Victim-Perpetrator-Collaborativeservice-Provider-Intervention-Model

A Collaborative Intervention Strategy for Intimate Partner Violence

Zintle Ntshongwana | ORCID: 0000-0003-4305-6402
Department of Social Work, School of Human and Community Development
University of the Witwatersrand, South Africa
zintle.ntshongwana@wits.ac.za

Pius Tanga | ORCID: 0000-0003-1359-8729
Department of Social Work/Social Development, University of Fort Hare, South Africa
ptanga@ufh.ac.za

Thobeka Nkomo | ORCID: 0000-0002-0495-9521
Department of Social Work, School of Human and Community Development
University of the Witwatersrand, South Africa
Thobeka.Nkomo@wits.ac.za

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Abstract

Intimate partner violence (IPV) disproportionately affects marginalized women in South Africa. This abusive behavior is used to gain or maintain control over the other intimate partner. It usually results in physical, psychological, emotional sexual or economic harm. It cuts across different spheres of society and can occur in couples, be they heterosexual, or homosexual. It is one of the major challenges that South Africa is faced with, regardless of the initiatives to curb and eradicate it. This violence has major effects on the lives of the victims. It is also the most common form of violence worldwide and contributes substantially to the global burden of mental health problems. Evidence indicates that intimate partner violence (IPV) is disturbingly high among South African adolescent girls and young women (AGYW). It has caused a lot of havoc in several families and the lives of individuals, these range from psychological trauma, anxiety, use of drugs, alcohol and other harmful substances, physical pain, emotional trauma, homelessness, and economic crisis, to low self-esteem and death amongst other effects. Understanding the prevalence and risk factors for IPV among these emerging adults is critical for developing appropriate interventions to prevent it. This study aims to explore the potential for an interdisciplinary model that will focus on both perpetrators and victims at the same time to address IPV. It draws on the existing literature and the findings of this study to argue that a more holistic approach to prevention is likely to be more successful.

Keywords

Intimate partner violence, interventions, social workers, victims, stakeholders, perpetrators

Background

It is estimated that worldwide, 27% of women and girls aged 15 years and older have experienced different forms of intimate partner violence, with South Africa being one of the countries with a higher number of intimate partner violence prevalence (Brits, 2022). The negative effects that it has on the victims are well documented (Follingstad et al., 2012). Londt (2006) defines intimate partner violence as violence (IPV) that happens within intimate relationships where victims and perpetrators know each other, are currently in a romantic relationship or were once in a relationship. The Domestic Violence Act 116 of 1998 adds that IPV includes physical violence, sexual violence, emotional and verbal abuse, economic abuse, intimidation, harassment, stalking, damaging the property and any controlling or abusive behaviors.

In South Africa, intimate partner violence is common, with one in four women experiencing or having experienced it (Brits, 2022). Zungu et al. (2024) show that 33.1% of women experience lifetime physical violence, while 9.8% reported experiencing lifetime sexual violence and 35.5% have been reported to have experienced lifetime physical and or sexual violence at the hands of their intimate partners. The South African government took IPV as a priority and has introduced and implemented different strategies to respond to it (Government of South Africa, 2020). The government also sought to implement strategies to manage perpetrators as well (Londt, 2006). The first intervention program to reduce violence was established and implemented by the Family and Marriage Association of South Africa (FAMSA) in 1990 and it started with males as perpetrators of violence (Rothman et al., 2003). The interventions mainly focused on providing counselling to families, couples and individuals who experienced relationships issues. The intervention also had a group for men who engage in abusive and violent behaviors (Rothman et al., 2003). The South African government further established different intervention programs and models to reduce the occurrence of IPV and to break the cycle of IPV (Rothman et al., 2003). In 2008, the government established the Victim Empowerment Program (VEP) to address the high rates of criminal victimization in South Africa, with a special focus on women and children. The main objective of the VEP is to facilitate the establishment and integration of interdepartmental or intersectoral programs and policies that support, empower and protect the victims of crime and violence. Therefore, its overall objective is to ensure that communities are safe and peaceful by strengthening the human rights culture and ensuring that coordinated responses to victims of crime and trauma are effective and multisectoral (Government of South Africa, 2020). However, one of the limitations of the VEP is the lack of cooperation between departments, and lack of clarity on the roles that various departments play in achieving the objectives of the intervention.

Despite the importance of collaboration between service providers or sectors, when social problems arise, different stakeholders often remain concealed within their disciplinary boundaries and perspectives. This means that these stakeholders often work separately from each other and collaborate when they believe it is necessary. Additionally, communication challenges can arise in cooperation when sectors or service providers have different perceptions and perspectives about IPV, or they might feel excluded from the important information, and therefore cannot have a clear understanding of their role and the roles of others. There is often no standardized structure of how a collaboration should be carried out, this will be left to the individuals in the forefront to find solutions and develop effective plans for both perpetrators and survivors of IPV. The intervention aims at involving both perpetrators and survivors of IPV. However, some perpetrators might resist the involvement and participation in this intervention. This will be a challenge for the stakeholders to track the effectiveness of the intervention.

Recently, there has been a growth in research on interventions, models and programs aimed at reducing the perpetration of intimate partner violence (Hossain et al., 2014). This is because scholars have found that numerous factors contribute to the perpetration of intimate partner violence such as individual factors that include psychological characteristics, drug and alcohol abuse, and history of witnessing or experiencing violence in their families (Boonzaier, 2008). Boonzaier (2008) indicates that sometimes certain interactions may increase the risk of violent behaviors between partners, and these are called relationship factors. Moreover, sociological researchers investigated

the connections between women's abuse and variables such as education and economic status and found that there is a strong correlation between women's socioeconomic status and violence (Dabaghi et al., 2023; Kiss et al., 2012).

