

**Guidelines for support to survivors of
intimate partner violence for church
leaders in selected Pentecostal churches
in South Africa**

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Thesis submitted in fulfilment of the requirements for the
degree Doctor of Philosophy in Community Nursing Science at
the North-West University

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Graduation: April 2019

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DECLARATION

I, **Tshilidzi Rachel Nevhutanda**, declare that “**Guidelines for support to survivors of intimate partner violence for church leaders in Pentecostal churches in South Africa**” is my original work and that all sources I have used or cited have been indicated and acknowledged by means of complete references.

Student Number : 25966952

Date : 13 February 2019

DEDICATION

“To all women and children who are victims and survivors of abuse and to the participants who were so brave to share their lived experiences of abuse.”

ACKNOWLEDGEMENTS

“Now to Him who is able to carry out His purpose and do superabundantly more than all that we dare ask or think infinitely beyond our greatest prayers, hopes, or dreams, according to His power that is at work within us.”

I want to thank God who did awesome things beyond my highest expectations. I also want to thank the following people for making this research on guidelines for support to survivors of intimate partner violence for church leaders in selected Pentecostal churches a success:

- Prof M.A. Rakhudu, my promoter for supervision and mentoring throughout the study.
- Prof M. Davhana-Maselesele, for her guidance and support.
- Prof L. Makhado for assisting me as a co-coder.
- My beloved husband, Alfred, and children, Munei and Maya, Meshack and Murendwa, Monica, Muneiwa and Phindulo, for their continuous support, love and care and my grandchildren Anza and Vuthlari who always gave me joy and strength to study.
- My beloved mother, Stella Kone and my late father, David Kone, thank you for always praying for me.
- My late beloved aunt, Sylvia Mutsila, thank you for sending me to secondary school.
- My helper, Gladys Gwada for always being there for me.
- All participants who took part in the study, who were able to freely open up and share their experiences.

- All stakeholders, for approving this research.
- Prof D.C. Hiss, for editing and typesetting the document (Annexure L).

ABSTRACT

Background

In South Africa (SA), women are considerably more likely than men to experience violence at the hands of their intimate partners. The SA intimate partner violence (IPV) rate is 5 times higher than the global average and it has become a serious public health issue requiring urgent attention by different stakeholders including amongst others, church leaders. IPV remains the most common forms of violence against women and includes physical, sexual, and emotional abuse, and controlling behaviours by an intimate partner. This requires constructive interventions from all societal organizations, including religious structure. The purpose of this study was to develop guidelines for support to IPV survivors for leaders in selected Pentecostal churches in Gauteng and Limpopo provinces in South Africa since Christian women also rely on their church leaders when confronted with IPV. These guidelines are developed from a community nursing perspective since the researcher is both a community nurse and pastor who has been collaborating with several pastors from selected Pentecostal churches as far as IPV survivors' support is concerned.

Methods

A qualitative, descriptive, explorative and contextual design was used to collect data from purposively recruited participants, namely, IPV survivors and church leaders in the selected churches. The study was conducted in three phases: Phase 1 explored and described the experiences of women who were exposed to IPV and their perceptions and views of church leaders offering support to survivors of IPV in Gauteng and Limpopo Pentecostal churches. Phase 1 explored the perceptions and or views of church leaders regarding IPV counselling and support in the church, and empowerment needs of church leaders regarding IPV counselling and support in the church were explored. The findings from Phase 1 served as basis for the development of the guidelines which were conceptualised in Phase 2 using the

social ecological model. The conceptual findings were used as the basis for developing the guidelines for church leaders, which was done in Phase 3 using the adapted Kish's approach. The selected experts in IPV, survivors of IPV and church leaders who experienced support to the survivors evaluated the guidelines using Chinn and Kramer's critical reflection model.

Results

The study findings revealed that IPV survivors experienced different kinds of abuse, namely, emotional, verbal abuse, physical abuse, social isolation and sexual abuse. Survivors also experienced dilemmas related to lack of support from stakeholders such as family, church leaders and police leading to survivors displaying symptoms of anxiety, depression and distress. Survivors sought support from their families, church leaders and police, but were frustrated by the attitudes portrayed by their families, church leaders and police. Church leaders had no formal training on counselling and gender-based violence, including IPV, and therefore were unable to give efficient support to the survivors.

Recommendations

Recommendations are made for research, clinical practice, education, and policy makers.

Conclusion

Guidelines for support to the survivors of IPV for church leaders in the Pentecostal churches in Gauteng and Limpopo provinces were developed using Kish's (2001:831) adapted steps in the guideline development process, six systems of Bronfenbrenner's socio-ecological model (1977), and Campbell, Dworkin and Cabral's (2009) ecological model of the impact of sexual assault on women's mental health.

Keywords: experience, guidelines, intimate partner violence (IPV), perpetrator, support, survivor

LIST OF ACRONYMS

| | |
|-----------------|--|
| DoH | Department of Health |
| HIV/AIDS | Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome |
| IPV | Intimate Partner Violence |
| NGOs | Non-Governmental Organizations |
| PTDS | Post-Traumatic Distress Syndrome |
| SA | South Africa |
| SAPS | South African Police Service |
| STIs | Sexually Transmitted Infections |
| WHO | World Health Organization |

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CHAPTER 1

Overview of the Study

1.1 Introduction

Intimate partner violence (IPV) is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner. This requires constructive interventions from all societal organizations, including religious structures. This chapter highlights the background and rationale of the study, the purpose and objectives, the research methodology of the study, quality and ethical measures. The chapters of the study are also outlined.

1.2 Background and Rationale

This study focused on developing guidelines for providing support to the survivors of IPV in Pentecostal churches. Spangaro, Koziol-McLain, Zwi, Rutherford, Frail and Ruane (2016:45) described IPV as behaviour by a current or former intimate partner causing physical, sexual or psychological harm which may include physical aggression, sexual coercion, psychological abuse and/or controlling behaviours. According to Katiti, Sigalla, Rogathi, Manongi and Mushi (2016:2), Mohammed, Johnston, Harwell, Yi, Tsang and Haidar (2017:2), and Pill, Day and Mildred (2017:178), IPV against women is viewed as one of the most common forms of violence of which women are mostly victims and survivors of abuse. In addition, Devries, Mak, García-Moreno, Petzold, Child, Falder, Lim, Bacchus, Engell, Rosenfeld, and Pallitto (2013:1527) indicated that IPV is the most recognized form of family violence. John and Adeola (2017:1) further indicated that IPV is a global concern and is affecting millions of women each year and has become a serious public health issue (López-Ossorio, Álvarez, Pascual, García and Buéla-Casal, 2017:2)

Since IPV has become a public issue and is viewed as the most common form of family violence, and churches are made up of families, this warranted the need for the development of guidelines for providing support to IPV survivors in Pentecostal churches.

According to Buda (2018:82), Pentecostalism is the largest after Catholicism and the fastest-growing group within Christianity, and South Africa is no exception. The majority of South Africans (70%) are Christian (Norder, Peters, van Elsland, Struthers, Tutu, and van Furth, 2015:1404). Given this scenario, the researcher perceived it befitting to focus on Pentecostalism. The community nurse has a role in enhancing support for survivors of the scourge of IPV. Thus, churches can be a good ground for engaging community leaders such as community nurses, social workers and police in supporting IPV survivors.

There are negative physical and mental health outcomes associated with IPV (Trott, Harman and Kaufman, 2017:1016). In addition, Akyüz and Sayan-Cengiz (2016:2) indicated that IPV damages sexual and social integrity. IPV is also associated with adverse economic and social consequences, and costs for women, men and children and communities (Peterman, Bleck and Palermo, 2015:625). Moreover, it is said that IPV has a humiliating and a degrading effect, injuring the health, dignity and worth of the affected individual (Svavarsdóttir, Orlygsdottir and Gudmundsdottir, 2015:190).

Furthermore, McCleary-Sills, Namy, Nyoni, Rweyemamu, Salvatory and Steven (2016:224) indicated that IPV against women is a pervasive problem that violates human rights across geographic, cultural, religious and economic lines. In addition, IPV is mostly perpetrated by their husbands (Özçakar, Yeşiltepe, Karaman and Ergönen, 2016:1). Given this scenario, this problem requires multi-sectoral involvement, including religious structures in order to reduce its impact on the victims and survivors of IPV, their children and significant others. According to Herrero, Torres, Rodríguez and Juarros-Basterretxea (2017:385), there are patriarchal norms that are based on literature emphasizing the societal impact that gender

structural inequalities have on IPV against women. There is also a general belief that social structure has been giving men an advantage that makes them control and dominate women and thus promoting violence (Winstok, Weinberg and Smadar-Dror 2017:121). It also said that social norms and beliefs about traditional gender roles shape attitudes about IPV and patriarchal dominance have been supporting attitudes that women's behaviours are responsible for triggering their partners' violence, thereby giving men rights to discipline their wives for transgressions (Tran, Nguyen and Fisher, 2016:2). It is generally accepted that IPV occurs due to power relations where one person has the ability to exert control over the other person (Gómez-Fernández, Goberna-Tricas and Payà-Sánchez, 2017:13 and Zust, Housley and Klatke, 2017:676).

In addition, Overstreet and Quinn (2013:109) and Stennis, Fischle, Bent-Goodley, Purnell and Williams (2015:97) asserted that social norms, including religious beliefs about male dominance have been associated with a poor self-image and fear of isolation, predisposing survivors of IPV to harm or threats of physical, sexual, and psychological abuse. The other factor mentioned by Nason-Clark, Kroeger and Fisher-Townsend (2011:73) is that when the abuser feels that he is losing control, he tries to exert even more power over his partner.

The development of guidelines for support to IPV survivors in Pentecostal churches might address issues such as 1) patriarchal norms and 2) dominance prevalent in churches. Bent-Goodley, St Vil and Hubbert (2012:55) noted with concern that pastors have used the Scripture to encourage women to stay in abusive relationships. The authors further state that church leaders advocate forgiveness to preserve marriage (Bent-Goodley et al., 2012:55).

In addition, Damron and Jonson (2015:6) noted that abused women experience challenges of misuse of scriptures from ill-informed church leaders. Damron and Jonson

(2015:6) indicated that perpetrators can twist and misuse religious teachings to oppress women, and also distort scriptural passages in order to control their intimate partners. Churches are important, yet unrecognized-resources in community-based responses to IPV. The church remains underutilized as key component of service delivery (Nason-Clark 2015:255). This reinforces the need for community nurses to engage the church leaders to address the IPV. Community nursing is therefore very vital in helping church leaders to build awareness and to gain good an understanding of abuse in IPV. To enable church leaders to be a valuable source for support of survivors, development of guidelines becomes a necessity.

Furthermore, Lombard and McMillan (2013:27) indicated that the other strategy that perpetrators use to control survivors of IPV is to compel obedience to the victims by indirectly depriving them the necessary resources and support systems to exploit them, leaving them with no decision-making powers. In addition, survivors don't live their own lives since perpetrators deliberately enforce rules on how their partners should behave while isolating them to prevent disclosure and keep them from getting the much-needed support. This emphasizes the need for development of guidelines in Pentecostal churches to guide church leaders to address such issues of patriarchal dominance, support survivors of IPV in the church environment and to refer to relevant stakeholders in the community to give collaborative support. The researcher, as a community nurse, believes community nurses can be a vital source to collaborate with other stakeholders in the community in enhancing support to the IPV survivors.

Vetten (2017:7) maintained that South African women are more likely than men to experience violence at the hands of their intimate partner. The Domestic Violence Act (116 of 1998) defines domestic violence as a broad term that includes child abuse, elder abuse and violence between siblings, including IPV. A culture of continuing silence regarding IPV is noted because of its relation to religious beliefs and practices where women are perceived

as inferior (Asay, DeFrain, Metzger and Moyer, 2016:350). Marriage and other family relationships are viewed as private, while women are not permitted to leave an abusive relationship or little or no help is offered when violence occurs (Asay et al., 2016:350). Tinga and Panchanadeswaran (2016:40) in a study on African women noted that church leaders preferred to keep IPV behind closed doors. In India patriarchal norms also dictate a lower status for women in society and churches (Rowan, Mumford and Clark, 2018:1523).

According to Sibanda-Moyo, Khonje and Brobbey (2017:13) patriarchy plays a prominent role in explaining of violence against women in SA. The study conducted by Asay et al. (2016:351) which examined IPV in 16 countries including South Africa showed that religious patriarchy still plays a role in IPV. This state of affairs reinforces the need to engage the churches in support for IPV. Thus, exploring experiences and views of survivors and pastors and collaborating in development of guidelines in the South African context is necessary.

Furthermore, McMullin, Nason-Clark, Fisher-Townsend and Holtmann (2015:114,117) affirmed that religious women who are survivors of IPV seek help and counselling from their church leaders after an abusive episode to get practical help that takes into consideration their spiritual needs even though most of such leaders have not been equipped or adequately equipped to deal with the IPV.

According to Choi (2015a:294), such church leaders often serve as counsellors that survivors of IPV first seek out for assistance when IPV occurs in Pentecostal homes and they often address problems that mental health professionals usually handle. Moreover, Choi (2015b:394-395) studying American Korean clergy's responses to domestic violence in their congregations, pointed out that the responses of church leaders and church communities to IPV have not been helpful to victims and survivors.

Furthermore, Choi (2015b:394-395) viewed such lack of support as being problematic since church leaders counsel a significant number of survivors of IPV every year and SA is no

exception. According to Asay et al. (2016:354) in SA where family violence is twice that of the global average, reconciliation is left to family, the church and traditional structures. Thus, this reinforces the need for development of guidelines for support to the survivors of IPV in the selected Pentecostal churches, which will assist in mitigating the effects or impact of the IPV caused by this societal scourge that requires sectoral attention.

Daschke and Kille (2010:109) expressed concerns that being in a church community does not protect or insulate women from violence that occurs in their homes, and that religious beliefs, for example, condemnation of divorce, restrict survivors' options to divorce their husbands if abuse happens. Furthermore, Daschke and Kille (2010:109) indicated that more research is needed to untangle the complex issue of women abuse; there has been a clear indication that as much as religion can empower women to resist abuse and gain an important social network, religious beliefs and scriptural teachings have also been used to condone the violent behaviour of perpetrators. This reinforces the need to engage the church leaders in provision of support of the IPV survivors based on their experiences and views in the South African context.

Kroeger and Nason-Clark (2010:17-18) raised concerns that the religious groups have been slow to identify and respond to violence against women, although there is much written about the interaction between IPV and religion. Recently, Nason-Clark, Fisher-Townsend, Holtmann and McMullin (2018:23-24) noted that religious organizations are becoming involved in coordinated community response to IPV. There is still an assumption among public service providers and policymakers disregarding religion as an important factor in secular society in Canada (Nason-Clark et al., 2018:23-24).

In addition, Stennis *et al.* (2015:96-97) maintained that there are numerous articles available that confirm the presence of IPV in religious communities showing a need for increased education for church leaders that is culturally sensitive and that takes into consideration the

role of religion and spirituality in preventing IPV since there are limited interventions and services focusing on church communities.

Richard (2015:7) has outlined data regarding IPV and women in the church from the Religion and Violence e-Learning Project (RAVE). According to Fisher-Townsend, Holtmann, and McMullin (2009:470-471), the early research team for RAVE project worked among a variety of faith traditions in Atlantic Canada, making use of mailed questionnaires and personal in-depth interviews with clergy, focus groups of church women, telephone surveys of shelter workers and church leaders, and community consultations. Richard (2015:8) mentioned that there were some pastors were not aware of the severity of abuse in the congregation, while most of them stated that they would not hesitate to address the issue if they had the proper training and resources.

The results outlined by Richard (2015:7) are as follows:

- 95% of women in the church report that they have never heard a specific message on abuse preached from the pulpit in their church.
- 58% have helped an abused woman while one in four has offered a victim a bed for a night.
- 69.8% have sought the help of someone in their church regarding a family or related issue, and many women who have experienced IPV do not feel that the term *abused* is applicable to them.
- 9.3% of pastors have counselled five or more abused women within the last year.
- 83.2% of pastors stated they have counselled at least one abused woman.
- 8% feel equipped to respond to domestic violence while 31% stated that they have

preached a message on abuse.

- 40% stated that they discuss IPV in pre-marital counselling.
- 74% of pastors underestimate the level of domestic abuse in their congregations, and when they attempt to address the issue, they often do more harm than good.
- 65% of pastors had only spoken once about IPV within the past year.

The author further indicated that such results call for a serious action by the church to break the silence by preaching about IPV from the pulpit (Richard, 2015:7). In addition, Vorster (2013:7-8) maintained that churches and Christians are failing survivors of IPV since they are not offered with ways to deal with different kinds of abuses in their home while church leaders have platforms that they can use to address the scourge of IPV in South Africa by preaching Sunday sermons that include issues related to recognizing and preventing IPV.

This necessitated the development of guidelines for support to the survivors of IPV in the selected Pentecostal churches to help church leaders to come with ways of addressing IPV in their churches. According to Zust et al. (2017:678), there is a dearth of research in the literature regarding the role of faith and church leaders as barriers or sources of support for survivors of IPV. Literature revealed existing guidelines and intervention models that are mostly focused on prevention of IPV in different settings including religious settings. The existing condition calls for development of guidelines for support to the survivors of IPV in the selected Pentecostal churches by the researcher as a community nurse and pastor to assist church leaders to develop interventions that are both preventative and supportive in nature.

Danielson, Lucas, Malinowski and Pittman (2009) developed a Set Free Ministries: A Comprehensive Model for Domestic Violence Congregational Interventions for the Moody

Church in Chicago. The model was designed to meet the needs of women and families struggling with domestic violence in their community of faith. The model is a faith-centred domestic violence programme detailing a three-pronged response within the church community to prevent, identify and heal abuse through prayer and providing other direct services developed by Christian social workers in Chicago, USA. The model mostly deals with preventative measures to reduce risk factors, including prayer as a vital support that gives direction and connecting women who show interest in a consistent prayer partner for spiritual support. The other direct services are hotline crisis response, risk assessment, physical safety planning, spiritual and emotional safety planning, women's recovery support group, and social support at court hearings. However, this model was developed in a developed country, whilst the current study would be focusing in the South African context which is a developing country. The research evidence is limited to prevention of IPV, identifying and healing abuse through prayer.

The congregational interventions by church leaders in our developing country might not have such social workers due to shortage of social workers especially in rural areas due to their migration to other sectors or countries (Alpaslan and Schenck, 2014:400). We might not have social workers who can be pioneers of such programmes in our Pentecostal churches. Since the model relates to competency-based social work practice, it might be difficult to use in the absence of social workers who can volunteer to work with church leaders in supporting IPV survivors. The community nurse's role in this instance will be vital in capacitating church leaders in supporting IPV survivors.

Stennis, Fischle, Bent-Goodley, Purnnel and Williams (2015) described the S.T.A.R.T. Education and Intervention Model that focused on how individuals, families, and organizations can effectively address the issue of domestic violence in African-American communities and communities of faith. The model uses five-letter acronym for describing a five-step approach in addressing IPV. The steps include shatter the silence, talk about it,

alert the public, refer, and train yourselves and others. Shattering the silence, talking about it, alerting the public is an awareness strategy for IPV. This American model seems to be relevant in developed countries since it connects with competency-based social work practice. Although this model stresses the importance of developing interventions in Black communities and communities of faith (Stennis *et al.* 2015:106), using this model in our developing country and our South African churches might not be appropriate since most of the church leaders in the Pentecostal churches have not attended graduate programmes and there are also Pentecostal church leaders who have not even gone through college, even if it is a Bible college.

It might be difficult to use this model because of its connectedness to competency-based social work practice although it also included church members, because the context is different and social work services are scarce. The model has been developed more than fifteen years ago and the evidence of its usefulness in our South African context has not been documented. Given this scenario, there is an urgent need for guidelines or other intervention models that would specifically address the support of survivors of IPV in Pentecostal churches when IPV occurs in Christian homes. The role community nurse in this case will be vital in empowering church leaders in supporting IPV survivors.

Porter and Bresick (2017:1) emphasized that all aspects that contribute to provision of holistic, person-centered health care at community settings are vital including faith-based institutions or churches. Thus, the community nurses are challenged to organize their services to make them more socially relevant and engage community participation including churches. Corbie-Smith, Goldmon, Isler, Washington, Ammerman, Green and Bunton (2010:823) viewed churches as promising societal structures to be engaged in health issues including IPV. However, before engaging these important key community structures, assessment of their experience and capacity to deal with IPV survivors should be connected. In the present study, the researcher as a pastor and community nurse interacts

with leaders in the Pentecostal churches intends to bridge the gap by developing guidelines based on the experiences of survivors of IPV when receiving counselling and support from church leaders and the views and expectations of church leaders regarding the support they give to the survivors of IPV. Abramsky, Devries, Michau, Nakuti, Musuya, Kyegombe and Watts (2016) developed a SASA! Activist Kit for Preventing Violence against Women and HIV. The model is a community mobilization intervention to prevent violence against women, IPV and reduce HIV risk in Kampala, Uganda. The focus was on the general community, whilst the current study focused on the church leaders as key community role players.

The SASA! Model's aim at changing community norms and behaviours that results in gender inequality, coupled with violence and HIV vulnerability for women. SASA! Model is an acronym for the four approaches namely, Start, Awareness, Support and Action. The approach involves community members, leaders and institutions and uses four strategies, namely, local activism, media and advocacy, communication materials, and training.

As much as this SASA! Model is based in Africa; it is purely IPV prevention programme. The community nurses can be useful in guiding and empowering church leaders in the Pentecostal churches to support IPV survivors in a meaningful way. Given this scenario, it is evident that church leaders need to be guided in supporting survivors of IPV, thus the researcher intends to develop guidelines for support to survivors of intimate partner violence for church leaders in selected Pentecostal Churches in Limpopo and Gauteng provinces.

The Safe Homes and Respect for Everyone (SHARE) project is a public health approach designed for IPV prevention that uses specific strategies and activities to raise awareness, build capacity, and partner with the community to prevent IPV (Wagman, Namatovu, Nalugoda, Kiwanuka, Nakigozi, Gray, Wawer and Serwadda, 2012:1392). According to Wagman, Gray, Nakyanjo, McClendon, Bonnevie, Namatovu, Kigozi, Kagaayi, Wawer, and Nalugoda (2018:129) the SHARE intervention introduced an IPV prevention approach into

Rakai Health Sciences Program, an established HIV research and service organization in Uganda. SHARE's violence prevention approach was based on the Transtheoretical Model (TTM) of behaviour change, which promotes the adoption of healthy practices by influencing an individual's attitudes and decisions (Wagman, et al., 2012:1398). Furthermore, the SHARE uses a four-step public health approach designed to prevent violence and other public health problems that affect populations. Step 1 was to define the problem. Step 2 was to identify risk and protective factors. Step 3 was to develop and test prevention strategies, and Step 4 was to assure widespread adoption (Wagman, et al., 2012:1392). SHARE project uses a violence prevention approach.

It is said that 38-40% of women who attend health services are suffering or have suffered IPV, but only a minority of cases are identified because of lack of training in this area of professionals who provide care to these women (Gómez-Fernández et al., 2017:14). Furthermore, few women seek help at health care facilities, in part due to the lack of training on care for victims or referral networks (Rowan et al., 2018:1524).

As much as there are barriers to nursing such as lack of training in this area of IPV and time constraints in screening for IPV, the community nurses are trained to provide nursing care to persons experiencing violence. According to Khumisi, De Waal and van Wyk (2015:370), IPV survivors reported effects on breaking the cycle of abuse when they engage with nurses who are trained to render comprehensive IPV intervention and prevention. Furthermore, Khumisi et al. (2015:370) mentioned that nurses can intervene in the cycle of IPV by not only empowering them but also by linking other community support structures and violence response services.

Community nurses can be valuable resources in guiding church leaders to enhance emotional support of IPV survivors in their churches. This necessitated development of guidelines for support to the survivors of IPV in the selected Pentecostal churches. The

researcher as a community nurse and pastor can be a valuable source empowering church leaders to offer better emotional support to IPV survivors in the church community.

1.2.1 Prevalence of Intimate Partner Violence

It is said that IPV against women exists in all countries of the world and, globally, 30% of the women who have been in a relationship have experienced some form of physical and/or sexual violence by their intimate partner while in sub-Saharan Africa the prevalence is estimated between 20% and 70% (Mohammed et al., 2017:2 and Palermo et al., 2013:602). This confirms that although IPV is prevalent in all societies, there is still a very high level of violence against women in the countries of Sub Saharan Africa (Cools and Kotsadam, 2017:211). It is also revealed that the lifetime prevalence of IPV ranges from 8% to 56% in developing countries and about 23% in high-income countries (Sabbah, Chang and Campbell-Heider, 2017:156).

The United Nations revealed that between 17% and 38% of the world's women are survivors of IPV and that in developing countries the rates are as high as 60% (LaViolette and Barnett, 2014:88). According to the World Health Organization (WHO) estimates, between 15 to 71% of more than 1.2 billion women around the world have been victims of different forms of abuse by an intimate partner at some point in their lives (Albuquerque Netto, Moura, M Queiroz, Leite and Silva, 2017:2). According to Zust *et al.* (2017:676), in the United States (US) someone is physically battered by an intimate partner every 3 seconds, while Burge, Becho, Ferrer and Wood (2014:259) also indicated that in the US, one in four women have experienced severe abuse from their intimate partners and the numbers might not depict the severity of the problem since many victims do not report IPV to either police, friends, or families.

Furthermore, Mikton, Tanaka, Tomlinson, Streiner, Tonmyr, Lee, Fisher, Hegadoren, Pim, Wang and MacMillan (2017:36) indicated that almost half a million people are victims of

homicide every year. It is reported that half of the women who are involved in homicide worldwide were dying from injuries inflicted by a current or a former partner (Asay et al., 2016:359). Kusuma and Babu (2017:118) indicated that 38.6% of all female murders worldwide were estimated to be perpetrated by intimate partners. It is also stated that in the year 2010, IPV contributed to 1,295 deaths, accounting for 10% of all homicides for that year (Spivak, Jenkins, VanAudenhove, Lee, Kelly and Iskander, 2014:38). Isaacs (2017:492) and Seedat, Van Niekerk, Suffla and Ratele (2014:137) maintained that in SA such murders are six times that of the global average.

According to Sprague, Woollett, Parpart, Hatcher, Sommers, Brown and Black (2016:171), it is estimated that 24–31% of women in SA have experienced IPV. It is said that IPV is regarded as a leading cause of morbidity and mortality for SA women and approximately half of all SA women murdered in 1999 and 2009 in a national mortuary study were murdered by an intimate partner (Gass, Stein, Williams and Seedat 2010:582; Gordon and Collins, 2013:93-94 and Stöckl, Devries, Rotstein, Abrahams, Campbell, Watts and Moreno, 2013:859). South Africa' national mortality rate attributed to IPV is double that of the United States (Field, Onah, van Heyningen and Honikman, 2018:2).

South African femicide was also cast under the global spotlight during the recent trial of the paralympian Oscar Pretorius for allegedly murdering his partner, Reeve Steenkamp (Sprague, Hatcher, Woollett and Black, 2015:1596). Intimate partner violence is also prevalent in pregnancy. It is said that pregnant women are abused during pregnancy since it is unlikely that pregnancy can protect the women against violence (Abdollahi, Abhari, Delavar and Charati, 2015:13).

According to Islam, Broidy, Baird and Mazerolle (2017:44), pregnancy can also bring about an increased risk of IPV. According to Sigalla *et al.* (2017:2), a review of African studies indicated that the experiences of IPV during pregnancy are one of the highest reported

globally and ranged from 2 to 57%. Alhusen *et al.* (2015:574) mentioned that IPV during pregnancy is a significant health issue with negative consequences for women and children and about 3 to 9% of women experience IPV during pregnancy. A study of 19 countries indicated the prevalence of IPV in pregnancy ranged from a low of 1.8% in Denmark to a high of 13.5% in Uganda while the WHO multi-country study found prevalence of physical IPV in pregnancy ranging from 1% in urban Japan to 28% in provincial Peru, with prevalence in most sites of 4–12% (Hossieni *et al.*, 2017:17). A study from Egypt indicated a higher prevalence estimated at 32% and a review of studies from Africa that found prevalence as high as 40% in some settings (WHO 2012:4).

In addition, Dartnall and Jewkes (2013:7) indicated that sexual violence of an intimate partner is also high during pregnancy and that a systematic review of African studies on IPV against pregnant women found prevalence rates ranging between 2.7 and 26.5%. Another study conducted in Flanders, Belgium, showed that one out of five women experiences violence around the pregnancy period and that psychological abuse is the most frequent type of violence and its consequences are as serious as those of physical and sexual violence (Van Parys *et al.*, 2014:9). It is argued that IPV is very high in the African continent though there are too few studies on IPV in Africa (Mkhonto *et al.*, 2014:334).

Another recent WHO study on violence against women where 21 regions were used indicated the highest prevalence (65.6%) of women who have experienced IPV in central sub-Saharan Africa, where all regions of sub-Saharan Africa were above the global average of 26.4% while the lowest prevalence (16.3%) was in East Asia; and the only other regions below the global average were high-income Western Europe (19.3%), North America (21.3%), Central Asia (22.9%) and Southern Latin America (23.7%) (WHO 2013:47) as indicated in Table 1.1.

This implies that South Africa as a country in the sub-Saharan region is not doing well,

based on the Table 1.1 and thus mandating studies on development of guidelines. South Africa is widely recognized to have one of the highest rates of IPV in the world and the epidemiological research suggested that up to half of SA women will be a victim of violence in an intimate relationship in their lifetimes (Watt, Guidera, Hobkirk, Skinner, D and Meade, 2017:97-98 and Tsai *et al.*, 2016:2). Furthermore, SA's interpersonal violence is the second highest contributor to years of life lost and in women IPV accounts for 62.4% of the burden (Rees *et al.*, 2014:2).

Table 1.1: Prevalence of IPV by global burden of disease region (WHO: 2013)

| Region | % Prevalence (95% Confidence Interval) |
|------------------------------|--|
| Asia Pacific, High Income | 28.45 (20.6 to 36.3) |
| Asia, Central | 22.89 (15.8 to 30.0) |
| Asia, East | 16.30 (8.9 to 23.7) |
| Asia, South | 41.73 (36.3 to 47.2) |
| Asia, South-East | 27.99 (23.7 to 32.2) |
| Australasia | 28.29 (22.7 to 33.9) |
| Caribbean | 27.09 (20.8 to 33.3) |
| Europe, Central | 27.85 (22.7 to 33.0) |
| Europe, Eastern | 26.13 (20.6 to 31.6) |
| Europe, Western | 19.30 (15.9 to 22.7) |
| Latin America, Andean | 40.63 (34.8 to 46.5) |
| Latin America, Central | 29.51 (24.6 to 34.4) |
| Latin America, Southern | 23.68 (12.8 to 34.5) |
| Latin America, Tropical | 27.43 (20.7 to 34.2) |
| North Africa/Middle East | 35.38 (30.4 to 40.3) |
| North America, High Income | 21.32 (16.2 to 26.4) |
| Oceania | 35.27 (23.8 to 46.7) |
| Sub-Saharan Africa, Central | 65.64 (53.6 to 77.7) |
| Sub-Saharan Africa, East | 38.83 (34.6 to 43.1) |
| Sub-Saharan Africa, Southern | 29.67 (24.3 to 35.1) |
| Sub-Saharan Africa, West | 41.75 (32.9 to 50.6) |

Davies and Dreyer (2014:1) indicated that SA was reported to be the second unsafe country out of the 48 countries south of the Sahara and the high rate of domestic violence calls for a theological response. The church leaders are likely to respond better to this call if they interact with community nurses who will in turn empower and linking them with other relevant stakeholders in dealing with IPV in their congregations. There is also a problem of under-reporting IPV in South Africa and there is a growing concern of IPV cases that are massively under-reported. Furthermore, a woman on average is assaulted by her partner 35 times before going to the police (Davhana-Maselesele, Myburgh and Poggenpoel, 2009:2518). The Institute for Security Studies (ISS) Policy Brief analysis of police statistics revealed that IPV is significantly under-reported and it is said that between April 2008 and March 2009, 12,093 women in Gauteng, or 0.3% of the adult female population, reported an assault by an intimate partner to the police (Vetten, 2014:2-3).

In contrast, during the same time, 18.1% of women in the province reported an experience of violence at the hands of intimate male partners to researchers while more recent research in 2010 found that just under one in five women (18.13%) in Gauteng reported an incident of violence by an intimate partner (Vetten, 2014:2-3). Christian survivors of IPV who came for counselling in churches needed psychological and spiritual healing because of the different types of abuses they faced in their lives (McMullin, Nason-Clark, Fisher-Townsend and Holtmann 2015:114). Based on researcher's experience as a community nurse and a pastor, most survivors of IPV who came for counselling had anxiety and they felt that only God could heal their souls from the sorrows and self-blame. There were even incidences where pregnant women came for counselling because they were verbally and psychologically abused.

1.2.2 Consequences of IPV

Intimate partner violence is a global and major public health problem (Sabbah *et al.*, 2017:156); with adverse health consequences for victims (Winstok, Weinberg and Smadar-

Dror 2017:121); and such consequences include premature deaths and injuries (Sabri *et al.*, 2014:282). According to Devries *et al.* (2013:1527), the most common form of violence experienced by women is from an intimate partner while Egharevba, Chiazor and Suleiman (2013:5660) maintained that men deliberately undermined women's sense of independence. In addition, Weber (2017:2) mentioned that such violence was either physical or emotional and Dardis, Amoroso and Iverson (2017:67) included sexual violence. Furthermore, Chander, Kvalsvig, Mellins, Kauchali, Arpadi, Taylor, Knox and Davidson (2017:2) asserted IPV as a major contributor of poor physical and mental health in women. Intimate partner violence is persistently a social problem that hinders women to actively participate in their communities by damaging their moral and material integrity (Gürkan and Kömürçü, 2017:47); resulting in failure to "achieve their full potential" (Tanimu, Yohanna and Omeiza 2016:1); and such women might find it difficult to access resources to cope with emotional, psychological and social effects (McLeod, Hays and Chang, 2010:303). According to WHO (2012:5), IPV affects women's physical and mental health through direct pathways, such as injury, and indirect pathways, such as chronic health problems that arise from prolonged and the more severe the abuse, the greater its impact on a woman's physical and mental health. The effects of intimate partner violence may be divided into the following categories: psychological, physical and social effects. A more detailed description of consequences of IPV is given in the following paragraphs.

1.2.2.1 Injury and Physical Health

According to John and Adeola (2017:1), IPV has become a global concern and affects millions of women each year; and has been ranked the fifth leading cause of death and disability in the world (Chmielowska and Fuhr, 2017:689). According to WHO (2016:3,4), as many as 38% of all murders of women are committed by intimate partners; while 42% of women who experience IPV reported an injury because of this violence. Studies from a range of countries have found a higher percentage of 40–70% (WHO 2012:7). Wong and

Mellor (2014:171) asserted that the most obvious and severe health consequence of IPV is homicide, with for example, IPV accounting for just under half (49%) of the homicides of women in Australia each year.

Furthermore, Stöckl *et al.* (2013:859) suggested that women's greatest risk of homicide was from a current or former intimate partner and a 2008 study in the USA, revealed that around 45% of female and 5% of male homicides were committed by an intimate partner. Similarly, a 2009 study in the UK revealed that 54% of female and 5% of male homicides were perpetrated by an intimate partner and the proportion of murdered women killed by a partner is six times higher than the proportion of murdered men killed by a partner (38.6% and 6.3% of female and male homicides, respectively (Stöckl *et al.*, 2013:863). Likewise, Abrahams, Mathews, Martin, Lombard and Jewkes (2013:552) emphasized that the murder of an intimate partner is one of the most extreme consequences of gender-based violence and Nason-Clark *et al.* (2011:73) indicated that most spousal homicides occurred when a woman had left the relationship. In addition, Hamby (2014:42) also asserted that many femicides took place after the woman had separated from her partner and moved into a different housing and therefore walking away may not be an option for many survivors of IPV. According to Chmielowska and Fuhr (2017:689), the most frequently cited physical health outcomes of IPV among women include chronic pain, injuries, pregnancy complications, and communicable diseases like HIV.

Physical effects or consequences include the following: bruises and welts, lacerations and abrasions, abdominal or thoracic injuries, fractures and broken bones or teeth, sight and hearing damage, head injury, attempted strangulation, and back and neck injury, and even stress-related ailments that often have no identifiable medical cause, or are difficult to diagnose and such conditions include irritable bowel syndrome, fibromyalgia, various chronic pain syndromes and an increase in the severity of asthma (WHO, 2012:5).

As a community nurse as well, a pastor helping in the church, the researcher had counselled survivors who confessed that they had been repeatedly seen by medical practitioners, who told them that they had conditions that were difficult to diagnose.

1.2.2.2 Mental Health and Suicide

It is said that some of the most severe and long-standing consequences of IPV relate to psychiatric illness and such mental health problems include suicidal ideation, substance abuse, anxiety, phobias, post-traumatic stress disorder (PTSD) and depression (Chmielowska and Fuhr, 2017:689 and Maclsaac, Bugeja and Jelinek, 2017:62). In addition, WHO (2016:4) indicated that IPV could also lead to sleep difficulties, eating disorders and suicide attempts. Furthermore, Tol, Stavrou, Greene, Mergenthaler, Garcia-Moreno and Ommeren (2013:179) indicated that sexual- and gender-based violence has been associated with a high prevalence in mood disorders and substance use disorders, while, Boughima and Benyaich (2012:18) included low self-respect, shame and guilt. Gordon and Collins (2013:94) explored women experiences of fear surrounding gender-based violence and highlighted how fear can constrain women's daily activities and behaviours. The relationship between chronic stress and coping is said to be complex and is context-dependent for women who experience IPV (Anderson, Stockman, Sabri, Campbell and Campbell, 2014:425).

1.2.2.3 Sexual and Reproductive Health

It is indicated that IPV may lead to a host of negative sexual and reproductive health consequences for women, including unintended pregnancies, induced abortion, sexually transmitted infections (STIs), including HIV/AIDS (WHO, 2016:4). An analysis of the relationship between HIV/AIDS and gender revealed how gender inequality have fuelled the epidemic in South Africa because of abused women's inability to negotiate condom use, and perpetrators take away their power rendering them passive and thus increasing their vulnerability to HIV/AIDS (Asay, *et al.*, 2014:7). Pregnancy and IPV have been associated

with miscarriage, stillbirth, preterm delivery and low birth weight babies (WHO, 2016:4). There are risk factors that are associated with IPV and a brief discussion follows.

1.2.3 Risk Factors for IPV

According to Jewkes, Fulu, Tabassam Naved, Chirwa, Dunkle, Haardörfer and Garcia-Moreno (2017:14), important groups of risk factors for IPV include the following:

- IPV victimization happens in the context of poverty.
- Exposure to physical, sexual, and/ or emotional childhood trauma is strongly associated with all forms of IPV.
- Partner characteristics such as his drinking, drug use, controlling behaviours, unemployment and fidelity.

Furthermore, the Centers for Disease Control and Prevention (CDC) arranged risk factors that contribute to IPV as individual; relationship; community and society (Chisholm, Bullock and Ferguson, 2017:146 and WHO 2016:3).

1.2.3.1 Individual Factors

According to WHO (2016:3) and WHO (2012:4), there are some of the most consistent factors associated with a man's increased likelihood of committing violence against his partner and experience of IPV were:

- Low level of education, witnessing or experiencing violence as a child,
- Harmful use of alcohol and drugs,
- Acceptance of violence, for example, a feeling that it is acceptable for a man to beat his partner,

- History of abusing partners, and
- Antisocial personality disorders

1.2.3.2 Relationship Factors

According WHO (2016:3-4) and WHO (2012:4), there are factors associated with the risk of both victimization of women and perpetration by men and they are as follows:

- Marital discord and dissatisfaction,
- Difficulties in communication between partners and male controlling behaviours toward their partners,
- Male dominance in the family,
- Economic stress,
- Man having multiple partners or suspected by their partners of infidelity, and
- Disparity in educational attainment, that is, where a woman has a higher level of education than her male partner.

1.2.3.3 Community and Societal Factors

It is acknowledged that violence against women is a barrier to women's equal participation in society and affects overall development that has a lot of economic impact, with the estimates of lost productivity from such violence being 1.2% of the gross domestic product in Brazil and Tanzania, 2% in Chile and 0.9-1.3% in South Africa (Kusuma and Babu, 2017:118-119). It has also been reported that IPV also affects women in all racial/ethnic, socioeconomic, and religious groups; with a high prevalence of social problems such as social exclusion (Tol *et al.*, 2013:179). Other societal factors listed in WHO (2016:4; 2012:4)

include the following:

- Male sexual entitlement ideologies,
- Gender inequality and social norms on acceptability of violence against women,
- Weak legal sanctions against IPV within marriage,
- Weak community sanctions against IPV, and
- Broad social acceptance of violence to resolve conflict.

However, McLeod *et al.* (2010:303) indicated that women, who were members of multiple oppressed groups, were also at increased risk of harm because of disadvantaged social positions caused by:

- Inadequate access to resources, and
- Power inequalities.

1.2.3.4 Social and Economic Costs

According to (WHO 2016:5), the social and economic costs of IPV and sexual violence against women have ripple effects throughout society causing:

- Isolation,
- Inability to work,
- Loss of wages,
- Lack of participation in regular activities, and

- Limited ability to care for themselves and their children.

South Africa's Domestic Violence Act (No. 116 of 1998) covers a range of intimate and family relationships, which incorporate heterosexual, gay and lesbian relationships; marriage and co-habitation, as well as dating relationships and relationships that have ended; parent-child relationships, as well as sibling relationships and those between members of the extended family (Vetten, 2014:1). There are different types of violence affecting survivors of IPV. Brief discussions on the types of abuse are given.

1.2.4 Types of Abuse

According to the South Africa's Domestic Violence Act (No. 116 of 1998), domestic violence also takes a range of forms, including physical and sexual abuse; economic abuse defined as unreasonably depriving family members of economic and financial resources to which they are legally entitled, and emotional, verbal and psychological abuse, described as consisting of a pattern of degrading or humiliating conduct, repeated threats or the repeated exhibition of possessiveness or jealousy which, as such, constitute a serious invasion of the complainant's privacy, liberty, integrity or security and any other controlling behaviour such as intimidation, harassment, stalking, and damage to property, and entering the victim's home without permission (Vetten, 2014:1-2).

About financial abuse, O'Brien, Cohen, Pooley and Taylor (2013:96) addressed it as the form of stealing or limiting access to money; and legal-administrative abuse in cases where one partner uses legitimate services in a way that abuses the rights of the other partner. The Domestic Violence Act (No. 116 of 1998) describes a domestic relationship in relation to marriage as persons who are or were married to each other or live or lived together. It is imperative for such persons to be aware of signs of abusive relationships. The discussion that follows describes the signs that survivors need to recognize.

1.2.5 Signs of Abuse

Signs of an abusive relationship that women need to recognize as listed by Nason-Clark *et al.* (2011:67) include the following:

- A person's need to always be right, especially those in power;
- The opinion of those without power count for little or nothing;
- The critique of power or leadership forbidden;
- Accomplishments are belittled;
- Mistakes are constantly pointed out;
- Ridicule, disrespect, and name-calling;
- Disregarding the needs of others;
- Constant monitoring of behaviour, either by those in power or victims so as not to offend someone with power;
- Conflict escalates and results in physical pain and/ or injury;
- Access to necessary resources such as financial, emotional, or material is limited or denied; and
- A cycle of continual blame rather than accepting responsibility for own's actions.

These findings reflected the need for a more refined understanding of violence within intimate relationships to help guide service responses and prevention programmes. Since violence against women is prevalent also in the churches, there was a need for church

leaders to have guidelines for support of survivors of IPV.

