participants who were victims of domestic violence. Their ages ranged from 25 to 47. This age range indicates that all of them were still economically active and mature to provide satisfactory responses to the researcher on the issues at hand. The composition of the study participants had people from diverse marital statuses, with seven of the participants being married, six separated, and two widowed. As for the qualifications, three participants were holders of Masters degrees, two had Honors degrees, three had Bachelor's degrees, two had Diplomas, three went up to Grade 12, and only one ended at Grade 10. This implies that the participants were able to clearly express themselves and articulate their experiences with regard to domestic violence, its causes and effects, and the coping strategies they use as victims.

4.3 Presentation and discussion of data

Data presentation is defined as the process of using various graphical formats to panoramically or visually represent the relationship between two or more data sets so that an informed decision can be made based on them. The researcher's interpretations and analyses are supported by the literature, which serves as evidence of the themes and concepts (Gibbs, 2017). The themes were identified through sequential phases, which are data familiarization, data coding, searching for

themes and theme development, reviewing themes, defining and naming themes, and finally writing up the themes. The data was then presented in themes, with transcribed quotations from the respondents included to support the responses.

The themes in the study were developed as follows:

The development of themes and subthemes in qualitative research, specifically through thematic analysis, involves a systematic and iterative process to uncover patterns of meaning within the dataset. In the context of this study on the lived experiences and coping strategies of female domestic violence survivors in Outapi, Omusati Region, Namibia, the analysis followed a structured approach based on the guidelines proposed by Gay et al. (2012). The first step in thematic analysis is immersing oneself in the data to gain a deep understanding. This involved revisiting interview transcripts, listening to recorded audios, and taking detailed notes. This step allowed the researcher to become familiar with the participants' narratives and the nuances of their experiences.

The researcher generated initial codes by identifying and labeling data elements relevant to the study's focus. Each code represented a specific aspect of the participants' experiences or coping strategies. This process involved segmenting the data into meaningful units to facilitate analysis. Patterns within the data were sought by examining coded segments across all interview transcripts. This involved looking for regions of similarity and overlap between the codes. Similarities in participants' responses were crucial in identifying potential themes. The identified patterns were further examined to discern potential themes. A theme is a broader concept that encapsulates a cluster of related codes. Themes were derived by grouping together codes that shared commonalities or addressed similar aspects of the research question. Once potential themes were

identified, they were defined and named to reflect the essence of the shared experiences or coping strategies. This step involved synthesizing the data within each theme and capturing the overarching concept conveyed by the grouped codes.

The final phase involved creating a coherent and comprehensive presentation of the data. The themes and subthemes were integrated into a narrative that provided a nuanced understanding of the studied phenomenon. This process included summarizing each theme in a few sentences to highlight the key findings.

Throughout these steps, the researcher constantly moved back and forth between the different phases, refining codes, revisiting data, and ensuring that the emerging themes accurately represented the participants' experiences. The goal was to maintain a balance between staying close to the data and generating meaningful, higher-order interpretations through the development of themes and subthemes. This iterative process allowed for a thorough and nuanced exploration of the lived experiences and coping strategies of female survivors of domestic violence in Outapi, Omusati Region, Namibia.

Table 4:2: Themes and Sub themes

| THEMES | SUB-THEMES |
|--|--|
| Theme 1: Contributing factors to domestic violence. | 1. Drug abuse and alcohol |
| | 1.2: Recession from work |
| | 1.3: Gender inequality and control |
| | 1.4: Growing up in a violent family |
| | 1.5: Poverty |
| | 1.6: Infidelity suspicion |
| Theme 2: The impacts of domestic violence | Sub theme 2.1: Physical injuries |
| | Sub theme 2.2: Emotional Trauma |
| | Sub theme 2.3: Sexually Transmitted Infections and unwanted pregnancies |
| | Sub theme 2.4: Loss of work productivity. |
| Theme 3: Coping strategies for female survivors of domestic violence. | Sub theme 3.1: Seeking for medical care |
| | Sub theme 3.2: Psycho-social support |
| | Sub theme 3.3: Regular Exercise |
| | Sub theme 3.4: Denial and emotional avoidance |

4.4 Theme 1: Contributing factors to domestic violence

Domestic violence is a systematic pattern in behavior to instill dominance, superiority, and surveillance in the relationship (Aguirre, 2020). Substance misuse, financial strain, and isolation are all well-known domestic abuse risk factors (Synergy et al., 2019). Domestic violence is unjustified unless it is done in self-defense.

4.4.1: Subtheme 1.1: Alcohol and Drug Abuse

The study found alcohol, drugs, and alcohol abuse to be the chief causes of domestic violence in most families, and its prevalence is increasing in Namibia, as indicated by Participant 4, who stated that:

"Cases of domestic violence are on the increase these days because of drug abuse, and I can confirm that because my partner gets violent when he is high."

Participant 8, further said:

"It is sometimes after drinking and smoking that my husband bashes me heavily, even if I try to prove myself innocent each time, and he calls me all sorts of names in front of the kids and neighbors." That man is very abusive and does not choose where and where not to beat. He also does not choose the weapon to use; he makes use of whatever is available at that time.

Similarly, Participant 10 claimed

"My husband is a heavy drinker who, when drunk, beats up everyone at home." I now feel very unsafe in that house. Each time he comes back from the tavern, we are already in hiding. The issue comes when he has to ask to be served food.

The sentiments were also echoed by Participant 12, who also said,

"My partner drinks too much; every night if he is drunk, he calls me names." He also swears at me. He drank away all our money. "I need to ask the neighbors for food for my children because of his drinking."

The above findings are not far from those by Calderón-Jaramillo et al. (2020), who claim that the key to understanding why domestic violence occurs and why it is so closely followed or preceded by substance abuse is that domestic violence is part of a systematic pattern of dominance or a need for control. A need to have control over another person's behavior often stems from distorted thought processes and deep-seated psychological distress, whether the perpetrator realizes it or not (Bannister & Moyi, 2019). The authors continue to say that the use of alcohol or illicit or prescription drugs only makes neurotic thought patterns more intense and destructive. Substance abuse is a shared affliction between domestic violence perpetrators and victims (Al-Natour & Qandil, 2016). Maquibar (2018:56) argues that excessive drug or alcohol use increases the risk of being a victim of domestic violence and of becoming an abuser. The author further alludes that heavy use of drugs or alcohol increases a person's chances of becoming abusive, and the mental anguish of domestic violence causes many victims to turn to dangerous substances. Numerous studies affirm that substance use often plays a facilitative role in violent behavior and always exacerbates preexisting patterns of abuse (Adjah & Agbemafle, 2016). For victims of domestic

violence, this weight of repeated abuse is an extremely heavy burden. To ease the strain, many people turn to substances for relief (Irfan, 2021).

4.4.2: Subtheme 1.2: Recession from Work

At a time when there is a break from work, especially for male partners, issues of domestic violence are on the rise (Alderton, 2020). The recession could be in the form of leave days, public holidays, or people staying home due to the COVID-19 pandemic.

Citations from the study participants back these claims.

On the issue of spending time together at home as a family and its association with domestic violence, participant 15 had this to say:

"Mostly, my husband starts quarreling with me during weekends, holidays, and when he is on leave." He starts looking for mistakes all over the house, despite the fact that some of those mistakes would have been made by the housemaid.

