Exploring lived experiences of female students on Intimate Partner Violence at an institution of higher learning

by

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DISSERTATION

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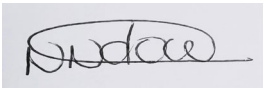
DECLARATION

I declare that the dissertation **'Exploring lived experiences of female students on Intimate Partner Violence at an institution of higher learning',** hereby submitted to the University of Limpopo, for the degree of Master of Social Work has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.



Ndou N (Ms)

26.03.2025

Date

DEDICATION

This study is dedicated to Mommy’s Princess, Rendani “Rere” Millicent Ndou.

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ABSTRACT

Intimate Partner Violence (IPV) as a form of Gender Based Violence (GBV) is considered a societal problem and it occurs in all settings where there is an intimate relationship. IPV is global concern and Higher Education Institutions (HEIs) are also affected by this problem including South Africa. Researchers have previously studied IPV but there is still lack of studies on female students' experiences with IPV at HEIs that were conducted in Limpopo, hence the study was conducted at an institution of higher learning in Limpopo. The study took the form of a phenomenological study aided with exploratory research objectives located within the qualitative paradigm. A total of eight female students from an institution of higher learning were interviewed. Participants were selected based on the fact that they have experienced IPV. The researcher made use of an interview guide and employed semi-structured face-to-face interviews using open-ended questions as a guide and as a data collection method. Data was analysed through deductive thematic content analysis. The findings of the study were centred on the experiences of participants and the role and function of the Gender desk, which highlighted the significance of reporting instances of IPV to the appropriate authorities as a crucial approach in tackling this problem. The findings in the study revealed that participants had experienced a diverse range of IPV such as emotional, sexual and sexual violence in the hands of their intimate partners. The participants were expected to possess knowledge of both the gender desk and the fundamental protocols for reporting cases of intimate partner violence. In addition, the findings discussed the subject of comprehending the protocols for reporting occurrences of IPV. Lastly, the findings focused on the intervention platforms implemented within the institution to tackle the problem of intimate relationship abuse. IPV has a substantial negative impact on the academic achievement of its victims due to the stress and trauma they experience.

Key words: Gender based violence, Gender desk, Intimate partner violence, Higher education institution.

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CHAPTER ONE

GENERAL ORIENTATION OF THE STUDY

1.1 Background and motivation

Intimate Partner Violence (IPV) as a form of Gender Based Violence (GBV) is considered a societal problem and it occurs in all settings where there is an intimate relationship. The World Health Organisation (WHO, 2021) explains IPV as any activity that results in sexual, psychological, or bodily harm to those who are in a relationship with the perpetrator. IPV can impact negatively on women and result in physical, mental and financial problemsThe study by Myende (2017), established that participants were subjected to verbal abuse that included name-calling, profanity, and swearing. This type of violence may have a negative effect on female students' self-confidence, resulting in self-blame. IPV is a widespread issue that affects many women in society, and female students at Higher Education Institutions (HEIs) are not an exception. Research indicates that IPV is on the rise in HEIs, including colleges and universities (Barkhuizen, 2013; Gordon & Collins, 2013).

The research study that included responses from 150,000 students at 27 American HEIs, 23% of female students reported having had sexual contact with their intimate partners that resulted in physical harm or incapacity since enrolling (Krebs et al., 2016). In addition, the National Union of Students (NUS) reported that, of 2000 students in England, Wales, Scotland, and Northern Ireland, 12% of female students had experienced stalking, and one in seven had experienced severe physical or sexual abuse at the hands of an intimate partner (Anitha & Lewis, 2018). While violence against women is a worldwide issue, Africa stands out as a prominent continent looking at the prevalence of intimate partner violence in East Africa which was found to be high as compared to the global prevalence of 30% (Tessema et al., 2023). Wood et al. (2020) reported that, IPV has been a public concern globally in HEIs over the years, and African institutions of higher learning are not an exception. Approximately 90.3% of participants in Allen's (2017) study on IPV among female students at the University of Venda reported having been victims of intimate partner abuse (physical, emotional, psychological and financial) in some capacity. The presented literature gives a clear indication that HEIs across the globe experience IPV.

Matzopoulos et al. (2019) found that in South Africa, GBV encompasses not only rape, but also IPV and femicide. South Africa has experienced a continued trend of IPV cases for over fifteen years. In support, findings to a 2017 study revealed that one of the highest rates of IPV against women in the world were found in South Africa (Abrahams et al., 2017). Moreover, Matzopoulos et al. (2019) continued to explain that incidents of IPV have emerged as a significant concern from 2010 to 2019. Women have continued to lose their lives due to male attackers, and several offenders are being apprehended daily, while some cases remain unreported. Moreover, the Afro barometer survey conducted in 2023 found that a majority of women, specifically 60%, who were victims of homicide were killed by their intimate partners.

HEIs have explicitly outlined the repercussions of sexual harassment in their sexual harassment policies. Nevertheless, IPV is not explicitly covered by institutional policies. During the 2020/2021 period, the South African Police Service (SAPS) documented 46,214 incidents of sexual offences against women, with 36,330 of those being rape cases (Statistics South Africa [Stats SA], 2021). A study performed by Gender Links (2014) surveyed 5600 individuals in Gauteng, Kwa-Zulu Natal, Western Cape, and Limpopo. The findings showed that 51% of women in Gauteng region experienced GBV, whereas 78% of men from the same region were identified as perpetrators of violence against women.

Similarly, it is crucial to acknowledge that although these statistics illustrate a significant prevalence of GBV among women, men are also affected by this issue and can become victims of this widespread problem. Lien and Lorentzen (2019) argued that men are also victims of GBV perpetrated by their female partners. They are subjected to physical abuse, psychological abuse, threats, material abuse, sexual harassment, economic violence, and dominating behaviour. However, Langa-Mlambo and Pillay (2014) further said that South Africa lacks reliable data on recorded rates of IPV. Nevertheless, the most accurate population assessment revealed a lifetime prevalence of physical IPV of 25%. The most prevalent forms of IPV include emotional, sexual, and physical abuse.

The primary legislations in South Africa that specifically deal with violence against women are the Domestic Violence Act (No. 116 of 1998), which falls under the jurisdiction of the Department of Social Development, and the Sexual Offences and

Related Matters Act (No. 32 of 2007), which falls under the jurisdiction of the Department of Justice and Constitutional Development. These Acts specifically target the eradication of violence against women in South Africa through the use of criminal law. Therefore, the study's background highlights the necessity for investigating the real-life encounters of female students about IPV within an institution of higher learning.

1.2 Motivation of the study

The researcher was motivated to undertake this study, as she is currently a practicing social worker at a health centre in an institution of higher learning. The number of students that are being referred to the centre and others directly consulting on their initiative after being physically assaulted, raped, and emotionally traumatised by their intimate partners is alarming. The researcher assumed duty as a Social Worker at an institution of higher learning in March 2021 and the Gender Desk was established in July 2021. The number of students that consulted the centre about GBV between March 2021 to 2023 was 40 and 18 of those cases were IPV cases. These are the cases that the researcher personally intervened in and form part of her caseload. The researcher guided by social work principles such as non-judgemental attitude, respect for individualism and uniqueness of each person and self-determination assisted her to be aware and self-conscientious of any biased attitude towards participants.

1.3 Research problem

There are high levels of underreporting of GBV cases in South Africa and it is also a challenge in HEIs. This begins with ‘Who’ are the female students experiencing intimate partner violence? This focuses on demographic details such as age, year of study, and background as well as the characteristics of the partners involved in the violence. The next aspect is ‘What’ forms of intimate partner violence are female students experiencing? This refers to the physical, emotional, sexual, financial, or psychological abuse as well as specific incidents and their frequency. The next aspect is ‘When’ does the intimate partner violence occur? This focuses on the time of day, week, or academic term and over what period has the violence been occurring? The next aspect is ‘Where’ is the intimate partner violence taking place? That is on-campus locations such as dormitories, classrooms, or common areas. The next aspect is ‘Why’

are female students experiencing intimate partner violence? This refers to underlying causes such as power dynamics, cultural norms, or stressors. Further, the next aspect is 'How' is intimate partner violence affecting the female students? This focuses on how is it impacting their academic performance and mental health as well as how do they cope with the violence on a daily basis?

The 2019 report by the Council on Higher Education (CHE) highlighted that underreporting of GBV cases is a result of the victim's lack of knowledge of existing institutional procedures and not knowing what to do (Davids, 2020). The University is a microcosm of society, and stated literature above, shows that the same scourge also affects entities within these institutions. The majority of women and young girls are victims of IPV; often subjected to physical and sexual violence resulting in psychological trauma (Decker et al., 2015). The University of Limpopo subsequently responded by establishing a dedicated intervention platform called "The gender desk" in 2021. However, there is limited information known to the university community about the formal activities of this intervention within the campus. Therefore, the study explored the lived experiences of female students on IPV at an institution of higher learning as a subject of scientific enquiry.

1.4 Purpose of the study

1.4.1 Aim of the study

The study aimed to explore the lived experiences of female students on IPV at an institution of higher learning.

1.4.2 Objectives of the study

The objectives of the study were as follows:

To determine female students' awareness of what IPV entails and its nature
To establish the female students' knowledge of IPV intervention platforms at an institution of higher learning.
To develop guidelines for the prevention of IPV.

1.5 Significance of the study

It is hoped that the findings of the study will benefit the university community as a whole in terms of awareness and understanding of IPV. The researcher acknowledges that IPV is a major problem in society and is least understood. Therefore, the study will bring more insight and understanding to institutions of higher learning on how to address IPV. It is also envisaged that the study yields insights and recommendations that could potentially assist institutions of higher learning in improving and strengthening the Gender desk and strengthening the GBV policy.

1.6 Operational definition of key concepts

1.6.1 Female students

In the context of this study, the term female students referred to all female students currently registered at an institution of higher learning (2021 -2023) that reported IPV cases at the University health centre and gender desk.

1.6.2 Gender based violence

This refers to “violence directed at a person based on his or her biological sex, gender orientation, or his or her perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual or psychological violence; threats; coercion; and arbitrary deprivation of liberty and economic deprivation, whether occurring in public or private life” (United States Government GBV Assessment Report, 2011).

Gender-based violence refers to physical, sexual, verbal, psychological, and economic violence, threats, harassment, stalking, damage to property, invasion of privacy, and controlling behaviour that threatens the safety and well-being of the respondent (Domestic Violence Act, No. 116 of 1998). For this study, GBV will include all forms of IPV perpetrated against female students at an institution of higher learning.

1.6.3 Gender desk

For the purpose of this study, gender desk will refer to an office within an institution of higher learning that addresses gender related issues including IPV.

1.6.4 Intimate partner violence

Any acts perpetrated by an intimate partner or a previous partner that causes physical, sexual, or psychological harm such as aggression sexual coercion or sexual harm, psychological abuse, and controlling acts (WHO, 2021). For this study, IPV will refer to any physical, sexual, or psychological violence against a female student by their current or previous partner.

1.7 Outline of chapters

The study consisted of five chapters and are presented as follows:

1.7.1 Chapter one: General orientation of the study

Chapter one provided the general orientation of the study. A discussion on the motivation of the study, the research problem, the significance of the study, the aim and objectives of the study, research questions were provided.

1.7.2 Chapter two: Literature review

Chapter two presented the literature review used in the study. The chapter reviewed previous research work done on intimate partner violence by other researchers regarding intimate partner violence. This chapter also discussed the theoretical frameworks used in this study.

1.7.3 Chapter three: Research methodology

Chapter three outlined the methodology applied in this study. This chapter further discussed the research design, population, sampling techniques, data collection, data analysis, quality criteria, and ethical considerations that guided this study.

1.7.4 Chapter four: Presentation of findings, analysis, and discussion

Chapter four consisted of data presentation, interpretation, and analysis thereof. Discussions on the study findings based on the participant's responses were presented, guided by the study's aim and objectives.

1.7.5 Chapter five: Summary of the major findings, conclusions, and recommendations

Chapter five presents a summary of the study findings and conclusions based on the study's aim and objectives. The chapter provided recommendations for institutions of higher learning on how to deal with IPV within HEIs.

1.8 Conclusion

Chapter one presents an overview of the study. A discussion on the background of the study and the research problem was given. The study aim, objectives, and the research methodology that guided the study were developed. The research study was qualitative which allowed the researcher to gain detailed information on the subject under research. The next chapter (chapter 2) reviews literature on IPV making use of various documentation.

CHAPTER TWO

KNOWLEDGE AND INCIDENCE OF IPV

2.1 Introduction

This chapter will cover the notion of IPV, knowledge and awareness about IPV, which refers to a broad range of violent actions targeted at persons based on their gender. The chapter explores the characteristics of IPV in institutions of higher learning, a phenomenon that continues for long durations within these settings. This pervasive problem is a thorny issue on a worldwide level. The chapter further explores forms of IPV, such as sexual assault, physical violence, psychological abuse, and socio-economic abuse. Furthermore, the chapter specifically examined the occurrences of IPV among female students in HEI. Then, lastly presents the theoretical foundation of the study, namely Johnson's Typology of IPV, formulated by American sociologist Michael Johnson.

2.2 Conceptualisation of Intimate Partner Violence

IPV is a type of violence that occurs within the context of an intimate relationship between two individuals. IPV is a widespread and prevalent occurrence that is present in all countries, cultures, and communities (Finchilescu & Dugard, 2018). IPV encompasses actions occurring in a close relationship that result in physical, sexual, or psychological damage (Murvartian et al., 2023). This encompasses activities such as physical assault, sexual coercion, psychological abuse, and dominating behaviours. This statement helps distinguish between IPV and other types of domestic violence, including as child abuse and elder abuse (Barrios et al., 2021). Based on the research conducted by (Brown et al., (2015); Capaldi & Kim, 2007), this concept recognises that violence can be perpetrated by individuals of any gender and is not restricted to heterosexual, homosexual, or married relationships.