1.2.6 Reasons for Staying in An Abusive Relationship

According to Zapor, Wolford-Clevenger and Johnson (2018:1052), IPV survivors might not want to leave their abusive husbands. Gordon (2016:963) maintains that both the financially dependent or economically independent women equally have difficulty of leaving an abusive partner. Evidence suggests that most survivors of IPV take a calculated assessment about how to protect themselves and their children (WHO, 2012:3). Most of the survivors of IPV opt to remain with their husbands to protect their children (Egharevba *et al.*, 2013:5660). The WHO (2012:3) included various other reasons why women might stay in violent relationships as follows:

- Fear of retaliation,
- Lack of alternative means of economic support,
- Concern for their children,
- Lack of support from family and friends,
- Stigma or fear of losing custody of children associated with divorce, and
- Love and the hope that the partner will change.

Furthermore, Akyüz, Yavan, Şahiner and Kılıç (2012:515) added the following reasons:

- Fear of rejection by their family and society,
- Economic powerlessness,
- Fear of losing social respect,

- Fear of not being believed by their society, and
- Emotional dependence on their partner.

LaViolette and Barnett (2014:58) asserted that most Christian survivors of IPV struggle with their spiritual principles when confronted with violence inflicted by their partners whom they have loved and trusted. Moreover, McAllister and Roberts-Lewis (2010:166) indicated that these women might remain in an abusive relationship for fear of reprisal from the church and because of the pressure to conform to religious norms and beliefs that, for example, condemn divorce. Nason-Clark (2015:254) indicated that some Christian women chose to cling to the promise of changed behaviour, while others felt a need to stay in marriage no matter the cost, and some believed they were called upon to be a suffering servant. In addition, Züst *et al.* (2017:677) indicated that for some women, breaking a marriage vow was likened to choosing to leave hell on earth for an eternity in hell; while some would rather die than divorce since they might feel responsible for causing disgrace to their religious community.

In response to this knowledge gap, this study sought to explore and describe the lived experiences of IPV survivors to understand the support they needed from church leaders who are responsible for counselling.

1.2.7 Control of IPV by South African Government

The SA government has very good policies to deal with issues of domestic violence and there are Acts that deal with the issues of persons in domestic relationships. The Domestic Violence Act (No. 116 of 1999) provided a framework for protection against and prosecution of a range of offences such as physical, sexual, emotional, and economic abuse (Abrahams *et al.*, 2013:2). The Protection from Harassment Act of 2011 deals with the protection against electronic harassment (Vetten, 2014:4). The Constitution of the Republic of South Africa

(The Constitution of South Africa, 1996) states that everyone has the right to equality and freedom and security. However, Shilubane and Khoza (2014:84) indicated a growing concern that the Domestic Violence Act (1998) is failing to give women enough protection, since men sometimes fail to honour the protection order issued by a court with the aim of protecting women from harm or harassment and women are still beaten after the issuing of a protection order. A protection order has become piece of paper that offers no protection if women are still beaten after such an order has been issued. It is reported that women also fear further assaults and intimidation since they feel they are not adequately protected from their partners (Davhana-Maselesele *et al.*, 2009:2519).

There is also a concern that few victims of domestic violence have sufficient knowledge of the protection provided by South African law (Davies and Dreyer, 2014:4). Despite the government's attempts to address violence against women through the passages of these acts, violence against women is still rampant (Mogale, Burns and Richter, 2012:598). As much as the SA police are the first source of assistance, they lack adequate training to respond to violence effectively (Davies and Dreyer, 2014:7). Shilubane and Khoza (2014:84) also stated that victims of violence do not often talk about their experiences and abused women might be too embarrassed and humiliated to disclose.

There are cultural perspectives and practices contributing to the problem of domestic violence that have a negative impact in SA based on a history of accepting violence against women (Davies and Dreyer, 2014:4). Furthermore, the patriarchal gender norms and cultural attitudes make most people to perceive abuse as private, leading to their unwillingness to discuss it for fear of bringing shame to the family (Asay *et al.*, 2014:5). Such practices lead to women accepting abuse as part of life (Davies and Dreyer, 2014:7).

If women accepted abuse, they would not see the reason of reporting abuse to the police, thus increasing the incidences of underreporting. In addition, Stennis *et al.* (2015:97)

asserted that the existence of IPV remains taboo even in communities of faith. Thus, this necessitated the need for development of guidelines to guide church leaders in the Pentecostal churches to dispel silence in their congregations.

1.3 Problem Statement

Intimate partner violence stands as a national phenomenon attacking scores of women in SA. IPV threatens the well-being and security of millions of South Africans yearly affecting every class, colour and religious affiliation physically, socially and psychologically. Unfortunately, churches in SA are perceived as not always safe and appropriate places to talk or address IPV. McAllister and Roberts-Lewis (2010:166) pointed out that religions and tradition factors forcing most partners to remain in IPV-relationships include sense of duty to marriage, namely, until death do us part. Spiritual undertones that stifle the IPV survivors' choice to leave or seek help are statements such as "forgive husband seventy times seven".

Despite these shortfalls, the researcher's experience of dealing with survivors of IPV as a community nurse as well as her continual interaction with church leaders in Limpopo and Gauteng provinces helped her to note that the church has numeral strengths that can provide support and empower survivors. In most instances survivors would prefer to report their problems to their church leaders rather than to the clinic even where they have sustained some injuries. Their first point of contact is their church leaders who might even refer them to the hospital or clinic.

Given the situation of IPV and the potential of churches to impact positively on the situation, the researcher deemed it necessary to explore the experiences of both the IPV survivors and church leaders in IPV. The contribution of the church in health care systems is potentially crucial. For better community engagement by community nurses, empowering of church leaders is vital for adequate support to IPV survivors.

These are women who would not want to expose their partners for their violent behaviours.

Although they were exposed to violence from their partners, the women tend to hide the IPV and simply continued to tolerate it. According to Jung and Olson (2017:609), the linkage between religiosity and IPV is complex, full of contradictions and ambiguities; making religious beliefs of some religions to be an adverse force that legitimates various kinds of violence perpetrated by husbands against wives.

There is a dearth of research on help-seeking behaviours of IPV survivors, especially within developing nations and SA is no exception (Goodson and Hayes 2018, Abstract). A dearth of information in this regard further complicates the issue. The suffering of victims and their families is profound and the need for churches to speak out against abuse is compelling. The silence of these women and the increased number of divorce cases in Pentecostal churches caused a lot of frustration that the researcher realized the urgent need to develop guidelines to support survivors of IPV that would be used by church leaders to respond promptly to issues and those who are impacted. Indeed, the community nurse has a role to play in enhancing support for survivors from the scourge of IPV. Thus, churches can be a good ground for engaging families and community leaders in supporting IPV survivors.

1.4 Research Questions

The researcher was interested in answering the following questions:

- What are the experiences of women who are exposed to IPV?
- How can the survivors of IPV be supported in the church environment?
- What kind of support do the church leaders require?
- How can the guidelines for support to survivors of IPV for church leaders be developed?

1.5 Purpose

To develop guidelines for support to IPV survivors for leaders in selected Pentecostal churches in South Africa.

1.6 Objectives

The following objectives assisted in achieving the purpose:

- To explore and describe the experiences of IPV survivors,
- To explore and describe perceptions of IPV survivors regarding the counselling and support received from church leaders,
- To explore and support the perceptions and or views of church leaders regarding IPV counselling in the church,
- To explore empowerment needs of church leaders regarding IPV counselling and support in the church,
- To develop a theoretical framework for the study, and
- To develop guidelines for support to survivors of IPV for church leaders.

1.7 Significance

It is envisaged that the suggested support guidelines for IPV survivors for leaders might benefit both IPV survivors and church leaders in relation to usefulness in practice. Such guidelines might influence future policy directions in Pentecostal churches in relation to counselling and in areas of future research and development of new strategies for support to IPV survivors.

1.8 Definitions of Concepts

Concepts are mental formulation of empiric experience. They are a major component of theory and convey the abstract ideas within the theory (Chinn and Kramer, 1991:58,80).

The following key concepts in this study are defined in this section.

1.8.1 Church Leaders

According to Davies and Dodds (2011:27-28), church leaders are people who empower and support the ministry of the church. In addition, Ott (2011:347) indicated that church leaders carry with them traditions and these traditions provide resources for establishing healthy a community within the church. In this study, church leaders are pastors, deacons, elders in the selected Pentecostal churches of Limpopo and Gauteng provinces involved in counselling and giving support to IPV survivors.

1.8.2 Guidelines

Schneider (2017:120) defines guideline as a guidance, helpful support, or suggestion. In this study, guidelines are documents with the information intended to advise church leaders in selected Pentecostal churches in Limpopo and Gauteng provinces regarding giving the support to survivors of IPV.

1.8.3 Intimate Partner Violence

The WHO defines IPV as any 'behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including physical aggression, sexual coercion, and psychological abuse and controlling behaviour patterns (Abramsky *et al.*, 2016:818). For this study, IPV was used as the primary term, which discussed the problem of violence between men and women within marriages (Lawson, 2012:574).

1.8.4 Pentecostal Church

Pentecostal churches are churches which were formed around Spirit baptism, spiritual gifts,

Scripture, holiness and mission (Lord, 2012:2). The church is the community of persons brought together by the profession of the same Christian faith under the government of their church leaders (Rinderknecht, 2018:47). In addition, such group of individuals meets on a regular basis to worship, engage with community issues, plan, managing and make decisions (Davies and Dodds, 2011:28). In this study, Pentecostal church means the churches in Limpopo and Gauteng provinces that are Pentecostal and were selected for this study.

1.8.5 Support

Stoltz, Andersson and Willman (2007:1484) define support as providing information, education, economic aid, goods and other external services in a way that such provision is noticeable. In this study, support refers to emotional, spiritual, social, and physical support and such assistance is given by family and church leaders to IPV survivors to enhance their well-being.

1.8.6 Survivor

A survivor is a recipient of IPV who is currently in a violent relationship, or separated from the violent partner, but continues to experience abuse by her ex-partner, or is no longer experiencing partner abuse, yet still experience trauma symptoms (Pill *et al.*, 2017:179; Postmus, Plummer, McMahon, Murshid, and Kim, 2012:8). In this study, the survivor was an individual experiencing IPV or had left an abusive relationship and was a member of the Pentecostal church.

1.9 Research Methodology

The research methodology covers the research approach, design and process. The study was conducted in three phases: Phase 1 comprised two stages, empirical study or exploration and description of the experiences of women who are exposed to IPV and exploration and description of the perceptions and views of church leaders offering support

to survivors of IPV in Gauteng and Limpopo Pentecostal churches. The findings from Phase 1 served as basis of the development of the guidelines, which were conceptualized in Phase 2 using the social ecological model. The conceptual findings were used as the basis for developing the guidelines for church leaders, which was done in Phase 3 using the adapted Kish approach. The selected experts in IPV, survivors of IPV and church leaders who experienced support to the survivors evaluated the guidelines using Chinn and Kramer's critical reflection of the model. More details are given in Chapter 2 of the study.

1.9.1 Phase 1: Empirical Phase

The empirical phase consisted of two stages, namely, exploration and description of the IPV survivors and exploration and description of church leaders who are counsellors.

1.9.1.1 Approach

A qualitative approach was used to obtain data from both the IPV survivor and church leaders. Qualitative research has often been differentiated from quantitative as hypothesis generating rather than hypothesis testing. According to Creswell and Poth (2018:8), qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals ascribe to human problems by using qualitative approach to inquiry, collection of data in a natural setting, and data analysis that is both inductive and deductive and establishes themes. Thus, qualitative approaches are used when the potential answer to a question requires an explanation.

The final written report or presentation includes the voices of the participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to literature or a call for change. It is said that using a qualitative methodology provides researchers with the tools such as interviews and observations to study complex phenomena within their context (Jansen, 2016:5). This approach was used to obtain data

from both survivors of IPV and church leaders through interviews and observations.

1.9.1.2 Design

The research design was qualitative, descriptive, and explorative in nature. Qualitative description (QD) is a label used in qualitative research for studies which are descriptive in nature, particularly for examining health care and nursing-related phenomena. The goal of qualitative descriptive studies is a comprehensive summarization, in everyday terms, of specific events experienced by individuals or groups of individuals (Lambert and Lambert, 2012:255)

1.9.1.3 Process

The process consisted of two stages, namely, exploration and description of the IPV survivors and exploration and description of church leaders who are counsellors. The research process assisted in gathering information related to IPV survivors' experiences of support by church leaders in selected Pentecostal churches and how church leaders viewed the support they provided to survivors of IPV.

1.9.1.3.1 Study Population

According to Sutherland (2017:53), the population is the set of all members of a defined group that share at least one characteristic. The study population included all IPV survivors counselled in selected Pentecostal churches and all church leaders involved in IPV counselling.

1.9.1.3.2 Sampling

Sampling is defined as a subset of the accessible population that the researcher selects for participation in the study (Sutherland, 2017:53). Sampling was purposeful. According to Grove, Burns and Gray (2013:365), qualitative researchers select information-rich cases or cases that can teach them a great deal about the purpose of the study. Participants from

Gauteng and Limpopo provinces were selected on the basis that they could grant the researcher access to a particular perspective on the phenomenon under study, meaning that they represent a perspective rather than a population (Smith and Flowers, 2009:49). See Chapter 2 for more details on sampling.

1.9.1.3.3 Data Collection

An in-depth individual interview was chosen as a data collection tool to gather a broad range of information from church leaders and IPV survivors on their understanding, perceptions and views about IPV counselling (de Vos, Strydom, Fouche and Delpont, 2011:342). In addition, Babbie (2017:319) indicated that the interviewer has a general plan of inquiry, including the topics to be covered.

The researcher has established a comfortable conversation by self-introduction, explanation of the purpose and the participants' roles and rights, and the use of the audiotape (Burns and Grove, 2009:510). In addition to individual interviews, the researcher also requested naive sketches to collect data from church leaders. Such requests were sent electronically where possible, and hard copies were hand-delivered to specific participants. More details on data collection are provided in Chapter 2.

1.9.1.3.4 Data Analysis

In qualitative research, data analyses take place during data collection and thereafter (Parahoo, 2014:354). In this study, the researcher processed the data as they are received and made judgments relating to aspects. According to Gray (2017:269), data analysis is described as both the code and the thought processes that go into assigning meaning to data. Furthermore, analysis of data from an interview may result in the researcher asking additional questions in subsequent interviews to confirm or repudiate initial interpretation of data. Packer (2011:57-58) indicated that the step after conducting an interview is to transcribe it and analyze the material obtained. The researcher started by reading the

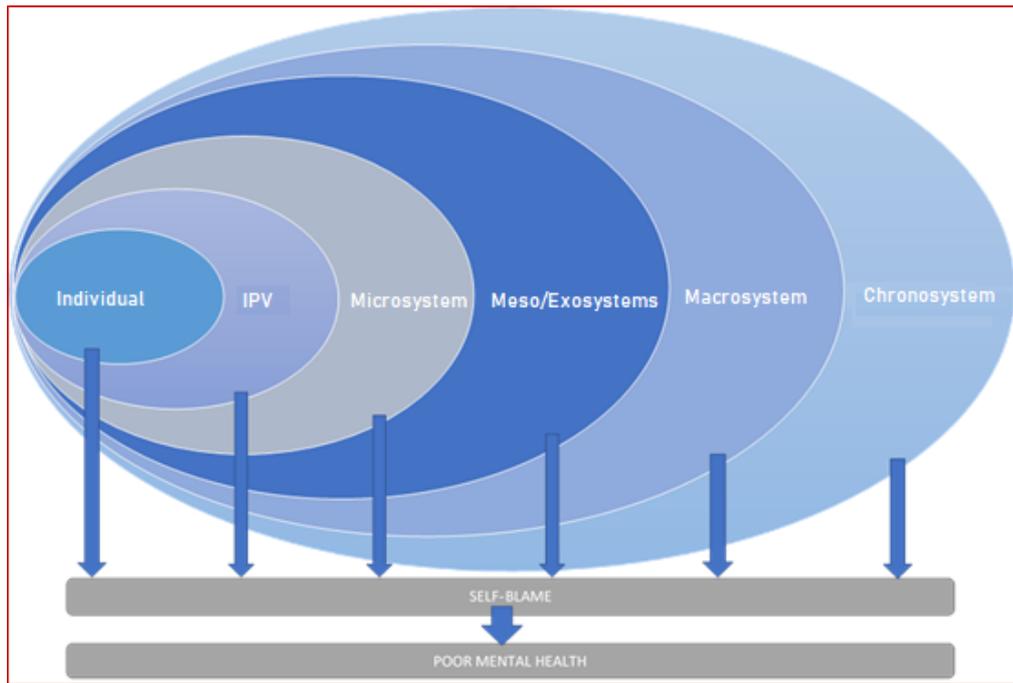
interview transcripts, observational notes followed by coding (Maxwell 2013:105); classifying words into a few categories because of their theoretical importance (Burns and Grove, 2009:528) and then organizing categories into broader themes (Maxwell, 2013:107). A thorough description regarding data analysis is given in Chapter 2.

1.9.1.3.5 Measures to Ensure Trustworthiness

The researcher took measures to ensure trustworthiness of the findings. The criteria to establish trustworthiness that included credibility, transferability, dependability, and confirmability (Grove, Gray and Burns 2015:392; and de Vos *et al*, 2011:419-421) were used. This was to ensure that the findings of the study reflected the true experience of survivors of IPV and the support they received from church leaders. Triangulation was used with the use of narrative notes or naive sketches written by the church leaders. Measures to ensure trustworthiness are described in detail in Chapter 2.

1.9.2 Phase 2: Theoretical Framework Development

A theoretical framework refers to the theory that a researcher chooses to guide research. Thus, it is the application of a theory, or a set of concepts drawn from one and the same theory, to explain an event, or research problem (Tamene, 2016:53). A theoretical framework was guided by the findings from Phase 1, and the ecological model of violence of the impact of sexual assault on women's mental health (Campbell *et al*. 2009) was used as a foundational work to guide this study. The authors adapted Bronfenbrenner's socio-ecological model of violence (Campbell *et al.*, 2009:227). This study used the five levels of the model, namely, individual, microsystem, mesosystem/exosystem, macrosystem and chronosystem to describe the interrelationship between the environment and the individual who is the survivor of IPV and not necessarily a woman who is sexually assaulted as described (Figure 1.1).



Source: (Campbell, Dworkin and Cabral, 2009)

Figure 1.1: Ecological model of violence of the impact of sexual assault on women's mental health

1.9.3 Phase 3: Development of Guidelines

Guidelines were developed following the theoretical framework and formulated using the ecological model, literature and findings from Chapter 3. The aim of the study was to develop the guidelines. This process was executed in three (n=3) phases. The empirical phase that served as a situational analysis (Phase 1) during which four themes and thirteen sub-themes were identified. The findings from Phase 1 served as basis of the development of the guidelines, which were conceptualized in Phase 2 using the socio-ecological model. Phase 2 consisted of theoretical development wherein the main concepts from the empirical phase were classified according the social ecological model. Phase 3 consisted of guidelines development following modified Kish's approach using the following elements: name of guidelines, purpose, target population, evidences for the need of guidelines, special committee for guidelines development and evaluation. The selected IPV specialists, survivors and activists, community health nurses and social workers in the church evaluated

the guidelines. A detailed description of development of guidelines is given in Chapter 5.

1.10 Ethical Considerations

Ethical considerations, namely, ethical clearance, permission letters to conduct the study from authorities and participants' rights are discussed in sub-sections below.

1.10.1 Ethical Clearance

The researcher was granted ethics approval certificate of project by the Health Science Research Ethics Committee, the North-West University Institutional Research Ethics Regulatory Committee (Ethics number NWU-00127-16-A9).

1.10.2 Permission Letters from Authorities

The researcher was also granted letters of permission to conduct the study by church leaders in Gauteng and Limpopo provinces.

1.10.3 Participants' Rights

In this study, the following ethical principles were taken into consideration: beneficence; respect for human dignity; and justice (Polit and Beck, 2014:83). The researcher took efforts to prevent violating the rights of participants and contravening ethical principles by getting informed consent and maintaining voluntary participation and anonymity throughout the study. Other ethical measures used included counselling services for participants who break up during interviews. Chapter 2 has more details on ethics.

1.11 Arrangement of Chapters

Chapter 1: Overview of the Study

Chapter 2: Research Design and Method

Chapter 3: Discussions of the Findings and Literature Control

Chapter 4: Theoretical Framework Development

Chapter 5: Development of Guidelines

Chapter 6: Limitations, Justifications, Recommendations and Conclusion

1.12 Summary

The chapter gave an overview of the study including background where detailed information was given on IPV and the church. The need for development of guidelines for support to survivors of intimate partner violence for church leaders by the researcher as a community nurse and pastor was outlined in problem statement. A brief discussion on ethical considerations, measures to ensure trustworthiness, research methods and designs data analysis, theoretical framework for developing guidelines and guidelines development was given. More inclusive information will be given in the chapters that follow.

CHAPTER 2

Research Design and Method

2.1 Introduction

In this chapter, a detailed methodology used in the study is provided. The discussion in the chapter is structured around the research approach, process, design, sampling, data collection and analysis, ethical considerations, measures to ensure trustworthiness, development of a theoretical framework and development of guidelines for support. In this study, the research method was conducted in three phases, which are indicated in Figure 2.3, illustrating the study outline and research process.

2.2 Objectives of the Chapter

The objectives of this chapter were to:

- Describe the methodology of the study in detail;
- Describe the process of framework development the socio-ecological model; and
- Describe the process of guidelines development.

2.3 Research Methodology

The study setting, approach, research design and process which included three phases were discussed under this heading. Phase 1, empirical phase dealt with exploration of experiences and views for both survivors of IPV and church leaders. Phase 2 addressed Objective 2 with the development of the theoretical framework as basis for the development of the guidelines. Miles and Huberman (1994:18) agreed that a theoretical framework is used to enable a researcher to explore and reach an understanding of the phenomenon.

A theoretical framework explains, either graphically or in narrative format, the main issues to be studied – the key factors, constructs, or variables – and the presumed relationships among them (Miles and Huberman 1994:18)

The framework was developed following data collection and analysis of survivors' interviews and church leaders' interviews and naive sketches as well as scientific literature. The concepts were classified into five levels of the ecological model and were used to develop the theoretical framework. The ecological model was preferred to clearly understand the individual factors influencing survivors' recovery or lack of it after having been exposed to IPV as well as the impact that IPV has upon their lives. Phase 3 included the development of guidelines will be discussed in the paragraphs that follow.

According to Doucet, Letourneau and Stoppard (2010:299), methodology refers to the philosophical analysis of how research is carried out. Nieuwenhuis (2016:51) described methodology as a bridge that brings our philosophical standpoint on ontology (the nature of truth) and epistemology (how truth can be found or known), and method (perspective and tool) together. Furthermore, choosing methodologies is based on what works best for the researchers' needs and what really helps them gain the best understanding of the research question (Mollard, 2015:381).

2.3.1 Study Setting

The study had two settings, namely, rural Limpopo and urban Gauteng provinces.

2.3.1.1 Limpopo Province

The researcher selected participants from Gauteng and Limpopo provinces on the basis that they could grant her access to their experiences of IPV and support given by church leaders, and the experiences and views of church leaders regarding counselling of IPV survivors and the support they give to them. The researcher selected participants based on

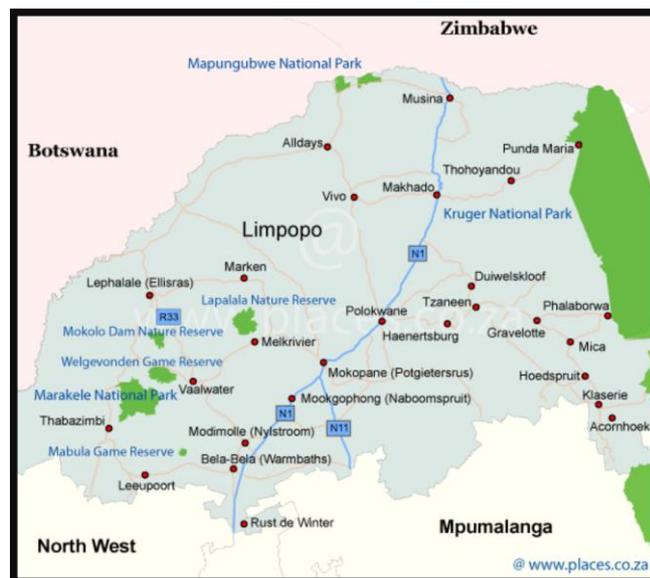
convenience. She resides in Limpopo and has practiced as a general nurse, advanced midwife, nurse educator and community nurse in Limpopo and interacts with church leaders in Vhembe District and Makhado municipality on issues of IPV.

The Limpopo Province has the highest level of poverty of any South African province, with 78.9% of the population living below the national poverty line. In 2011, 74.4% of local dwellings were in a tribal or traditional area, compared to a national average of 27.1%. The Northern Sotho language is spoken by more than half of Limpopo's population. Limpopo Province shares international borders with districts and provinces of three countries: Botswana's Central and Kgatleng districts to the west and northwest, respectively, Zimbabwe's Matabeleland South and Masvingo provinces to the north and northeast, respectively, and Mozambique's Gaza Province to the east. Limpopo is the link or gateway between South Africa and countries further afield in sub-Saharan Africa.

On its southern edge, from east to west, it shares borders with the South African provinces of Mpumalanga, Gauteng and North-West. Its border with Gauteng includes that province's Johannesburg-Pretoria axis, the most industrialized metropole on the continent. Limpopo Province is divided into five municipal districts, which themselves are subdivided into 25 local municipalities and the districts are Capricorn, Mopani, Sekhukhune, Waterberg and Vhembe (Source: <https://en.wikipedia.org/wiki/Limpopo>).

The selected Pentecostal churches in Limpopo are found in Makhado Local Municipality, Vhembe District. This local municipality is divided into four regions: Makhado (previously Louis Trichardt), Vuwani, Dzanani and Waterfal. The study was conducted at the Dzanani and Makhado regions. There are several Pentecostal churches in this region, but most of such churches are not formally registered. The organogram of these Pentecostal churches consists of senior pastor, assistant pastors, church board and members. People involved in counselling are from the level of assistant pastors and pastors. The number of IPV survivors

being counselled is between 3 to 5 individuals per month in selected churches. All churches use verbal confidential agreements for counselling and the choice rests on the individual on whom to consult for counselling. Figure 2.1 shows a map of Limpopo Province and its bordering provinces and its borders with Zimbabwe and Botswana.



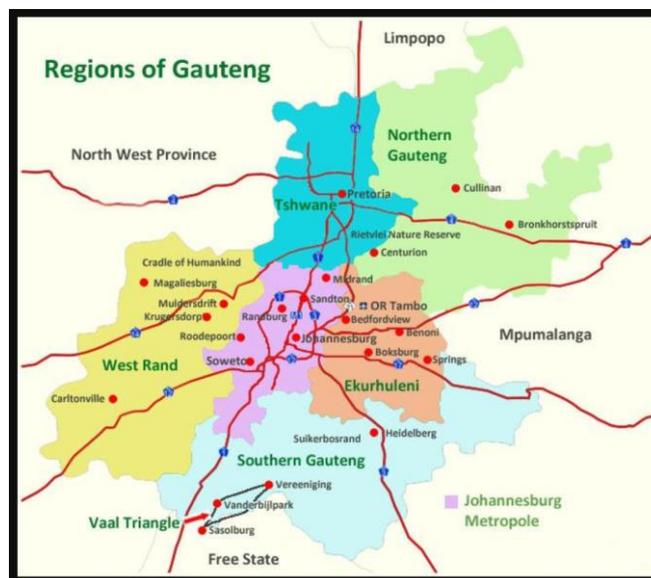
Source: https://www.places.co.za/maps/new%20maps/limpopo_map2.gif

Figure 2.1: Map of Limpopo Province

2.3.1.2 Gauteng Province

Research sites were purposively selected to encompass a diverse representation of church leaders in Gauteng. Participants were selected based on convenience. The researcher also resides in Gauteng where she interacts with church leaders as well as helping with counseling of IPV survivors. Gauteng is the smallest province in South Africa, accounting for only 1.5% of the land area. Nevertheless, it is highly urbanized, containing the country's largest city, Johannesburg, its administrative capital, Pretoria, and other large industrial areas such as Midrand and Vanderbijlpark. As of 2017, Gauteng is the most populous province in South Africa with a population of approximately 14,200,000 people, according to estimates.

Gauteng's southern border is the Vaal River, which separates it from the Free State. It also borders on North-West to the west, Limpopo to the north, and Mpumalanga to the east (Figure 2.2). Gauteng is the only landlocked province of South Africa without a foreign border. Gauteng Province is home to 13.2 million people (2015 South African National Census), almost 25% of the total South African population. Gauteng Province now has the largest population of any province in South Africa, though it is the smallest area (Source: <https://en.wikipedia.org/wiki/Gauteng>).



Source: <https://showme.co.za/files/2013/12/Regions-of-Gauteng-copy.jpg>

Figure 2.2: Map of Gauteng Province

There are several Pentecostal churches in Gauteng province, even though some of the churches are run by pastors that are from other countries. The organogram of these Pentecostal churches consists of senior pastor, assistant pastors, church board and members. People involved in counselling are from the levels of assistant pastors and pastors. The number of IPV survivors being counselled in these churches is between 5 to 10 individuals per month. All selected churches use verbal confidential agreements for counselling and the choice rests on the individual on whom to consult for counselling. The

study was conducted in churches and residential areas in Pretoria, Alberton, Midrand and Roodeport. Some participants used their homes as their setting for interviews. Figure 2.2 shows a map of Gauteng Province and its bordering provinces.

2.3.2 Approach

An approach is a plan and the procedure for the research that span the steps from broad assumptions to detailed methods of data collection, analysis and interpretation (Creswell: 2014:187). A qualitative approach was used to collect data from the two sets of participants. Qualitative research is an approach which seeks to understand, by means of exploration, human experience, perceptions, motivations, intentions and behaviour (Creswell: 2014:65; Creswell and Poth, 2018:43; and Grove *et al.*, 2015:67).

The elements of social life appropriate for qualitative research as listed by Babbie (2017:298) qualify the present study as follows:

- **Practices:** Various kinds of behaviour such as silence about IPV
- **Episodes:** Variety of events such as divorce and crimes like femicides associated with IPV
- **Encounters:** Community nurses interacting with church leaders
- **Roles and Social Types:** Analysis of positions occupied by people and behaviour associated with those positions such as patriarchal roles and IPV and low status of women and IPV
- **Social and Personal Relationships:** Behaviour appropriate to pairs – husband–wife relationships in IPV
- **Groups and Cliques:** Small groups, such as family group. Support offered to IPV

survivors by family and church leaders

- **Organisations:** Formal organisations such as community clinics and Pentecostal churches
- **Settlements and Habitats:** Villages and towns of Limpopo and Gauteng provinces as opposed to Nations, which are difficult to study.

The qualitative approach was the most appropriate bridge between ontology, epistemology and method for this research through the following ways:

Ontology: The experiences of IPV by married women perpetrated by their husbands, and the experiences of support by their church leaders in the church is the nature of the truth. The researcher used various forms of evidence in themes using actual words and presented different perspectives of IPV survivors and those of church leaders (Creswell and Poth, 2018:20).

Epistemology: this is the truth about the IPV by survivors' experiences and the support they received from their church leaders in Pentecostal churches. The researcher obtained subjective evidence from IPV survivors and church leaders based on their individual views by conducting the research where the participants live (Creswell and Poth, 2018:21).

Methodology: this is "an inductive process of building from the data to broad themes to a generalized theory or model" (Creswell, 2014:65). As far as the methodology is concerned, the researcher followed steps captured by Creswell (2014:66) by:

- Gathering detailed information from IPV survivors and church leaders through individual in-depth interviews.
- Asking participants open-ended questions and using the voice recorder

- Forming transcribed data into themes
- Analysing data to form themes
- Developing themes into broad patterns that are controlled by literature.

2.3.3 Research Design

Descriptive, explorative, contextual qualitative design was used to collect data from the two sets of participants. Qualitative description (QD) is a label used in qualitative research for studies which are descriptive in nature, particularly for examining health care and nursing-related phenomena. The goal of qualitative descriptive studies is a comprehensive summarization, in everyday terms, of specific events experienced by individuals or groups of individuals (Lambert and Lambert, 2012:225). The research design denotes the procedure for enquiry and the specific research methods of data collection, analysis and interpretations (Creswell: 2014:187).

The study was qualitative, descriptive, explorative and contextual in nature. The process of the research involved in three phases. Phase 1 was the empirical phase that dealt with exploration of experiences and views for both survivors of IPV and church leaders.

The following research processes were discussed in Phase 1:

Study population. Study population comprised all survivors of IPV counselled in selected Pentecostal churches and all church leaders involved in IPV counselling.

Sampling. Sampling was purposeful. The researcher selected survivors of IPV and church leaders as study participants.

Data collection. The researcher used in-depth individual interviews to explore the experiences of IPV survivors in IPV counselling. Similar data collection method was used to

explore perceptions and views of church leaders regarding the support they give to survivors.

Data analysis and interpretation. The researcher analysed data according to Tesch's eight steps in coding process as cited by (Creswell, 2014:198). The researcher organized and prepared data for analysis by transcribing interview, as well as typing up field notes and naive sketches.

Data Presentation. The researcher communicated the research findings to her co-coder and supervisor orally.

Measures to ensure trustworthiness. The researcher ensured trustworthiness of the study using five criteria, namely, credibility, dependability, confirmability, transferability, and authenticity.

Ethical considerations. The researcher examined ethical issues as they apply to different phases of the research process; that is, prior to conducting the study, beginning a study, during data collection and data analysis, in reporting, and in publishing a study.

Support strategy for participants. The researcher also described the support strategy for participants who broke up during interviews.

The qualitative design is the best for this present study because attitudes and behaviours are best understood within their natural setting (Babbie, 2017:297). Furthermore, the researcher was trying to understand the phenomena of IPV survivors' experience and support given by church leaders in terms of how they understand such experiences (Maree, 2016:364). Ting and Panchanadeswaran (2016) have used the same qualitative design on their study 'The Interface Between Spirituality and Violence in the Lives of Immigrant African Women: Implications for Help Seeking and Service Provision'. One of the research questions explored by the researchers was 'What are African immigrant women's

experiences with faith-based leaders when seeking help for IPV?' There are numerous experts in qualitative design as described in literature to guide the choice of the research method. Gray, Grove and Sutherland (2017), Babbie (2017); Creswell and Poth (2018) and Maree (2016) are some of the experts in the field of qualitative research. The experts were chosen because of the relevance of their research designs to behavioural and social sciences.

This design was the best way in which to answer the research questions looking at the sensitive nature of IPV experiences. Therefore, the researcher used individual in-depth interview as a tool of getting sensitive data. The qualitative approach was the overall approach chosen for this study.

The researcher best understood the attitudes and behaviours of married women' experiences of IPV and their view of the support offered by church leaders by interviewing them in their natural setting. In addition, the attitudes and behaviours of church leaders in view of their support given to IPV survivors were also best understood by gathering information in their natural setting.

The researcher considered the qualitative design ideal for this study because of its strengths and characteristics as described by Creswell and Poth (2018:43-45)

- **Ability to conduct research in a natural setting.** The researcher collected data at the villages or towns where survivors experience IPV, and where church leaders support victims and survivors of IPV.
- **Relies on the researcher as a key instrument in data collection.** The researcher collected data herself through interviewing IPV survivors and church leaders who support them.
- **Involves multiple methods.** The researcher gathered multiple sources of data,

such as interviews, recording field notes, and naive sketches. In addition, all data were reviewed, the researcher made sense of it and organised into themes.

- ***Involves complex reasoning going between inductive and deductive.*** The researcher built her themes by organising data inductively into more abstract units of information by working back and forth between themes and data collected. The researcher also used deductive thinking as she built themes constantly checking them against the data.
- ***Focuses on participants' multiple perspectives and meanings.*** The researcher concentrated on understanding the meaning that IPV survivors and church leaders hold about IPV and the support given by church leaders. The researcher collected data through interviewing IPV survivors and church leaders
- ***It is context-dependent.*** The researcher sought to understand the contextual features such as cultural and religious factors and their influence on participants.
- ***It involves an emergent and evolving design.*** The researcher's plan was not rigid. When she started collecting data she realised the need to add data through naive sketches to enrich church leaders' data on their needs for support of IPV survivors.
- ***It is reflective and interpretive of researcher's background influences.*** The researcher has revealed her experiences as a community nurse and a pastor who counsels IPV survivors in Pentecostal churches, in the abstract and background sections of the thesis.
- ***It presents a holistic, complex picture.*** The researcher explored the broad participants' subjective response to IPV exposure and the nature of support given to IPV survivors by church leaders (Grove, 2017:26-27).

The components of the research design, namely, qualitative, descriptive, explorative and contextual design were discussed in the paragraphs below.

2.3.3.1 Qualitative Design

Grove, Gray and Burns (2015:67) defined qualitative research as a systematic approach that is used to describe experiences and situations from the perspective of a person in the situation, where the words of the participant are analysed by the researcher aiming to find meaning in such the words and providing a description of the experience that promotes deeper understanding of the experience. In addition, Creswell (2014:19) stated that the researcher in the qualitative approach has a duty to establish the meaning of a phenomenon from participants' views.

The researcher as a community nurse and pastor interacting with church leaders in the selected Pentecostal churches in Limpopo and Gauteng provinces chose a qualitative research design for this study. The rationale behind choosing this design was to understand, interpret, and describe the phenomenon of IPV to develop support guidelines for church leaders for IPV counselling. The design assisted in gathering the depth and richness of information related to support, experiences and situations from the perspective of both IPV survivors and church leaders in Gauteng and Limpopo provinces.

2.3.3.2 Descriptive Design

In descriptive research, the aim is to describe the actions of the research participants in detail and attempting to understand such actions in terms of the participants' own beliefs, history and context (Babbie and Mouton, 2012:271). Through descriptive research the concepts were described, and relationships identified that provided the basis for further research. In the study, the church leaders' and IPV survivors' understanding, views and perceptions regarding support in the context of counselling were described in relation to the role the researcher as a community nurse and pastor can play in empowering church

leaders to support IPV survivors emotionally.

2.3.3.3 Explorative Design

The exploratory approach is concerned with exploring a new topic or describing a situation (Grove *et al.*, 2015:77) and, as such, begins with a phenomenon of interest, for example, IPV, examining the nature of the phenomenon, the manner in which it is manifested, and other factors related to its causes (Polit and Beck, 2014:12-13). The exploratory study helped the researcher as a community nurse and pastor to uncover and to gain new insights into how IPV survivors are supported by leaders in Pentecostal churches through in-depth interviews to explore their views, perceptions and experiences with regard to support within the context of IPV counselling.

2.3.3.4 Contextual Design

Contextual research focuses on studying the phenomenon, understanding events, actions and processes in their context for understanding and describing the events within the natural context in which they occur (Babbie and Mouton, 2012:272). The study was contextual because the researcher as a community nurse and pastor undertook the study in selected Pentecostal churches in Gauteng and Limpopo provinces to develop guidelines for church leaders to support IPV survivors in the context of counselling. Interviews were conducted in selected Pentecostal churches where counselling and support by church leaders occur.

2.3.4 Process

The study was conducted in three phases (Figure 2.3). Phase 1 was the empirical phase dealing with exploration of experiences and views for both survivors of IPV and church leaders and included sampling, data collection and analysis. Phase 2 dealt with the development of the theoretical framework. The theoretical framework was developed using the results from the study, scientific literature and the five levels of the ecological model. The purpose of formulating the theoretical framework was to develop the guidelines for

support of the IPV survivors by the church leaders in selected Pentecostal churches in Limpopo and Gauteng provinces.

Phase 3 dealt with the development of Guidelines for Support to Survivors of Intimate Partner Violence for Church Leaders in Pentecostal Churches in Limpopo and Gauteng provinces. The design assisted in gathering information related to the experiences of survivors of IPV and the views of church leaders regarding the support they gave to the survivors. The guidelines development was divided into four phases, namely, exploration, theoretical framework design, guidelines development, and evaluation. This process was guided by the findings of the study from both the survivors of IPV and church leaders. The Social Ecological Model was used to develop the guidelines for support to survivors of IPV.

2.3.4.1 Phase 1: Empirical Phase—Exploration of Experiences and Views

This phase focused on the exploration and description of survivors' experiences of IPV and their perceptions regarding the support they received from church leaders of selected Pentecostal churches in Gauteng and Limpopo provinces. The perceptions and or views of church leaders regarding IPV counselling in the church were also explored and described. This involved getting the appropriate sample, conducting the interviews and making the observations. Participants were sampled, and in-depth individual interviews were conducted.

2.3.4.1.1 Study Population

The target population comprised all survivors of IPV counselled in selected Pentecostal churches and all church leaders involved in IPV counselling. The researcher started by gaining permission, asking for a working relationship with the church leaders, interviewing survivors first before counsellors because of the established relationship. The reason for choosing this target group was that church leaders were counselling and supporting survivors of IPV and survivors, in turn, received counselling and support from church

leaders.

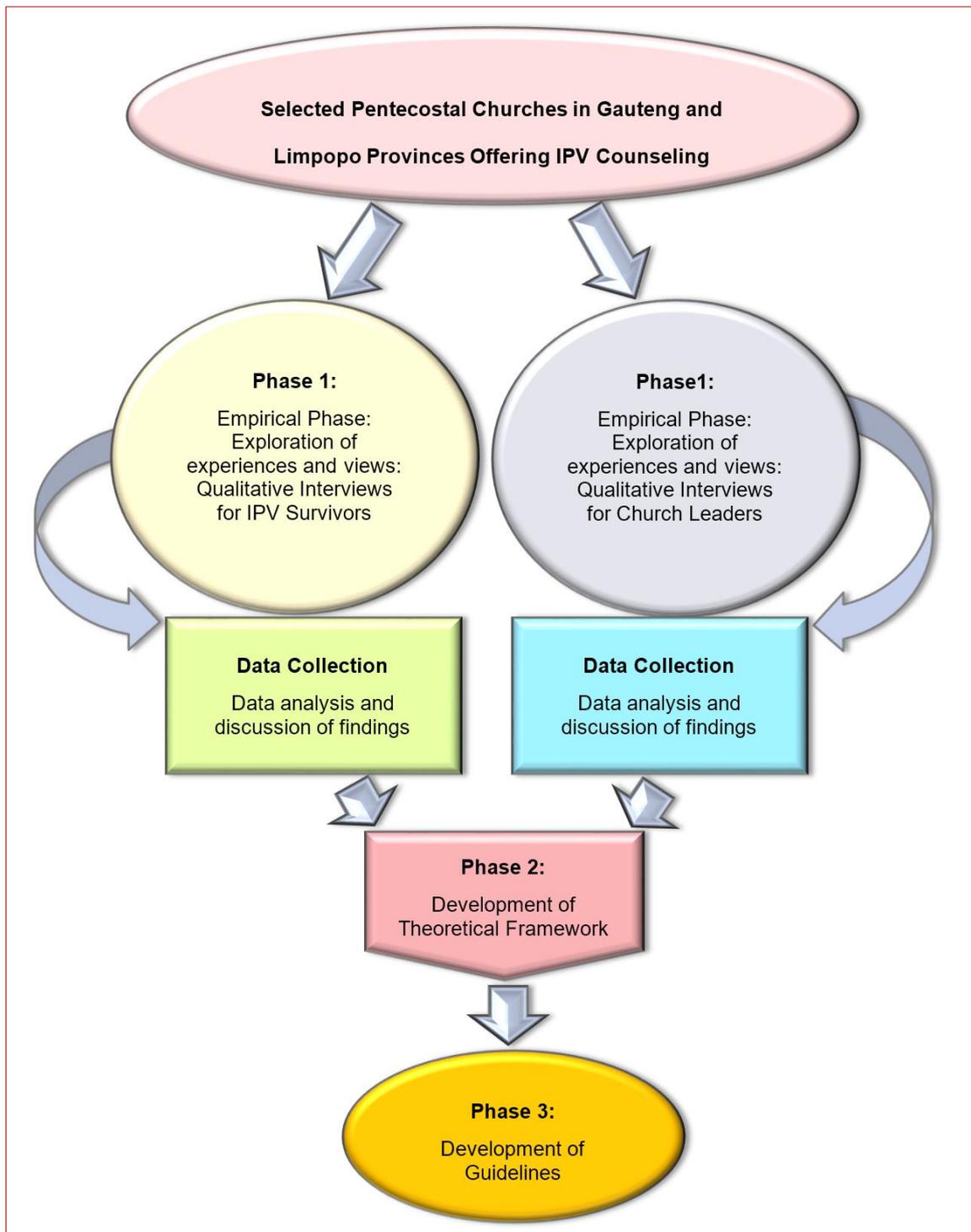


Figure 2.3: Research process used in this study

2.3.4.1.2 Sampling Method

According to Grove *et al.* (2015:274), the sample size in qualitative research is determined by the quality of information obtained from the person sampled (for example, survivors of IPV and church leaders in this study) and the number is adequate when saturation and verification of information are achieved in the study area.