Some of those intervention models include individual-level interventions which are therapeutic in nature such as the Cognitive Behavioral Treatment (CBT) approach which is perceived as one of the common approaches to working with violent men. It is one of the individual-focused interventions that focuses on addressing cognitive distortions and the behavioral aspect of violence (Nesset et al., 2019). With this model, men are taught techniques on how they can manage their anger and cope with conflict. Rocha and Valença (2023) conducted a study on the efficacy of CBT on sexual offenders and their findings revealed that CBT interventions show a greater promise in reducing sexual violence and improving self-control, emotional regulation, and intra and interpersonal social skills. Saxena and Shai (2024) who conducted a study on the effectiveness of CBT on offenders had similar findings that CBT has the potential to decrease reoffending rates in both youth and adults and help perpetrators acquire abilities to successfully re-enter society.

The physical aggression couple's treatment approach (PACTA) is an extension of the Domestic Conflict Containment Program (DCCP) which aims at reducing the occurrence of physical and psychological violence. The DCCP holds a notion that both partners might contribute to the escalation of violence and therefore equips both partners with skills and techniques for conflict and anger management. Studies reveal that some couples suffering from situational violence may benefit from couples' therapy, but professionals are cautious about the risk possibility of violent retaliation between partners (Karakurt et al., 2016). Some studies emphasize that couple's therapy is not recommended especially if couples are experiencing intimate terrorism (Keilholtz & Spencer, 2022).

The socio-cultural intervention models are based on the idea that patriarchal ideology provides support for men's violence against women as their partners (Boonzaier, 2008; Padayachee & Morar, 1997). They argue that aggression is completely monopolized by men to maintain control and power within the relationship. Therefore, the intervention is based on a feminist perspective that men should be targets of the intervention to end violence against women, there is no emphasis placed on understanding the violent behavior of men.

Therefore, studies exploring the rates of perpetrators attending these intervention programs show low attendance from the perpetrators (Eckhardt et al., 2006). While the expansion of victim advocacy and support services is essential, interventions working with perpetrators of IPV have received minimum attention. If perpetrators are not included in many interventions to reduce the occurrence of IPV, they may continue victimizing others and victim interventions cannot be effective without addressing the perpetrators. The reliance on perpetrators to voluntarily attend intervention programs may be problematic as there have been studies that found the threat of incarceration acts as a motivating force for perpetrators to comply with intervention programs and maintain attendance (Ventura & Davis, 2005).

Addressing Intimate Partner Violence (IPV) requires comprehensive interventions that consider cultural, social, and legal contexts. Several countries have implemented successful models aimed at reducing IPV, enhancing victim support, and promoting prevention strategies. Below are examples of effective interventions from various countries. These models demonstrate that successful interventions often involve a multi-sectoral approach that combines prevention, support, accountability, and community engagement.

For example, Minnesota, United States, developed the Duluth model which focuses on using the community to address and respond to domestic violence (Pence & Paymar, 1993). The Duluth model features the safety of the victim and community coordination as bases and requires perpetrators' programs to be accountable to victims and to victim advocates. The Duluth model is based on confronting the denial of violent behavior, exposing the manifestations of power and control, offering alternatives to dominance, and promoting behavioral changes. The Duluth Model offers four primary strategic principles of inter-agency intervention. First, change will be required at the basic infrastructure levels of the multiple agencies involved in case processing; second, the overall strategy must be victim-safety centered; agencies must participate as collaborating partners, and

lastly, abusers must be consistently held accountable for their use of violence. The effectiveness of the Duluth model is an ongoing debate among DFV researchers, in part because evaluations of this approach show varying outcomes. When research on the efficacy of the Duluth model has been conducted by feminist-focused researchers, the programs are assessed as highly successful and effective (Voith et al., 2018). In comparison, when the efficacy of this approach is considered by gender-inclusive–focused researchers, the effectiveness is shown to be poor.

The lessons drawn from this model to be applicable in the South African case is that it will allow intimate partner violence to be understood and addressed from a female perspective as most survivors of IPV are women in South Africa (Forsdike et al., 2021). Also, the main perpetrators of IPV in South Africa are men. Therefore, this model offers men (perpetrators) an opportunity to change their adverse behavior. It also holds the perpetrators, in this case men, accountable for their actions and offers them a program in which they can work to change for the better (Hasisi et al., 2016). Additionally, this model addresses the notions of patriarchy, masculinity, and gender inequalities, to create safer environments and relationships for women and their children (Forsdike et al., 2021; Voith et al., 2018). In South Africa, gender inequality also plays a role in contributing to the perpetration of IPV.

The New Zealand Family Violence Prevention Strategy was developed by the Family Violence Focus Group. It is a holistic approach to well-being, rather than an individualistic approach. It focuses on preventing violence in families from occurring in the first place, and/or identifying violence and intervening early, which could lead to significant savings and reduce the adverse effects of violence on families. The strategy also establishes a set of principles that guide the implementation process and any future approaches to family violence prevention. This strategy was created through the collaboration of the government and different non-governmental organizations, which shows that addressing intimate partner violence needs a multi-sectoral approach. This strategy empowers the community to acknowledge community ownership of the problem and its solutions so that communities can address family violence in their own way. Empowerment also means providing individuals within the community with knowledge and training that enables them to do this work. In particular, this includes educating people about relevant New Zealand laws, what constitutes family violence, and the impact of family violence on children and their future.