Over the years, other classifications of IPV have been suggested. Different classifications are created according to the nature of the violence (Cuesta-Ramírez, 2021; Johnson & Ferraro, 2000) and the individual traits of the perpetrator (Miller & Meloy, 2006). Chase et al. (2001) found that employing a combination of these strategies leads to the most optimal result. To gain a comprehensive understanding of IPV, it is crucial to actively recognise and classify different manifestations of IPV

(Ferrer-Perez et al., 2020). This includes the identification of its origins, connections, and outcomes. Understanding the intricate nature of IPV is expected to greatly improve the creation of more suitable and targeted solutions, as well as better the assessment of intervention results with greater sensitivity.

Both the offenders and the people affected by the crime, whether as victims or survivors, come from many groups or are influenced by a range of situations that either trigger or worsen the issue (Ferrer-Pérez et al., 2019). By acknowledging the potential existence of several forms of IPV that have distinct origins and, as a result, require diverse methods of intervention, we can enhance our comprehension and delineation of IPV. Additionally, it can aid in the advancement and systematic evaluation of preventative actions. Creating suitable and precise screening instruments can be advantageous for assessing the probability of IPV (Beck et al., 2013).

Acquiring information and comprehension of different types of IPV can be beneficial in this specific scenario. Beck et al. (2013) and Wangmann (2011) argue that differentiation can be beneficial in defining post-separation parenting arrangements in family law. This is because it examines the specific occurrence of IPV and its effects on both the parent who is the victim and the children (Gracia et al., 2022). However, it is difficult to find evidence that is relevant to any of these different categories inside a single literary work. An analysis of this nature could provide significant benefits for academics and practitioners who are in the early stages of their professional development (Murray et al., 2018). The objective of this section is to conduct a thorough examination of the many classifications of IPV. An exhaustive examination is carried out, making use of the available resources, to comprehensively evaluate the different forms of abuse, encompassing the characteristics of violence, the attributes of both male and female perpetrators, and the distinct classifications of abuse. The advantages and constraints of each form of use are explicitly delineated.

2.2.1 Knowledge of Intimate Partner Violence

The Lancet Psychiatry Report (2022) found that the most common form of violence globally, including in South Africa is IPV, and most victims are women. The report further discovered that IPV significantly increases the prevalence of mental health issues worldwide (Brits, 2022). In addition, South Africa has been noted as one of the

top five countries leading with femicide cases making it a country with more problems that need immediate attention than most countries. Furthermore, it was noted that IPV as a form of GBV remains a prominent health issue in South Africa (De Wet-Billings & Billings, 2024). The above reports noted that IPV contributes negatively to health issues worldwide and South Africa is amongst the countries with high rates.

Msibi and Sibanda (2016:36) define GBV as “a broad range of violent actions perpetrated against individuals based on their gender”. IPV is a notable public health concern that violates human rights, including those of women (WHO, 2021). Abramsky et al. (2020) concur that IPV targeting women gives rise to apprehensions regarding worldwide human rights and public health. Furthermore, WHO (2021) underscored the persistent occurrence of IPV worldwide, specifically targeting women, and highlighted its significant detrimental effects on their physical, sexual, and emotional well-being.

According to Stinson et al. (2021), women aged 18 to 24 have the highest rates of IPV, which makes up fifteen percent of all violent offences. Women between the ages of 18 and 24 and 25 and 34 are the age group that is most likely to be victims of IPV. The writers cited above have discovered that a significant proportion of women who experience IPV are adolescents and young adults.

According to Tracy (2007), women who have been subjected to IPV by their male partners endure feelings of fear, harm, substantial medical expenses, and psychological and physical wounds. Treves-Kagan et al. (2019) found that approximately 33% of female homicide victims aged 15 and above are murdered by men who are their current or former spouses or partners. When compared to their male counterparts, IPV is more frequently experienced by women. Nevertheless, it is crucial to acknowledge that men can also be subjected to abuse by their female companions. Zuure (2018) asserts that men are indeed subjected to sexual assault, stalking, and physical violence by their intimate partners. This is corroborating evidence for the proposition. A study undertaken by WHO in 2012 revealed that men who are currently or were previously in a close relationship with women are the primary perpetrators of violence against women. However, it should be noted that women are capable of exhibiting violence towards males on certain occasions. According to a study conducted by Deshpande (2019), society rarely acknowledges the potential for women to engage in acts of violence against males due to the widespread influence

of gender stereotypes. South Africa continues to grapple with the ongoing battle against the widespread issue of GBVF, which is a very dangerous epidemic (Bain & Durbach, 2021).

The researcher contends that cultures and traditions exert a substantial impact on the increasing prevalence of IPV targeting women. In numerous societies, women and children are regarded as patriarchal chattels that are owned by men (Basile et al., 2013; Murray et al., 2018). Women who hold inflexible traditional gender beliefs in their relationships have a higher likelihood of experiencing IPV (Beck et al., 2013). This is because these ideas promote conformity to societal expectations regarding women's behaviour. Due to the predominance of men engaging in violent conduct and assuming dominant roles in relationships, IPV is considered a manifestation of the male-dominated societal structure (Carlson et al., 2019).

Due to the cultural practices related to dowry systems, Kange (2018) asserted that over ten women in Bangladesh are subjected to acid attacks every week, while 22 women are believed to be killed daily in India. Both of these incidents are ascribed to chemical attacks. Approximately 77% of incidents involving violence against women in Nepal occur in locations other than their residences. This suggests that women in Nepal are regarded as expendable commodities. The phenomenon of honour killings in Pakistan results in the annual deaths of approximately 450 women and girls. This number holds great importance (Kange, 2018; Overstreet, et al., 2019).

Zakar et al. (2013) conducted a study in Pakistan, which was published in the same year. According to the research, males held the belief that the main duty of a husband was to assume leadership within his household, exercise authority over his spouse, and set limits or restrictions on her behaviour. Ogland et al. (2014) assert that the following statement is accurate: Research conducted in Uganda has revealed a significant correlation between a controlling spouse and a higher likelihood of experiencing IPV throughout one's lifetime (Overstreet et al., 2019). The data cited above offer compelling evidence that IPV against women persists in numerous countries due to cultural and traditional norms.

2.2.2 Incidence of Intimate Partner Violence

The WHO (2013) research on Global and Regional Estimates of violence against women undertook a thorough analysis of scientific data on the frequency of IPV and non-partner sexual violence. The report concluded that IPV is the most prevalent form of violence faced by women globally. Moreover, it is worth mentioning that 35 percent of women worldwide have encountered physical or sexual violence inflicted by either a non-sexual or an intimate relationship (Stinson et al., 2021). Furthermore, the data revealed that intimate partners and family members were responsible for causing the deaths in 58 percent of the cases, making up nearly half of the overall total. Based on a survey conducted by the Italian National Statistics, 31.5% of Italian women between the ages of 16 and 70 had encountered instances of physical or sexual assault at some stage in their lives. ISTAT (2014) reported that 62% of the abuse suffered by these women was committed by their current or former spouses. A recent survey undertaken by the Centres for Disease Control and Prevention (CDC) revealed that almost 25% of women in the general population have encountered IPV at some stage in their lives (Easterbrooks et al., 2018).

While violence against women is a problem that affects the entire world, Africa has the highest incidence of GBV, as reported by WHO in 2013. Violence against women is highly prevalent, as evidenced by Deshpande's research in 2019. Studies have demonstrated that Africa exhibits the highest incidence of physical and sexual violence, specifically within domestic relationships. In the American region, the occurrence of IPV against women was the highest. Specifically, 37% of women in relationships reported having experienced IPV at some point in their life. Africa, the Eastern Mediterranean, and Southeast Asia had the highest occurrence of IPV specifically directed towards women. The survey indicated a relatively low occurrence in areas distinguished by affluent incomes (23%) and in Europe and the Western Pacific (25%) (WHO, 2010).

Through a thorough analysis of more than fifty population-based studies carried out in thirty-five countries, it was found that a range of ten to fifty-two percent of women encountered physical abuse, while ten to thirty percent experienced sexual assault from an intimate partner (Elias & Machado, 2018). A survey conducted by Mkhonto et al. (2014) revealed that 30% of women in Malawi had been subjected to physical

violence, 28% had experienced economic abuse, 25% had encountered mental abuse, and 18% had suffered from sexual assault. Within the population of Kenyan women, 20% encounter emotional abuse, while 17% face a combination of controlling behaviour, physical violence, and sexual assault (WHO, 2010).

The prevalence of IPV in South Africa has reached epidemic proportions, causing great concern. Mazibuko and Umejesi (2015) found that South Africa received the highest position in the world in 2002 due to the number of occurrences of violence against women that were reported. A study that was conducted in 2018 by the South Africa Gender Protocol Alliance (SAGPA, 2018) revealed that a significant proportion of men residing in South Africa have engaged in IPV towards women. Studies show that the lifetime frequency of sexual violence in South Africa is quite high at 26.2% at academic institutions (Beyene, 2019) and 24.9% among women between the ages of 18-49 (Steele et al., 2019).

Physical IPV is prevalent in South Africa, with between 20% to 33% of women reporting having experienced it at some point in their lives. This information is derived from population-based research studies. As an extra point of interest, according to Sibanda-Moyo et al. (2017), forty to fifty percent of men acknowledge having engaged in physical partner abuse. South Africa exhibits elevated levels of violence directed towards women, with one out of every six fatalities stemming from an intimate relationship (Msibi & Sibanda, 2016; Ragusa, 2017). This suggests that South Africa exhibits a significant prevalence of violence directed at women. This is supported by the findings in a study by Allen (2017) which found that Limpopo Province has the highest rates of IPV in South Africa. The findings in the study revealed that 92.23% of participants (women) reported being victims of any form of IPV (psychological aggression, physical assault, sexual coercion, and/or injury) in their lifetime and the act was perpetrated by their intimate partners. In most cases, South African women are murdered by their male partners. One example of an incidence in this category is the case of Karabo Mokoena, who experienced physical assault and was ultimately murdered by her former romantic partner (Nikulina et al., 2021).

In the same breath, Schwartz (2018) highlighted that the 32-year sentence given to the former partner of the late Karabo Mokoena did not bring her back to life. Nandi Mbizane was reported as missing, and her ex-boyfriend was the final one she was

observed in the company of in 2012. In addition, Nosicelo Mtebeni, a 23-year-old student at the University of Fort Hare, was ruthlessly killed by her boyfriend. The mutilated corpse of Mtembeni was discovered in Quigney, forcibly confined within a suitcase, with more fragments of her body discovered in a nearby black refuse bag (Malibongwe, 2021). Reeva Steenkamp was shot four times by her lover, Oscar Pistorius, who claimed to have mistaken her for an intruder in the restroom (O'Brien et al., 2016). Steenkamp was fatally shot following a fight with Pistorius. Here are a few instances of women who have suffered sexual assault or murder perpetrated by their present or former romantic partners.

2.3 The characteristics of college intimate partner violence

HEIs are experiencing prolonged durations of this epidemic, which is a grave concern on a global level. Nowotny and Graves (2013) assert that the fallism movements occurring among South African students, such as the #RapeCultureMustFall movement, are indicative of how students see and act in response to these matters. Several surveys conducted thus far have evaluated the prevalence of GBV within South African institutions and among students (Odle-Dusseau et al., 2018). As per the (2019) Policy Framework addressing GBV in the Post School Education and Training (PSET), GBV has been a longstanding issue within the PSET system. Recently, there has been a growing number of accusations regarding the sexual assault and homicide of female students (DHET,2019).

According to the (2019) Policy Framework on GBV in the PSET, the majority of the men who perpetrated these crimes against women were familiar to the victims, either as current or former partners or as other students. The policy framework also emphasises that these individuals were well acquainted with the victims (DHET,2019). Around ten percent of students who participated in a recent study conducted by the American Association of Universities on 27 campuses reported experiencing IPV during their college years (Sanchez-Prada et al., 2018) discovered that 31% of female college students at a big university system reported psychological and physical abuse as the most common kinds of IPV after enrolling at their institution (Varela-Guinot, 2021). This information was disclosed in a recently conducted study.

Furthermore, Bonomi et al. (2014) conducted a survey that revealed a lifetime prevalence rate of 42.3% for IPV among female students residing in campus dormitories at the University of Ibadan in Nigeria. Again, 41.8% of pupils reported experiencing psychological abuse, while 7.9% reported physical abuse, and 6.6% reported sexual abuse (Woerner et al., 2023). Moreover, based on the results of a survey conducted at a university in Bulawayo, the capital city of Zimbabwe, it was discovered that 46 percent of female students cohabiting with a partner encountered frequent incidents of IPV (Chireshe, 2015). This study frames cohabitation as the act of heterosexual students living together at universities, sometimes due to financial constraints (Chireshe, 2015). Cohabitation is perceived as a consequence of poverty.

South African HEIs are not immune to the prevalence of GBV and gender inequality found in the country (Collins, 2013). South African institutions of higher education and training have not been immune to the problem of GBV, as stated by the Department of Higher Education and Training (DHET) (2019). This is in agreement with the previously stated assertion. Universities have recently been confronted with complaints of sexual abuse made by approximately twenty to twenty-five percent of female students (Graff & Heinecken, 2017). The data collected from twenty-six higher education institutions and over two million students has unveiled a significant issue of sexual violence occurring on campuses, which has a profound impact.

A substantial number of protests erupted in direct response to the multiple instances of sexual assault that transpired on college campuses. Several campuses, including as Rhodes University, University of Cape Town, Nelson Mandela University, University of the Witwatersrand, and Tshwane University of Technology, have experienced student protests against GBV since 2016. Since their inception in 2016, these demonstrations have garnered extensive media attention (Allen et al., 2021). Published literature is scarce regarding the occurrences of IPV among South African students. Graff and Heinecken (2017) highlight the limited availability of data about South African students who have experienced intimate partner abuse, thereby lending credibility to this claim. Moreover, Hayes (2016) highlighted the scarcity of research on the occurrence of GBV in South African universities and among students up until the present time. According to Bain and Durbach, (2021) there were about 13,000 documented incidents of homicide, sexual assault, rape, and domestic violence in the

Vhembe District during the 2018–2019 period. Furthermore, Bain and Durbach (2021) discovered that certain instances of IPV were reported by University of Venda students who had experienced unwanted physical contact, sexual assault, and coerced sexual encounters within the college premises.