Sampling was purposive. Babbie (2017:196) described purposive sampling as judgmental sampling because the researcher selects a sample based on knowledge of a population and the purpose of the study, making judgment about which ones will be the useful or representative.

In this study, sampling was purposeful because the researcher selected participants (survivors of IPV and church leaders) who were judged to be particularly knowledgeable about the issue under study (the experiences of IPV by survivors and the support given by church leaders) (Polit and Beck, 2014:179).

To recruit the participants of this study, churches in Gauteng around Pretoria Central Business District and Limpopo in Makhado Municipality in Nzhelele were visited and given information leaflets containing the study aim, inclusion criteria, means of adherence to ethical issues emphasizing confidentiality and the benefits of participating in the study.

Those who were willing to participate were requested to complete a consent form and made appointments for interviews. Non-probability sampling, which is purposive, was used to select the church leaders and IPV survivors.

❖ Sampling Criteria for Churches

Inclusion criteria for church leaders were as follows:

- Pentecostal

- Provided counselling

- Agreed to participate

❖ Exclusion Criteria for Church Leaders

- Non-Pentecostal
- Not provided counselling
- Disagreed to participate

❖ Inclusion Criteria for Participants

↪ **Church Leader**

- Agreed to participate
- Counselling for more than a year

↪ **Survivor**

- Agreed to participate
- Exposed to IPV
- Received counselling from the church leaders

❖ Exclusion Criteria for Participants

↪ **Participant 1: Church Leader**

- Did not agree to participate

- Counselling for less than a year

↶ **Participant 2: Survivor**

- Did not agree to participate
- Not exposed to IPV
- Never received counselling from the church

2.3.4.1.3 Data Collection

In most qualitative research studies, the data are the thoughts, ideas and ideas of the participants (Grove *et al.*, 2015:82). The researcher used in-depth individual interviews for getting more detailed information from victims and survivors of IPV with regard to their experiences of abuse and the support they received from church leaders in IPV counselling. Furthermore, the researcher used in-depth individual interviews to explore the perceptions and views of church leaders regarding the support they give to survivors of IPV.

❖ In-Depth Qualitative Interviews

According to Gray (2017:258), interviews are focused conversations between the participant and qualitative researcher that produce data as words, where the researcher as an interviewer seeks information from several individuals. In a qualitative research interview, the researcher attempts to understand the phenomena from the participants' point of view, for uncovering their lived world (Creswell and Poth, 2018). Furthermore, Nieuwenhuis (2016:93) asserted that seeing the world through the eyes of the participant is the main aim of qualitative interview.

Data was collected by means of an in-depth one-to-one interview, which is used when the researchers have no preconceived view of the information to be gathered with the aim of

learning about participants' perceptions and experiences without imposing their own views (Polit and Beck, 2014:290). According to de Vos *et al.* (2011:342), an interview is built on three questions prior to talking with the participant:

- Main questions that begin and guide the conversation,
- Probe is put out when responses lack enough detail, depth or clarity in order to increase detailed exploration and elaboration, and
- Follow-up questions that pursue the implications of answers to the main questions

An in-depth qualitative interview was chosen as a data collection tool to gather a broad range of information from church leaders and IPV survivors on their understanding, perceptions and views regarding IPV counselling. The researcher used the central question to facilitate the discussions with the participants:

❖ For the church leaders the central question was:

- What are your experiences of support in counselling IPV survivors? What kind of support do you require regarding IPV counselling?

❖ For the IPV survivor the central question was:

- What are your experiences of IPV? What are your needs regarding support from church leaders after having reported IPV?

In-depth interviews were used which were followed by probes to enable participants to freely discuss issues relating to the lived experience of IPV survivors and church leaders' views on the support they give to IPV survivors. The interviews were conducted in English and Tshivenda for those who were not able to express their experience in English.

In order to obtain the maximum amount of data, the researcher used probing strategies such as elaboration probes by asking the participants to explain more about the answers they gave, and clarification probes to understand if what the participants mentioned is accurate by paraphrasing what has been said by participants (Nieuwenhuis, 2016:94). The researcher applied the principles of active listening since she was interested in the interviewees' responses and acknowledging them, and made follow-up on them (Waller, Farquharson and Dempsey 2015:88).

The researcher gave the participants time to express their experiences in a quiet setting, which was free from distractions and this enabled participants to comfortably give full and honest responses. The researcher was respectful and courteous when interviewing IPV survivors since the topic was sensitive and some participants were very emotional. The researcher established a rapport with participants during interviews by introducing the topic, purpose of the study and their role in the interview. Waller, Farquharson and Dempsey (2015:89) asserted that researchers form impressions of interviewees while at the same time interviewees form their judgments about interviewers. The researcher was formally dressed, and the interview occurred in a secure, comfortable environment thus giving a good impression to the participants.

❖ Voice Recorder

According to Babbie (2017:321), qualitative research data collection can be supported by a variety of technologies, including pencils and paper, audio and video recorders. The researcher sought permission from the participants for recording the interview data using a voice recorder and taking notes for reviewing the answers and asking additional questions after interview (Nieuwenhuis, 2016:94). Audio-recorded interviews were transcribed verbatim and instances of breaking into tears, laughter, sadness and disbelief were also recorded using punctuation marks (Gray, 2017:268). The researcher prepared verbatim transcriptions of the recordings before data analysis (Grove *et al.*, 2013:424).

❖ Bracketing

Bracketing is a method used to mitigate the potential deleterious effects of unacknowledged preconceptions related to the researcher, thus increase the rigor of the project (Tufford & Newman, 2012: 80). The researcher was honest and vigilant about her own perspective, pre-existing thoughts and beliefs about the phenomenon and did not include the clinic wherein she is working. Again, the researcher set aside (but do not abandon) a priori knowledge and assumptions, with the analytic goal of attending to the participants' accounts with an open mind (Tufford & Newman, 2012: 80)

According to Gray, (2017:64), valuing the researcher's self-understanding in qualitative research is considered important since this type of research is an interactive process shaped by the researcher's as well as the study participants' personal history, biography, gender, social class, race and ethnicity. The other aspect to be valued is the culture of both researcher and participants (Creswell and Poth, 2018:174). In this study, the researcher bracketed her opinions and beliefs that she might have regarding the experiences of survivors of IPV and also her experience as a counsellor of survivors of IPV.

The researcher bracketed her opinions and beliefs as follows:

- Setting aside personal perspectives since she has experience of counselling IPV survivors as a community nurse and church leader,
- Self-understanding of being a community nurse and being a church leader counselling IPV survivors,
- Collecting data with sensitivity asking questions in a way that makes participants to express their experiences without fear or intimidation, and
- Analysing data in a way that represented the perspective of IPV survivors and church

leaders (Gray, 2017:64, 66).

Giving voice to participants' thoughts, themes across interviews, and imparting researcher's critical analysis and understanding was also instrumental in bracketing process.

❖ Field Notes

Field notes are notes that the researcher makes during and immediately after observation (Gray, 2017:257). The researcher wrote on the notepad the interpretations of what she observed during and after interviews (Waller *et al.*, 2015:119); and such notes represented her efforts to record information and to synthesize and understand the data (Polit and Beck, 2014:294). In addition, the researcher recorded activities at the research site in an unstructured or semi-structured way (Creswell, 2014:190). The following field notes were used, namely: observational, methodological, theoretical and personal notes.

❖ Methodological Notes

Methodological notes are reminders about how subsequent observations should be made (Polit and Beck, 2014:294). The researcher had to remind herself by making an instruction list to determine how frequent the observations should be made during interviews and how to fruitfully make such observations.

❖ Observational Notes

Observational notes, also called descriptive notes, are objective descriptions of events and conversations, and the contexts in which they occur (Polit and Beck, 2014:294).

❖ Personal Notes

Personal notes are notes and comments about the researcher's own feelings during the research process and the researcher's reactions and her feelings were reflected based on what she observed throughout the interviewing (Polit and Beck, 2014:294). See Annexures I and J.

❖ Theoretical Notes

Theoretical notes document interpretive efforts to attach meaning to observations and the researcher reflected on what she observed throughout the interviewing process and attached meaning to the observations (Polit and Beck, 2014:294).

❖ Naive Sketches

The naive sketch, as a self-report technique where participants narrate their experiences and perceptions in written format, answering a specific question, was selected to gather data from the church leaders (Speziale, Streubert, and Carpenter, 2011:41). Moagi (2014: 132) describes naive sketches as brief written essays written by participants on a formulated question. Narratives were used in addition to the interviews. This was preferred in this population group as it allowed participants time to compose their thoughts about what they wished to share, and provided rich and comprehensive data (Speziale, *et al.*, 2011:41). The naive sketch requests were sent to the church leaders electronically where possible, and hard copies were hand-delivered to specific participants.

2.3.4.1.4 Data Analysis and Interpretation

According to Nieuwenhuis (2016:109), qualitative data analysis establishes how participants make meaning of a specific phenomenon by analyzing their perception, attitudes, understanding, knowledge, values, feelings and experience to approximate their construction of the phenomenon. Data analysis commenced with data collection and once the first interview was completed, data were analysed and this resulted in the researcher and research becoming intertwined and mutually shaping each other. The researcher did content analysis through compressing many words of transcribed text into fewer categories, preparing the data by describing the sample and participants, organizing the data, transcribing the data and getting to know the data, coding the data and interpreting the data (Jansen 2016:11 and Nieuwenhuis, 2016: 114-120). Babbie (2017:397) indicated that coding is the key process in the analysis of qualitative social research data.

The researcher analysed data according to Tesch's eight steps in coding process as cited by (Creswell, 2014:198).

1. The researcher read carefully the entire transcript, jotting down some ideas to get a sense of the whole.
2. The researcher selected one short interesting interview.
3. After completing the task of going through the transcripts for several participants, the researcher arranged similar topics into columns marked as major, unique and left overs.
4. The researcher abbreviated the themes or topics as codes, which were already written designated columns of transcripts. The researcher did this to observe the appearance of new categories and codes
5. The researcher got the more descriptive wording for the themes and categorized them, drawing lines to indicate interrelationships.
6. The researcher made a final decision on the abbreviation for each category and codes were placed alphabetically.
7. The researcher assembled the data material belonging to each category and started a preliminary analysis.
8. The researcher coded the existing material, as the need arose, and data was finally interpreted (Creswell 2014:200).

The researcher also identified following golden rules by Waller *et al.* (2015:164-165) as helpful in data analysis:

- Using your research questions to guide the development of your analysis and keeping things relevant, but not closing possibilities too early,
- Going back and forth from your ideas to literature.

Co-coding was conducted by an independent coder. Field notes and verbatim transcripts of the participants' interviews were given to the independent coder, together with the purpose of the study. After both the independent coder and the researcher had coded the transcripts and identified the themes and categories, a consensus discussion was held. The aim of the discussion was to compare and justify how both parties arrived at the themes and subcategories, and to achieve consensus on the final categories of experiences (Miles et al, 2013:117). It was also possible for the co-coder to do codes based on the data transcribed (Creswell and Poth, 2018:212). According to Creswell (2014:200) the interpretation of findings in qualitative research captures the lessons learned that could be the researcher's personal interpretation or it could be a meaning derived from a comparison of the findings with information gleaned from the literature or theories. Furthermore, Waller *et al.* (2015:165) accentuated that researchers should always make sense of their data in a context that includes citing references to the work already done before by others and the importance of returning to the literature in the process of making sense. Literature control was done in relation to the themes as well as related sub-themes that emerged through the process of data analysis and similarities and differences were checked within the context of existing literature. The results of the study were not merely slotted into categories or concepts that already exist in the literature (Waller *et al.* 2015:165). See Chapter 3 for more details.

2.3.4.1.5 Data Presentation

Gray (2017:607) described presentations as reports of completed research study that are structured and formal and are communicated either orally or through a poster and the purpose of the qualitative research report is to describe the implementation of the research

project and the findings obtained. The structure of the presentation is based on the themes and sub-themes also controlled with scientific literature.

The researcher provided the philosophical basis for and the assumptions of the qualitative method with citations from the survivors of IPV and the church leaders as primary sources, and the results included descriptions, themes and sub-themes that emerged from the study of life experiences (Gray, 2017:605). The researcher intended to present the results in a descriptive, narrative form and thick description, i.e., the vehicle for communicating a holistic picture of the experiences of survivors of IPV and the views of church leaders regarding IPV counselling and support.

The final project is a construction of participants' experiences and the meaning attached to them, allowing readers to vicariously experience the challenges survivors of IPV and church leaders encounter and provide a lens through which the readers can view the subject world (Creswell, 2014:211).

2.3.4.1.6 Measures to Ensure Trustworthiness

Trustworthiness is a crucial concept in this approach, since it enables investigators to explain the virtues of qualitative terms outside of parameters that are generally used in quantitative research. Maree (2016:373) underscored that trustworthiness or validity of qualitative designs is based on the extent to which interpretations and concepts have mutual meaning between researcher and study participants. Creswell (2013:246-247) indicated that an attempt to assess the accuracy of findings as best described by the researcher and the participants is vital in ensuring trustworthiness. Furthermore, trustworthiness or rigour of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study (Connelly, 2016:435); and it is also the extent to which such a study is dependable, confirmable, credible and transferable (Grove *et al.*, 2015:392).

Amankwaa (2016:123) also added the issue of the researcher attending to the language of

trustworthiness and the important activities of reliability to add to the comprehensiveness and the quality of the research product. According to Babbie (2017:417), validity involves the question of whether the researchers are measuring what they say they are measuring.

To establish trustworthiness of the study, Lincoln and Cuba (1985) presented four criteria, namely: credibility, dependability, confirmability, and transferability; and then nine years later added the fifth criterion, authenticity (Cope 2014:89); and all five criteria were used as discussed in the sections below.

❖ **Authenticity**

According to Connelly (2016:436), authenticity is the extent to which researchers fairly and completely show a range of different realities and realistically convey participants' lives; expressing the feelings and emotions of the participants' experiences in a faithful manner (Cope, 2014:89). In this study, the researcher captured the lived experiences of participants in a manner that allowed readers to grasp the essence of the experience through participants' quotes.

❖ **Confirmability**

Connelly (2016:435) described confirmability as the neutrality or the degree findings are consistent and could be repeated; while Nieuwenhuis (2016:125) and Maree (2016:375) explained confirmability as the extent to which the findings of the study are shaped by the participants and not by researcher bias and such findings are confirmable when other people confirm them.

Furthermore, Grove *et al.* (2015:392) view confirmability as the extent in which other researchers can review the audit trail and agree that the authors' conclusions are logical. In this study, the researcher provided rich quotes from participants that personalized each emerging theme (Cope, 2014:89).

The researcher clarified her bias by making comments to the study participants during introductions before doing interviews. Expert advice was sought from the researcher's supervisor for safeguarding any potential bias in the study (Maree, et al. 2016:375). The research findings of the study were shaped by the participants' voices and the researcher used a rich, thick description to convey the findings, thereby establishing confirmability (Creswell, 2014:202).

❖ **Credibility**

Credibility refers to the confidence in the truth of the findings (Amankwaa, 2016:121; Connelly, 2016:435), and the extent to which such findings are believable and trustworthy, and results reflecting the views of the study participants (Grove *et al.*, 2015:392), and if the descriptions of human experience are immediately recognized by individuals that share the same experience (Cope, 2014:89).

The researcher ensured credibility by precisely identifying participants, that is, women who have experienced IPV in their marriage and church leaders who have counselled and supported survivors of IPV. Furthermore, the researcher enhanced credibility by familiarizing herself with the participants who were survivors of IPV and church leaders involved in IPV counselling and had frequent debriefing meetings with the supervisors thereby confirming credibility of the research study (Nieuwenhuis, 2016:123).

The techniques for establishing the credibility of qualitative research proposed by Lincoln and Guba 1985 included in this study were prolonged engagement, persistent observation, triangulation, peer debriefing; and member checks (Amankwaa, 2016:122) and reflexivity (Creswell and Poth, 2018:261).

❖ **Member Checks**

Creswell and Poth (2018:261) defined member checking as seeking participant feedback, where the researcher solicits participants' views of credibility of the findings and

interpretations. During interviews, the researcher asked the participants to summarize what they said, and, in turn, the researcher summarized what they said to verify if everything mentioned was recorded. Furthermore, Cope (2014:90) asserted that member checks enhance credibility when the researcher gives a summary of the themes that emerged and request feedback from participants at the completion of data analysis.

The researcher after data analysis checked the themes with the participants. Some participants were given their transcripts to check if what they mentioned was captured correctly and verify if the data gathered in earlier interviews is in accordance with what the participants have shared with the researcher (Nieuwenhuis, 2016:123). Creswell (2014:201-202) contended that this procedure can involve conducting a follow-up interview with the participants in the study to provide an opportunity for them to comment on the findings. The participants were afforded an opportunity to listen to the voice recordings to confirm their experiences. The researcher did member checks after interviews to ensure that the researcher had captured the true experience of participants and after data analysis by providing feedback to IPV survivors and church leaders. The church leaders were given naive sketches to write their experiences regarding support of survivors of IPV and to suggest the support they themselves as church leaders need to improve of the support they offer to the survivors. See Annexure K.

↪ Prolonged Engagement and Persistent Observation in the Field

Creswell and Poth (2018:262) and Cope (2014:90) described prolonged engagement as a process of building trust and rapport with participants to foster rich, detailed responses while persistent observation represents the researcher's attention to the feelings or emotions of participants or situation being studied.

Creswell (2013:250-251) included learning participants' culture and checking for misinformation that stems from distortions introduced by the researcher or participants. In

this study, the researcher had to spend as much time as feasible prior to beginning data collection and during the study to familiarize herself with the site and participants (Creswell and Poth, 2018:262) by going to the participants thrice. The first visit was for establishing rapport with the participants making them to relax and to explain the purpose of the study. The second visit was for conducting interviews. The third visit was for handing and collecting naive sketches from church leaders.

The researcher promoted the process of prolonged engagement and persistent observation by allowing adequate time for collecting data and obtaining an understanding of the victims and survivors of IPV first and later church leaders who gave support to the IPV survivors. During interviews, the researcher verified the data by summarizing what the participants were narrating to get approval from them.

↪ Peer Debriefing

According to Creswell and Poth (2018:263), it is necessary to have a peer review or debriefing of the data and research process where the researcher seeks an external check by someone who is familiar with the research or phenomenon explored. Peer debriefing provides an external check of the research process where the peer debriefer keeps the researcher honest, asks hard questions about methods, meanings and interpretations; and provides the researcher with the opportunity for catharsis by sympathetically listening to the researcher's feelings. In this study, the researcher had to call a colleague to release emotions caused by the emotional stress the victims and survivors of IPV had to endure.

↪ Peer Checking

During the study there were compulsory faculty post-graduate seminars where the research work was exposed to and evaluated by the staff members within the school and peer students for a fruitful criticism while the researcher presented all the steps of the research.

This was a platform to ensure quality of the research.

↪ Reflexivity

According to Creswell and Poth (2018:261), engaging in reflexivity also means clarifying researcher bias, where the researchers disclose their understanding about biases, values, and experiences that they bring to a qualitative research study from the onset of the study so that the reader understands the position from which the researchers undertook the inquiry. In addition, Cope (2014:90) indicated that reflexivity is the awareness that the researcher's previous experience with the phenomenon can affect the research process. The researcher maintained a field journal to reflect and note thoughts and feelings and ideas surrounding the study more so that the researcher has been involved in counselling the survivors of IPV in the church for a couple of years. Maintaining a field journal also contributed to bracketing.

↪ Triangulation of Different Methods

According to Creswell and Poth (2018:260) and Creswell (2014:201), the researcher strengthens the evidence through triangulation of different data sources using it to build a coherent justification for themes and if such themes are established based on converging several sources of data or perspectives from participant then the process can be claimed as adding to the validity of the study.

The researcher used multiple methods of data collection that include data from interviews, notes from descriptive and reflexive journaling, and the scientific literature to confirm triangulation (Cope, 2014:90). The field notes that the researcher used consisted of full description of where the study took place and the participants' reflections of IPV were well captured and confirmed by scientific literature during data analysis.

The researcher also used naive sketches that church leaders wrote to confirm their

experiences regarding IPV, this also established triangulation (Annexure K). The naive sketch requests were sent to the church leaders electronically where possible, and hard copies were hand-delivered to specific participants. Data saturation was also achieved. The supervisor also reached consensus with the researcher on themes that emerged during data analysis and the researcher believes that triangulation was done.

Purposive sampling of Pentecostal churches due to the high rate of intimate partner violence with the population of IPV survivors being ten participants and fourteen church leaders who supported them yielded data saturation.

❖ Dependability

According to Babbie (2017:418-419), dependability is a question of whether a measurement or observational technique would yield the same data if it were possible to measure or observe the same thing several times independently and in this study the researcher asked one researcher to use raw data produced by in-depth interviews to undertake coding process to see if the same results were produced.

It is argued that there are close ties between credibility and dependability since the demonstration of credibility ensures dependability and the extent to which the researcher can replicate the findings when similar participants are used in a similar context (Nieuwenhuis, 2016:124; Maree, 2016:373). Cope (2014:89) indicated that dependability is achieved when another researcher concurs with the decision trails at each stage of the research process.

Furthermore, Connelly (2016:435) indicated that the stability of the data over time and over the conditions of the study confirms dependability. For the research to be dependable, the researcher should ask whether the research process is logical, well-documented and audited (de Vos *et al.*, 2011:420). In this study, the auditor examined interview transcripts, data, findings and recommendations and concurred with the fact that they are supported by

data and thereby attesting to the dependability of the enquiry.

❖ Transferability

Transferability refers to the extent in which qualitative findings can be applicable in other settings with similar participants (Connelly, 2016:435 and Grove *et al.*, 2015:392). Cope (2014:89) added the fact that the study meets the criterion of transferability if the results have meaning to individuals not involved in the study and readers can associate the results with their own experiences. According to Creswell and Poth (2018:263), generating a rich, thick description allows readers to make decisions regarding transferability because the writer describes in detail the participants or setting under study while Nieuwenhuis (2016:124) indicated that the participants need to be typical to the phenomenon being studied and in this study the participants were the survivors of IPV and the church leaders who counsel survivors of IPV. Furthermore, the researcher provided a rich thick description of data findings and is convinced that the results can be applicable to different settings with similar participants. The researcher established transferability by using data from different sources to elaborate the research in question (de Vos *et al.*, 2011:420) by collecting data from both survivors of IPV and church leaders, thus showing that the findings have applicability in other contexts. In addition, the researcher provided a thick description when writing themes, categories and sub-categories, and using participants' quotes, and by devoting time to revisit the raw data to add further descriptions that were helpful during analysis (Creswell and Poth, 2018:263). The researcher also made use of the co-coder who also did codes based on the data transcribed to ensure truth value of the study.

2.3.4.1.7 Ethical Considerations

Ethics refers to the honesty and integrity of the research, implying that such research should be beneficial and not harmful to the study participants. (Waller *et al.*, 2015:46). Sikweyiya and Jewkes (2012:9) researched perceptions and experiences of research participants on Gender-Based Violence and made recommendations that future community-based

research should adhere to the WHO guidelines and safety recommendations, including concealing the violence focus of the research and that women participants should be advised not to disclose the focus of the research to third parties, in particular their partners since it is currently not well-understood which men may react violently and what may specifically make them to react violently.

The researcher did ethics as a major course at degree level and therefore, it would be an added benefit to the study participants, especially IPV survivors, since the researcher would take extra precautions to prevent risks associated with IPV. In this study, survivors of IPV were advised not to disclose the purpose of the study to their husbands to avoid further threats and violent reactions when the abuse is exposed to the researcher. Creswell and Poth (2018:54) asserted that ethical issues in qualitative research can preferably be examined as they apply to different phases of the research process and they can be described prior to conducting the study, beginning a study, during data collection and data analysis, in reporting, and in publishing a study.

❖ Ethical Issues Before Conducting the Study

The researcher had to consider the following before conducting the study:

↶ **Ethical Clearance**

According to Creswell (2013:57), it is imperative for the researcher to gather university approval from the institution review board for data collection involved in the study. Prior to conducting the study, the researcher sought permission from the university and she was granted an ethics approval certificate (No: NWU-00127-16-A9) to conduct the project by Health Science Ethics Committee, the North-West University (Department of Nursing Sciences); Faculty of Agriculture, Science and Technology (FAST), North West University Ethics Committee for ethical clearance (Annexure A).

↪ *Permission to Conduct the Study from Church Authorities*

According to Creswell and Poth (2018:57), researchers need to seek permission to conduct the research on-site and report to the authorities how their research will provide the least disruption to the activities at the site. The researcher was granted permission to conduct the study by church bodies that represent church leaders and from individual churches (Annexures B and C).

↪ *Protection of Participants' Rights*

The researcher should consider ethical issues prior to conducting the study in order to protect participants' rights. Brinkmann (2012:52-53) asserted that researchers should ask themselves ethical questions about the beneficial consequences of the study, obtaining informed consent of the participants, protecting the confidentiality of participants, the consequences of the study for participants and how the researcher's role affect the study.

↪ *Informed Consent*

Informed consent is an ethical and legal requirement for research involving human participants. This is the process of informing participants about the project and acquiring their consent to take part (Waller *et al.*, 2015:47). The guiding principle for all researchers is that a person's decision to participate in research is to be voluntary and based on sufficient information and adequate understanding of both the proposed research and the implications of participation.

Creswell and Poth (2018:155) described some of the specific elements to be included in consent form such as the following:

- The right of participants to voluntarily withdraw from the study anytime,

- Central purpose of the study and procedures to be used in data collection,
- The protection of the confidentiality of the respondents,
- The known risk associated with participation in the study,
- The expected benefits to accrue to the participants in the study,
- The signature of the participant as well as the researcher, and
- Participation that is voluntary is based on sufficient information and requires an adequate understanding of the purpose, methods, demands, risks and potential benefits of the research.

At the beginning of the study, the researcher assured the participants that their participation is voluntary and written consent (Annexure D) of all participants were sought and detailed information about research was provided (Nieuwenhuis, 2016:55). The researcher gave participants enough information that enabled them to make decisions about whether to be involved in the research (Waller et al., 2015:46). The study purpose which was to develop guidelines for support to IPV survivors for leaders in selected Pentecostal churches in Gauteng and Limpopo provinces was explained in clear, understandable manner using their mother tongue where English was difficult to understand. According Gray (2017:162), the rights are necessary for self-respect, dignity and the health of the participants. The following ethical principles, namely: respect for persons, beneficence and justice are discussed in the sub-sections:

Beneficence

According to Babbie (2017:64), ensuring beneficence means that the participants must not be harmed by the research, but should benefit from it. In addition, Waller *et al.* (2015:50)

indicated that the potential benefits of the research should outweigh any potential harm and research participants should be accurately informed about any potential harm that may occur to them as a result of their participation (Waller *et al.*, 2015:46). Furthermore, Waller *et al.* (2015:53) asserted that to balance beneficence and integrity, some findings need not be reported to prevent harming the participants.

The principle of beneficence advocates for the right to protection from discomfort and harm (Grove *et al.* 2015:108); including the right to protection from exploitation and the researcher has the duty to minimize harm (Polit and Beck, 2014:83). Waller *et al.* (2015:50) reinforced that potential harm can include physical, emotional and psychological harm, and legal harms. Both church leaders and IPV survivors were informed that the research was of no harm to them.

Justice

According to Waller *et al.* (2015:53), valuing justice focuses on fair treatment and means not excluding a particular group from either participation or benefit. Furthermore, Grove *et al.* (2015:107) asserted that the right to fair selection and treatment is based on the principle of justice. The participants should be selected on the bases of research requirements and not on their vulnerabilities, and that their right to privacy is maintained (Polit and Beck, 2014:83).

According to Grove *et al.* (2015:106), the participants also have the right to anonymity and confidentiality. Babbie (2017:67) indicated that a research project can only guarantee anonymity when the researcher, not just the people who read about the research, cannot identify a given response with a given respondent. That is not possible when it comes to an interview respondent because the researcher collects information from an identifiable respondent and regarding confidentiality, the researcher can identify a given person's response, but essentially promises not to do so publicly. In this study, the researcher gave

assurance that participants' confidential information would not be made public.

↪ **Respect for Persons**

According to Babbie (2017:64), respect for persons means participation must be completely voluntary and based on full understanding of what is involved while Waller *et al.* (2015:46) emphasized respecting the rights, dignity and self-determination of others. In addition, Grove *et al.* (2015:101) indicated that participants should be viewed as autonomous agents and who should be allowed to withdraw at any time without penalty. The researcher was respectful of the rights, dignity and worth of all participants.

❖ Ethical Issues During Data Collection

The researcher discussed with participants the study purpose and that the use of the study data and study site would be respected, and disruptions were avoided at all costs (Nieuwenhuis, 2016:55). The data focused on the experiences of IPV by survivors and their views and perceptions regarding the counselling they received from church leaders, including the views and perceptions of church leaders regarding the support they give to survivors of IPV and their empowerment needs. During interviews, the researcher respected the rights of participants, and their cultural values, and attitudes were taken into consideration. The researcher also protected the rights and dignity of churches. The researcher stored raw data and other materials including audio and transcribed data in secure locations and will be kept for at least five years and will be discarded to prevent it falling into the hands of other researchers who might misappropriate it (Nieuwenhuis, 2016:55 and Creswell, 2014:100-101). The researcher ensured that electronic data was saved in password-protected environment where only the researcher had access. No names of the participants were recorded on data collection forms; however, false names and codes were used.

❖ Ethical Issues During Data Analysis

The researcher avoided siding with study participants and positive results as well as contrary findings were disclosed. Participants' names were coded, thus respecting their privacy (Nieuwenhuis, 2016:55).

❖ Ethical Issues During Data Presentation

The researcher intended to avoid disclosing information that would harm participants by using composite stories to ensure that individuals cannot be identified (Nieuwenhuis, 2016:56). The results of the research were disseminated to the churches involved.

❖ Support Strategy for Participants Who Break Up During Interviews

The researcher assessed potential risks and their effects especially on IPV survivors who might break up during in-depth interviews because of their experiences of IPV. The researcher managed this risk by making available counselling services by other counsellors or psychologists for participants who break up during interviews and for participants who manifested behaviours and emotions that warranted counselling during interviews (Maree, 2016:377).

2.3.4.2 Phase 2: Development of a Theoretical Framework

Phase 2 involved development of a theoretical framework for the development of guidelines. The theoretical framework was developed once data were collected and analyzed and was used as a mirror to check whether the findings agree with the framework (Imenda, 2014:188). The study results and related literature to compare data, and the socio-ecological model of violence by Bronfenbrenner (1977, 1986) and the ecological model of the impact of sexual assault on women's mental health by Campbell et al. (2009) were used to develop the Theoretical Framework. The Social-Ecological model uses five levels, namely: individual, microsystem, mesosystem/exosystem, macrosystem and chronosystem. The socio-ecological model was chosen because it provides a clear understanding of individual factors affecting survivors of IPV as well as the impact of IPV upon their lives. The Ecological

model also provides the type of support needed by IPV survivors from the family and other stakeholders such as church leaders. A detailed description of the theoretical framework development is given in Chapter 4.

2.3.4.3 Phase 3: Development of Guidelines

Phase 3 involved development of guidelines. These guidelines for support to survivors of IPV for church leaders in selected Pentecostal churches were developed based on the theoretical framework that was specifically developed in Chapter 4 for development of guidelines. In developing the guidelines, the practice guidelines process by Kish, (2001, 851) was adopted and modified. The following main elements of Kish's approach were very instrumental in the process: determination the scope of guidelines, determination of how the evidence will be selected, and establishment of a committee of experts to develop the guidelines. The guidelines were evaluated in accordance with the criteria for reflective evaluation by Chinn and Kramer (2011:197) to observe how clear, simple, general, accessible, and important the guidelines were. This was achieved during one-day workshop when the IPV experts, survivors, church leaders, social workers and community nurses in the church analysed the guidelines. This afforded these key role players an opportunity to express their recommendations for improvements where it was necessary asking the following questions based on (Chinn and Kramer, 2011:197-206):

- ✓ How clear is the model?
- ✓ How well does the model reflect the data input?
- ✓ How simple is the model?
- ✓ How general is the model?
- ✓ How accessible is the model?

- ✓ How important is the model?

In other words, the model should be evaluated for clarity, accessibility simplicity and importance. The structure of the guidelines consists of the name, aim, objectives, and target population. More details are deliberated in Chapter 5.

2.5 Summary

This chapter focused on the detailed methodology used in the study and information on research approach, methods and design, sampling, data collection and analysis, literature control, ethical considerations, measures to ensure trustworthiness. Correspondingly, development of a theoretical framework and development of guidelines for support was given.

CHAPTER 3

Discussions of the Findings and Literature Control

3.1 Introduction

In Chapter 2 attention was given to the methodology used in the study. This chapter presents the analysis of the data, its reduction to themes and sub-themes, reflection of participants' experiences through quotes from what they verbalized and discussion of the sub-themes in relation to the scientific literature. Data was collected by means of in-depth one-to-one interviews to gather a broad range of information from IPV survivors on their experiences and understanding regarding women abuse; as well as church leaders on their perceptions and views regarding IPV counselling. Interviews were conducted in Tshivenda (local language) as well as English from 13th of May to the 27th of October 2016.

3.2 Objectives of the Chapter

The objectives of this chapter are as follows:

- Describe the characteristics of survivors and church leaders
- Discuss the findings and literature control for survivors and church leaders

3.3 Background to data collection and analysis processes

The researcher used a qualitative, explorative, descriptive, contextual, and interpretive research design. The participants were from Makhado Local Municipality, Vhembe District in Limpopo and in Northern Gauteng, Tshwane, Ekurhuleni and Johannesburg Metropole in Gauteng who were purposively selected to participate. In-depth interviews and naive sketches were the tools used to collect the data.

The data were analysed in line with Techs' method of data analysis (Creswell, 2014). Themes and sub-themes were identified. The findings of the study were the basis for developing the guidelines (Chapter 5) after the conceptualisation had taken place (Chapter 4). The aim of the research design was to ensure that the investigator had an opportunity to describe how the research had been conducted.

3.4 Sampling

The total population of the study comprised two groups of participants, namely: all IPV survivors counselled in selected Pentecostal churches and church leaders involved in counselling and supporting of IPV survivors. The study participants were selected purposefully. Data saturation was reached after interviewing ten IPV survivors and fourteen church leaders. According to Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs, and Jinks (2018:1893), saturation is a methodological principle in qualitative research. It is commonly taken to indicate that, on the basis of the data that have been collected or analyzed hitherto, further data collection and/or analysis are unnecessary. Different models of saturation seem therefore to exist. In this study, an inductive thematic saturation was adopted. This model focuses on the identification of new codes or themes and is based on the number of such codes or themes rather than the completeness of existing theoretical categories (Saunders et al., 2018:1894). The researcher stopped collecting the data because no new insight was revealed (Creswell, 2014:189).

3.4.1 Description of Survivors

IPV survivors were ten women who received counselling and support from church leaders in selected Pentecostal churches in Limpopo and Gauteng provinces. Their ages ranged from 30-50 years, while the duration of the abuse ranged from 3-30 years. Eight women were professionals employed in government and other business sectors. One survivor was self-employed, and another was a housewife (Table 3.1).

3.5 Discussions of the Findings of Survivors of IPV and Literature Control

In discussing the results, the participants' direct quotes are given and compared. Two themes emerged as summarized in Table 3:2. Findings are discussed according to the themes and sub-themes which emerged during interviews and data analysis.

Table 3.1: The profile of survivors who participated in the study

| Participant code | Age (Years) | Gender | Occupation | Relationship (Years) |
|------------------|-------------|--------|-----------------|----------------------|
| A01 | 30 | Female | Manager | 5 |
| A02 | 35 | Female | Project Officer | 9 |
| A03 | 35 | Female | Quality Assurer | 3 |
| A04 | 38 | Female | Senior Manager | 9 |
| A05 | 34 | Female | Accountant | 7 |
| A06 | 36 | Female | Self-Employed | 8 |
| A07 | 54 | Female | Lecturer | 27 |
| A08 | 37 | Female | Housewife | 12 |
| A09 | 55 | Female | Senior lecturer | 30 |
| A10 | 45 | Female | Clerk | 10 |

Table 3.2: Themes and sub-themes for survivors of IPV emerging from the study

| Theme | Sub-Themes |
|---|---|
| 1. Survivors expressed experiencing different types of abuse as a result of IPV | 1.1 Emotional abuse |
| | 1.2 Physical abuse |
| | 1.3 Financial abuse |
| | 1.4 Sexual abuse |
| | 1.5 Social isolation |
| 2. Challenges experienced by survivors when seeking help after IPV | 2.1 Challenges when reporting IPV to family |
| | 2.2 Challenges when reporting IPV to church leaders |
| | 2.3 Challenges when reporting IPV to police |

3.5.1 Theme 1: Survivors Expressed Experiencing Different Types of Abuse As a Result of IPV

Survivors expressed that they experienced different types of abuse because of IPV. From this theme, the following sub-themes emerged: emotional abuse, physical abuse, financial abuse, sexual abuse and social isolation. A discussion of the results was described under the relevant sub-themes in the sub-sections that follow.

3.5.1.1 Sub-Theme 1.1: Emotional Abuse

All survivors experienced emotional abuse in different ways because of verbal abuse leading to low self-esteem, death threats, self-blame from partner's infidelity, false accusations and control by in-laws. According to the Domestic Violence Act, No. 116 of 1998 (cited by Retief and Green, 2015:139), emotional abuse can be either verbal or non-verbal, that can present itself as any pattern of degrading, humiliating and/or demeaning behaviour having the intention to harm another person emotionally or exerting control over another person (Chisholm *et al.*, 2017:142). Furthermore, emotional abuse can also involve deception, manipulation and intimidation, and the threat of physical and sexual violence. In addition, the thought of such violence is said to sometimes have a greater impact on a victim's

psychological functioning than the abuse itself (Carton and Egan, 2017:85).

In this study, all survivors expressed multiple modes of emotional abuse in the form of humiliation, threats and belittlement because of one or more of the below-mentioned reasons.

❖ Verbal Attacks

All participants experienced verbal attacks and expressed comments like these. One survivor (Participant A02) said:

He would call me names...hmm... bitch or whatever name that comes out of him. He would call me that and he would just be verbally abusive just to make me feel small I guess.

Another survivor (Participant A03) had to say:

Scolding at me, telling me that I am a prostitute.

Another survivor (Participant A05) said:

There was a time when it was a bit difficult for me to conceive and everything and he will call me "inyumba" meaning...it's a harsh way to say in Zulu to say a woman who doesn't give birth.

The findings are in line with the study by Ali, Dhingra and McGarry (2016:18) and Nason-Clark (2015:253) who indicated that verbal attacks are intended to humiliate and control another individual in public or private and such behaviours include verbal abuse, name calling, constantly criticizing, blackmailing, and saying something or doing something to make the other person feel embarrassed and the victim's sense of self-worth is eroded by the angry harsh words even long after the broken bones have healed.

❖ Low Self-Esteem

Because of continuous verbal abuse, survivors reported having low self-esteem. The following are the comments of participants who experienced low self-esteem. One survivor (Participant A08) expressed herself in this way:

I feel like I am a person who is nothing here on this earth or I am useless. That's the reason why I feel useless; even if someone is talking to me; I feel like the person is talking to a worthless person in this earth? The things that make me to be depressed is that I really don't understand or what I did wrong; whether I don't satisfy him or I acting in an unacceptable way to an extent where he can't love me? Whether is my lifestyle or I am now too ugly; I really don't understand where I should be or what I value in life. That's the reason why I feel useless; even if someone is talking to me; I feel like the person is talking to a worthless person in this earth?

Another survivor (Participant A01) said:

I can't even study; I can't even focus at work. My mind is always thinking about how I can solve this situation that I am into. I feel like when I am even walking, people are looking at me. They can even read what is happening with me. I'm not free with myself.

The findings are congruent with the study by Zaheer, Shera, Tsang, Law, Fung, Eynan, Lam, Zheng, Pozi and Links (2016:49) where women had feelings of inferiority; and Pickover, Lipinski, Dodson, Tran, Woodward and Beck (2017:1) who asserted that there were some emotional consequences interfering with social adjustment, problem-solving and self-esteem; while Park, Park, Jun and Kim. (2017:87) confirmed the presence of emotional detachment and low self-esteem that were observed in victims of abuse.

❖ Death Threats

Most survivors reported being intimidated with death threats. The following are some of the comments by survivors. One survivor (Participant A07) said:

I was afraid because he even threatened me to say if I have got that thing;

I should have shot you. That thing he means the gun. He didn't mention it by word, but he could tell you that I will shoot you. Sometimes, he can even come with the photos of a newspaper where a certain woman was burnt by hot water; to say if someone is not complying; this is what she is supposed to be done. If for example, in the radio they say a husband has killed a wife together with the children; he would say yes that is a brave man; sometimes things need to end like that.

Another survivor (Participant A08) had this to say:

When he comes back and wants to chase me out of the house; the ones who gave us the house won't be there; he may see that I am stubborn, and he could kill me because there was a time when he previously threatened me with a gun. Yes; I have been threatened three times; I was going to work, and he took a gun.

The findings are congruent with the study by Utley (2017:14), and Roush and Kurth (2016:311) where women reported that they felt that their lives were at risk because of threats of death since their partners used guns and knives to threaten and intimidate them.

❖ Emotional Stress from Partner's Infidelity

Almost all survivors indicated that they were emotionally stressed due their partners' infidelities. The following are the voices of survivors of IPV who were emotionally abused due to their partners' infidelities. One survivor (Participant A02) said:

In other instances, it has been at church where I find out through someone that my husband is having an affair with one of the church members. It has been through other women calling and tells me about it that they are having an affair with my husband. So, it has been a lot of incidences of extra marital affairs it has not been by one person; it has been in different occasions and different experiences through the affairs.

Another survivor (Participant A04) said:

It... it has been very difficult to live with someone especially somebody who abuses you emotionally by having repeated extra marital relationships, which also resulted in children being born. I caught him with two of my helpers. Red-handed, the other one, I was sleeping during the day and I had to wake up and go for my night shifts. They didn't expect me that I would be awake; then when I woke up I just decided to go to the kitchen; I found him just behind that girl.