SASA! was designed by Raising Voices and is implemented in Kampala by the Centre for Domestic Violence Prevention (CEDOVIP), both of which are Uganda-based NGOs (Kyegombe et al., 2014). SASA! was designed by Raising Voices, an organization that strives to influence the power dynamics that shape relationships, particularly between women and men, girls and boys and adults and children. It is a community mobilization intervention that seeks to change community attitudes, norms and behaviors that result in gender inequality, violence and vulnerability for women (Abramsky et al., 2014). SASA! recognizes that intimate partner violence results from the complex interplay of factors which operate at the individual, relationship, community and societal levels, and that if effective change is to be achieved, it is important for interventions to systematically work with a broad range of stakeholders within the community. As such, SASA! works with every level of the community to build a critical mass to support change. In the SASA! Intervention, the CEDOVIP staff worked with four groups of actors: community activists (CAs) selected from the more progressive men and women rooted in the community; local community leaders including *Ssengas* (traditional marriage counsellors), religious, cultural and governmental leaders; professionals such as health care providers and police officers and institutional leaders who have the power to implement policy changes within their institutions (Abramsky et al., 2014). Abramsky et al. (2014) conducted a study assessing the potential of a community mobilization IPV prevention intervention to reduce the overall prevalence of IPV, the new onset of abuse (primary prevention). They found that community mobilization is an effective means for both primary and secondary prevention of IPV. This means that to alleviate intimate partner violence, communities should be involved, as they are part of important stakeholders.

Radical feminist theory

Wendt et al. (2013) define patriarchy as a system of social structures and practices in which men control, oppress and exploit women. Therefore, in understanding intimate partner violence in the context of patriarchy, radical feminists argue that male violence is the basis of men's control over women. In most cases, men perpetrate violence since they know that they are regarded as the heads of the households, so they believe that they have a right to abuse their partners/ wives. Most households are financially dependent on men as the fathers and that leads to violence, as men know that traditionally, they are considered as superior to women. The researchers are of the view that societies have a responsibility to empower both men and women to remove patriarchal beliefs. This calls for a holistic and interdisciplinary model that will address IPV and include both perpetrators of intimate partner violence (mostly men) and victims (women).

Intersectionality theory

Crenshaw established this theory to understand the experiences of Black women by focusing on the factors that contribute to inequality as intersectionality (Crenshaw, 1989). This approach emphasizes that people's identities including class, race, and gender interact with systems of oppression to create unique experiences (Collins, 1998). Sokoloff and Dupont (2005) recognized how these factors influence the IPV experiences of people from diverse backgrounds. McCall (2005) describes three approaches to intersectional work: intercategorical, intracategorical and anticategorical. The intercategorical approach focuses on the comparative analysis of social groups. This approach aims to explore the experiences of different social groups with structures of oppression (Flicker et al., 2011). The intracategorical approach refers to the subgroup differences within a category. It aims to examine diversity within social categories. Lastly, the anticategorical approach recognizes how the social construction of groups creates social inequalities. To conceptualise this study, we used Crenshaw's intersectionality theory and McCall's intercategorical intersectionality approach. This theory emphasizes how the social locations of individuals are produced and shaped by interacting and mutually consisting social structures and processes such as ageism, classism, sexism and racism exerting power over individuals (Chavis & Hills, 2008; Collins, 2000; Hankivsky et al., 2012). This theory enhanced our knowledge about the unique IPV experiences of diverse individuals, and it provided a direction to promote evidence-based practices.

Critical masculinity studies

According to Connell (1995), the masculinity framework has different categories of masculinities that include hegemonic, subordinated, complicit, marginalized and protest. Connell explains that masculinities are not fixed identities but rather are configurations of practice that are influenced by the ongoing changes in the social meaning of gender and relationships (Connell & Messerschmidt, 2005). Connell (1995) defines hegemonic masculinity as a set of practices that maintain men's superiority and dominant position within society (Haywood & Mac An Ghaill, 2003). Therefore, this framework was used to understand how men's superiority and power contribute to their perpetration of IPV towards women. Connell (1995) further mentions that hegemonic masculinity is the institutional legitimization of the dominance of men in societal positions and puts women under subordination and marginalization. Connell further mentions that according to certain cultures, maleness or being a real man is associated with breadwinning, toughness, control, violence and aggression. Therefore, all men are culturally expected to show and follow the hegemonic elements and sustain dominant social roles about women when in relationships. While practicing all the elements of being hegemonic, they end up dominating and controlling women, including being physically and emotionally abusive.

Methods

This paper was extracted from a larger study that was conducted from 2017 to 2019. The study was conducted at Buffalo City Metropolitan Municipality in the Eastern Cape, South Africa. Buffalo City Metropolitan Municipality had the second-highest overall crime index in the Eastern Cape Province in 2017 and 2018. This qualitative study from the social workers' and IPV survivors' points of view aimed to recommend a multidisciplinary model that will involve a collaboration between different stakeholders to empower and support victims of IPV and rehabilitate the perpetrators.