2.4 Forms of Intimate Partner Violence

2.4.1 Sexual violence

Sexual violence, as defined by the WHO (2010, p.23) “encompasses any sexual act or use of force directed towards an individual based on their sexual orientation”. This holds irrespective of the relationship between the wrong doer and the victim (Cafferky et al., 2018). Furthermore, according to WHO (2010), thirty percent of women who were in relationships said that they had been the victims of some sort of physical or sexual abuse at the hands of their partners. According to Musariri et al. (2014) Limpopo Province was the location where the highest number of cases of sexual violence that happened in the workplace were documented. Physical contact, corporal punishment, inappropriate touching, and non-consensual sexual intercourse are all examples of sexual abuse that can be inflicted upon female students (Sullivan et al., 2020). Research has revealed a significant societal issue affecting the health and academic achievements of female students who have experienced sexual assault in South African colleges. A recent poll indicated that about twenty percent of female students attending public universities and technical schools reported having suffered sexual abuse in the previous year (Machisa et al., 2016; Schroder et al., 2019). The data was collected from a representative sample of students chosen during the survey. Moreover, the study conducted by Machisa et al. (2016) revealed that individuals enrolled in technical colleges experienced a much greater incidence of sexual victimisation in the previous year (27%) compared to their counterparts in universities (15%). This suggests that technical college students are more susceptible to being victimised.

2.4.2 Physical Violence

Women in intimate relationships have often been exposed to physical abuse as a means of discipline (WHO, 2012). In South Africa, this specific way of disciplining women has become an established practice (Collins, 2013; Ogbe et al., 2020). Mengo

et al. (2021) estimates that intimate partners account for around one-third of female murder victims in the United States annually. In a study conducted by Finchilescu and Dugard (2018) it was discovered that a significant proportion of women had experienced physical abuse from their intimate partners. Specifically, the study found that 19% of women in Limpopo, 27% of women in Eastern Cape, and 28% of women in Mpumalanga had been victims of such abuse at some point in their lives. Female students may potentially experience sexual harassment and physical assault, including acts such as slapping and pushing.

2.4.3 Emotional and verbal violence

Psychological, verbal, or emotional violence, as defined under the Domestic Violence Act (No. 116 of 1998), refers to the recurring mistreatment or degradation of an individual by another person. Miller and McCaw (2019) assert that psychological aggression, encompassing behaviours such as threats, derogatory remarks, humiliation, and efforts to monitor or control an intimate partner, is a prevalent element in partner abuse and exerts detrimental impacts on the victim's well-being. A breach of privacy has transpired due to a recurring sequence of actions, encompassing repetitive derogatory remarks, verbal abuse, repeated expressions of intent to inflict emotional distress, and feelings of jealousy.

Miller & McCaw (2019) defines emotional or verbal violence as a consistent behaviour in which an abuser uses insults, degradation, and terror to establish dominance and control over an individual. Okafor et al. (2018) conducted a study which revealed that men engage in physical and emotional abuse towards their female partners through the use of verbal aggression, such as yelling and using derogatory language. Female students may potentially experience spousal insults or disparaging remarks, resulting in feelings of grief or sadness. Okafor et al. (2018) has established a correlation between intimate partner violence and various issues such as substance abuse, alcoholism, eating and sleeping disorders, lack of physical activity, low self-esteem, post-traumatic stress disorder (PTSD), smoking, self-inflicted injuries, and risky sexual behaviour. Miller & McCaw (2019) argue that women who have encountered intimate partner violence are at a heightened risk of experiencing a range of mental health complications, such as suicidal thoughts, depression, PTSD, diminished self-worth, sleeplessness, and substance misuse.

2.4.4 Socio-economic violence

Per the Domestic Violence Act, Act No. 116 of 1998 (3), economic abuse is defined as “the deliberate act of withholding the financial resources that an individual is lawfully entitled to”. In addition, as stated by Madzivhandila (2015), economic abuse includes actions such as depriving a victim of the ability to acquire resources, restricting the availability of resources to the victim, or exploiting the victim's financial assets. Poverty significantly strains personal connections and creates an environment ripe for conflicts and disputes (Batt et al., 2021; Paat et al.,2017;). Female students from disadvantaged backgrounds lacking financial resources sometimes find themselves trapped in abusive relationships. This is because they rely on their male counterparts for financial support and may lack the determination or self-assurance to voice their opinions owing to the fear of being rejected (McCarry et al., 2018). Paat et al. (2017) argues that the relationship between poverty and IPV is shaped by various factors, such as socio-economic pressures and financial instability. These factors exacerbate women's feelings of dissatisfaction and powerlessness, while also encouraging men to exhibit aggressive behaviour.

Women with little economic means face an increased vulnerability to IPV (Paat et al., 2017). The study undertaken by Capaldi et al. (2012) involved a thorough examination of 228 studies that explored the various factors that contribute to the occurrence of intimate partner abuse in both adolescents and adults. It was found that the likelihood of experiencing IPV was higher due to low socio-economic position and educational attainment. Paat et al. (2017) asserts that impoverished socioeconomic environments are both a catalyst for and a factor in the intensification of domestic violence. The correlation between a woman's financial disadvantage and her likelihood of experiencing IPV is substantiated by the strong evidence indicating a direct association between low economic position and IPV.

2.5 Higher education female students' intimate partner violence experiences

Female students in HEIs experience many sorts of abuse from their intimate partners or ex-lovers. A Nigerian university study revealed that 171 out of 291 female students have encountered GBV at some point during their enrolment at the university. Furthermore, the data reveals that 22.8% of the participants experienced physical

abuse, 22.2% experienced sexual abuse, and 50.8% experienced mental and verbal abuse (Paat et al., 2017). Based on the results of a survey conducted among undergraduate nursing students at a tertiary institution in South Africa, the prevailing type of violence encountered by students was psychological violence. Subsequently, there were instances of economic violence, physical violence, and sexual violence. The above findings in HEIs are a clear indication that female students are not prone to violence and have experienced various forms of IPV at some point in their lives.

The WITS Sexual Harassment study found that students' well-being was negatively affected by the GBV they encountered. The study further highlighted that the students experienced various negative consequences, including a decline in their academic performance, failure in courses, modification of their chosen degrees, loss of interest in previously enjoyed activities, and the possibility of either transferring to a different university or discontinuing their education (Munn et al., 2018). However, Wood and Stichman (2018) present evidence indicating that the emotional and psychological distress endured by survivors can impact their ability to function well, including their academic and professional achievements. Both authors made emphasis on the impact that GBV has on the victims and the negative impact on their academic performance with many struggling to proceed to the next level.

2.6 Effects of Intimate Partner Violence

Dillon et al. (2013) thoroughly revealed the detrimental impacts of IPV on women, particularly in terms of their physical and mental well-being. Ott (2017) asserted that GBV can have deleterious effects on an individual's physical, mental, emotional, and social well-being (Roddy & Gabriel, 2019). The sensation of powerlessness and lack of control resulting from IPV can give rise to various issues and consequences. Regrettably, IPV has a deleterious effect on women, resulting in highly negative and catastrophic consequences.

Furthermore, Dillon et al. (2013) observed that most of the detrimental consequences of IPV on women's physical, emotional, and social well-being are hidden. As per WHO (2010), IPV is linked not just to physical injuries but also to a broad spectrum of emotional, psychological, and physical health issues. Dillon et al. (2013) propose that IPV is intricately linked with HIV, mental illness, poor reproductive health, and chronic

disease, forming a detrimental cycle. They assert that there is significant evidence indicating that IPV is a causal factor in numerous illnesses, impairments, and fatalities.

Moreover, IPV is intricately interconnected with other elements in a self-perpetuating cycle. WHO (2010) also found that violence is associated with additional risks including substance abuse, PTSD, depression, and suicidal ideation. As to the findings of WHO (2010), women who have experienced intimate partner abuse are more prone to engaging in detrimental behaviours and experiencing both immediate and prolonged illness. Furthermore, it should be noted that they are more susceptible to experiencing damage and mortality (Wong, 2020). Systematic analyses of longitudinal data indicate that women who have been subjected to physical and/or sexual abuse by their partners have a 1.5-fold increased risk of contracting HIV, a twofold increased risk of experiencing depression, and a twofold increased risk of having an abortion. This is in contrast to women who have not encountered IPV (Spencer et al., 2019). IPV can significantly harm women's job productivity and earnings. Moreover, it can jeopardise their prospects of securing jobs in the future, so exacerbating their financial predicament.

2.6.1 Injury and physical impairment

IPV can lead to a range of consequences, such as fractures, broken bones, and serious injuries resulting from physical assault. In cases of pregnant women; the violence can cause them to suffer injury to their foetal which has negative effects, miscarriage or early labour. There are situations where the abuser ultimately causes the death of the victim (Mpani & Nsibande, 2015).

2.6.2 Sexual and reproductive health

There is a correlation between women who have experienced abuse and an increased likelihood of encountering undesired pregnancies, abortions, miscarriages, early births, and stillbirths (Pekeza, 2015). Per the WHO (2020), women who have experienced physical or sexual relationship abuse are more prone to reporting instances of abortion or miscarriage than those who have not encountered such violence. The sources used include the WHO in 2014 and the Centre for the Study of Violence and Reconciliation (CSVR) in 2016. Studies have demonstrated that women

who have experienced violence are at a higher risk of contracting sexually transmitted illnesses, including HIV/AIDS, facing unplanned pregnancies, engaging in non-consensual sexual activity, and encountering challenges in advocating for safe sexual practices with their partners.

2.6.3 Mental health challenges

WHO (2010) has established a correlation between IPV and several adverse consequences, such as smoking, self-harm, substance misuse, eating and sleeping disorders, physical inactivity, diminished self-esteem, and PTSD. Moreover, persons who have endured various types of IPV have disclosed suffering heightened levels of anxiety and PTSD. Individuals who have endured psychological abuse may encounter stressful occurrences, such as anxiety and PTSD (Pekeza, 2015).

2.7 Intimate Partner Violence intervention platforms in higher education institutions

Universities frequently lack adequate awareness campaigns or defensive mechanisms to address instances of sexual assault and GBV targeting students (Bain, & Durbach, 2021). Per the Policy Framework addressing GBV in the Post-School Education and Training System (DHET, 2020), PSET institutions are obligated to ensure that survivors of GBV are provided with access to support and assistance through Thuthuzela Care Centres and healthcare facilities. The Policy Framework addressing GBV in PSET clearly emphasises that the responsibility for safeguarding the safety of students and staff rests primarily with the leaders of institutions. The Framework emphasises that PSET institutions should establish structures to (1) raise awareness and provide information, advice, and guidance on preventing GBV; (2) ensure the safety of students and staff; (3) address incidents of GBV; (4) offer sufficient assistance and psycho-social support to GBV survivors; and (5) effectively handle perpetrators per the Sexual Offences and Related Matters Act (Act No 32 of 2007) and other relevant laws.

The University of Limpopo's protocol on the management of GBV (2023) has identified the following internal and external stakeholders as platforms for intervening in GBV: (1) The gender desk, (2) the student health and wellness centre, (3) the student counselling and development centre, (4) the residence administration, (5) the gender

desk of the Student Representative Council (SRC), (6) the safety and security department, (7) the South African Police Service (SAPS), (8) the Reakgona Disability Centre, and (9) the Thuthuzela Centre. Furthermore, the protocol mandates that employees assigned to campus security, campus residence, clinic/wellness, and other relevant staff positions must undergo the essential training to serve as initial responders in cases of GBV, such as sexual harassment, sexual assault, or other forms of assault, immediately following the incident.

2.8 Intimate Partner Violence prevention guidelines

Katembo (2015) asserts that the practice will remain unchanged until men actively participate in efforts to prevent it. Moreover, males are regarded as crucial figures in society who possess the ability to instigate transformation when they participate in efforts aimed at reducing instances of GBV. Katembo (2015) highlight a study gap regarding the strategies employed by rural colleges, such as the University of Venda in Limpopo, to address and prevent IPV. Higher Health has produced guidelines for addressing cases of IPV in HEI (Gruhn & Compas, 2020). The Health, Wellness and Development Centre for Higher Education has developed procedures to address sexual and gender-related misconduct in the PSET Setting. By implementing these criteria, PSET institutions can enhance their ability to address GBV and ensure that:

• There is agreement on the specific behaviours that are considered sexual and gender-related misbehaviour in institutional settings.

• All individuals on campus, including both faculty and students, have undergone sufficient training on the proper procedures for reporting and addressing instances of sexual and gender-based misconduct.

• For victims of sexual and GBV to feel comfortable reporting the abuse, it is crucial that they are not afraid of facing retaliation or further victimisation.

2.9 Legislations addressing Intimate Partner Violence in South Africa.

South Africa has implemented multiple legislations to tackle the problem of violence against women. The rules are implemented to safeguard susceptible individuals and to address the pervasive issue of violence against women in the nation.

2.9.1 The Constitution of the Republic of South Africa, 1996.

Section 9 of the Bill of Rights contains a discourse on the egalitarianism of all individuals. The opening paragraph explicitly asserts the principle of legal equality for all individuals and consistently underscores the importance of safeguarding the well-being of all citizens (Hassija et al., 2018). The Bill of Rights incorporates a discourse on the autonomy and security of the individual, specifically in section 12. The principle of every individual's entitlement to freedom and security is underscored in the initial paragraph. These rights encompass the following: (c) the entitlement to be exempt from all types of abuse, regardless of whether they originate from public or private entities; (d) the privilege to be spared from any form of torture; and (e) the right to be treated with kindness and dignity, without being subjected to cruel or degrading treatment.