The findings correspond with the study by Utleby (2017:2-3) and Boyce, Zeledón, Tellez and Barrington (2016:627) who indicated that infidelity is common in IPV, and the abuser usually has sexual or emotional engagement with another person within a committed relationship, and such an act constitutes a breach of trust or violation of agreed upon norms in the primary relationship, making the relationship devaluated and less important. Furthermore, these authors also indicated that there is a gender-based inequality in terms of infidelity where men could be unfaithful, whereas for women it was likened as death to be unfaithful Utleby (2017:2-3) and Boyce et al., (2016:627). Conroy (2014:1311) reported a contrasting situation where a man would automatically divorce his wife without any negotiation if he catches his wife red-handed.

❖ Self-Blame for the Abuse

Because of their partners' continuous infidelities and lack of remorse, the majority of the survivors ended up blaming themselves for their husbands' infidelities. Survivors expressed self-blame for the abuse that was happening in their marriage. The following are their voices. One survivor (Participant A02) said:

Hmm... there's nothing...there's nothing...it's painful; I think my reaction was just utter defeat. You feel like the rug has just been pulled from under your feet, but you are falling, and no one is catching you? You feel disappointed, you feel embarrassed because you start comparing yourself to another woman; which is not necessary or correct. You start feeling like maybe they are better off; maybe they dress much better. You start feeling

like ...I don't know...disappointed...totally embarrassed, maybe you are that person; at church you greet everyone; you talk to everyone. Maybe you've got an encounter with this person, talk to them before, only to find out later that they had betrayed you so it's very embarrassing. It's very embarrassing you don't even know what to say to that person" (a very disappointed look!).

Another survivor (Participant A03) said:

Yes; it's quite something that...it's so painful that sometimes you even ask yourself what is it that you have done wrong; you keep on asking yourself why this is happening but without having a clear answer.

Participant 08 had this to say:

He would tell me he regrets having met a poor person like me who is retarding his progress and that he wished he could have married better woman who works and not me.

The findings are congruent with what has been reported by Utley (2017:3) and Boyce *et al.* (2016:628) where a survivor experiences personal injury because of being the one on the receiving end of infidelity and is the last to receive the message—fearing that she might be perceived as easily cheated, while other participants might question themselves what they had done wrong that their partners find other women, concluding that perhaps they did not satisfy their husbands enough to prevent infidelity.

❖ False Accusation

Survivors were constantly falsely accused by either their partners or in-laws, or both, making them believe that they deserve to be treated the way they are being treated by their spouses, they eventually become emotionally stressed. The following are the utterances of survivors. One survivor (Participant A06) had this to say regarding the witchcraft accusations by the in-laws:

Accusations started that I wanted to kill him because I went to his home and he got the accident the same day and therefore I was the one who caused the accident. They accused me of bewitching him.

Furthermore, another survivor (Participant A10) said:

My father died in 2007 and now I heard that I gave blood to his second born child to eat that's why he loves me too much. I started to check who fabricated all this and I discovered that it was my mother-in-law who told him. Even her brother also told him this fabricated allegation saying that I am a witch. I thought he would stand by my side but even my husband never did because he was even afraid to come home saying I am a witch.

Another survivor (Participant A08), who was accused of infidelity, had this to say:

He would complain that I love other men out there. He would say that I dress well and put makeup when I go to church and I am doing it for other men.

The findings are supported by the study by Lopes (2016:966) and Gracia, Rodriguez and Lila (2015:2) who reported that victim-blaming attitudes are still widespread across countries, where the women are blamed for provoking violence by perpetrators to justify their abusive actions—these attitudes make victims to believe they deserve the punishment.

❖ Control by In-Laws

Survivors indicated that their in-laws were very controlling and made their lives difficult by also influencing the perpetrators in a negative way. One survivor (Participant A09) expressed that her in-laws were abusive through acts of controlling her and even influencing their son to control her. This is what she said:

This was the person who also influenced the family members, because my sister-in-law would say, this one must be left alone, and do as he wish about the money because he is the one who is working as if I am not

working. And then the other time I heard her influencing my mother-in-law to say when this one gets her pay you must take it. You must be the one controlling it in the house. But she had that influence; influencing the brother not to do anything at home. It was just horrible... horrible... horrible of which sometimes I wonder why I stayed in that family for so long; I should have decided to leave in the first place because that was not for me.

The findings are in line with the study by Horn, Puffer, Roesch and Lehmann (2016:113) and Mogstad, Dryding and Fiorotto (2016:8) who indicated that in-laws were involved, but not to end the abuse. One of the study participants reported that if the in-laws do not like you as their daughter-in-law, they would not think about you or not always give support, but they generally advocate for the abusive man.

❖ Suicidal Ideation

Survivors expressed undue pressure that led them to have suicidal ideation while others attempted suicide because of continual emotional abuse. Christian women are not immune to suicidal ideation and attempts. In this study, some survivors had suicidal ideation, while one survivor attempted suicide twice. Wolford-Clevenger and Smith (2017:48) defined suicidal attempts as self-injurious events with the intent to die; while suicidal behaviour is one of the most extreme responses to IPV (MacIsaac *et al.*, 2017:62). Jo and Kim (2016:543) maintain that “suicidal ideation has been connected with suicide attempts”.

The following are the voices of women who suicidal ideation and attempts. One survivor (Participant A01) said:

Eh...you know even sometimes the thoughts of committing suicide.

Another survivor (Participant A03) indicated that the children were a stumbling block for her to commit suicide:

Yes, and then if they were not there it was going to be easy; it was going to be easy for me to even take my life. (Crying bitterly).

Another one (Participant A05) who attempted suicide twice had to say:

There was a time when I remember I couldn't take...I think twice; I have tried to commit suicide because of what was happening and then the last time I tried to commit suicide I remember even he told me that...you know he told me words to say you know don't make your problem my problem. I drank a lot of pills; every pill...I have a cabinet where we just put medication and everything so everything that one was finding you would just put in your mouth. The first time I did it and I was hospitalized to drain whatever. Then the other time I had tried to do it then I just...I think I had threatened to do it (a sad face!).

The findings are concordant with the study by Zaheer *et al.* (2017:49-50), who indicated that women started to view suicidal behaviour as a strategy to break the cycle of distress and one participant took a whole bottle of sleeping pills. Roush and Kurth (2016:311) and Loke, Wan and Hayter (2012:2339) indicated that one of the women revealed three suicide attempts, indicating that her faith in God was not enough to enable her to crawl out of the hellhole that she was in; the other woman who attempted suicide many times, but was saved and she realized she would never attempt suicide again because she saw how sad her children were.

❖ Silence About the Abuse

Survivors reported keeping silent about the abuse and indicated that they did not also just disclose their abuse to either their family or their in-laws. Another survivor (Participant A05) said:

It hasn't been easy; eh...it's very difficult. It's very...it's very...you feel like you are caged, and you know; you feel like you are alone in this and there is no one out there to be able to help you; especially now that with myself

being a pastor's wife. You know, you feel like everybody is kind of look up to you. They are having their own expectations about you as a public eh...you know; somebody who they are looking up to, you know you feel like when you go to somebody else you know looking for help; it somehow feels...you know for me it will be weird but for somebody else maybe she would ask herself; why don't you go look for help but for me it's kind of like if I'm a pastor's wife will I ever get help; you know; so it's kind of you have locked yourself inside. You are like you know suffering in silence; let me put it that way.

Another survivor (Participant A05) who kept silent about the abuse went an extra mile by hiding the abuse and she said:

Eish... you know... I would say that I was very good in putting on a mask you know; a mask where everybody sees a smile everybody sees...but when you take off that mask you see only bleeding of the heart; you see this face that is terrible so people in church of course they wouldn't...I would be somebody who wouldn't disclose or who would not try to show what is going on in my house.

One survivor (Participant A07) who was a pastor's wife said:

You feel like not telling anybody because the family that I was in; was a Christian family; my partner was also...he was the owner of the church, so I don't want to tell anybody to expose because he was the owner of the church; so, I keep silent. Furthermore, I was protecting marriage and my husband, but I was hurting.

The findings are in line with the study by Drumm, Cooper, Seifert, McBride and Sedlacek (2017:102) who mentioned that participants who were spouses of the church leaders felt that they were observed by congregants and that their behaviour was expected to be an example that can be followed by others. In another study, participants remained silent about their experiences of abuse because they were afraid, depressed, wanted to protect their family, and not wanting divorce, but keeping the family intact (Özçakar *et al.*, 2016:5).

Furthermore, some experienced deep shame and had no hope about the future (Nason-Clark, 2015:253) while others were making some attempt to put a brave front to the rest of the community and to conceal their underlying struggle (White and Satyen, 2015:127). In addition, it is said that disclosure of IPV experience has remained low globally (Katiti *et al.*, 2016:2).

❖ Haunted by the Aftermath of Abuse

Survivors expressed being haunted by the aftermath of abuse. IPV was not a once-off problem. One survivor (Participant A02) said:

Yes. I think yes... hmm... abuse for me doesn't end there when you are being physically attacked or verbally attacked; it continues because those actions and the words that you received start living more in you than in just that moment. You start thinking too much about it. You...you...you question yourself; you question really what are your motives versus the other person's motives? It is true? You...you have so many questions after the threat and doubts that it haunts you. It haunts you after that, it...it becomes your... own nightmare...own...I don't know... your own devil because every day you would ask yourself even in good times you find yourself looking at the person thinking this person once told me this; why today are we so happy? And I still know that, base that...that was yesterday...you know...so it sorts of haunt you. (Tears streaming down her cheeks).

Another survivor (Participant A06) who divorced and remarried said:

"Where I am now, regardless of the fact that I am dearly loved; the previous scars make me to be suspicious if my husband acts in a certain way; I immediately reacts and that makes one thinks about abuse" (shaking her head in dismay!).

This report is congruent with the study by Chisholm *et al.* (2017:143) and Lagdon *et al.* (2014:7) who indicated that the adverse effects of IPV may persist for years, even if it stops;

and that psychological violence could create an environment where a victim waits in fearful anticipation for the next violent act to occur.

❖ Using Over-The-Counter Drugs

Survivors indicated using over-the-counter drugs in order to avoid thinking about their stress. Comments similar to this were expressed. This is how one survivor (Participant A05) expressed herself:

The fact that I'm not at peace (tears on her eyes). I can't even sleep at night. And when I'm looking at him when he is sleeping, there are a lot of things that come into my mind. You must take sleeping tablets.

Another survivor (Participant A01) said:

I don't know; you know sometimes you feel like just walk out of the house and just disappear and not come back and there are times when I even enjoy taking tablets like Lenadols; it drugs you and you know that... You know; you just get drugged and numb and you just doze off; you feel you just want to doze off and sleep. I feel like the peace because when I take them, and I would go to bed; I don't have to think; like I just close my eyes and I'm gone until the following day. So, I think I even went to an extent of using one container within a month; and I had bought them via medical aid; when I went back they said no; we can't give it to you again. You already got enough doses for this month, only from next month.

The findings concur with what has been reported by Rizo (2016:585) and Loke *et al.* (2012:2339) where survivors used prescription medications and over-the-counter drugs to divert thoughts from focusing on the abuse and abuse-related stress and also expressed relying on sleeping tablets because they kept thinking about their relationship. Furthermore, the providers (chemists) also asserted that survivors used substances as a form of coping and self-medication to an extent that survivors hopped from one doctor to another doctor. Survivors experienced continuous emotional abuse, and some expressed having suicidal

ideation, while one attempted suicide. Most of the survivors were silent about the abuse due to embarrassment and others were so stressed that they used medications as a strategy to cope with abuse. According to Lagdon *et al.* (2014:7), non-physical abuse is described as characterized by both verbal and non-verbal acts being used to threaten, terrorize, intimidate, belittle, control, and diminish an individual to limit and destroy self-esteem and well-being.

3.5.1.2 Sub-Theme 1.2: Physical Abuse

Almost all participants experienced physical abuse that led to physical injuries, pregnancy complications and physical symptoms. Physical abuse is defined in the Domestic Violence Act, No. 116 of 1998 as any deliberate act of physical assault that harms the recipient in any way and it can be a controlled or impulsive act of assault, ranging from pushing and slapping to punching, hitting, shoving, biting, choking, burning, kicking, stabbing, shooting and acts or threats of physical violence which are designed to control, hurt or harm the victim (Retief and Green, 2015:139). Furthermore, the perpetrator uses physical force to inflict pain, injury or physical suffering to the victim by slapping, beating, kicking, pinching, biting, pushing, dragging, stabbing, spanking, scratching, and so forth (Ali *et al.*, 2016:17).

❖ Physical Injuries

Survivors reported that their partners physically abused them; they were hit, kicked, slapped or strangled. The following are the voices of the survivors who experienced physical abuse at the hands of their intimate partners. The participants experienced physical injuries. This is what one survivor (Participant A01) who experienced physical abuse during a dating relationship said:

Physical abuse you know that is when one lays a hand on you, but I had never done that back. But he has done that more than five times if not more than ten times because it started when we were still dating. It didn't even start now". He came back from work then he picked me from my flat

and we went to his flat and when we got there he saw in the dust bin that there were used condoms. So, he thought I came to his house, his brother was there, and his uncle was there. He was just very insecure, so he thought I am the one who used the condoms with the brother. So, he just quickly came to the bedroom and he picked me up. I was wearing a bra and a t-shirt, and he tore the shirt and he started beating me and then he used his teeth to bite me on the mouth and then it just... I don't know what happened, but I was just bleeding. This abuse is continuing, He will clap me and if ever want to use more of his power then he can even... he used to even climb on top of me and beat me up until he can even see blood coming out on my face (Weeping).

Another survivor (Participant A02) said:

Hmm. I think, I mean it's always starts with something. So, hmm...there have been some infidelities in my marriage and I think I would find out about it and try to confront my husband about it by asking him; is it true? Is it really happening? Who is this person? And I think the more I probe the more it made him angry or make him feel like he is being disrespected; I don't know you know and that's where I think for him is to make me feel or put me back into my place or make me keep quiet; he would hmm...then lay his hands on me.

Another survivor (Participant A05) said:

Physically he did once strangle me.

Another survivor (Participant A06) said:

There was a time where he beat me, and I had a blue eye; I had to wear heavy eye shadow and put on sunglasses because that Sunday I was to be the master of ceremonies and I couldn't say no. My mouth was also swollen; I had to say I have teeth problems and just covered my lips with a face cloth since I was standing in front of people". It would mean even if he beats me up the previous night and the next morning is Sunday and we are going to church together; we would dress up well and wearing

matching clothes to please the pastors and show that all is well whereas I would be feeling pain.

The findings concur with the study by Pill *et al.* (2017:178) who indicated that violent intimate relationships often begin during dating. Lopes (2016:966) reported that victims of abuse who are physically assaulted by their partners might mask such injuries by covering up injured areas, wearing less revealing clothes or by denying or excusing injuries sustained. Likewise, Anderson *et al.* (2015:37) indicated that injuries from IPV also include attempted strangulation injuries.

Not surprisingly, this data also concurs with the study by Conroy (2014:1311), who indicated that women's experience of physical abuse might result from bringing up concerns about partner's extramarital relationships, making partners to feel threatened because their traditional gender norms are challenged when women directly address a partner's infidelity.

❖ Pregnancy Complications

Some survivors indicated that they were physically abused during pregnancy and experienced complications. Pregnant women are not immune from physical abuse. The following quotes reflect their experiences. One survivor (Participant A06) who was deserted by her partner said:

I didn't know that he left me pregnant; I started to have morning sickness while he was gone. I went home and found him there and when I told him about the pregnancy he told me I knew where I got it from and unfortunately, I got a miscarriage because I was always having migraine and not healthy.

Another survivor (Participant A08) said:

The issue I want to bring on board is that he used to beat me up while I was pregnant with this child he didn't want. He hits me with his fists; mostly he would hit me on my belly saying I don't want this child; the child should

have died long ago. He would hit me and even strangle me. He will hit me on my face, on the ribs and my back". Furthermore, "prior the delivery of this child; I started bleeding a lot and I couldn't figure out what was happening. I was rescued by my roommate who assisted me to bath and forced my husband to give her money to get me transport and accompanied me to hospital.

The findings are agreeable with the study by Abdollahi *et al.* (2015:13) and Cools and Kotsadam (2017:1), who indicated that physical IPV during pregnancy could affect the pregnancy directly or indirectly when there is a blow to the abdomen, impact on mental health and behavioural changes causing a wide array of negative outcomes of pregnancy such as foetal death, preterm labour, miscarriage and other problems on both the baby and the mother. Furthermore, it is said that the perpetrator might have anger towards the infant by directing violence toward the pregnant woman's abdomen as a way of perhaps causing a miscarriage (de Sousa, Burgess and Fanslow, 2014:197).

❖ Physical Symptoms

Survivors expressed having physical symptoms such as dizziness, headache, back pain, palpitations, ulcers, panic attacks, numbness, low resistance, depression and diarrhoea. It is apparent that the plight of IPV can cause a long array of physical symptoms. One survivor (Participant A09) said:

I had those palpitations; I had headaches. I lost interest. I was having those... I don't know it was that thing where one just has unknown frequent fear. It was very early in marriage when I started that then later in life when I started the treatment I got; then I saw that those where antidepressants; so, it means I was depressed not even being aware of that. I told you about the antidepressants I also take treatment for ulcers. I take treatment... I was... my resistant also was so down that I was infected by tuberculosis. That was low resistance.

Another survivor (Participant A08) said:

When I was alone I would have a lot of headaches; back pain and neck pain that would hit me and my body would shake. It would be shaking, and it would be numb on the side. I feel it on the side behind the ear and the numbness goes as far as the arm and the leg.

Another survivor (Participant A06) had this to say:

I become so scared that my heart experiences severe pain and I also experience a running tummy.

The findings are in line with several studies in that participants living in abusive relationships reported having hypertension, palpitations, pain, panic attacks and irritable bowel syndrome, difficulty sleeping amongst other symptoms (Ağçay, Inanici, Çolak and Inanici 2015:37; Eslick, Koloski, and Talley 2011:601; Roush and Kurth, 2016:311; Zaheer *et al.*, 2016:51). Physical abuse caused survivors to have physical injuries because of being strangled, pushed and beaten by their partners. Some survivors experienced pregnancy complications like pregnancy loss and preterm haemorrhage, while most survivors experienced physical symptoms like high blood pressure, ulcers, and others.

According to Peterman *et al.* (2017:747), IPV is not an isolated event experienced by women; they are victimized in different ways. The authors further mentioned that the victimizations can escalate in frequency and severity, seriously affecting their long-term health negatively. In addition, Novisky and Peralta (2014:66) indicated that such women might sustain minor to severe physical injuries as some of the outcomes of IPV could lead to hospitalization, disability and death.

Furthermore, Nason-Clark (2015:254) showed that survivors are vulnerable because they deny seeing themselves as victims of abuse, regardless of them repeatedly experiencing physical abuse at the hands of their intimate partners. Furthermore, the author mentioned that such women believe that they have promised God and their extended family network to stay married until death.

3.5.1.3 Sub-Theme 1.3: Financial Abuse

Survivors experienced financial abuse from partners in the following ways: Partner ignoring financial responsibilities, financial dependency on the partner and prevention from financial gain, partner controlling money and exploiting survivor financially and abuse from disparities in earnings. Retief and Green (2015:141) described financial abuse as the unreasonable withholding of financial resources which the victim is entitled to, including any coercive act or limitation on the individual by the perpetrator, with adverse financial implications for the victim.

❖ Partner Ignoring Financial Responsibilities

Survivors expressed experiencing financial abuse due to partners who ignored their financial responsibilities leading to survivors being pushed to get into more and more debt, others financially dependent on their partners, while others were expected to pay a lot of bills because of disparities in earnings. One survivor (Participant A03) had this to say:

I don't want my kids to feel the same pain that I feel because now I also feel like going out of the marriage; I feel like my life is a mess. I see it and ask myself where do I start if I leave here; where do I start? I have got mouths to feed; to take care of; and I've got ... I'm not financially stable. Where do I go and where do I start? I feel like I'm stuck.

Participant A05 expressed this as follows:

So even finance wise you know I have tried on my side to do things; most of the things that he is supposed to do; he wouldn't do anymore. You asked him money he would say he doesn't have and just give you attitudes; things that he used to do in the house but now it would become a trend now to say no he doesn't have money and that started when now he started to sleep outside. There was no money coming in and you know baby does not have food; you will ask him no; he does not even...he didn't even care about all those things. He will be squandering his own money; he will be coming back home in the morning. Its... eish... it was just tough

(shaking head).

Another survivor (Participant A08) said:

I also realized I have nothing; when he started saying that I have nothing; I did not take it seriously; I believed it when he stopped giving us money at home. When he decides to give us money it would be after some months and he would send eight hundred rand and skip few months and still not come home. He can even skip two months without calling us; for him to phone; it would be after someone would check on him if he sent money to us; then he will call; if he is not provoked to call; he will never do it; not even to ask the children if they are okay or if there is still food. I usually tell my sister-in-law who will say we will pray; sometimes for my husband to deposit money to us; it would be my sister-in-law calling and shouting at him to make sure the kids have food.

The findings concur with the study done by Sigalla *et al.* (2017:10) and Postmus, Plummer, McMahon, Murshid and Kim (2015:251) who indicated that women become more vulnerable to IPV when they must depend on their intimate partner economically.

❖ Prevention from Financial Gain

Some survivors were unemployed because partners did not allow them to seek employment.

Another survivor (Participant A06) whose partner denied her from seeking a job said:

It was hurting me badly because amidst all this, he wouldn't allow me to go and work; meaning that I should just lock myself inside the house. It was too distressing for me knowing that I could go and find a job and my children would not lack food; there wouldn't be school fees problems; I would cater for all these. He even forced me to stop going to school because he is educated and therefore I should be a housewife; he said he didn't want an educated wife.

The findings concur with previous assertions (Albuquerque Netto *et al.*, 2017:5; Silva, Irabor, Olowookere, Owoaje and Adebusoye, 2015:1) that men are denying their wives leisure time

and the ability to earn a living or accumulate wealth, leading to women being economically dependent on the perpetrator as they are forbidden to study and work, and finally being trapped in the relationship.

❖ Financial Control and Exploitation by Partners

Survivors experienced financial control and exploitation by partners, which was expressed in different ways. One survivor Participant (A01) said:

So, when I talk about the abuse in the finance is that; he doesn't communicate with me about that. He does things with his salary and at the end of the day after three days; after he got paid he comes back to me, I don't have money please pay the electricity, like the current.... this month. I think it was the 27th. He came back; I don't have money please pay for this and you can even lend me that which you don't want to use; I will give you at the end of the month. Pay electricity. Pay this for the child, medical aids, and medications and all that so I feel that if we ever had the joint thing in the first place, we wouldn't be going through this. Because we would know that we have this savings account. We don't even have an account that we can say we are saving for our kids. I am saving on my side; he is saving on his side. That's why I even mention when we started that I think that if we go for divorce I would lose because I'm having savings I've got investments and all that of which I didn't even know if he has all that (sad face).

Another one, (Participant A07) said:

He will ask for some money; that money you will never know where it's going to. Maybe he will say give me some capital I want to do this type of business; sometimes he will say the things that I bought have been stolen; sometimes he will just say that as you earn also let me earn; just give me the money; let me earn the money. He was not working; he was depending on me; he depended on me; he was not working; even what he was doing; he was trying to do as self-employed; the capital would come from you and that capital will be endless. You will give him capital. You don't see any

profit, and nothing will come back to you because you will be pumping that money; nobody is going to pay you back or nothing from the profit will you benefit. Another thing was that as he becomes more abusive; I knew that maybe if I give him some money; all my salary that I'm having; this thing will be okay, and it will be okay for maybe only three days; thereafter we go back again to abusive behaviour.

Another survivor (Participant A10) whose partner would access her financial benefits without her being aware said:

I used to give my husband the whole salary bonus or if I get money from women's club I would give it all and hoping that he would clear any debt he had towards the house. I only discovered very late that it was never used for the house. He was even able to go and borrow money from my club without my knowledge and when the year end and people are sharing the money I would wonder when everyone was getting a share except me and when I asked they would tell me my husband came and borrow money and never paid it and therefore you cannot have a share.

The findings are congruent with the study by Peled and Krigel (2016:129) who indicated that abusive partners exerted economic control and exploitation over the women by deliberately incurring debts; or control women's earnings to prevent them from accessing resources, working or being self-sufficient and independent (White and Satyen, 2015:121). In addition, Cools and Kotsadam (2017:3) mentioned that men might resort to violence in order to counteract increased power gained by women because women have become resourceful; and more resources are forcefully taken from the women; making men to reinstate their control over women.

❖ Abuse from Disparities in Earnings

Some survivors expressed that their abuse was due to disparities in earnings. One survivor (Participant A09) who earned more than the partner said:

Okay, they were decisions that we made not by me but by him; unfortunately, the financial part was on me to carry those decisions; it was on my side. To me at first, I felt like I was building a family but later down the line I realized that I was shooting myself on my foot. And unfortunately, the business didn't go according to the plan; I ended up losing the car in the process because I couldn't afford to pay it anymore. And when I lose the car in the process; the name which was dented by the banks; it was my name because the car was on my name and I took it with the pinch of salt that it was a mistake but as times goes on I realized that it graduated to now is me carrying all the expenses in the house on a month to month basis to an extent when you approach a person like how am I the only one covering all these things and the person will tell you; yes; I've got expenses that occurred when I was no longer working by the time when he was still building his business that didn't work out. So, for all these years I've been covering all the expenses with the reason that I'm getting to say he is covering the but sometimes there would be words that are used against me to say; I don't work at the bank; I don't get as much salary as you get; I don't do as much money as you do. To me I feel like it's not fair because if we had to separate and you live on your own; how are you are you going to cover your expense with day-to-day basis expense? If you cannot help me while we are staying together. And I lost the car, I couldn't...the bank couldn't clear my name and then it took a lot of strain to me financially trying to put the money together to cover up for the balance that remained on the car. And to be quite honest I feel like it's serious financial abuse because I don't see going forward in this marriage financially. For me each and everything that is happening to me it's like a setback and at the same time I have policies to pay.

Another survivor (Participant A04) who experienced infidelity and financial abuse said:

Financially I would say yes, I was abused because I ended up doing most of the things in the house and sometimes you will even hear some of these ladies; who will be sending me messages; telling me that my husband is staying because of the money that I am earning. I have tried to pull back from mainly the responsibilities because I realized that I was just doing almost everything, and he was not; I couldn't see what he was doing.

The findings are in line with the study by Balogun and John-Akinola (2015:2416) and Vyas *et al.* (2015:307) who indicated that men who have low educational attainment, income or occupational status are more likely to perpetrate violence because a woman has more money than her husband, and such men feel frustrated of their economic vulnerability and become increasingly hostile towards their wives. Furthermore, Utley (2017:7) also indicated that an unfaithful partner might redirect resources away from family towards the affair.

Survivors encountered financial abuse because their partners were ignoring their responsibilities, or partners controlling and taking money from them. Some survivors were financially dependent on their partners, while others were prevented from looking for employment as a way of denying them financial gain. Disparities in earnings between partners also impacted negatively leading to financial abuse on the part of survivors. According to Pill *et al.* (2017:178), when abusive partners withhold money, this is part of economic violence.

3.5.1.4 Sub-Theme 1.4: Sexual Abuse

Retief and Green (2015:140) and Seyller *et al.* (2016:516) described sexual abuse as any conduct that abuses, humiliates, degrades or violates the sexual integrity of the victim and it is also said that intimate partners perpetrate a significant proportion of rape incidences. Furthermore, Tenai (2017:1) included, beside rape, coerced undressing, non-penetrative sexual assault and sexual mutilation. Survivors experienced sexual abuse following inability to negotiate condom use and forced sexual activity.

❖ Inability to Negotiate Condom Use

Survivors reported that it would be a fight when negotiating condoms use during sexual activity. Others expressed that their partners rejected the use of condoms even though there was evidence of STIs. One survivor (Participant A08) said:

He would refuse to use the condoms; and he would tell me he would not come back home again. My problem is that I don't know his status and I worry about the way he conducts himself.

Another survivor (Participant A06) said:

He just insisted that condoms are not used in his house and when I told him I want to protect myself from infections; he would still tell me I know where I got the infection from and my partner told his supervisor that we are no longer having sexual relations and he had to ask me why I was behaving that way. I told him my problem was that I always suffer from sexually transmitted infections; I ended up going to the clinic when it was bad, and I was feeling a lot of pain and I couldn't stay anymore when I had discharges and abscesses knowing fully well that I was faithful to him.

The findings are congruent with the study by Cools and Kotsadam (2017:1) and Minnis *et al.* (2015:518) who indicated that women have low control over sexual decision-making in a relationship, including decreased ability to negotiate condom use and informed decisions about when to have sex. This abuse is also associated with a lot of negative outcomes for women who are abused, including STIs.

❖ Forced Sexual Activity

Some women expressed that they were forced to have sex without their consent. Jesmin (2017:3238) mentioned that “forced sex by husbands is perceived as normal and tolerated as girls are socialized from the very early childhood that men are their protectors, and good wives should be submissive to their husbands”. Participant (A06) further said:

He forced me to have sex with him. It was unbearable knowing that I was always having infections.

Participant (A08) continued to say:

He is no longer beating me; but the problem is that when he comes back

from Gauteng; he wants to have sex with me without condoms. It becomes a serious battle since he would force that sexual activity.

The findings are in line with the study by Ali *et al.* (2016:18) and Wandera *et al.* (2015:2) who mentioned that the patriarchal notions of masculinity permeate sexual violence since such notions reinforce men's control over women and their belief in unconditional sexual entitlement in marriage and the fact that when a woman is forced to have sex without protection, it's part of sexual abuse. Survivors experienced sexual abuse in relation to inability to negotiate condom use and forced sexual activity. According to Willie *et al.* (2017:2262), controlling intimate partners might use violence or threats of violence to engage in or force unprotected sex, leading to increased HIV risk among women.

3.5.1.5 Sub-Theme 1.5: Social Isolation

Isolation is defined as a form of violence in which the intimate partner seeks to weaken the woman's support network, distancing her from social interactions, denying her to relate to family and friends and monitoring her movements (Albuquerque Netto *et al.*, 2017:1; Pill *et al.*, 2017:179). Most survivors experienced social isolation due to the following reasons: Forced social isolation by the perpetrator and in-laws and self-imposed withdrawal.

❖ Forced Social Isolation by the Perpetrator and In-Laws

Most survivors of IPV reported that they suffered social isolation because of being controlled by their partners and in-laws. One survivor (Participant A09), who expressed being controlled, said:

He expects you to do everything in the house. He even wants to control your money. He even wants to control where to go and what to put on. He even wants to control the people you talk to. He even wants to control anything about you. If you want to laugh, he controls how are you laughing; how are you eating? Why are you doing like this? Sometimes I mean is life; its nature; sometimes you become over excited about something and

then if you are over excited he will bull you. Why are you like this; why are you behaving like this when you are supposed to behave like this? And sometimes they could be as we are walking or maybe our house is just near the main street where they pass; people who know you will just wave and if you turn to maybe to respond to the hooter or what then he becomes angry. You are not supposed to do like that. It's me as a man who should respond not you and then you are controlled of every movement that you do.

Another survivor (Participant A07) said:

He will not allow you to have company with a certain person. He will choose your friends; he will choose where you go; he will choose your clothes; he will choose your ringtone; he will choose your...whatever is being chosen for you.

Another one (Participant A06) explained:

Yes, I'm not even allowed to communicate with others on my phone; if it rings and he is there; it is a problem; he would ask whom I am communicating with or he would take it while I'm busy using it. He used to ask his sister to check on my phone the calls that were received and dialled so that she can send the numbers to him then he would call all those numbers to find out who those people were.

These response are in line with the study by Boyce *et al.* (2016:627-628), Lopes (2016:966), Roush and Kurth (2016:312) and Utley (2017:4) who indicated that social isolation is an imposed isolation where abusers commonly employ a technique to control and manipulate their partner in order to isolate them from family, friends and other support networks whether by threat, force, or by persuasion; and some partners expressed jealousy by secretly checking phones for evidence of other partners.

❖ Self-Imposed Social Withdrawal

Survivors expressed self-imposed social withdrawal. They withdrew from participating in

certain social and religious activities because of feeling naked or embarrassed by what their partners were doing to them. One survivor (Participant A06) had this to say:

I lost that hope. There was a time when I backslidden and stopped going to church because I told myself it's pointless; church people are bad including pastors and their wives more than outsiders. Even when people are having a conversation about church and crusade; and I'm passing by; I would just say there is nothing.

One survivor (Participant A05) expressed this as follows:

They would write things like ... you know... they will write all sorts of statements that talk about partners fighting; you know like... it's not worth it, leave the other one; and it's like you know there is this other one; this one wrote something about you know these kids; something about a bitch that I will face her; she is not my level and you can hear that this person is relating to myself but I just tried to contain myself and left it like that and even the sons; his sons in church; they would be supporting those statements writing. Even there was now a rumour with them the children; pastor is divorcing; pastor is divorcing; yes, it was from them. Now the whole church; you know that's why I say that when you go to church every time you feel naked. And there was a time in point where I said I'm not going to church anymore.

The findings are congruent with the study by Drumm *et al.* (2017:95) and Drumm, Popescu, Cooper, Trecartin, Seifert, Foster and Kilcher (2014:390) who indicated that survivors who are pastor spouses lack social support and they are lonely. In addition, survivors were challenged by their religious traditions, institutions, or people associated with them since they felt standing the chance of being judged, condemned and blamed to an extent of withdrawing from organized religion.

Survivors indicated that their partners forcefully isolated them through controlling behaviours and they reported feeling like they were no longer living their own lives. Some used self-

imposed withdrawal as a mechanism to protect the perpetrators and saving themselves from stigmatization. Roush and Kurth (2016:315) found that women were engaged in self-imposed isolation to manage stigma caused by the different types of abuse that they face.

3.5.1.6 Synopsis of Theme 1

Theme 1 discussed different types of abuses that survivors experience, namely: emotional, physical, financial, and sexual abuse and social isolation. The voices of the survivors were captured, and a literature control used either to support or contrast survivors' quotations. Nevala (2017:1816) indicated that coercive control is a severe form of psychological abuse and control that is likely to occur alongside other forms of abuse.

Indeed, women in violent relationships find themselves enduring physical pain, non-stop mental torture and humiliation, causing them to experience aversive emotions such as grief, anxiety, fear anger, embarrassment, avoidance and distraction (Shahriar, 2016:1).

3.5.2 Theme 2: Challenges Experienced by Survivors When Seeking Help After IPV

Survivors of IPV do react in different ways when they experience abuse. In this study, some survivors experienced difficulties in seeking help during IPV when they reported abuse to significant others. From this theme, the following sub-themes emerged: challenges when reporting IPV to family, to church leaders, and to police. These are expounded below.

3.5.2.1 Sub-Theme 2.1: Challenges When Reporting IPV to Family

There is a need for families to offer help and support during IPV because abuse happens in the context of their family. Asay *et al.* (2016:250) identified major qualities of strong families which included showing appreciation and affection for each other; commitment; positive communication; spending enjoyable time together; sharing a sense of spiritual well-being and values; and the ability to manage stress and moments of crisis effectively. Survivors experienced challenges with the family when seeking help during IPV due to dissatisfaction

with family and religious and cultural expectations.

❖ Dissatisfaction with Family

Most survivors expressed dissatisfaction with family when they reached out to them for help. They were disappointed by the way the very same people they expected to give them support treated them. Participants voiced the following statements. One survivor (Participant A02) said:

I have reported it to my mother-in-law before, hmm... because I don't know. As I said I wouldn't know who to talk to; I have never experienced abuse in my family where I come from? So, I never knew what the protocol is of abuse. Who do you go to first and for me out of respect I reached out to my mother in law because I didn't want to seem like I'm going back to my parents and telling them what's happening with my relationship. So, I would tell my mother-in-law knowing that she is a pastor; she counsels married couples, so I trusted that she would know how to handle the situation. Furthermore, the actual abuse was not addressed, or the actual problem was not addressed. It was always going back to addressing the wife again; like you are the wife ...your role is to...so it always...it always felt like instead of it being remedy, it became more of you should rather not do this so that it should never happen again.

Some of the survivors expressed their concerns in the following way: One survivor (Participant A04) expressed feeling disappointed since she was expecting that her in-laws would be objective in solving their marital problems and this is what she had to say:

And another thing is that they would have relationship with these girls; the girls he is having affair with. Sometimes he would even take one of them and maybe to one of my in-law's place; sisters in-law; they wouldn't even like to stop him doing these things; they would just let him do whatever he wants to do. So, he could just do anything that he wants and somehow, I felt that they were supporting him

The findings are in line with the study by Choi *et al.* (2016:3) and Mogstad *et al.* (2016:8)

who indicated that abuse was not just by a partner, but also by family members, especially in-laws; and that participants' in-laws solved problems without considering women's personal opinions and well-being, and that in-laws generally took the husband's side in a dispute.

❖ Religious and Cultural Expectations

Religious and cultural expectations from the families created challenges for survivors. O'Brien and Macy (2016:49) maintain that gender-based violence might be perpetuated by cultural values of community and religion. Some survivors indicated that they had reported the abuse to their family members and in-laws, but there was no change of behaviour on their partners. It is said that religious beliefs have interacted with traditional and local cultural belief systems to define the power relationships between men and women in society; and this notion of women having less power allows men to abuse their wives since society and family allow perpetuation and normalization of violence against women (Allen and Devitt, 2012:3517,3524).

The following are the voices of the survivors: One survivor (Participant A03) said:

I grew up in a family that is too traditional; they don't believe in a divorce; and they also call themselves Christians; they also don't believe in divorce. So irrespective of the challenges that you are going through; they feel like by you...by them talking you into staying in the marriage.

Another survivor (Participant A08) said:

I usually tell my sister-in-law who will say we will pray; sometimes for my husband to deposit money to us; it would be my sister-in-law calling and shouting at him to make sure the kids have food; rebuking him of his bad behaviour but there was never a time where they will have a meeting with him to find out about his own problems or the wrong things I do to him; or ask him what he is thinking about the future of his children.

Another one (Participant A03) said:

Mm... we have been through to several counselling; and I have also spoken to some of the family members about this whole thing but to be quite honest I don't see any progress or any way forward.

Surprisingly there was one survivor (Participant A09) whose husband was the one who normally would report the marital problems to the wife's family and this is what she had to say:

Okay, on my side; I'm this kind of a person; I don't like talking about my marriage to my family because I believe that each and every family or each and every parent has a soft spot for their children and if I keep on telling them about my marriage problems; they will get in a way where they will even end up hating that person or being more worried about my marriage so I believe in keeping quiet about it. And another thing is that he is the one normally who will run to my family just to cover up for his mistakes and he will tell them his side of the story to an extent where my family members like my sisters and my aunts; they will tend to believe him more than me. And for me to go there and said what I said I feel like it is pointless.

The findings are in line with the study by Gölge *et al.* (2016:786) and White and Satyen (2015:122) who indicated that people's attitudes towards wife abuse affect how they behave and react to such incidents, as well as how they treat the victim of abuse and perpetrator and that women who go to their families to seek support would often be encouraged to stay with their husband despite the abuse they are experiencing in their marriage since her leaving would bring shame to the family. It is said that mothers socialize their girls to expect difficulties in their marriages and this is done nationwide (Lopes, 2016:966).

Furthermore, Sifo and Masango (2016:5) indicated that a divorced woman in Xhosa culture is called names and she is labeled as the one who failed in marriage and those who struggle in their relationships are advised by the elders to persevere, even if it means suffering

unbearable pain. Furthermore, the authors mentioned that the same thinking has penetrated also into church environment to an extent where some churches do not look favourably upon divorcees (Sifo and Masango 2016:5).

Even in other African countries, great value is attached to a married woman who has children; while stigma is associated with a woman who is single and has left her husband (Horn *et al.*, 2016:116). This report regarding survivors reporting to family/in-laws contrasts with the study findings by Rizo (2016:589), where several survivors mentioned that they could not turn to their family/friends regarding their experience of IPV, whereas they might turn to these individuals for support in dealing with everyday life stress.

3.5.2.2 Sub-Theme 2.2: Challenges When Reporting IPV to Church Leaders

Survivors faced challenges when reporting abuse to the church leaders and how they handled their problems because of the following: Negative perception on divorce, expectations of endurance in marriage leading to survivors ending up being trapped in the relationship, church leaders' attitudes towards survivors and lack of objectivity in handling marital problems, counselling not yielding expected results and lack of forums to address IPV.

❖ Negative Perception on Divorce by Church Leaders

Negative perception on divorce by church leaders created some challenges for survivors. Most survivors indicated that their church leaders were saying divorce is wrong and that God would protect them to solve their problems. The demands regarding endurance led some of the survivors enduring abuse despite the painful experiences. Some survivors expressed feeling trapped in their abusive marriage, while others were hoping that things would change, and they were praying for the abuse to stop. The following are the utterances of survivors: One survivor (Participant A08) had this to say:

Even pastors tell me not to get into divorce; they told me God will settle everything

Another survivor (Participant A09) said:

Pastors say no divorce. Instead they will teach you how to handle the family and they will even open the scriptures that tell you that you are not supposed to... instead you must accept everything that is happening. At the end of the day God will protect you. They will open those verses that will make you feel you should be strong to each and everything that you come across. God is there to fight for you. They don't care if this thing whether it will affect you or how is it affecting you. They don't care about the family you are raising; how is your family affected; I mean the children are affected they don't care about that. They say a woman is not supposed to divorce her partner and the man also is not supposed to divorce the wife if there is no ground of finding him perhaps in the act of adultery; and that we as women we need to live a life of perseverance until God answer us.

Another survivor (Participant A08) said:

There were pastors who spoke to me when I went to say I have marital problems where my husband is abusing me verbally and they said if he is abusing you verbally, but he stays far away from you; you must stay no matter what; stay in your house and wait for him to come and pull you out of the house. They don't check, they just say no divorce; his viewpoint is that a woman must persevere, and God will fight for you; he will even say the Bible says I (God) will fight for you while you remain in Jerusalem; and they say you will not get victory if you are away from your house; in your marriage.

Participant A09 said:

Another thing; you feel angry but the more you display that anger to that person; the more he becomes more abusive to silence you and you feel trapped; but however, I was having that hope; even praying. I was praying that maybe this thing is going to come to a stop but unfortunately it was

not stopping.

The findings are congruent with the study by Zust *et al.* (2017:677), Asay *et al.* (2016:350) and Choi *et al.* (2016:6) who indicated that in Christianity divorce is a sin against God; and that church leaders in a faith community tend to literally translate the scripture; thereby refusing to allow women to leave an abusive relationship. Furthermore, faith communities have been encouraging survivors to pray for their husbands and to continue to be patient, forgive their abusers (Choi *et al.*, 2016:3); making women to choose to keep their family together, allowing themselves to remain trapped in abusive relationships enduring IPV (Loke *et al.*, 2012:2340); and using prayer as a way of making sense of their situation and coping with the abuse they experience (White and Satyen, 2015:127).

❖ Church Leaders Displayed Negative Attitudes

Participants expressed that church leaders displayed negative attitudes towards them and that they seemed not to be concerned about their struggles. These are some of the voices of survivors: One survivor (Participant A06) had this to say:

It's all the same; the pastors are just looking for your money and when they finish you they will abandon you. They make you like an orange and squeeze the juice out of it and then throw it away. All these church services I attended sacrificing everything to find myself in the house of God. I thought when I was having my marriage problems and divorce; it would be church people who would be closer to me, only to find that they would be the ones who will push me away. The elders of the church would also run away from me as I come nearer them; it would mean that the lady pastor could have told the elders that she didn't trust me any longer.