The qualitative approach was chosen as it allowed the researchers to obtain data from IPV survivors about their experiences. It also helped the researchers to engage with social workers through open-ended conversations about their experience of dealing with IPV cases, as well as the interventions they provide. Since social workers are social service providers to vulnerable families and communities, they were purposely selected for this study to give their insights into the extent and the factors that contribute to intimate partner violence. Utilizing this approach was advantageous as it allowed the researchers to get a detailed picture of the phenomenon (intimate partner violence) researched and it also allowed the researchers to encourage participants to elaborate further on their responses, thus potentially opening new topics that could have not been considered at first. Using purposive sampling, ten (10) social workers were selected, and 10 survivors of IPV were selected using convenience sampling. According to Andrade (2021), convenience sampling is drawn from a source that is conveniently accessible to the researcher. The researchers used social workers as gatekeepers to gain access to the survivors of IPV as they were the ones who dealt with and provided interventions to the IPV survivors. The social workers who participated were from the Department of Social Development (DSD) and Christelike Maatskaplike Raad (CMR) and both groups of participants were interviewed individually using semi-structured interviews in their offices at Buffalo City Metropolitan Municipality. Semi-structured interviews were found to be the most suitable option as they allowed for an open-ended, broad, and flexible move from broader to more specific questions. The interviews were conducted and written in English for social workers and for IPV survivors, questions were written in IsiXhosa, which is a Bantu language spoken in South Africa, and is one of the official languages in the country and each interview took 45 minutes to an hour. Here, we wanted to explore the causes and effects of IPV, as well as its prevalence. Some of the questions that were asked from the participants include the nature and extent of IPV at Buffalo City Metropolitan Municipality. Also, there are questions about the forms of IPV that survivors have experienced, as well as the intervention methods that social workers have used to address intimate partner violence, Here, we explored the interventions or approaches that social workers provide to IPV survivors, and we were able to identify gaps in them, and those of the other researchers in literature.

To analyze the collected data, this study utilized reflexive thematic analysis (Byrne, 2022). According to Terry and Hayfield (2020), reflexive thematic analysis is a method of analyzing qualitative data that entails searching across a data set to identify, analyze and report repeated patterns. The process of analyzing themes also involves coding and categorizing information. Data was fully double-transcribed and coded to check the interpretations against data and to evaluate the 'intercoder reliability' (ICR). A code book that describes each code with a concrete definition and example quote from the data was developed by the researchers. The researchers independently coded the same transcripts, they furthered this step by discussing and amending the codebook. In addition, researchers adjusted the code book, and they furthered this step by developing a thematic structure to describe the results concisely. The coding concordance rate across coders between the two coders was high as both coded almost all sources to the same codes and themes.

All raw information was converted to text in that the recorded interviews were transcribed verbatim (Creswell & Creswell-Baez, 2021). Data were analyzed following the six steps namely, (1) becoming familiar with the data, (2) generating codes, (3) generating themes, (4) reviewing themes, (5) defining and naming themes, and (6) locating exemplars (Braun & Clarke, 2006). Reflexive thematic analysis was deemed to be appropriate as it assisted the researchers in identifying themes or patterns from the answers provided by the participants. These patterns or themes are based on similarities,

differences, and contradictions in the data. The researchers provided 'thick descriptions' which make a thorough description of the characteristics, processes, transactions, and contexts that constitute the factors that contribute to the prevalence of intimate partner violence, its causes as well as the interventions that were used by social workers (Creswell & Creswell-Baez, 2021). In ensuring and conforming to confidentiality, codes were provided for anonymity (Saunders et al., 2015). Social work participants are identified as SWPs, namely SWP1 to SWP 10. Also, the survivors are identified as IPVSs, IPVS1 to IPVS10. This study was approved by the University Research Ethics Committee at the University of Fort Hare, with an ethical clearance number, TAN111SNTS01.

Most social work participants in the study were females. The reason there is a gender imbalance of participants in the study and the profession, as reported by the South African Council for Social Service Professions is that the social work profession has mostly been considered as a female profession as it falls under the caring professions. Usually, women have outnumbered men in the caring professions like social work, nursing and education. Nonetheless, more males are coming into the social work profession. The findings of this study were consistent with SACSSP which found that more female social workers registered with the council than men. Most of them were junior social workers, whilst a few were senior social workers (supervisors). Data elicited from the interviews shows that none of the participants had less than one year of work experience. Of the ten (10) participants, most of them had 5 to 14 years of experience while a few reported having less than 5 years of work experience in the field by the time of data collection of this study.

All the IPV survivors were females. Most of them were not working and were dependent on their partners and others on child support grants. All of them experienced at least three forms of violence from their partners, sexual, physical and emotional abuse including verbal and psychological abuse were common among the participants.

Findings

Theme 1: High prevalence of intimate partner violence

Findings from the social workers revealed that they received many cases of different types of IPV from different areas, especially rape cases and they increase each day. Social workers revealed to have dealt with rape cases, and physical abuse of their clients by their partners. They also mentioned areas with high rates of intimate partner violence, and those with low rates. Furthermore, findings indicated that the degree to which IPV occurs differs. Family structure has an impact on the high prevalence of IPV. Findings indicated that IPV was more prevalent in broken families. Social workers also mentioned that some victims die in silence because they do not want to expose their abusers, as they are their partners and sometimes are the breadwinners.

I cannot even estimate the number of cases of intimate partner violence that we receive. It is extremely high. Most cases involve children and women as victims of violence (SWP 5).

SWP 8 confirmed that the rate of intimate partner violence is too high he said that:

> Just last week, I had a case of a woman who decided to leave her children because her partner was abusive towards her, and she could not take it anymore. She left her two children alone in a shack. The eldest is 9 years and the other one is 6 years old. They spent the whole night alone; a neighbor alerted me because the situation for them was bad. The older one could not go to school because she had to look after her younger brother, so my point is intimate partner violence is high (SWP 8).