2.9.2 Domestic Violence Amendment Bill

This bill seeks to alter the Domestic Violence Act (No. 116 of 1998) to rectify the practical challenges, deficiencies, and uncertainties that have arisen since the Act's inception (Kraaij & Garnefski, 2019). The revisions made to the definition of domestic abuse, which now includes individuals involved in engagements, dating in customary partnerships, and perceived romantic, personal, or sexual relationships of any length. The current definitions, such as "domestic violence," are broadened to encompass spiritual abuse, elder abuse, coercive behaviour, controlling behaviour, and/or exposing/subjecting children to specific behaviours outlined in the revised legislation (Li et al., 2019). The Act also incorporates other definitions, such as "controlling behaviour" and "coercive behaviour." Furthermore, the measure grants permission to file protection order petitions for instances of domestic abuse via the Internet (Spencer et al., 2019). Moreover, it stipulates that staff employed in the Departments of Health and Social Development are required to offer targeted services to individuals who have experienced domestic abuse. Furthermore, the Domestic Violence Act is aligned with the provisions of the Protection from Harassment Act (No. 17 of 2011), which is included in the Amendment Bill.

2.9.3 Criminal and Related Matters Amendment Bill

The objective of this legislation is to tackle GBV, and other criminal acts committed against individuals who are in a vulnerable position. Furthermore, it suggests supplementary procedures to minimise the number of susceptible individuals who are exploited during legal proceedings. More precisely, the new regulation permits the introduction of evidence via audio-visual connections in processes that are unrelated to criminal cases. Furthermore, it expands the range of circumstances in which a plaintiff can provide evidence with the assistance of a third party. The revision of bail terms and minimum sentence guidelines about GBV led to the detection and elimination of particular loopholes. Those stricter limitations have been imposed on the provision of bail for individuals who have perpetrated femicide and GBV, along with the implementation of minimum penalties.

2.10 Theoretical framework

The study employed the following theories to gain a better understanding of IPV about the status of women in society and patriarchal nuances that somehow perpetuate the status quo. The rational for using more than one framework assisted the researcher to capture the complexity and nature of this phenomenon since IPV involves many variables. IPV cannot be viewed only from the single lens of women (feminist) but also from a men's ideology hence Johnson (1990) presents categories of IPV patterns that shows reactionary behaviours from both partners in intimate relationships. This also assisted the researcher with integration of findings.

2.10.1 Liberal Feminist Theory

There are different types of feminist theories including liberal, Marxist, socialist, post-colonial and post-structural, however, all aim and are dedicated to achieving political, social, cultural and economic equality for women and pointing out other forms of domination of women and their social relations by patriarchy (Narain, 2014). states that the origins of feminist theory are mainly from sociological studies of the inherent inequalities implanted in culturally sanctioned oppression of women throughout history (Narain, 2014). According to Kanjiri and Nomngcoyiya (2021), the feminisation of GBV in all its forms comes as a manifestation of the defensive attitude of men due to confrontational approaches adopted by previous feminist theories. Johnson (2008)

states that IPV is promoted by patriarchy which also promotes male dominance over larger structures of society, with men often viewing women as their possessions rather than equal partners.

Feminist theory also concerns itself with the identity of women, both philosophically and socially and with equal rights, politically, legally and economically, not only for women but for all minority and marginalised groups (Johnson, 2008). Identity encompasses an understanding of empowerment at a personal level, having a voice, knowing how they (women and marginalised groups) are different, knowing what cultural and social expectations they carry, and how they carry them, in both personal and professional ways which inevitably challenges knowledge claims.

All through the known history of human existence, violence against women has been condoned, culturally justified and sometimes even legitimised in law. Its ugly face is often exacerbated by the context in which women find themselves in this global space relating to economic and political deprivation. Often, when women attempt to exercise their rights and freedoms socially and economically, their attempts are met with acts of violence from the male species because it is a cultural norm for them to be in inferior positions or to have lower social status than men (Johnson, 2010).

2.10.2 Johnson's Typology

Since the early 1990s, American sociologist Michael Johnson has been collaborating with colleagues to refine and enhance his proposed categorization of violence. The author's work has been published in several scholarly journals (Johnson, 2008). Out of the suggested classifications, his work has been considered the most significant (Beck et al., 2013). Johnson asserts that the perspectives of feminists and family researchers offer legitimate justifications for intimate partner violence. Feminists perceive domestic violence as a means by which men assert power and control over their partners in heterosexual relationships. However, researchers from a family perspective contend that IPV stems from marital conflict and can impact partnerships of any gender. Moreover, women possess an equal capacity to perpetrate acts of aggression towards their male partners in the domestic setting.

Johnson (2010) initially identified two forms of intimate partner violence: patriarchal terrorism and common couple violence. Since then, the typology has expanded, and currently, there are five distinct forms of IPV as classified by Johnson and colleagues (Johnson, 2008; Johnson & Ferraro, 2000). Examples of violent control behaviours include separation-initiated violence, violent resistance, situational couples' violence, and mutual violent control. The categorizations into these sorts were based on patterns of intimate partner control, rather than individual isolated occurrences (Johnson & Ferraro, 2000).

2.10.3 Coercive Controlling Violence (CCV)

Johnson (2008, p.36) define "couple violence" (CCV) as a recurring pattern of emotionally abusive, coercive, and controlling conduct that is associated with physical violence against an intimate partner. This definition can be found on page 478 of their work. Coercion is the term used to describe a pattern of control and manipulation exerted by one partner over another in an intimate relationship. The actions, connections, and pursuits of a spouse are under the jurisdiction of the respective partner. If the victim fails to adhere to the standards established by the coercive partner, it is typical for the partner to retaliate against the victim, as noted by Johnson (2008).

The coercive partner maintains surveillance over the victim. The power and control wheel illustrates the primary forms of violence, which encompass intimidation, emotional abuse, isolation, minimization, denial, blaming, the exploitation of children, the assertion of masculine superiority, economic abuse, and coercion and threats (Johnson, 2008). Johnson argues that the abuser can utilise either a single tactic or a combination of multiple tactics to exert dominance over the victim. Johnson (2010) coined the term "Patriarchal Terrorism" to specifically refer to this form of extreme violence. The term "Intimate Terrorism" was then replaced by the phrase "CCV''. According to Johnson (2008); Kelly and Johnson (2008), there is consensus that this type of violence is characterised by greater severity, higher frequency, and a tendency to escalate over time. Within agency contexts, such as law enforcement, the courts, shelters, and hospitals, the prevailing form of IPV is referred to as community-based violence, as identified by Johnson (2008).

In heterosexual partnerships, men are nearly invariably the perpetrators of CCV. Johnson (2008) found that males were accountable for 97% of the CCV incidents in the Pittsburgh sample. Males accounted for 87% of the cases of intimate partner violence in their British study. Recent studies have further substantiated the notion that males bear the responsibility for the transmission of sexually transmitted diseases (STDs). Nevertheless, research has indicated that women can also engage in this type of violence in both heterosexual and same-sex relationships (Johnson, 2008). While limited systematic research has been undertaken on women's utilisation of CCV, certain studies have documented instances of women engaging in this form of violence.

2.10.4 Violent Resistance

Violent resistance is the term used to describe when a victim of abuse employs violence as a method to defend themselves against violence stemming from a controlling and abusive relationship. Female Resistance, Resistive/Reactive Violence, and Self-Defence are terms employed to characterise this type of violence (Johnson, 2008). The following terms have been used. Feminist scholars consider any acts of violence perpetrated by women against their male partners as a manifestation of female resistance, which is why they employ the term "battered women syndrome" (Johnson, 2010). Nevertheless, Johnson agrees that women are capable of perpetrating violence against their intimate partners. According to Johnson (2008), the author proposes that the word "violence resistance" more accurately acknowledges the possibility of individuals using violence as a means to counteract violence or defend themselves. Johnson's conclusions diverge from those of feminist experts.

Due to the ephemeral nature of women's violent resistance, it is highly unusual for them to have encounters with law enforcement as a consequence of this occurrence. When a spouse who is both aggressive and coercively controlling starts using violence, many women may instinctively turn to self-protective violence. This phenomenon arises immediately when the partner initiates the use of physical force. Nevertheless, in heterosexual relationships, most women quickly realise that resorting to violence is not only ineffective but might potentially exacerbate the issue (Brown, 2007). Women who actively defend themselves against assaults from their intimate partners have a twofold higher likelihood of sustaining injuries compared to those who

do not engage in self-protection (Brown, 2007). The source of this information is the National Crime Victimisation Survey. Extensive research has been conducted to examine the aggressive and defiant conduct of females, particularly women who have committed homicide in their intimate relationships (Brown, 2007). Nevertheless, there has been a paucity of research conducted on the behavioural patterns exhibited by men who display resistance.

2.10.5 Situational Couple Violence (SCV)

The phrase "situational couple violence" describes a scenario in which one individual exhibits violent behaviour without exerting control in a relationship with a partner who is either nonviolent or aggressive but not dominating (Johnson, 2010). This form of violence occurring between spouses is sometimes referred to as intimate partner violence. IPV is the most widespread kind of violence in the general population, and it can be perpetrated by either a male or female against their romantic partner. The purpose of this type of violence is not power, control, or coercion, but rather the outcome of situations, conflicts, and confrontations between partners that ultimately escalate into physical violence (Johnson, 2008). As per the research conducted by Johnson (2010) this outcome occurs when one or both spouses are unable to manage conflict or anger effectively.

In general, there is no significant increase in the frequency and intensity of violence with time. Moreover, the types of violence observed are quite minor compared to CCV. SCV includes several forms of verbally abusive behaviour, including profanity, yelling, derogatory name-calling, and allegations of infidelity. SCV may encompass further manifestations of verbal mistreatment. However, the condition does not display a consistent pattern of dominating, intimidating, or harassing behaviours, which are characteristic of CCV (Johnson, 2008). The term "Common Couple Violence" was originally employed to characterise this form of violence. Nevertheless, alternative designations such as "Male-Controlling Interactive Violence" and "Conflict Motivated Violence" have also been utilised to elucidate this particular type of violence (Johnson, 2008). Several extensive studies conducted on the general population have demonstrated that the initiation rates of SCV are similar among men and women. Johnson (2010) reported that the prevalence of aggressiveness against a spouse was 12.2% for males and 12.4% for females.

2.11 Conclusion

The chapter commenced by elucidating the intellectual foundation that underlies IPV. Subsequently, one acquires an understanding of IPV, which comprises a wide spectrum of hostile behaviours directed at persons due to their gender. The analysis of scientific data on the subject also considered the prevalence of intimate relationship violence. The chapter examined the attributes of IPV at HEIs, a problem that remains prevalent for extended periods. This complex issue is a significant cause of concern on a global scale. The chapter examined many manifestations of IPV, including sexual assault, physical aggression, psychological hostility, and socioeconomic aggression. Moreover, the chapter focused on the experiences of female college students who were subjected to intimate relationship abuse. The final element of this chapter presented the theoretical underpinning of the research.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology is the structured and theoretical examination of the procedures used in a particular area of study. Data science comprises the fundamental ideas, advanced tools, and sophisticated strategies that researchers employ to gather, scrutinise, and make sense of data. Creswell explains that research methodology involves "the entire process of research, from conceptualizing a problem to writing the narrative report" (Creswell, 2014:3). This definition underscores the comprehensive nature of research methodology, highlighting its role in guiding researchers through the intricate steps of the research process. Kothari defines research methodology as "a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically" (Kothari, 2004:8). This definition emphasizes the systematic and scientific approach that is central to research methodology, ensuring that the research is conducted in a structured and logical manner.

3.2 Research design

Phenomenology was adopted as a research design for the study. According to Fouche (2005), a phenomenological study aims to understand and interpret the meaning that participants provide to their everyday lives. Creswell and Poth (2018) assert that through personal experience, accurate reporting and quotations of authentic discussions, qualitative research methods are intended to assist the researcher in gaining a comprehensive understanding of their subjects. In cases where not much information is known about the research topic, exploratory research is used (Bless et al., 2013). This approach helped the researcher acquire an in-depth understanding of the IPV phenomenon from the participant's perspective and narratives. In applying exploratory study design, the researcher found the answers to the research questions after exploring the lived experiences of female students on IPV at an institution of higher learning.

3.3 Population and Sampling Methods

3.3.1 Population

The population consists of all people that the researcher is interested in researching (Cozby & Bates, 2015). The target population consisted of female students registered for their second year up to PHD level for the 2021-2023 academic years at an institution of higher learning. The said students were selected based on characteristics and traits that satisfied the study's inclusion criteria. The ages of participants ranged from eighteen to forty years of age.

3.3.2 Sampling methods

The study made use of non-probability sampling namely, purposive and convenience sampling techniques. The researcher is a social worker working at an institution of higher learning and attends to these cases from time to time. Other cases were referred to her office by the Gender desk, hence the relevance of purposive sampling. This is what O'Leary (2014) refers to as a handpicked sample because respondents are selected according to their suitability to meet a particular criterion such as typicality and expertise. Sample size could not be pre-determined, this was guided by data saturation that is, when no new information no longer came up during interviews. A total of eight female students from an institution of higher learning were interviewed. Participants were selected based on the fact that they have experienced IPV and only those that were willing to take part in the study and were available during data collection were interviewed hence the use of convenience sampling.

3.4 Data collection

The researcher made use of an interview guide (Appendix A) and employed semi-structured face-to-face interviews using open-ended questions as a guide and as a data collection method. Semi-structured interviews allowed the researcher to attain a comprehensive picture of a participant's beliefs and experiences about the phenomena, or perceptions of a particular matter (O'Leary, 2014). The researcher conducted the interviews at her office on Saturdays. The participants chose the place since they stay at student residences that are usually noisy and have a lot of

movement. The researcher's office does not operate on Saturdays, making it a conducive environment since it is noise and movement free. The interviews with participants were conducted in English. The participants spoke different languages, and they were comfortable with using English. The interviews took about thirty to forty-five minutes each. The researcher also audio-recorded the interviews with the consent of the participants.

3.5 Data analysis

The researcher employed deductive thematic content analysis to analyse data. Bingham and Witkowsky (2022) state that when using deductive analysis, the researcher puts a theory to the test on certain evidence. This type of data analysis assisted the researcher in identifying themes that addressed the research question in the study (Maguire & Delahunt, 2017). The method also assisted the researcher in identifying relevant themes for the research question. According to O'Leary (2014, p.300), "the process of reflective qualitative analysis requires a researcher to (i) organise their raw data, (ii) enter and code their data, (iii) search for meaning through thematic analysis, (iv) interpret meaning; and (v) draw conclusions". The research recorded the data obtained from participants and then transcribed the interviews in verbatim for data analysis. Furthermore, all the data was read to gain the actual sense and meaning of the information. The researcher highlighted the significant words and phrases and then began the process of coding. Themes were generated, and the data was presented in verbatim quotations representing the different themes.