Similarly, Participant 1 indicated that

"Lockdown accelerated domestic violence in my family because I was always with my husband and kids." Once it appeared that I was opposing his suggestions and disapproving of his plans with regard to the running of the house, I would be "bashed like hell."

Highlighting how the COVID-19 lockdowns instituted as a mitigating factor to the spread of the pandemic impacted domestic violence, participant 3 said,

"I was of the opinion that spending a long time with my husband would bring joy to my house until I finally learned that it was a way of making wives experience the love of their husbands. "I lost two teeth during the lockdown period owing to domestic violence."

The above findings totally agree with the findings by Calderón-Jaramillo et al. (2020), who underscored that domestic violence tends to increase on national holidays, weekends, and nights, as well as during periods of inclement weather, because families are at home together for longer (Adjah & Agbemaflé, 2016). The COVID-19 lockdowns have exacerbated this by requiring families to spend extended periods of time together. This was also supported by Abramsky et al. (2016), who also said that women are said to be "trapped at home" in the media coverage of the COVID-19 surge in domestic violence in numerous nations, unable to "escape" to relatives or call on their social network. Domestic violence cases, for example, are estimated to have increased by roughly 20% during the lockdown, owing to the fact that many people are locked at home with their abuser (Nunbogu & Elliott, 2021). Isolation paired with psychological and economic stressors accompanying the pandemic as well as potential increases in negative coping mechanisms (e.g., excessive alcohol consumption) can come together in a perfect storm to trigger an unprecedented wave of family violence (Adjah & Agbemaflé, 2016). During isolation, there are also fewer opportunities for people living with family violence to call for help. Isolation also helps to keep the abuse hidden by making the physical or emotional signs of family violence and abuse less visible to others.

4.4.3: Subtheme 1.3: Gender Inequality and Control

The lack of women's empowerment is a critical form of inequality. The fear of violence can prevent women from pursuing education, working, or exercising their political rights and voices.

A survey by Alderton (2020) shows that in every region of the world, women consistently feel more insecure than men, although the levels of insecurity significantly vary across regions.

Citations from the study participants confirm this argument. Participant 5 said,

"My husband harasses me each time I try to make an independent decision or give a suggestive remark."

Similarly, participant 7 expressed,

"My decisions were not put into consideration at all levels because I'm a weaker sex and have no influence in the running of the family affairs." "I was seen by my late husband as a subordinate all the time."

Participant 9 further alluded to that.

"My ex-husband used to batter me like a little child sometimes, just to make me realize that he held a higher position in the family."

Domestic violence and other types of violent relationships are based on power and control. If one partner feels the need to dominate the other in any shape or form, it is significantly more likely a relationship will turn violent, as expressed by Participant 8 below:

"My husband turns violent as a result of the need to dominate in every situation so that I feel like a subordinate to him." "The man will now be in full control of all the systems in the home."

The above findings agree with those by Nunbogu and Elliott (2021), who highlighted that gender inequality is widely acknowledged as the primary cause of gender-based violence. Gender

inequality refers to power disparities between men and women, as well as women's being given less value and having uneven access to resources and opportunities. Men who control decision-making and limit women's autonomy, have a sense of ownership or entitlement to women, and have inflexible notions about appropriate female behavior are more likely to be violent (Nash & Chandan, 2021). Women's independence and access to decision-making are also hampered in the public arena, where males have greater influence over authority and resources. This delivers the impression that women are less socially valuable and deserving of respect (Carroll, 2012). The COVID-19 pandemic revealed profound vulnerabilities concerning the state of women and exacerbated the current issues of gender discrimination. However, the existence of gender discrimination is still negated when it comes to issues of violence against women and reproductive rights (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020). In general, the measures that have been taken to make women less vulnerable are incomplete and not enough.

4.4.4: Subtheme 1.4: Growing up in a violent family

There are some claims that domestic violence can be learned from significant others, such as when a child keeps on witnessing domestic violence incidences in the family (Adjah & Agbemafle, 2016). Children learn through imitation (Calderón-Jaramillo et al., 2020), and domestic violence negatively socializes the child, who will end up copying the wrong behavior from parents in the future. Children who witness spousal violence or see or hear assaults against their mothers are more likely to be violent in their future marriages (Irfan, 2021).

Childhood experiences of abuse in families contribute significantly to domestic violence, as indicated by Participant 1, who said,

"My spouse grew up in a family where domestic violence was the order of the day; hence, his behavior has turned out to be just like his father's."

This was supported by participant 13, who said,

"My in-laws broke up due to domestic violence perpetrated on my mother-in-law by my father-in-law." I'm not surprised to see my husband behaving in the manner he is doing to me. A small mistake attracts heavy bashing. I'm tired of this relationship now.

Participant 15 had the same feeling when she said,

"The violent behavior that my husband learned from his caretakers is the very same one he is exhibiting in our relationship."

The above findings are in line with those by Irfan (2021), who pointed out that another factor related to abuse was violence in the perpetrator's family of origin. Domestic violence, according to current theories, is a learned behavior. According to research, children who grew up witnessing domestic abuse were more likely to be aggressive as adults than children who did not encounter violence (Kennedy et al., 2020). Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems but also teaches them that violence is a normal way of life, therefore increasing their risk of becoming society's next generation of victims and abusers (World Vision, 2019). The use of violence in the family as well as in personal relationships may have been perceived as the norm. The authors also believe that children who grew up in violent families were more likely to be able to justify their abusive behavior (Bannister & Moyi, 2019). Witnessing domestic violence was expected to have a powerful emotional impact that could last into adulthood, putting the individual at a higher risk of becoming an abuser (Calderón-

Jaramillo et al., 2020). Gender-Based Violence can be caused by negative childhood experiences, attachment and personality problems, criminality, drug abuse, and the use of weapons. The most common causes are problematic gender views and negative childhood experiences (Nash & Chandan, 2021).

4.4.5: Subtheme 1.5: Poverty

Violence has been connected to poverty in a variety of ways. Most academics and non-academics agree (Adjah & Agbemafle, 2016) that people who live in poverty are more likely to do violent things because of the conditions they have to deal with. Quotes from the study participants support this notion.

Participant 2 made this remark,

"My husband is always at home and spends the majority of his time there."

looking for errors in the way I operate at home."

Participant 8 also had this to say:

"When there is nothing to eat in the house, my husband becomes very violent and even threatens to send me away with the children."

Participant 13 also remarked that,

"I wish my husband could find a job somewhere far away so that I could take a break." from daily savagery in the home."

Participants in the study raised the issue of their male partners spending time at home with nothing to do so that they can avoid their female partners. These findings are in line with those by Synergy et al. (2019), who underscored that poverty could be regarded as a fueling factor in domestic violence. Low-income families are significantly more likely to suffer domestic turbulence and the accompanying stress. Some women keep potentially dangerous men in their lives only so that their basic needs can be met. It is thus clear that poverty creates an extra burden for abused women (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020).