Another survivor (Participant A01) who was concerned about the pastor's response during counselling session had this to say:

He told me that I forced him to have a child and then we went to see the pastor because we had another problem: sexual problem. And then the

pastor that was sitting down with us; she said to us, if you are saying that you have lack of sex in the house, which means the kids that you have, the first born and the one that you are carrying now; is not your husband's kid. I mean I'm trying to voice out as your child, but the worst you can say is this? That I fell pregnant because I went outside, instead of you trying to solve the problem? I understand that you can't solve the problem; you can't make my husband to have an erection and come back and sleep with me. But you can talk sense as an elder person to my husband and say you know what; this is how you can handle the situation. This is how you can treat your wife.

The findings are in line with the study by Raymond *et al.* (2016:1017) and Behnke, Ames and Hancock (2012:1267) who indicated that some church leaders were perceived to be more concerned about material gains and professional advancement, while others felt that the woman should work harder in the relationship. In addition, Dyer (2016:41) mentioned that pastors embody the same struggles found in the pew and beyond the doors of the church; and therefore, church leaders should really make conscious efforts to deal with those secret sins in their churches.

❖ Lack of Objectivity from the Church Leaders

Participants verbalized lack of objectivity from their church leaders who they experienced as taking sides. Survivors mentioned that church leaders were taking sides while addressing marital problems. One survivor (Participant A04) had this to say:

So, with the experience that I got is that most of the pastors; they will listen to the stories and I saw... I picked it up in my cases that there was a side taken. Who brought the story first? So, who ever brought the story first must be the one to win. Yes, most definitely they do take sides and mmh... another thing is that they judge the case before they can even hear it. Like mh... when you go there; no matter how much you can stress your point; you can see that the person is no longer interested on what you are about to say. The person had already made up their mind to say that you are the wrong person (looking very disappointed).

One survivor (Participant A03) was concerned about changing pastors and issues of confidentiality among pastors and this is what she had to say:

Yes, when you go back home then the same things happen again; and you find yourself even changing pastors or counsellors in the church because you will feel like if you go to this person or another elder of the church; maybe the person can try to be objective about the matter but unfortunately even when you go to the next person as a referral from somebody; that person that you are coming from has already given information to the next person that you are going to see. So, when you go to see that person, a person already has a file about you before you can even state your case. It's like they sit, or they phone each other, and they discuss about you and tell each other how much you are just a hopeless case; or a stubborn child; disobedience towards your husband. And they cloud the judgment because when you go there; you could just tell even from how the person is even responding towards you; the person is not willing to help you in this matter.

The findings agree with the report by Nason-Clark (2015:255) who indicated that a woman who is abused has expectations that her story of abuse would be taken seriously and also that she would be given accurate and practical advice. The findings are in contrast with the study by Choi (2015b:297) who indicated that pastors expressed a need to find out circumstances surrounding couples' problems, making sure they talk to the wives, husbands and significant others in order to determine what needs to be done about the situations, as well as finding out the reasons for partner's violence, without judging the situation according to one side's story.

❖ Counselling Not Yielding the Expected Results

Survivors expressed that counselling did not yield the expected results and they were disappointed. One survivor (Participant A02) said:

Mh... experience; I think it shut me up. It sorts of made me feel like, you

know what, I don't really have to bring up my issues here. I mean mh...it made me feel like you know what; if there is any other way of addressing it; I would rather look at that alternative. I won't come back or even if I come back I would not feel encouraged to say everything or how I feel or what's happening because I would feel like; okay I know what's going to come; I'm wrong, I am a woman I didn't do my role, so that what I would do so I would not just talk about it never ever reach out to her...tell her what's happening anymore. I think when I visited; I actually visited my mother in law because she is pastor and also a counselor so I never really visited more than her. I felt like since she has been...she is involved with marriage counselling and she counsels other married couples, mh...I felt like mh...she would be able to handle the situation.

Mh...I think what I wanted from her was to address the physical abuse and address the problems that caused physical abuse. Mh... and for some reason I didn't get mh... I didn't get that. I think it was more concentrated on the role of what is it to be a woman; what... as a woman where am I going wrong... rectify... I didn't really want her to say my husband is wrong and he shouldn't do this and whatever. But for him to real...to make both of us to as a couple what our responsibilities are for each other. What is he responsible for; which to my view is making sure that whatever he does out there is a presentation of what his household is, so I don't think he...we had such opportunity. We didn't have that opportunity to have her take us through that (disappointed look). I don't yes.

Another survivor (Participant A06) said:

I didn't find help; I ended up not going to church anymore.

One survivor (Participant A09) who is also a pastor had this to say regarding church counselling:

I am saying they are not receiving it. Why are they moving up and down if they are really counselled? Sometimes to me I think they are not even counselled some of them because I don't see that room opened for people to be counselled especially the women are attending this thing of the

mothers' meetings. They are saying they are going to get information from those meetings and those meetings are there to make them aware that they must just stay in their families; take care of their families.

We don't interview them; we don't actually allow them to say what they want to say; instead we just teach to give them information. And the information we give them is to say take of your family; take care of the husband whether the husband is abusive; whether the husband is drinking; is coming late; he is vandalizing the money and all that and you just sit and pray.

Another (participant A03) survivor said:

I'm one person that I have attended the so-called premarital counselling; but look where I'm sitting right now. Then it means at the end of the day; it never helped me in any way.

The findings are in line with the study by Choi *et al.* (2016:6), Glanville and Dreyer (2013:1) and Rizo (2016:584) indicating that participants revealed that some women did not feel the church was effective in dealing with issues of violence against women since church leaders tell women to be patient and endure IPV while a man who is violent does not encounter any consequences of his violent behaviour; and that in church they were just supposed to serve the male and they were blamed for wrongdoing if their partners hit them.

In addition, Bent-Goodley *et al.* (2015:282) indicated that men of faith acknowledged that they do not interrupt violence, and this leaves the woman to bear the burden. The findings about attending premarital counselling are in contrast with what has been mentioned in the study by Raymond *et al.* (2016:1071), where premarital counselling has been shown to increase couples' conflict management.

❖ **No Specific Forums in the Church to Address Issues of IPV**

Almost all survivors indicated that there were no specific forums in the church to address

issues of IPV.

One survivor (Participant A01) said:

Probably the tools are there but the forums are not there. We have women's meeting, right? But during women's meetings are we really talking about these issues? Do we really talk about for instance mh... infidelity and how to challenge infidelity and women in the church; we sit in the church as women and you know about somebody who is going through infidelity; whom do you go to?

We all sit knowing each other's stories or each other's pain, but it's never really addressed. Nobody is really talking about it. It seems like oh it's their issue they will deal with it; they will move on. And another thing; I think mh... there are no forums where topics such as abuse in the church can be discussed.

Another survivor (Participant A02) added this to say:

I think infidelity and physical abuse as it is; I don't think there is a forum where those things are talked about. We talk about being women at church; what is the role of a woman.

Participant (A03) said:

It's not something that they talk about all the time even in couples meeting it is not spoken about like that. They speak about kiss your wife as if all is well.

The findings are in contrast with the study by Sifo and Masango (2014:5) who indicated that the church must not conduct business as usual but must educate with regard to the negative outcomes of violence and abuse not only to the victims and society at large; challenging all evil conditions caused by violence, abuse, exploitation and irresponsibility.

3.5.2.3 Sub-Theme 2.3: Challenges When Reporting IPV to Police

Survivors experienced challenges when seeking help from the South African Police Services (SAPS) during IPV due to the following: Dissatisfaction with police services during IPV, treating perpetrators with laxity and poor facilities at local police stations

❖ Dissatisfaction with Police Services During IPV

Survivors expressed dissatisfaction with police service during IPV. The following are the voices of survivors. One survivor (Participant A01), who had been beaten by her partner, had this to say regarding the service from the police:

No, the police just came and told him that: stop beating a woman and all that. Nothing happened. They didn't arrest him.

One survivor (Participant A07) who is also a pastor had this to say:

So, the way the policeman is showing to be protective is because he does the same thing in his home. So most of the time they will try to beg the woman not to open a case for the husband. He will advise her against it or rebuke the woman for wanting to open the case because she is reporting to a policeman who is treating his wife the same way as her husband.

The findings are consistent with the study conducted by Gölge *et al.* (2016:787), Loke *et al.* (2012:2341) and Özçakar *et al.* (2016:4) who indicated that women had negative experiences from police when seeking help because the police officers take wife abuse as a private matter. The authors further indicated that the police treated wife abuse as an interpersonal problem rather than crime; and they show negative attitudes when victims report abuse. In addition, it was reported that the other time a police officer told a woman that he would have thrown her out the window if she were his wife; and women complained that the police belittled their feelings by recommending that the women should compromise and reconcile with their partners.

❖ SAPS Treating Perpetrators with Laxity

Some survivors indicated that policemen treated perpetrators with laxity when they filled protection orders as measures to get safety because of continuous physical abuse. According to Messing *et al.* (2017:265), protection orders are tools that permit women to utilize the civil justice system for different kinds of protective measures and they are advantageous for deduction of fear and increasing feelings of safety among women seeking protection from their abusing partners. One survivor (Participant A05) had this to say:

I was seeing that it wanted to become a trend now to beat physically; so, you know once I went to the police and I did that...what is it? Restraining order; that order to stop a person when he touches you; I don't know what is it; is it a restraining order or court order? Something like that; I don't remember what it was called. Isn't that they come; they hand it to him and then from there he even got angrier that I took him to the police. So now I think that's when he started to be verbally abusive because he couldn't hold; that is why he would say words; negative words; that would discourage one; it's like you are worthless, nothing.

Another survivor (Participant A07) reported that her husband filled a protection order, and this is what she had to say:

I was able to...because I was always crying. I was always thinking about him because he just moved from the house and another further abuse; he opened a protection order, two of them. Another thing that worried me a lot was to say: "do not come to my church". That was the thing; some of the things that were in the protection order but from there he kept on coming again using the shadow of that protection order. Furthermore, I went to the magistrate and open another protection order. I went there and have my protection order because he was coming. He said I should not come to his side, but he was coming to my side.

The findings are congruent with the study done by Lopes (2016:967) and Roush and Kurth (2016:312) who indicated that police opt to warn the perpetrator instead of arresting him,

despite the presence of a protection order and warrant of arrest. The authors further gave an example of a woman who reported her husband after he violently bashed her head through the kitchen wall and later that night the husband came in the bedroom standing over her naked with a knife, although she had a restraining order. Furthermore, Rizo (2016:585-586) indicated that the protection order might make a partner more psychotic to an extent of increasing the level of threat to the victim, and such paranoid behaviour makes some survivors ending up dropping the protection orders.

❖ Poor Facilities At Local SAPS Stations

Poor facilities create challenges for survivors when reporting at local police stations in particular, lack of service. One survivor (Participant A02) said:

You see when you get to the police station at the counter you know the police are always asking you in front of everyone; what your problem is? You think maybe I'm just going to go there and find it's only men and maybe I'm not going to find women who will understand other women.

The findings concur with the study by Govender (2015:35) who indicated that there is no privacy at local police stations since they often lack space or facilities suitable for victims of domestic violence and victims are often interviewed in communal offices where others can overhear them. It is apparent that indeed the protection order would not help if partners see it as just another paper. Police should not be reluctant to offer help or decide on behalf of abused women when they are in dire need seeking protection (Asay *et al.*, 2016:349).

Vetten (2017:15-16) noted the seriousness of police failing to act on a protection order and it is reported that in approximately one in twenty of the women (4.9%) killed by their intimate partners was in possession of a protection order. The author further reported that in Johannesburg (Gauteng Province) in 2010, a man killed his two children and committed suicide while his estranged wife begged the police to act on her protection order since she knew her husband's intentions (Vetten 2017:15). Similarly, in the same province, a woman

was killed in 2012 by her ex-partner despite having a protection order following a long history of abuse; and again in 2016 the police in the same province settled out of court for an undisclosed sum in a matter that had resulted in a woman's murder, after unsuccessful attempts to persuade the police to act on a protection order (Vetten 2017:16).

3.5.2.4 Synopsis of Theme 2

Theme 2 discussed challenges experienced by survivors when seeking help from police, family and church leaders after IPV. The voices of the survivors were captured, and literature was used either to control survivors' quotations or used as contrasts. According to Gölge *et al.* (2016:786) and McAllister and Roberts-Lewis (2010:165), the socio-cultural acceptance of wife abuse and the perpetuation of attitudes and beliefs of tolerance of it remains the most important risk factor for continuation of wife abuse coupled with the negative responses from community, police and ministers were some of the barriers for staying in abusive relationships.

In the study by Sprague *et al.* (2015:17), nurses repeatedly described the failure of the police regarding matters of domestic violence as problematic. Furthermore, Nason-Clark (2015:256) indicated that there is a need for building bridges between community agencies and religious congregations and there should also be a coordinated approach between police, social workers, domestic violence advocates and church leaders to ensure that the victims of abuse receive relevant help and support.

3.6 Discussions of Findings and Literature Control for Church Leaders Who Supported and Counselling Survivors of IPV

3.6.1 Description of Church Leaders

Church Leaders of the selected Pentecostal churches comprised of fourteen church leaders of which, eleven were males and three were females. Their ages ranged from 37-63 years and their experience in counselling position ranged from 3-35 years.

Table 3.3: The profile of church leaders who participated in the study

| Participant code | Age (Years) | Gender | Counselling (Years) |
|------------------|-------------|--------|---------------------|
| B01 | 60 | Male | 30 |
| B02 | 54 | Male | 20 |
| B03 | 53 | Male | 10 |
| B04 | 63 | Male | 35 |
| B05 | 41 | Male | 11 |
| B06 | 54 | Male | 15 |
| B07 | 54 | Male | 10 |
| B08 | 41 | Female | 3 |
| B09 | 45 | Female | 10 |
| B10 | 37 | Male | 10 |
| B11 | 41 | Male | 11 |
| B12 | 46 | Male | 16 |
| B13 | 54 | Male | 19 |
| B14 | 51 | Female | 14 |

Two main themes emerged from the interviews and naive sketches with the church leaders. The findings are discussed according to the themes and sub-themes as summarized in Table 3:4. Religious women, including Pentecostals, seek help from their church leaders when confronted with IPV (Nason-Clark, 2015:254). Church leaders play a significant counselling role and support to both victims and abusers; and such victims suffer emotional disturbances because their mind, body and spirit and their social lives are disrupted and this can lead to loss of faith and hope of a right relationship with God and they need pastoral care which comprise of both spiritual and emotional support.

Table 3.4: Themes and sub-themes for church leaders that emerged from the study

| Theme | Sub-Themes |
|--|--|
| 1. Church leaders expressed lack of competence in addressing IPV | 1.1 Lack of knowledge and skills 1.2 A feeling of helplessness 1.3 Empowerment needs of church leaders regarding IPV counselling in the church |
| 2. Church leaders expressed a need for assistance to cope in counselling survivors | 2.1 Need for collaboration with relevant stakeholders 2.2 Need for debriefing from traumatic experience |

Furthermore, it is said that abused women come seeking help from church leaders when a situation has already escalated and are in deep emotional trauma (Davies and Dreyer, 2014:1). Church leaders experience problems associated with giving support and helping women who live in an abusive relationship. This is in line with what has been described in the literature regarding challenges experienced by church leaders in dealing with IPV. The themes and sub-themes will be described in detail in the following paragraphs.

3.6.1 Theme 1: Church Leaders Expressed Lack of Competence in Addressing IPV

Church leaders expressed difficulties associated with counselling and support of survivors, mainly because of lack of training or the fact that their training as pastors did not prepare them for this emotionally draining task. All participants expressed lack of knowledge in their counselling roles.

This theme emerged from the data that reflected church leaders' views and their support roles in IPV. From this theme, two sub-themes emerged, namely: lack of knowledge and skills, and feelings of helplessness.

3.6.1.1 Sub-Theme 1.1: Lack of Knowledge and Skills

It is supposed that the church has a critical role in addressing IPV and therefore it is very important to intensify the training of church leaders at all levels, to enable them to understand how to respond to IPV (Bent-Goodley *et al.*, 2012:60). All church leaders expressed lack of knowledge and skills to deal with IPV because of the absence of training on IPV and no formal training on counselling.

❖ No Training on IPV

The following are some of the voices of church leaders regarding no formal training on issues of IPV. One church leader (Participant B05) said:

Because especially the Pentecostal churches scenario it's the spirit; the feelings you know but no structure; no material you know; no training you know; it's just what the spirit says that day you know. If the spirit says divorce your wife (laughing) you just go ahead (laughing).

Another church leader (Participant B08) had this to say:

It is because the Word of God is being misinterpreted. There are areas we as pastors tell people that we don't experience challenges in marriage; there are no problems when you are in Christ, we mislead the couples because of lack of knowledge.

The findings are in line with the studies by McMullin *et al.* (2015:114), Bent-Goodley *et al.* (2015:281) and Davies and Dreyer (2014:7), who indicated that the churches are led by men who did not received any formal guidance regarding abuse against women during their pastoral training and, therefore, most of the leaders are unable to respond effectively to abuse and there is a need to provide ongoing training for them since their role can be that of an educator.

❖ No Formal Training on Counselling

Most church leaders expressed lack of training on counselling of survivors and perpetrators of IPV. The following are the voices of the participants. Another one (Participant B01) said:

Most of us as pastors we are not highly trained regarding the issues of counselling.

Another one (Participant B07) added and said:

You can't stop learning and if you stop then you will be also helping people in an abusive way or you help them wrongly since there are other people who have experience and the knowledge that one lacks. We need information on abuse, financial management, how to raise children, issues of diseases like HIV and AIDS which is very much important to be taught in the church seriously so, issue of sex before marriage and problems associated with it; the issues of extra marital relations in the church and the impact thereof; issue of teaching the youth on the meaning of marriage.

The findings are in line with the study by Zust *et al.* (2017:678) and Sifo and Masango (2014:6), who indicated that out of hundred clergy who participated in the study that looked at their own efficacy in counselling victims/survivors of IPV, only 8% felt prepared to effectively counsel victims/survivors, while 32% were comfortable referring the victims to community resources, and 60% felt they were not prepared to counsel or refer; and there is a need for churches to provide pastoral counsellors for both the victims and the perpetrators of IPV.

3.6.1.2 Sub-Theme 1.2: Feelings of Helplessness

All church leaders expressed feeling helpless because of the following reasons: Survivors not wanting their partners to be exposed; partner refusing pastor's assistance and difficulty in approaching prominent men in the church. It is apparent that church leaders might feel helpless in their endeavor to support women during IPV. It is said that religious believes are linked to cultural values and abusers, family and faith communities might try to justify IPV,

blame abused women and encourage abused women to continue to be patient, forgive their abusers and keep the family together (Choi, Elkins and Disney, 2016:3).

❖ **Survivors Did Not Want Their Partners to Be Exposed**

Most survivors did not want their partners to be exposed, and this prevented church leaders to give a comprehensive support to survivors. One church leader (Participant B) said:

So, in my view, the support is not enough like I said one because of the problem of the wife not wanting the husband to be exposed or approached.

The findings are congruent with the studies by McCleary-Sills *et al.* (2016:225) and Nason-Clark (2015:254), who indicated seeking help may also bring about negative outcomes on survivors of IPV since they may fear consequences of divorce or being beaten or getting the partner in trouble and also being rejected by their religious communities when they disclose the abuse, and when attempts to repair the relationship fail.

❖ **Partners Refused Pastors' Assistance**

Some partners refused church leaders' assistance, even though their wives were consulting church leaders for support. Church leaders expressed this situation as challenging if they would not be given permission to render support to both partners. One church leader (Participant B014) said:

It is not in most cases. It is difficult when the husband is not coming to church; very difficult like in the recent case, the husband told us that I have my pastors and I am in Roman Catholic Church, I am a member so if I want to speak to a pastor I would call my pastors. "Ngizokhuluma nomfundisi wami" / I will talk to my pastor, because now we are coming with her he said pastor; I will go to my pastor. He just closes; he closes to say I have my own pastors.

Another one (Participant B05) said:

What makes it difficult is me as a man now before I become a pastor; I must be mindful that I am entering into another man's territory, that makes it difficult because I remember one of the people that I say is no longer here he is my age so he told me where to get off to say it is his wife and he is going to do as he pleases.

Another church leader (Participant B07) said:

Depending also with the family; if the husband does not want the involvement of a third party; then there is nothing you can do about it.

The findings are in line with the assertions by Choi *et al.* (2016:3) and Behnke *et al.* (2012:1270), who indicated that sharing private information with outsiders is regarded as violating family privacy and it brings disgrace to the family and help should be sought from immediate and extended family if there are marital conflicts. Furthermore, it is thought that confronting the abuser is risky and could lead to harmful outcome for both the counsellor and the victim (Behnke *et al.*, 2012:1270).

❖ Difficulty in Approaching Prominent Men in the Church

Church leaders expressed difficulty in approaching prominent men in the church for fear of losing support from them. One church leader (Participant B11) said:

Sometimes you find out that this person is a very strong Christian or one of the pillars of the church inside and when the woman suddenly reports abuse you start having a picture that you never thought, and it becomes difficult to assist and to approach. More often these are... husbands are pillars in church, but they've got a role that they play in church. They may not necessarily be leaders, but when we have got projects we involve men and so forth and when I say pillars we need to look at it on both ways; in all honesty we still live in a society whereby economically men are still stronger and they do support the church we cannot shy away from that so there are pillars it can be physically, it can be financial wise; whatever support that you need from men you are going to get, so they are pillars in

many ways.

The findings are consistent with the study by Damron and Johnson (cited by Johnson 2015:6), who indicated that an abusive partner who is popular or a leader in the community is likely to continue to participate actively in the church and being supported as pillars while at the same time continuing perpetrating violence in his family. Furthermore, the findings are in line with the study by Raymond *et al.* (2016:1070) and Bent-Goodley *et al.* (2015:282), who indicated that faith leaders might remain silent about IPV to protect their image or that of the community and they had a perception that if they were to publicly address IPV, they would not attract community members to weekly services. In addition, leaders might prefer to stay out of other men's business.

3.6.1.3 Sub-Theme 1.3: Empowerment Needs of Church Leaders Regarding IPV Counselling in the Church

All church leaders needed to be empowered in different areas. The church leaders also wrote naive sketches that included their empowerment needs as part of member checking for the purpose of verifying whether all their needs pertaining to empowerment were all captured. The church leaders needed to be empowered for the following reasons: Skill gaps, abuse not addressed in the pulpit and views on tolerance of abuse and divorce.

❖ Skills Gap

Church leaders expressed lack of relevant counselling skills. It is argued that Christian pastors and priests claim that they were not exposed to training that adequately prepared them to understand the prevalence, severity and the consequences of IPV or spiritual dimensions that often surface in the life of the victim or an abuser (Nason-Clark, 2015:255). The following are the voices of church leaders depicting need for skills in their counselling roles. One church leader (Participant B11) said:

Yes, I think it's something as pastors we do need help to be able to know

better how to deal with this kind of issues they can also be very sensitive you know. What are the steps to follow and what is acceptable and what is not acceptable? At what point do you also as the pastor apart from just counselling and praying; what are the other things that you can do to assist whether from a legal or financial or other way to support.

Another one (Participant B09) said:

Regarding the support that I provide, I had not given the proper counselling because of my lack of knowledge and the fact that I just found myself there without having received any form of training or any form of support or not having read books on how the ones who have done it have done it in the past; how can I be successful? I was stuck because here is a woman who has been abused; I have to help but I myself have not been trained so I feel there is a need to counsel the counsellors; to train the counsellors of to give more information to the counsellors so that we can do it in a proper and right way, otherwise we will mislead the nation.

The following are other voices of some of the church leaders who completed their naive sketches during member checks depicting need for empowerment. Another church leader (Participant B03) said:

I feel there is a need to conduct seminars and workshops around this topic. We are ill-equipped to deal with cases like these as pastors. Many pastors do not even have formal trainings (theological) that give basics around these issues.

Another one (Participant B04) said:

I need to be equipped by knowledge of what is happening all over, training gives one relevant information of what is happening and how to handle that, training to help women who are experiencing hardships in their lives, and training to help men who are doing that to help them to understand.

Another church leader (Participant B07) said:

Training as how to counsel the family cycle.

The findings concur with the work by Zust *et al.* (2017:678), Bent-Goodley *et al.* (2015:281) and Davies and Dreyer (2014:7), who indicated that the majority of women are led by church leaders who never had any formal training on issues of IPV against women; and that 60% of pastors felt they were not efficient in counselling victims and survivors of IPV or to refer them; that pastors should be trained on how to respond to abuse and they should understand the dynamics of IPV so as to respond effectively.

❖ **Failure of Church Leaders to Address Abuse on the Pulpit**

Survivors indicated that church leaders failed to address abuse on the pulpit. The following are the voices of church leaders in this regard. One church leader (Participant B05) had this to say:

It's not something that is preached upon or talked about in Christian circles.

One church leader (Participant B08) said:

Yes, we do not preach about women abuse on the pulpit. It is taboo. Maybe as pastors we feel it is not appropriate to talk about it at the pulpit.

Another one (Participant B14) said:

Not usually; let me say rarely. Rarely because now when I am going to speak against or speak about its not what people want to hear. People want to hear that God will bless you; you would be successful; I see you driving a new car" (laughing!).

One church leader (Participant B03) said:

We preach only the Word of God. Issues of abuse are not taught on the pulpit and people are being abused and they come crying. People come and go while still hurting because nothing is being said about abuse. This

is a matter that the church is afraid to speak about and to get involved.

The findings concur with the affirmations of Zust *et al.* (2017:678) and Dyer (2016:41) who indicated that their study participants spoke about awareness of silence in the church and church leadership that showed resistance to address IPV; and that IPV was a taboo subject on the pulpit. The findings are in contrast with the study by Raymond *et al.* (2016:1071), indicating that other participants expressed that faith leaders should never sugarcoat the problem and they should preach about IPV; and even the pastors' group agreed they needed to preach it from their pulpits.

❖ Views on Tolerance of Abuse and Divorce

Church leaders had views on tolerance of abuse and divorce. Almost all church leaders indicated that they would not advise or influence survivors to divorce but would encourage them to pray until God answers their prayers. Seven church leaders believed as much as God hates divorce, infidelity was the genuine ground for divorce. These are some of the voices of church leaders regarding their views on tolerance of abuse and divorce. One church leader (Participant B06) who wouldn't advise, or influence divorce said:

I will have to indicate what is in the Bible, especially I quote 1 Corinthians 13 which deals with love; that is patient; love is kind; love is not selfish; that is the scripture that I use when I am counselling the people that the scripture says that we must love even though we know that people are doing bad things to us but we must show them love. That is what I will do to them. Mm... their reaction in most cases; they will tell me that they have tried everything to show love to their husbands, but all was in vain; but you know what; I like this; especially verse eight; it says love never fails; that is what I dwell on...Love never fails. I tell that person that if you are walking in love according to the scripture you will never fail and then I will keep on telling her that what she must do; she must continue to pray for her husband even though she knows that the husband is abusive; just keep on praying for him because you know I don't want a situation where she will say no I want... I'm giving up. I'm counselling her; I don't want her to

say I say lets us make divorce because I have tried everything, but I will promise her that God answers all our prayers. And I also... I like this Jeremiah chapter 29 when God says I know the plans that I have for you, plans not to harm you and to give you hope and future...

Those are the scriptures that I use and Jeremiah chapter 32 verses 27; when God says I am God of all flesh. Is there anything too hard for me? Those are the scriptures that I use, and I also will encourage that person to continue to pray and I will tell the person that I will also pray with you. I will pray with you I know God will answer our prayers and to add on that I believe in prayer. In Jeremiah again, chapter 33 verse 3; the Bible says call me and I will answer you so if you call God will answer it doesn't matter whether the situation is bad or whatever if you continue to call on him. You call him. I use also in prayer; I use prayer.

When Jesus was telling his disciples that ask you will receive and seek you will find and knock the door will be opened; so I will try to show that that you first ask and when God is not answering continue and seek and when he is not answering you go and knock and when you knock the Bible says the door will be opened; continue your situation will be okay.

Another one (Participant B04) said:

Yes. There are those who prefer divorce because they are tired, and their marriage has got no value anymore. There is nothing interesting and she is always weeping, and she then realizes that divorce is the best option. Firstly, as a pastor you will comfort her and find a way of her not divorcing.

One church leader (Participant B03), who mentioned that separation could be a better option, said:

You see as pastors we don't encourage divorce. We don't encourage divorce. We don't encourage divorce. Usually we sit down with the couple and see the problems and we try to resolve the problems spiritually and whatever is at our disposal. We don't encourage divorce. We don't encourage like that we can say separation maybe until the need arises.

Total divorce where they go and say we are divorcing? (Shaking head!).

The findings are consistent with the results reported by Raymond *et al.* (2016:1066) and Sifo and Masango (2014:5) that some religious institutions have a tendency of encouraging women to tolerate abuse and to remain silent about it for the sake of maintaining the marriage; and that the position of the church on divorce should be that of allowing irreconcilable marriages to end without encouraging divorce.

Another one (Participant B14) said:

Yes, another case. The husband has left staying with another woman and even the pastor told her that you can't divorce. And I told her that do you know that you are already divorced because that's what the Bible says, marriage is between two people if there is a third one there is no more marriage. Your husband is already married to that other woman.

Surprisingly, the same church leader (Participant B06) who said he would advise the survivors to resort to prayers until God answers, regardless of abuse, expressed another view on divorce and said:

This was too much. A lady... is just this one when the wife comes; the wife was a teacher by profession and this one the husband is a builder... When she is out all the time the husband will... if he is the one who will come before his wife he will just move closer to her and try to smell (sniffing) whether there are some other smells, whatsoever. Any smell. I don't know whether he wanted to find out as to whether she was having some extramarital sexual intercourse. After that he will ask his wife to take off her clothes. This was the extreme one and started now to find out; to check the whole body as to whether there are some other things and ended up asking her to take off her panty and just try to smell it as to whether something has not happened and check the whole panty. That was the extreme one.

The findings are congruent with the study by Behnke *et al.* (2012:1269), who indicated that

most church leaders would not recommend divorce, only four out of twenty-eight church leaders in the survey suggested that divorce or separation might be necessary for survivors of IPV. The findings are in contrast with the study by Bent-Goodley *et al.* (2012:55) where the authors indicated that pastors have used Scripture to encourage women to stay in abusive relationships to preserve marriage or to strengthen the need to support the male.

3.6.1.4 Synopsis of Theme 1

Theme 1 dealt with church leaders' lack of knowledge in their counselling roles leading to a feeling of restlessness because of issues related to fear of exposure by survivors, abusers refusing pastors' help and church leaders also not wanting to damage their reputation and that of the community.

3.6.2 Theme 2: Church Leaders Expressed a Need for Assistance to Cope in Counselling Survivors

All church leaders expressed a dire need for assistance to cope with the burden of counselling and supporting the survivors. This theme emerged from the data that reflected church leaders' views and their support roles in IPV. Need for collaboration with relevant stakeholders and a need for debriefing from traumatic experience have been identified as the sub-themes that emerged from the data analysis.

3.6.2.1 Sub-Theme 2.1: Need for Collaboration with Relevant Stakeholders

According to Raymond *et al.* (2016:1071), their study participants were emphasizing the need for church leaders to develop partnerships with other secular community leaders and build powerful referral systems for vulnerable family members facing IPV. Furthermore, participants (faith group) mentioned that pastors did not have the necessary information to address IPV holistically (Raymond *et al.*, 2016:1071). Almost all church leaders expressed the need for referring survivors to the professionals who had expertise in different areas where pastors are not competent. Three out of fourteen were of the view that survivors'

problems can be dealt with only through the Bible and prayer. The following was considered as a need:

❖ Referring to Relevant Professionals

It is said that church leaders who lack knowledge about abuse are more likely to see abuse related problems in spiritual terms, making it difficult for them to make referrals (Nason-Clark, 2015:255). One church leader (Participant B04) said:

Yes, for the things that are beyond my scope it is better to refer to appropriate institutions and you find this helping to some since they will be helped maybe legally or by people who have studied such fields. That it something you see helping. You don't have to take everything; you must acknowledge that some issues are to be dealt with by relevant professionals. But if there are some even social workers because social workers can be women also who can help it can be good. Support is needed in different ways for this kind of abuse.

Surprisingly, there was one church leader (Participant B14) who was totally against secular counselling techniques said:

The non-Christian don't know how to come up with the solution so to say. I have seen people going to counselling and instead they become... they end up getting worse off before they started because... can I say secular? Secular counsellors will help you to dig out everything that is inside, but they don't come out with the solution. The solution is only in the Word. This is what the Word says about you; God loves you regardless of what you are going through; know that God is there for you; you know those kinds of solutions. They can just dig out but after they dig out they can't heal the wound. (Laughing) I am speaking from experience. It was until I got the Christian counselling that I was healed.

Another church leader (Participant B03) said:

Yes. Sometimes they need a shelter where temporary they can stay there

until their problem is solved. Sometimes they need a counselling of some kind where they go like a session because sometimes when you counsel them once it has not worked. So, you must refer for second third.... not just counselling of the Bible only, so we do need professional counselling so that we can also have some things that we can use. We also need a place of a shelter. I wish I knew other counselling facilities that I can refer them to. I mean Christian facilities.

Another one (Participant B12) said:

It is not something that you will have the contacts or the networks of those structures to be able to provide a more holistic support. No...you don't have those networks.

The following are other voices of some of the church leaders who completed their naive sketches during member checks about referring abused women to other relevant stakeholders: One church leader (Participant B07) said:

I have never done that.

Another church leader (Participant B09) had this to say:

To be honest, I have only referred abused women to other more experienced pastors, not to other institutions. I don't know those institutions.

The findings are congruent with the observations by Choi (2015a:298) and Behnke *et al.* (2012:1271), who indicated that lack of knowledge of available resources in the community by church leaders might be the reason for low referral rate; and that it is imperative for church leaders who are willing to refer families to other resources outside the church to access information about local resources that could help such families. The findings of not favouring secular counselling techniques contradict with the study by Raymond *et al.* (2016:1071) and Glanville and Dreyer (2013:5), who indicated that church leaders are not

going to adequately address psychological deep wounds of survivors of IPV without the use of secular psychology techniques; and that as much as people need Jesus, church leaders cannot use the Bible as the only resource, they also need a good psychiatrist, a good therapist and medication.

3.6.2.2 Sub-Theme 2.2: Need for Debriefing from a Traumatic Experience

Some church leaders expressed being affected by the burden of counselling survivors living in abusive marriages because they needed to be compassionately involved. This need was expressed as follows:

❖ Counsellors' Wellness and Self-Care

Glanville and Dreyer (2013:9) noted that health professionals are at high risk of experiencing negative physical and emotional outcomes because of working with people who are traumatized. Church leaders are no exception since they, too, are at risk of experiencing negative emotional and physical reactions because of working with those who have been traumatized by abuse; and they are already exposed to many work and family stressors, including possible spiritual attacks related to counselling. These are some of the voices of church leaders who were affected by the burden of counselling. One church leader (Participant B07) said:

The other help that I need... sometimes as a person who counsels, you become affected and you feel like the whole burden of the woman is upon you and remain hurting also. I need the knowledge also on how to handle someone's pain.

Another church leader (Participant B14), who was a survivor of IPV, said:

With the women in my church I feel like I also become emotionally involved. I was there too. I have stayed for ten years in that abusive marriage where I was told "ngi kuzamile ngakushada, uma ungahlukanaa nami akhukho ndoda engakuthanda" / I have done you a favour, if you

leave me no man will love you". My self-esteem was crushed. There was a night where he came; we were not in the church together; he came at one / 1am in winter, put water in the bucket; he found me sleeping. When he was putting water in the bucket in the bathroom I thought what is he doing, does he want to wash the car during this time of the night? He came and poured that water on me.

The findings corroborate the assertions by Glanville and Dreyer (2013:10) and Louw (2015:5) that compassion fatigue leads to spiritual stress because of the pain and helplessness. Sifo and Masango (2014:3) also asserted that many pastoral counsellors might have themselves experienced a traumatic event and this could result in re-traumatization, if triggered by the victim's story and they need debriefing, sharing with other caregivers in the field in order to heal and gain spiritual reliance. Furthermore, it is indicated that a church leader who offers counselling to people in abusive marriages and relationships, listening to their stories triggered his mind of his own story of pain and trauma, making him to relive his own trauma and this situation is likely to make the church leader develop symptoms of burnout, including emotional exhaustion (Sifo & Masango, 2014:3).

3.6.2.3 Synopsis of Theme 2

Theme 2 illustrated the necessity articulated by church leaders for assistance to cope with counselling survivors of abuse of IPV. These included dire needs for collaboration with relevant stakeholders and a debriefing process from the traumatic experience. Theme 2: Challenges experienced by survivors when seeking help after IPV regarding sub-theme on challenges when reporting IPV to church leaders, correlated with Theme 1: Church leaders expressed lack of competence in addressing IPV with sub-themes; lack of knowledge and skills and empowerment needs of church leaders regarding IPV counselling in the church. IPV survivors reported that church leaders' counselling did not yield expected results, and the church leaders confirmed that they had no formal training on counselling. IPV Survivors' Theme 2, church leaders' Theme 1 and theme 2 brought more insight on the importance of

empowering church leaders with the skills and knowledge on counselling and supporting IPV. These included dire needs for collaboration with other relevant stakeholders in the community.

3.7 Summary

This chapter focused on the discussion of results and a literature control which revealed that survivors experienced different types of abuse, emotional abuse being number one on the hierarchy list followed by verbal abuse, then physical abuse and the least being social isolation and sexual abuse. Survivors indicated that they sought support from their families and church leaders and few sought support from police but were frustrated by the attitudes portrayed by their families and police. Church leaders were viewed by survivors as lacking skills regarding giving efficient support to them. Church leaders were enormously burdened and frustrated by having to deal with the counselling of survivors of IPV without having enough knowledge about IPV and necessary skills to deal with it. Besides lack of skills regarding IPV knowledge and counselling, church leaders had barriers of providing full support because of not being able to confront survivors' partners for reasons such as partners not willing to have the external people being involved in their family problems. There is a dire need to empower IPV survivors to deal with all sorts of abuse particularly those who choose to remain in their marriages. Church leaders also need to be capacitated in IPV knowledge and IPV counselling skills.

CHAPTER 4

Theoretical Framework Development

4.1 Introduction

This chapter deals with the development of the theoretical framework that can be used to develop guidelines for support to survivors of IPV for church leaders. The results from the study, scientific literature and the five levels of the ecological model will be used to develop the theoretical framework. The model was chosen because it provides a clear understanding of individual factors influencing survivors' recovery or lack of it after having been exposed to IPV as well as the impact that IPV has upon their lives.

The model illustrates how the survivors' exposure to IPV is influenced by factors within and outside environment. All participants expressed intersecting experiences at all levels. The ecological model of violence of the impact of sexual assault on women's mental health is depicted in Chapter 1, Figure 1.1 (Campbell *et al.*, 2009). The purpose of this study was to develop guidelines for support to IPV survivors for leaders in selected Pentecostal churches in South Africa.

The objectives of the study were to: explore and describe the experiences of IPV survivors, explore and describe perceptions of IPV survivors regarding the counselling received from church leaders; explore the perceptions and or views of church leaders regarding IPV counselling in the church; explore empowerment needs of church leaders regarding IPV counselling in the church; develop a theoretical framework for the study and develop guidelines for support to survivors of IPV for church leaders. The study will contribute additional guidelines that can be utilized by church leaders to effectively give support to the survivors of IPV.

4.2 Ecological Model

The socio-ecological model describes the interrelationship between the environment and the individual and violence becomes the result of the complex interplay of the individual, microsystem, mesosystem/exosystem, macrosystem and chronosystem (Campbell *et al.*, 2009:228-229).

4.2.1 Individual

In the ecological model of Bronfenbrenner (1979, 1986, 1995), the individual level includes bio-psycho-social characteristics of a person (Campbell *et al.*, 2009:227); beliefs and attitudes, including personal history factors that predisposes an individual to become a victim of abuse such as witnessing marital violence as a child (Sabbah *et al.*, 2017:157 and Perry, 2009:380). Heise (1998:266) indicated that the individual factors represent the victims' personality features, shaping their response to microsystem and exosystem stressors. It is said that the individual level determines the vulnerable characteristics of a survivor (Mithani, Premani and Kurji, 2014:80). In this study, the individual is the female survivor experiencing IPV and is living within a hostile environment with the perpetrator and immediate family members. This kind of environment will affect her well-being.

4.2.2 Microsystem

Bronfenbrenner (1977:514) described a microsystem as the complex of relations involving the person and environment in an immediate setting containing that person. In addition, such environment includes families, friend and peers (Campbell *et al.*, 2009:227). Dana Schmidt (2014:256) indicated that a person has a daily interaction in this setting and they display subjective meanings attached to their interactions. This is the second level of this model which identifies how close social relationships contribute to IPV (Mithani *et al.*, 2014:80). The relational circumstances surrounding this level include living with violence (Roush and Kurth, 2016:312); marital conflict and instability, couples with income,

educational or job status disparities, dominance and control of relationship by the male (Perry, 2009:381); male control of wealth, verbal conflict, and use of alcohol (Sabbah *et al.*, 2017:157); a jealous, possessive, insecure and emotionally distant man, and perceptions of infidelity (Paat, Hope, Mangadu, Núñez-Mchiri, and Chavez-Baray 2017:137). In this study, the microsystem includes the perpetrator, parents and siblings of the perpetrator (in-laws) and parents and siblings of the survivor.

4.2.3 Mesosystem

In the mesosystem level, there are interrelations among two or more microsystems where each microsystem contains the individual (Bronfenbrenner, 1977:515; Espelage, 2014:260). In addition, Campbell *et al.* (2009:228) described mesosystem as a process responsible for making links between systems and individuals. In the process of helping a survivor, a church leader may help establish connections with families of the survivor and the perpetrator and peers.

4.2.4 Exosystem

Dana Schmidt (2014:255) defines the exosystem as a level that involves risk and protective factors that have an impact on the immediate setting that act as stressors or buffers for experiencing IPV and overcoming post-traumatic stress disorder (PTSD); and such stressors and buffers can be socio-economic status and social support. According to Campbell *et al.* (2009:227), an exosystem deals with organizations and social systems while Bronfenbrenner (1977:515) described the exosystem as an extension of the mesosystem, embracing other specific social structures, both formal and informal that do not themselves contain the individual, but still impinging on the immediate setting. In this study, the exosystem includes organizations and social systems such as the Pentecostal church and church leaders, law enforcement, legal, medical and mental health.

4.2.5 Macrosystem

Bronfenbrenner (1977:515) described the macrosystem as a cultural blueprint, which might determine the social structures and activities and, according to Dana Schmidt (2014:255), such cultural values and belief systems interact with the microsystem, mesosystem, and exosystem levels. This level appraises societal factors that cause violence and such factors include, acceptability of IPV—even by women, women being considered as subordinates to men and they are expected to obey their husbands in all circumstances (Mithani *et al.*, 2014:80).

Other factors mentioned by Abramsky, Devries, Michau, Nakuti, Musuya, Kiss, Kyegombe, and Watts (2016:2) include norms granting control over female behaviour, norms granting men economic and decision-making power in the household and lack of easy access to divorce for women. Sabbah *et al.* (2017:158), on the other hand, added factors such as patriarchal domination of male, overvaluing family unity, violence being a justified sanction, fear of family shame and social stigma of divorce and traditions veiling religious teaching.

According to Olorunsaiye, Huber, Laditka, Kulkarni and Boyd (2017:1), in cultural context, gender norms can limit decision-making autonomy for women, freedom of movement, household decision-making and communication between husband and wife. In addition, the authors indicated that gender norms can also shape and reflect societal conditions of inequality, whereby men are prone to perpetrate violence against women if they are failing to achieve the socially acceptable standards of a successful man (Olorunsaiye *et al.*, 2017:1).