3.6 Eligibility criteria

3.6.1 Inclusion criteria

The study only included female students registered for the 2021-2023 academic years at an institution of higher learning who had experienced IPV. The study included students registered for their second year of study up to PhD level. The researcher believed that the population included provided sufficient data regarding the research questions and enabled the realisation of the study objectives.

3.6.2 Exclusion criteria

The study excluded all male students, first-year registered female students and any female students at an institution of higher learning who had not been subjected to IPV and not registered in the years 2021-2013.

3.7 Quality criteria

The researcher applied the following measures to enhance trustworthiness in the study.

3.7.1 Credibility

The researcher ensured that the participants in the study were clearly described (Schurink et al., 2021). The researcher endeavoured to enhance credibility by providing a detailed description of the theoretical framework as well as the research procedures. The researcher also took short notes during the interviews and supplemented the information with verbatim transcriptions of those interviews.

3.7.2 Transferability

According to Collis and Hussey (2013), transferability is the extent to which the findings of a study can be applied in other contexts or with other participants. The researcher ensured transferability by providing full details of the methodology for the study, which will assist readers in understanding how the study was, conducted and the objectives realised. (Bless et al., 2013).

3.7.3 Dependability

Dependability was guaranteed by succinctly describing and considering the research procedure that was followed during the study (Schurink et al., 2021). Dependability was enhanced through a detailed explication of the research methodology and the researcher conducted all the interviews using the same set of questions. However, with qualitative studies, the aim is not to generalise findings but to understand the phenomenon from the personal subjective experiences and narratives of participants.

3.7.4 Confirmability

Confirmability refers to the confirmation of research findings by other researchers (Lincoln & Guba as cited in Schurink et al., 2011). By doing so, they put evaluation squarely on the facts themselves, taking away some of the researcher's innate qualities. The researcher enhanced confirmability by applying correspondence checking whereby, she re-checked whether the categorisation of themes was done correctly.

3.8 Ethical considerations

In research, ethical behaviour is as important as in any other field of human activity. The researcher adhered to several ethical principles:

3.8.1 Permission to conduct the study

The researcher received ethical clearance from the Turfloop Research Ethics Committee (TREC) at the University of Limpopo. Gatekeeper permission to conduct research was granted by the University of Limpopo Office of the Registrar.

3.8.2 Informed consent and voluntary participation

According to O'Leary (2014), participants give informed consent when the researcher has exhaustively informed them about the purpose of the interview. Participants were therefore not forced to take part in the study. The researcher explained to participants what the study was about so that they could make an informed decision as to whether they wished to be included in the study or not. The researcher provided them with a participant information sheet with a full description of the purpose and procedures of the study and their rights as participants. The participants indicated a willingness to participate and were asked to complete consent forms and consented to the interviews being audio-recorded. Participation in the research study was voluntary (Babbie, 2013). The researcher explained to participants that the decision to participate in the study was totally theirs and that they should not feel compelled by anyone to participate in the study since it was voluntary. They were also informed of their right to discontinue the interview if they felt uncomfortable and that no penalty would result from that decision.

3.8.3 Confidentiality

The researcher ensured that the data provided by participants, particularly personal da8a, such as their names were protected and were only made available to the researcher and her supervisors. Only numbers were used to identify codes such as participant 1 or 2 etc. Data collected from participants will at all times, be kept under safe conditions as recommended by Bless et al. (2013). The tape recordings of interviews are stored in a secure place and out of reach of unauthorised persons.

3.8.4 Deception

According to Bless et al. (2013), in deception, the real purpose of the research is kept from the participants. By doing this, participants will not realise that they are being observed and their natural behaviour will not change. In this study, the researcher informed participants about the true nature of the study and did not provide any false information. Participants understood that they would not be reimbursed in any form for their participation in the study.

3.8.5 No harm to participants

According to Babbie (2017), human research should never inflict harm on participants, regardless of whether or not they volunteer to participate in the study. The researcher was sensitive when asking questions since it is easy to harm participants without being aware. Interviews were conducted in a private and confidential place to protect the dignity of participants. Some experiences were painful to participants, especially when they had to explain what they were trying to put behind them. To further reduce the possibility of harm to participants, the researcher made arrangements for psychosocial support at student counselling and wellness centres within the higher education institutions. All participants did not require any psychosocial support, since they indicated that the study was therapeutic for them, therefore the arrangements for social workers and psychologists to offer psychosocial support were not utilised.

3.9 Limitations of the study.

Due to the sensitivity of the subject, some of the prospective participants did not wish to partake in the study. They did not want to re-live or be reminded of their ordeal.

3.10 Conclusion

The chapter presented the methodology used in the study. A discussion on the research approach, design, population, sample, sampling procedures, data collection and analysis were presented. A presentation of the ethical considerations that guided the study was also outlined. The next chapter will focus on the data presentation, interpretation and analysis.

CHAPTER FOUR

PRESENTATION OF FINDINGS, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the findings, followed by an analysis and subsequent discussion of the findings. During the investigation, several themes emerged, with the initial one being the notion of several categories of intimate partner abuse. The participants revealed that they have experienced a diverse range of IPV. Subsequently, a discourse ensued regarding the participants' perspectives on violence perpetrated by their intimate partners, during which they expressed a diverse array of thoughts pertaining to violence in romantic relationships. The latter portion of the chapter addressed the types of scenarios that are classified as intimate relationship violence. At this juncture, the participants initiated a discourse regarding the many types of episodes that are categorised as acts of violence perpetrated by an intimate partner.

Furthermore, the chapter examined the specific aspects of the participants' life that were affected by the violence perpetrated by their intimate relationships. The purpose of this was to illustrate that IPV has a significant influence on various aspects of the participants' lives. Furthermore, the study's results centred on the role and function of the Gender desk, which highlighted the significance of reporting instances of IPV to the appropriate authorities as a crucial approach in tackling this problem. The participants were required to possess knowledge of both the gender desk and the fundamental protocols for reporting cases of IPV. In addition, the chapter discussed the subject of comprehending the protocols for reporting occurrences of IPV. Lastly, the chapter focused on the intervention platforms implemented within the institution to tackle the problem of intimate relationship abuse. These platforms were created to inform victims of IPV about the existence of support networks and emphasise the need of recognising the role these systems play.

4.2 Demographic Data

4.2.1 Age

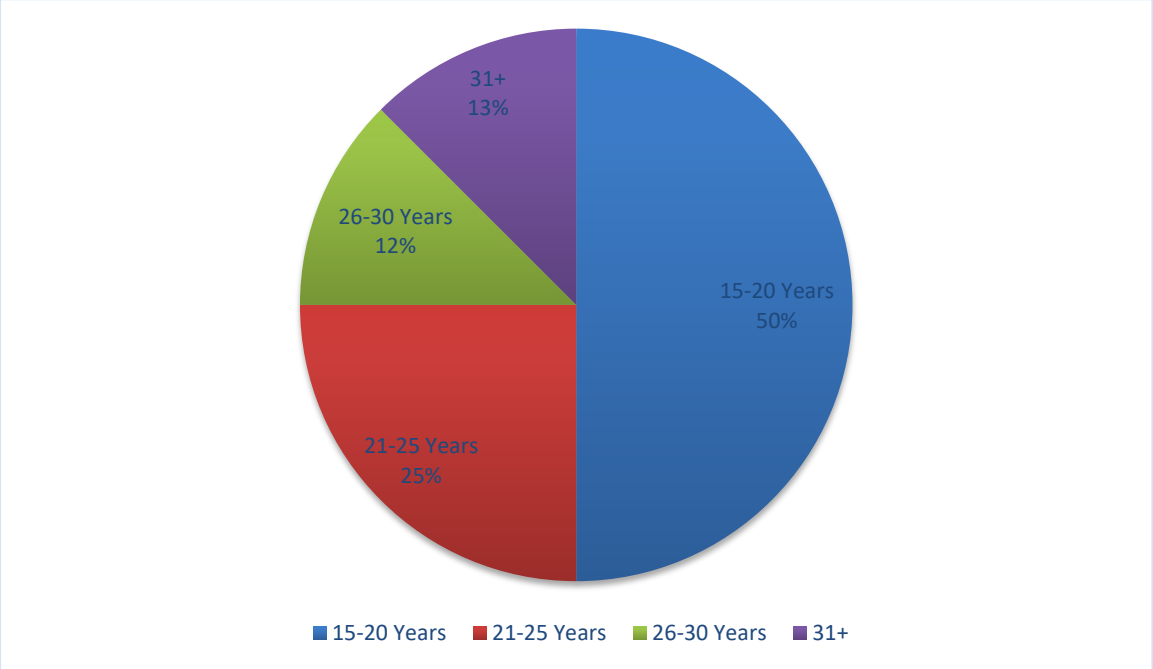

Figure 4.1: Age of Participants

One of the objectives of the study's demographic data was to ascertain the age distribution of the individuals who participated in the study. The four age categories that were established are 15-20 years, 21-25 years, 26-30 years, and 31 years plus. The survey revealed that the majority of participants fell within the age bracket of 15 to 20 years. Subsequently, the age bracket of 21 to 25 years had the second highest number of participants, while the remaining two age groups had the lowest number of participants, each comprising only one individual. The demographic presentation revealed that the predominant group impacted by IPV at the institution consists of individuals in the age range of 15 to 20, primarily young adults. Multiple variables potentially contribute to this occurrence. Some potential causes may stem from the participants' youth and susceptibility, as well as their spouses exploiting the circumstances, they are in. Nevertheless, even older participants in different age groups were not exempted from experiencing IPV, indicating that the vulnerability and susceptibility of participants alone cannot fully account for instances of partner abuse.

4.2.2 Level of study

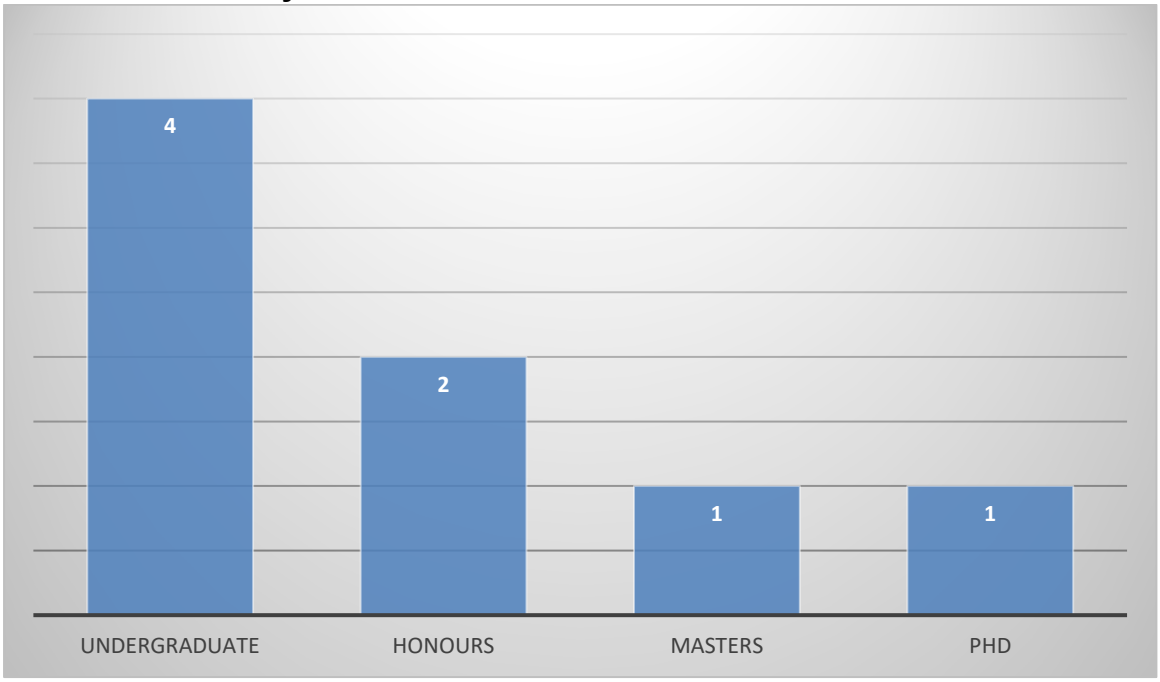

Figure 4.2: Level of Study of Participants

The study's demographic analysis aimed to ascertain the educational attainment of the participants. The categorization of education levels consists of four distinct classifications: an undergraduate degree, an honours degree, a master's degree, and a doctoral degree. The study's findings revealed that the bulk of participants consisted of undergraduate students, comprising four out of the total number of participants. Subsequently, there were two participants who were pursuing honours among the total number of participants. The individuals with master's and doctoral degrees had the lowest representation, with only one participant each. Based on the implications of these demographic findings, it is evident that undergraduate students constitute the largest group of individuals who have experienced intimate partner abuse. It is conceivable that the cause for this is analogous to the one that was mentioned regarding the age categorizations. This is because the majority of undergraduate students are from the same age cohort.