4.4.6: Subtheme 1.6: Infidelity suspicion

Beyond concerns of sexually transmitted infections, intimate partner violence (IPV) is another important consequence of marital infidelity (Adjah & Agbemaflle, 2016). Studies from across the region demonstrate that men who have multiple sexual partners or suspect that their partners are non-monogamous are more likely to experience IPV (Kanbur, 2021). Citations from the study participants back these claims, whereby Participant 1 said,

"My husband is so unfaithful that if I try to reprimand him, he beats me up thoroughly, threatening to send me away."

Participant 11, which was highlighted,

"I'm in an abusive relationship in which my husband comes home in the morning every day. We are always quarreling, and there is no peace in the house. "At one point, he broke my rib, and one of my kidneys is not working properly owing to these beatings I'm experiencing."

Participant 12 said,

"Fighting and quarreling are the daily order in my house, especially when I try to expose my husband's infidelity." He challenges me to the point where I am now staying silent in order to avoid further damage to my body, which has already suffered irreversible scarring. He beats me up like someone who is possessed.

Participant 14 said,

"I once confronted my partner regarding calls and text messages he receives from another lady, and every time I ask him about it, he ends up hitting me up."

The above findings concur with those by Irfan (2021), who claims that the foundation of a spousal relationship should be trust and faith. When trust is questioned in a marriage, though, it can lead to domestic violence. If one partner believes the other is violating the sanctity of the marriage by cheating on them, violence may be considered a viable option (Meluzzi, 2021; Parkes, 2020). The author went on to argue that suspicions of adultery can make a spouse resentful, which can escalate to criminality and violence based on opportunity. Suspicion of adultery can make a spouse enraged, leading to crime and violence based on opportunity (Adjah & Agbemaflé, 2016). Infidelity and treachery may be quite similar to domestic violence in many cases. Unfaithful spouses, particularly if they have passive-aggressive tendencies, are typically callous to the hurt they cause, just as perpetrators of physical and psychological abuse are (Bannister & Moyi, 2019). Low self-esteem, a sense of worthlessness, a loss of control over her life, a reliance on her spouse, and a skewed perception of reality in which she feels everything is her fault (Calderón-Jaramillo et al., 2020) are common amongst women experiencing IPV.

4.5 Theme 2: The Impact of Domestic Violence

Women experiencing domestic violence face both short- and long-term physical, psychological, and social consequences impacting their health and well-being (Al-Natour & Qandil, 2016; Alderton, 2020). Domestic violence survivors can face ongoing and challenging effects after enduring the abuse (Acosta, 2020). The effects of this trauma can vary widely from person to person due to individuals' responses to stress, age, and the frequency and severity of abuse (DuRant, 2015). Violence and abuse affect not just the women involved but also their children, families, and communities. Women in abusive relationships are at a higher risk of unintended or unwanted pregnancies as well as sexually transmitted diseases (Diéguez Méndez et al., 2021). Domestic abuse has a significant impact on the economy (Kennedy, Hayashi, Milloy, Boyd, Wood, & Kerr, 2020). Firstly, there are the costs of direct services to treat and support abused women and their children. These include social services and hospitals, for example. Secondly, there are many costs involved in bringing abusers to justice, including the court system and more. Finally, the economy is suffering because of missed days at work and the loss of productivity (Alderton, 2020).

4.5.1 Subtheme 2.1: Physical injuries

However, because of general strength differences between men and women, women are six to seven times more likely to receive serious physical injuries than men (Carroll, 2012). Study participants indicated:

"I sustained multiple injuries at the hands of my late husband. He used to beat me up every day. I could not bear the pain except by filing for divorce so as to free myself." (Participant 7) "I'm always experiencing a headache that stems from the beating from my husband." Sometimes my

ribs are painful due to the kicking and bashing from my husband. "My jaws are also painful due to heavy punching." (Participant 5)

"The way I used to think has been seriously affected by the beatings that I went through in my relationship. My head used to be hammered against the wall, and a lot of strangling used to happen as well (Participant 4).

"He broke my left leg during the process of assaulting me." (Participant 15)

The above findings also concur with Raj (2020), who discovered that the most common physical symptoms of assaulted women were persistent pain, chronic tiredness, weight issues, and immune system issues, as well as a variety of injuries and respiratory problems. Depending on the severity of the perpetrated violence, IPV is often linked to health problems ranging from minor cuts to severe health consequences and death (Bannister & Moyi, 2019). Studies have shown that IPV complications can be long-term, as well as short-term.

4.5.2: Sub-theme 2.3: Emotional Trauma

Regardless of the type and severity of the assault, survivors of IPV may experience trauma, which typically corresponds with feelings of depression, including prolonged sadness, anxiety, low self-esteem, questioning one's sense of self, and suicidal thoughts or attempts (Abramsky et al., 2016). Citations from the study participants back these claims. Participant 1, on the issue of trauma, said,

"The events from the abuse I went through are still fresh in my mind. "The episodes still haunt me up to this day, and they cause restlessness in my life."

Similarly, participant 2 stated that

"If I think about what I went through during my stay with my former husband, I feel like crying."

Participant 5 said

"I used to be so stressed that I was once diagnosed with depression, but luckily it was treated, but even to this day I get anxiety and flashbacks of past events."

Similarly, participant 3 stated that

"My mind remains haunted by the abuse that always occurs in my house." I'm failing to concentrate. I do not even know what to do. "I'm suffering from indecision."

Emotional abuse does not produce cuts and bruises like physical abuse, so its scars are more difficult to recognize and treat (Meluzzi, 2021). Emotional abuse, on the other hand, can leave deep scars on the victim's psychological well-being. Also, emotional abuse often leads to substance abuse, low self-esteem, feelings of powerlessness, isolation, alienation, anxiety, depression, and post-traumatic stress disorder (Abramsky et al., 2016). Emotional distress is a common effect of intimate partner violence, with typical emotions including fear, anger, frustration, confusion, and sadness being noticeable from the participants' experiences.

4.5.3: Subtheme 2.2: Sexually transmitted infections (STIs) and unwanted pregnancy

Domestic violence causes health problems like STIs if one partner opts to find comfort in the hands of extramarital partners while the other partner has a disagreement on the use of contraceptives during intimacy (Irfan, 2021). As a testimony to this, participant 11 narrates that,

"He comes home and demands unprotected sex and bars me from using contraceptives." However, I have resorted to hiding the oral tablets that I use. Sometimes he would find them and bash me mercilessly.

The unfaithful partner would infect the one in the house, which can trigger fights upon realizing that the infection has been spread to the other partner, as was the case with Participant 9, who claimed that,

"I contracted HIV from my former husband, who would go and sleep out each time we had a fight or an argument."

Similarly, participant 2 stated that

"I was cruelly treated and infected with a lot of STIs, HIV included."

Disagreement on the use of contraceptives during intimacy could also result in unplanned pregnancies, as is evident from the experience. Participant 7 said,

"I'm very tired of this abusive relationship, but now I'm pregnant and HIV positive at the same time. "I'm very tired"

There is evidence to indicate that women in abusive relationships experience adverse health outcomes including STIs and fertility (Adjah & Agbemafle, 2016; Kanbur, 2021). Several studies have looked at associations with STI-risk behaviors and have found that abused women are at increased risk for unprotected intercourse and partner non-monogamy (Alvarez et. al., 2016). Studies by Aguirre (2020) and Kanbur (2021) established some direct and indirect links between domestic violence and the risk of unwanted pregnancies and STIs.

4.5.4: Subtheme 2.4: Loss of work productivity

The impact of domestic violence has become an important workplace issue, recognizing how power and control interconnect work and private life (Calderón-Jaramillo et al., 2020). Domestic violence affects women's full and active participation in the labor market, as many women experiencing domestic violence end up leaving their jobs. For example, economic violence has a direct impact on women's ability to work, such as preventing women from having sufficient money for bus fares to get to work or to buy clothing suitable for work, and sometimes violent partners break women's work tools or physically remove women from their workplaces (Alderton, 2020). This is similar to the experience of Participant 14, who stated that, *"I lost my first job, which sustained me and my family so well, because of the violence. I was no longer being present because I had so many excuses for not showing up at work, and my partner would sometimes lock me in the room, making me late to work."*

Besides women leaving or losing their jobs, DV also causes low productivity at work by absenting themselves either when they get injured during fights or when they are busy solving their marital problems (Abramsky et al., 2016). affirmed by participant 6, who stated

"I used to be absent from work because of injuries sustained during an in-house fight with my ex-husband."

Domestic Violence can cause stress and affect the morale of the worker who lives in constant fear of her co-workers witnessing the violent behavior she is experiencing at the hands of her partner or ex-partner (Parkes, 2020), as expressed below.

"I find it very difficult to concentrate at work most of the time." My mind will be working overtime. I'll be withdrawn and unwilling to communicate with or get closer to my coworkers. "My ex-husband would also come to my workplace and assault me in the presence of my colleagues."

(Participant 8)

The findings above indicate that abuse can either directly or indirectly interfere with women's performance in the workplace (Le Mat, 2019), as they are constantly on the lookout for their abusive partners' arrival. The pervasiveness and severity of domestic violence impacting the workplace demand the attention of employers, managers, human resources, and security staff, experts agreed (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020). Domestic violence and sexual assault enter every workplace in the United States every day. Domestic violence robs employees of their dignity and their health.

4.6 Theme 3: Coping strategies for women victims of domestic violence

Various coping strategies are adapted by different individuals confronted with negative affective states and associated life problems due to domestic violence (Parkes, 2020). Coping has been described as a dynamic process that involves constantly changing cognitive and behavioral efforts and is managed by internal and external needs that are at times beyond one's resources (Lorente Acosta, 2020). Some adopted protective behaviors such as leaving home, shouting, informing neighbors, and protecting their heads and necks. In a study by Synergy et al. (2019), these behaviors included protecting children from violence, developing safety strategies, and accessing social resources for social support. Citations from the study participants back these claims. However, participant 13 made a different decision and had this to say:

"I ended the relationship to protect myself and my children. I resorted to seeking social support so that my life and the lives of my children can continue minimum external interruption from this abusive man."

The above findings cohere well with those by Adjah and Agbemaflle (2016), who underscored that some women tolerated their situation due to their hesitation to leave the violent environment and their desire to save lives at any cost. In most cases, they trusted the perpetrator. Some reacted passively and remained silent, an issue that has been addressed in other studies. Women have largely adapted to domestic violence, and many have suffered in silence (Nash & Chandan, 2021). However, the factors that played an important role in making these women tolerate the violent environment included the individual, financial, and social barriers to leaving the violent relationship. Barriers such as maintaining dignity, having children, fear, lack of support in family and society, lack of financial independence, and the cultural, social, and economic consequences of divorce made a person unable to leave the violent relationship or unwilling to disclose the violence. Other studies have also pointed to the barriers to leaving a violent relationship (Mannell et al., 2018).

Women cannot always leave their violent partners with ease of mind (Synergy et al., 2019). Despite the difficult circumstances and difficulties in marital life, women suffering domestic violence remained in those situations and endured those difficulties to avoid the consequences of divorce (social, psychological, legal, and financial) (Al-Natour & Qandil, 2016). It seems that despite the possibility of leaving a violent relationship, women are being held captive in a violent situation by the fear of experiencing more violence against themselves and their children, a lack of financial resources, a lack of family support, and a lack of legal and social assistance (Meluzzi,

2021). Concerns for children and the hope that the spouse will change his behavior are common reasons for staying in a violent relationship (Parkes, 2020). Some women sought supportive umbrellas and wanted to protect themselves or avoid violence by receiving support from family or responsible organizations. Support services provided by professional caregivers included initial assessment and approval of treatment for violence and drug therapy. Alvarez et al. (2016) stated that when nurses assess women for spousal abuse and the abused women decide to disclose violence, the violence is confirmed, her experience is validated, and the search for assistance becomes legitimate. Many people who experience domestic violence struggle with finding a way to cope with what they have gone through (Raj, 2020). Persons living with mental illness are overrepresented in homeless populations and prisons and often experience economic injustices. While being exposed to a traumatic experience can trigger mental health problems, treatment can help a domestic violence survivor get back on their feet (Alderton, 2020).

4.6.1: Sub-theme 3.1: Seeking medical care

Seeking medical care addresses some of the victim's health issues, though at times the victims provide incorrect information about the cause of the injuries that they have sustained. Screening, for example, helps expose the various internal injuries one has sustained so that proper treatment can be administered. The following citations from the study participants anchor these claims:

"I had to seek out medication because I was not feeling well due to the beatings that occurred in my house. I was cruelly beaten, and my ribs broke as I spoke." (Participant 15).

"My brain was not working properly, and hence I had to go to the hospital for medication. It was established that I sustained head injuries that needed to be. They treated me and then referred me for psychosocial support."(Participant 13)

The above findings are in line with those by Aguirre (2020), who highlighted that due to domestic abuse, one would require both short-term and long-term medical care. Hospitals offer assistance and treatment to victims of domestic abuse, doing so in a secure, considerate, and private manner (Yi et al., 2020). According to research, the majority of women see doctors for normal medical care, and DV victims also attend doctors for treatment of their wounds, putting health care professionals in a unique position to assist abuse victims and offer them recommendations and assistance. However, some women decide not to consult clinical staff for assistance for fear of exposing their partners and facing stigmatization, as indicated by Participant 11, who chose not to seek medical attention.

"I did not go to the hospital because my husband was going to be arrested in the process, and it was going to be another war at home."

However, concealing abuse worsens the situation and has a long-term, negative impact on the health of such women.

4.6.2: Sub-theme 3.2: Psycho-social support for the female survivors of domestic violence

Psychosocial support for survivors of domestic violence includes building a protective environment, addressing stigma, changing norms around gender-based violence, and promoting existing protective norms Maquibar et al. (2019) through individual counseling and support groups as attested below.

"I attend counseling sessions from time to time, and I feel renewed after each session." (Participant 9)

"I'm a member of one support group, and this helps me in that I share with some individuals my experiences as a survivor of domestic violence." (Participant 7)

"I received medication and counseling when I visited the hospital. I'm healing both physically and mentally." (Participant 5) "Church is a very important aspect of my life, hence attending church every Sunday helps me get to attend after-church sessions with my pastor, which counsels my soul every time and rejuvenates my energy." (Participant 8)

"I provide counseling to family members going through any type of social problem diligently and with passion; this helps me a lot because it makes me feel like I am talking to myself, empowering myself, and seeing myself through everyone that I provide my service to." "I am currently enrolled in a six-month counseling course to sharpen my skills, and it's also a form of therapy for me." (Participant 10)

"I watch counseling sessions online by professional counselors, and it has been my greatest source of comfort over the years of being exposed to domestic violence." (Participant 6)

Positive health outcomes have been correlated with one's view of having access to knowledge, emotional support, psychological support, financial support, and/or practical assistance (Le Mat, 2019). The above participant responses are in agreement with those by Abramsky et al. (2016), Al-Natour and Qandil (2016), Bannister and Moyi (2019), and Lorente Acosta (2020), who claim that the association between intimate partner violence (IPV) and mental health has been shown to be both mediated and/or moderated by psycho-social support. Similarly, an individual's ability to

cope with psychological discomfort and abuse is strengthened by increased familial and other types of social support, as affirmed by Participant 4, who stated,

"My children are a source of happiness, and it counsels my soul when I look at them and when they talk to me with so much love." I feel like I can conquer anything in this world when they are by my side. They are my source and my greatest strength.

(Alderton, 2020; Parkes, 2020). No matter the degree of the abuse, friends and family's emotional support stops the mental health from deteriorating by serving as a good influence or buffer (Raj, 2020).

4.6.3: Sub-theme 3.3: Regular Exercise

According to Banister and Moyi (2019), there are several pieces of evidence that support exercise as a coping strategy for stress management and improving mental health in people who are victims of domestic violence. Regular physical activity, such as exercise, is a simple and low-cost strategy for dealing with stress in everyday life. Women victims of domestic violence are not an exception, as confirmed in the quotes below.

"I normally go to the gym to watch games and sometimes do light jogging." (Participant 1)

"Regular exercise is now my daily bread, and I feel resuscitated each time after each session" (Participant 3).

"I am part of a group of five survivors of domestic violence who are attending a boot

camp for regular exercises, and it helps me cope with all my life issues; it sorts of gives me power"
(Participant 15)

Since exercise can boost one's mood, concentration, and alertness, often people who exercise regularly do it simply because it makes them feel good (Raj, 2020). It can even help someone have a positive outlook on life. The physical benefits of exercise are also important for people with mental torture and illness (Nunbogu & Elliott, 2021). Other equally therapeutic activities participants engaged in as a way of coping were reading and gardening.

"I read a lot of novels and motivational books online. "Reading is my greatest coping strategy, which I am also teaching my children to prepare them for future resilience." (Participant 2).

"Each time I find happiness in carrying out domestic chores and gardening, just to occupy my mind so that it does not return to the agony I experienced at the hands of my abusive husband"
(Participant 14).

4.6.4: Sub-theme 3.4: Denial and emotional avoidance

Denial is a powerful and primitive defense mechanism (Adjah & Agbemafle, 2016). Someone who is the victim of abuse can remain silent and not even see or hear the abuse in order to maintain the desperately needed relationship with the abuser (Adjah & Agbemafle, 2016). Survivors of abuse are often faced with the use of denial to minimize their experience (Yi, Chann, Chhoun, Tuot, Mun, & Brody, 2020), as stated by Participant 13.

"I stayed in denial mode for the time being, and it seemed to be a good approach to cope with post-domestic violence trauma."

Participant 12 states

"I had resorted to keeping quiet [to keep the peace]."

Denial also includes providing a justification to avoid dealing with a situation, as expressed by

Participant 11:

"I cannot go anywhere because I need to look after my children." I do not want my children to be taken care of by a stepmother. "I know stepmothers can be very difficult."

Trauma denial frequently happens when the reality of the trauma is so strong that it is psychologically safer to bury, reject, conceal, or ignore what happened than to recognize that the trauma ever actually happened (Alvarez et al., 2016). Denial is an effective mental strategy that serves as a protective barrier and aids in coping (Acosta, 2020), but is equally an effective way to

maintain the status quo. Unfortunately for the abused, denial hides the need for something to change (Kanbur, 2021).

Avoidance is another way used by the participants, as indicated below:

"I go to work, I leave my problems at home, and I do my work with friends." Sometimes, I work overtime, so I can spend a short time going home just to sleep. The next day, I will repeat the same schedule of my life like that". (Participant 11)

"I make sure that I dismiss the pain and move forward for the sake of my children." (Participant 9)

Avoidance can be an effort to stop experiencing unpleasant feelings by avoiding or dissociating from certain events (Calderón-Jaramillo et al., 2020). It could also entail avoiding any circumstances that could become emotionally charged. Often, people want to avoid facing up to the real impacts and ramifications of abuse (Calderón-Jaramillo et al., 2020). Vulnerable people want to change, but they may be afraid of losing relationships, safety, or other things that the abuser may promise or give them (Le Mat, 2019).

4.7 Conclusion

This chapter focused on the presentation of findings and the discussion of results. The study found that factors at home that contribute to domestic violence are the abuse of alcohol and drugs, gender inequality and control, and growing up with violent parents. The next chapter presents the summary, recommendations, and conclusion of the study.

CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction.

This chapter provides a summary of the study, its inferences, recommendations, and areas for further research. The main purpose of the study was to explore the lived experiences and coping strategies of domestic violence from the perspective of female survivors in Outapi, Omusati Region, Namibia.

The study used a qualitative descriptive research approach and design through the use of an in-depth face-to-face interview that was administered to 15 female survivors of domestic violence who were purposefully selected from Outapi in Omusati Region, Namibia.

The study sought to pursue the following research objectives:

1. To assess the factors that contribute to domestic violence among women in Outapi.
2. to describe the impact of domestic violence on female survivors in Outapi.
3. to explore the coping strategies of women survivors in Outapi who had been victims of domestic violence.

5.2 Summary of the findings

5.2.1 To assess the factors contributing to domestic violence in Outapi, including psychological, social, emotional, and physical dimensions.

The study on contributing factors to domestic violence revealed a complex interplay of various elements, shedding light on the multifaceted nature of this pervasive issue. The emergent

subthemes were informed by a diverse range of studies addressing gender-based violence and its determinants, contributing to a nuanced understanding of the factors influencing domestic violence. The influence of substance abuse, particularly drug and alcohol consumption, emerged as a prominent subtheme in understanding domestic violence. This finding resonates with existing literature (Kennedy et al., 2020), indicating a link between substance abuse and violent behavior within intimate relationships.

Another significant subtheme that surfaced was the impact of economic factors, specifically the recession from work, on domestic violence. The stress and strain associated with economic hardships can contribute to increased tension within households, aligning with research on the relationship between financial stress and intimate partner violence (Alderton, 2020). The subtheme of gender inequality and control underscored the role of power dynamics within relationships. Studies like those by Kanbur (2021) emphasize the significance of addressing gender-based violence within the broader context of societal gender inequalities.

The study identified the intergenerational transmission of violence as a contributing factor. This aligns with research by Carroll (2012), emphasizing the long-term effects of exposure to aggressive behavior in the family environment. Poverty emerged as a contextual factor influencing domestic violence, as supported by research (Adjah & Agbemaflé, 2016). The study highlighted the need to address structural inequalities and socioeconomic disparities to mitigate the impact of poverty on domestic violence. The theme of infidelity suspicion revealed the role of mistrust and jealousy as potential triggers for domestic violence. This finding resonates with the broader discourse on jealousy and relationship dynamics within the context of intimate partner violence (Calderón-Jaramillo et al., 2020). Additionally, the theoretical foundation of the study was anchored in liberal feminism, providing a lens to examine structural inequalities and advocate for

women's rights. This theoretical framework enriched the analysis by emphasizing legal and political reforms, individual agency, intersectionality, empowerment, and social change in the context of domestic violence (Kanbur, 2021).

The study's main findings highlight the diverse and interconnected factors contributing to domestic violence, emphasizing the need for comprehensive and context-specific interventions to address this complex social problem.

5.2.2 To explore the impact of domestic violence on the psychological, social, emotional, and physical well-being of female survivors in Outapi.

The study set out to comprehensively examine the repercussions of domestic violence on the psychological, social, emotional, and physical well-being of female survivors in Outapi, drawing attention to the profound implications of such violence. Underpinned by the theoretical framework of liberal feminism, which advocates for gender equality and addresses structural inequalities, the research aimed to shed light on the intricate connections between domestic violence and its far-reaching consequences.

A significant outcome of domestic violence, physical injuries, emerged as a prevalent subtheme. Female survivors recounted enduring varying degrees of physical harm inflicted by their abusers, aligning with Alderton's (2020) research, which underscores the immediate and visible impact of domestic violence on survivors. The lens of liberal feminism guided the exploration of power dynamics and the urgent need for legal and policy reforms to protect victims from such physical harm. The pervasive subtheme of emotional trauma highlighted the profound psychological impact of domestic violence on female survivors. The study brought to light the survivors' experiences of

mental torture, haunted by the memories of traumatic incidents. This aligns with existing literature on the enduring psychological effects of intimate partner violence, emphasizing the importance of empowering women to escape such traumatic situations (Diéguez Méndez et al., 2021).

A distressing connection between domestic violence and adverse sexual health outcomes was uncovered. Female survivors reported contracting sexually transmitted infections (STIs) due to non-consensual intimate relations forced upon them by their abusers. Unwanted pregnancies resulting from such violence were identified as a concerning subtheme, echoing findings from Kennedy et al. (2020). Liberal feminism, advocating for women's bodily autonomy, underscores the urgency of addressing these reproductive health violations. The theme of loss of work productivity underscored the broader societal impact of domestic violence. Female survivors often missed work due to injuries sustained, contributing to productivity losses. This aligns with Bannister and Moyi's (2019) emphasis on the economic consequences of domestic gender-based violence. The application of liberal feminist principles calls for workplace policies that protect survivors and support their economic empowerment.

Guided by the liberal feminist perspective, the study unveiled the intricate and interconnected impact of domestic violence on the overall well-being of female survivors in Outapi. The identified subthemes collectively emphasize the urgent need for comprehensive interventions, including legal reforms, empowerment initiatives, and workplace support, to address the multifaceted consequences of domestic violence on survivors' lives.

5.2.3 To determine the coping strategies employed by victims of domestic violence in Outapi.

The study aimed to discern the coping strategies adopted by victims of domestic violence in Outapi, providing insights into the diverse ways individuals navigate the challenges posed by such

traumatic experiences. One prominent coping strategy identified among victims was the pursuit of medical care. Victims acknowledged the importance of addressing physical injuries and potential health risks resulting from domestic violence. Seeking medical care served not only as a practical response to immediate health needs but also as a gateway to accessing support services. This coping strategy aligns with existing research emphasizing the significance of healthcare interventions for survivors (Abramsky et al., 2016). Victims frequently employed psycho-social support as a coping mechanism to navigate the emotional toll of domestic violence. This encompassed seeking assistance from friends, family, or support groups. The study uncovered the pivotal role of interpersonal connections in fostering resilience and providing a space for emotional expression. This coping strategy resonates with Lorente Acosta's (2020) insights into the importance of social networks during challenging times.

Engaging in regular exercise emerged as a coping strategy employed by victims to promote their physical and mental well-being. Exercise was seen as a proactive approach to managing stress, enhancing mood, and fostering a sense of empowerment. This coping mechanism aligns with the broader understanding of the positive impact of physical activity on mental health and resilience (Adjah & Agbemafle, 2016). Some victims coped with the distressing experiences of domestic violence through denial and emotional avoidance. This strategy involved consciously or unconsciously distancing oneself from the emotional impact of the violence. While providing a temporary respite, this coping mechanism may have long-term implications for psychological well-being, emphasizing the need for holistic support approaches (DuRant, 2015).

The coping strategies employed by victims of domestic violence in Outapi reflected a spectrum of responses encompassing seeking medical care, relying on psycho-social support, engaging in regular exercise, and resorting to denial and emotional avoidance. Understanding these coping

mechanisms is crucial for tailoring support interventions that address the diverse needs of survivors, promoting resilience, and facilitating their journey towards recovery.

5.3 Recommendations of the study

Recommendations to the Ministry of Health and Social Services (MoHSS) for addressing domestic violence in Outapi:

- **Training for Healthcare Professionals:** Provide specialized training for healthcare professionals to recognize and respond to signs of domestic violence. This includes creating standardized protocols for screening and supporting survivors in healthcare settings.
- **Establishment of Support Centers:** Consider establishing dedicated support centers within healthcare facilities, offering comprehensive services for domestic violence survivors, including counseling, legal assistance, and follow-up care.
- **Public Awareness Campaigns:** Collaborate with local organizations and community leaders to implement awareness campaigns addressing the consequences of domestic violence, available support services, and encouraging community members to report incidents.
- **School-Based Programs:** Integrate educational programs on healthy relationships and domestic violence into school curricula, fostering awareness and prevention from an early age.
- **Inter-Agency Cooperation:** Facilitate collaboration among various government agencies, NGOs, law enforcement, and social services to create a coordinated response system. This ensures a seamless flow of information and support for survivors.

- **Capacity Building:** Invest in training programs for professionals across different sectors to enhance their capacity to address domestic violence effectively.
- **Review and Strengthen Legislation:** Continuously review and strengthen existing legislation related to domestic violence. Ensure that legal frameworks provide adequate protection for survivors and hold perpetrators accountable.
- **Sensitization of Legal Personnel:** Conduct training sessions for legal personnel to sensitize them to the unique challenges faced by domestic violence survivors and ensure empathetic and supportive legal processes.
- **Shelter and Safe Spaces:** Establish safe shelters or safe spaces where survivors can seek refuge, receive counseling, and access necessary resources to rebuild their lives.
- **24/7 Helpline:** Introduce a dedicated 24/7 helpline for domestic violence survivors, providing immediate assistance, counseling, and guidance.
- **Continuous Research:** Support ongoing research initiatives to understand the evolving dynamics of domestic violence. This research should inform policies and interventions tailored to the specific needs of the community in Outapi.
- **Data Collection:** Implement a robust data collection system to monitor the prevalence of domestic violence, track the effectiveness of interventions, and identify emerging trends.
- **Community Dialogues:** Facilitate community dialogues and engagement sessions to openly discuss domestic violence, challenge societal norms that perpetuate it, and foster community-driven solutions.
- **Empowerment Programs:** Develop empowerment programs for women and vulnerable populations, equipping them with skills and resources to enhance their socio-economic independence.

- **Integration of Mental Health Services:** Integrate mental health support services into the broader healthcare system, ensuring that survivors have access to trauma-informed care and counselling.

RECOMMENDATIONS ON POLICY ASPECTS

Policymakers should actively incorporate empowerment initiatives within existing domestic violence policies. These initiatives should go beyond immediate crisis response and encompass long-term strategies aimed at enhancing women's skills, education, and employability. By fostering financial independence, these initiatives can contribute significantly to breaking the cycle of dependence on perpetrators.

Policies should explicitly support and allocate resources for employability projects tailored to survivors of domestic violence. These projects can include vocational training, skill development programs, and initiatives that facilitate women's entry into the workforce. By providing tangible pathways to economic independence, these projects contribute to reducing women's reliance on perpetrators for financial support.

Policymakers should engage in collaborative efforts with various stakeholders, including governmental agencies, non-profit organizations, and private sectors, to develop and implement effective employability projects. This collaboration ensures a holistic and sustainable approach to empowering survivors, offering a range of resources and support networks.

5.4 Suggestions for Further Research

This study was carried out only in one region of Namibia and with only female survivors. As such, similar studies need to be done in other regions with both male and female survivors.

- To explore the lived experiences and coping strategies of domestic violence from the perspective of female survivors in other Namibian regions.
- More studies of relatively similar nature need to be done to measure the success of the current coping mechanisms for domestic violence from the perspective of women victims in Namibia.

5.5 Conclusion.

In conclusion, this study delved into the profound impact of domestic violence on female survivors in Outapi, shedding light on the physical, psychological, social, and emotional consequences of such violence. The exploration of coping strategies employed by victims further revealed the resilience and resourcefulness of survivors in the face of adversity. Grounded in liberal feminist theory, which emphasizes addressing structural inequalities and promoting women's rights, this study aimed to contribute to a nuanced understanding of domestic violence within the Namibian context. The findings illuminated the interconnectedness of domestic violence's consequences, emphasizing the urgent need for comprehensive interventions. Physical injuries, emotional trauma, sexually transmitted infections, unwanted pregnancies, and loss of work productivity emerged as interconnected subthemes, underscoring the multifaceted nature of the issue. Importantly, these consequences reverberate not only in the lives of survivors but also impact the broader community and societal fabric.

Drawing on recommendations informed by the study, particularly those directed at the Ministry of Health and Social Services, the study advocates for a holistic approach. Strengthening healthcare services, community education, legal reforms, support services, and multi-agency collaboration are vital components of a comprehensive strategy to address domestic violence effectively.

This study contributes to the growing body of literature on domestic violence, providing insights specific to the Outapi region while also contributing to the broader discourse on gender-based violence. The incorporation of liberal feminist theory as the theoretical foundation enriches the understanding of structural inequalities and underscores the importance of legal and societal reforms in creating an environment that empowers women and protects their rights.

In moving forward, the recommendations put forth in this study serve as a roadmap for policymakers, healthcare professionals, community leaders, and advocates to collaboratively work towards eradicating domestic violence. By addressing the root causes, enhancing support systems, and fostering a culture of gender equality, there is hope for creating a safer and more equitable environment for all, where survivors can rebuild their lives and contribute meaningfully to society.

Ultimately, the journey towards eradicating domestic violence requires collective effort, continuous research, and a steadfast commitment to creating a society where every individual, irrespective of gender, can live free from the shadows of violence.

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APPENDIX 1: ETHICAL CLEARANCE CERTIFICATE



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SAH02/21 Date: 01/11/2021

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

Title of Project: An exploration of lived experiences and coping strategies of domestic violence from a perspective of female survivors in Outapi, Omusati region, Namibia.

Researcher: Maria Hailonga

Student Number: 201304409

Supervisor(s): Dr Emma Leonard

Centre for Research Services

Take note of the following:

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

The ethics committee wishes you the best in your research.

A handwritten signature in black ink, appearing to read "T.W. Shumba", is written over a horizontal line.

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

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

Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

**PPENDIX 2: PERMISSION FROM MINISTRY OF GENDER EQUALITY, POVERTY
ERRADICATION AND SOCIAL WELFARE**



REPUBLIC OF NAMIBIA

OFFICE OF THE PRESIDENT

MINISTRY OF GENDER EQUALITY, POVERTY ERADICATION AND SOCIAL WELFARE

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

Private Bag 13359
Windhoek
Namibia

Our Ref: J2/P.....
Your Ref: None.....
Enquiries: R. Kamuingona.....

21 January 2022

Ms. Maria Hailonga
Social Worker
Outapi

Dear Ms. Maria Hailonga

**RE: REQUEST TO INTERVIEW FEMALE SURVIVORS OF DOMESTIC
VIOLENCE FOR RESEARCH STUDY PURPOSES (TOWARDS THE COMPLETION
OF A MASTER DEGREE IN SOCIAL WORK.**

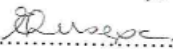
The above matter bears reference.

The Ministry hereby grants you permission to interview survivors of domestic violence in the Outapi constituency. This permission is granted with condition that:

- You will adhere to ethical principles or conduct as stipulated by the University of Namibia Ethical Clearance Committee.
- Ensure that the dignity and integrity of research participants are always upheld.
- Ensure that victims who present psychosocial distress are referred further for psychosocial therapy/interventions.
- The Ministry retains the right to:
- Withdraw the permission if the researcher does not adhere to the stipulated terms.

The Ministry welcomes and support your initiative to study in this field and hope that you will make a meaningful contribution towards the achieving the goals and objectives of the Ministry.

Yours sincerely,


.....
Ms. Esther Lusepani
EXECUTIVE DIRECTOR



APPENDIX 3: INTERVIEW GUIDE:

This study is to explore the lived experiences of Domestic Violence (DV) from a Perspective of female survivors in Outapi Omusati Region, Namibia by MA in Social work student Maria Hailonga. You are going to be interviewed, you are expected to fully participate and respond as honestly as possible. Participation is voluntary and you can withdraw at any time you feel you can no longer continue with the process.

SECTION A: BIOGRAPHICAL INFORMATION

- 1. Code:
- 2. Age group

| 18-24 years | 25-34 years | 35-44 years | 45-54 years | 55-64 years | 65 years and above |
|-------------|-------------|-------------|-------------|-------------|--------------------|
| | | | | | |

- 3. Marital status or relation to the abuser

| Married | Single | Cohabiting | Other, specify |
|---------|--------|------------|----------------|
| | | | |

- 4. Number of years in a relationship with the abuser

| 0-3 years | 4-6 years | 7-9 years | 10 years and above |
|-----------|-----------|-----------|--------------------|
| | | | |

5. Number of children with abuser

| 0-2 children | 3-4 children | 5 children and more |
|--------------|--------------|---------------------|
| | | |

6. Employment status

| Employed | Self-employed | Unemployed | Other, specify |
|----------|---------------|------------|----------------|
| | | | |

7. Educational Qualification

| Below JSC(Grade10) | JSC (Grade 10) | SSC Acquired (Grade 12) | Tertiary qualification | Others, specify |
|-----------------------|-------------------|----------------------------|---------------------------|-----------------|
| | | | | |

SECTION B: CONTRIBUTING FACTORS OF DOMESTIC VIOLENCE

7. What is your experience when it comes to Domestic Violence?
8. Tell me about the number of times the abuse happens? How often does the abuse occur?
9. In your opinion, what might have contributed to the violence?
10. Compare your social wellbeing for before and after the abuse, what are some of the changes?
11. Tell me about your experience after the abuse?
12. How did the abuse affect you physically, emotionally, psychologically and socially?

SECTION D: SURVIVORS COPING STRATEGIES

3. Can you share what kept you motivated and positive during the time you went through the violence?
4. What would you say worked for you as a coping mechanism after experiencing the violence? Can you share some of the things you did that helped you to overcome the impact of the abuse?

SECTION E: STRATEGIES TO MITIGATE DOMESTIC VIOLENCE

4. Tell me more about the strategies that are currently in place to fight domestic violence?
5. What is your experience with regards to the strategies in place to curb domestic violence?
6. Can you propose new ways that you think may be effective in the process of fighting domestic violence?

APPENDIX 4: INFORMED CONSENT

UREC Annex 5F: Informed Consent for Qualitative Studies

INFORMED CONSENT FORM



Informed Consent for Lived Experiences and Coping Strategies of Domestic Violence from a perspective of Female survivors in the community of Outapi constituency of Omusati Region, Namibia who I am inviting to participate in the research “An Exploration of Lived Experiences of domestic violence from a perspective of female survivors in Outapi, Omusati Region, Namibia”

| | |
|--|----------------|
| Name of Principal Investigator: | Maria Hailonga |
| Name of Sponsor: | N/A |

This Informed Consent Form has two parts:

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

I am Maria Hailonga, a social worker at the Ministry of Gender Equality, Poverty Eradication and Social Welfare, and pursuing a Master's degree in Social Work from the University of Namibia. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me.

Purpose of the Research

Domestic Violence has affected a lot of people mostly women at the hands of their male counterparts in your community. The aim of this study is to understand the experiences and coping strategies of female survivors of domestic violence. We believe that you can help us by telling us what you know both about Domestic Violence and about impacts of Domestic Violence in general. We want to learn what people who live or work here know about the causes or contributing factors of Domestic Violence. We want to learn about the different ways that survivors of Domestic Violence employ as coping strategies to help them live a positive life after the violence. We also want to know more about local strategies that can be used to mitigate the negative experiences of Survivors of Domestic Violence in your community (Outapi Constituency).

Type of Research Intervention

This research will involve your participation in a one-on-one interview that will be conducted by Maria Hailonga during the month of August 2022 in Outapi Constituency. The one on one or telephonic interviews will take about 45 minutes each.

Participant Selection

You are being invited to take part in this research because we feel that your experience as a responsible citizen and domestic violence survivor can contribute much to our understanding and knowledge experiences when it comes to this most prevalent social issue.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services, you receive at this Unit (Gender Based Violence Sub- Division) will continue and nothing will change.

Procedures

We are asking you to help us learn more about your experiences of Domestic Violence survivor of domestic violence. If you accept, you will be asked to participate in an interview with myself (Maria Hailonga).

During the interview, I will sit down with you in a comfortable place at your own place that you feel is convenient for you. Which will either be at my office at the Gender Based Violence Unit or

I come to you were ever you feel comfortable or I will call you. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next item for discussion. No one else but me will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except myself and Dr. Emma Leonard, my supervisor will have access to the information documented during your interview. The entire interview will be recorded, but no-one will be identified by name in the recording. The recording will be kept in a lockable cabinet. The information recorded is confidential, and no one else but I, Dr. Emma Leonard will have access to the recordings. The recordings will be destroyed after five years.

Duration

The research takes place over 16 days to one month in total. During that time, we will visit or call you once to interview you at one month intervals and the interview will last for about 45 minutes each.

Risks

We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. Some of the questions might also be contribute to re-traumatization hence, you do not have to answer any question or take part in the interview if you don't wish to do so, and that is also fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

Benefits

By participating in this interview, we are giving you a platform to tell your story which is a form of therapy for you. Your participation is likely to help us find out more about how to prevent the increase in cases of Domestic Violence in your community. It will also help other community members to employ new ways in the fight against Domestic Violence. Your participation will also help to inform policy interventions in the fight against Domestic Violence in Outapi.

Reimbursements

You will not be provided any incentive to take part in the research. However, we will arrange for your transportation from and back to your place if we do not come to you for the interview.

Confidentiality

The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a number on it instead of your name. Only the researcher will know what your number is and we will lock that information up in a cabinet with a lock and key. It will not be shared with or given to anyone except Dr. Leonard who is the supervisor and authorised University of Namibia personnel.

Sharing the Results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results. We will also publish the results so that other interested people may learn from the research.

Right to Refuse or Withdraw

You have a right to choose not to take part in this research if you do not wish to do so, and choosing to participate will not affect your social or professional life in any way. You may stop participating in the interview at any time that you wish without social and professional life being affected. I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact me (Maria Hailonga) I am from Outapi town and my cell phone number is 0818796794 or email me at mhailonga1994@gmail.com .

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University's Centre for

Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research about the lived experiences of domestic violence from a perspective of female survivors in Outapi.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

.....

Name of Participant (print)

.....

Signature of Participant

.....

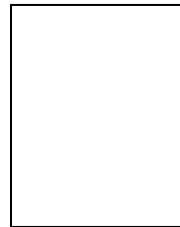
Date (day/month/year)

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

.....

Name of Witness (print)



Thumb print of Participant

.....

Signature of Witness

.....

Date (day/month/year)

Statement by the Researcher/Person taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The researcher will use the interview guide to ask questions to the participant and an audio recorder will be used to record the whole interview process
2. The researcher will be taking notes during the interview process
3. The interview will take up to 45 minutes long and the participants will be given an opportunity to review the remarks at the end of the interview.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

.....

Name of Researcher/Person taking Consent (print)

Signature

.....

Date (day/month/year)

If Assisted by an Interpreter: Statement by Interpreter

I have accurately interpreted the information sheet to the potential participant in Oshiwambo, and to the best of my ability made sure that the participant understands that the following will be done:

1. The researcher will use the interview guide to ask questions to the participant and an audio recorder will be used to record the whole interview process
2. The researcher will be taking notes during the interview process
3. The interview will take up to 45 minutes long and the participants will be given an opportunity to review the remarks at the end of the interview.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been interpreted correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

I declare that I will not divulge any information that I interpret during this research intervention to a third party outside this study.

.....

Name of Interpreter (print)

Signature

.....

Date (day/month/year)

APPENDIX 5: PROOF OF LANGAUGE EDITING

**KAYBEE RESEARCH CONSULTANCY
STATISTICS, DATA ANALYSIS, COMMUNICATION, EDITING
AND TRAINING
BOX 117 EENHANA, NAMIBIA**

9 February 2024

To whom it may concern

LANGUAGE EDITING AND TECHNICAL FORMATTING – MARIA HAILONGA

This letter serves to confirm that a Master's Thesis titled "**Lived Experiences And Coping Strategies Of Domestic Violence Victims In Outapi, Omusati Region, Namibia**", was submitted to me for language and technical editing.

The thesis was professionally language edited, which resulted in a thesis with a high standard of English.

Yours faithfully

Dr David Chinoz

Phone: +264 812817063
Fax: N/A
E-mail: davidchinoz@gmail.com