4.2.6 Chronosystem

According to Campbell *et al.* (2009:229,230), the Bronfenbrenner's chronosystem includes interactions between the individual and environment that are reciprocal and change over time. The chronosystem examines the cumulative effects such as cumulative trauma and

victimization over time that might affect recovery processes in the future.

4.3 Application of the Ecological Model to the Study

This section discusses Campbell *et al.* (2009) ecological model of the impact of sexual assault on women's mental health within which the theoretical framework is based. The process of application of study findings is given in the following sub-sections.

4.3.1 Description of the Process of Application of Findings to the Theoretical Framework

According to Perry (2009:379), Bronfenbrenner's socio-ecological model was used by the authors of 2002 World Report on Violence and Health, which was originally proposed in the 1970s to understand human development and behaviour. Campbell, Dworkin and Cabral (2009:227) adapted Bronfenbrenner's ecological model to develop an Ecological Model of the impact of Sexual Assault on Women's Mental Health. In this study, Campbell's Ecological Model of the impact of Sexual Assault on Women's Mental Health is adapted to include IPV. The discussion is based on the findings found in Chapter 3, as mentioned above, for developing a theoretical framework.

A theoretical framework is the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs the research, thus is a key part of the design (Miles, and Huberman, 2014:18). The authors further describe the theoretical framework as a written product which explains, graphically or in narrative form, the main things studied, namely; the key factors, concepts, or variables and the relationships among them (Miles, and Huberman, 2014:18). This theoretical framework was constructed from merged empirical data from the IPV survivors and church leaders as well as the literature reviewed.

The constructs were classified according to the Socio-ecological model. It is essential to bring focus within the content and acts as a link between literature, methodology and results. The constructed theoretical framework formed the basis for guideline development. Two

themes emerged from survivors regarding their experiences of different types of abuse and challenges they experience when seeking help after IPV. Two themes also emerged from church leaders who expressed lack of competence in dealing with IPV and their need for assistance to cope in counselling survivors of IPV. See Figure 4.1.

4.3.1.1 Individual Level

According to Campbell *et al.* (2009:228), the individual level of analysis includes characteristics such as age, social class, education, marital status, employment status and income; and the characteristics of the survivor could influence the recovery process. In this study, the individual represents the survivors of IPV who were living with their partners who are perpetrators of violence. These survivors were all female adults with ages ranging from 30 to 55 years. In this study all age groups were affected, and this actually shows that IPV cuts across all ages.

All survivors were all married, their years of staying in the relationship ranged from 3 to 30 years, and it meant that the longer the period of staying married, the more they endured the abuse and its effects for longer periods of time and, therefore, these negatively affected by the effects of abuse. Thus, the longer survivors stayed in the abusive relationship, the more the negative impact on their well-being. Two survivors later divorced, and their marriage duration ranged from 10-20 years. One survivor who divorced the partner later remarried and took the problems of the previous marriage to the new marriage. She remained suspicious about issues of abuse.

She was always anxious and experienced panic attacks to an extent of having distress and palpitations because in her previous marriage abuse was never dealt with. There was no support from her family of origin and in-laws. All survivors had children who witnessed the marital abuse. In this study, one child even went to the police alleging that the father raped her and she even attempted suicide by throwing herself in the river but was rescued by the

police. This shows that IPV does not only affect survivors, but even their children can be physically and emotionally traumatized. One survivor also witnessed marital violence as a child. Witnessing abuse as a child resulted in one becoming a victim of abuse. Most of the survivors were qualified professionals as compared to their partners and they were earning more than their partners, while some partners were solely dependent upon their wives' salaries. This resulted in perpetrators controlling money and exploiting survivors financially because of disparities in earnings, making them feel insecure and being undermined by their educated and financially independent wives. Some of those participants who earned more money than their partners also perpetuated abuse because they thought if they give their husbands more money, they would eventually stop the abuse.

Some survivors were solely dependent upon their husbands because they were unemployed and were not allowed to seek employment even though their partners were ignoring their financial responsibilities causing survivors to be dependent upon the abusers. The more the dependency, the more they stayed in that abusive relationship because they felt there was nowhere to go, leading to more negative outcomes of abuse. Survivors were blamed for not respecting their husbands who used death threats, physical assaults, and isolation strategies to control their wives which led to negative effect on their general well-being such as physical and mental symptoms. These survivors stayed in fear and that if they left their husbands they would be killed anyway. Some survivors whose husbands kicked them in their bellies had miscarriages and others preterm haemorrhage. The psychological well-being of survivors was negatively affected by IPV.

4.3.1.2 Microsystem

At the microsystem level of Campbell *et al.* (2009) model, the impact of disclosures to informal sources of support such as family and friends on victims' post-assault psychological distress was explored. Such support from family, friends and significant others and positive social reactions are said to predicts less mental distress post-assault while negative social

reactions from such support system predicts multiple negative outcomes such as depression, anxiety and post-traumatic stress (Campbell *et al.*, 2009:228,230). In this study, the microsystem level encompasses the family, including the intimate partner who happens to be the perpetrator of IPV and it describes the interactions between the survivor and the partner and the immediate family members such as in-laws, parents and siblings of survivors.

If survivors were supported, one would think that they would be able to cope with the negative effect of IPV and if they were not supported, they will be negatively affected by outcomes such as depression, anxiety and post-traumatic stress. Findings in this study revealed that some survivors were accused and blamed for witchcraft. Victim blaming perpetuated violence because in-laws blamed survivors for wanting to kill their husbands through accidents caused by witchcraft. The in-laws never stood up against victim blaming and that increased emotional distress on survivors. Some in-laws supported infidelity by allowing perpetrators to bring their girlfriends in their residences.

Survivors were upset because the in-laws were unsympathetic. Continuous infidelity led to some survivors contracting STIs that became chronic and having abscesses because some partners refused to be treated blaming their wives for knowing where they got the infections. Survivors' physical health was negatively affected. Some survivors had concerns that they might be infected with HIV because of their husbands' infidelity and continuous STIs; and they started to be afraid, anxiety and depression. This affected the survivors' mental health negatively. That kind of relationship compelled the survivors to seek help out of the family circles.

4.3.1.3 Meso/Exosystem

According to Campbell *et al.* (2009:229-230,233-234), meso/exosystem level checked whether the interactions took place between informal supports (microsystem) versus

formalized supports (meso/exosystems). Survivors reported assaults to police and legal system, sought medical care and mental health services. Furthermore, it is said that if victims can receive the services they need and are treated in an empathetic and supportive manner, then social systems can help facilitate recovery, but if victims do not receive needed services and are treated in an insensitive manner, then the victims' feelings of powerlessness, shame and guilt can be magnified. In this study, the meso/exosystem level includes the church leaders (pastors and church elders) who form a social structure giving support and counselling when a survivor comes to church seeking help after IPV, the police and criminal justice system for protection orders and prosecution of perpetrators, and to obtain medical care and mental health care services.

According to McCleary-Sills *et al.* (2016:225), the ability of victims of IPV to seek help from different stakeholders has been associated with improved mental health, physical safety and a willingness to seek needed medical and legal assistance. Findings showed that survivors sought help from church leaders after their partners and family (microsystem) failed to resolve IPV problems at a microsystem level of the socio-ecological model. The family did not refer the survivors to the formal structures and therefore the family did not initiate interactions between the survivor (individual) and the formalized supports (meso/exosystems).

Findings in this study also revealed that most church leaders were totally against divorce and they encouraged survivors to stay and pray more until God answered their prayers, regardless of the negative effects of IPV in their lives. As this study was small scale, further research in this area is necessary. It might be expected that church leaders should refer survivors to other formal structures in the community such as mental health care services (social workers and psychologists) and shelters for further support where such services are available. In this study, some church leaders did not believe in referring survivors to secular professionals who deal with IPV such as social workers and psychologists.

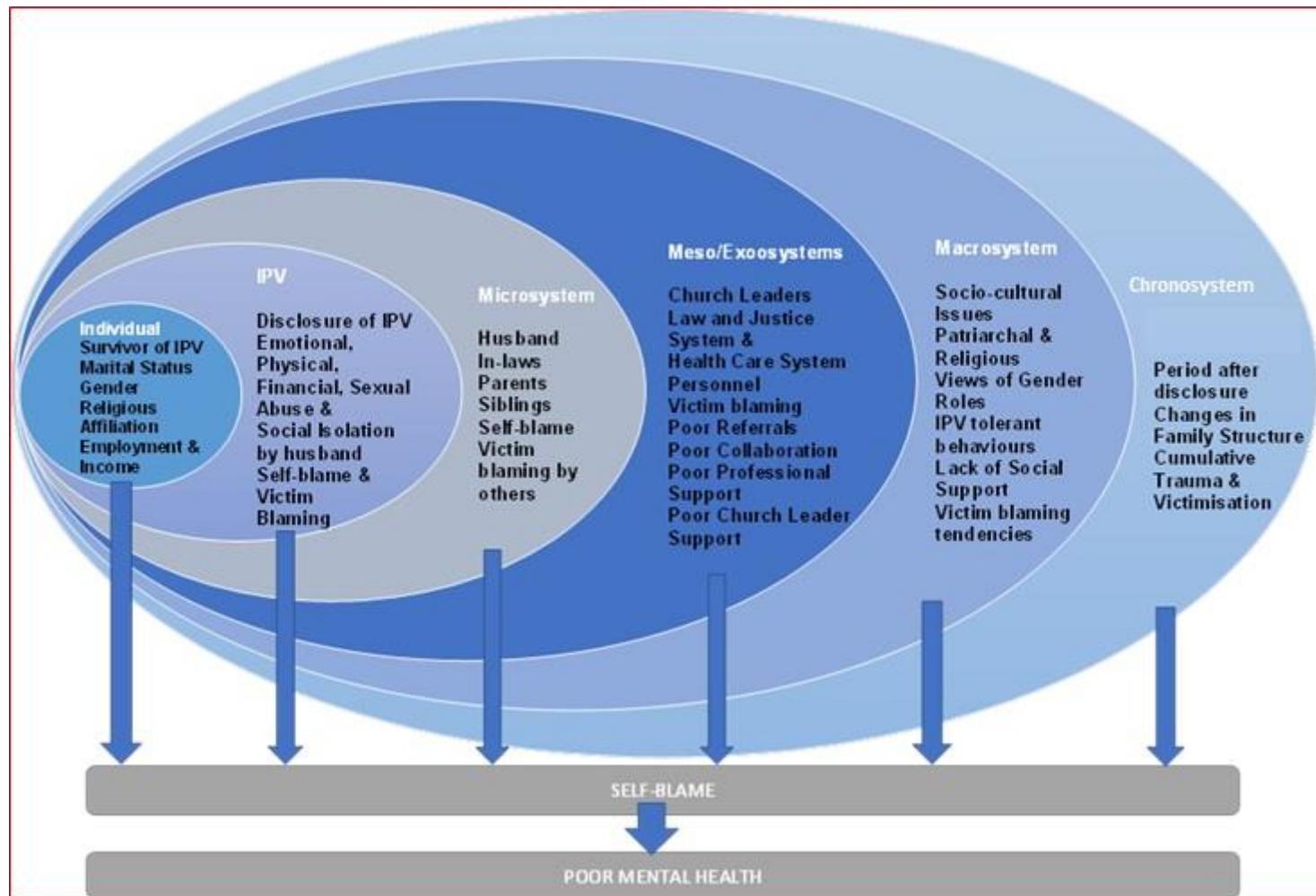


Figure 4.1: Integration of findings within the Bronfenbrenner (1977, 1986) and Campbell *et al.* (2009) ecological models

Other church leaders also did not know other services were available such as shelters where survivors can be referred. Most church leaders were challenged due to lack of skills and competence to deal effectively with IPV since most of the Pentecostal pastors never went to Bible colleges and if they did, they were never prepared to deal with the scourge of IPV. Furthermore, they had no counselling skills and they ended up not giving the support survivors needed. Lack of knowledge on the side of church leaders regarding counselling roles on IPV resulted in negative consequences leading to poor mental health on survivors.

Some church leaders were challenged and enormously burdened and frustrated by having to deal with the counselling of survivors of IPV without having enough knowledge about IPV and necessary skills to deal with it. They were emotionally affected by carrying the burdens of survivors and expressed the need for debriefing. In this study, some survivors sought help from the police during IPV. They were dissatisfied with police services because perpetrators were treated with laxity.

Some survivors were begged not to open cases of assault against their partners while others were blamed for provoking their partners. Indeed, if survivors are treated with contempt and are unable to receive needed services; these systems will magnify their feelings of powerlessness, shame and guilt as mentioned by Campbell *et al.* (2009:234). Very few survivors sought help from the health service sector. A very few survivors made use of distant clinics because of fear of embarrassment and exposing their partners and disgracing their families.

For those who visited hospitals, the reason was because of the severity of the physical assault during pregnancy causing severe bleeding because of a blow on the abdomen. Only one survivor went to see a psychologist on her own after episodes of depression. Participants did not mention any other involvement of other stakeholders. There may have been contact with other stakeholders that the participants did not report on.

4.3.1.4 Macrosystem

According to Campbell *et al.* (2009:277), the macrosystem level is made up of societal norms, expectations and beliefs that form the broader social environment. It is said that societal factors linked to IPV-tolerant attitudes include poverty, lack of social support and social norms that legitimate IPV (Trott *et al.*, 2017:1018). The social norms that grant control over survivors' behaviour and their belief in unconditional sexual entitlement in marriage and acceptance of violence are detrimental to the well-being of the survivors of IPV. Society treats IPV as a private matter although there are national awareness campaigns where IPV are freely talked about and advocated against. This state of affairs creates a difficult socio-cultural context for IPV survivors to recover.

There are laws that govern society. In South Africa, there are two acts that address IPV and the elimination of violence against women, namely, Domestic Violence Act No. 116 of 1998 and the Criminal Law (Sexual Offences and Related Matters) Act No. 32 of 2007 (Mogale *et al.*, 2012:581-582). According to Abramsky, Devries, Michau, Nakuti, Musuya, Kiss, *et al.* (2016:2), there are community-level approaches commonly aimed at changing norms in SA such as the annual 16 Days of Activism Against Gender Violence that raises awareness, but to transform norms or change behaviours. Victim-blaming tendencies are still prevalent and the healing process for the survivors of IPV would be negative.

4.3.1.5 Chronosystem

According to Espelage (2014:258), the chronosystem level includes changes in historical or life events of the individual and environment over the life course, for example, changes in family structure through divorce and displacement or death. According to Campbell *et al.* (2009:230,236), there are chronosystem factors such as cumulative trauma and victimization over the lifetime that predispose individuals to negative outcomes such as depression, anxiety, suicide attempts and PTSD. Some survivors who divorced after staying with the abusive partner for a couple of years suffered cumulative trauma. One survivor who

was staying not too far from the perpetrator's home after divorce still had a court order banning her from attending the church she helped grow for more than two decades.

The survivor suffered distress because of changes in family structure due to divorce. The one who divorced and remarried got into new interactions in the microsystem level because of the new environment. It was indicated at the microsystem level that this survivor lived in fear and she suffered depression that continued even in the new marriage. The ex-partner fraudulently divorced her without her knowledge and stayed with the new partner without having divorce papers because she had to undergo the legal system that failed to settle the matter. The mental health outcomes become severe since trauma is cumulative.

4.4 Summary

This chapter discussed Campbell *et al.* (2009) ecological model of the impact of sexual assault on women's mental health within which the theoretical framework was based and the model was adapted to include IPV. Two themes each emerged from survivors and church leaders. It is possible that if sympathetic support was given at microsystem level, there might be less psychological distress. It might be expected that when there is good interrelationship and collaboration of services at the meso/exosystem level, these systems might help facilitate recovery. If the cultural norms and religious beliefs condoning IPV can be minimized at macrosystem level, it is possible that there might be speedy recovery for the survivors of IPV since victim-blaming attitudes would be reduced and less cumulative trauma and victimization making the survivors less vulnerable at chronosystem level (Campbell et al., 2009:238).

CHAPTER 5

Development of Guidelines

5.1 Introduction

Chapter 4 describes the theoretical framework. This theoretical framework was used to develop the guidelines for support of the IPV survivors. The guidelines development was divided into four phases, namely, exploration, theoretical framework design, guidelines development, and evaluation. The urgency and origin of the guidelines for church leaders emerged from the results of the empirical study. Literature supported the study findings. This chapter gives a description of guidelines developed in this study to assist different stakeholders such as church leaders, families, communities and the society with tools and strategies to support and capacitate survivors of IPV so as to cope with the scourge of abuse.

It might be that when all these relevant stakeholders are equipped with IPV information, there would be better collaboration and appropriate support would be offered to IPV survivors. These guidelines for support to survivors of IPV for church leaders in selected Pentecostal churches were developed based on the literature reviewed in Chapter 1. Findings of this study, and the socio-ecological model of violence by Bronfenbrenner (1979, 1986, 1995), and the ecological model of the impact of sexual assault on women's mental health by Campbell et al. (2009) were also used to develop the guidelines.

5.2 Process of Development of Guidelines

Phase 3 dealt with the development of the support guidelines for the church leaders. The researcher utilized the findings from the empirical phase, literature review, and the theoretical framework to develop the guidelines.

Guidelines are systematically developed statements to assist service providers' and survivors' decisions about appropriate support on specific health issue or circumstance (Kish, 2001:852). The guidelines topic emerged from the information obtained during the interviews conducted with IPV survivors and church leaders in the empirical phase, literature review and the workshop held with 30 participants. Kish's (2001:831) adapted steps were used to develop the guidelines.

The guidelines were evaluated in accordance with the criteria of Chinn and Kramer (2011:198-205) to observe how clear, simple, general, accessible, and important the guidelines were. That was achieved by conducting a one-day workshop during which the experts were provided with given guidelines to analyze and afforded an opportunity to give their recommendations for improvement of the guidelines.

The guidelines for church leaders were identified with the purpose of support of IPV survivors by church leaders. These guidelines were derived from the experiences and suggestions of the participants in the context of religious organizations or churches. Furthermore, the guidelines were an instrument to direct the church leaders, the survivors and family members in relation to IPV. The Development of Practice Guidelines process by Kish, (2001) was adopted and modified. Table 5.1 depicts the process followed in developing the guidelines.

5.3 Structure of the Guidelines

The structure of the guidelines consists of the name, aim, objectives, and target population and was discussed in detail in the following paragraphs.

5.3.1 Name of the Guidelines

The guidelines for support to survivors of IPV for church leaders in selected Pentecostal churches.

Table 5.1: Guideline development process

| Component | Application |
|---|---|
| Choosing guideline topics | Guideline topics were chosen for the impact that they will have on the support of the IPV survivors. Topics came from IPV rates and experiences of both survivors requiring person centred, community engagement and comprehensive approach in the community clinics. |
| Sufficient evidence to justify the development of a guideline is from the research findings. | Challenges experienced by IPV survivors and the experiences and needs of church leaders Those included: <ol style="list-style-type: none"> 1. Survivors expressed experiencing different types of abuse as a result of IPV. 2. Challenges experienced by survivors when seeking help after IPV 3. Church Leaders expressed lack of competence in Addressing IPV. 4. Empowerment needs of church leaders regarding IPV counselling in the church. 5. Need for collaboration with relevant stakeholders |
| Determine the scope of each guideline | The purpose of this study was to develop guidelines for support to IPV survivors for leaders in selected Pentecostal churches in Gauteng and Limpopo provinces in South Africa since Christian women also rely on their church leaders when confronted with IPV. Church leaders such as pastors and church elders and councils; community health care in primary health care settings. Guidelines comprises the aim, role and responsibility, the support of IPV survivors, referrals to appropriate structures management of resources, and strengthening collaborative partnerships in relation to support of the survivors |
| Determine the target audience and the target population | According to Kish (2001: 831), this should be clear to the target audience why this is an important topic. The church leaders are the main target audience. However, the IPV survivors will benefit from the developed guidelines should they continue utilizing the church leaders for support. |
| Establish a committee of experts to develop the guidelines. | Experts in the IPV, IPV survivors and activists, social workers, church leaders and community nurses from primary health care settings were selected for development. These were developed at a one-day workshop held with those key role players including the survivors and activists |
| Submit the guidelines to the Committee for review and publication | The developed guidelines were reviewed by the committee using the Chinn and Kramer's reflective review questions to evaluate for clarity, accessibility, simplicity and importance. |
| Adapted from Kish, 2001 | |

5.3.3 Aim

The aim of the guidelines is to provide standardised tool for support to survivors of IPV for church leaders in selected Pentecostal churches in relation to the existing levels of socio-ecological model.

5.3.4 Objectives

The objectives of the guidelines are to:

- Provide a standardised approach as a tool for the church leaders to make informed decisions.
- Act as directives to provide appropriate and acceptable support when approached by the IPV survivors.
- Built competencies of the church leaders, survivors and families to strengthen their knowledge and skills and in turn, ensure the engagement in promotion of a holistic and multi-sectoral approach in mitigation of the scourge of IPV and its consequences.
- Reduce unacceptable or undesirable variations in practice and provide a focus for discussion among community structures and survivors.
- Assist the community structures to recognise the IPV and make appropriate referrals

5.3.5 Target Population

The church leaders are the recipients of these guidelines for the support of IPV survivors at individual, micro, meso and macro levels.

5.4 Development of Guidelines for support to survivors of IPV

This process was guided by the findings of the study from both the survivors of IPV and

church leaders. The Social Ecological Model was used to develop the guidelines for support to survivors of IPV.

5.4.1 Guidelines what is IPV

Definition: Intimate partner violence¹ (IPV) refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (World Health Organization 2012:1). IPV occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women and IPV has a deep impact on women's health (Sundborg, Saleh-Stattin, Wändell, & Törnkvist, 2012:1)

The following are typical examples of IPV:

- Acts of physical violence such as slapping, hitting, kicking and beating. Sexual violence, including forced sexual intercourse and other forms of sexual coercion.
- Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.
- Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

IPV constitutes physical, psychological or sexual mistreatment and/or other controlling behaviours such as economic or spiritual deprivation that are intended by the abuser to cause harm or are perceived by the victim to cause harm.

Contributing factors: According to Campbell et al. (2009:228), these factors are classified into the following individual, microsystem, meso/exosystem, macrosystem and chronosystem.

5.4.2 Guidelines to Facilitate Empowerment of Survivors of IPV (Individual Level)

According to the Social Ecological Model the factors that influence coping and recovery from negative effects of IPV include the following: being female, marital status, witnessing marital abuse as a child, personal coping, personal health, unemployment, income, educational status and attitudes about IPV. In these guidelines, the factors that can influence the coping and recovery from negative effects of IPV in the individual are evident. For survivors to maintain their autonomy and to protect their well-being, it is important that they be equipped with resources; referrals and support they need to promote alternate behaviour (Pickover *et al.* 2017:7). Community Nurses can play a role of capacitating church leaders or linking them with stakeholders who can offer in-service training on gender-based violence and more emphasis on IPV on a regular basis. When church leaders do not have formal training, survivors are at risk of not getting help when they disclose IPV. Intimate partner violence interventions are complex, and they require multiple stakeholders including church leaders, law enforcement officers and legal professionals, Non-Governmental Organisations (NGOs), and traditional leaders in order to enable the health system to function optimally and effectively.

5.4.1.1 Building Self Concept of Survivor

Church leaders can play a role in supporting IPV survivors as follows:

- Ensure that survivors are capacitated to regain their self-esteem and autonomy to enable them to make their own decisions.
- Formation of support groups especially by other survivors to encourage openness and to appreciate that this is not only happening to her, but other women have survived.
- Presentations by other survivors who have experience worst situations but have

succeeded and have moved on with their lives will build confidence of survivors.

5.4.1.2 Provision of Information to Survivors

Church leaders can take a lead in supporting IPV survivors as follows:

- Provide accurate information about IPV that will help survivors to stop blaming themselves for the abuse against them.
- Provide survivors of IPV with information related to available shelters, if safety is needed. Such information is very critical in case the survivor would want safety for herself and the children.
- Provide survivors of IPV with information on how to seek help from law enforcement and judiciary systems.
- Encourage and support survivors to explore defenses based on their religious thinking, such as blaming the devil, and to develop a more balanced perspective of the problems caused by IPV.
- Help survivors of IPV to understand their situation, improve their safety and access to community resources.
- Foster survivor advocacy through connections to legal services.
- Refer survivors of IPV to relevant stakeholders such as social workers and psychologists for counselling in order to get emotional and social support.
- Refer survivors of IPV to receive medical care in cases of physical assault.
- Provide programmes that aim at improving survivors' coping skills to prevent survivors from being disengaged, emotion-focused or avoidant which can lead to

severe forms mental health outcomes such as depression and PTSD.

- Foster economic independence for unemployed survivors of IPV to avoid economic reliance and dependency on perpetrators by referring them to NGOs that empower them economically. This economic reliance and dependency can further perpetuate violence.
- Provide survivors of IPV with emotional support to enable them to cope and avoid self-imposed isolation and avoidance strategies that would escalate anxiety and depression and making healing process difficult.
- Encourage survivors of IPV to connect with other women who have recovered from past IPV or support groups with similar spiritual beliefs. Such connections would help survivors of IPV to draw strength from others who are willing to give support.

5.4.2 Guidelines for Support of Survivors of IPV by the Extended Family (Microsystem)

The husband who is a perpetrator, the in-laws and family of origin are important family members that can facilitate recovery and healing of IPV survivors. Lack of support from family increase levels of emotional distress and isolation; leading to depression delaying healing process.

5.4.2.1 Empowerment of the Extended Family in Dealing with IPV

Church leaders can play a role of capacitating families to support IPV survivors as follows:

- Providing accurate information about IPV.
- Acknowledging that IPV is not a family private matter.
- Valuing interpersonal relationships and acknowledging their role in preventing or perpetrating IPV.

- Addressing stress related problems.
- Stopping blaming the survivor for occurrences of IPV.
- Providing unconditional and sympathetic support to the survivors of IPV. Isolation by family perpetuates suicidal ideation and attempts and withdrawal from participation in social activities.
- Building skills in communication and conflict resolution to facilitate a healthy environment where survivors are free to articulate their concerns.
- Fostering economic independence for unemployed perpetrators of IPV to avoid financial dependency on survivors. Perpetrators who are unemployed can be intimidated by their working wives and these disparities in earning can make the perpetrator to exploit the wife's money through coercive acts.
- Encouraging pregnant IPV survivors to disclose IPV when attending Antenatal clinics for screening.
- Encouraging survivors to report IPV to law enforcement authorities to prevent further abuse and violence.
- Encouraging perpetrators to undergo perpetrator programmes.
- Arranging seminars or workshops for families and the community nurse would help families to be more acquainted with the issues of IPV and the need to speak out and seek help.

5.4.3 Guidelines for Support of Survivors of IPV by the Church Leaders (Meso /Exosystems)

Church leaders are the most significant group in these guidelines of support to survivors of

IPV in Pentecostal churches in Limpopo and Gauteng provinces since they are the implementers of these guidelines. Church leaders can play a role supporting IPV survivors as follows:

- Helping survivors of IPV to use prayer to be resilient, but not in denial of suffering caused by IPV.
- Engaging men and mobilizing them to form voluntary groups in the church that talk about the evils caused by IPV. This strategy can help perpetrators to unlearn acts of abuse against their wives.
- Including a module on IPV when conducting pre-marital counselling so that couples are aware of IPV and how to prevent it before they get married.
- Lending a listening ear and creating a conducive environment that allow survivors to express their feelings.
- Assessing religious struggles of survivors of IPV when they come to seek help after disclosing IPV.
- Doing follow-up visits to the survivor to assess progress on spiritual coping.
- Providing a conducive environment for families to support the survivors.
- Mobilizing women in the church to form voluntary groups that can help give support to survivors of IPV.
- Teaching men not to perpetrate violence against their wives.
- Refraining from discouraging survivors to divorce if they decide to do so but giving full support because lack of support from the church makes it difficult for survivors to

exit marriage.

- Encouraging survivors to seek other forms of help such as medical care, mental health care, law enforcement system, legal system, traditional leaders, NGOs and other community organizations.
- Supporting IPV survivors by having knowledge of the community networks and resources that can help survivors to get other forms of support beside spiritual support.
- Collaborating with other stakeholders and facilitate referrals. Prayer alone will not solve all the problems of survivors.
- Stopping the silence by addressing IPV in the pulpit on Sunday as part of their sermons.
- Discussing among themselves to refrain from misusing scriptures and use conflicting interpretation of scriptures that will encourage women to persist in their suffering in IPV and carry their cross. These actions by the church leaders can encourage survivors to endure IPV and continue to be trapped in violent relationships without even getting support from other professionals and community organizations.
- Forming healthy values in men and teaching them to adopt values to prevent perpetration of violence against women, through being involved with family gatherings, campaigns regarding family values, being role models.
- Opening conversations in their congregation about unhealthy patriarchal attitudes that need to be dealt with in order to address issues of gender inequality.
- Discouraging victim blaming attitudes at all levels of the ecological model.

- Creating platforms for provision of more strategies to revamp 16 days of Activism for No Violence against Women and Children since it is failing to transform norms or behaviour of perpetrators of violence in their churches.
- Coordinating community workshops at churches for open discussions on IPV tolerant attitudes, victim blaming and divorce.
- Collaborating with other stakeholders and facilitate referrals. Prayer alone might not solve all the problems of survivors.
- Linking survivors with police and criminal justice officials to intensify the support of those who choose to report abuse to the police and would need legal services.
- Linking IPV survivors with social workers since they are also a vital resource in providing social support to IPV survivors.
- Advising IPV survivors to make use of other health care and mental health care professionals when a need arises.

5.4.4 Guidelines for Support of Survivors of IPV at Macrosystem Level

This is the fourth level of the model represented by societal norms; expectations and beliefs that interact with the microsystem, mesosystem, and exosystem levels, such beliefs condone IPV tolerant attitudes.

- Church leaders can link with other leaders in the community to discuss societal issues pertaining to patriarchal religious views of gender roles and IPV, IPV tolerant behaviours and victim blaming attitudes.
- Church leaders can play a role in collecting, generating and spreading culture sensitive IPV information to the community.

- Church leaders can play a role in forming healthy values in men to adopt values that prevent perpetration of violence against women, through being involved with family gatherings, campaigns regarding family values, being role models.
- Church leaders can play a role in opening conversations in their congregation and communities about unhealthy patriarchal attitudes must be dealt with in order to address issues of gender inequality and victim blaming attitudes. These meetings might provide more strategies to revamp 16 days of Activism for No Violence against Women and Children.

5.4.5 Guidelines for Support of Survivors of IPV at Chronosystem Level

- Church leaders can play a role in identifying IPV survivors who might experience cumulative trauma and re-victimisation. This experience occurs after a long period of exposure to IPV and can be triggered by family structure changes such as death of family member or divorce. The community health nurse can be a vital resource in empowering the church leaders to identify such survivors in their congregations.

5.5 Guidelines for Evaluation

The reflection of guidelines using the workshop participants was carried out by asking the following questions based on (Chinn and Kramer, 2011:197-206):

- How clear are the guidelines?
- How simple are the guidelines?
- How general are the guidelines?
- How accessible are the guidelines?
- How important are the guidelines?

In other words, the guidelines should be evaluated for clarity, accessibility simplicity and importance. The table below depicts assessment criteria for guidelines evaluation in this

study. The criteria that typify evaluation of guidelines in this study are summarized in the Table 5.2:

Table: 5.2: Assessment criteria for evaluation of guidelines

| Assessment Criterion | Explanation/ Description according to Chinn and Kramer (2011:176-206). |
|--|--|
| Clarity | This address both semantic and structural clarity as well as consistency of the guidelines. |
| Simplicity | According to Chinn and Kramer (2011:201), simplicity and complexity of the guidelines depends on the goals of the study. Again, often a guideline in its early stage of development may appear complex, but as the concepts are further refined and integrated, it will become simpler. |
| How general is the guidelines? | This refers to the ability to apply the guidelines in wide-range of situation, whereas a specific guideline will only be applied in a specific type of situation. |
| Importance of the guidelines | This addresses the value of the guidelines in terms of its contribution to its purpose. In this study, the relevant guidelines will strive to be of practical value of IPV in the community setting. The goal of situation producing theory is to create certain specified outcomes therefore attention was paid to this question: How important are these guidelines to ensure that the guidelines characteristics are in line with its stated purpose? |
| Accessibility of the guidelines | According to Chinn and Kramer (2011:176-206) - The guidelines will be made available to Pentecostal churches where data was collected, and research conducted by the researcher. The guidelines will also be made accessible through publication in accredited journals and through presentation at seminars and workshops. |

These guidelines were evaluated by a delegation of pastors, social workers, representatives from organisations dealing with gender-based violence, survivors and community nurses. Delegates were invited by the researcher via telephone calls. The meeting was chaired by the research Supervisor. The delegates believed the guidelines for evaluation were accessible, clear and simple.

5.6 Summary

This chapter discussed the guidelines for support to survivors of IPV for church leaders in selected Pentecostal churches that were developed based on the literature reviewed in Chapter 1, and findings of this study. The last chapter gives the limitations, justifications, recommendations and conclusions of the study.

CHAPTER 6

Limitations, Justifications, Recommendations and Conclusion

6.1 Introduction

This chapter assesses whether the study questions were answered, and if the purpose and objectives were met. The study explored and described the experiences of IPV survivors and their perceptions regarding the counselling received from church leaders; and explored the perceptions and or views of church leaders regarding IPV counselling in the church and their empowerment needs regarding IPV counselling in the church. The summary, limitations, justifications, recommendations and conclusions of the study are also provided.

6.2 Summary of the Study

It is said that in South Africa, interpersonal violence is the second highest contributor to years of life lost and IPV accounting for 62% of this high burden in women. Furthermore, a survey conducted in Gauteng found that 43% of women reported emotional violence while 65% of men reported perpetrating it (Rees *et al.*, 2014:2). The first major study in three South African provinces found that 19% of women in Limpopo Province were physically assaulted in their lifetime by a current or previous intimate partner (Mkhonto *et al.*, 2014:334). Religious women in Pentecostal churches were no exception; they were emotionally, physically, financially and sexually abused by their partners; and also, socially isolated. When these survivors of IPV disclosed the abuse to their families and other formal stakeholders such as police and church leaders, they were disappointed with the kind of support they received from them. This kind of inadequate service increased the level of distress, depression and anxiety on survivors whose health was already compromised because of IPV.

This state of affairs made the researcher as a community nurse and pastor to explore and describe the experiences of IPV survivors and their perceptions regarding the counselling received from church leaders. Secondly, to explore the perceptions and or views of church leaders regarding IPV counselling in the church and their empowerment needs regarding IPV counselling in the church.

The IPV survivors expressed a lot of frustrations because of church leaders' counselling not yielding expected results. Furthermore, church leaders displayed negative perception on divorce, negative attitudes on IPV survivors, and siding with perpetrators. Church leaders expressed lack of competence in addressing IPV regarding lack of knowledge and skills based on no formal training on counselling. In addition, church leaders expressed the need for debriefing from a traumatic experience caused by compassion fatigue. The experiences of both IPV survivors and church leaders led to the interest of the researcher to develop the guidelines for support to the survivors of IPV for church leaders in the Pentecostal churches in Limpopo and Gauteng provinces, to empower the church leaders to fully support IPV survivors in their churches.

6.2.1 Purpose of the Study

The main purpose of this study was to develop guidelines for support to IPV survivors for leaders in selected Pentecostal churches in South Africa.

6.2.2 Objectives of the Study

For the researcher to achieve the purpose of the study, the following objectives were set: to explore and describe the experiences of IPV survivors, to explore and describe perceptions of IPV survivors regarding the counselling received from church leaders, to explore the perceptions and or views of church leaders regarding IPV counselling in the church, to explore empowerment needs of church leaders regarding IPV counselling in the church, to develop a theoretical framework for the study, and to develop guidelines for support to

survivors of IPV for church leaders.

All the objectives were met based on the following outcomes:

- In-depth interviews were conducted with survivors of IPV and their experiences and their needs were described.
- In-depth interviews were conducted with church leaders and their perceptions about IPV counselling were described and they identified their empowerment needs through naive sketches.
- The theoretical framework for the study was developed.
- Guidelines were developed.

For the researcher to address the objectives of the study, the following questions were asked: what are the experiences of women who are exposed to IPV and how can the survivors of IPV be supported in the church environment and what kind of support do the church leaders require?

In Chapter 1, the objectives were set and, in this section,, these objectives are evaluated separately as follows:

Objective 1: To explore and describe the experiences of IPV survivors.

In-depth interviews were conducted with purposively recruited survivors of IPV and their experiences and their needs were described. Data saturation was reached by interviewing ten participants. Two main themes emerged, namely; Survivors expressed experiencing different types of abuse because of IPV and Challenges experienced by survivors when seeking help after IPV.

Objective 2: To explore and describe perceptions of IPV survivors regarding the counselling and support received from church leaders.

In-depth interviews were conducted with IPV survivors and their perceptions about IPV counselling and support were described and they identified challenges related to negative attitudes on divorce and IPV survivors, counselling and support that do not yield good results and lack of forums that address IPV issues.

Objective 3: To explore and describe the perceptions and or views of church leaders regarding IPV counselling and support in the church.

In-depth interviews were conducted with church leaders and their perceptions about IPV counselling and support were described and they identified challenges related to religious and socio-cultural acceptance of wife abuse and beliefs of tolerance and the negative responses from perpetrators as barriers of giving better support during IPV.

Objective 4: To explore empowerment needs of church leaders regarding IPV counselling and support in the church.

In-depth interviews were conducted with church leaders and their perceptions about IPV counselling support were described and they identified their lack of skills regarding IPV counselling. They also identified their empowerment needs through naive sketches. The results of objective 1, 2, 3 and 4 formed the basis for theoretical and guidelines development

Objective 5: To develop a theoretical framework for the study

The results from the in-depth interviews from IPV survivors and church leaders, scientific literature and the five levels of the ecological model were utilized to develop the theoretical framework. The results of objective 1, 2, 3 and 4 formed the basis for theoretical framework development.

Objective 6: To develop guidelines for support to survivors of IPV for church leaders.

The guidelines for support of the IPV survivors were developed using the findings from the empirical phase, literature review, and the theoretical framework. The results of objective 1, 2, 3 and 4 also formed the basis guidelines development.

6.2.3 Research Methodology

The study was conducted in three phases. Phase 1 was the empirical phase dealing with exploration of experiences and views for both survivors of IPV and church leaders and included sampling, data collection and analysis. Phase 2 dealt with the development of the theoretical framework. Phase 3 was the development of Guidelines. In Phase 1, in-depth interview was used to collect data. The interviews were audiotaped, and field notes were also taken during interview. Data saturation was reached after 10 survivors and 14 church leaders were interviewed.

In Phase 2, the development of the theoretical framework was guided by the findings from the study described in Chapter 3 and the social-ecological model using the five levels, namely: individual, microsystem, mesosystem/exosystem, macrosystem and chronosystem (Campbell *et al.*, 2009:228-229). Campbell *et al.* (2009) Ecological Model of the Impact of Sexual Assault on Women's Mental Health was adapted to include IPV. In Phase 3, the ecological model and the findings guided the Development of Guidelines.

The findings and guidelines in this study have serious implications and application for research, clinical practice, education, and policymaking. The results provide useful insights to address the need of community nurses to collaborate with church leaders empowering them in supporting IPV survivors.

6.2.4 Summary of the Research Findings

The study findings revealed that IPV survivors experienced different kinds of dilemmas

related to lack of support from stakeholders leading to survivors displaying symptoms of anxiety, depression and distress. Church leaders were viewed by survivors as lacking skills regarding giving efficient support to them. Church leaders were burdened and frustrated by having to deal with the counselling of survivors of IPV without having enough knowledge about IPV and necessary skills to deal with it.

This led the researcher to investigate how church leaders could effectively support IPV survivors. Through the study findings, the researcher was able to develop guidelines for support to the survivors of IPV for church leaders in Pentecostal churches. Such guidelines would enable the church leaders and other governmental and nongovernmental stakeholders to have knowledge regarding support of IPV survivors after disclosing IPV. In order to provide the necessary support to IPV survivors; there is a need for collaborative efforts from all stakeholders; this will ensure that comprehensive and effective support is given.

6.3 Justification of the Study

The study achieved the set objectives. The scourge of IPV in the provinces where the study was undertaken is high. The researcher noted that IPV survivors preferred to disclose IPV to their families and then church leaders before seeking help from other stakeholders. The study found that IPV survivors' focus was on making their relationship work despite all the challenges to avoid divorce. Lack of support of IPV survivors by their families and poor support by church leaders because of lack of knowledge on how to deal with the plight of IPV, made survivors of IPV to lack confidence in both families and church leaders.

This caused IPV survivors to fail to cope with the religious and cultural demands imposed on them by the family and the church leaders. Furthermore, because of the blame game that the police would play unto the victims for the occurrences of IPV; this led survivors to have emotional distress, depression and inability to cope and IPV survivors became very

reluctant to report the incidence of violence to the police until when the situation was too unbearable. On the other hand, church leaders were also reluctant to refer IPV survivors to other formal and informal stakeholders, and therefore there was no collaboration with other stakeholders, for further support. This was so because each stakeholder blamed the other for not handling the matter effectively without even communicating with each other. In the end, the IPV survivors would not get any support whatsoever in the hands of people whom she was dependent on for support. Instead of dealing with perpetrator, they blamed the IPV survivor.

The study further developed guidelines to ensure support of IPV survivors by church leaders in the Pentecostal churches. This is done to empower church leaders as the study found that when the IPV survivor fails to get help from the family the next point of contact is the church leader who if empowered would be able to deal with scourge immediately. Church leaders also have an influence in their communities, therefore, if they are empowered they will even preach about this.

6.4 Contribution to the Body of Knowledge

There is a dearth of research on help-seeking behaviours of IPV survivors in SA. There is poor or no collaboration between community nursing and church leaders in Pentecostal churches of Limpopo and Gauteng provinces. It is also anticipated that IPV survivors and church leaders will benefit from this study as it contributes to the body of knowledge on IPV with regard to the support of IPV survivors in Pentecostal churches of Limpopo and Gauteng provinces. The development of guidelines for support to the survivors of IPV for church leaders in the Pentecostal churches study has contributed to the body of knowledge since there are currently no guidelines for support of IPV survivors especially for church leaders in Limpopo and Gauteng provinces. There is also literature scarcity regarding IPV survivors' experiences and perceptions of the support they receive from church leaders in South Africa. Other governmental and non-governmental stakeholders might use the guidelines

as a tool of reference to support IPV survivors.

6.5 Limitations

This study has limitations, and one of the major limitations of the study is its generalizability. The representativeness and the generalizability of the findings in this study may be reduced because the study was limited to two provinces, that is, Gauteng and Limpopo out of nine provinces and limited by its focus on a single Christian denominational (Pentecostal) group, but it can be transferrable to other religious groups in other provinces in the country. The sample of this study included select groups of survivors of IPV and church leaders from both rural and urban settings. The study did not compare the severity of IPV and its impact on survivors in both settings. The study only focused on the survivors of IPV and not their partners' or perpetrators' views, and those of the in-laws and family of origin regarding IPV were not part of this study.

6.6 Recommendations

There are no documented guidelines for support to the survivors of IPV for church leaders in the Pentecostal churches in Gauteng and Limpopo provinces where the study was conducted. It is imperative, therefore, that the following recommendations for research, clinical practice, education, and policy makers should be used to prevent IPV and support IPV survivors.

6.6.1 Research

Based on the study findings and literature control, it is very important that more research on this topic is conducted:

- Further research is needed to explore how churches and other formal institutions are addressing IPV to help survivors of IPV.
- Future researchers should employ larger samples that include partners and families

of IPV survivors and include other religious groups to promote generalizability. It would be beneficial to include in the study other survivors from other groups to understand their experiences and the support given by their church leaders after IPV disclosure.