Another social worker mentioned that:

> The advice that I usually give to my clients is to leave whilst they are still breathing, but most of them say that they cannot leave because of their children. Just last week I had a case of a woman whose husband is threatening to kill her if she leaves him. This man is emotionally abusing her, calling her names especially when he is drunk (SWP 6).

Theme 2: Contributing factors to intimate partner violence

- **Subtheme 1: Unemployment**

Based on the findings, unemployment is one of the major causes of intimate partner violence as many participants reported it. Social workers revealed that most men become violent when they are not working because they are frustrated due to being unable to meet the needs of the family. The study findings highlighted that a high unemployment rate could provide the trigger point for violent situations in the home because men become frustrated and insecure, and they end up abusing their partners. Their failure to take care of themselves and their families financially makes them violent. Almost all participants believed that there is a strong correlation between unemployment and IPV. One explanation could be that women are more likely to stay in abusive relationships if they think the costs of enduring it are less than the costs incurred in ending the relationship.

> Some of the cases that I have received about intimate partner violence involve money, a man wanted a child support grant because he claimed that he is the father of the children so the mother of the children should give him some money from the child support grant (SWP 3).
>
> People are frustrated out there and they take out their frustrations to the wrong people. We all know that unemployment is stressful, but I do not understand why men tend to abuse their wives when they are frustrated. One of my clients told me that she wanted money to buy the baby's needs from her boyfriend, and he told her that she must go and sell her body and that he was emotionally abusing her. That is an insult. They are cohabitating in one of the townships here (SWP 7).

- **Subtheme 2: Drug and alcohol abuse**

Throughout the interviews, a significant majority of participants maintained that drugs and alcohol abuse trigger violent behavior in people. Participants explained that everyone has a violent side that is recessive so when a person gets intoxicated violence can quickly escalate into a situation that is dangerous and difficult to avoid. Participants further explained that when someone is inebriated from drugs or alcohol, they cannot control their inhibitions. Being under the influence of any substance significantly increases the possibility of abusive behavior. People who are under the influence of drugs or alcohol become aggressive and they shout and yell at everyone for no reason. Sometimes they physically abuse their partners and threaten them for no reason.

An SWP mentioned that:

> When someone is intoxicated, it is easy for them to commit a crime, and it is easy for them to be violent towards anyone because they feel powerful, and they are not afraid of anything, that is why we still have many cases of violence. Our legal system releases people who are a threat to their communities and families, I can say; that alcohol is just an excuse for crime and abuse (SWP 8).

Another social worker mentioned that:

> I once dealt with a case of a woman who was abused by her partner. He would drink a lot, and whenever he came back from the tavern around midnight, he would demand everything like food even though he did not provide for her, and this led to physical abuse (SWP 9).

- **Subtheme 3: Gender inequality**

It has been revealed that men are the main perpetrators of intimate partner violence. Most of the participants reported that the perpetration of men's violence against women is regarded as a manifestation of traditionally unequal power relations between men and women. The study also found that unequal power relations render women into a subordinate position that makes them socially and financially dependent on men, with limited resources and finances. Cultural

barriers reinforce the marginalization of women, such unequal power increases women's risks and vulnerability to intimate partner violence. Culturally, men are referred to as the heads of the households so women should be submissive to everything they do. In addition, social workers believe that patriarchy is the major cause of IPV. On the other hand, some participants have also highlighted the existence of a power struggle, they emphasized that perpetrators used their physical power to abuse those who were less powerful and defenseless.

> I have received a case of a man who was physically abusing his wife, according to the wife, the abuse started long before they got married. The father even stabbed the wife in the tummy, so she had to give birth before time through caesarean (SWP 1).
>
> If I remember correctly, most cases that have been reported to me involve physical abuse of women and children by men, either husband or boyfriend (SWP 8).

Lack of knowledge and awareness about intimate partner violence

Some participants mentioned a lack of education and awareness about intimate partner violence. Participants believed that some people who perpetrate intimate partner violence are not aware of the long-lasting effects on themselves and their victims. Moreover, participants stated that people do not know that they are abusing others through their actions because they are arrogant and ignorant. Participants also reported that sometimes people are not aware that they are being abused; they tend to normalize the abuse, especially women who are dependent on abusive men.

An SWP said that:

> People in communities hold onto the belief that if someone has done something wrong to you, to make things right one should be violent so for me, I believe that intimate partner violence is caused by a lack of knowledge of our people. They are not aware that by shouting at someone, beating them, or taking their money without their consent they are already abusing that person (SWP 10).

Theme 3: Forms of intimate partner violence (IPV)

- **Subtheme 1: Physical abuse**

Participants indicated physical abuse as one of the forms of intimate partner violence that they experienced. Social workers mentioned having dealt with clients who were physically abused by their partners, for some it was evident from their physical appearance. They had bruises on their faces, one IPV survivor mentioned that her partner broke her arm as they were fighting. Another one mentioned she used not to fight back but because the abuse was too much, she ended up fighting with him. She further mentioned that she is used to the abuse but what breaks her spirit is her children who witness that. All the social workers mentioned that they advised the survivors to also open cases against their partners, some of them did open the cases, whilst others could not because they were dependent on their abusers.