4.2.3 Faculty

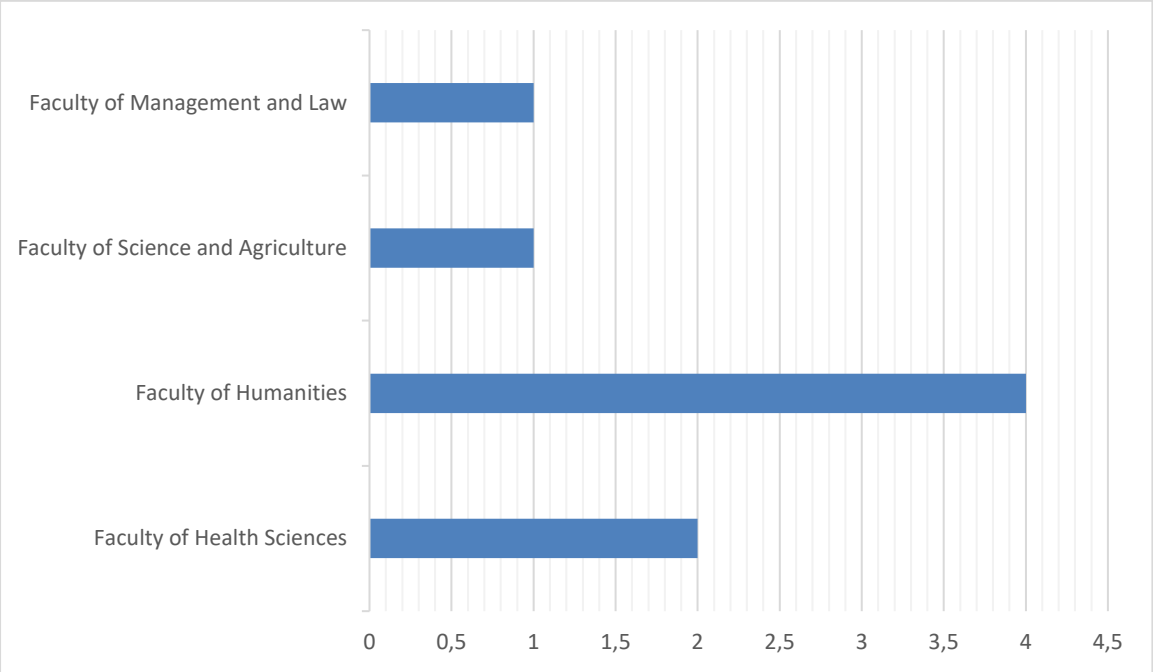

Figure 4.3: Faculty in which the Participants belonged

4.3 Perceptions of intimate partner violence

Theme 2	Sub-Theme
Perceptions of intimate partner violence	a. Manipulation of the vulnerable partner b. Domination of the other partner

Table 4.1: Perceptions of intimate partner violence

The participants revealed a diverse array of ideas regarding intimate relationship violence. These individual experiences formed the basis for these perspectives. There is a common belief among certain individuals that if a spouse physically strikes you, it can be equated to IPV, as it is the type of aggression they would have encountered otherwise. Intimate partner violence is commonly understood as a type of violence committed by an individual with whom one shares a close relationship. IPV encompasses both emotional and physical abuse. Moreover, it has been revealed that IPV includes not only physical and mental mistreatment, but also manipulation and domination instigated by a romantic partner. This demonstrates that IPV is not limited solely to those two forms of abuse. However, emotional and physical violence are the

most prevalent forms of IPV reported by participants. The following are the remarks provided by the participants:

> “My understanding is that when your partner hits you, that is violence to you”
>
> **[Participant 1]**
>
> “My understanding is that its violence in a relationship with a person that you are intimate with either words or physical that’s where I understand it”.
>
> **[Participant 2]**
>
> “It is when your partner abuses you and it can be physically or emotionally”.
>
> **[Participant 3]**
>
> “My understanding of intimate partner violence would be, it is the first time I hear of the word, but I think it would mean violence between someone, you are intimately involved with in a relationship with that person and there is violence between the two of you or either way”.
>
> **[Participant 4]**
>
> “Okay my understanding, I think violence… it can come as in like physical or emotional when it comes to intimate partners. So, some partners are emotionally abusive where it comes with manipulation and control, and some are just physically abusive”.
>
> **[Participant 5]**
>
> “It is when my boyfriend, like It is when your partner abuses you sexually, like rape or physically abusive and emotional abuse”.
>
> **[Participant 6]**
>
> “Intimate partner violence is when someone you are in a relationship with beats you, controls you and insults you. I think it is when they abuse you either physically or emotionally”.
>
> **[Participant 7]**
>
> “I think it is when your partner abuses you physically like he beats you and when, also your boyfriend abuses you emotionally by saying hurtful words to

you like you are useless and he controls your life who you talk to, when you go to class and also does not want you to hang out with your friend, things like that".

[Participant 8]

The participants indicated varying viewpoints on intimate partner abuse. The perspectives of individuals are shaped by their unique experiences. For certain individuals, being subjected to physical aggression by a spouse is considered as IPV. Intimate partner violence is believed by some to include many types of abuse, ranging from emotional to physical, committed by an individual with whom you have a close relationship. Furthermore, it has been revealed that intimate relationship violence includes not only physical and mental abuse, but also manipulation and control exerted by an intimate partner. Participants reported that physical and emotional forms of IPV were the most prevalent. Intimate partner violence is considered to be a substantial worldwide public health concern with the capacity to cause adverse outcomes for victims (Gerber et al., 2014).

IPV encompasses various forms of harmful behaviour, such as physical aggression, sexual coercion, psychological abuse, and controlling actions. WHO defines IPV as actions carried out by an intimate partner or former partner that cause physical, sexual, or psychological harm (WHO, 2021). As per the WHO (2012), physical violence includes actions like slapping, striking, kicking, and beating. Sexual violence, on the other hand, include forced sexual intercourse and other forms of sexual coercion. Psychological violence encompasses not only the act of humiliating or threatening an individual, but also the act of separating them from their social relationships, work, and other social activities.

4.4 Forms of Intimate Partner Violence

Theme 2	**Sub-Themes**
Forms of Intimate Partner Violence	a. Physical harm/violence
	b. Emotional implications
	c. Sexual abuse

Table 4.2: Forms of Intimate Partner Violence

The participants revealed that they had experienced a diverse range of IPV, including physical assaults, where their partners had the authority to inflict harm on them for any reason. Furthermore, it has been revealed that the mistreatment inflicted by partners upon their counterparts encompasses not only physical harm but also emotional implications. Other persons claimed that they were unable to voice their opinions due to fear of physical assault and a sense of despair. Furthermore, it was shown that the individuals experienced sexual and physical abuse, which were among the most prevalent forms of mistreatment. It was also disclosed that individuals whom people least anticipated to be abusive were the ones who initiated these types of abuse from the first. Certain incidents entail instances where partners or friends engage in sexual assault against their partners while being under the influence of alcohol or other substances. The victim, however, only becomes cognisant of the abuse the next morning. Below are the statements provided by several participants: (Perhaps we could write a statement at the introduction of the analyses that quotes/verbatims were not edited so not to lose the real meaning!!)

> “Myself, I was subjected to one of beatings where your partner will beat you for no reason”
>
> **[Participant 1]**
>
> “ It was physical and emotional in such a manner that you were not allowed to say certain things because you gonna be scared to be beaten and you were told that, you...you made that person your whole life…you made him home so it means that you trusted him and everything…you get scared when he starts beating you and telling you how much you are nothing… you are useless and you start believing that… even when he does that all the time you just start believing in living like... it took time for me to get out because I was…I thought that was his language of love…when he says things emotionally abuse so you just have to just accept that… ooh I don’t have anyone to go to, this is my partner, this is my world… I don’t have anyone to go to and then even when he beats you is that thing that you cry then the next day comes…so you get scared of the person, but you are in a relationship with them.”
>
> **[Participant 2]**
>
> “I guess… it was physical abuse and rape”.

[Participant 3]

"*For me it was mostly emotional and harassment… and you know breaking up with a person…he told me that I can't do that…If I cannot have you, nobody else can…such phrases so for me it was mostly that".*

[Participant 4]

"*Okay so my experience with that… I met someone who we were like just talking and getting to know each other. We were drinking that night and somehow, I had a black out and the next thing you know I wake up and I'm at home…In my mind when I wake up I'm like ooh nothing happened… it was a normal night and everything, only to learn that he had sexual intercourse with me and I had no idea… didn't consent to that or anything. The one thing he already knew is my take on having sexual intercourse with him especially since I talked to him about it in passing…so I can say that it was rape in a way."*

[Participant 5]

"*It is physical and emotional abuse, I was beaten almost every day by my boyfriend, and I was told not to tell anyone… he used to tell me that I am nothing, I made him to beat me, and that no one will believe me… He would say a lot of painful words to me like… I'm useless and that he is doing me a favour, every girl wants him".*

[Participant 6]

"*I think it was emotional and mental abuse. He never hit me. He just controlled me, where to go, who to talk to, that kind of behaviour. My boyfriend was just very jealous".*

[Participant 7]

"It *was physical abuse where I was beaten almost every day by my boyfriend, and I also think that he was abusing me emotionally. My boyfriend is also the father of my child, we have a three-year-old daughter together. He always accused of me sleeping with other men. I have a study group and there are boys in in that group, so he did not want me to have their numbers of my phone. Every day, he would check if I had a new contact or a new chat in my*

phone and if it was a boy, he would swear at me and then start beating me accusing me of cheating. I was not allowed to greet or even be greeted by a boy, otherwise there was going to be trouble when we get to the room".

[Participant 8]

Among the different forms of IPV that participants reported experiencing, several individuals indicated their partners beat them for no apparent reason. The treatment administered by the spouses has been demonstrated to possess emotional nuances alongside its physiological aspects. There is a wide range of individuals engaged, including both offenders and victims, and several factors might provoke or exacerbate their criminal behaviour. By recognising the existence of various types of IPV with different causes, we can enhance our definitions and comprehension of IPV. This, in turn, can contribute to the improvement of preventive strategies and their empirical evaluation. It has been suggested that different typologies of IPV may require distinct treatment approaches (Boxall, et al., 2015; Capaldi & Kim, 2007).

Prior to developing dependable screening instruments for assessing IPV risk, it is advantageous to initially recognise and understand IPV typologies (Beck et al., 2013; Wangmann, 2011). When making decisions about post-separation parenting in family law, it is important to consider the type of IPV and how it affects both the victim-parent and the children. This differentiation can provide valuable insights into issues such as parent-child contact, the need for safeguards, and the development of parenting plans that promote positive outcomes for children and parent-child relationships (Beck et al., 2013; Wangmann, 2011). Several participants in this study conveyed their incapacity to voice their concerns due to a sense of despair and apprehension of reprisal. The majority of participants also reported enduring sexual and physical abuse. Individuals anticipated by the renters were also discovered to have initiated similar types of mistreatments. In other circumstances, the victim doesn't identify they were the victim of sexual abuse until the victim wakes up the next morning after being under the influence of alcohol or drugs.

4.5 Type of cases regarded as intimate partner violence

Theme 3	Sub-Theme
Type of cases regarded as intimate partner violence	a. Physical attack b. Forced sexual activity

Table 4.3: Type of cases regarded as intimate partner violence

The participants engaged in a discussion regarding various categories of incidences that are classified as acts of violence perpetrated by a close spouse. Several reported cases involve instances where an individual is compelled to do a necessary action using coercion. Multiple participants recounted instances in which the perpetrators physically attacked them, resulting in enduring injuries that would adversely affect them for the remainder of their lives and hinder their capacity to engage in other pursuits. Instances of sexual coercion, where the perpetrator forces the victim to engage in sexual activity based on their belief that they have the right to do so at any time, are frequently described as acts of violence by intimate partners. Here are some statements from a majority of the participants:

> "It is when your partner is forcing you to do something you don't want to do, such as for example, whenever he is forcing you into sex that is violence. Whenever he is forcing you to do things you do not want for example, to record themselves while you are having sex, if they force you to do that it is also a violence…whenever he hits you, that is a violent again… And I think even threat, whenever he is threatening you cause sometimes you do things based on how people threaten us that if you don't do this, I am gonna do this, so I feel like that's also violent… It actually made me to drop marks because I was suffering a depression which is, I was pregnant during that time so having to deal with pregnancy and books… I had to give birth through a c-section because he hit me at a place where he was not supposed to since he hit me while I was pregnant, I won't be able to bare kids normally so like other women, that means that all my kids I have to give birth through c-section… so I can say that it truly affected me a lot".
>
> **[Participant 1]**

“There’s also rape where he just sleeps with you without your consent and all that so you just give it because what can you do, he’s your man and you made him the centre of your life and you don’t wanna leave because of certain reasons so that’s the way I understand. It affected me personally because I was scared of him cause I was staying with him, it means that every time when you’re at school work is when you become free when he’s not around…so it means when it comes to studying he will tell you how much useless you are and you believe all the words he tells you about you… you believe the fact that you are useless, you’re stupid, you’ll never amount to anything…so how do you become a student and study and get results after being scared of somebody that helps you out, that stays with you and that you love so that is it”.

[Participant 2]

“Rape and when the other partner beat the other one. Sometimes I could not concentrate in class and would be busy thinking about it, everything in my life was so bad”.

[Participant 3]

“Cases, I think it would be when a partner violates you…If it is physical it would mean when your partner maybe is physically abusing you. It affected me a lot because now I’m scared for my life, I’m thinking maybe I’m gonna be killed because in this country the stats are very high of women who are being killed by their boyfriends, partners, whatever… so it affected me also academically because now you can’t focus cause you’re always scared, now it’s taking a toll on you emotionally and that can affect like your whole life, like in every aspect”.

[Participant 4]

“I think first of all having sexual intercourse with someone who did not consent to it and hitting someone that you are intimate with, or being very verbally and emotionally abusive, that comes mainly with manipulation and control”.

[Participant 5]

“It is cases like when you report rape by your boyfriend because sometimes, he can force you to sleep with him because you don’t have a say and even when someone is stalking you then you can get a protection order”.

[Participant 6]

“Rape, controlling and assaulting by your partner this experience affected my personality and my confidence. I no longer have confidence in myself because I allowed someone to control my life, the same person who claimed to love me ruined my life”.

[Participant 7]

“I think beating, swearing, controlling and rape, I don’t know how to say this. I was afraid of him, and I did everything he wanted or told me to do. He broke me, he broke my heart and made me feel like I was stupid and cannot do anything on my own…I was very scared of my boyfriend to a point where I did not have an option when it came to condom use, I could not even tell him that we should use a condom because, I was afraid he would accuse me of cheating... I was on contraceptives pills but he stopped me from going to the clinic claiming that they make him sick… I could not go out with friends because I would be accused of using going out with friends so that I can meet with men”.