- The research could be done using other research approaches such as quantitative and mixed methods.
- More research should be conducted on the best and effective ways to collaborate stakeholders such as church leaders, police and legal practitioners, health care professionals, psychologists, social workers, governmental and nongovernmental organizations and community leaders to prevent IPV and give a collaborated intervention to after IPV disclosure.

6.6.2 Clinical Practice

Partnership between health professionals such as community nurses and social workers, et cetera and church leaders can be a better platform for providing members of the Pentecostal churches in Limpopo and Gauteng provinces with preventive education about IPV. Such partnerships can be essential to offer support church leaders might need to carry out IPV prevention and intervention activities within their churches.

- Partnerships can offer guidance to church leaders to come with strategies for support of IPV survivors and to create programmes for perpetrators to prevent re-victimisation.
- Community nurses can be a vital resource to guide church leaders, as implementers of guidelines to evaluate the support they give to IPV survivors by making use of agreed upon evaluation tools.

6.6.3 Education

- Community nurse can encourage church leaders who do not have counselling skills to attend short courses on counselling.
- Community nurse can be able to motivate church to attend gender-based workshops and seminars on regular basis.

6.6.4 Policy Makers

- Church leaders can be encouraged if possible, to engage with policy makers at political level to protect women against domestic violence, including those in intimate relationships.

6.7 Summary

In this chapter, the researcher discussed limitations, justification, recommendations and conclusion of the study. The study found that religious beliefs play a significant role in the lives of survivors. IPV survivors did not receive the support they expected from family, church leaders and police and it was recommended that more research is needed on IPV and the type of support they require after disclosing IPV to stakeholders. It was also apparent that victim blaming was a major issue, especially in cases of partner infidelities leading to self-blame.

The limiting factor for effective support would be the capacity and experience of health care providers in addressing IPV in the clinical setting. Therefore, health care providers must take the lead in capacitating themselves and other stakeholders to build bridges of collaboration for support of IPV survivors. Interdisciplinary community teams on IPV should include church leaders and such partnerships could offer support needed by church leaders to carry out IPV prevention activities.

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ANNEXURE A

Ethical Clearance Letter



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

**Institutional Research Ethics Regulatory
Committee**

Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Health Science Ethics Committee (FAST), the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

| | |
|--|--------------------------------|
| Project title: Guidelines for support to survivors of intimate partner violence for religious leaders in selected Pentecostal churches. | |
| Project Leader: | Prof M Davhana-Maselesele |
| Student: | Tshilidzi Raohel Nevhutanda |
| Ethics number: | N W U - 0 0 1 2 7 - 1 8 - A 9 |
| Approval date: 2016-03-03 | Expiry date: 2016-06-30 |
| Category: N/A | |

Special conditions of the approval (if any): None

| |
|--|
| <p>General conditions: While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:</p> <ul style="list-style-type: none"> The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC: <ul style="list-style-type: none"> annually (or as otherwise requested) on the progress of the project, without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project. The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-IRERC. Would there be deviations from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited. The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date. In the interest of ethical responsibility the NWU-IRERC retains the right to: <ul style="list-style-type: none"> request access to any information or data at any time during the course or after completion of the project, withdraw or postpone approval if: <ul style="list-style-type: none"> any unethical principles or practices of the project are revealed or suspected, it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented, the required annual report and reporting of adverse events was not done timely and accurately, new institutional rules, national legislation or international conventions deem it necessary. |
|--|

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

**Prof LA
Du Plessis**

Digitally signed by Prof LA Du Plessis
DN: cn=Prof LA Du Plessis, o=North
West University, ou=Campus Potchefstroom,
email=Linda.DuPlessis@nwu.ac.za,
c=ZA
Date: 2016.03.04 09:47:11 +0200

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

ANNEXURE B

Request for Permission to Conduct Study

Letter seeking Church Leaders' permission to conduct research study

12 Simpson Crescent
Midfield Estate
Midstream
1692

Dear Church Leader/s

Re: Requesting permission to interview yourselves and Intimate Partner Violence Survivors in a research study

I hereby request to conduct research on guidelines for support to IPV survivors for church leaders in selected Pentecostal churches.

The research project is part of a study towards a PhD in Nursing at the Mafikeng Campus of the North West University.

Enclosed please find a copy of the study proposal and a copy of the ethical approval from the university.

TR Nevhutanda

ANNEXURE C

Permission to Conduct Study

NZHELELE PASTORS FORUM

| | | |
|---|---|--|
| Postal Address P.O.Box 156 Dzanani 0955 |  | Email Address muhovhaariel@gmail.com bishopmuhali@highergrace.co.za |
|---|---|--|

CONSENT GIVEN TO DO ACADEMIC RESEARCH IN PENTECOSTAL CHURCHES

We, Nzhelele Pastors Forum, hereby grant permission to Nevhutanda T.R to do her PhD research amongst Pentecostal Pastors and Church members. She is doing her PhD in Nursing through North West University, Mafikeng Campus. The research is on Intimate Partner Violence (IPV) Survivors. As Nzhelele Pastors Forum we see the value that this study will bring not only in the Body of Christ, but to humankind as a whole. This study will add to tools we use in Counselling sessions we do.

We therefore recommend that you cooperate with her to bring about researched solutions to Intimate Partner Violence that take place even in our Christian families. This will become a valuable tool to Christian Counsellors and Pastors, which in turn will make families to represent well the gospel we preach.

We hope that this will receive your support.

Yours Faithfully

Pastor Muhovha N.A (Secretary).....
082 953 5552

Bishop Muhali M.G (Chairperson).....
082 654 1410

**NZHELELE PASTORS
FORUM**
PO Box 156 Dzanani 0955
Date.....04/04/2016.....



Church Leaders Empowerment Foundation Africa

Office No. AA, Heurweisig Office Park, Spinetail Streets, Celisridge, Centurion, South Africa, 0157
Web: www.clefa.org.za Email: info@clefa.org.za Tel: +27 072 190 2713

Registration No. 2016/509515/08

CONSENT FOR ACADEMIC RESEARCH IN INDEPENDENT CHARISMATIC CHURCHES

Church Leaders Empowerment Foundation Africa, CLEFA, hereby grant permission to Nevhutanda T.R to do her PhD research amongst Independent Pentecostal Pastors and Church members under CLEFA. She is doing her PhD in Nursing through North West University, Mafikeng Campus.

The research is on Intimate Partner Violence (IPV) Survivors. As CLEFA we see the value that this study will bring not only in the Body of Christ, but to humankind as a whole.

This study will add to tools we use in Counselling sessions

We therefore recommend that you cooperate with her to bring about researched solutions to Intimate Partner Violence that take place even in our Christian families. This will become a valuable tool to Christian Counsellors and Pastors, which in turn will make families to represent the gospel we preach.

We hope that this will receive your support.

Yours in His Service

Date: 02 February 2017

Rev Thivha Lidzhade

Chairperson

Mobile: 081 867 3939, Email: chairperson@clefa.org.za, Website: www.clefa.org.za

Web: www.clefa.org.za Email: info@clefa.org.za

Higher Grace Christ Redeemer Church

385 Pretorius Street
Between Prinsloo and Du Toit Streets
PRETORIA
0201
012 320 7175 / 082 882 6594



Registration Number: 134-553 NPO

CONSENT GIVEN TO DO ACADEMIC RESEARCH AT HIGHER GRACE CRC

The Higher Grace Christ Redeemer Church, hereby grant permission to Nevhutanda T.R to conduct her PhD research amongst the Higher Grace CRC church members.

Mrs Nevhutanda is currently doing a PHD in Nursing through North West University, Mafikeng Campus. The research is on Intimate Partner Violence (IPV) Survivors. Pastors at Higher Grace CRC fully support this study based on the value it will bring to humankind.

May you kindly cooperate with her, to bring about researched solutions to Intimate Partner Violence, which will become a valuable tool to Christian Counselors.

May the good Lord bless you!

Yours faithfully

Pastor / Doctor Takalani Douglas Nemsungani
(Senior Pastor: Higher Grace Christ Redeemer church)

HIGHER GRACE CHRIST
REDEEMER CHURCH
P.O. Box 28016
Sunnyside
Pretoria, 0132
Toll 812 820 7175

DATE: 12 April 2016

ANNEXURE D

Informed Consent

12 Simpson Crescent
Midfield Estate
Midstream
1692

Statement of Information for Participants Participating in the Study

Purpose of the Study

The aim of the study is to develop guidelines for support to Intimate Partner Violence survivors (IPV) for church leaders in selected Pentecostal churches in South Africa

Procedures

You are requested to participate in the study. The purpose of this consent form is to ask your permission to participate in the study. The purpose of this consent form is to ask your permission to participate in the study. If you agree to participate, I will ask you to sign a consent form. I will not be recording your name and details during our conversations, you will not be identified by name in our report, and I will make every effort to keep what you say private. The notes and recordings from the discussion with you will be stored in a locked cabinet in my office to which only I have access. However, I may have to make it available to my supervisor at North West University (Mafikeng Campus) if necessary. A pseudonym (made up name) will be used.

The risks to you as a participant in this study are minimal. Although you will not receive an immediate benefit from this research, you and your fellow IPV Survivors may benefit from this research in the future, if it succeeds in identifying ways of better supporting survivors.

Right to Refuse or Withdraw

Your participation in this research is voluntary. You do not have to participate. If you do choose to participate, but later decide to withdraw, you are free to do so at any time. It is also possible that you will be invited to participate in an additional interview in the future, as part of the same research.

You are free to ask questions before signing the consent form. If you have questions during the course of the study, you may contact me:

Mrs. Tshilidzi Nevhutanda
Cell: 0829278601
trnevhutanda@gmail.com

Informed Consent Form

(North West University (Mafikeng Campus))

Title of Project: Guidelines for to Survivors of Intimate Partner Violence for Church Leaders in selected Pentecostal Churches

Principal Investigator: (Tshilidzi Nevhutanda)

Participant's Name:.....

I would like invite you to take part in a research study, which seeks to develop guidelines for support to Intimate Partner Violence (IPV) survivors for church leaders in selected Pentecostal churches in South Africa.

Taking part in this study is entirely voluntary. If you decide to participate you must sign this form to show that you want to take part.

I understand that:

1. I am participating freely and without being forced in any way to do so.
2. I can stop being involved at any point if I want to, and that this decision will not in any way affect me negatively.
3. The researcher grants anonymity and that data will under no circumstances be reported in such a way as to reveal my identity.

Signature of the participant:

Signature of the researcher:

ANNEXURE E

Interview Guide for IPV Survivor

I. Introduction and project explanation

- Review and answer questions about the consent form
- Emphasize the voluntary nature of the project
- Explain the justification for voice recording, ensure participant agrees
- Ask if participant wants a copy of the digital recording. If yes, get mailing information.
- Ask participant how they want to receive a copy of the interview summary (email, mail, etc.) and get mailing/email address.

II. Gather descriptive information

- Number of years married / divorced
- Employed / not employed
- Institution where the participant works
- Position of the participant.

III. QUESTIONS:

- What are your experiences of IPV?
- What measures did you take following these experiences?
- What are your needs regarding support from church leaders after having reported IPV?

IV. Provide Time for Participants' Questions

- Ask participant if they have any questions for me
- Ask participant if they have any feedback on the project/interview
- Ask participant if they would like to be notified when project is completed

ANNEXURE F

Interview Guide for Church Leader

I. Introduction and project explanation

- Review and answer questions about the consent form
- Emphasize the voluntary nature of the project
- Explain the justification for voice recording, ensure participant agrees
- Ask if participant wants a copy of the digital recording. If yes, get mailing information.
- Ask participant how they want to receive a copy of the interview summary (email, mail, etc.) and get mailing/email address.

II. Gather descriptive information

- Institution where the participant works
- Position of the participant.
- Experience as a church leader
- Number of years working in the position

III. QUESTIONS:

1. What are your views regarding the support that you provide to women who report IPV?
2. What kind of support do you provide to the victims / survivors of IPV?
3. Do you find yourself needing assistance to effectively support the victims / survivors of IPV?

IV. Provide Time for Participants' Questions

- Ask participant if they have any questions for me
- Ask participant if they have any feedback on the project/interview
- Ask participant if they would like to be notified when project is completed

ANNEXURE G

Interview Transcript for IPV Survivor

| | |
|-------------------|---|
| Researcher | <i>Good evening</i> |
| Participant | Evening |
| Researcher | <i>How are you?</i> |
| Participant | I'm good and you? |
| Researcher | <i>Eh...thank you for coming for this interview; eh...thank you for agreeing to participate; you are free to ask questions if you don't understand. If you need to stop me; you can stop me if you want some more information. You must tell me if you are ready to start. Are you ready?</i> |
| Participant | Yes I am. |
| Researcher | <i>Thank you so much. Eh...we have discussed that the reason for this interview is to do guidelines for support to survivors of intimate partner violence where there is abuse in marriage. So the first question is: what are your experiences of IPV? How did you feel living with a partner who has been abusing you? /"No di pfa hani; zwo ni farisa hani uri no vha ni tshi khou tshila na muthu a no khou ni tambudza kha mbingano?</i> |
| Participant | It was not well because the way he used to abuse me physically; scolding at me telling me words that I'm a prostitute; and that I just got a chance to be with him. I feel those words not proper for him to tell me. |
| Researcher | <i>Okay; for me to understand you well; you started by saying he was abusing you physically; what was he doing when you say he was abusing you physically?</i> |
| Participant | He would beat me |
| Researcher | <i>He would beat you?</i> |
| Participant | Yes |
| Researcher | <i>What would have happened before he beats you?</i> |
| Participant | He would want to go out wherever he want to go and maybe I'm not happy about it; so for him to go out he would beat me so that I would remain angry so that he can go. |
| Researcher | <i>Where would he hit you or how will he physically abuse you?</i> |
| Participant | He would hit me on the ribs side and he liked to hit me on the ribs because he knew I would be unable to breath and I would fall down. |
| Researcher | <i>Okay; the ribs side is it on the chest?</i> |
| Participant | On the sides of the chest. He would even kick me on the sides. |
| Researcher | <i>Okay; he was beating and even kicking you on the ribs?</i> |
| Participant | Yes |

| | |
|--------------------|---|
| Researcher | <i>Okay; just because he wanted to go out?</i> |
| Participant | Yes |
| Researcher | <i>Okay; how would you be after being kicked and beaten?</i> |
| Participant | I would stand up crying even when I'm able to breathe because it would be so painful and I was even afraid to go and seek help from the clinic as nurses would see bruises and they will ask why bruised and if I say by husband beat me then I would be exposing him; or maybe I would meet people from church or nurses you go to church with; you wouldn't want them to see that your husband has beaten you up. |
| Researcher | <i>Okay; are you saying that when you are beaten you can't go to the clinic? And the reason for not going is that you would meet church people at the clinic?</i> |
| Participant | Yes |
| Researcher | <i>What would they say if you meet them?</i> |
| Participant | The would say she behaves like all is well whereas she is beaten up and that they have problems in her family |
| Researcher | <i>So they will see you have problems in your family?</i> |
| Participant | Yes |
| Researcher | <i>Fearing to meet nurses that you church with?</i> |
| Participant | Yes |
| Researcher | <i>Okay; so you couldn't go to the clinic for the fear of what people would say?</i> |
| Participant | Yes |
| Researcher | <i>Okay; who were you protecting?</i> |
| Participant | I was protecting marriage and my husband but I was hurting. |
| Researcher | <i>You were hurting but able to protect partner and marriage?</i> |
| Participant | Yes |
| Researcher | <i>Okay; besides being beaten and feeling pain; what else were you feeling?</i> |
| Participant | I was told hurting words like I was called a prostitute (Tshifevhi) |
| Researcher | <i>Okay; he was telling you hurting words?</i> |
| Participant | Yes |
| Researcher | <i>Besides being called a prostitute; what other hurting did he do?</i> |
| Participant | When he comes back late he would be talking over the phone while we are in bed and you would hear him uttering words like love, babe and sweetie to the other person on the line. |
| Researcher | <i>Was the other person on the line a woman?</i> |
| Participant | Yes |
| Researcher | <i>Okay; were you hearing over the phone that your partner might be seeing someone?</i> |
| Participant | Yes |

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| Researcher | <i>Besides hearing over the phone; what other things made you suspicious that he might be seeing someone else?</i> |
| Participant | He would go from work on Friday until he comes home Monday morning just to change and go to work. |
| Researcher | <i>He comes back in the morning?</i> |
| Participant | Yes; Monday morning. |
| Researcher | <i>Going to work?</i> |
| Participant | Going to work; yes. He comes back already bathed and he finds clothes ready and he dresses up and goes to work. |
| Researcher | <i>Okay; when you say your partner is hurting you verbally; even speaking to other women on the phone in the house and he goes the whole weekend and comes back in the morning looking for fresh clothes; how would all these treat you?</i> |
| Participant | I would have continuous headaches; I wouldn't eat well at home; but when I go out and I would act like all is well. |
| Researcher | <i>Act like all is well?</i> |
| Participant | Yes, I was pretending |
| Researcher | <i>Okay; outside you are referring to where?</i> |
| Participant | Church; I used to spend much of my time at church. I would pretend all is well. I would even hide everything from my kids and I would make a barrier and I would have ready-made answers if they ask the whereabouts of their father. When I was alone I would have a lot of headaches; back pain and neck pain that would hit me and my body would shaking |
| Researcher | <i>What do you mean your body would shake?</i> |
| Participant | It would be shaking and it would be numb on the side |
| Researcher | <i>The pain you are referring to; where do you exactly feel it on the neck?</i> |
| Participant | I feel it on the side behind the ear and the numbness goes as far as the arm and the leg |
| Researcher | <i>Okay; where did you say you experience numbness?</i> |
| Participant | On the arm and leg |
| Researcher | <i>On which side?</i> |
| Participant | Left side |
| Researcher | <i>Alright; are you saying you have experienced all these because of what was happening in your marriage where you said you were physically abused by being kicked and hit and also the fact that he would speak to girlfriends over the phone in your presence; what other things gave you evidence that your husband had extra marital affairs?</i> |
| Participant | He would come back during the night and park the car by the gate where it is in close proximity to our main bedroom and he would switch on the light inside the car and you would see them kissing each other inside the car |
| Researcher | <i>Would he bring with the girlfriend by the gate?</i> |
| Participant | Yes; by the gate. |

- Researcher** *Oh; why did you think he was doing it that way?*
- Participant When you are in this type of marriage and you are just seated by yourself and your husband is out there; and there are cars passing by your street; you automatically check if it's your husband's car coming. When you peep through the window you see a car packing and you realize it's your partner
- Researcher** *Okay, I hear you. When you were seeing all these; what did these mean to you?*
- Participant I didn't want to talk too much about it because we were advised at church that if your partner is not coming with another woman in front of you or he tells you to move out of your bedroom; you don't have to ask him even if he does what he was doing to me; you don't have to ask him
- Researcher** *You are saying you were advised at church not to ask anything?*
- Participant Yes; they say if we ask we are not showing respect
- Researcher** *You mustn't ask anything?*
- Participant Yes
- Researcher** *And they say why?*
- Participant We are not respecting our husbands if we ask questions; that's why they will go
- Researcher** *Husbands will go?*
- Participant They will go if we ask them questions
- Researcher** *So a man should not be asked anything because the pastors are afraid men will go if you ask?*
- Participant Yes
- Researcher** *Okay; you said you had headaches and neck pains; did you get treatment for such problems?*
- Participant No; I couldn't get any treatment or see a doctor. I was afraid will get to know about abuse in my marriage
- Researcher** *What else did you go through in marriage besides being beaten and verbally abused?*
- Participant I wouldn't be given any money
- Researcher** *What was happening?*
- Participant When he gets paid; he never comes home; or he would go to these shops and buy a lot of liquor and comes back and he does house party while there is no food at home
- Researcher** *There was no food at home at all?*
- Participant Yes; he would buy a lot of meat and braai it outside; while you are expected to cook porridge inside and he a lot of his friends and misuse his salary
- Researcher** *Is he buying a lot of liquor?*
- Participant Yes
- Researcher** *You can't say anything?*
- Participant You can't say anything. You can't ask him

- Researcher** *Is it because the pastor says you can't ask?*
- Participant Yes; nothing is asked; you just pray
- Researcher** *You just pray?*
- Participant Yes you must do a secret prayer asking God to change your partner; but you are not to ask your partner anything
- Researcher** *You shouldn't ask your man?*
- Participant No; he would go and not come back
- Researcher** *When you say your partner is abusing you; was it because you can't ask anything and when you ask you get beaten up and you become sick?*
- Participant Yes; headaches; back pain and feeling dizzy
- Researcher** *Okay; you even feel dizzy. What else would you feel except dizziness?*
- Participant I would often have these fear attacks even if I'm with other people; when they speak you still have these attacks; your mind is always working
- Researcher** *Your mind is always thinking?*
- Participant You are inwardly asking yourself a lot of questions; is my partner back; is he at home? You want to prepare yourself in time how you should behave when he comes home. I need to think beforehand how I would adjust to his mood; if he comes back angry I would keep quiet; and if he is happy I must act likewise.
- Researcher** *Your mind is on how to make your partner happy without asking anything?*
- Participant Yes; I must behave in a way that will show that even in his absence I would still be happy
- Researcher** *You must behave in a way that will show that even in his absence I would still be happy?*
- Participant Yes
- Researcher** *How did this lifestyle affect you emotionally?*
- Participant It would be hurting because there was no one I could share my problems with and that would be ones' life problem. You stay with your headaches and backaches and dizziness and when you go to church and people are happy for you; you also act like you are happy; you must leave behind your baggage from home but after church you take your baggage back home
- Researcher** *Mm...Are you saying even if you are in church even if you are beaten up you act as if all is well?*
- Participant Yes. There was a time where he beat me and I had a blue eye; I had to wear heavy eye shadow and put on sun glasses because that Sunday I was to be the master of ceremonies and I couldn't say no. My mouth was also swollen; I had to say I have teeth problems and just covered my lips with a face cloth since I was standing in front of people
- Researcher** *was there any reason why you couldn't tell the pastor about your injuries?*
- Participant I was afraid I would hurt him
- Researcher** *You were afraid you would hurt him?*
- Participant Yes
- Researcher** *Okay; you said there was no food; and you felt like you were abused financially; where you*

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| | <i>working at that time?</i> |
| Participant | No |
| Researcher | <i>The person working was your partner?</i> |
| Participant | Yes |
| Researcher | <i>But was unable to give you money?</i> |
| Participant | He couldn't give me money |
| Researcher | <i>How were you surviving at home?</i> |
| Participant | I would go to his mother and get food after she went to collect pension pay and buy few things including maize meal for my kids to have something to eat |
| Researcher | <i>So your mother-in-law would buy you food?</i> |
| Participant | She would buy me those few little things |
| Researcher | <i>Oh; you said previously you were protecting your husband?</i> |
| Participant | I was afraid that at the church I had a position; I used to move around with the lady pastor and I was also one of the worshippers singing in front at church. I was afraid that if I divorce or something happens I would be damaging the image of the church because my partner and I were both members of the church |
| Researcher | <i>You would be damaging the image of the church?</i> |
| Participant | Yes |
| Researcher | <i>Was it because your husband attends church there with you?</i> |
| Participant | Yes because he was there. It would mean even if he beats me up the previous night and the next morning is Sunday and we are going to church together; we would dress up well and wearing matching clothes in order to please the pastors and show that all is well whereas I would be feeling pain |
| Researcher | <i>Okay; you were pleasing the pastor and the church?</i> |
| Participant | Yes |
| Researcher | <i>How long have you been staying with the partner?</i> |
| Participant | Fifteen years |
| Researcher | <i>The abuse that you are talking about; how many years did that occur?</i> |
| Participant | Eleven years |
| Researcher | <i>did you say you were verbally abused and being beaten for eleven years?</i> |
| Participant | Yes |
| Researcher | <i>For the eleven years the abuse was happening; was it becoming better or it would stop and happen again or was it happening all the time?</i> |
| Participant | It would stop; especially if there is no money it stops and when money is available it happens again. The friends would come and take him and when they leave him wherever they leave him when he is drunk; they come back for me to tell me that my husband is with other women and they would want me to have sex with them |

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| Researcher | <i>Are these male friends?</i> |
| Participant | Male friends; they come and pick him up and go for drinking; when he is drunk; they leave him there where they would be drinking and come back for me |
| Researcher | <i>Did he buy liquor for them?</i> |
| Participant | Yes he would buy for them. It was these young who were not working |
| Researcher | <i>Did they come back to tell you that your husband was with other women and they would want me to have sex with them?</i> |
| Participant | Yes; they take pictures as evidence to show me what is happening and say here is your partner; come and we will make you happy. When my partner comes back and I tell him what his friends were showing me, he retaliates and hit me. He would accuse me of wanting to prevent him from going to be with his friend. He trusted his friends more than me regarding what I would tell him. |
| Researcher | <i>So what his friends were saying; and the pictures they would show you as evidence of him being with other women; what would be his response?</i> |
| Participant | The friends wouldn't give me the evidence, they would just show me the pictures; they would not send them to me |
| Researcher | <i>Oh; what did you do?</i> |
| Participant | I endured; even the midweek workshops from the blue that were non-existent; normally at work they would go for workshops Sunday afternoon all the time. All of a sudden he would go midweek for workshops; when he comes back and you are unpacking his bags; you would find panty liners and my partner doesn't use panty liners and lip stick |
| Researcher | <i>Do you find them packed inside the bag?</i> |
| Participant | Yes; well packed with the clothes |
| Researcher | <i>Do you know why?</i> |
| Participant | I wouldn't know; when I find things like this I would not ask; I would just throw them away. I would just console myself that maybe it was a mistake, which happened while they were packing clothes at work |
| Researcher | <i>Are you saying would just console myself that maybe it was a mistake, which happened while they were packing clothes at work?</i> |
| Participant | Yes |
| Researcher | <i>When you saw your partner kissing his girlfriend in the car by your gate?</i> |
| Participant | I blame myself for peeping through the window |
| Researcher | <i>You are having yourself for peeping through the window?</i> |
| Participant | If I didn't peep; I wouldn't have seen it. Even with regards to your partner receiving a call while you are there with him; the pastors expect you to go out and pretend like you are busy with something; but with our case; my partner would receive those call during the night while we are sleeping; and I didn't know what to do because I wouldn't know where to go at the night |
| Researcher | <i>Ooh; when your partner receiving a call while you are with him; the pastors expect you to go out and pretend like you are busy with something?</i> |
| Participant | Yes |

- Researcher** *Ooh; so what are the other things that you refer as abuse that occurred during this period of eleven years? Things that you would like to add or you forgot to mention?*
- Participant It was hurting me badly because amidst all this, he wouldn't allow me to go and work; meaning that I should just lock myself inside the house. It was too distressing for me knowing that I could go and find a job and my children would not lack food; there wouldn't be school fees problems; I would cater for all these. He even forced me to stop going to school because he is educated and therefore I should be a housewife; he said he didn't want an educated wife; I was to stay at home. If he comes at home from work and find me bathed and dressing well with make up on; he would beat me up and say I'm coming from seeing other men out there
- Researcher** *Are you saying when he finds you well-dressed he hits you because he alleges that you are coming from seeing other men?*
- Participant Yes I mustn't be beautiful unless I am with him only when we go to church or to town
- Researcher** *Mm...the allegations that when you are dressing well means you are seeing other men?*
- Participant Yes; it means I'm seeing other men
- Researcher** *Okay, these things were hurtful for you?*
- Participant Yes; I'm not even allowed to communicate with others on my phone; if it rings and he is there; it is a problem; he would ask whom I am communicating with or he would take it while I'm busy using it.
- Researcher** *He takes it; does he listen to the conversation or what?*
- Participant Yes; he used to ask his sister to check on my phone the calls that were received and dialed; so that she can send the numbers to him then he would call all those numbers to find out who those people were.
- Researcher** *Was it for him to verify if you are seeing other men?*
- Participant Yes; it means he was having doubts. Maybe he was thinking that I had outside affairs; but I fail to understand how he would behave like that; he was thinking perhaps I was happy even if he beats me and we still go to church together and still smile and not even asking him where he was coming from. To him it meant there must be someone; a man making me happy. I was just pretending to be happy.
- Researcher** *You were just pretending to be happy?*
- Participant Yes
- Researcher** *Okay; I heard you saying you and your partner were both members of the same church; you were a senior member of the worship team and you were also given tasks like being a master of ceremonies during church services; I just want to know since you were close to the pastor; what kind of help did you want when you went to him; what were you looking for?*
- Participant Are you referring to the same time or later?
- Researcher** *The time you had problems of physical abuse; didn't you go to the pastor to find help?*
- Participant No; we were not supposed to show that things were not well at home.
- Researcher** *Are you saying the pastor is not supposed to know about your fights or problems at home?*
- Participant No
- Researcher** *Okay; I heard you saying you would be moving around with the pastor; didn't he want to know what was going on in your life or something?*

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| Participant | When he sees you happy; he would presume that all is well because he would teach us to behave in a certain way and therefore he wouldn't expect us to come and give a report that we are beaten up or partners are not coming home. It means that he believed that we as his children are doing exactly what we are taught |
| Researcher | <i>Okay; the pastor would teach us to behave in a certain way and therefore he wouldn't expect us to come and give a report that we are beaten up or partners are not coming home?</i> |
| Participant | Yes |
| Researcher | <i>Mm... So what had happened in your life where you say you were abused in your marriage?</i> |
| Participant | He eventually got a senior post and needed to relocate; I was very excited that life would be better since he was getting a better post and that we would all go to a new place where he got the post |
| Researcher | <i>So you were excited that life would be better and that you would relocate?</i> |
| Participant | Yes; life would be better since he would not be nearer his friends anymore |
| Researcher | <i>Was the post far from where you used to stay?</i> |
| Participant | Yes it was far |
| Researcher | <i>Okay; what happened next?</i> |
| Participant | He went to the new place and I was left there; ok let me take you back a bit; that time when he was continually abusing me; I went to look for a job so that I could stand on my own; was able to maintain and cater for some things in the house. It would happen that when I' at work; his girlfriends he speak with over the phone; some of them would come and start a fight and I would not even know them. They would come and say they were with this person referring to my husband; or someone would come and make a silly mistake at a point where I would be working and when I would ask what was happening; she would scream like I have done something wrong to her and my supervisor would come to check what I did to hurt the customer. It would then mean I am always the victim |
| Researcher | <i>His girlfriends were just coming to cause a fight at your workplace?</i> |
| Participant | Yes; just to cause conflict |
| Researcher | <i>Okay; how were you feeling when all this happens?</i> |
| Participant | It was not well; there was no better place to be now; at home I would not enjoy because of fear due to abuse; always thinking and when one goes to work you are also ill-treated because of his girlfriends; at church I would pretend as if all is well and it would mean I am no longer living my own life; I'm not myself. |
| Researcher | <i>Okay; you have fear because at home things are bad; even at work his girlfriends come and cause conflicts and at church as well; you live a life of pretense?</i> |
| Participant | Yes |
| Researcher | <i>What kind of life where you living faced with all these things?</i> |
| Participant | I was lying to myself |
| Researcher | <i>Okay; alright; you said you were very close to your pastor?</i> |
| Participant | Yes |
| Researcher | <i>The pastor didn't see what was happening?</i> |
| Participant | No; it came to a point when he relocated; I even took the children to his mother's place so |

that when he is busy looking for a space to live I would also join him where he was; I was very excited; little did I know that it was the beginning of separation. But before we separated; even before I got the job; I just forgot about this; I once went to my partner's supervisors at work. The supervisor is even a pastor; I went to protect him since I didn't want to file for lack of support (maintenance); for the reason that it will be an embarrassment for both of us. I went to him with the understanding that he will know how we are not getting along at home. He called my partner and he told my partner in my presence about my complaints but I didn't know what my partner said since I was instructed to excuse myself from that meeting.

Researcher *Okay; the pastor; your partner's supervisor wanted you to tell your story while your husband was there; but you were not allowed to hear your husband's response?*

Participant Yes; he said he wanted to first discuss work related issues with my partner; but when I was called back I checked the mood; only to discover that whatever I came to complain about was crushed by what he told his supervisor and unfortunately I wouldn't know their discussions

Researcher *The discussions you didn't know?*

Participant Yes; the discussions I didn't know

Researcher *What was the pastor's reaction that made you to suspect that your story is known by your partner and you don't know his story?*

Participant It's because when I reached to his office; my husband was not there; I was on the queue like everyone who was coming to report for maintenance and the pastor didn't see me; he was surprised to see me inside. When I started to share my story; he quickly recognized me and he asked if what I was sharing was really happening to me; and he asked if my husband was so and so and I agreed. He immediately called him to his office and when he came; the pastor was no longer comfortable; I was at the same crying as I explained my situation to my partner's supervisor; he called then his colleague to go out with me to give me water; saying he wanted to give him work related report. He was making me a fool; his intention was to talk to my partner in my absence and when I came back I realized that he was no longer siding with me. He told me that my partner will change henceforth. My partner told his supervisor that we are no longer having sexual relations and he had to ask me why I was behaving that way. I told him my problem was that I always suffer from Sexually Transmitted Diseases; I ended up going to the clinic when it was bad and I was feeling a lot of pain and I couldn't stay anymore when I had discharges and abscesses knowing fully well that I was faithful to him. When I go to the clinic; I would choose the one far away from my village in order to get treatment; when I come back with treatment and show him; I would be accused that I know where I got the infections from. I was also so tired of treatment even if I would be healed temporarily because he would still come back and transmit the infection to me. I would suggest that we use condoms but he would say condoms cannot be used in his house.

Researcher *Why would he say condoms cannot be used in his house?*

Participant He just insisted that condoms are not used in his house and when I told him I want to protect myself from infections; he would still tell me I know where I got infection from.

Researcher *Mm...was he blaming you?*

Participant Yes; the blame is back on me

Researcher *Okay; thank you for telling me about issues of the pastors in churches. After relocation what happened which makes say you were abused?*

Participant I was very excited that when I go off from work; we would meet home during weekends when he comes back; but he would continue the same style of going to his friends Friday evening and comes back Sunday at dawn and goes back again to his workplace in the morning before I even see him. He would only leave behind twenty rand for us and we don't communicate anything on how I must follow him and find work where he is; I'm just told to continue to work until further notice. To me I thought there was still hope because he had relocated; until I went to see his sister to discuss this matter and my partner got an t on the same day I went

to see my sister-in-law at her residence and I suggested to her that it would be better if I stop working and just stay at home because family is important than work. Accusations started that I wanted to kill him because I went to his home and he got the accident the same day and therefore I was the one who caused the accident and I was instructed not to put my foot at his place any longer until the in-laws come to fetch me

- Researcher** *Okay; he relocated; he went away; you are not allowed to visit him where he works; he comes back and you don't see him; when you go off and went to his home the sisters-in-laws accused you of wanting to kill him when he got an accident?*
- Participant Yes; they accused me of bewitching him; and by that time I didn't know that he left me pregnant; I started to have morning sickness while he was gone. I went home and found him there and when I told him about the pregnancy he told me I knew where I got it from and unfortunately I got a miscarriage because I was always having migraine and not healthy.
- Researcher** *Was it related to the migraines you had?*
- Participant Yes; it was stress about the abuse I was faced with
- Researcher** *How did this end?*
- Participant Do you mean stress?
- Researcher** *No; the whole issue of abuse you were going through.*
- Participant I was told not to visit our home; I stayed where he left me when he relocated. One day I was in the taxi and I got inside the taxi some people who knew how my life used to be; there were people who knew that my husband is going to get married and they spoke about it in my presence. Some of his colleagues came to me and advised me to go and check my marital status at the Department of Home Affairs which I did; only to discover that I was divorced.
- Researcher** *Hmm...you were divorced without knowing?*
- Participant Yes; I had no clue; I got divorced not knowing it until I went to Home Affairs. I was never served with papers; I don't know what happened
- Researcher** *you don't know what happened?*
- Participant Yes; it means he took that advantage
- Researcher** *How were your feelings towards this?*
- Participant That hurt me beyond my imagination; to me even when he went away he was still my husband; when he divorced me and I accidentally found out he was getting married; it took me down.
- Researcher** *What do you mean it took you down?*
- Participant I got so sick because I was so distressed to a point of just sleeping.
- Researcher** *What was it; distress of what?*
- Participant Stress yes.
- Researcher** *Was the stress related to the fact that you got divorced unknowingly?*
- Participant Yes; at the same time he took the kids away from me.
- Researcher** *Was he staying with them where he relocated?*
- Participant When he relocated; I was the one who took them to his parents' home because I felt I was better if I was the one who is left behind since I was working at the township where he left me. Little did I know that he would take the kids away from me?

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| Researcher | <i>Mm...how many kids did you have then?</i> |
| Participant | I had three. |
| Researcher | Oh... |
| Participant | And by that time he took all the children and I have a disabled child. When they in-laws would mock at me; they would be telling me about my disabled child; saying that in their family they don't have a child who is disabled. |
| Researcher | <i>Oh...did you get married already having this child?</i> |
| Participant | Yes |
| Researcher | <i>Oh...he took the child and still they would mock you about your disabled child; how was the child's reaction towards this?</i> |
| Participant | Yes; the day I went to fetch him; he asked me why his daddy was treating him like differently and I asked him what the father did. He said every time he asked for something; he would tell him; "you get it from your mother and I am not your father". |
| Researcher | <i>Was he telling the child?</i> |
| Participant | Yes he was telling the child. |
| Researcher | <i>Was the child affected by this?</i> |
| Participant | Yes; he was affected; he grew up knowing he is the father and he was told in an unacceptable way when we were fighting as partners; telling him about his disability |
| Researcher | <i>Was he mocking the child?</i> |
| Participant | Yes |
| Researcher | <i>Was it because the child was not his?</i> |
| Participant | Yes; because the child was not his. |
| Researcher | <i>He was not saying anything to his own kids?</i> |
| Participant | He was starting to tell the other siblings that he is a disabled child and they are not related. |
| Researcher | <i>Did the other siblings show that the father was telling them such things?</i> |
| Participant | Yes; their behaviour had changed; you could notice that there was division between the elder one and the younger ones. They young ones were no longer showing me some respect; they could even tell me I am not educated; and I don't even have a home. You could see that the children were fed with the information all the time; all the time. |
| Researcher | <i>Are you saying the kids would confront you and say you are not educated and you don't have a home?</i> |
| Participant | Yes |
| Researcher | <i>How did you feel when the children were no longer showing respect?</i> |
| Participant | Yoo...it was so hurtful to be told these things by your own children. They used to even tell me that their father said "ndi dabadaba/ I am a fool". She is not educated and does not have a home. By that time I had to move from where he left me when he relocated because even the electricity was cut off and I went to go and stay in a RDP (Reconstruction and Development Programme) house. The children are told your mother is a fool; kids were asked; "how can you want to stay with a mother who stays in an RDP house and she is an |

- uneducated fool"? The children said no.
- Researcher** *How did you feel when the kids told you their father said you are a fool?*
- Participant When his children are telling you straight forward?
- Researcher** *Their father is feeding them with the information?*
- Participant Yes; even the step mother; and my sisters-in-law.
- Researcher** *From there what happened?*
- Participant After he went away and relocated; I felt I couldn't hide anymore because people started to be aware of it; then I went to church to tell my pastors about my problems.
- Researcher** *Okay; going to the pastor occurred only when marriage was over?*
- Participant It was when the marriage was over and everyone knew about his walking out of marriage.
- Researcher** *you said before then you used to go to church together and pretending that all is well; protecting the church and your husband?*
- Participant Yes
- Researcher** *But you were hurting?*
- Participant Yes
- Researcher** *What happened when you went to church looking for help from the pastors?*
- Participant I told the pastor about my challenge that my husband left me and he is no longer taking care of me; and he also took the children. "Was it after divorce? No; it was before I discovered that I was secretly divorced; I was starting to explain his relocation and complaining about the distance between us".
- Researcher** *The information you gave to the pastor; was it when your partner relocated and working far?*
- Participant Yes
- Researcher** *And then?*
- Participant Then the pastor started to go and ask my husband's colleague who also fellowship with us; then my husband started to notice that I go and expose him to the pastor at church.
- Researcher** *When you to the pastor; you saying that he takes your confidential information and tell friends?*
- Participant Yes
- Researcher** *He tells his friends or your husband's friends.*
- Participant No; he tells my husband's colleagues
- Researcher** *The pastor goes and tells your husband's colleagues?*
- Participant They are my husband's friends and colleagues.
- Researcher** *Okay*
- Participant The colleagues would tell my husband about what the pastor was saying and this would backfire and I would wonder how he knew all these because I couldn't say anything to him since you couldn't ask anything from him. It means I started to lose hope there because it

- was not safe to tell the pastor your problems.
- Researcher** *Okay; you lost hope because it was not safe to tell the pastor your problems?*
- Participant Yes; my deep secrets about the things that I'm going through.
- Researcher** *He ends up telling the colleagues and friends of your partner?*
- Participant Yes; my partner would come back very angry at me or he would call me over the phone and say I must stop exposing him. I would wonder why he is so cross with me and how I am exposing him; he would then tell me everything that I told the pastor. I would be shocked how the pastor told my husband; he would then tell me he heard from his colleague
- Researcher** *So you were wondering he was so cross with you?*
- Participant Yes I was shocked how he got all this information; he would not even doubt to tell me that he got it from his colleague and the colleague is very close with the pastor
- Researcher** *Oh...the pastor exposed your information and told the owner through his friends.*
- Participant Yes
- Researcher** *Okay; you said you were shocked?*
- Participant Yes
- Researcher** *What happened after the pastor told your partner's friends?*
- Participant It means I started to lose hope on him; the pastor started to dig in about the fact that my partner left me and I told him; so he was now interested in finding out if it is true that my husband left me; in order to verify if I told him everything. It means he found out that indeed my husband left me; he started to lose hope in me
- Researcher** *When he wanted to verify if your husband left you; what did he actually do?*
- Participant I used to hear the worshippers I sing with telling me that the pastor asking them if it was really true that my partner left me; alternatively he would ask other congregants to find out how I am living and how my behaviour is.
- Researcher** *So the pastor is digging information?*
- Participant Yes; to some of the church members
- Researcher** *You said the pastor was very close to you; did he not trust you with this?*
- Participant Remember I had already told him; it means he was not satisfied with the information I told him; he wanted more than enough; it seems he was doing his own research
- Researcher** *Was he searching for more information from those you sing with at church?*
- Participant Yes
- Researcher** *Okay; what happened?*
- Participant After he discovered that I spoke the truth to him; his treatment towards me changed.
- Researcher** *How did it change?*
- Participant Like the pastor would tell people in the worship team to tell me to not stand in front or instruct them to tell me he does not like the way I dress up; or told to move away from the microphone which is situated next to the pulpit; and that the pastor is noticing that I have lust towards her husband.