> You see the marks on my face, I was fighting with my husband. That day, I thought I was going to die as I could not feel my face, it was numb. That man beats me almost every day and I sometimes tell myself that I will leave but he is the only one to support us (me and my children) (IPVS 3).
>
> My husband is too jealous, once he sees me with a man, even if it is someone that we both know, he beats me. I remember this other day, I was from school to drop off my child and I met our male neighbor, so we walked together, and he saw us. He came running and started swearing at us, he started fighting with our neighbor and calling me names. As I

> was trying to explain to him, he slapped me in the face, I could not see for a few minutes, and I fell to the ground. He fought with our neighbor, and I shouted for help, and people came (sobbing) (IPVS 7).

- **Subtheme 2: Sexual abuse**

Some participants mentioned having been sexually violated by their partners. They mentioned that their men forcefully have sex with them, especially when they are drunk. One of the participants mentioned that her husband tried to force himself on her and she was on periods, but they ended up fighting physically and she overpowered him. The abuse traumatized her. Another participant mentioned that whenever her husband wants to sleep with her, he mentions that he paid lobola[1] for her and she must satisfy his needs no matter the situation she is in.

> I am so traumatized by what my husband did (sobbing), he forced himself on me, and even when I say to him that I am not feeling well he does not care. I am convinced that he does not love me, but I have nowhere to go, and my children are still very young. My parents died and I just cannot go home, who will support us?

Another participant mentioned that:

> My social worker and sisters advised that I open a case against him, and I could not. He begged me and was crying that he would lose his job and his reputation at work and in the community would be bad. He threatened that he would commit suicide if I continued, and I felt very bad sheim and ended up not going to the police station (IPVS 4).

- **Subtheme 3: Emotional abuse**

Another form of IPV that most IPV survivors have experienced is emotional or psychological abuse from their partners. They mentioned to have been controlled and isolated by their partners from their friends and family. Many mentioned that abusers have a good way of removing them from their support systems, including friends and family. At first, they pretend to love, care and want to protect them, and you become so blind that you believe them. Once they succeed in isolating them, they start to control and abuse them. They intimidate and manipulate them until they believe and depend on them, and then they start abusing them. Emotional abuse includes excessive jealousy, threats, insults, and constant monitoring of a partner.

An intimate partner violence survivor mentioned that:

> The man damaged me emotionally, and psychologically. At some point, I wanted to commit suicide, but I thought of my children. He is always calling me names that I am loose and sleeping around. At some point, he said I was sleeping with his brother, and they fought. This affected me badly, I kind of accepted the fact that I am useless, and I have been attending therapy sessions. I want to leave but I am not working, how am I going to support my children (Sobbing) (IPVS 9).

Another survivor said that:

> Have you ever been married to someone who hates you? Someone who does not see value in you. That is me, the man whom I trusted with my life is now my enemy. I married him when I was only 19 years and he promised my family that he would take me to school, up until today he fights me once I remind him. Whenever social workers call him, he does not go there and once he gets drunk, he shouts and swears at me until the next morning (IPVS 8).

1 Nguni tribes of Southern Africa have practiced *lobola* — paying a bride price to ensure a union between two tribes, similar to the dowry's of Western Civilization. With one exception — lobola is paid in cows, and is paid to the bride's family. See : https://medium.com/@emmafreylinck/paying-the-bride-price-the-african-tradition-of-paying-lobola-56f6cdbd4cde

Theme 4: Social work interventions for victims of intimate partner violence

- **Subtheme 1: Counselling and Therapy**

Counselling is the first service that social workers provide to anyone who experienced a traumatic event such as intimate partner violence. Social workers indicated that counselling helps people deal and cope with the effects of intimate partner violence because of the support that they give their clients/ victims of IPV. They further revealed that counselling helps victims of IPV to improve their lives. They believe that counselling provided a platform for everyone to speak their minds, which helped as a catharsis for their feelings.

They have sessions with their clients that can develop a positive way of handling their situation (intimate partner violence). They provide therapy to help clients to create positive thinking and coping skills. Therapy helps clients to open up about the traumatic experience and be willing to build trust with others. Social workers indicated that therapy helps people to overcome their struggles by developing long-term tools and to break free of old wounds that are limiting their happiness and contentment. It teaches them skills and techniques for self-awareness and success.

> I think our services are effective to a certain extent due to the challenges that we face, such as lack of resources (SWP 2).
>
> We mostly focus on the victim's well-being. Once we receive a case of any form of violence, we usually involve the police to deal with the perpetrator and we then render our services to the victims to ensure that they cope with the effects of IPV (SWP 4).
>
> As social workers, we do our best to help victims of intimate partner violence deal with and cope with the effects of the violence. If a person, mostly women have experienced violence, we have sessions with them so that they can be able to open about the violence. Therapy helps them to catharsizes their emotions so that they can move on with their lives (SWP 1).

- **Subtheme 2: Referrals**

Almost all social workers mentioned that they refer their clients to other professionals who are specialists in a particular field. They stated that before they refer to them, they first provide counselling, so if the client's problem needs someone who specializes in that field, then they write a report about the well-being of the client and the reason for referral. If the client needs psychological assessment, they refer the client to a psychologist. If the client has drinking problems, or alcohol or drug abuse, they refer them to SANCA[2]. Social work participants further stated that at times they refer their clients to FAMSA.

An SWP said that:

> As a generic social worker, I normally refer my clients who need a psychological assessment to Bisho Hospital. We also have a VEP section, it is in this department but it is a section that mainly deals with victims and survivors of crime and violence (SWP 2).
>
> I had a client who was abused by her partner, so through investigations I found that the partner was abusing substances, I had to refer him to SANCA (SWP 4).

- **Subtheme 3: Psychosocial assessments**

All social workers stated that they have done psychosocial assessments after they have received IPV cases, especially for married couples. They stated that psychosocial assessments are the main tool of the social work profession, social workers do home visits to assess their clients. It has been revealed that during the assessment process, social workers consider the victim's psychological,

2 SANCA stands for South African National Council on Alcoholism and Drug Dependence.

social and physical well-being as well as their situations. Social workers further indicated that during assessment they check how families meet their basic needs to survive; they also consider interactions and relationships between family members.

SWP 9 confirmed that:

> There are many causes of spousal violence; psychosocial assessments help us to find out about those causes so that we will know how we can help. You may find out that at times going through stress leads to violence and once we find that, we try to help the victim (SWP 9).

An SWP maintained that:

> We do assessments to find out about the well-being of all family members because our role is to go beyond the presented problem and dig more into it. To successfully do that, we need to include everyone in the family system (SWP 4).

Discussion of Findings

Social workers have reported to have received many cases of IPV and most of the time; the abuser is intoxicated when perpetrating the abuse. Similarly, Gordon (2016) discovered that more than 40% of South African men have confessed to being perpetrators of physical violence to their partners and women who reported being victims of such violence were between 40-50%. Lopes (2016) found that women usually endure the pain in their abusive relationships for many years, and societies tend to judge them for exposing their abusers. Also, George et al. (2016) found that 56.7% of 310 participants in their study reported intimate partner violence, those who experienced emotional abuse were 51.3%, 40% reported to have suffered physical abuse and 13.5% reported sexual abuse. Violence according to radical feminism is a way men control, dominate and perpetuate women's subordination. By violating a woman's body through violence, women are reminded of their subordinate status (Cottais, 2021).

The study found that unemployment is the cause of poverty and when people are unemployed, they are more likely to be stressed and violent towards others. Men are more violent when they are unemployed and have no source of income to take care of their families. Furthermore, findings showed that women stay in abusive relationships because they do not have the means to take care of themselves and their children. These findings contrast with Tur-Prats (2017) who found that a decrease in female unemployment relative to male unemployment is linked with an increase in IPV only in provinces with the most distinguishable gender roles (those with the highest prevalence of nuclear families in the past). Moreover, men with a more distinguished gender identity norm perceive a relative improvement in female employment as an insult that calls into question their masculinity and abuses their partners to relieve these feelings. Some women when leaving abusive relationships must find ways to survive physically, psychologically and emotionally because there seems to be a strong relationship between poverty and abuse (Slabbert, 2010). For women who experience IPV, a firm and accessible financial outlet is essential to living an abuse-free life. Early research proved that IPV is linked to financial dependency on abusive partners and prevents women from leaving toxic relationships (Showalter, 2016). However, Torrubiano-Domínguez et al. (2015) found that the multilevel analysis opposes the existence of a significant link between the increase in unemployment in men and women and the decrease in IPV. Anderberg et al. (2016) found effects going in opposite directions. They show that a relative increase in male unemployment decreases the incidence of IPV, while a relative increase in female unemployment expands IPV.

Based on the findings of the study, there is a strong relationship between drug and alcohol abuse, and IPV. Findings revealed that when one is intoxicated, they are more likely to perpetrate violence against their partners. De Paula-Gebara (2015) argues that even though many studies link violent behavior to alcohol consumption, it is not possible to find a simple and unidirectional relationship between the two because of the complexity of the relationship. However, a Brazilian population study on alcohol-related domestic violence revealed that the abuser was intoxicated during the

abusive incident. Studies on alcoholics constantly indicate high rates of intimate partner violence (Engstrom et al., 2012; Stuart et al., 2013). Furthermore, some studies revealed that women who have suffered abuse for a long time tend to become drug addicts, compared to those who never experienced any form of abuse (Black et al., 2011; Breiding et al., 2014; Engstrom et al., 2012).

The findings indicate that gender inequality plays a significant role in the perpetration of intimate partner violence. Women are the main victims, whilst men are the perpetrators. Findings further showed that the patriarchal system renders women vulnerable to any kind of violence. Physical violence is sometimes regarded as an indispensable step to discipline females and show men's love for them. Similarly, if women behave in ways that disobey traditional gender roles, it is usually resolved using physical violence and this violence is acceptable (Gillum, 2019). Furthermore, most African cultures are based on the premised patriarchal discourse in which women are viewed and treated as properties of men. Such cultural possession and the control of women, behaviors and their bodies subject them to violence. Within this context of control and the violation of women, radical feminist theory indicates that all women are oppressed, and their oppression runs across all races, social classes and ethnicities (Renzetti, 2010). This theory also shows how South African policies are failing to address the oppression of women in gender-based violence. Intersectionality approaches to intimate partner violence against women emphasize that all oppressions exist simultaneously, and that categories of oppression mutually construct each other to create unique experiences of violence for women (Imkaan, 2019). Based on the findings of this study, survivors of IPV who were women were vulnerable to IPV based on them being women (powerless) and most of them were not working and therefore their abusers were breadwinners, or they were financially dependent on their abusers. Some of them mentioned having lost parents and therefore do not have anyone to turn to. All these factors contributed to their vulnerability and their abusers used to their advantage to abuse them. Hegemonic masculinity was used to explain men's power over women through submission and the use of violence. Some features and characteristics of hegemonic masculinity include attitudes, interactions, practices ad ideals among men that perpetuate inequality, dominance, patriarchy and power over women (Morrell et al., 2012; Jewkes et al., 2015).

Some perpetrators are not always aware of the abuse and some victims are not always aware that they were being abused, for others, they have normalized the abuse. These findings are similar to Abdullah and John (2019) who conducted a study on shutting our eyes to an open secret; they found that the level of knowledge regarding intimate partner violence among the respondents was insufficient. Furthermore, Ok-Hee et al. (2015) found that approximately 60% of the participants in their study experienced incidents of violence but the reporting rates were low.

Furthermore, social workers rendered services to victims of intimate partner violence and counselling was the first service or intervention that they provided in cases of intimate partner violence. Similarly, according to the study that was conducted by MacPherson et al. (2013) on acupuncture and counselling for depression in primary care, in their randomized controlled trial, 755 patients with depression were recruited from 27 primary practices; 302 patients from both acupuncture and counselling were recruited; findings revealed that both interventions were associated with significantly reduced depression. However, it has also been found that counselling is effective if 6-10 sessions are offered (Sanders & Hill, 2014). Goldman et al. (2016) agree that counselling is effective; they investigated a client-focused perspective of the effectiveness of counselling for depression. They recruited 12 clients who were undergoing the program of counselling for depression (CfD). All participants in the study mentioned that counselling, they learned about themselves. Counselling helped them to put their broken pieces together and be themselves again, and it helped them to feel stronger than before.

Social workers are not working in isolation, they work with other professionals and therefore, when the issue of the client is beyond their expertise, they make a referral. They know of available services locally and referral procedures, therefore, social workers refer clients to experts and specialists to make progress. These referrals help clients to cope with traumatic experiences (Kirst-Ashman & Hull, 2016). At times, before they can refer to their clients, they assess families when violence occurs. Studies have indicated that psychosocial assessments are effective because they reduce symptoms of abuse in adults. During psychosocial sessions, cognitive skills are provided to the clients for them

to positively change their perspective of life. Behavioral interventions are also provided so that the well-being of the clients can be improved as well as reducing the negative symptoms caused by an unpleasant experience (Cooper et al., 2015; Felice et al., 2018). Findings from a study that was conducted by Forsman et al., (2011) on psychosocial interventions for the promotion of psychological health and depression prevention among older adults revealed a positive impact on quality of life and positive psychological health. Derakhshanpour et al. (2017) investigated the effectiveness of psychosocial interventions in abused families, 68 participants took part in the study. Findings showed that after receiving psychosocial interventions there were changes in mothers' general health and children's conduct problems, hyperactivity and peer problems. Furthermore, findings revealed that physical and emotional abuse significantly decreased.

Victim-Perpetrator-Collaborative-Service-Provider-Intervention-Model (VPCSP-IM)

Based on the results of our study on the models that various countries have developed to address intimate partner violence (see above), the researchers propose a model that is perpetrator and victim-centered, meaning that this model focuses on the empowerment of victims and the accountability and rehabilitation of the perpetrators, and is called a victim-perpetrator-collaborative-service-provider-intervention-model. This model will empower and support the survivors of IPV and ensure that the perpetrators of IPV account and are provided with knowledge and skills about relationships and violence.

The first component of the model will focus on including different civil society organizations such as non-governmental organizations, non-profit organizations and governmental organizations such as the Department of Social Development. These organizations will build and empower IPV survivors to address issues that affect their lives, as empowerment is linked with the principles of victim advocacy. The organizations will also challenge social norms that support the use of violence against women. The organizations will also offer individual and group sessions with the survivors of IPV.

Another component would be supporting groups which will assist survivors to realize that they are not alone. They will have up to 12 sessions with the facilitator and activities such as skills building within the group to enhance their ability to recognize abusive patterns, set boundaries and develop problem-solving skills that will enable them to break free from the cycle of violence that will be applied. These group sessions will provide support, information and skills to deal with IPV and they will contribute to the healing and empowerment of survivors.

The third component of the model will include 10 weeks of psychoeducation groups with perpetrators whose abuse is triggered by alcohol and substance use. These groups will be designed to help perpetrators with substance use and its consequences. The group facilitator will provide information that will be directly applicable to the perpetrators' lives to instill self-awareness, suggest options for growth and change, and identify available community resources that can help them deal with substance use and anger management. The main aim of these groups will be to create awareness about the medical, behavioral and psychological effects of substance use. Also, these groups will help perpetrators to incorporate information that will assist them in establishing and maintaining abstinence and guide them to more positive choices in their lives. These sessions will create a safe space for men to heal, take responsibility for their actions (violence) and develop alternative ways of dealing with conflict and anger. Some of the services that will be provided to them include counselling and men's support groups. These include one-on-one support and couple counselling. Gender sensitivity training for men will also be included to understand gender roles and stereotypes, the impact of IPV, healthy relationships, and promoting positive masculinity which will empower men and those who perpetrate violence to become advocates for gender equality and prevention of IPV.

Comparing this model to traditional approaches to combating intimate partner violence such as Cognitive Behavioral Therapy (CBT) or interventions such as women's empowerment and microfinance programs that focused solely on women and excluded men as perpetrators of violence

(Kim et al., 2007), it appears important to also include in interventions, men as perpetrators of violence, so that the fight against IPV is holistic and more effective. This model sees IPV as a social problem that requires a multi-sectoral, multi-stakeholder approach to tackle. This model includes both men and women of all ages, as well as survivors and perpetrators of different forms of IPV. This model also complements the existing research to further strengthen the evidence base for intimate partner violence interventions.

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