[Participant 8]

The participants deliberated on many categories of situations that are deemed as instances of violence perpetrated by a close partner. Several instances have been recorded where an individual is compelled to perform a required action. Multiple participants recounted instances where the perpetrators physically attacked them, resulting in enduring injuries that would negatively impact their lives and hinder their capacity to engage in other activities. Instances in which the perpetrator coerces the victim into engaging in sexual activity just because the perpetrator believes that it is his right to have sex with the victim whenever he feels like is among the most regularly reported instances of violence committed by an intimate partner.

There is a scarcity of data about IPV against men because national and international efforts have mostly focused on diminishing violence against women. A recent study conducted by Kolbe and Buttner (2020) revealed that the incidence rates of physical

violence, sexual violence, and psychological violence in male partnerships were greater than previously estimated. It is noteworthy that the data suggests a substantial proportion of men who have experienced intimate partner violence have also exhibited aggression towards their spouses (Kolbe & Buttner, 2020). Conversely, most women who participate in violent intimate relationships have previously experienced violence from their partners, indicating that a substantial portion of IPV may be reciprocal and triggered by initial acts of violence.

4.6 Aspects of life affected by intimate partner violence

Theme 4	Sub-Theme
Aspects of life affected by intimate partner violence	a. Trust issues b. Deficiency in self-assurance. c. Underperformance d. Humiliation

Table 4.4: Aspects of life affected by intimate partner violence

The study's findings revealed that IPV significantly affects various aspects of life. Some participants have developed trust issues, leading them to no longer trust any of the males in their local surroundings. This is due to their assumption that all males are homogeneous. Other individuals revealed that they have discovered that the most efficient approach to address IPV is to escape when one is subjected to such mistreatment. This is because the longer someone stays, the more they are subjected to ongoing mistreatment. An additional discovery of the present investigation revealed that IPV results in victims experiencing a deficiency in self-assurance. This occurs because the wrongdoer consistently subjects the victim to humiliation by causing them physical suffering. Furthermore, it has been revealed that IPV has resulted in certain victims experiencing academic underperformance. This is because they are experiencing significant stress, which impairs their ability to focus on their academic tasks. Here are a few remarks provided by some participants:

> “My personality was affected because I no longer trust myself around guys because I feel like each and every guy that I am going to meet that guy will hit

me and will hurt me… so that's what is happening now because I no longer even date because of that. What I have learned is that once you experience violence in a relationship you are not supposed to stay, I have to go because one day I will say it is going to get better and then it gets worse, and I end up losing my life or lose yourself".

[Participant 1]

"My confidence died like I started looking at myself as another person, a different person rather than that person that knows that I can do this and can be what I want. So, I started living in fear that he is coming and that affects my whole life and what I want to do… I have learnt that when you are in a relationship that has violence, it is better you just leave and save your yourself because you cannot do anything when you lose yourself… The moment you lose yourself because of somebody beating you, you will never do what you want to do because you are scared of everything that is surrounding you, so I've learned that you must leave the moment that such things happen and build yourself and love yourself".

[Participant 2]

"I no longer want to date any guy ever since that experience. I have learned that I should get to know a person first and before I start dating that person, I must know what kind of person he is. I have to know that person first before dating him".

[Participant 3]

"I think any other relationships whether friendships or romantic relationships like my trust was crippled because now I can't trust anyone and yaah my relationship with myself, now you don't trust yourself because you have been manupilated a lot. You can't make decisions because you don't trust yourself".

[Participant 4]

"I think it was mainly my social life because now I just want to be left alone. I don't want to mingle, even going out with my friends or hanging out with my friends I feel like I should, I always want to a limit to that because I'm like what

if something that I don't want to happen happens. So now I'm like, I've created a boundary between, like as to how far I can go as in like going out, hang out with friends, who I hang out with and everything. What I have learned is that when it comes to drinking alcohol, I've learned that if I need to drink something I do it alone on my own. No matter how someone feels like makes you feel uncomfortable and everything like you shouldn't just trust anyone and you shouldn't just allow yourself to let go in front of just anyone".

[Participant 5]

"I failed my modules because I could not study well and I lost my self-confidence and also I do not trust easily. I don't want to date anymore, no".

[Participant 6]

"My academics were affected because I was missing classes, not writing tests and I failed. I am repeating second year modules, and this is my third year in university, I also lost my funding due to failing. That is why I am saying he ruined my life".

[Participant 7]

"I would say my academic work was affected by this because I could not have enough time to focus on my schoolwork… I was not able to participate on school group chats because he would go through my contacts and if he sees a boy's contact, then he would it delete the contact... I had to watch my surroundings on campus so that he does not see me talking to my male classmates… My marks dropped, I failed tests and did not qualify to write exams for some of my modules... I was a very social person and loved going out with my friends, but I had to get permission from him first... I lost my self-confidence and was no longer myself…I always had to pretend to be happy when I knew I wasn't, but could not say anything so that I don't get beaten…I have learned that I did things the wrong way, I am a student and should not be staying with a boy… I learned not to trust anyone especially men… I just don't want to be involved in relationships anymore because you will be killed by someone who claims to love you… I am enough and also learned to speak out when in trouble."

[Participant 8]

Various aspects of life are affected by IPV, according to the results of the participants. Having developed trust concerns, several of the participants have severed all ties with the men in their close vicinity. This stems from their naive belief that all men are basically the same. Some survivors of IPV shared their newfound knowledge that the best way to cope is to run away from an abusive relationship. The reason behind this is that the longer someone remains, the more they will be mistreated. Intimate partner violence is associated with low self-esteem, according to the present research. This occurs because the offender routinely causes the victim pain, which serves to humiliate them. Some victims of IPV have also failed to meet academic expectations, as has recently come to light. This is because they are so overwhelmed by their problems that they can't focus on their studies.

Heise and Garcia-Moreno (2002) conducted study that showed a strong correlation between physical violence and psychological abuse. Additionally, in around one-third to one-half of instances, sexual abuse was also present. Frequently, the violence extends beyond a singular occurrence. Women have a higher frequency of chronic and harmful physical assaults from their intimate relationships compared to men. WHO (2013) revealed that 42% of women suffered injuries due to IPV. Most of the injuries, such as welts, scrapes, and bruises, were rather insignificant. Nevertheless, the extent and frequency of the abuse can determine the occurrence of more profound bodily harm.

4.7 Knowledge and impact of the Gender Desk

Theme 5	**Sub-Theme**
Knowledge and impact of the Gender desk	a. Lack of knowledge about the Gender desk b. Significance of reporting IPV to the authorities

Table 4.5 Knowledge and impact of the Gender Desk

It is imperative to report instances of IPV to the appropriate authorities as a vital measure in tackling this problem. Victims of IPV can avail themselves to these services through the gender desk. This study aimed to investigate this subject by surveying participants about their level of acquaintance with the gender desk. Participants

exhibited a significant lack of knowledge regarding the gender desk and its activities, which is worrisome given that the gender desk plays a vital role in assisting survivors of IPV in managing the consequences of this traumatic experience. Below are some instances of how respondents in the poll characterised their familiarity with the gender desk.

> "I am not aware, but I think gender desk is where you feel free to talk about your emotions… I think I once came across people on campus that were talking about gender things and even completed the forms, but they never communicated".
>
> **[Participant 1]**
>
> "No, I was not aware because I just saw the pamphlet".
>
> **[Participant 2]**
>
> "yes, it is the office that called me after the bad experience I went through".
>
> **[Participant 3]**
>
> "It's a desk basically that's solves problems between two people who are in a romantic relationship...I don't know if they solve problems even when you are not in a relationship with a person, but it is basically where you state your complains, you send out complains about someone who was assaulting you, or you know harassing you… somewhere along those lines".
>
> **[Participant 4]**
>
> "Gender desk…no I do not know about it"
>
> **[Participant 6]**
>
> "I am not sure but there is always talk about GBV and gender… I think its LGB… something to do with gays, something like that".
>
> **[Participant 7]**
>
> "It's the first time I am hearing about gender desk".
>
> **[Participant 8]**

One primary strategy for addressing the situation is to formally notify the authorities about concerns related to IPV. The gender desk provides assistance to individuals who have experienced IPV. Therefore, one of the objectives of this research was to determine whether the participants were acquainted with the Gender desk. Although the gender desk plays a crucial role in assisting individuals in dealing with the consequences of IPV, the study revealed that participants have only a limited comprehension of its purpose and functioning.

Kolbe and Buttner (2020) have found insufficient evidence to support the effectiveness of primary preventive initiatives for young individuals. Nevertheless, while other areas of the social environment experienced notable changes, attitudes towards gender stereotyping and perceptions of violence, particularly sexual violence against women and harassment, shown comparatively little transformation. According to Kolbe and Buttner (2020) there is insufficient data to endorse a specific technique for preventing adolescent dating violence over another. However, there are specific primary prevention measures that demonstrate potential, despite this. Secondary preventive programmes targeting young individuals at high risk of IPV and abuse have the potential to improve knowledge, attitudes towards violence, gender roles, and interpersonal outcomes. There is empirical evidence that substantiates this assertion.

4.8 Knowledge of the procedures for reporting IPV cases

Theme 6	**Sub-theme**
Knowledge of the procedures for reporting IPV cases	a. knowledge of both the gender desk and the necessary procedures for reporting occurrences of intimate relationship violence. b. Lack of familiarity with the reporting procedure.

Table 4.6: Knowledge of the procedures for reporting IPV cases

Participants should possess knowledge of both the gender desk and the necessary procedures for reporting occurrences of IPV. The minority of individuals acknowledged

knowledge of the procedure, the overwhelming majority were completely unaware. Several participants expressed their opinions on this matter:

“Other than going to a police station, I don’t know another one”.

[Participant 1]

“No, I’m not aware”

[Participant 2]

“Yes, you must report within seventy-two hours if you have been raped”.

[Participant 3]

“The procedures, well they just told me to go to the gender desk and talk about it and they called the person and yeah that was that.”

[Participant 4]

“Nope, I am thinking that if you want to do it the formal way, you just go to the police station and if like maybe it was like a sexual assault then you don’t need to take a bath so that you do not get rid of the evidence, so that they can actually get the evidence.

[Participant 5]

“Yes, I know you can report at the police station or the campus security office... I think when you stay on campus, you can call the security officers for help or report to your res manager… and if you stay off campus, you can report at the police station”.

[Participant 6]

“No, maybe…I think you report at the police”.

[Participant 7]

“No, I do not know the procedures of reporting”.

[Participant 8]

It is expected of participants to have a thorough understanding of the gender desk and the protocols for reporting incidences of IPV. The researcher wanted to establish the

participants' knowledge of the protocol for reporting incidents of intimate partner violence given the mandate of the gender desk. While the majority of participants were entirely unaware with the approach, a minority of them admitted to having some degree of experience with it.

4.9 Intimate Partner Violence intervention platforms within the institution

Theme 7	Sub-theme
Intimate Partner Violence intervention platforms within the institution	a. Prioritising knowledge of the role of support systems. b. Familiarity with the intervention platforms.

Table 4.7: Intimate Partner Violence intervention platforms within the institution

Victims of IPV must prioritise their understanding of the role that support systems serve and be conscious of their existence. Hence, one of the objectives of this study was to ascertain the function of intervention platforms at an institution of higher learning and the specific tasks they undertake. The participants admitted their familiarity with the intervention platforms and disclosed their knowledge of the platforms offered at an institution of higher learning. Here are a few remarks provided by some participants:

> “I’m aware but I just don’t, I’ve never even looked at it… there’s this thing where it’s the day for gender-based violence... There’ll be campaigns here around campus, that’s how I know but I’ve never gone there.”
>
> **[Participant 2]**
>
> “Social Workers and at the Gender Desk, and the security officers on campus”.
>
> **[Participant 3]**
>
> “Student counselling centre might help… but I don’t know”.
>
> **[Participant 4]**

“I can say the health centre and D block”.

[Participant 5]

“I can say campus security and the health centre... The campus security is there for protection and the health centre assisted with medication… Also, the Social Worker helped me to deal with the abuse and I still go when I am not fine, yes I can say that”.

[Participant 6]

“Yes, psychologists at student counselling on campus… I mean at D-Block”.

[Participant 7]

“I am not sure, but I think one can go to the health centre or D block”.

[Participant 8]

Victims of IPV must comprehend the purpose and the array of resources at their disposal. Consequently, determining the purpose and function of intervention platforms at an institution of higher learning was one of the purposes of this research. In addition to expressing knowledge with the intervention platforms, participants indicated familiarity with the platforms offered at an institution of higher learning.

4.10 Guidelines for the Prevention of IPVs

Developing guidelines for the prevention of IPV involves creating a comprehensive approach that addresses various aspects of the issue, from awareness and education to support services and policy implementation. Here are some guidelines tailored to a higher education context, particularly focusing on female students at a South African institution of higher learning:

1. Education and Awareness

a. Awareness Campaigns

Launch ongoing campaigns to raise awareness about IPV, its signs, and its impact.

Utilize posters, social media, seminars, and workshops to disseminate information.

b. Incorporate IPV Education into Curriculum

Include topics on healthy relationships, consent, and IPV in orientation programs and relevant courses.

Partner with departments such as psychology, social work, and health sciences to integrate IPV education.

c. Engage Men and Boys

Develop programs that engage male students in discussions about gender norms, respect, and the importance of non-violence.

Encourage male participation in IPV prevention initiatives.

2. Support Services

a. Counselling and Mental Health Services

Provide accessible and confidential counselling services for IPV survivors.

Ensure counsellors are trained in trauma-informed care specific to IPV.

b. Hotlines and Helplines

Establish 24/7 helplines staffed by trained professionals for immediate support.

Promote the availability of these services through various channels.

c. Safe Spaces

Create safe spaces on campus where survivors can feel secure and supported.

Ensure these spaces are well-publicized and accessible.

3. Policy and Protocols

a. Comprehensive IPV Policy

Develop a clear, comprehensive IPV policy that includes definitions, reporting procedures, and consequences for perpetrators.

Ensure the policy is easily accessible to all students and staff.

b. Reporting Mechanisms

Establish multiple, confidential reporting channels (e.g., online, in-person, anonymous).

Ensure that reports are handled promptly and sensitively.

c. Response Protocols

Develop clear protocols for responding to IPV reports, including immediate safety measures and long-term support plans.

Train staff and faculty on these protocols to ensure consistent and effective responses.

4. Prevention Programs

a. Workshops and Training

Offer regular workshops on topics such as conflict resolution, bystander intervention, and self-defense.

Provide mandatory training for staff and faculty on recognizing and responding to IPV.

b. Peer Education Programs

Establish peer education programs where trained students provide information and support to their peers.

Encourage peer educators to lead discussions and workshops on IPV prevention.

5. Community Involvement

a. Partnerships with Local Organizations

Partner with local NGOs, shelters, and legal services to provide comprehensive support to IPV survivors.

Collaborate on awareness campaigns and prevention programs.

b. Involve the Broader Community

Engage the wider community in IPV prevention efforts through outreach activities and public events.

Promote a culture of respect and non-violence beyond the campus.

6. Monitoring and Evaluation

a. Regular Surveys and Feedback

Conduct regular surveys to assess the prevalence of IPV and the effectiveness of prevention programs.
Use feedback to continuously improve policies and services.

b. Data Collection and Analysis

Collect and analyse data on IPV incidents, reporting rates, and outcomes.
Ensure data is used to inform policy decisions and resource allocation.

c. Independent Reviews

Periodically commission independent reviews of IPV prevention and response efforts to ensure accountability and effectiveness.

7. Empowerment and Advocacy

a. Empower Survivors

Provide platforms for survivors to share their stories and advocate for change if they choose to do so.
Support survivor-led initiatives and organizations on campus.

b. Advocacy for Policy Change

Advocate for changes in national and local policies related to IPV prevention and support.
Work with policymakers to address gaps in legislation and funding.

8. Safety Measures

a. Campus Security Enhancements

Improve campus lighting, install security cameras, and increase patrols in high-risk areas.
Ensure security personnel are trained to handle IPV situations sensitively and effectively.

b. Emergency Preparedness

Develop and regularly practice emergency response plans for IPV incidents.
Provide information on safety planning to students at risk of IPV.

By implementing these guidelines, institutions can create a safer, more supportive environment for female students and contribute to the broader goal of preventing intimate partner violence.

4.11 Conclusion

This chapter provided a comprehensive account of the study's findings, examination, and discourse. A prominent element that emerged from the research was the diverse range of intimate relationship abuse experienced by the participants. Subsequent to the discussion, participants disclosed a diverse array of perspectives regarding intimate partner abuse. In the subsequent portion, the chapter delved into many manifestations of intimate partner abuse, and the participants engaged in a discussion of the diverse methods by which a spouse might do harm in a close relationship. In addition, the chapter discussed the ways in which the participants' lives were affected by intimate partner abuse. One of the objectives of this study was to demonstrate the multifaceted effects of IPV on the individuals involved. The study emphasised the significance of reporting IPV to the appropriate authorities as a crucial step in addressing this issue, with a specific focus on the knowledge and impact of the Gender desk. Participants were required to possess knowledge of the gender desk and the necessary procedures for reporting occurrences of IPV, as detailed in the chapter on awareness of reporting IPV incidents. Participants also came up with IPV prevention guidelines which could assist in preventing IPV in HEIs.

CHAPTER FIVE

SUMMARY OF THE MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a concise overview of the key findings, conclusions, and recommendations. This study was conducted at a higher education institution, and it aimed to examine the first-hand experiences of female students who have encountered intimate partner violence. The chapter presents a concise overview of the findings, along with the conclusions drawn about the real-life encounters of female students who encountered IPV at an educational institution in the Limpopo Province of South Africa.

5.2 Research design and method

The study implored a qualitative method and phenomenology design in order to understand and interpret the meaning that participants experienced in their everyday lives. This design and method allowed the researcher to acquire an in-depth understanding of the phenomenon from the participant's perspective.

5.3 Summary of Key findings.

The study revealed that participants had encountered a wide variety of IPV, which encompassed physical attacks, wherein their partners have the power to do them harm without any justification. Moreover, it has also been disclosed that the abuse perpetrated by individuals in relationships covers not only physical violence but also had emotional consequences. Some individuals asserted that they refrained from expressing their viewpoints out of apprehension of experiencing physical harm and a feeling of hopelessness. Moreover, it was demonstrated that the individuals encountered sexual and physical abuse, which were among the most widespread types of maltreatment. Surprisingly, it was revealed that those whom others least expected to be abusive were the ones who instigated various sorts of abuse from the beginning. Some situations involve partners or friends committing sexual assault against their partners when intoxicated with alcohol or other substances.

Moreover, participants shared accounts of verbal degradation, manipulation, and control by their intimate partners, indicating emotional and psychological abuse. This abuse had a profound impact on their self-esteem, confidence, and mental well-being, causing significant emotional trauma. Fear and intimidation played a major role in their experiences of IPV. Many expressed feeling terrified for their safety due to threats of violence or actual physical harm inflicted by their partners. This fear extended beyond the immediate danger and affected other areas of their lives, such as academic performance and social interactions. Participants highlighted instances where their partners exerted control over various aspects of their lives, including limiting social interactions, monitoring activities, and dictating behaviour. This control was often achieved through manipulation tactics aimed at maintaining power and dominance in the relationship.

Moreover, the impact of IPV on participants' personal and academic lives was significant. IPV has a substantial negative impact on the academic achievement of its victims due to the stress and trauma they experience. Participants expressed challenges in maintaining focus on their academic endeavours as a result of significant emotional burdens, resulting in academic failures and setbacks. This highlights the extensive impact of IPV on different aspects of life, including academic pursuits. A significant number of individuals have experienced difficulties in maintaining focus, experiencing emotional turmoil, and having diminished self-assurance as a consequence of their encounters. Several individuals detailed the impact of the trauma on their academic achievements and how it impeded their progress towards their objectives. The conversation also addressed the discrepancy in the investigation and documentation of IPV against men, with the majority of past initiatives primarily concentrating on violence against women. Recent research has brought attention to similar levels of IPV victimisation among men, indicating the necessity for more comprehensive approaches to resolving IPV that consider both genders.

Reciprocal violence in intimate relationships, when both partners may engage in hostile behaviours, was acknowledged. This underscores the intricacy of IPV interactions and implies that the first instances of violence can potentially lead to more acts of violence within relationships. Participants exhibited deep-seated distrust, causing them to cut off connections with males in their immediate vicinity. This arises from a pervasive apprehension and presumption that all males are similar, leading to

substantial consequences on their social interactions. IPV destroys trust, a crucial element of social engagement, resulting in individuals being isolated and withdrawing from their social networks. IPV was discovered to gradually diminish sufferers' self-confidence and modify their perception of self. The perpetrator's ongoing acts of humiliation consistently erode the self-esteem of the victims, leading to a distorted self-perception and a state of constant terror. This implies a significant psychological influence, resulting in a decrease in one's self-assurance and confidence. IPV impairs the victims' capacity to participate in positive relationships and social activities. Lastly, participants expressed a hesitancy to engage in dating or social activities, along with an increased awareness and establishment of personal boundaries in their relationships with others. This indicates a significant disturbance in their ability to have faith and establish relationships with others, resulting in the avoidance of social interactions and seclusion.

5.4 Recommendations

5.4.1 Prevention Strategies

Participants emphasised the significance of promoting awareness on campus through workshops, campaigns, and educational activities that specifically target both male and female students. The preventative efforts placed significant focus on the participation of male students, specifically targeting issues such as anger management and substance addiction. Proposed recommendations encompassed the implementation of frequent awareness campaigns during the initial stages, ongoing support and encouragement for female students, and the facilitation of discussions involving male students to address and mitigate incidents of IPV and GBV.

5.4.2 Empowerment and Education

The participants pushed for educational and supportive procedures that empower individuals to identify and address IPV, which became a central theme and a form of empowerment. One of the recommendations was to encourage both male and female students to prevent reliance on others, endure mistreatment, and engage in respectful interactions.

5.4.3 Multidisciplinary Approach

Participants acknowledged the necessity of adopting a multidisciplinary strategy to prevent IPV, which would involve engaging different stakeholders such as social workers, psychologists, campus authorities, and the wider university community. In summary, the thematic analysis reveals deficiencies in knowledge and comprehension concerning the gender desk and IPV reporting procedures. It also provides suggestions for enhancing awareness, empowerment, and preventative measures within the university setting.

5.5 Contributions of the study

The study might assist in providing valuable insights into effective strategies for IPV prevention within university settings. They underscore the importance of raising awareness, promoting empowerment and education, and adopting a multidisciplinary approach to address this significant issue. Additionally, they highlight areas for improvement, such as knowledge gaps regarding reporting procedures and the role of the Gender desk, which can inform future research and interventions in this area.

5.6 Limitations of the study

The subjects of the study were only female students and male students might be having a different perspective on the subject matter.

Due to the sensitivity of the subject, prospective participants did not wish to partake in the study.

5.7 Conclusion

In summary, IPV has multifaceted consequences on several elements of victims' lives, encompassing trust, coping strategies, self-confidence, scholastic attainment, interpersonal connections, and both physical and psychological welfare. The results of this study emphasise the immediate requirement for comprehensive interventions that can tackle the intricate consequences of IPV and provide support to survivors in their journey of reconstructing their lives.

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APPENDIX A: INTERVIEW SCHEDULE GUIDE

Exploring lived experiences of female students on Intimate Partner Violence at an institution of higher learning'

SECTION A: INFORMATION ON PARTICIPANT'S DEMOGRAPHICS

1. Age

18 – 24 years	
25 -30 years	

2. Level of study

2nd year	
3rd year	
4th year	
Honours level	

SECTION B: DETERMINING THE NATURE OF INITIMATE PARTNER VOLENCE (IPV) AT AN INSTITUTION OF HIGHER LEARNING.

1. What type of IPV were you subjected to? Please elaborate

SECTION C: AWARENESS OF IPV

1. What is your understanding of IPV?

2. What type of cases do you think can be regarded as IPV?

SECTION D: EXPERIENCES OF IPV ON FEMALE STUDENTS

1. How did this experience affect you personally?
2. Which other areas of your life were affected by this ordeal?
3. What have you learned from this whole experience?

SECTION E: KNOWLEDGE OF IPV INTERVENTION PLATFORMS

1. Are you aware of the Gender desk at the UL?

2. What is the role of the Gender desk within the university?

3. What are the procedures for reporting IPV cases?

4. Which IPV support structures were you aware of during your experience?

5. Which policy do you that addresses IPV at higher learning institutions?

6. What are the IPV intervention platforms within the campus?

APPENDIX B: PARTICIPANT CONSENT FORM

Good day

My name is Nokuthula Ndou, a postgraduate student registered for the MSW at the University of Limpopo. As part of the requirements for the degree, I am conducting research on 'Exploring lived experiences of female students on Intimate Partner Violence at an institution of higher learning'. It is envisaged that this information may assist in strengthening the GBV desk within the university

I therefore wish to invite you to participate in my study. Participation is voluntary and refusal to participate will not be held against you. The interview will last approximately 50 minutes and will take place in a place where confidentiality will be maintained. You may withdraw from the study at any given time and may choose not to answer any question(s) that you feel uncomfortable with.

With your permission, the interview will be audio-recorded and verbatim transcripts will be compiled post the interviews. My supervisor is the only person that will have access to the recordings and transcripts. All information pertaining your identity, the recordings, interview schedules and transcripts will be kept in a locked cabinet in the researcher's office and in her computer which is password protected.

In case the information you will share with me causes any emotional reactions that might seek counselling to deal with, participants will be referred to the appropriate service providers.

If you have more questions about the study, please feel free to contact me or my research supervisor using the details given below:

Nokuthula Ndou

Cell number: 0735908371

Email address: thuliendou@gmail.com

Dr Kwakwa: Lecturer in the Social Work Department (the supervisor)

University of Limpopo

Telephone number: 0152682600

Email address: motshidisi.kwakwa@ul.ac.za

Thank you for taking the time to consider participating in the study

APPENDIX C: GATEKEEPER'S LETTER

University of Limpopo
Office of the Registrar
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2407, Fax: (015) 268 3048, Email: Kwena.Masha@ul.ac.za/Retha.Balie@ul.ac.za

21 August 2023

N Ndou

Email: nokuthula.ndou@ul.ac.za

Dear N Ndou,

GATEKEEPER PERMISSION TO CONDUCT RESEARCH

TITLE: **EXPLORING LIVED EXPERIENCES OF FEMALE STUDENTS ON INTIMATE PARTNER VIOLENCE AT AN INSTITUTION OF HIGHER LEARNING**

Researcher: **N Ndou**
Supervisor/s: **Ms MM Kwakwa**
Co-Supervisor/s: **Prof JC Makhubele**
School: **Social Sciences**
Degree: **Master of Social Work**

Kindly be informed that Gatekeeper permission is granted to you to conduct research at the University of Limpopo entitled: **"Exploring lived experiences of female students on intimate partner violence at an Institution of Higher Learning".**

Regards,

PROF. JK MASHA
UNIVERSITY REGISTRAR

Cc. Prof. RJ Singh: Deputy Vice-Chancellor; Research, Innovation and Partnerships
Prof. RN Madadzhe: Deputy Vice-Chancellor: Teaching and Learning
Dr. T Mabila, Director: Research Development and Administration
Prof. D Maposa – Chairperson: Research and Ethics Committee
Dr. T Sewapa, Ethics Officer
Ms. M Hutamo – Assistant: Ethics Secretarist
Ms. C Ngobeni – Research Administration and Development

Finding solutions for Africa

APPENDIX D: ETHICS CLEARENCE CERTIFICATE

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 4713, Fax: (015) 268 2306, Email: moore.hutamo@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: 25 July 2023

PROJECT NUMBER: TREC/362/2023: IR

PROJECT:

Title:	Exploring lived experiences of female students on Intimate Partner Violence at an institution of higher learning
Researcher:	N Ndou
Supervisor:	Ms MM Kwakwa
Co-Supervisor/s:	Prof JC Makhubele
School:	Social Science
Degree:	Master of Social Work

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

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