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| Researcher | <i>The pastor who is saying all this; is it the lady pastor?</i> |
| Participant | Yes; it is the lady pastor |
| Researcher | <i>Is she saying you are too close to the pastor?</i> |
| Participant | Yes; I'm too close to the pastor |
| Researcher | <i>You are not supposed to sing standing next to the pastor?</i> |
| Participant | Yes; the microphones were set according to our voices; so mine was put next to the pulpit since I started attending that church. So I was told to move away from the pulpit and she didn't like the way I was dressing up; she doesn't like my eyes; I mustn't participate in anything in the church; she doesn't trust me with the pastor; even when the church is out I mustn't go home with him; even if I were to go to the crusade I must wait for church car to fetch me and not go with her husband any longer; I must wait until everyone is sorted and then the church car will come and deliver me home |
| Researcher | <i>Okay; are you saying the lady pastor had problems with you?</i> |
| Participant | I don't have a husband I stay alone. |
| Researcher | <i>You are staying alone now?</i> |
| Participant | Yes |
| Researcher | <i>You said used to be very close with him; and even when you were travelling with him before there were no problems?</i> |
| Participant | Yes; they were no problems even if he could deliver me home from the crusade even when we were two; it was not a problem |
| Researcher | <i>The problem started after your partner left you?</i> |
| Participant | Yes; and also because I was unable to give what I used to give to her |
| Researcher | <i>What kind of things were you giving her?</i> |
| Participant | I used to buy; I would come wearing shoes and she would say they are beautiful; then she would ask where is hers; meaning the following week I must buy her the same pair of shoes. Even hand bag or perfume if it's smelling good; she would ask where is hers; it means I would know I owe her if I would buy myself something and I didn't buy for her as my mother and pastor |
| Researcher | <i>Was it the time while you were working?</i> |
| Participant | Yes while I was working and even when I was not working but still with my husband |
| Researcher | <i>Was it while your husband was still taking care of you?</i> |
| Participant | It was during the first four years in marriage while he was still taking care of me; remember he abused me for eleven years after that? |
| Researcher | <i>So it means when she would admire something you will do it for her?</i> |
| Participant | Yes |
| Researcher | <i>Are you saying now you don't work and your husband is gone; she doesn't want to be closer to you?</i> |
| Participant | She doesn't want me closer |

- Researcher** *She doesn't want you to participate at church?*
- Participant Yes
- Researcher** *How was all this making you feel?*
- Participant I lost that hope. There was a time when I backslidden and stopped going to church because I told myself it's pointless; church people are bad including pastors and their wives more than outsiders. Even when people are having a conversation about church and crusade; and I'm passing by; I would just say there is nothing; it's all the same; the pastors are just looking for your money and when they finish you they will abandon you. They make you like an orange and squeeze the juice out of it and then throw it away.
- Researcher** *Oh...these were your feelings?*
- Participant Yes
- Researcher** *That the pastors are just looking for your money and when they finish you they will abandon you?*
- Participant Yes; and by that time as a married person I would go up and down doing all crusades and the church becoming full and all that ; but when you don't have a husband anymore and you don't have support; but I was dedicated working hard for the church and not even resting; not even missing a service. I would attend an a night pray on a Friday; Saturday I would attend worship practice and Sunday early in the morning I would be at church attending intercession prayer and still attend the main service and the evening service. All these church services I attended sacrificing everything to find myself in the house of God. I thought when I was having my marriage problems and divorce; it would be church people who would be closer to me; only to find that they would be the ones who will push me away. The elders of the church would also run away from me as I come nearer them; it would mean that the lady pastor could have told the elders that she didn't trust me any longer.
- Researcher** *What were the actions of the main pastor towards you?*
- Participant I couldn't see his actions because I heard that when he was invited somewhere to preach; he asked people to pray for him because there was someone in the worship team that he truly loves even when he would just look at the person; and he requested people not to go and tell the person since she is innocent; it is him who loves her. Then I was told that he requested the wife to stand up for the people to see her; and people started to have a problem about who would be the culprit; since the pastor has a beautiful wife. I found out only when the person who invited the pastor started to investigate from the other people who were there to check what kind of a person was the pastor referring to; and he was told that she is a person who dresses well and she is innocent. I was told the pastor requested the whole congregation to stand up and pray for him so that the spirit of lust could come out of him.
- Researcher** *Was he referring to lust kind of love; and expose himself in front of people?*
- Participant Yes; I was then told by another man that someone asked for the detailed information about the appearance and he concluded the pastor was talking about me.
- Researcher** *Okay; did you say the pastor could say he is lusting towards a woman; and mention this in a congregation; is this the reason why the lady pastor didn't love you any longer?*
- Participant I'm not sure because after the incident; I saw the change in the way the lady pastor's was treating me. A party was once arranged for the pastor when he was ordained as full time pastor; the lady pastor would offer us material for making uniform for the worship team to wear at that function. Since I knew that the lady pastor admires me; I went and made my own dress and I didn't know that my dress would look better than hers. When I arrived at church on the day of function; everyone was saying I messed up because I was dressed well as compared to the lady pastor. Even the video operator was focusing on me more than others. It was like my outfit was matching with that of the main pastor but his wife's outfit was not proper. Mind you; she was the one who gave us the material to my make our outfits. My dress was matching with the outfit of the pastor and his children and the video person thought I was one of the pastor's children and the focus was on me too. To make matters worse the

photographer made the cover picture for the video; the picture that has the pastor; his children and me. I heard later that when the video copies were delivered; the lady pastor had to throw them out of the gate of the church because of me appearing with her family on the cover and this was the time when my husband had started to just go and come back and I didn't realize what was then happening.

- Researcher** *The pastor and his wife then didn't know that your husband was intending to leave you?*
- Participant No; they didn't know
- Researcher** *Oh...in this instance you were blamed innocently?*
- Participant Yes; I didn't know anything
- Researcher** *Thank you for telling me your experience regarding the treatment you received from the pastor when you needed help and you couldn't find it. When it happened like you explained to me; did the pastor help you or not when you went seeking help; do you think you got help?*
- Participant I didn't find help; I ended up not going to church anymore.
- Researcher** *Okay; you did not find help and you stopped going to church; the pastor didn't offer help; what is it that you find that you were not offered help by the pastor?*
- Participant Can you repeat please?
- Researcher** *What makes you think was the reason of the pastor's failure to give you help in time of need? Mind you; you mention that you were no longer needed after your husband left you? Was the pastor scared of you?*
- Participant Yes; what I understood was that she was scared because I was a divorcee and I always looked presentable; maybe she thought I could take her husband away from her and she would remain with no husband.
- Researcher** *You thought the lady pastor is scared that her husband would be taken away from her?*
- Participant I think so because there was a time when her husband said the church should contribute money to buy food for me and that the people should support me and buy electricity for me telling another person who went and told the lady pastor what the husband said.
- Researcher** *The lady pastor was not happy about this?*
- Participant No; I was so happy that if the husband was having these thoughts then the wife will help me in another way; I was surprised when the pastor called me to ask how I was living after my husband left me. I couldn't understand what the pastor meant asking me how I was living; and the pastor then told me to stop singing with the worship team
- Researcher** *Was it the lady pastor who was telling you this?*
- Participant Yes; it was the lady pastor saying that because I'm divorced; it would be an embarrassment to her.
- Researcher** *Okay; I understand; thank you so much. How would you like pastors to assist you?*
- Participant Pastors can help us if they don't always teach us spiritual things; they must teach us life realities in order for them to understand the challenges we go through; like during women services; we can have discussions where women are able to talk about issues they are confronted with. The pastors will then know that in their churches there are women who come heartbroken and spiritually hurt.
- Researcher** *Are you saying pastors are always teaching you spiritual things?*
- Participant No

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| Researcher | <i>Nothing is mentioned concerning abuse?</i> |
| Participant | No; it means they think it's obvious we know about it. |
| Researcher | <i>Don't you have gatherings where issues of abuse are addressed?</i> |
| Participant | No; we always talk about prayer and fasting; we don't talk about abuse. |
| Researcher | <i>Are you saying pastors should have knowledge of the things that women go through?</i> |
| Participant | Yes; it means pastors must attend workshops to understand what women go through; how we are abused. If the pastor comes to church and find me wearing sunglasses; he must be concerned why suddenly I am wearing them because we are beaten and still go to church without them noticing; you are still called the podium and perform a certain duty still covering your face with a face cloth and when you are asked about the cloth; you lie and say you have toothache because you are afraid to tell. |
| Researcher | <i>Okay; they are not checking what people are going through?</i> |
| Participant | No; even if you are not coming to church they don't call to find out what's going on; maybe you cannot call them because you don't have airtime to call them; they don't bother to call to check for reasons of your absence from church; maybe I am beaten up or I am feeling sick |
| Researcher | <i>If you are a worshipper in front there and the pastor don't see you singing; are you saying they don't bother to call to check for reasons of your absence from church?</i> |
| Participant | No |
| Researcher | <i>So your wish is that pastors should be concerned?</i> |
| Participant | Yes; they must not be concerned about our spiritual matters only; there must be communication; I think communication would be the best medicine. |
| Researcher | <i>Okay; I need to understand; you were saying pastors don't encourage a woman to speak out; she needs to agree on everything; are there teachings related to how men should conduct themselves?</i> |
| Participant | Men used to have their meetings but we don't know what they talk about; or what the pastors tell them. One would think they are told they are bosses and other things; one may not know because they are not telling us. |
| Researcher | <i>Okay; alright; I'm very thankful; do you perhaps want to add something on what you were telling me?</i> |
| Participant | Eh...what I can add is...let me say the relationship I have given me a problem; remember I didn't get counselling the way I needed it; now that I moved on with my life; I had remarried. |
| Researcher | <i>You remarried?</i> |
| Participant | Yes; where I am now; regardless of the fact that I am dearly loved; the previous scars makes me to be suspicious if my husband acts in a certain way; I immediately reacts and that makes one think about abuse. I have lost self-confidence; I am always scared; I have low self-esteem; I'm always scared that maybe things may turn to be the same. It means those things affected me in a way that when people speak to me; sometimes I don't even hear them. |
| Researcher | <i>Always scared that maybe things may turn to be the same?</i> |
| Participant | The abuse has overwhelmed my thoughts since I did not get the counselling I was looking for; and I am easily irritated; I immediately come to a conclusion that the abuse is resurfacing. Even if my partner's phone rings; and I know that there is no any other woman in his life; I become affected in a way that start to have serious palpitations and start to have a running tummy. |

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| Researcher | <i>Oh...you start having serious palpitations and a running tummy when your partner's phone rings?</i> |
| Participant | Yes |
| Researcher | <i>You have not recovered from the previous abuse?</i> |
| Participant | Yes |
| Researcher | <i>When the phone rings?</i> |
| Participant | I become so scared that my heart experiences severe pain and I also experience a running tummy. |
| Researcher | <i>The running tummy; Are you referring to diarrhoea?</i> |
| Participant | Yes; even if we would have some misunderstandings; I will have a tendency of going back in my mind to think that the same thing of abuse is happening. |
| Researcher | <i>Is your mind suspicious that the abuse will happen again?</i> |
| Participant | Yes; I don't have self-confidence anymore; my partner is innocent; I am the one who has bad thoughts because sometimes I would be so easily irritated and even cry that my previous partner hurt me; and my husband is not supposed to have such problems |
| Researcher | <i>Okay; he knows that you were previously abused?</i> |
| Participant | Yes; he is aware. |
| Researcher | <i>Okay; he still shows you love?</i> |
| Participant | Yes; too much. |
| Researcher | <i>The issue now is that you were hurt previously?</i> |
| Participant | Yes; I see that he tries a lot to show that he wants to cover the scars; but he is covering the area that is rough; I'm trying to learn bit by bit to build the lost confidence; but the main problem is the divorce that was not handled in a proper way because my previous partner left me with a lot of credit where he bought things using my name; they cannot even change my surname because the divorce file does not have papers inside; its empty. When I go to the court to report; I am told to apply for rescission so that I can retain my marriage status and apply for a proper divorce. My challenge was that if I were to go back and start that process; I have already picked myself up and I was now independent |
| Researcher | <i>Does the law force you to remarry when you are already married to someone else?</i> |
| Participant | Yes; I went to ask and I was referred to the magistrate; in the banks my accounts are still having my previous marital particulars; even with my identity document, it changed in September. They needed a letter guaranteed by the court that showed that I am a divorcee. The house is on my previous surname even in the banks; so I needed to change to my maiden surname so that all my things change; the letter that is found in the divorce file. When they call the court where the divorce was granted; they were told that the divorce file is available but it's empty; there is nothing that shows that there was a subpoena issued or a summons that I needed to go to court on which date. The file is empty. So they told me that the new marriage that my previous partner has was non-existent; because there might be things that he did that are not legal. |
| Researcher | <i>There might be things that he did that are not legal?</i> |
| Participant | Yes; so that he could divorce me; so the courts were not going to say anything about his new marriage; but they would deal with my rescission so that the divorce can be done in a proper way; because as he is; he never maintains his children at all |

- Researcher** *Did you fear to go through the process of rescission?*
- Participant I wanted to go through the process because the surname and the bank details won't change if the letter that is needed is not available; but when I think about the whole process; the pains and the wounds come alive again because I forgot to indicate a part where he took all the kids away from me the time I was compelled to stay in the RDP house and the kids were told a lot of stories. He took the children for a period of two years.
- Researcher** *Hmm...for a period of two years?*
- Participant Yes; he took them for full two years; and he relocated them where I couldn't reach them until when I discovered that he divorced me; I ended up going to Legal Aid; thinking they will give me help. I was not getting help everywhere; I tried to report to the magistrate for maintenance but it didn't help; I went to Legal Aid I could also not get help because my partner is also a legal person. I went to Legal Aid wanting to open a file for divorce; when they called the Department of Home Affairs and they were told I am divorced. When they called my ex-partner to get a grant for divorce; what is it called; court order; no; divorce decree; he faxed it to them and I got the decree; but wherever I go with it; like at the bank; I was told it is not the original decree; it was just a notice that the divorce was concluded. On the divorce notice he had written that I stay with the kids and he maintains them by giving me a stipend of two hundred rand; this made me to go to the police station and asked the police to accompany me to go and take my children. They asked me if I knew where the kids were; I told them I only knew where the father lived. They indeed accompanied me and went to the place where he stays; only to find that the boy was there; the girl was not there she had visited the step-mother's sister in a far place; we had to go another day to fetch her. Then I think I got all the kids by the 27th of December; by the 11 of January the next year; the father sends people to come and ask for the kids to come back since the schools had opened; they didn't have the courtesy to come when I went with the police to find out what had happened for the children to be taken like that. I refused that they go with my children; I told them I will go and apply for child grant and my kids will survive through the grant and get food from social workers and attend public schools and still get food from school. If I can't afford uniform they will use their normal clothes. Those people did not listen to me and they went back and took the father; kid's father and other relatives. I don't have relatives who could support me when I'm confronted with things like these because I grew up without parents; I was taken care of by my aunts. Those people came and sat down with me wanting to take the kids and I refused; the way my kids were telling me how they were suffering; I could not allow them to go and stay with their step mother
- Researcher** *They were staying with the step mother?*
- Participant Yes; she was staying in Gauteng; while the father of my kids was working in Limpopo
- Researcher** *Oh...she was staying in Johannesburg while he was in Limpopo.*
- Participant Yes
- Researcher** *Okay; I understand. Thank you for adding this information and I believe it will help pastors to know how the women are feeling and the way they want to be helped. Thank you for your time; is there anything that you want to ask or still add?*
- Researcher** *If there is nothing to add or ask; I thank you; thank you very much.*

ANNEXURE H

Interview Transcript for Church Leader

- Researcher** *Good evening*
- Participant Good evening
- Researcher** *How are you?*
- Participant I'm blessed thanks and you?
- Researcher** *Thank you. It is well. Thank you for giving me this time to come and talk to you about this project. I have already explained the purpose of the project. You just let me know when you are ready to start with the questions.*
- Participant I'm ready
- Researcher** *Thank you. Okay. The first question is: what are your views regarding support that you provide to women who report intimate partner violence; that is those who come and say they are abused by their partners?*
- Participant First of all let me say that when women come to me it is difficult in the first place to hear of another woman's pain. To be honest I have once ben there, I am in my second marriage now. My first marriage was very abusive physically, verbally, emotionally, (laughing) even financially; so when a woman comes because most of them to be honest, most of them you find that where there is abuse in ninety (90) percent of the cases it's not only one kind of abuse. You find that it's more; it's either verbal abuse always goes hand in hand with physical abuse and goes hand in hand with emotional abuse and I have noticed that it's not in all the cases where even financial abuse is not part. I have noticed it's few cases where all these kinds of abuses where a man would give you money and come back and abuse you; those are few but what I have come across with the women I've been dealing with these years it's compact. It may start with emotional and verbal abuse and it goes to physical and obviously if a person is physically abusing you; those people won't give you money because they want to see you suffer you know. You find it's all four in one and now to get out of that as a woman it's very difficult. Number one you ask yourself if I go, if I leave I'm going to be labeled a failure so It's like I'm now a failure, I failed myself, I failed my children if I have children, I failed my parents because you will first run to your parents and from the background where we grew up our mothers tolerated a lot and when you talk to your mother she will tell you "ri khou tou kondelela" / we are enduring. Vhuhadzi ndi nama ya thole ya fhufhuma ri a fhunzhela / A wife's in-laws are like lean meat; we keep the froth from boiling over with a spoon' / A wife must tolerate all the difficulties in marriage and never give up). So if you see me like staying with your father it's not that is rosy. Go back. What would the society say because they saw me marrying you out and I'm the one, I for one grew up in church. Yooo... it was difficult even in church. I grew up in Baptist church and you look at the people there and you even see how they behave and you realize you can't tell anyone. It's the culture in the church that would then say no; no you cannot be bringing this. So you are stuck you cannot go on their partners?
- Researcher** *Sorry, before you go on; I will come back to a woman being stuck. You are talking about the culture of the church, what are you talking about?*
- Participant Number one is... yes. You cannot be married and come back. It's like a taboo and also when you look in the church (laughing); there are no people who are able to put up faces like church people.

- Researcher** *What do you mean?*
- Participant What I mean is that you look at the couples in the church they are looking very... you know and you look at them and you say can I approach these ones? These ones won't understand because they look so happy, the family look together, the mother, the father, the children coming together to church so you can't go to them they won't understand. And you look at that woman, that one even when she preaches she is talking holy, holy life everything is going right in her family so I can't go to that one. So that's it's like this culture; can I in inverted coma call it a "false culture" that is prevailing in the churches.
- Researcher** *Is it false culture?*
- Participant Yes
- Researcher** *Okay. You were also saying women become stuck okay?*
- Participant So you find yourself stuck in this situation, you can't run back home and you can't talk to anyone in the church and obviously you can't tell your friends and even your neighbor it's a no; no. Now what do you do?
- Researcher** *Oh that's why you are saying it's very difficult?*
- Participant It's difficult. I have been there I'm talking from experience so when a woman comes to me I begin to understand that oh I went through that so that I can understand what other woman is going through. So when they come to me I tell them to relax and tell me everything. I start by telling them to say when you look at me with my husband you may think that I may not understand what you are talking about and I tell them my story and they are able to open up and tell me this is what is happening and the other thing is that fifty percent of the women I have helped are the families in the church and when you look at them they look very happy, they look very together, they understand themselves so yet when you start engaging with the women you are so shocked as to what is happening in the four walls of the house.
- Researcher** *All right. You said the women come to you; what do they tell you?*
- Participant Mm...I have a recent case that I'm still dealing with now. The woman was working and the husband said "ga ke batle mosadi a berekang" / I don't want a working wife. I will take care of you and she stays at home she becomes a nanny in the house taking care of everything. The case that I'm dealing with currently she says when the husband comes home; he would even do this to the table (wiping with a finger) and say there is dust, what were you doing the whole day and then oh... you were not cleaning my house? So tell me what were you doing the whole day? And that's where it would all start and he would beat her up and over and above that when they go to the bedroom it would be bring, I want to see who you were with during the day when you didn't clean my house. Very painful and when all this is happening the children are watching.
- Researcher** *In the bedroom?*
- Participant The abuse in the house.
- Researcher** *So she is beaten up?*
- Participant She is beaten up, she is told you are useless and "ke go etseditse molemo" / I made you a favor. I married you and I brought you to Gauteng when you were a nobody. I took you to driving school now you can even drive. And then the family has five cars, she says then she was not allowed to drive and don't ever touch my cars. So even coming to church she would walk with the children. Five cars are parked in the yard.
- Researcher** *The husband is not coming to church?*
- Participant Her husband was not coming to church. She is a full member and she gets beaten up, verbally abused. Three weeks ago she calls crying, the man was sick in a coma in hospital. Mama I have his card but I don't know his pin number; the children... the schools are opening I need money to pay transport for the children. She didn't even have money, even money to go and see him, visit him in the hospital. We had to provide money. Things like make up and

what, what I had to provide because if she buys makeup she is told and then what is this for? Who are you beautifying yourself for to see? "O etsetsa mang?" / For whom are you doing this? And she is such a beautiful young girl but physically, verbally, emotionally and even financially abused. It's painful you can cry. And now how do I help these women?

Number one is to emotionally support in the sense that when she told these negative things I speak to her and say you are beautiful, you are intelligent, you are capable. Stand in the mirror and look at yourself and say I am beautiful. I am capable. Three times this young girl, three times she registered with Unisa / University of South Africa. She says during the year she would say to the husband can I go and register? He would say bring forms and I will give you money and never gives the money; so I was discussing with her on Tuesday, I went to see her and she said Mamma I want to go back I want to do teaching next year. I said get the forms we will see how we can help you. I can help financially where I could but there are certain things I can't. The problem is even if you help it has to be in secret because an abuser if he finds out that there are people that are helping her when we leave... I remember one time I visited her and when we left I gave her some money and said you would buy yourself something then it was a problem. I don't want to see that woman again in my house.

Researcher *Okay before you go to helping these women, I understand how you helped her or you are still helping her; what are other women reporting to you?*

Participant Others report extra marital affairs in the church.

Researcher *So the husband and the wife are churching together?*

Participant Yes. There is another woman also in the church.

Researcher *In the same church?*

Participant In the same church

Researcher *What happens now when a woman finds out that there is another woman in the same church?*

Participant The cases I had were three cases but they were not in my church, there were in the other churches. They come to me and say we don't know how to handle this. Okay what evidence do you have that this is happening? These women would bring a lot of stories to say... true stories like this are happening.

Researcher *Like what?*

Participant This other one when she finds out; she found out what was happening was that every time after church; wait for me I need to... they use one car. Wait for me I need to take sister Sharon home and the next thing you know sister Sharon's window broke and you know she is a single mother; she called and I need to help her with something; then sister Sharon, sister Sharon and as a woman you know because the Bible says out of the fullness of the heart speaks the mouth; so sister Sharon is always in the mouth of my husband and when I question the man becomes violent, aggressive so to say. Then it went on and on to a point where the husband packed and left and went and stayed in sister Sharon's house.

What the man used to do, during the week because they were I leadership; during the week he would be staying in sister Nyambe's house. Sunday he would make sure that he comes home in the morning, picks them up and goes to church together so that look happy and all is well and after church he brings them home he drops them off, he goes back. And first of all you know you would start by praying; lets pray about it you know but it just went on and on and now let's talk to your pastor at church and she reported to the pastor and the pastor said I will speak to your husband and the following week they are called and she is told you are undressing your husband. You cannot be coming here and speaking this alleging this and this about your husband.

Researcher *By the pastor?*

Participant By the pastor. By the pastor; to a point where the children found out and the elder son ended up by saying Mama I am not going with you to that church anymore. Eventually the mother and the children left the church and the husband filed for divorce. The husband is still staying

with sister Sherry (fake name) the family they are still staying here, the wife and the children. And what he did he also take his cars, they had three cars. He came and took the first car, the second car and the third car. I used to give the woman lift to go to work and the children until she was able to buy her own car.

- Researcher** *Yes I understand why you say it's difficult especially because you are from there.*
- Participant I am from there.
- Researcher** *Thank you. Do you still want to add something regarding the views that you have?*
- Participant My view is that I don't think as a church we are doing much.
- Researcher** *Okay why is that?*
- Participant I think it's a perception that when people say they are born again they know the Bible so they will live according to what is written in the Bible but is not all of them that are living according to the Bible.
- Researcher** *Okay I understand, they are not living according to the Bible?*
- Participant Yes, according to the Word of God. And number two I don't think the church is well equipped especially the Pentecostal church; to deal with these issues because around May I counselled a woman she was from Faith Mission; for fifteen years she was living in abuse, husband and wife are in the church and she is told she cannot divorce. In fact her case is almost like this one because the husband... she says it's eight years since the husband has left.
- Researcher** *Oh... it's another case of extra marital affairs?*
- Participant Yes another case. The husband has left staying with another woman and even the pastor told her that you can't divorce. And I told her that do you know that you are already divorced because that's what the Bible says, marriage is between two people if there is a third one there is no more marriage. Your husband is already married to that other woman. Now the problem is that if something happens, she is a nurse, if something happens to you, you are still married in community of property that husband of yours is going to come and claim everything and take everything and go and use your money with the concubine. And she said what do I do Mama and I said there is no more marriage.
- Researcher** *So the Pentecostal churches are still saying do not divorce?*
- Participant Do not divorce. She says the pastor says God hates divorce and it's in the Bible.
- Researcher** *So for eight years she fears because the pastor says God hates divorce?*
- Participant God hates divorce. But I said you are already divorced, you are already divorced because your husband is staying with another woman.
- Researcher** *So except this extra marital affair what was the other thing that made the man to leave her?*
- Participant She says eh... (Laughing)... men? She says the man was a teacher and you see when they go to these marking centers, she suspects that's where the relationship developed with the other lady who was also a teacher and she is a nurse. You know nurses work shifts; the teacher they knock off together at three o'clock; holidays also they are there together so that's how he ended up packing and leaving.
- Researcher** *Okay*
- Participant The last one is pastor Phumu, the husband is a pastor.
- Researcher** *The other one who is abused the husband is a pastor?*
- Participant Yes

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| Researcher | <i>What was the pastor doing to the wife?</i> |
| Participant | The pastor... hey... the pastor was involved with the worship team leader. It became so serious. They were buying each other underwear. Pastor's birthday she would come with socks, underwear, shirt, ties, what... yes in the church. So the woman ended up leaving the church. That one she came to our church. |
| Researcher | <i>The pastor's wife?</i> |
| Participant | The pastor's wife. He wouldn't even acknowledge her in the church. It was like she was non-existent. Everything was now planned with this one, the worship leader; it was her running everything in the church. She ended up as she was opening up to me I was helping her. |
| Researcher | <i>How was she when going through these things?</i> |
| Participant | She was hurt when she came. She stayed for two years |
| Researcher | <i>Two years where?</i> |
| Participant | In the church staying with us in the church fellowshiping with us until it was in the second year God gave us an opportunity to go and speak to him because each time we would even visit he would just greet us and pass and go to the bedroom. You know by God's grace my husband and I never stopped visiting that family and we were surprised that day he came greeted and he stayed with us and my husband and I developed a... he was Shangaan and I am very fluent in many languages so I started speaking to him reaching out in his own language and he started opening up. Then that door was open we started talking and he opened up and just started to say you know the devil wanted to break my marriage then I said opportunity; then we used that opportunity and we started to talk and we counselled them. As I speak they are back together and the church is growing. |
| Researcher | <i>Okay. I hear you</i> |
| Participant | By God's grace |
| Researcher | <i>I see you have already gotten into the kind of support that you give to these survivors of abuse; what more information do you want to give me relating to the support that you give to the women who come to you reporting that they are being abused? If you want to add anything.</i> |
| Participant | How I wish I had a shelter. It's in my heart that one day God will give me the strength where I can be able to build a shelter. Sort of like... the kind of shelter I have in my mind, something like a lodge somewhere where she can just come you know with some breeze and have some air and just sleep maybe for two days, spend some two days like a holiday and pray and just get her mind of the things and when she is fine she can just pack; when she is ready she can just go back home. That's what I have in mind and heart; I am believing God for that kind of a beautiful shelter where you can even give them massage. |
| Researcher | <i>What makes you think of a shelter? What problems have you identified?</i> |
| Participant | Because you find that the woman can't go home, can't go to friends and can't go to the in-laws. |
| Researcher | <i>So these are the women who can't divulge the information about abuse to their in-laws, their parents or friends?</i> |
| Participant | You know what like what is happening in number one, the one that the husband eventually divorced, she couldn't go to the in-laws because she felt that they could never support her because she says in fact (laughing) for twenty years that they had been married; in fact the in-laws were the ones that would even bring girlfriends for him. |
| Researcher | <i>In the house?</i> |
| Participant | Arrange girlfriends for him so she couldn't go |

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| Researcher | <i>Hmm?</i> |
| Participant | And this little one, the current one, she can't go home to her mother-in-law because each time when she is beaten up she would call the mother-in-law and the mother-in-law wouldn't even come or when she comes she would take the side of the son. |
| Researcher | <i>Is that the case?</i> |
| Participant | Yes and the poor girl is from doesn't have family in Gauteng, she is from QwaQwa. She doesn't know, she doesn't have family in Gauteng. |
| Researcher | <i>I hear it's like this shelter is what you want to have in the future but what kind of other help do you give to them besides the emotional support that you spoke about and even giving those who need money; what else do you do to them? How do you support them?</i> |
| Participant | Through prayer yes |
| Researcher | <i>Through prayer; is it working though to all these women that you have been helping?</i> |
| Participant | I have taught them to pray |
| Researcher | <i>And the benefits? What benefits did you see when these people are praying and you have taught them to prayer?</i> |
| Participant | They are able to overcome some of the problems when they pray. They have the strength to endure and they even testify to say you know through what you have taught us one thing over and above your support and everything is that you have taught us how to pray |
| Researcher | <i>Okay when they testify, do they testify about their victories over these problems?</i> |
| Participant | Yes |
| Researcher | <i>For the husbands that are not part of your church maybe, do you find it easy to communicate with them and do you settle something with them?</i> |
| Participant | It is not in most cases. It is difficult when the husband is not coming to church; very difficult like in the recent case, the husband told us that I have my pastors and I am in Roman Catholic Church, I am a member so if I want to speak to a pastor I would call my pastors. "Ngizokhuluma nomfundisi wami" / I will talk to my pastor, because now we are coming with her he said pastor; I will go to my pastor. He just closes; he closes to say I have my own pastors. |
| Researcher | <i>Have you perhaps assisted women who come to you beaten up and they tell you they have reported the case to the police?</i> |
| Participant | Yes like this recent case; that child was... yoo there was a time when she was pregnant; she was beaten up. |
| Researcher | <i>Beaten up when she was pregnant, during pregnancy?</i> |
| Participant | Yes and she lost the twins. The husband is a lawyer so when they go to court by the time they went to court she didn't have a lawyer, she doesn't even have money she is not working. He just went and he won the case and he was released. |
| Researcher | <i>Are you saying he won the case because he is a lawyer?</i> |
| Participant | Yes |
| Researcher | <i>Yes I hear you. So she ended up having miscarriage?</i> |
| Participant | She lost the babies, the twins. |
| Researcher | <i>Twins?</i> |

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| Participant | She lost the twins |
| Researcher | <i>Can you explain further?</i> |
| Participant | Last year around this time she was beaten up the man came with a girlfriend then he said get out of my house. She called me and said Mama what do I do? I said now if he says get out of my house he will kill you. Can I come and fetch you? She said no if he sees your car then it would be worse. There is a lady we fellowship together she is in the next street I will go and sleep there then in the morning I will go home I said it's fine then I spoke to the other one then she said it's fine. She went and slept there, the next morning I gave her money then she went back to QwaQwa. Then in February the man got sick. The family drove to QwaQwa to say come home your husband is sick so she came back and nursed him and three weeks ago he died so with the death like that you don't know whether to say thank you Jesus (intense laugh) |
| Researcher | <i>You won't know; you won't know?</i> |
| Participant | (Laughing) you won't know to say Lord you answered our prayers. |
| Researcher | <i>Yes I hear you. I hear you.</i> |
| Participant | So I'm still supporting her. I have even asked one of the ladies at church to go and stay with her in the house. |
| Researcher | <i>Does she have kids?</i> |
| Participant | Two, the youngest is eighteen months. |
| Researcher | <i>She lost twins after...?</i> |
| Participant | The first ones were twins |
| Researcher | <i>Was it possible that she was not going home because of the kids?</i> |
| Participant | Yes |
| Researcher | <i>Does it happen frequently that when women are not going is it because of...?</i> |
| Participant | Because of the children and the other thing is that I know my situation at home; my children are used to this kind of life so when they go home I won't be able to give them this life although daddy is abusing me when it comes to his children he buys them McDonalds and what, what; he did this and that. Yes he takes care of his children but he is abusing me. He does not give me money so if I go home my children would suffer. My mother is not working, my dad is not working so we are going to suffer; we better just stay here for the sake of the children. |
| Researcher | <i>Eh... yes I hear you especially now this abuse during pregnancy.</i> |
| Participant | It happens, even when she was pregnant with the eighteen months old; there was a time when he came back home and he would beat her up. She came to church with sunglasses. |
| Researcher | <i>Okay. Do you still want to add something on the support that you give to women?</i> |
| Participant | I don't know eh... books also. |
| Researcher | <i>Do they read?</i> |
| Participant | It's difficult when you are not emotionally stable to read, that's what they say. |
| Researcher | <i>What kind of books do you give them?</i> |
| Participant | I give them spiritual growth like books |

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| Researcher | <i>Okay. Thank you. Do you find yourself needing assistance to effectively support the victims or survivors of intimate partner violence?</i> |
| Participant | Yes |
| Researcher | <i>What kind of support?</i> |
| Participant | With the women in my church I feel like I also become emotionally involved. I wish I knew other counselling facilities that I can refer them to. |
| Researcher | <i>Do you mean Christian facilities?</i> |
| Participant | Christian facilities. |
| Researcher | <i>Why do you specifically want to send them to Christian counselling facilities?</i> |
| Participant | The non-Christian don't know how to come up with the solution so to say. I have seen people going to counselling and instead they become... they end up getting worse off before they started because... can I say secular? Secular counsellors will help you to dig out everything that is inside but they don't come out with the solution. The solution is only in the Word. This is what the Word says about you; God loves you regardless of what you are going through; know that God is there for you; you know those kinds of solutions. |
| Researcher | <i>Okay; the solutions that come inside the woman; not only to dig out what had happened; how are you feeling and all those things?</i> |
| Participant | They are able to just dig out but after they dig out they can't heal the wound |
| Researcher | <i>Have you gone through that also? I see you speak with confidence that they dig out, they dig out, and they dig out</i> |
| Participant | (Laughing) I am speaking from experience. |
| Researcher | <i>Okay its fine, I hear you now, and I hear you</i> |
| Participant | It was until I got the Christian counselling that I was healed. |
| Researcher | <i>Okay that's great. What other assistance do you want to have regarding these women who are abused?</i> |
| Participant | I think financial support is not enough because I also have my own burdens so I am taking out of my pocket and sometimes you can't take out of the church coffers because you will have to explain why you are taking the money and you don't want other people to know. |
| Researcher | <i>Okay, because it's always confidential?</i> |
| Participant | Because it's always confidential |
| Researcher | <i>And do you see women speaking out just speaking in church that they are being abused by their husbands?</i> |
| Participant | When there is a level of trust. |
| Researcher | <i>Can you explain further?</i> |
| Participant | Yes. You know I have come across a pastor when you have told them your problems you will hear them on the pulpit although they won't mention names but you would know. |
| Researcher | <i>They are talking about you?</i> |
| Participant | Yes |

- Researcher** *Do pastors really preach or speak at the pulpit about women being abused by their husbands?*
- Participant You know he will give an example while he is preaching and you will know this example is me. No I just want to make people aware that men are abusing women even in church.
- Researcher** *Do they speak those things in church?*
- Participant Not usually; let me say rarely. Rarely because now when I am going to speak against or speak about its not what people want to hear. People want to hear that God will bless you; you would be successful; I see you driving a new car (laughing)
- Researcher** *Okay I understand. Mm... I thank you for this information. There is this other question; you mentioned something in the beginning about divorce. You said you told the other woman that the other pastor in the other church said you couldn't divorce. And maybe to add upon what you have said; what are your own personal views on divorce?*
- Participant If I did not get out of my first marriage I don't think you would be knowing me (laughing)
- Researcher** *That's a good one*
- Participant (Laughing) because I was also stuck. I was told God hates divorce
- Researcher** *In the church?*
- Participant In the church
- Researcher** *For how long were you married?*
- Participant Ten years. I have stayed for ten years in that abusive marriage where I was told "ngi kuzamile ngakushada, uma unghlukanaa nami akhukho ndoda engakuthanda" / I have done you a favor, if you leave me no man will love you". My self-esteem was crushed
- Researcher** *Because you are told you are told I made you a favor by marrying you?*
- Participant Yes
- Researcher** *And if you got out of this marriage?*
- Participant Do you think anyone will ever see you? No one will ever see you. That's crushing your self-esteem so when I came out of that my self-esteem, my self-worth was crushed. How I got out, a young pastor in the church just started reaching out to me and we just developed a relationship of pastor-congregant and one day it was just too much. There was a night where he came; we were not in the church together; he came at one / 1am in winter, put water in the bucket; he found me sleeping. When he was putting water in the bucket in the bathroom I thought what is he doing, does he want to wash the car during this time of the night? he came and pored that water on me.
- Researcher** *On you?*
- Participant Yes
- Researcher** *While you were on bed?*
- Participant He said I told you to get out of my house; are you still here? So I had reached a threshold. I went to church but I was just crying then he always reached out and he said today you are not yourself and that's how I opened up and tell him and he referred me to a Scripture in Matthew that says what God has put together no msn shall put asunder; now Mama I want you to underline what god had put together. So when you look at this what you call marriage, was it put together by God?
- Researcher** *Hmm... what a question?*

- Participant Just go and check everything that is happening; would God put you together with a man that is abusing you? What God because whatever comes from God is good and perfect? That was my breakthrough. I went and packed and put everything in my car, I took my children and I went home and I never looked back. The following day I looked for the lawyers. I went to the lawyer and I laid my story; he was an advocate and he said you know what; I don't even want a cent from you I will do this for free. Within a month my divorce was finalized. That Scripture set me free (laughing)
- Researcher** *So your view is that if things are not okay out you go? Do you say that?*
- Participant It depends on what am I saying if I say things are not okay because people. If I don't love this man anymore and I found someone I can start to make stories about him so that the pastor can say you can go and divorce him. So I cannot say blanket if things are not working, pack and go. You should have exhausted all the avenues; in my case even his parents didn't even want... they were tired even my parents were tired. His family because the parents would sometimes send the family to come and talk to him they said we are not going anymore. We are tired that woman if she wants to divorce; if she wants to do anything let her. In the cases that I have given you; these painful cases yes I can say this man will kill you get out before it's too late
- Researcher** *Okay thank you so much. Any other thing if you want to add?*
- Participant I think we have said enough (laughing)
- Researcher** *Thank you so much pastor. It was like you were also preaching to me. I love the information that you are giving to me and I hope that this information that you gave me will really have a positive impact in the development of these guidelines for pastors. Thank you so much*

ANNEXURE I

Field Notes for IPV Survivor

1. PROFILE

Participant: A08

Age: 37

Gender: Female

Position of Interviewee: Housewife

2. DESCRIPTIVE NOTES

The interview took place in the comfort of her home. There was no distraction as the children were all at school and the husband works in Johannesburg. The environment was very conducive and the room temperature was cool.

3. REFLECTIVE NOTES

The participant was apprehensive at the beginning but later she was calm. She then started to show anger and cried bitterly, her hands covering the face as she expressed the anxiety of being rejected. She expressed feeling useless and frustrated by getting no support from both family and church.

ANNEXURE J

Field Notes for Church Leader

1. PROFILE

Participant: B02

Age: 54

Gender: Male

Position of Interviewee: Senior Pastor

2. DESCRIPTIVE NOTES

The interview took place at the participant's residence for fear of distractions at his office because of church activities. The environment was very quiet and conducive for interviews. The room temperature was cool.

3. REFLECTIVE NOTES

The participant was at the beginning worried about the pain abused women go through and the church not doing enough. He repeatedly showed the frustration of man's rights of polygamy and infidelity and the mental torments experienced by women through pretending all was well. He was also troubled by the difficulty of reaching out to husbands who are not attending church since they refuse to be counselled.

ANNEXURE K

Naive Sketches for Church Leaders

NAIVE SKETCHES FOR DATA COLLECTION AND ANALYSIS

Kindly write down your experience dealing with Intimate Partner Violence in your Church

1. PROFILE (NB! Do not write your name here, however write the following):

Participant: B09

Age: 47

Gender: Female

Years of Experience as Church Leader: 17

Highest Educational Qualification: Masters Business Administration

2. EXPERIENCE

What is your experience on woman abuse regarding the following?

2.1 Dealing with a woman who experiences Intimate Partner Violence

It has always been a challenge for me. Sometimes I get into their emotions. I have learnt over time to control my emotions else the problem will not be solved.

Some are hopeless and just want to leave everything and move on. Some cannot move on because of their financial status, and because they lack support from their families.

My challenge most of the time is because I do not have the means to help them out of abusive environment. I do not know where to take them to get provision and this keeps them in an abusive environment. Praying with them is the only help I offer.

2.2 Breaking the silence of abuse

It is very difficult for women who experience abuse to break the silence. Women asked why, they indicate that they remain silent hoping that things will change without them exposing their partners. This silence goes on and on because in some cases, the partners promise to change but end up repeating the abuse.

This is also difficult for me as a pastor to expose because I have to be in agreement with the abused. Sometimes she is not ready to break the silence as she has no means to maintain herself.

2.3 Talk about abuse

After breaking the silence it becomes easier for them to open up. I think the biggest challenge is to break the silence, after which everything flows. Depending on the stage a person is in, some are too broken and always break down during counselling. Some have already tried self-help and flow easily.

I have learnt to treat each one uniquely, being very sensitive and attentive, and asking the Holy Spirit to guide me. I have also learnt that some change during the process. One day they out, exposing what their spouses are doing, the next moment they regret and begin to defend the same partners.

It is important to be patient and not lose heart, but allow them to express themselves to the end of the process.

2.4 Alerting the Public about abuse (Other members of the community)

Those who alert the public are usually those whom the people know about their situation. It is not easy to break the silence so they need someone who can do it for them.

Sometimes this alert is automatic because the abuser does it publicly. I have once found myself in a situation where I called the police without revealing who I was; it was when my neighbour became violent to her partner. I feel it is important to become a whistle blower, else one will regret if something bad happens.

2.5 Training yourself and others regarding Abuse?

I have learnt through on-the-job training. I have made a lot of mistakes. It is necessary for the government to provide training to the communities and help those who do counselling.

People do not report abuse because they are not aware of what exactly abuse is. They don't know what must be reported. Some have heard of how officials make fun of people who report it, and this discourages them.

2.6 Referring abused women to other relevant stakeholders (Police, Shelters, Social Workers, Health Care Professionals, and others)

To be honest, I have only referred abused women to other more experienced pastors, not to other institutions. I do not know those institutions.

3. What is your training or empowerment needs regarding Intimate Partner Violence?

A step-by-step guide on how to deal with the situation.

A list of other institutions to which I can refer abused people.

Seminars / workshops where we share our experiences of dealing with situations.

4. What are your suggestions in dealing with Intimate Partner Violence from the church point of view?

The church believes in prayer, there is nothing wrong with that but I have realised that some situations need action to be taken, but a woman is only prayed for and then left in the same mess.

The church lacks means to meet the needs of the abused. In that case the church counsellors need to know where to refer the people.

Decision-making must not be rushed on the abused. She must be given a chance to calm down and make a decision when she is sober.

An abused woman must not be treated as weak and not a prayerful woman who allowed the situation on herself. The church must understand that no one is indispensable and therefore treat the abused with dignity and respect.

More teachings on this subject must be done in church. Workshops must be organised for people to speak out and be able to realize that they are not alone in this situation.

ANNEXURE L

Confirmation by Language Editor

CONFIRMATION BY LANGUAGE EDITOR

Prof Donavon C. Hiss

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31 May 2018

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the **PhD** thesis by **Tshilidzi Rachel Nevhutanda**, titled: “**Guidelines for Support to Survivors of Intimate Partner Violence for Church Leaders in Selected Pentecostal Churches.**” The manuscript was also professionally typeset by me.

Sincerely Yours



Cert. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD