# Afrocentric Community Education Strategies on the Prevention and Control of Domestic Violence Affecting Married Women in Zimbabwe

Winnie Zembe

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# Book Synopsis

The purpose of the study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. The study rose out of concern that given the availability of the constitution that protects the rights of women, married women are still violated. Betty Neuman's System Model was used to guide this study. Health, person and environment were the selected concepts for this study. In Betty Neuman's Systems Model, the interpersonal environment influences health. Community is a component of the interpersonal environment and it therefore influences health. A qualitative approach was used in the study which involved site and participant triangulation. Participants were recruited by purposive sampling for the first and second phases. The study was conducted at the Zimbabwe Republic Police (ZRP) Makonde District Head Quarters, at local church branches and at traditional courts at Makonde Rural District in Chinhoyi Zimbabwe. The population of the study were married women who had experienced domestic violence, family members including religious leaders and traditional leaders.

In the first phase the study used both; the individuals and focus groups with married women aged between 19 and 49 years who had experienced domestic violence. The second phase used the individual interviews with families of women who had taken part in phase 1 and were willing to participate in the study, traditional leaders and religious leaders. The last phase was the development of strategies based on the results of the first and second phases of the study. The author envisioned that the study would have implications for the health care policy makers in Zimbabwe, the health care workers, the community and the married women. Data were analysed using statistical Package of Social Sciences Programme (SPSS / PC and NVIvo). The sample was limited to ($n \leq 100$) and formed a compact group for example physically abused married women. The findings

were presented in themes derived from the research questions and objectives. Domestic violence is most visible in high density areas. This may however give the impression that domestic violence is more prevalent among the poor. Physical abuse was found to be the most common form of abuse in Zimbabwe. Age is not a determinant of being a victim of domestic violence as it affects across the ages. Education does not immune one from domestic violence. However, education helps women to understand and question specific behaviours. The majority of spouses were found to be self-employed in menial jobs and were reliant economically on their spouses, which predisposed them to domestic violence. In Zimbabwe, culture and religion were found to be important factors when considering perpetual existence of domestic violence. Traditional leaders remain an important and influential constituency in Zimbabwe, and they are the gateways to an intervention to domestic violence. Some major strategies to end domestic violence were found to be family counselling, educative campaigns, couple meetings and workshops. It was concluded that given the availability of the constitution that protects the rights of women, married women are still violated. In addition, culture and religion were found to be important factors when considering perpetual existence of domestic violence.

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# Dedication

I dedicate this book to my loving and beloved twins Tafadzwa and Takudzwa Kambadza.

# Contents Page

# Abbreviations

| | |
|---|---|
| DV | Domestic Violence |
| DEVAN | Declaration of elimination of violence against women |
| EC | Emergency Contraception |
| FGD | Focus Group Discussion |
| GDV | Gender-based Violence |
| MRCZ | Medical Research Council of Zimbabwe |
| NGO | Non -Governmental Organisation |
| PEP | Post Exposure Prophylaxis |
| SDA | Seventh Day Adventist Church |
| UN | United Nations |
| VAW | Violence Against Women |
| VFU | Victim Friendly Unit |
| VSLA | Voluntary Savings and Loans Associations |
| WHO | World Health Organisation |
| ZDHS | Zimbabwe Demographic and Health Survey |
| ZRP | Zimbabwe Republic Police |
| ZWALA | Zimbabwe Women Lawyers Association |

# CHAPTER 1: Overview of the Domestic Violence Plague

This chapter will introduce an overview of the entire study, grounded on the view that women are abused by men mostly in the home. Domestic violence (DV) in the home has generally been understood from the perspective that males are perpetrators and females are victims. Central to this study is the quest to gain understanding of the nature of abuse perpetrated against women by men in the home. This is accomplished in three sections. The first section examines the roles of community members in the prevention and control of domestic violence. The second section analyses the experiences of married women about domestic violence. This brings in the discussion on developing strategies for educating community members within the African Context on the prevention and control of domestic violence among married women in Zimbabwe. The background to the problem and the statement of the problem are also addressed. The chapter will further outline the research questions and the research purpose. This will then followed by clarification of the methodology of the study, the theoretical framework, the assumptions of the study, the significance of the study, the delimitations of the study, the definition of terms, the summary of the content of Chapter 1 and the structure of the book.

Domestic violence is one of the most common forms of violence against married women and it includes physical, sexual, emotional abuse and controlling behaviours by the husband. Domestic violence occurs in all settings and among all socio-economic, religious and cultural groups (WHO, 2012:1).

According to WHO (2012:1) domestic violence refers to any behaviour within an intimate relationship that causes physical, psychological or

sexual harm to those in the relationship. WHO (2012: 1) revealed that there are four different forms of domestic violence namely: Acts of physical violence, such as slapping, hitting, kicking and beating.

Sexual violence, including forced sexual intercourse and other forms of sexual coercion.

Emotional (psychological) violence, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children. Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

According to WHO (2012:2), "a multi-country study was done on domestic violence revealed that more than 24 000 women in 10 countries experienced domestic violence representing diverse cultural, geographical and urban/ rural settings." The study confirmed that domestic violence is widespread in all countries studied among married women. According to study findings, 13% to 61% reported never having experienced physical violence by a partner, 4% to 9% reported having experienced severe physical violence by a partner, 6% to 59% reported sexual violence by a partner at some point in their lives and 20% to 75% reported experiencing emotional abusive from a partner in their lifetime.

In addition, a comparative analysis of Demographic and Health Survey (DHS), data from nine countries found that the percentage of married women who reported never experiencing any physical or sexual violence by their husband or cohabiting partner ranged from 18% in Cambodia to 48% in Zambia for physical violence, and 4% to 17% for sexual violence. In a 10 country analysis of DHS data, physical or sexual violence ever reported by currently married women ranged

from 17% in the Dominican Republic to 75% in Bangladesh. Similar ranges have been reported from other multi-country studies (World Health Organisation, 2012:2).

''Contributing factors to domestic violence against women include; gender-inequitable social norms, poverty low social and economic status of women, weak legal sanctions within marriage, lack of women's civil rights, restrictive or inequitable divorce and marriage laws weak community sanctions, broad social acceptance of violence"(WHO, 2012:4).

In a 2005 study on women's health and domestic violence, World Health Organisation (WHO), found that 56% of women in Tanzania and 71% of women in Ethiopia's rural areas reported beatings or other forms of violence by husbands or other intimate partners (Kimani, 2012). Domestic violence against women is a common but under-reported global epidemic. According to Oxfam (2012:2), "domestic violence against women is one of the most rampant human rights violations". "It has health, educational, legal, economic and above all human right implications" (Seema *et al.*, 2014:122). "Not only domestic violence is a major obstacle to married women's development and to the welfare of their communities and societies as a whole, but it also negatively impacts the socio–economic development of the country" (Oxfam 2012:2).

Domestic violence is a widespread problem that crosses differences in race, culture, gender, social status, and religion (Nasan–Clark, 1996:553; Shannon–Lewy & Dull, 2005:357). Domestic violence is typically defined as a pattern of coercive behaviours that include physical, sexual and psychological abuse such as emotional and / or verbal intimidation and threats, used to gain power and control over an intimate partner.

Violence perpetrated by men against their female partners is one of the most common yet perplexing forms of violent behaviour. Besides being a fundamental violation of women's human rights, domestic violence is becoming a significant public health problem, spawning high economic and social costs (Alesina *et al.*, 2016). It is also often assumed that domestic violence only occurs in lower-income, minority or rural communities. The truth is that domestic violence can happen to anyone, regardless of who they are, what they do for a living, or where they live (Nealon-Wood, 2016).

Domestic violence was found to be driven by patriarchal social norms, unequal power relations, wife ownership and sexual entitlement after marriage in Sub – Saharan Africa (Made, 2015:84).

Women of the Muslim religion were found to be two times more likely to experience life time physical violence as compared to those of other religions such as Christians. Every year in United Kingdom circa 300,000 women are raped or have been attempted to be raped (Cornwall *et al.*, 2011 – 2015)

In the last twenty-five years, there has been a growing recognition from both the academic and activist community that domestic violence is a public issue that needs urgent attention from policy-makers and society. The response at policy-level across the world, especially in Latin America and Africa, has been the enactment of domestic violence laws that draw on international and regional agreements to combat domestic violence against women. To this end, there are 19 countries in sub-Saharan Africa, including Zimbabwe that have domestic violence legislation (Giridhar, 2012:6).

Ampofo (2008) found out that there were 32 countries that have adopted the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women and 29 of

these countries have harmonized their domestic frameworks with women's human rights standards, resulting in the passing of bills, national plans or programmes to address domestic violence. Overall, the African continent has been slow to respond to violence against women as a human rights issue. About one third of the African countries have enacted domestic violence laws by that time.

Each country on the continent tends to address domestic violence quite differently. Whereas some countries define domestic violence as a crime and limit their policy responses to sanctioning the aggressor, other countries focus more on attending to the victim. Some offer a one stop service with the human rights of the victims as central to the approach while others offer a more ad hoc approach (Ampofo, 2008).

The situation is especially worrisome in sub-Saharan Africa. Using the most recent data from the Demographic and Health Survey (DHS), for those African countries for which data on domestic violence are available, that is 29% of married women have experienced either sexual or physical violence since the age of 15. In addition, 46% of married women justified wife beating (Alesina *et al.*, 2016). Christiaensen (2016) found that 51% of African women reported that being beaten by their husbands was justified if they go out without permission, neglect the children, argue back, and refuse to have sex, or burn the food.

Even though men may be victims of domestic violence, women are more likely to receive severe and at times, fatal physical injuries (Rosen *et al.*, 2003:182; Stith & Rosen, 2004:415). Domestic violence affects more women than men at a probable ratio of 3:1 (Matizha, 2014:1).

Worldwide women continue to suffer from this menace; World Health Organisation (WHO), reported estimates of 10% to 69% (Seema *et al.*, 2014:123). Domestic violence among married women is a social issue,

hidden but prevalent in almost every society irrespective of race, religion, caste and language (Seema *et al.,* 2014:124).

Data from other developed and underdeveloped countries reflect similar situation (Seema *et al*., 2014:124).

The most instigating factors for domestic violence was wife beating, being disobedient or making arguments with the husband, lack of women autonomy and decision-making, power related to her personal family matters (Seema *et al.*, 2014:124). In addition, in a male-dominated society, women are supposed to be submissive and obedient for every decision, even pertaining to their household affairs, contraception, number of children and their education (Matizha, 2014:5).

Women lack economic resources and are supposed to obey their husbands according to socio–cultural norms. Any deviation from society set norms subject them to being disliked by their in-laws and ultimately being physically abused by the whole family (Seema *et al.*, 2014:124).

Africa's economic decline over the past three decades has left many women in worse conditions. Their plight so severe, was noted by a study by the WHO and the Joint UN Programme on HIV/AIDS (UNAIDS), that many women see no option but to remain with husbands who routinely batter them. The women stay because men "serve as vital opportunities for financial and social security, or for satisfying material aspirations" (Kimani, 2012:21).

According to the 1993 World Development Report, domestic violence is a serious cause of death and incapacity among women of reproductive age as cancer and a greater cause of ill health than traffic accidents and malaria combined (Mashiri, 2013:94). Domestic violence

is exercised through physical aggressive acts such as kicking, biting, slapping or even strangling which inevitably lead to emotional pain, and stress (Rahman *et al.*, 2014:2).

Domestic violence is embedded within social and cultural norms that perpetuate inequality between women and men and condone or even encourage discrimination against women, including the chastisement of women by men and others (Heise *et al.*, 1994:43).

The global magnitude of domestic violence and its negative health effects on women is an increasingly recognized and important public health topic (Heise *et al.*; 2002:1133; Stephenson *et al.*, 2013). There is substantial evidence from developed countries documenting a relationship between domestic violence and mental health (Chin *et al.*, 2009:1134; Stephenson *et al.*, 2013).

Previous research conducted in Bangladesh revealed that poor rural women aged less than 50 years, 47% were never beaten by their husbands during their lifetime, Hasan *et al.*, 2014:3) In another study in Bangladesh, 61% among 79% women who were admitted in two hospitals was due to violence related injuries (Cited in Azim;2000:3, Tanvir *et al.*, 2014). In an Indian study, 26% of women attending antenatal clinics reported physical domestic violence, mostly by their husbands (Seema *et al.,* 2014:124).

About 14, 1 million women are targeted for domestic violence in their lifetime across national borders annually (Shimmy, 2013:23). In a Nigerian survey, 81% of married women reported being physically abused by their husbands and 46% reported being physically abused in the presence of their children (ASWA Foundation, 2013:2).

Domestic violence has been associated with adverse reproductive health outcomes including maternal morbidity and mortality (Seema *et al.,* 2014:124). According to Abramsky *et al.* (2011); Devries *et al*. (2010)

and Safftiz (2010:89), husbands' alcohol consumption is positively associated with domestic violence. Often, women who have daughters only are more likely to be subjected to domestic violence than women with sons (Safftiz, 2010:89). This could be because of a man's increased satisfaction with his wife for bearing male children have more opportunities to contribute family income or to protect his mother.

Physical aggressive/abuse is the use of any physical force against your partner intended to make her afraid or to hurt her. Examples of such abuse include pushing, grabbing, shoving, slapping, punching, kicking and these confirm what participants regarded as physically abused and controlled (Pence & Payma, 1993:134). Barterers often demand to have sex with their partners after an abusive incident. However, for many women sex after battering is further degrading the act and solidifies the man's power (Pence & Payma, 1993:135).

Ripple effects throughout society can be enormous – victims of violence may suffer physical and psychological distress, and they may experience a decline in labour productivity and a resulting loss of wages, with limited ability to care for their children (Alesina *et al.*, 2016).

According to Duran *et al.* (2009:1135) and Stephenson *et al.* (2013), there is a range of mental health outcomes associated with domestic violence which includes depression, sleep problems, anxiety, mental distress, post-traumatic stress disorder (PTSD), and suicidal thoughts. The findings by Mashiri (2013: 96) found that domestic violence has acute physical, psychological and social consequences. Victims often experience psychological trauma.

Violence against women takes place in the home, on the streets, in schools, in workplaces, in farm areas, and refugee camps and it is perpetrated by persons in positions of power (Feseha *et al.*, 2012:2).

Domestic violence is recognized not only as a pervasive human right violation but also as an increasingly important public health problem with substantial consequences for women's physical, mental, sexual and reproductive health (Rahman *et al.*, 2011:1). The world today is full of domestic violence that comes in many forms. The concept of domestic violence includes physical, sexual, emotional and economic abuse.

Traditionally in African countries, married women are encouraged to stay in abusive relationships because of the perceived support from families (Thupayagale-Tshweneagae & Seloilwe, 2010:13). This is even though many African countries, including Zimbabwe, have constitutions that protect the rights of nationals including married women. Family support becomes increasingly relevant when there is increasing domestic violence (Liang *et al*., 2005:3; Meyer, 2019).

One of the challenges in responding to domestic violence is that, in many of the societies in which CARE works, domestic violence is hidden from view. The same deeply entrenched social norms that give rise to domestic violence make it a private matter, something not to be discussed outside the family (or even within the family). Often, it is invisible to those experiencing the violence, because it is so deeply woven into how an individual understands who they are as a man or a woman and their place in society (Sprenchmann *et al*., 2013:13).

Rates of women exposed to domestic violence vary from one region to the other; statistics indicate that domestic violence among married women is a universal phenomenon both within and outside their homes (Women Trends and Statistics, 2010:5). In addition, women are physically abused by their intimate partners at different rates throughout the world, yet such abuse occurs in all countries or areas without exception and the consequences of such violence last a lifetime (Women Trends and Statistics, 2010:5).

Domestic violence is often used to dominate and maintain control over women within the contact of intimate relationships (Clowes & Ratele 2010:15; Nawaz *et al.*, 2008:74; Petersen, 1983:24). Because of domestic violence, marriage becomes "a long night winter, devoid of warmth and contentment" (Nkealah, 2009:36). As a result, marriage relationship becomes a source of terror and trauma instead of being characterised by love and harmony, security and happiness (Nkealah, 2009:36).

In a different view Saffitiz (2010:89) found that domestic violence is positively associated with alcohol consumption of the husband. In addition, women who have daughters only are more likely to be subjected with domestic violence than women with sons. This could be because of man's increased satisfaction with his wife for bearing male children. To male children having more opportunities to contribute to the family income, or to a male child's ability to protect his mother (Saffitiz, 2010:89). The opposite reasons could explain why women with daughters only are at a higher risk of being abused. Married women in polygamous relationships are more likely to experience domestic violence than women in monogamous relationships (Nyamayemombe *et al.*, 2010:25).

Women continue to suffer high levels of physical and sexual violence. Domestic violence keeps on spreading, affecting married women's rights in Zimbabwe and men use it to keep women in subordinate roles. All forms of domestic violence negatively affect the political, economic and social empowerment of women. In Zimbabwe domestic violence has increased steadily since 2008 from 1 940 to 10 350 cases in year 2013 (Matizha, 2014: 2). According to Zimbabwe Demographic and Health Survey (ZDHS) ( 2010–2011:2), 30% of all women aged 15–49 have reported physical violence since the age of 15, while 27% of women have experienced sexual abuse since the age of 15, of which nine out of ten cases were perpetrated by women's spouse or partner.

The occurrence of domestic violence against married women continues to be one of the public health problems affecting human rights violations in Zimbabwe (Made, 2015:93). Therefore, the Zimbabwean Government is currently strengthening the legal and policy framework to prevent and control all forms of domestic violence (Made, 2015:9).

The highest number of domestic violence cases 56% recorded in the urban areas of Mashonaland Central in Zimbabwe and the lowest cases 17% recorded in Matebeleland North Province in Zimbabwe (Matizha, 2014:2). In Sub-Saharan Africa, domestic violence against married women is a widespread problem and 63.8% of married women reported being physically abused (Shimmy, 2013:16).

The researcher as a member of the community has observed that disputes in marriages in Zimbabwe are mitigated by the elder persons in the families to broker peace among the couples. From the researcher's experience the elder members of the couple's family usually apply their indigenous knowledge based on cultural practices related to the assigned roles of both men and women in the relationship.

This often advantages the men and, in some way, perpetuates domestic violence. In addition, according to the study's observations women are usually victims in domestic violence cases of which men are perpetuators although they can also be victims to female abuses. Despite the Zimbabwean Government having a constitution that protects the rights of women, the families are often ignorant of them.

It may also appear that they have a mind-set influenced by culture on the rights of married women. The issue is how can all the stakeholders (Community- families, chiefs, religious leaders and married women) be made aware of the constitutional rights of women who are being violated. This would mean the rights of the constitution are being

upheld without disrespecting the role of communities and their indigenous knowledge.

In addition, in African societies and in Zimbabwe in particular, women are encouraged to stay in abusive marriages for various reasons including the fact that marriage is about the families and not for a couple. As such families are perceived to be able to support women when abused by their partners. Therefore, this perceived support from families may increase the likelihood of domestic violence among married women, making it difficult to prevent violence against women. Efforts by the country in establishing domestic violence as grounds for divorce have not received sufficient support in the Zimbabwean community. The fight for women's rights continues in Zimbabwe and women are now advocating for additional protective legislation and legislation concerning domestic violence is at the forefront of their agenda. The main argument permeating this study is that little research has been carried out on strategies for educating communities within an African Context on the prevention and control of domestic violence affecting married women in Zimbabwe. The study therefore sought to evaluate the role of these Afrocentric strategies in the prevention and resolution of domestic violence in Zimbabwe. An interrogation of these indigenous knowledge systems on domestic violence has the potential to correct the cultural and structural inhibitions of women who have experienced domestic violence. If this traditional education constituency of domestic violence remains untapped, there is a potential that women will remain abused in the name of culture.

The purpose of this study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe.

The specific objectives of the study were to realise the purpose of the study, the following objectives were designed:

1. To determine the roles of the community members in the prevention and control of domestic violence
2. To explore and describe the experiences of married women on domestic violence
3. To develop strategies for educating communities on the prevention and control of domestic violence

The study aimed to answer the following questions:

1. What are the roles of community members in the prevention and control of domestic violence?
2. What are the experiences of married women about domestic violence?
3. What strategies can be adopted to educate community members on the prevention and control of domestic violence?

In carrying out this study, the study was guided by the following assumptions:

- Participants answered truthfully and accurately to the interview questions based on their personal experiences.
- Domestic violence in Zimbabwe continues to be a problem affecting married women due to lack of law and machinery to tackle the problem.
- Domestic Violence Act has limited usefulness for participants due to social, cultural, economic, and religious factors.
- Some cultural practices are major factors contributing to domestic violence (DV) of women in Zimbabwe.
- Women in Zimbabwe suffer from domestic violence due to lack of knowledge of their rights.
- Educating communities within an African Context will prevent and control domestic violence affecting married women in Zimbabwe.

The socio–economic and cultural demands imposed on women in Zimbabwe are likely to affect the extent to which women are educated

within the African Context on the prevention and control of domestic violence.

There is an increase of domestic violence in Zimbabwe due to lack of domestic violence legislation in Zimbabwe. Zimbabwean culture promotes women's abuse by their husbands.

| **Definition Of Terms** |
| --- |
| Community: is defined as a specific group of people, often living in a defined geographical area, who share a common culture, with a shared set of values and norms (Issel, 2009:109-110). |
| Domestic violence: The infliction of physical pain or injury with the intent to cause harm which may include pushing, shoving, biting , slapping punching, kicking , hair pulling ,chocking, burns and fractures through physical aggression (Rahman *et al.,* 2014:2). |
| Environment: Intrapersonal, interpersonal and extra personal stressors which surround a person and with which they interact at any given time (Neuman, 1995; Fitzpatrick, 2010). |
| Perception: the ability to see, hear, or become aware of something through the senses (Webster, 2014:1134). |
| Physiological: refers to bodily structure and function (Betty Neuman's Systems Model 1995:27; Current Nursing, 2012). |
| Psychological: refers to mental processes, function and emotions (Betty Neuman's Systems Model 1995:27; Current Nursing, 2012). |
| Sociocultural: refers to relationships, and social /cultural functions and activities (Betty Neuman's Systems Model 1995:27; Current Nursing, 2012). |
| Stressors: any environmental force which can potentially affect the stability of the system producing either positive or negative effect on the client system (Betty Neuman's Systems Model 1995:27; Current Nursing, 2012). |
| Strategy: A method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem (Akiola, 2014:12). |

Although, there are many studies that have been done on domestic violence, the significance of this study cannot be overlooked. The growing body of knowledge on domestic violence has in most cases focused on the couple and this study has added the key community

leaders that are influential in the prevention and control of domestic violence.

The study will increase understanding of domestic violence and uncover ways to decrease its prevalence in Zimbabwe, by targeting the Christian community.

Evidence found in this study will assist policy makers, health care professionals and the community leaders to best deal with issues of domestic violence, especially in its prevention and control.

The study will establish special training needs of both the religious and traditional leaders for them to contribute effectively on solving the problem of domestic violence in Zimbabwe.

The study will illuminate training needs of the religious leaders and traditional leaders in their development of their counselling curricula in Zimbabwe.

At the national and strategic level this study will contribute new knowledge that will inform the development of a powerful national strategy to address broader issues of domestic violence.

**The book is structured as:**

Chapter 1: The study orientation is given in this chapter. It situates the study on what is expected in the rest of the book. A summary of domestic violence is given and domestic violence among married women as a problem that prompted the study to carry out this study is also discussed. A brief description of the paradigmatic perspectives and assumptions are also discussed in this chapter and the definitions of key concepts used in the study.

Chapter 2: This Chapter provided the contextual background to the study inclusive the strategies for educating communities within the African Context on the prevention and control of domestic violence affecting married women in Zimbabwe. The study reviewed available literature including "grey" literature, for deeper meaning and increased understanding of the research topic. It also articulated the theoretical underpinnings of the study.

Chapter 3: Discusses the methods used in the study. The chapter provides comprehensive quality description of the research design and the methods used to achieve the purpose and objectives of the study and to answer the research questions. The study was based on the collection of empirical data to understand the experiences of domestic violence among married women in Zimbabwe.

Chapter 4: This chapter presents the analysis of data and findings from the research study. Qualitative data were obtained from one set of respondents, namely married women aged between 19 and 49 years who have experienced domestic violence. Qualitative data were generated from married women aged between 19 and 49 years who have experienced domestic violence including focus group discussions as well as in–depth interviews with key informants, from traditional leaders, religious leaders and family members.

Chapter 5: This chapter presents the discussions based on the major findings of the study. Implications of the study and implications for mental health and psychiatric nursing are given. Recommendations for nurse educators and future research are discussed in this chapter.
Chapter 6: Discusses the strategies developed from the research findings aimed at educating the communities on domestic violence against married women.

Chapter 7: Discusses the study strengths, limitations and the general recommendations.

The purpose of the study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. Betty Neuman's System's Model was used to guide the study. In this chapter the study discussed the background information of the study, the statement of the research problem, the research questions, the purpose of the study, the summary of the methodology, and the assumptions of the study and the definition of terms.

# CHAPTER 2: A Review on Strategies for Educating Community Members on the Prevention and Control of Domestic Violence

Literature review is an integrated summary of all available literature relevant to a particular research question (Bless *et al.*, 2013: 392). During literature review the study will acquire knowledge of current theory and research in the field through the process of reviewing the existing literature on the subject matter. The necessary variables will be identified and both the conceptual and the operational definitions will be developed. The study will then formulate testable hypotheses in relation to the stated research questions (Bless *et al.*, 2013: 20). Literature review helps the study to learn first-hand information about what has been studied on a specific question and thereby increase understanding of the concept under investigation by asking more relevant questions (Bless *et al.*, 2013:21). A survey of the literature for this study is aimed at developing strategies for educating communities within an African Context on the prevention and control of domestic violence affecting married women in Zimbabwe. The study rose out of concern that given the availability of the constitution that protects the rights of women, married women are still violated. There is a broad literature available on studies that have been carried out on domestic violence among married women that it is on the increase but it is under reported as a global epidemic having health, educational, legal, economic and above all human rights implications (WHO; 1996:4, Madhivanan *et al.*, 2014:169-170; Matinson, 2014; Para *et al.*, 2014:122-123; Tanvir *et al.* , 2014;Chin *et al.*, 2009:1134; Stephenson *et al.*, 2013; Feseha *et al.*, 2012:1; Rahman *et al.*, 2011:1).

The importance of literature review was noted by Kim (2013), as not only to survey what other researchers have done in the past pertaining

to the subject of interest but to appraise, encapsulate, compare, contrast, and correlate various scholarly books, research articles, and relevant sources directly related to the current study. Domestic violence among married women needs to be recognised and addressed to decrease the suffering of women. In this study domestic violence was reviewed as a concept, occurrence of domestic violence in Zimbabwe, effects of domestic violence, Zimbabwean culture on domestic violence, the conceptual model, the roles of community members in the prevention and control of domestic violence, the experiences of married women about domestic violence and strategies for educating community members on the prevention and control of domestic violence.

According to Sebastian & Lorenzetti (2015:7), domestic violence is a barrier to building healthy families and safe communities. It can include emotional, verbal, physical, sexual, financial and spiritual forms of abuse and neglect. This can impact women, children, men, seniors, parents, extended family members, and others who share relationships of trust upon one another in and various ways. In addition, domestic violence can be viewed as follows:

- A personal issue: It affects the lives of everyone involved, the victim, the offender and the witness as they feel helpless to stop it.
- A family issue: It affects the well-being of every member of the family – parents, children, grandparents, uncles and aunts as it takes the joy and happiness out of the household.
- A social issue: It can be a learned behaviour that is passed along to the next generation. Society pays a high cost for domestic violence including social and economic costs.
- A public health issue: It can rob people of their senses of mental health and well-being and creates additional burdens on healthcare system and other systems and services in our communities.

Domestic violence is the infliction of physical pain or injury with the intent to cause harm which may include pushing, shoving, biting, slapping, punching, kicking, hair pulling, chocking, burning, arm twisting, fracturing or even strangling through physical aggression (Bibi *et al.*, 2014:123; Rahman *et al.*, 2014:2).

Mashiri (2013:95) indicated that domestic violence is regarded as a major problem and has been approached from three different perspectives sequentially namely:

- The criminal justice perspective that has been primarily adopted initially in the early stages of examining domestic violence.
- The health and societal perspectives that was approached from the consequences of domestic violence.
- The universal human rights violation perspective that was viewed as a phenomenon that deprives women of their universal rights to enjoy their freedom, security and the right to equal opportunity and personal development. Furthermore, the human right perspective on domestic violence has a very important implication as it has an obligation to protect women.

In addition, according to Mashiri (2013:94) domestic violence is regarded as being rooted in the historically unequal power relations between men and women. The reality is that domestic violence against women and girls is the result of imbalance between women and men. The violence against women is tied to the history of women being viewed as property and a gender role assigned to them to be subservient to men. Male tacit supremacy over women has historical extractions and its functions and manifestations over time.

Amongst the historical power relations responsible for domestic violence against women are the economic and social forces that exploit female labour and the female body (Mashiri, 2013:94). He also revealed that because of unequal power dynamics women have been placed into a subordinate position, where the male sex dominates over the

female sex. In turn, this deprives women from realizing their full potentials and opportunities for personal development.

In a different perspective (Mashiri, 2013:95) pointed that domestic violence encompasses a wide range of abuses that range from sexual threats, exploitation, humiliation, assaults, molestation, physical abuse, incest, involuntary prostitution, torture, insertion of objects into genital openings to attempted rape. Female genital mutilation and other harmful traditional practises, including early marriage have substantially increased maternal morbidity and mortality.

According to Domestic Violence Act, 2006 (Chapter 5:16), the definition of domestic violence is any unlawful, act, omission or behaviour that results in death, or the indirect infliction of physical abuse, sexual abuse, emotional abuse, economic abuse, intimidation, harassment, stalking, malicious damage to property and abuse derived from negative cultural or customary rights such as forced virginity testing and forced wife inheritance. According to Oyediron & Isiugo–Abanihe (2005:1), domestic violence is a universal problem affecting millions of women worldwide every day.

Domestic violence is often used to dominate and maintain control over women within the context of intimate relationships (Clowes& Ratele, 2010:15; Nawaz *et al.*, 2008:74; Petersen, 1983:24). Because of domestic violence, marriage becomes "a long night winter, devoid of warmth and contentment according to Nkealah (2009: 36). As a result, marriage relationship becomes a terror & trauma instead of being characterised by love, harmony, security and happiness.

The concept of domestic violence incudes physical, sexual, emotional and economic abuse (Alelhie, 2011:63; Nawaz & Majeed, 2008:74; Takyi &Mann, 2006:61-62; Van Dyke, 2005:2; Manneta *et al.*, 2003:6; Yoshi, 2002:383).

Violence against women takes place in the home, on the streets, in schools, at work places, at farm areas and at refugee camps and it is perpetrated by persons in positions of power (Feseha *et al.*, 2012:2) According to Kaur *et al.* (2014:31), domestic violence is aggravated by social pressures, women's lack of access to legal information, lack of effective law and inadequate efforts by public authorities to promote awareness of existing laws.

Factors associated with domestic violence against married women were found to be independently associated with age, being younger than 18 years at the time of marriage and having a husband who drinks alcohol and smokes cigarettes (Madhvanan *et al.*, 2014:169–170). On a different view, Weitzman (2014:67) linked domestic violence with women who have more education and earning more than their spouses, or women who are sole earners in marriage as they threaten men's dominant status. Whereas, McCloskey *et al.* (2014:5) found that women with less education are more prone to abuse than their educated peers at a ratio of 1:7.

In Sub-Saharan Africa characteristics associated with domestic violence include having many children, having experienced sexual abuse during childhood and having less than eighth grade of education (McCloskey *et al.*, 2014: 2). Partner characteristics most predictive of domestic violence include lower educational attainment, alcohol abuse, multiple partners, illegal drug use and irregular or intermittent employment (Madhvanan *et al.*, 2014:170).

The common risk factors associated with domestic violence reported from United Kingdom, India and Uganda are drug addiction, extramarital relations, contraception, number of children, male-dominated society, household affairs, subordinate status, lack of knowledge, obeying husbands according to socio-cultural norms social isolation, and adolescent marriage (Bibi *et al.*, 2014:124). Unequal

power relations between women and men contribute substantially to spousal violence (USAID, 2009:2). All these issues should be taken in cognisance of when planning strategies for educating women about their constitutional rights regarding domestic violence. Domestic violence reflects and re-enforces differences between men and women (Zimbabwe Women Lawyers Association (ZWLA), 2011:1).

Domestic violence against married women is a global pandemic that is both a manifestation of gender inequality and discrimination of women. Through the acts of violence, abusers violate women's rights to bodily integrity, security of person, right to life, among other human rights. One of the priority areas by different stakeholders post 2015 development agenda focused on the creation of a world free from domestic violence (Made, 2015:85).

Domestic violence against married women is a worldwide concern. About one in four men admitted to have raped a woman, according to just one large study released by the British medical journal Lancet in September 2013. About one in 10 men admitted having raped a woman who was not their partner. The study was limited to six Asian nations: Bangladesh, China, Cambodia, Indonesia, Sri Lanka and Papua New Guinea.

“Domestic violence against married women is far more widespread in the general population than we thought," Rachel Jewkes of South Africa's Media Research Council that carried out the research on behalf of United Nations agencies, told the Associated Press. Perhaps even worse, more than 70% of the men surveyed who admitted have forced a woman to have sex said they did it out of a sense of "sexual entitlement."

Domestic violence is not an isolated phenomenon. The World Health Organisation (2013) estimated that more than a third of women in the

world have been victims of either physical or sexual violence, with low-income countries disproportionately affected (Alesina *et al*., 2016). The World Health Organisation (WHO) has reported estimates of 10% to 69% of women worldwide who continue to suffer from domestic violence (Bibi *et al*., 2014:123). However, on a different note, according to surveys conducted by Human Rights Watch, about 70% to 90% of married women have suffered from some form of violence (Bibi *et al*., 2014:123).

According to the World Health Organisation (WHO), domestic violence is a global problem affecting millions of women (Kimani, 2012:22). The World's Women, 2010 Trends and Statistics found that little has been done to prevent the problem of domestic violence against women. However, many researchers namely Matizha (2014:1); Zimbabwe Women's Lawyers Association (2011:4); Victorian Government (2012:5) have taken the issue seriously and are actively advocating for government and communities to address the problem before it becomes a crisis.

The world today is full of domestic violence against women that comes in many forms. Across the globe, one of the most common forms of domestic violence is physical abuse against women by their husbands or intimate partners. Domestic violence, that is both a social and a health problem, is pervasive and occurs across the world cutting across all divisions of class, race, religion, age, ethnicity, and geographical region (Reed, 2010:22; Yigzaw *et al*., 2010:39; Nawaz *et al*., 2008:74; Tracy, 2006:280; Manneta *et al*., 2003:6)

Domestic violence has been part of the fabric of many societies and cultures worldwide. It is a common place, in fact, that it has often gone unnoticed and failed to receive the level of concern it deserves considering the devastating effects it can have on children and families (Wolfe *et al*., 1999:133).

The 2014 Multiple Indicators Cluster Survey findings show that a higher proportion of women (37%) between the ages of 15 and 49, compared to 23.7% of men, believe that a man is justified in hitting or beating his wife in certain circumstances (Made, 2015: 9).

44% of married women in Kenya reported being beaten repeatedly by their husbands. Domestic violence affects more women than men in the United States of America, according to survey estimates where each year approximately 1.5 million women are physically abused compared to 834 700 men who are physically abused by an intimate partner (Bureau of Labour Statistics Department, 1996).

The impact of this global epidemic is far reaching. According to the World Bank, domestic violence accounts for as much death and ill-health in women aged 15-44 years as cancer does. Domestic violence is a greater cause of ill-health than malaria and road traffic accidents combined. The World Health Organisation (2005:1) has recognized that if domestic violence against women is not addressed effectively, many of the agreed global poverty eradication targets will be compromised.

Domestic violence is not only a human rights abuse, but it is also an economic drain. Research by the World Bank (1993:31) shows that domestic violence has significant impact on each country. Conservative estimates of lost productivity from domestic violence range from 1.2% in Brazil and Tanzania to 2% in Chile. Despite international agreements to address domestic violence, there are still many countries where it is not yet considered a crime. This is significant because when governments fail to implement laws and policies to stop domestic violence against women, it continues and its root causes in everyday discrimination are strengthened (Spreshmann *et al.*, 2013:9).

Married women continue to experience high levels of physical and sexual violence. Physical abuse is a hidden burden in Zimbabwe as it is not discussed in the home by family members or reported to the police station as it is regarded as taboo (Matizha, 2014:1). Figures of physical abuse are disheartening despite numerous efforts of enactment of laws to protect women, gender-based violence by government of Zimbabwe and development partners, it has remained a major challenge in Zimbabwe (Matizha, 2014:1; Zimbabwe Women Lawyers Association, 2011:2).

Domestic violence has increased steadily from 1 940 in 2008 to 10 351 cases in 2013 in Zimbabwe. Women (70%) in Zimbabwe scored the government slightly higher than men did (67%) in the citizen's ranking on domestic violence. Married women continue to experience high levels of physical and sexual violence. Domestic violence remains one of the most pervasive women's rights violations and perpetrators use it to keep women in subordinate roles. All forms of domestic violence negatively affect the political, economic and social empowerment of women and girls (Made, 2015:81).

The highest number of cases 56% was recorded in Mashonaland Central Province, while Mashonaland West Province had 47%, Harare had 42%, Matabeleland South had 39%, Bulawayo 29% and Matabeleland North Province had the lowest 17% of recorded cases. In the year 2010, 17% of married women experienced domestic violence by an intimate partner (Zimbabwe Central Statistical Office, 2010:1; Musasa Project Annual Report, 2010:1; Zimbabwe Demographic and Health Survey, 2010:1).

Musasa Project conducted a survey in Midlands Province to obtain the accurate figures on the extent of domestic violence against women and found out that in 1996 60% of women were physically abused. In 1997,

48% of women were physically abused. In 1998, 50% of women were physically abused and in 1999, 62% of women were physically abused. Physical abuse against women ranked fourth among the different forms of abuse in Midlands Province, and almost one in three women have reported being physically abused since the age of 16 (Musasa Project Annual Report Zimbabwe, 2000).

According to the National Police Annual Report for the year 1999 in Zimbabwe, 9512 women reported being physically abused in Zimbabwe (Police Annual Report 1999). Physical abuse affects more women than men, in a ratio of about 3 to 1 (Musasa Project Report Zimbabwe, 1996; National Police Annual Report Zimbabwe, 2000). According to statics, a woman is battered every 15 seconds in Zimbabwe (Meierehoffer, 1992). Compared to non-abused women, abused women are 5 times more likely to attempt suicide, 15 times more likely to abuse alcohol and 9 times more likely to abuse drugs (Bean, 1992). There are many cases of women who are admitted in hospitals, but they never reveal that it's due to physical abuse (Musasa Project Report Zimbabwe, 2000). The relatives or health personnel sometimes do not have enough time to find out the real cause.

In Zimbabwe the actual scene of death to physical abuse against women is that most of the victims died at their homestead that is 53%, while 12.9% died in hospital and 30% died in other places, such as bushes, or being drowned in a dam or killed somewhere and put under a bridge. Some victims were found by the roadside or hanging in a tree (Musasa Project Annual Report Zimbabwe, 1999-2000). South African Organisations conducted a survey and found out that 1 in 6 women was regularly assaulted by her partner. 60% of South African women were found to be regularly being battered by their boyfriends or husbands (Wits University, 1994).

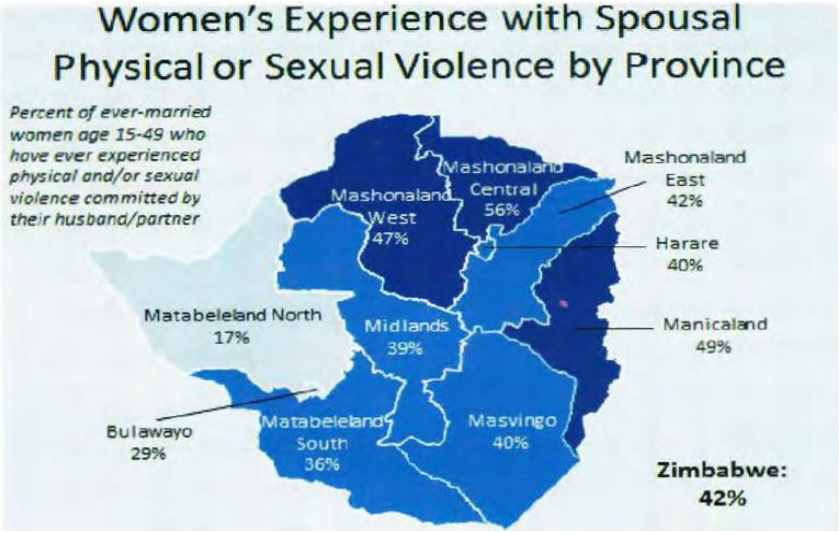



**Figure 1:** Adopted from UN Country Analysis Report for Zimbabwe, 2010.

The above figure illustrates the prevalence of domestic violence which ranges from 17% in Matabeleland North Province to 56% in Mashonaland Central. 42% of women in Zimbabwe have experienced physical, emotional or sexual violence (or both) at some point in their lives. (UN Country Analysis Report for Zimbabwe, 2010).

In Zimbabwe domestic violence is seen particularly as a human rights violation because of the physiological make up and gender roles performed. In addition, women are the more affected than men (Zimbabwe Women Lawyers Association (ZWLA), 2011:1).

Sources report that domestic violence is an issue of on-going concern in Zimbabwe (United States (US), 2010; Sec. 6 Freedom House, 2010; Musasa Project, 2009:1). According to Zimbabwe/Macro International (2007:259), 4,658 married or previously married women experienced a form of physical, social or emotional violence by their husband or partner. Among Zimbabwean women between 15 and 49 years, 41.1%

have experienced a form of physical violence, sexual or emotional violence by their husband or partner. Specifically, 27.3% have experienced emotional violence, 29.5% have experienced physical and sexual violence, 18.9% have experienced sexual violence, 10.2% have experienced physical and sexual violence and 38.2% have experienced physical or sexual and sexual violence (*ibid:* 260).

Country Reports (2009) state that domestic violence is underreported because it is viewed as a 'private matter' and perpetrators are only arrested when there is physical evidence of assault (US, 2010:2). Sources report that gender-based violence in Zimbabwe often goes unreported (US, 2012:2; IOM, 2009:2). According to Musasa Project (2009:1) 1 in 3 women in Zimbabwe were in abusive marriages. Musasa Project also expresses concern at the increase in cases of sexual abuse perpetrated by caregivers, guardians, teachers and policemen (*ibid*: 2) Over 60% of murder cases in Zimbabwe were linked to domestic violence (UN, 2007:1).

Despite significant attention given to domestic violence, it continues to be a massive problem with enormous individual and societal consequences (Townsend, 2008:41; Tracy, 2007:74; Okereke, 2006:4; Van Dyke, 2005:2).

The effects of domestic violence on women go beyond the immediate physical-injuries, they suffer at the hands of their abusers. Frequently, domestic violence victims suffer from an array of psychosomatic illnesses like eating disorders, insomnia, and devastating mental-health problems like post-traumatic stress disorder (PTSD) (Croft, 2017). According to Nealon-Wood (2016), domestic violence causes mental effects such as post-traumatic stress disorder, depression, and anxiety and these are common among victims. Mental health is an important foundation for the attainment of emotional, intellectual, economic, social and educational well-being. Accordingly, mental disorders are an important contributor to the worldwide burden of disease (WHO, 2001). The VAW Baseline Studies established that experience of domestic violence is significantly associated with mental health problems such as depression and suicidal tendencies (Made, 2015:87).

Hasan *et al.* (2014:3) reports that women experiencing domestic violence are more likely to suffer from depression, sleeping problems, and attempting suicide.

Evidence suggests that women who are abused by their partners suffer from high levels of depression, anxiety and phobias than non-abused women. In the WHO multi-country study, reports of emotional distress, thoughts of suicide, and attempted suicide were significantly high among women who had experienced physical or sexual violence than those who had not been abused. In addition, alcohol and drug abuse, eating and sleep disorders, physical inactivity, poor self-esteem, post-traumatic stress disorder, smoking, self-harm, and unsafe sexual behaviour has also been linked to effects of domestic violence (WHO, 2012:5-6).

Many abused women find it difficult to function in their daily lives because of the effects of domestic violence. Absences from work, due to injuries or visits to the hospital, often cause them to lose their jobs, making them unable to leave their abusive situations. They may feel ashamed that their partners abuse them, see themselves as unworthy of love, and suffer from a significantly diminished self-perception because of their feelings of low self-worth, these women become isolated from friends and family and do not participate in social activities common to others in their demographic (Croft, 2017). There are other complex and serious issues that arise because of domestic violence against women, such as facing humiliation and restrictions in the family (Kaur *et al.*, 2014:33). On a different view Nonell (2013:127) supported by Victorian Government (2012:2) victims of violence often feel completely isolated, unable to reach out for support, unable to receive support they need, are stopped from going to work and from participating in the community and belittled by their partners. According to Victorian Government (2012:27) domestic violence affects women's personal wellbeing, disrupts families and community relationships. Victims also suffer from a diverse set of factors, including demographic, socio-economic, cultural disability and death in many countries (Feseha *et al.*, 2012:2).

Meyer (2011:11) observed that women experiencing domestic violence face discrimination and lack of support by the police combined with the fear of retributive victimization by the intimate partner and dissatisfying outcomes. Meyer (2011:11) further states that many victims felt that they were not taken seriously because of not terminating the relationships permanently as one victim spent 11 years with her abusive partner before and after the implementation of domestic violence.

In addition, women continue to suffer due to socio–cultural norms, misinterpretation of religious beliefs, subordinate status and economic dependence. This rising burden is partly exacerbated by lack of knowledge and familiarity with legal systems such as police and judiciary and social isolation as well as fear of the abuser. This places women at risk of being abused by their partners (Bibi *et al.,* 2014:124).

A significant majority of domestic violence victims are at a high risk of suffering from heart diseases and asthma (Nealon-Wood, 2016). According to Rahman *et al.* (2014: 1), domestic violence is linked to adverse reproductive health outcomes such as miscarriages, premature delivery and pelvic inflammatory disease. Madhivanon *et al.* (2014: 170) states that domestic violence has been linked to serious physical injuries, homicides, unwanted pregnancies, miscarriages, induced abortions and vulnerability to HIV and other sexually transmitted infections. On a different view, domestic violence is also associated with an increased risk of adverse mental health outcomes, Winter & Hindin (2013:1133).

The World Health Organisation have identified that for all women aged 15–44, violence against women is the greatest cause of female injury and illness on a global scale (Cornwall, 2016:2). In addition, the impact of domestic violence is costly not only to the victim in terms of the personal, physical and emotional cost but also to the economy, with increased costs for health services, the criminal justice system, housing, safeguarding and social care costs and the lost economic productivity (Cornwall, 2016:2).

Domestic violence against women is an important public health concern owing to its substantial consequences for women's physical, mental and reproductive health problems (Feseha *et al.*, 2012:1). It's the most cause of morbidity and mortality. The most common of violence against women are physical, sexual and emotional abuse by husband or intimate partner. In addition, the effects of Intimate Partner Violence (IPV) include physical injuries such as bruises, broken bones and death. It is also linked to adverse reproductive health outcomes such as miscarriages, premature delivery and pelvic inflammatory diseases and it cuts across all national boarders, race, class, ethnic and religious lines and educational levels (Rahman *et al.*, 2011:1-2).From the review the study ascertained that domestic violence is not just a social issue but has health implications with some of them having a lasting effect on women.

According to Duran et al;2009:1135, Stephenson *et al.* 2013, the range of mental health outcomes associated with domestic violence includes depression, sleep problems, anxiety, mental distress, post-traumatic stress disorder (PTSD), and suicidal thoughts.

According to Feseha *et al.* (2012: 4-5), domestic violence was found to have health related consequences on women, such as facing difficulties with activities of daily living, pain, fractures, dislocations and psychological disturbances. In addition, pregnant women were also found to be victims of domestic violence.

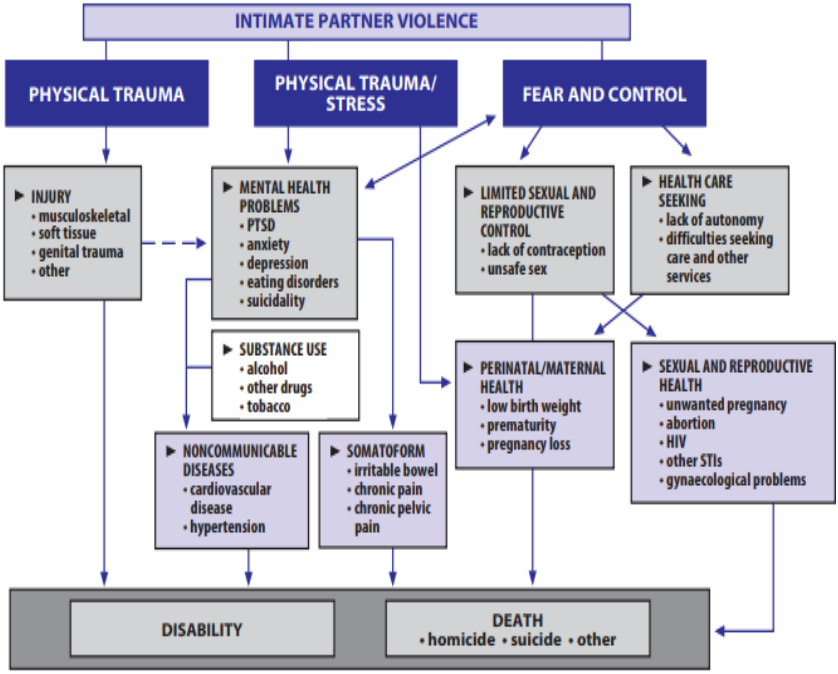
The physical damage resulting from domestic violence can include bruises and welts; lacerations and abrasions; abdominal or thoracic injuries; fractures and broken bones or teeth; sight and hearing damage; head injuries; attempted strangulation; and back and neck injuries (WHO, 2012:5). Domestic violence may lead to a host of negative sexual and reproductive health consequences for women, including unintended and unwanted pregnancy, abortion and unsafe abortion, sexually transmitted infections including Human immune Virus (HIV), pregnancy complications, pelvic inflammatory disease, urinary tract infections and sexual dysfunction. Domestic violence can

have a direct effect on women's sexual and reproductive health, such as sexually transmitted infections through forced sexual intercourse within marriage, or through indirect pathways, for example, by making it difficult for women to negotiate contraceptive or condom use with their partner (WHO, 2012:6).

Domestic violence is recognized not only as a pervasive human right violation but also as an increasingly important public health problem with substantial consequences for women's physical, mental, sexual and reproductive health (Rahman *et al.,* 2011:1).

While Madhvanan *et al.* (2014 :169–170) argues that domestic violence against married women has been linked to homicide, unwanted pregnancies, miscarriages, induced abortions, vulnerability to HIV and Sexually Transmitted Infections (STIs) and serious physical injuries. Domestic violence compromises the health, dignity, security and autonomy of victims. In addition, it serves to perpetuate male power and control and is sustained by a culture of silence and denial of the seriousness of health and social consequences of abuse (Zimbabwe Women Lawyers Association, 2011:1). According to World Health Organisation (in Cornwall, 2016:3), women experiencing violence suffer from injuries and illnesses on a global scale.

Exposure to violence against women (VAW) significantly increases other health risk factors for survivors, including increased likelihood of early sexual debut, forced sex, transactional sex and unprotected sex (Population Council, 2008). Domestic violence against women increases women's risk of adverse health effects. Globally the range and magnitude of violence against women (VAW) has tremendous negative impact for both individuals and society. Research has documented the consequences of VAW within various settings; these include increased rates of injuries, morbidity, mortality, sexually transmitted diseases including HIV, and health risks associated with unwanted pregnancies (Krug *et al.,* 2002; Terry & Hoare, 2007).




*Source: WHO (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.*

**Figure 2**

According to Jones & Horan (1997) and Bohn & Holz (1996), victims of domestic violence experience many physical injuries (lacerations, bruises, broken bones, head injuries, internal bleeding), chronic pelvic pain, abdominal and gastrointestinal complaints, frequent virginal and urinary tract infections, sexual transmitted diseases, and Human Immune Virus (HIV). Pregnancy-related problems are also experienced by victims. Poor weight gain, pre-term labour, miscarriage, low infant birth weight, and injury to or death of the foetus is some of the risks that women who are battered during pregnancy face.

Battering by men is the most significant cause of injury to women in society and a major cause of child abuse, murder, substance abuse and female suicidal attempts. Women who have experienced domestic violence are more likely to report a disability due to a generalised chronic pain and mental illness compared to those who never experienced domestic violence. Women who have experienced domestic violence are more likely to report a disability due to a generalised chronic pain and mental illness compared to those who never experienced domestic violence.

As women grow older they seem to be affected by medical difficulties caused by injuries sustained by domestic violence. Arthritis, hypertension and heart diseases have been identified by battered women as directly caused by aggravated domestic violence early in their adult lives. Medical disorders such as diabetes or hypertension may be aggravated in victims of domestic violence because the abuser may not allow them access to medication or adequate medical care (Perrone, 1992).

According to Worth (1989:27), domestic violence can increase a woman's risk by limiting her willingness or ability to get her partner to use a condom; therefore, she will not be able to protect herself from HIV and other sexually transmitted infections (STIs). Domestic violence may also be responsible for a sizable but unrecognized share of maternal mortality, especially among young unwed pregnant women (Ugalde, 1988:25).

Arthritis, hypertension and heart disease have been identified by battered women as directly caused or aggravated by domestic violence suffered early in their adult lives (Browne *et al.*, 1987). The effects of domestic violence vary in terms of physical health effects, victims are known to suffer physical and mental problems because of domestic

violence. Battering is the single major cause of injury to women, more significant than auto accidents, rapes, or muggings (O'Reilly, 1983).

Domestic violence costs more than $5 billion in medical and mental health care each year, and an estimated 8 million days of paid work are lost annually because of domestic violence (Nealon-Wood, 2016). The issue of family violence emerged as a key community priority. Every level of the community, including leaders, residents, members of media and businesses stepped up to initiate discussions, explore biases, question beliefs about healthy relations, and most importantly, challenge each other to speak out and act (Sebastian & Lorenzetti, 2015).

Alesina et al. (2015) found that economic factors influence current spousal violence in 18 sub-Saharan African countries. The study found that the economic value of women affects men's violence against them. Socio-economic arrangements made women economically valuable and this led to women being viewed as productive, more equal to men, and these gender roles bring about less intra-family violence today.
However, additional and subtle factors come into play. An economically more independent woman may have more bargaining power within the marriage, which may lead to a negative reaction of men and ultimately to an increase as opposed to a decrease in violence. Indeed, when considering contemporaneous correlates of intimate partner violence. The study found that if women currently work, spousal violence against them is high (Alesina *et al.,* 2015).

Interestingly, Bertrand *et al.* (2014) show that even in advanced societies, intra-marital difficulties jump up discretely when the wife earns more than the husband. That is, when the wife 'surpasses' the man in terms of earning ability, there is a discrete negative psychological reaction of the man against the woman, holding everything else constant.

Mashiri (2013:95), found that domestic violence has substantial costs to society in terms of medical care of domestic violence victims and prosecution of the perpetrator of domestic violence. There is also reduced labour productivity of abused married women and lost man hours. All this negatively affects society development.

It is estimated that each year in Canada domestic violence results in $487 million in lost wages, costs the criminal justice system $872 million, costs the health care system $408 million, and results in increased social service costs of $2.3 billion. In total, the economic impact of domestic violence is approximately $6.9 billion a year (Berman *et al.*, 2011).

Women reporting domestic violence are usually lower in socio–economic status, lower educational attainment and lack of remunerated occupation (Madhvanan *et al.*, 2014:170). Vanda (2008:59) reports that economic abuse may consist of the unreasonable withholding of economic or financial resources from a complainant who is legally entitled to or which the complainant requires of necessity, including the withholding of necessities or refusal to pay mortgage or rent in the context of shared residence (Vanda, 2008:59).

In general women in Beleluane are economically dependent on their husbands and believe that should they divorce their husbands they will not be able to survive without them because they will not have any income. Economic factors highly contribute to the increase in domestic violence. In most cases divorce is a remote option for most women. They would rather endure the abuse than face the prospect of lack of income and other basic needs for survival required for sustaining themselves.

Poverty plays a great role for the permanence of domestic violence in relationships. Men leave their wives with no money for them to sustain

the house and if they question this they are usually assaulted (Vanda, 2008:59).

Domestic violence, through its effects on a woman's ability to act in the world, can serve as a brake on socio–economic development. Women cannot come up with creative ideas fully when they are burdened with physical and psychological scars of abuse (Heise *et al.*, 1994:24). In addition, domestic violence can also lead to lower educational attainment and income levels for women and therefore limit their engagement in the world. Violence against women can also hinder the development of the wider community development projects (Heise *et al.*, 1994:24).

Domestic violence against women diverts scarce resources to the treatment of a largely preventable social illness (Koss & Woodruff, 1991:22).

Alesina *et al.* (2015:1) investigated how cultural factors influence current spousal violence, for example, having had bride price in the past is associated with a significant decrease in the probability and intensity of spousal violence. This suggests that if men traditionally had to pay for marrying their wives, they attributed a greater value to them and cared more about them. Interestingly, in line with this argument, the effect of low actual violence seems to be driven by low acceptance of wife beating on the part of the man. In addition, the study found that being from an ethnicity that was traditionally endogamous (i.e. where members marry within the same ethnic group) has a positive and significant impact on spousal violence episodes, even when societies evolve. This may reflect less 'modern' cultural values of ethnicities which practiced endogamy in the past, or the possibility that beating a wife from a different ethnic group may bring about retaliation across ethnicities.

According to Mashiri (2013:95), violence against married women is the result of an imbalance of power between men and women. The African culture of Zimbabwe views violence against women as being tied to the history of women being seen as property and a gender role assigned to them to be subservient to men (The 2010 Gender-based violence forum). Thus, women's experiences and perceptions of domestic violence are influenced by their social position in both religion and culture. It should be borne in mind that in most cases it is difficult to distinguish between African religious and cultural aspects, given that religion pervades all aspects of life. Religion is also a cultural aspect that directs the culture of the African people.

Domestic violence arises from social, cultural and religious practices that subordinate women. It thrives in communities where violence is acceptable as a form of conflict resolution. It is facilitated by patriarchal (male controlled) social hierarchies, acceptance of violence as a mode of social interaction and political interface, by socio-economic inequality and a break down in norms and social structures (ZWLA, 2011:1). In addition, cultural and traditional practices have perpetuated the subservient position of women, making them more vulnerable. Patriarchal socialization portrays women as minors who can be punished by their fathers, brothers and husbands.

According to Multiple Indicator Monitoring Survey (2009), cultural beliefs in Zimbabwe are still strongly linked to domestic violence despite having the Domestic Violence Act in place. In addition, most rural women are over reliant on their husbands for survival and end up submitting themselves to go through beatings over petty issues like burning a pot of *sadza.* Cultural beliefs and total submission has resulted in women accepting whatever their husband does to discipline them.

Domestic violence has its foundation in culture and tradition. First, women are taught

from an early age that they must submit to men. Sons and daughters adopt the social roles and behaviour of their parents, with the results that violence against women is often intergenerational. Religious edicts or customs prescribe and legitimise male violence against women. In other words, religious edicts or traditional customs advocate for male domination and women are expected to be submissive to their husbands. Violence is frequently used as a means of conflict resolution within the family and a means to silence women. Finally, African legal systems support the exercise of male power within the family.

Consequently, domestic violence is endemic and broadly viewed as a legitimate practice. According to the United Nations (UN) most countries in Africa do not have specific laws to address abuses within the family, and the police rarely respond positively to complaints of domestic violence (Vaida, 2008).

Shona marriage is by its very nature a patriarchal institution. Since the Shona society is hierarchical and patriarchal, the husband is the head of the family. All Shona men benefit from what Connell (1995:79) terms 'the patriarchal dividend' whereupon men in general gain from the overall subordination of women. This is apparent from the Shona terms for marriage. In the Shona culture the man marries (*kuroora*) and the woman gets married (*kuroorwa*). The two Shona terms in brackets imply acquiring and being acquired, respectively. As such, the man acquires and the woman is acquired; a notion that is reinforced by the husband's payment of *roora* or *lobola*. Male leadership and domination are traditional and taken for granted (Burn, 2005:263; Bourdillon, 1993:30; Hatendi, 1973:137).

This study was guided by Betty Neuman's systems model that has been used widely in nursing practice. Betty Neuman was born in 1924 and her model was developed in 1970 and her first theory was published in 1972, which is a model for teaching total person approach to patient's problems in nursing. The first edition on conceptual models for nursing practice was published in 1974 and 2nd edition was published in 1980. The model was last updated on 28/01/2012 and accessed on the 09/09/2013. The development of the Neuman's model was influenced by the philosophy writer deChardin. Refinement of the model concepts has continued over the past 20 years since its foundation (Current Nursing, 2012).

The Neuman's Systems Model is a unique, systems-based perspective that provides unifying focus for approaching a wide range of nursing concerns. The Neuman's Systems Model is a comprehensive guide for nursing practice, research, education, and administration that is open to creative implementation, has the potential for unifying various health-related theories, clarifying the relationships of variables in nursing care and role definitions at various levels of nursing practice (Current Nursing, 2012).

The structure of the model was originally designed for graduate students. It views a person as a complete system, the subparts of which are interrelated; physiological, psychological, sociocultural, spiritual, and developmental factors (Current Nursing, 2012). All the systems described in the framework are relevant in quality comprehensive care and support of violated women. Neuman's Systems Model according to Olin (2011), addresses the physiological factors that refer to the bodily structure and function. Psychological factors refer to mental processes, functioning and emotions. Sociocultural factors refer to relationships and social/cultural functions and activities. Developmental factors refer to life's developmental processes and spiritual factors refer to the influence of spiritual beliefs aspects of the

person as they interact with internal and external environmental stressors.

A system in this study will be composed of the client, the family, the community that provide support and the nurse who strengthens the family and community support. The study presented the model from the community's perspective. The central focus of the model was on the individual's relationship to stress and his or her reaction to stressors and reconstitution factors. A review of the literature reveals diverse applications for the use of the Neuman's Systems Model. The Neuman's System model has been used by various researchers to help them conceptualize and link the model to the problem (Louis & Koetoslyecy, 1989). The inter-personal environment being the client's relationship with her husband who had dementia and was difficult to manage at times, with her children living 100 miles away and not being available to assist her to care for her husband. Friends have stopped visiting. The nurses then planned on extending the inter-personal environment by identifying potential family resources such as church leaders in planning interventions. Health providers were also identified to interact effectively with the elderly.

Read (1982) adopted the Neuman's System Model for use in family psychosocial assessment. She used the model effectively to review and assess the family systematically and implemented interventions aimed at maintaining stability of the family.

Bowman (1982) adopted the Model successfully for use in childcare settings. Clemants & Roberts (1983) and Moore & Munro (1990), used the model effectively when assessing and managing aging families.

Neuman's Model has been used effectively by Knight (1990), who applied it to care for a patient with multiple sclerosis. In this case study the illness was multiple sclerosis, and the inter-personal environment

was identified as the relationship the client had with her fiancé. The inter-personal environment has been widened by nurses who intended getting the client to accept referral to the Multiple Sclerosis Society. The nurses also reinforced the client appropriate use of the nursing staff for emotional support and explorations of his feelings.

A study based on Neuman's System Model by Ziemer (1983), considered the effects of primary preventions by building the patience's lines of defence against the stressors of abdominal surgery. The stressor was the impending surgery and primary prevention was by providing different types of information for the patient, the effects of stressor on the lines of defence was the patient's reported behaviour, and the impact of the stressor was indicated by the presence of symptoms. Community support can be considered as primary, secondary or tertiary prevention by building on the client's lines of defence against domestic violence.

Story & Ross (1986) used Neuman's model effectively as the basis for their family centred community health nursing. Ross & Bourbonnais (1985) also used the Neuman's Model successfully for a case study of a patient with myocardial infarction. The interpersonal environment is the relationships of the family, friends, community, and caregivers with the client.

Smith (1990) utilized the case study approach with success in relation to the public health nursing. Lindel & Olsson (1990) explored how the Swedish midwife can practically use the Neuman's system model effectively by providing oral contraceptive counselling. In their case study, the interpersonal environment was identified as the relationship between the man and woman who are seeking the oral contraceptives and the nurse who provides counselling. In their case study, the interpersonal environment was identified as the relationship between the man and man who are seeking the oral contraceptives and the

nurse who provides counselling. The health component is the desire to remain healthy by preventing unwanted pregnancy.

Galtacher (1987), successfully used the Neuman's model to evaluate services for prevention and controlling of sexually transmitted disease in a male adolescent health centre. Haggard (1993) used the Neuman's systems model effectively in a study on critical analysis of Neuman's systems model in relation to public health nursing, using the concept of community as a client.

Public health views Neuman's model as an interactive process which is consistent with systems and all things are viewed as related. Reed (1993) used Neuman's systems model with success in family nursing where she describes the family as a client. The focus of the adaptation of the model was to identify family concepts that are compatible and comparable to the levels of defence and basic structure described by Neuman (Reed, 1983).

The systems theory which forms the basis of the Neuman's model is entirely consistent when working with the community as a client (Anderson & McFarlane, 1988). Betty Neuman's system model may represent an individual or group of clients, the community, family or an organisation (Mayer & Watson, 1982).

The multidimensionality and holistic systemic perspective of the Neuman's Systems Model is increasingly demonstrating its relevance and reliability in a wide variety of clinical and educational settings throughout the world (Neuman's systems model, 2002). Neuman's model provides a comprehensive flexible holistic and system-based perspective in nursing (Current Nursing, 2012).

Betty Neuman's Systems Model (1995) provides a theoretical framework for this study. Neuman's Systems Model as elaborated by

Current Nursing (2012)), the model focused on the response of the client system to actual or potential environmental stressors. Neuman (1995), in Current Nursing, viewed the client as an open system consisting of a basic structure, made up of the five variable areas namely physiological, psychological, sociocultural, spiritual and developmental. Stressors are defined as any environmental force which can potentially affect the stability of the system producing either negative or positive effect on the client system (Neuman, 1995 in Current Nursing, 2012).

The use of several levels of nursing prevention intervention for attaining, retaining and maintaining optimal client system wellness is advised. Nursing action according to Current Nursing (2012), focused on the variables affecting the client's response to stressors on the primary, secondary and tertiary levels of disease prevention. Neuman (2011) defined the concern of nursing as preventing stress invasion. If stress is not prevented, then the nurse should protect the client's basic structure to obtain or maintain a maximum level of wellness.

Neuman (1995) as elaborated by Current Nursing (2012) views the client as an open system composed of a core and surrounded by protective rings. The core is the person's basic survival factors. Examples of these core factors include the ability to regulate body temperature, genetic structure and organ strength or weakness.

According to Neuman (1995), as elaborated by Torres (2010), an adaptation level of health for a person is developed over time.

Neuman's Systems Model is described by Olin (2011), as assisting in identifying mechanisms that protect the individual's stability when faced with a stressor and it allows for a simple classification of the severity of a problem. The flexible line of defence is a cushioning mechanism that protects the normal line of defence from penetration

by stressors. The Model is concerned with stressors, which may disrupt stability of the system.

The stressor was identified as a possible risk to the body's flexible and normal lines of defence (Olin, 2011). In addition, the individual's degree of reaction to the stressor is dependent upon the time of occurrence of the stressor and the present and past condition of the individual. The nature and intensity of the stressor, and the amount of energy required by the individual to adapt to the stressor also affect the degree of reaction (Olin, 2011).

Neuman (1995), as elaborated by Current Nursing (2012), defined intrapersonal stressors as internal environmental forces occurring within the boundary of the client (Neuman, 1989:31). Thoughts, feelings, self-awareness, self-image, attitudes, and coping skills that occur within a person (violated married woman) are examples of the intrapersonal stressors. The interpersonal stressors are defined as external environmental interaction forces occurring outside the boundaries of the client at proximal range. Role expectations that occur between individuals (violated married woman) are examples of the interpersonal stressors.

When married women associate with the community, the community's perception of the married women is likely to be altered. The altered perception can be a stressor for the married women. The extra-personal stressors are defined as external environmental interaction forces occurring outside the boundaries of the client at distance range. Financial and job concerns are examples of extra-personal stressors that occur outside the individual (violated married woman). In addition, the external environment may include extended family members and neighbours (Neuman, 1989:31).

It is assumed by the study that high incidents of domestic violence are because of financial and job concerns as the salaries may not be enough to sustain a family. The study seeks to identify strategies for educating communities within an African Context on the prevention and control of domestic violence affecting married women in Zimbabwe. Identifying educational strategies will assist the nurse managers and psychiatric nurses to strategize measures to minimize domestic violence among married women.

The goal of nursing in this model is the promotion of optimal wellness of an individual through maintenance or attainment of system stability. This goal is accomplished through intervention at three prevention levels (Neuman, 1995), as elaborated by Current Nursing (2012) that described primary prevention as an intervention before a reaction occurs. This type of intervention may begin when a risk factor or potential stressor is suspected or identified. Primary prevention promotes wellness by protecting the normal lines of defence. Primary prevention also includes health promotion and maintenance of wellness (Current Nursing, 2012).

This is done by reducing the likelihood of an individual's encounter with stressors and by strengthening flexible lines of defence (Sohier, 1997), as elaborated in Current Nursing (2012).

Therefore the primary nursing intervention focuses on keeping stressors and the stress response from having a detrimental effect on the body. Primary prevention relates to general knowledge that is applied in client assessment and intervention in identification and reduction or mitigation of risk factors associated with environmental stressors to prevent possible stressor reactions (Neuman, 1989:77).

Secondary prevention relates to symptomatology following reaction to stressors, appropriate ranking of intervention priorities and treatment

to reduce their noxious effects (Neuman, 1989:77) as elaborated in Current Nursing (2012). Secondary prevention occurs after the system reacts to a stressor. It also focuses on the preventing damages to the central care by strengthening the internal lines of resistance and removing the stressor (Neuman, 1989:77), as elaborated in Current Nursing (2012).

Strategies that might be used in primary prevention include immunization, health education, exercise, and lifestyle changes. This intervention occurs when the risk or hazard is identified but before a reaction occurs (Gonzalo, 2011).

In a different view according to Gonzalo (2011), secondary prevention occurs after the system reacts to a stressor and is provided in terms of existing symptoms. Secondary prevention focuses on strengthening the internal lines of resistance and, thus, protects the basic structure through appropriate treatment of symptoms. The intent is to regain optimal system stability and to conserve energy in doing so. If secondary prevention is unsuccessful and reconstitution does not occur, the basic structure will be unable to support the system and its interventions, and death will occur.

Tertiary prevention relates to the adjusted processes taking place as reconstitution begins and maintenance factors move the client back in a circular manner towards primary prevention. It also occurs after the system has been treated through secondary prevention strategies and it offers support to the client and attempting to add energy needed to the system or reduce energy needed to reconstitute facilitation (Neuman, 1989:77), as elaborated in Current Nursing (2012)

Tertiary prevention occurs after the system has been treated through secondary prevention strategies. Its purpose is to maintain wellness or protect the client system reconstitution through supporting existing

strengths and continuing to preserve energy. Tertiary prevention may begin at any point after system stability has begun to be re-established (reconstitution has begun). Tertiary prevention tends to lead back to primary prevention. (Neuman, 1995).

Secondary prevention is aimed at treatment of existing symptoms. Its focus is on the strengthening of internal lines of defence to reduce the degree of reaction and promote reconstitution. The experiences violated married women face will be categorised under physiological, psychological, sociocultural, spiritual, occupational and developmental factors. Intervention measures are instituted accordingly. Violated married women with physiological problems will be referred to the physicians for assistance. Those with psychological and sociocultural and developmental problems will be referred to the psychologist for assistance. Those with spiritual problems will be referred to the reverend or pastor for assistance and those with occupational problems will be referred to the occupational therapist.

The primary goal is to strengthen resistance by reducing the exposure to stressors to prevent recurrence of a reaction Neuman (1995), as elaborated by Current Nursing (2012). An example of tertiary prevention is the formation of domestic violence association and establishing domestic violence act. These measures will ensure violated married women have a forum where violated married women discuss issues pertaining domestic violence.

Neuman's Model seeks to strengthen the flexible lines of defence through primary prevention strategies. These are strategies that aim to promote client wellness by stress prevention through health promotion strategies. Thus, identification of healthy to handle the experiences faced by violated married women, thereby protecting the normal line of defence from the stress (Current Nursing, 2012).

Betty Neuman's Systems Model was used in this study. Person, environment, health and nursing were the selected concepts for this study. Violated married women are clients or person for this study. The study explored the experiences faced by violated married women. The environment includes the socio-cultural, psychological, physical, emotional and financial environments of the violated married women. Violated married women are bio-psychosocial beings and the experiences faced affect their health, social and occupational function. Health in this instance is not just the absence of a disease or infirmity but a state of optimum physical, social, psychological, spiritual, and emotional function.

Current nursing (2012), accepted that health, person, and environment are the selected concepts. In this study, physically abused married women are the clients or person. The environment is not just the external environment, but it will also include the internal environments of the clients.

The application of a conceptual model in nursing research provides a mechanism for contribution to nursing knowledge. Betty Neuman's Systems model has been applied as a conceptual framework for numerous research studies. The situations in which the model was applied provide support for adaptation of the model in the exploration of challenges faced by physically abused married women. The application of Neuman's model in research has been described in the literature and demonstrated both clinical and educational settings. Galtacher (1987), successfully used the Neuman's model to evaluate services for prevention and controlling of sexually transmitted diseases in a male adolescent health centre. Haggart (1993), used the Neuman's model effectively in a study on a critical analysis of Neuman's systems model effectively in a study on a critical analysis of Neuman's model in relation to public health nursing, using the concept of community as a client.

Fraser (1996:256), researched on the threat to lung cancer patient's quality of life and their coping abilities .Nursing was found as a strategy to help clients to overcome stress using the model. Fraser (1996:256), also carried out a study on the relevance of the model to the patient with multiple sclerosis and she found out that there is detained assessment of stressors to patient and nurses' perceptions of stressors. The use of Betty Neuman's model in a general hospital was also successfully introduced. In addition (Fraser, 1996:256), applied Neuman's Systems model on information giving on post-operative coping and giving coping information. Results did not make statistical difference to patient's general coping behaviours.

Hinton *et al.* (1996:104), also applied Neuman's Systems model successfully for use in nursing education, nursing research, nursing practice and nursing administration. The structure of the model was originally designed for graduate students. In addition, the Neuman's Systems model provides a structure for organising curricular content for students. It also introduces relevant nursing concepts and help to illustrate the relationship among them. The model also provides a guide for nursing practice (Hinton *et al.*, 1996:108). According to Fraser (1996:257), Neuman's model (1980), edition claims to be appropriate for use by health workers other than nurses.

Gigliotti (1999) used the Neuman's Systems model and investigated the relationship of multiple role of stress to psychological and sociological variables of the flexible line of defence. Questionnaire instruments were used to operationalize the psychological component with the perceived role as a student and as a mother. The socio–cultural component with social support and the normal line of defence as perceived through multiple role stress. Chiutsi (2004) reported that Lindel & Olsson (1991) utilized Neuman's model by integrating sociological, psychological, philosophical, and developmental and interpersonal stressors to facilitate contraceptive counselling as

primary prevention against the stressor of undesired pregnancy. Bishop (2005) used the model on nursing knowledge and attitudes regarding the pain management of cancer patients and noted that other researchers had also used the systems model.

The Neuman Systems Model has been used effectively by Moore & Munro (1990), who applied it to the mental health nursing of older adults in a case study. In their case, study health was considered to be continuum with old age and its complications on the illness.

Person, environment, health and nursing were the selected concepts for this study. Violated married women are clients or person for this study. The study explored the experiences faced by violated married women. The environment includes the sociocultural, psychological, physical, emotional and financial environments of the violated married women. Violated married women are bio-psychosocial beings and the experiences faced affect their health, social and occupational function. Health in this instance is not just the absence of a disease or infirmity but a state of optimum physical, social, psychological, spiritual, and emotional function.

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New nurses often bring new knowledge into the work area, which may result in resistance from peers. The new nurses must be courageous and share knowledge with peers to reduce fear and help

them to appreciate the value of using nursing conceptual models and nursing theories, that the researcher are convinced will reduce workload and increase positive client outcomes.

Lack of knowledge generates fear of the unknown. Hopefully, sharing knowledge of the value of a nursing conceptual model as a directive for care would offset fear and motivate cooperative work and lead to client satisfaction.

Positive outcomes will support the value of the nursing conceptual model but that may take time, so patience is needed.

In caring for victims of crime and violence, the Neuman's Systems model provides a complete assessment of the client condition. Joint goal planning is critical to relevant use of available resources or creation of needed ones. Use of the three preventions as interventions primary, secondary and tertiary is an important typology in this situation.

According to Neuman's System Model (NSM) (2012), there can be many ways in which the model can be used beyond the nursing field, since it is a comprehensive problem-solving process with evaluation capacity.

Some suggestions of the model are used with elementary and high school student groups.

Other disciplines find the model easy to use as its terminology, concepts, and processes are easy to understand.

The major strength of the model is its flexibility for use in all areas of nursing that is administration, education and practice.

The model has presented a view of the client that is equally applicable to an individual, a family, a group, a community, or any other aggregate.

The model particularly is presented in the model diagram, and it is logically consistent.

Betty Neuman's system model provides a comprehensive flexible holistic and system-based perspective for nursing.

According to Gonzalo (2011), once understood, the Neuman Systems Model is relatively simple, and has readily acceptable definitions of its components.

The emphasis on primary prevention, including health promotion is specific to this model.

The use of the model can be of benefit to urban leaders in creating healthy communities because the information gathered from its use reflects existing positive aspects and for creating a healthy community. Nurses can work effectively in broadly based planning using the concepts and processes of the Neuman's model as a guide.

The Neuman's model is congruent with the global health trends of holism and prevention.

Published papers and presentations at the Neuman's model symposia documented that the model is universally applicable and culturally relevant.

The Neuman's model is congruent with the global health trends of holism and prevention.

Neuman's model is universally applicable and culturally relevant as the concepts and processes remain the same across cultures and countries.

However, the major weakness of the model is the need for further clarification of terms used. Interpersonal and extra-personal stressors need to be more clearly differentiated.

The delineation of Neuman of three defence lines was not clearly explained. In reality, the individual resist stressors with internal and external reflexes which were made complicated with the formulation of different levels of resistance in the open systems model of Neuman. Neuman made mention of energy sources in her model as part of the basic structure. It can be more of help when Neuman has enumerated all sources of energy that she is pertaining to. With such, new nursing interventions as to the provision of needed energy of the client can be conceptualized.

The holistic and comprehensive view of the client system is associated with an open system. Health and illness are presented on a continuum with movement toward health described as negentropic and toward illness as entropic. Her use of the concept of entropy is inconsistent with the characteristics of entropy which is closed, rather than an open system (Gonzalo, 2011).

Community members should engage key stakeholders and positively influence them to become part of the solution to domestic violence. Both individual and collective efforts are needed. Community members should work with institutions such as governments, faith-based organisations, cultural, sports and other community-based associations, schools and the media to support prevention messages, initiatives and policies. Here are some examples as to what roles these institutions can play.


**Figure 3**: Adopted from Sebastian, B. & Lorenzetti, L. (2015: 20)

Literature review reveals that Sebastian, & Lorenzetti, (2015:7) suggested the roles of community against domestic violence as indicated below:

- The community members should honour the right of everyone to lead a life of happiness and freedom, irrespective of gender, race, ethnicity, class, colour, age, abilities, and religion.

- The community members should ensure that everyone live in a free from fear, intimidation, guilt and shame in personal relationships.
- The community members should ensure the physical, psychological, spiritual and mental growth and development of each one in society.
- The community members should secure a brighter, happier and safer future for the next generations.
- The community members should be role-models to the youngsters about healthy relationships, nonviolence and equality.
- The community members should ensure that the community is a kinder and safer place where people feel a sense of belonging.
- The community members should ensure that married women are living in environments that are free from abuse and instilling in them the values of compassion and care for others, positive communication and healthy self-esteem.
- The community members should treat the married women with care and supporting their sense of happiness and well-being in the latter parts of their lives.
- Given the nature of the problem under study, I strongly recommend that you adopt this conceptual framework adopted from Sebastian & Lorenzetti (2015) because it speaks to the problem and the role of different stakeholders in the Afrocentric education ecosystem. Think about it because the other model is not very much in sync with the problem on the role of the IKS in preventing and resolving domestic violence.

Findings by Nonell (2013:127) suggests that community members should familiarise themselves with the possible signs and indicators of domestic violence, as someone who may not appear to be a victim of domestic violence maybe suffering in silence. In addition, community

members should be able to educate as many people as possible about domestic violence, its impact and how to intervene safely, in collaboration with police community outreach officers, women's organisation, local schools, local companies and local domestic violence shelters. Therefore, there is need for community members to implement talk shows, town hall meetings and group sessions to prevent and control domestic violence.

Nonell (2013:127), emphasised that community members should intervene to stop domestic violence or making the community a place where domestic violence will not be tolerated, have neighbourhood watch to stop violence, helping the victim to leave the abusers safely, and boosting community support network with technology by downloading a safety app, by alerting support network if the victim is in danger through a smart phone.

According to Victorian Government (2012:1), community members' roles are to provide measures to help prevent and control domestic violence before it occurs, assist those women who are at risk of experiencing violence, and also provide early intervention measures to help change the behaviour of those at risk of committing violence before it occurs. In addition, community members' roles are to provide a strong law and order focus, signalling its intention to deter perpetrators from committing violence, hold them accountable for their behaviour and help change their behaviours. Community members also need to be compassionate and have supportive response for women who experience domestic violence because these women need support to rebuild their lives.

Kivulin women's rights organisation (2011-2015:4), put forward the view that all members of the community need to increase ownership of the problem since violence affects everyone. In addition, community members will have to increase knowledge about rights and legal

provisions for women, thereby increasing reports on violent cases to formal and non-formal institutions and advocating women to live free from domestic violence.

Domestic violence affects us all, it impacts all aspects of the community including community health, crime rates, and the ability to participate in the workforce, child development, and family dynamics (Berman *et al.*, 2011).

According to Christiaensen (2016), one third of African women report to have experienced domestic violence (physical or sexual). Madhivanan *et al.* (2014:170) observed that women experiencing violence have been linked to serious physical injuries, homicides, unwanted pregnancies miscarriages, induced abortions and vulnerability to HIV and other sexually transmitted infections.

Sandeep *et al.* (2014:33), put forward the view that married women (100%) who experienced domestic violence faced humiliation and restriction in the family. On a different note, about 84% of married women have reported having experienced at least one act of violence from a partner during their life time.

A study done by Hasan *et al.* (2014:2), is supported by Feseha *et al.* (2012: 2), and the Victorian Government: 2012:25), revealed that most of the women experiencing domestic violence reported sufferings from reproductive, physical and psychological problems, constituting serious threats to their physical and mental wellbeing. The study findings by Nonell (2013:127), are supported by the Victorian Government (2012:2), that women experiencing domestic violence often feel completely isolated, unable to reach out for support, unable to receive the support they need, are stopped from going to work and from participating in the community and belittled by their partners.

The domestic violence experienced by married women takes place mostly within the privacy of their homes and to a larger extent has contributed to a culture of silence as regards to the health consequences (Mashiri, 2013:96), supported by Zimbabwe Health Demographic Survey (ZDHS) (2005–2006).

According to Robin (2013:9), despite the similarities in women's experiences with domestic violence across cultures and societies, understanding the specifics within a particular society is necessary for the development of legislative reform and policy development, prevention and intervention initiatives and systems of protection and support for victims and survivors of domestic violence.

The Victorian Government (2012:27), estimated that 50 to 80% of women experiencing violence suffer from psychiatric conditions such as depression, anxiety, self-harm tendencies and suicidal thoughts. Victims are more likely to experience financial difficulties resulting in economic dependence on their partners making it difficult for them to escape violent partners, losing confidence and skills. In addition, their lives are interrupted by court appearances, difficulties in securing stable jobs, ending up homeless and vulnerable to further assault on the streets, in hostels, refugee camps and squatters and linking with drug abuse and prostitution (Victorian Government, 2012:28).

Feseha *et al.* (2012:2), states that women experiencing domestic violence also face difficulties with daily activities, 63% in pain, and 23.5% have difficulty during walking, 14.8% have fractures or dislocations, 2.5% have damage to ears because of slapping, 2.5% have deep cuts on their body parts and psychological disturbance. Pregnant women were also found to be victims of physical violence. Nyamayemombe *et al.* (2010:2), indicated that in the results of the preceding Zimbabwe Demographic Health Survey (ZDHS) (2005–2006), 47% of currently married women aged 15–49 in Zimbabwe have

experienced some form of spousal violence, 28% having experienced physical violence, 29% emotional violence and 18% sexual violence.

According to Victorian Government (2012: 2), women experiencing domestic violence are usually isolated, unable to reach out for support and unable to receive support they need, as they are stopped from going to work and from participating in their communities. The impact of domestic violence on the health of women experiencing violence is profound and spans many quality-of-life measures. In addition, women living domestic violence experience massive social and economic costs.

On a different view according to (Cornwall et at.2011-2015), women experiencing domestic violence suffer from personal, physical, emotional costs and also to the economy, with increased costs for health service, the criminal justice system, housing, safeguarding and social care costs and the lost economic productivity.

Meyer (2011:11), indicated that women experiencing violence face discrimination and lack of support by the police combined with the fear of retributive victimization by the intimate partner and dissatisfying outcomes. In addition, many victims of violence felt that they were not being taken serious because of not terminating the relationship as one victim spent 11 years with her abusive partner before and after the implementation of domestic violence. Physically abused married women also often experience further negative reactions when going to court. They are traumatized and often not respected when the judge or magistrate lack understanding for the perceived risk of victims and their dependent children (Meyer, 2011:14).

Rahman *et al.* (2011:1-2), found out that women experiencing domestic violence suffer from reproductive health outcomes such as

miscarriages, premature delivery and pelvic inflammatory diseases and have limited mobility to reside with in-laws. In addition, women with no education experience domestic violence more than educated women. Pervasive human rights violation of women experiencing domestic violence was recognised.

In a study done by Coker *et al.* (2000), they found that domestic violence against women can cause psychological problems such as post-traumatic stress disorder characterized by depression, physical problems such as migraine headaches and arthritis.

Compared to non-abused women, abused women are 5 times more likely to attempt suicide, 15 times more likely to abuse alcohol and 9 times more likely to other drugs and it was found to be the most common prominent cause of morbidity and death (Bean, 1992).

Prevention measures must incorporate a strong focus on the promotion of gender equality, women's empowerment and the enjoyment of their human rights. Building a strong consciousness and understanding of these issues among women and men at all levels is essential for preventing domestic violence against married women because families and in-laws are often the first support system women turn to when they have been abused. The 2010-2011, Zimbabwe Demographic and Health Survey (ZDHS) findings show that survivors of gender violence look for support and help first from their own family (56.9%) and in-laws (36.6%). Only 15% go to the police and 2.2% report seeking help from a social service organisation (Made, 2015:91).

The country has also adopted the 365-Days of Action campaign initiative to keep domestic violence in the public discourse throughout the year. It includes traditional, religious and community leaders as major actors in addressing domestic violence at the local and community levels. The Ministry of Women Affairs, Gender and

Community Development's programmes and campaigns to empower women economically closely links to enabling women to reduce their vulnerability to domestic violence (Made, 2015:92). Sebastian & Lorenzetti (2015:10) pointed out that successful community-based initiatives are guided by a shared vision, willingness, preparedness, capacity and commitment to make change happen. This includes leveraging existing resources, capabilities and skills to serve the purpose of promoting healthy relationships and preventing domestic violence. Careful planning is needed, including developing ways to evaluate if their actions have been successful. Adopting a community-based approach to violence prevention includes finding and building on community assets, using culturally appropriate messages, services, cultivating and supporting local leaders who can advocate for and sustain change as follows:

- Changing social and community conditions that contribute to domestic violence.
- Raising awareness of the problem of domestic violence and establishing social norms that make violence unacceptable.
- Building networks of leaders within a community.
- Connecting community residents to appropriate and culturally safe services.
- Making services and institutions accountable to community needs.

The relationships with neighbours and active community involvement can go a long way in preventing domestic violence. These initiatives focus on making domestic violence a community issue (Sebastian & Lorenzetti, 2015:18). Break the Cycle provides tools and resources for community members. Their interventions range from organising public campaigns to advocating for effective policies and programmes. The campaign is built on the belief that everyone is entitled to lead a safe and happy life regardless of their gender, sexual orientation, race, class or other areas of diversity. Their continuum of support includes helping married women to identify the warning signs of abuse,

developing safety plans and providing legal services for those who are already in the cycle of abuse. Their flagship programmes focus on women leadership and education within community settings, where they encourage married women to speak out about domestic violence to promote home safety. The program teaches married women to distinguish between what are healthy, unhealthy and abusive behaviours (Sebastian & Lorenzetti, 2015:22).

The approach documented below is one of many initiatives that encourage faith-based communities and religious leaders to lead the work of domestic violence prevention within their communities. Religion and faith have an active influence in the lives of millions of people. Therefore, religious leaders are best positioned to positively influence conversations on interpersonal and family relationships (Sebastian & Lorenzetti, 2015:23). An effective prevention strategy must also focus on making the home and public spaces safer for married women, ensuring women's economic autonomy, security, increasing women's participation, decision-making powers in the home, relationships, in public life, and politics. Awareness raising and community mobilisation, through media and social media is another important component of an effective prevention strategy (Made, 2015:92).

To address domestic violence, there is a need to engage all relevant stakeholders, from community to national government level. There is a recent recognition of involving traditional and religious leaders in the efforts to combat domestic violence as society views these people as the custodians of culture and religion. For many women around the world, community-based, customary justice mechanisms remain the only available method of redress. While people often use traditional practices to justify violence, culture is dynamic and can change through training, public education, and access to new information (Made, 2015:84).

CARE and its partners have made great strides in addressing domestic violence, but more work is needed to engage individuals, communities and institutions in violence prevention and reaching victims with appropriate services. Everyone has a role to play in ensuring that everyone can live and thrive safely and free of violence (Sprechmann *et al.*, 2013:11).

Ending domestic violence involves social change work at the deepest levels. It is important to avoid concerns about violating cultural boundaries because this can lead to the perpetuation of its invisibility and render us timid in our response. There is need to start from a firm understanding that societies cannot claim a cultural right to violence any more than a right to slavery or genocide. CARE found that issues of domestic violence are so deeply embedded in social and cultural traditions, the most effective programmes are those most closely attuned to local context and where local leaders and activists are supported to lead the process of change (Sprechmann *et al.*, 2013:11).

Local knowledge and the trust of the community are essential. International aid organisations such as CARE can be a catalyst, but the researchers have learned that the full formula for effective change requires working in partnership with communities. Rather than engaging outside experts, CARE aims to develop expertise in the prevention and control of domestic violence. The communities, however, do not exist in isolation. The most effective programmes are those that work across a range of actors and levels of society. To address the deep roots of domestic violence, CARE works simultaneously with individuals, couples and families, communities, and state institutions using a combination of prevention and response strategies. This includes working with the community at all levels, including government agencies and civil society movements (Sprechmann *et al.*, 2013:13).

CARE recognizes that it is essential to work with all members of communities whether they condone or reject gender inequality, discrimination, and violence. This includes engaging men and boys together with women and girls, and traditional leaders, religious leaders, public officials and civil society leaders, to address and challenge underlying beliefs, attitudes, and practices around violence. The work at community level is further strengthened by supporting the provision of vital services for domestic violence victims, in partnership with government and civil society, and the development and implementation of enabling legal and policy environments (Sprechmann *et al.*, 2013:13).

Through multiple strategies, such as engaging couples to address violence and mobilising community action, CARE seeks to change behaviour by challenging the social norms that perpetuate violence. The efforts should include working with men and boys as champions of change, enabling them to challenge gender norms and enjoy more equitable relationships in their own lives. Gender inequality should be addressed by supporting activities, such as economic development, education, leadership and life skills training, that increase women's and girls' ability to know and claim their rights and help reduce their vulnerability to violence (Sprechmann *et al.*, 2013:14).

Partnerships and networks across multiple sectors, including the legal system, medical and psychosocial services, police, and other support services, are the cornerstone of effective domestic violence victim's response. CARE works with partners taking care not to single out domestic violence victims and stigmatize them to establish and build the capacity of local community support systems that help keep victims safe from domestic violence, such as community watch groups and safe houses. Sometimes, the most critical need for the communities to work is to identify and raise awareness of services for domestic violence victims already available to them. In emergency responses,

CARE prioritizes the Minimum Initial Service Package (MISP) for reproductive health. The MISP includes prevention and response to sexual violence (Sprechmann *et al.*, 2013:14).

Laws and policies relating to gender equality and domestic violence play an important role in preventing and responding to domestic violence. CARE's advocacy work spans all levels to create, revise, or improve implementation of laws and policies to tackle domestic violence. This work is firmly based on international agreements, such as the Declaration on the Elimination of Violence against Women and Security Council Resolution 1325. Their focus is both on advocating for new policies and laws and ensuring that they are effectively resourced and implemented. Both approaches involve awareness raising, public mobilisation, lobbying and following up on individual domestic violence cases all of which help to transform policies, and cultural and social attitudes and norms, leading to a more favourable climate for domestic violence prevention. In addition to these strategies, CARE conducts regular research and evaluations to better understand the complex causes and consequences of domestic violence. CARE reviews which strategies are successful in reducing domestic violence and how research and evaluation can help improve their programmes (Sprechmann *et al*., 2013:15).

For almost 20 years, CARE has addressed the underlying causes of domestic violence and its effect on victims in conflict, humanitarian crises and stable development settings. In this chapter we present the results and impacts of some of CARE's actions. Measuring attitudes and social norms around domestic violence, and changes in actual rates of domestic violence, poses well-known ethical and methodological challenges. It is their commitment, starting with this publication, to contribute to finding solutions and ways forward for obtaining more accurate data about the approaches that have the

greatest success in tackling domestic violence (Sprechmann *et al.*, 2013:22).

While individual reflection is critical, men and women often yearn to share their reflections and transformations with each other. CARE works with men and women to prevent violence in 'intimate partner' relationships the most common form of domestic violence worldwide. In many of CARE's projects, couples' dialogue sessions address the issue of unequal power relationships between men and women. A marked improvement in communication between spouses has resulted in women and men having a better understanding of the root causes of domestic violence, and men playing a more active role in domestic duties. CARE's programmes in East and West Africa highlight 'model couples' – those who live in equal relationships – as an example to other couples and the wider community (Sprechmann *et al.*, 2013: 22).

CARE's programmes in Burundi, Uganda, Rwanda and the Democratic Republic of Congo create forums for men and women to discuss issues that contribute to domestic violence such as alcoholism, gambling, domestic violence and polygamy. The approach uses personal stories of change to help men in the community work towards non-violent and more equal relationship with women and girls. As part of the program, a couple who has signed up to it may 'adopt' five other couples to support their journey towards a violence-free relationship. These five 'model couples' will in turn work with other couples to create a multiplier effect across the community (Sprechmann *et al.*, 2013:22).

CARE's three-year women's empowerment program in central Nepal worked with the most socially excluded and vulnerable women in Churia district to enhance their meaningful participation in decision-making at all levels. 'Reflect Centres' have provided useful meeting places for women to learn about their rights, challenge caste

discrimination and gain access to essential information. The women thrived in this environment, finding strength in working with others in solidarity. But they also told CARE that for them to be empowered, men in the villages had to be involved in making changes. Men should join women in the Reflect Centres once a month to discuss non-violent approaches to family relationships. These forums should increase understanding of legal rights around domestic violence and have seen a 30% reduction in violence against women at a household level (Sprechmann *et al.*, 2013: 24).

CARE works in close partnership with men and boys. Their experience indicates that engaging men and boys to challenge views that see violence as part of manhood is key to achieving greater equality between women and men. This work seeks to enable men and boys to become agents and activists for change and to challenge and explore alternative masculinities based on justice and human rights. CARE works with men and boys across a range of programmes, from challenging their attitudes to women in several East African countries, to working with male community leaders in the Middle East to end traditional harmful practices such as child marriage and invest in the wellbeing of girls and women in their communities (Sprechmann *et al.*, 2013:25).

Domestic violence remains a huge obstacle to development in the Balkans across Croatia, Bosnia & Herzegovina and Serbia. CARE has introduced a 'gender transformative' curriculum that includes school-based workshops, residential retreats and the 'Be a Man' awareness campaign. The program encourages young men to reflect on the reasons behind their violence towards women. Thousands of young men across the Balkans have been encouraged to treat women and girls as equals as part of the 'Be a Man' campaign. This program also has a strong component to address homophobic violence. It supported 5,635 adolescent boys in the Balkans reported they had decreased the

use of violence against married women and peers. Violence is not a sign of masculinity. The conferences raised awareness of the importance of directly targeting men in violence prevention efforts and achieved significant media attention. In Bangladesh, CARE's program used a mix of research, capacity building and educational strategies to transform men's behaviour (Sprechmann *et al.*, 2013:25).

Most male participants came from rural areas and had been physically and verbally violent towards their wives. Their reasons ranged from anger and frustration and the need to feel more powerful to a lack of understanding of the impact that violence was having upon their wives and children (Sprechmann *et al.*, 2013:25).

CARE works with community leaders and forums to encourage grassroots discussions on preventing sexual violence and the impact of harmful traditions. CARE works in many countries where there is a high prevalence of female genital cutting (FGC). In Sierra Leone, CARE's program worked closely with community leaders and FGC practitioners to facilitate discussions about human rights in the local context that challenge existing beliefs about reasons to perform FGC. The program took an inter-generational approach to addressing harmful cultural practices. Together with the local bye-laws that penalize practitioners, CARE's approach enabled practitioners to stop practicing FGC in their communities (Sprechmann *et al.*, 2013:25).

CARE recognizes that GBV affects all aspects of survivors' lives – including their legal and economic status, and their health and emotional wellbeing. CARE is careful not to single out individual survivors in its approach to supporting them. Instead, CARE coordinates integrated aftercare through working with a range of local partners including the police and schools, alongside legal and medical services. CARE believes every GBV survivor deserves a confidential, comprehensive support package to include quality medical care,

counselling, and protection by police or others for physical security, psychosocial support, and access to legal assistance and shelter (Sprechmann *et al.*, 2013: 29).

CARE engages with a variety of locally based protection and treatment programmes to support women and children in their communities. These range from supporting schools to identify child domestic violence victims; training traditional leaders and local activists to offer advice and basic counselling and referral; training case managers to support women in accessing services and meeting their psychosocial needs; and working with women survivors and medical, police and legal services to ensure survivors have access to any emergency care and legal support they require (Sprechmann *et al.*, 2013: 29).

CARE also supports survivors of domestic violence to find alternative livelihoods through Voluntary Savings and Loans Associations (VSLA). In Burundi, the DRC, Rwanda and Uganda, VSLA groups supported by CARE helped victims of domestic violence find solidarity. They also provided a means to economic opportunities and reintegration (Sprechmann *et al.*, 2013:29). Supporting services for survivors In Zambia, CARE supported 'one-stop' Coordinated Response Centres that provided comprehensive services to victims of domestic violence in seven districts. In addition, located in or near public health facilities, the centres provide survivors access to medical, legal and mental health services. They also serve the community more broadly as focal points for domestic violence prevention to ensure integrated and coordinated response for domestic violence. CARE also worked extensively with traditional leaders and other community members to create awareness and behaviour change regarding domestic violence, with 4,236 traditional and other local leaders sensitised on domestic violence, 52% of who were women leaders. CARE's program became a national model which was scaled up by the Zambian government country-wide (Sprechmann *et al.*, 2013:29).

In the community, CARE staff trained teachers and administrators on gender, law and codes of conduct, and developed joint management with community organisations and increased accountability in schools. Girls and boys were shown how to identify and report incidents of abuse using complaint boxes and a system of peer support. A referral system was set up to support women and children who were identified as having been sexually abused, offering professional counselling and supporting the prosecution of perpetrators (Sprechmann *et al.*, 2013:30).

The community organisations also created a 'zero-tolerance' environment where perpetrators of domestic violence faced public action. Research found that the fear of punishment and public exposure of student abuse cases by other teachers, has led to a reduction of sexual abuses of girls. In schools serviced by the program, the drop out of girls from schools due to the fear of domestic violence dropped by 50% (Sprechmann *et al.*, 2013:30).

In Bolivia, CARE supported school and community initiatives to prevent the sexual abuse of married women and students. Local 'Rights Defence Committees' made up of teachers, parents and teenage students have adopted strategies, including training teachers in domestic violence prevention and referral procedures to stop violence against married women and girls. Since 2011, teenage students have been educated in sexual and reproductive rights. In addition, the recruitment of a specialist psychologist has contributed towards decreasing levels of violence in 10 schools. Reported violence at home decreased by 13% with students indicating a greater use of mediation and dialogue techniques (Sprechmann *et al.*, 2013:30).

In partnership with local organisations, CARE Burundi has established a network of community support to enable domestic violence victims to access services quickly and efficiently. The network includes trained

legal assistants, counsellors and elected leaders supported by community activists. These activists play a leadership role in their local area and are recognized for providing direct legal, medical and emotional support to domestic violence (Sprechmann *et al.*, 2013:31).

As part of the programme, health care workers are provided with 'sensitivity training' in treating victims. Most of the programmes' counsellors are female. This has greatly encouraged female victims to come forward since most women, when asked, prefer to discuss abuse with another woman. Effective referral systems are in place to allow domestic violence to receive emergency medical care, including the post-exposure prophylaxis within 72 hours to prevent HIV infection (Sprechmann *et al.*, 2013:31).

CARE research with Ministry of Health staff has confirmed that the project has been effective in strengthening the technical capacity of health centres to provide safe medical and emotional support to women survivors in line with the National Protocol. Women now feel more informed of their rights and where to access support services; the reporting of domestic violence incidents has increased (Sofia Sprechmann *et al.*, 2013:31).

CARE's presence and expertise in some of the most marginalized communities worldwide means it is well placed to support women's rights organisations, and women and men affected by domestic violence often those without a representational voice in lobbying for societal change. As long as they lack a voice, the absence of accountability for these crimes is likely to continue (Sprechmann *et al.*, 2013: 32).

Changing laws and policies that discriminate against women and girls can help create shifts in social attitudes through establishing a climate of non-tolerance for domestic violence. For example, advocating for

broadening the definition of rape has been instrumental in dispelling the notion that domestic violence or related violence is a private family matter. CARE and partners are working with governments at all levels to strengthen policies against domestic violence and their effective implementation in a range of countries and at international level (Sprechmann *et al.*, 2013:32).

A CARE program focused on women's rights in Benin developed the first countrywide approach to tackling domestic violence. CARE supported a national coalition of civil society and public sector activists to lobby for the successful passage of a new law to tackle GBV. The coalition brought together the Ministry of Family and National Solidarity, 46 Beninese NGOs and 85 centres for social protection. Its goal was to improve national response to domestic violence, including support services for victims and better enforcement of policies and laws. The campaign built ample support through media awareness campaigns, community mobilisation and orientation for policy dialogue meetings. The coalition supported drafting the legislation and provided input into a national action plan for stopping violence. The new bill was enacted into law in 2012. A similar process in Zambia, supported by CARE and partners, led to the passing of the Anti-Gender Violence Law in 2011 (Sprechmann *et al.*, 2013:32).

CARE's efforts contributed to the approval of domestic violence legislation in Bangladesh, Benin, Bolivia, El Salvador, Uganda and Zambia. In Benin, an advocacy coalition of which CARE was part sensitised the population at mass scale: 4,495 community trainers and mobilisers were trained and 740,883 people sensitised about domestic violence and women's rights. In 2012 a bill to tackle domestic violence was enacted into law. For effective advocacy, it is vital to gather solid data on the prevalence and cost of domestic violence. In several contexts, CARE has calculated the social and economic costs of violence to use as evidence in lobbying for policy change. In

Bangladesh, CARE's initiative 'Cost of Violence against Women' calculated the social and economic costs of violence at community level and used this data as evidence for national-level advocacy. Its research found that domestic violence has a knock-on financial impact on individuals, households and whole societies and includes lost wages, increased medical bills, legal fees and relocation expenses. In 2010 the study calculated that costs to the economy of Bangladesh were equal to 2.2% in 2010 or the equivalent of 12.7% of the total expenditure budget of the government for that year. The study produced one of the few comprehensive national costs Uganda (Sprechmann *et al.*, 2013: 32).

Advocating for public policies to end domestic violence, CARE's programmes provide services to populations in conflict and post-conflict areas, offering a range of specialist support services. These include providing timely medical and psychological care for domestic violence victims and creating safe spaces for married women to deal with domestic violence induced trauma (Sprechmann *et al.*, 2013:33).

Even before the current conflict, South Sudan was one of the world's harshest environments in which to come of age as a woman. Conditions have only deteriorated since the fighting broke out in December 2013: more women and even girls were engaging in transactional sex to gain access to food or water for their families; parents are encouraging their daughters to marry early to gain access to bride price, reduce the number of mouths to feed and as a means of protection for their girls in a conflict situation; and rape and sexual assault has become a weapon of war. CARE is providing food, water and health care to some of those left homeless by the conflict in South Sudan and who have fled across the border to neighbouring a call for stopping violence in Uganda (Sprechmann *et al.*, 2013:33).

CARE is tackling the widely held view that violence against women and girls is acceptable through several approaches. These include personal change approaches, engaging couples to address violence, the development of male activists as 'champions of change' and mobilising community support. Promoting personal change knowing that change starts at the personal level, CARE works to build in personal reflection and change activities into almost all domestic violence programming. This includes offering workshops and training space for personal reflection on values, beliefs and cultural expectations of gender roles and responsibilities. These opportunities for personal reflection present the springboard for future attitude or behaviour change and build champions for tackling domestic violence (Sprechmann *et al.*, 2013: 17). Health systems are challenged by the effects of domestic violence and strategies for educating communities are required to reduce domestic violence within the African Context. According to Victorian Government (2012:5), early intervention is a critical part of addressing violence against women. There is need to identify women who are at the greatest risk of violence and provide strategies that reduce their risk and increase their safety. Initiatives include the expansion of family violence risk assessment; management training and resources for service professionals to identify and manage the safety of women at risk of violence. Action will also be focused on changing the behaviour of men who use violence.

Initiatives to include training for mainstream services so that they are better equipped to work with men who are at risk of being violent. In addition, a comprehensive, integrated system should provide consistent, coordinated and timely responses to women and should hold perpetrators of family violence to account. Support services to women in areas of greatest need should be expanded through family violence counselling and to continue building community confidence to report family violence to police (Victorian Government, 2012:5).

Victorian Government (2012:5) further explored that reducing domestic violence is an operational priority and there is need to introduce enhanced Family Violence Service Delivery Model and currently engages dedicated Family Violence Advisers and Family Violence Liaison Officers. In addition, utilising family violence teams in areas of high demand across the state. Police should continue to reduce domestic violence by responding swiftly and effectively to increased rates of reporting proposing new laws to hold perpetrators to greater account and to enhance court processes, so that family violence matters can be dealt with more expeditiously.

New offences and penalties being introduced for breaches of family violence intervention orders, including the introduction of an indictable offence with a maximum penalty of five years imprisonment. There is also need to extend the operation of Family Violence Safety Notices issued by police so that they will better protect women by extending the immediate protection police can provide to family violence (Victorian Government, 2012:5).

Women experiencing domestic violence should feel more confident to report experiences of violence and receive the right services at the right time, protecting and empowering them. In addition, those who are at risk of committing violence should be targeted (Victorian Government, 2012:7). Community members should be educated to change attitudes and behaviours, promoting respectful non – violent relationships and promoting gender equity and stop violence (Victorian Government, 2012:8). There is need to raise awareness campaign to prevent violence, making a pledge to say no to violence (Victorian Government, 2012:9).

There is also need to understand the causes and contributing factors, determining why it persists (Victorian Government, 2012:27). It is vital that all statutory, voluntary and community agencies are committed working together to prevent domestic violence, raising awareness to

issues surrounding it and to deliver accessible and effective services to both the victims and perpetrators, as no single agency can adequately deal with domestic violence.

**Table 2.** Anti-Domestic Violence Council (Adopted from Ministry of Women Affairs Gender and Community Development, 2015).

| Government Institution | | No/ |
|---|---|---|
| | Ministry of Justice and Legal Affairs | 1 |
| | Ministry of Women's Affairs, Gender and Community Development | 1 |
| | Ministry of Health and Child Welfare | 1 |
| | Ministry of Education, Sports, Art and Culture | 1 |
| | Department of Social Services | 1 |
| | Zimbabwe Republic Police | 1 |
| Civic Society | Representatives of the interests of PVOs concerned with the welfare of victims of domestic violence, children's rights and women's rights | 3 |
| | A person representing the interests of churches in Zimbabwe | 1 |
| Other | Council Chief | 1 |
| | A person representing the interests of any other body or organisation with the Minister considers should be represented on the council. | 1 |

The functions of the Anti-Domestic Violence Council include:

- To keep under constant review the problem of domestic violence in Zimbabwe.
- To take all steps to disseminate information and increase the awareness of the public on domestic violence.
- To promote research into the problem of domestic violence.

- To promote the provision of services necessary to deal with all aspects of domestic violence and monitor their effectiveness.
- To monitor the application and enforcement of this Act and any other law relevant to issues of domestic violence.
- To promote the establishment of safe house for the purpose of sheltering the victims of domestic violence, including their children and dependants, pending the outcome court proceeding under the Act.
- To promote the provision of support services of complaints where the respondent who was the source of support for the complaint and her or his dependants has been imprisoned.
- To do anything necessary for the effective implementation of this Act.

Adopted from Ministry of Women Affairs Gender and Community Development (2015).

According to Kimani (2012), the Committee on the Elimination of Discrimination against Women (CEDAW) was officially established. In 1992, the committee affirmed that violence against women was a "violation of their internationally recognized human rights" and "a form of discrimination" that "nullified their right to freedom, security and life." The committee asked governments to identify and end customs and practices that perpetuate violence against women. It urged them to conduct public education, create safe heavens, institute counselling and rehabilitation programmes for victims, sensitise law-enforcement officials and draft relevant laws to protect women against all kinds of violence.

The biggest challenge is changing the social attitudes and beliefs that confine women to an inferior status. There is need more women to know their legal rights. There is need to teach the community why it is important to protect women and how it benefits the entire community when women are afforded better protection.

Educating both men and women on domestic violence is critical. It sends a message that domestic violence is not an issue just for women, but a problem affecting the whole community (Kimani, 2012).

The African campaign seeks to involve African governments, civil society, the private sector and schools and colleges, and to "empower women and their communities in stopping domestic violence and demanding accountability."

The Africa-UNiTE campaign urges governments to consult with civil society to identify areas to be strengthened in current national legislations. Civil society groups have organised workshops for local journalists on domestic violence. Private companies have introduced "zero tolerance" policies against gender discrimination and sexual harassment. And schools and universities have included awareness-raising activities in their curriculums (Kimani, 2012).

The issue needs to be addressed by joint working and multi – agency strategies (Cornwall & Islets of Scilly, 2011-2015). The policemen have an important role to play in tackling domestic violence among married women which is traditionally regarded as enforcement. All agencies should have appropriate and sufficient tools, such as training and data to tackle domestic violence at local levels. In addition, there is need of sharing effective international best practice models assisting all sections of communities to feel safe (Cornwall & Islets of Scilly, 2011-2015).

Government would support the public, local areas & organisations to access the tools and information they need, giving them a strong voice with police and crime commissioners (Cornwall & Islets of Scilly, 2011 -2015). Discussions and training workshops, mobilising the community to prevent and control domestic violence. There is need for public awareness campaigns through video sessions, festivals and community

dialogues. Providing refresher courses to strengthen legal aid services to women and influencing use of by - laws to safeguard the rights of women in the homes. In addition, intensifying training of law enforcers for example police officers, health care providers and community groups. (Kivulin Women's Rights Organisation, 2011-2015:5). Training to prevent sexual assaults in communities like the U.S. military focuses on either raising awareness to change the culture from within or adopting a posture of zero tolerance for any sexual aggression or violence. In national communities like India, the challenge can be even harder (Smyth, 2013).

Training journalists how to avoid being targeted for sexual assault requires a different approach, one focused not on the society or culture but on the individual reporter. This is a relatively new field, one complementing the more traditional hostile environment training long available to journalists. The training involves using situation awareness to avoid becoming a target, adopting the demeanour and tone of voice to project confidence, and learning simple but effective physical techniques to deescalate and escape altercations. But whether one is training journalists how to influence society, or how they can protect themselves, the two approaches still share a common thread (Smyth, 2013).

"The media are a powerful tool in fighting domestic violence] because they not only report on society but help shape public opinion and perceptions," notes Gender Links, a Johannesburg-based group that will be training journalists how to cover sexual violence throughout Southern Africa as part of the campaign.

Increasing education and awareness among citizens is vital to prevent and control domestic violence against women. In addition strengthening the capacities of various institutions such as (police and ward tribunal members) and social institutions (health personnel, local

government officials and religious leaders) to respond to needs of women (Kivulin Women's Rights Organisation, 2011–2015:16).

Local government authorities should enact and strengthen by-laws, plans and budgets that address domestic violence within the human rights framework. Youth should be empowered to use a Solution Focused Approach, taking a lead on domestic violence prevention (Kivulin Women's Rights Organisation, 2011–2015:16). All members of the community that is men, women and children should increase ownership of the problem of domestic violence and increase effective use of Information Communication Technology on the prevention and control of domestic violence as elaborated by the Kivulin Women's Rights Organisation (2011–2015:16 ).

Behaviour change strategies can contribute to the shifting of domestic violence from a private matter to one that merits public attention and prevention, acknowledging the widespread nature of the problem which can as well contribute to reducing domestic victims' isolation and creates an environment which is conducive (ZDHS, 2010-11:13). Furthermore, sensitisation of community leaders on domestic violence will create a critical mask of option leaders to promote the message of social change for a zero tolerance to domestic violence (ZDHS, 2010-11: 14-15) Women should be empowered economically to reduce their dependence on men and hence their vulnerability to violence. Income generating projects for women should be initiated and created. Furthermore, credit facilities should be introduced for women to increase women's access to resources for economic initiatives (ZDHS, 2010:11-16).

The first and primary level of domestic violence prevention should ensure the adoption and implementation of protective laws and policies for example strengthening the Domestic Violence Act 2007,

Sexually Offences Act 2001, the Matrimonial Cause Act 1987 and the Maintenance Act 1989.

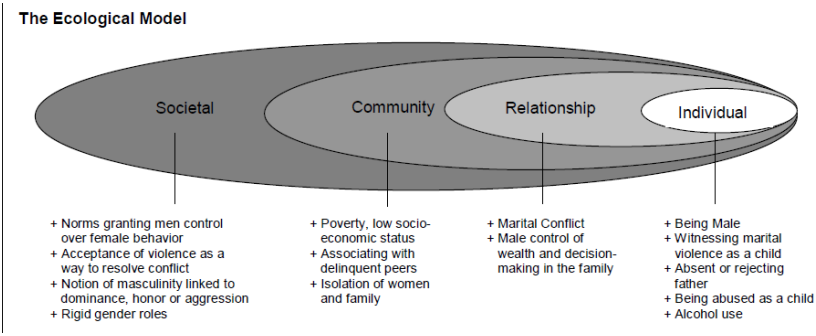


**Figure 4**: Adopted from Krug *et al.*, 2002:16.

Mobilising communities to prevent domestic violence involves engaging communities in supporting, developing, and implementing prevention strategies that target change in individuals, and in the community and society. Potential strategies include educating the community, building support among key stakeholders for prevention efforts, developing programmes that strengthen social networks, organising community groups to challenge social norms that contribute to the use of violence, and advocating for community accountability. Community mobilising strategies hold the potential for transforming those social norms and structures that are the root causes of domestic violence. The cultivation of grassroots community leadership can enhance the long-term sustainability of violence prevention efforts (Shepard & Zelli, 2008).

The work of preventing violence against women is daunting yet the Ecological Model can provide a useful framework for understanding the task of preventing violence. Long-term success in the prevention of violence will increasingly depend on comprehensive approaches at all levels of the Ecological Model (Krug *et al.*, 2002:16).

This is especially true for primary prevention approaches where the efforts focus on preventing the violence before it occurs. Primary prevention for violence against women involves creating a legal and policy environment that supports women's rights, a culture in the community which promotes non-violence, relationships based on equity, and individuals who take a personal and public stand against abuse. Creating a culture supportive of women's right to live free of violence requires long-term, sustained efforts in a community that address the root causes of violence against women. It means moving beyond programmes that work with one sector (e.g., health, police, education, judiciary, etc.) or one group (e.g., policy makers, battered women, youth, etc.) because societal change requires building a critical mass of individuals and institutions that believe in and live these beliefs.

According to the World Health Organisation, to date there has been an emphasis on secondary and tertiary prevention or efforts that work after the violence has occurred, and an abundance of program working at the individual or relationship levels of the Ecological Model. These programmes aim to influence individuals and their intimate relationships, but there remains an imbalance in the focus of programmes ñ community and societal strategies are under-emphasized compared with programmes addressing individual and relationship factors (WHO, 2002:28).

Furthermore, there are even fewer programmes that address the multiple spheres (individual, relationship, community and societal) and factors at the same time. Yet because multiple spheres and factors are at play in determining likelihood of perpetrating and experiencing violence, programmes must also be able to engage and support these different spheres.

Over the last five years, raising voices has worked to create programmes that engage the various spheres to help organisations and communities build critical mass necessary to create a new climate in communities that is supportive of women's right to live free of violence.

A holistic, approach, the community mobilisation approach attempts to reach individuals, relationships, communities, and the larger society. It breaks down this large task of affecting wide scale social change down so that organisations can stay focused and effective.

Key components of the approach are: Guiding principles articulate the conceptual framework for the work, process of Community Mobilisation describes the design and theoretical assumptions of the work, implementation strategies organise the myriads of activities suggested to ensure that all the spheres within the Ecological Model are reached.

The Guiding Principles for Mobilising Communities include:

**PREVENTION**

To effect long-term, sustainable change, organisations need to adopt a proactive rather than a reactive stance. A primary prevention approach assumes it is not enough to provide services to women experiencing violence or to promote an end to violence without challenging communities to examine the assumptions that perpetuate it. Primary prevention involves addressing the root causes of violence against women by introducing a gender-based analysis of why domestic violence occurs. This means recognizing women's low status, the imbalance of power, and rigid gender roles as the root causes of domestic violence.

Preventing domestic violence requires commitment from and engagement of the whole community. Ad hoc efforts that engage isolated groups or implement sporadic activities have limited impact. Efforts to prevent domestic violence need to be relevant and recognize the multifaceted and interconnected relationships of community members and institutions. This means it is important for organisations to acknowledge the complex history, culture, and relationships that shape a community and individual's lives within it. Efforts must creatively engage a cross section of community members, not just women or one sector (e.g., police or health care providers, etc.) to generate sufficient momentum for change. People live in community with others; thus, the whole community needs to be engaged for community wide change to occur (Michau & Naker, 2003:3).

**A PROCESS OF SOCIAL CHANGE**

Changing community norms is a process, not a single event. Projects based on an understanding of how individuals naturally go through a process of change can be more effective than haphazard messages thrust into the community. Thus, efforts to try to influence social change must be approached systematically. Organisations that attempt this work can become skilled facilitators of individual and collective change by working with, guiding, facilitating, and supporting the community along a journey of change.

**REPEATED EXPOSURE TO IDEAS**

Community members need to be engaged with regular and mutually reinforcing messages from a variety of sources over a sustained period of time. This contributes to changing the climate in the community and building momentum for change. For example, in one week a man may hear a sermon about family unity in church, see a mural questioning domestic violence on his walk to work, hear a radio program about human rights, and be invited by a neighbour to join a men's group to

discuss parenting skills. Repeated exposure to ideas from a variety of sources can significantly influence perception and reinforce practice.

### HUMAN RIGHTS FRAMEWORK

A rights-based approach to preventing domestic violence is empowering to women and the community. It uses the broader framework of human rights to create a legitimate channel for discussing women's needs and priorities and holds the community accountable for treating women as valuable and equal human beings. It challenges community members to examine and assess their value system and empowers them to make meaningful and sustainable change. Without this foundation, projects tend to appeal to the goodwill or benevolence of others to keep women safe.

### COMMUNITY OWNERSHIP

Effective projects aimed at changing harmful beliefs and practices in a community must engage and be led by members of that community. Organisations can play an important facilitative and supportive role, yet the change must occur in the hearts and minds of the community members themselves. Organisations can work closely with individuals, groups, and institutions to strengthen their capacity to be agents of change in their community. In this way, their activism will live long after specific projects end.

### PROCESS OF COMMUNITY MOBILISATION

As implied in the Ecological Model, behaviour is a result of individual experiences, attitudes, and beliefs, which are deeply linked to the prevailing belief system in the community. Thus the attitudes and actions of neighbours, friends, co-workers, religious leaders, police, health care providers, etc. greatly influence an individual's behaviour choices and collectively create the climate in the community.

Mobilising communities to prevent domestic violence requires individuals to identify the problem of domestic violence, consider its importance, evaluate their own behaviour, and then begin making changes in their lives. Although each individual is unique and will come to the issue of domestic violence differently, the process of how individuals change often follows a similar pattern. Raising Voices uses the Stages of Change Theory (Prochaska *et al.*, 1992) of how individuals can change their behaviour to develop long-term programmes for community mobilisation. While there are many different theories of how people change, we have found this one to be intuitive, simple, and generally cross-cultural.

Raising Voices adapted the Stages of Change Theory of individual behaviour and scaled it up to the community level. We propose that a community also goes through a distinct process of change before any given value system is adopted. Therefore, if projects can recognize this process and operate in harmony with it, they are more likely to facilitate enduring change. The Stages of Change Theory is presented below with a parallel, actionable process scaled up for affecting wide scale social change.

The researchers found that breaking down the process of community mobilisation into distinct steps helps organisations create longer-term programmes and stay focused, thereby deliberately structuring their interventions within the community. This avoids the common pitfall of endless raising awareness activities and helps move individuals and the community through a structured process of change. It can also help avoid burnout and backlash because it helps organisations start where the community is and grounds the project in the community itself with clear milestones for each phase.

Within each of the five phases described below, five strategies for organising and conducting activities are used: developing and using

creative and appropriate learning materials, strengthening capacity of a wide range of community members, engaging the mainstream media and organising community events, advocacy, and fostering local activism. These strategies are designed to help organisations reach a wide variety of people in each of the spheres of influence of the Ecological Model. Each strategy engages different groups in the community and thus builds momentum, increases community ownership, and improves the sustainability of positive change.

The community is conceptualized broadly to include religious leaders, health care providers, general community members, shopkeepers, women's groups, other NGOs, governmental and community leaders, police officers, local court officials, etc., allowing for a multi-faceted response. For each strategy there is a variety of diverse and participatory activity ideas designed to maximise the impact of the project. The nature and the level of the activity suggested corresponding to the phases of community mobilisation. The activities are designed to help organisations reach a critical mass of individuals and groups within the community to build momentum for change. The activities are designed to help organisations reach a critical mass of individuals and groups within the community to build momentum for change (Michau & Naker, 2003:5).

While all the activities are meant to be adapted and contextualised, ideally the sequence of the five phases of community mobilisation, use of diverse strategies, and outreach to various groups should be maintained. These are the practical expressions of the six guiding principles upon which community mobilisation to prevent domestic violence is based.

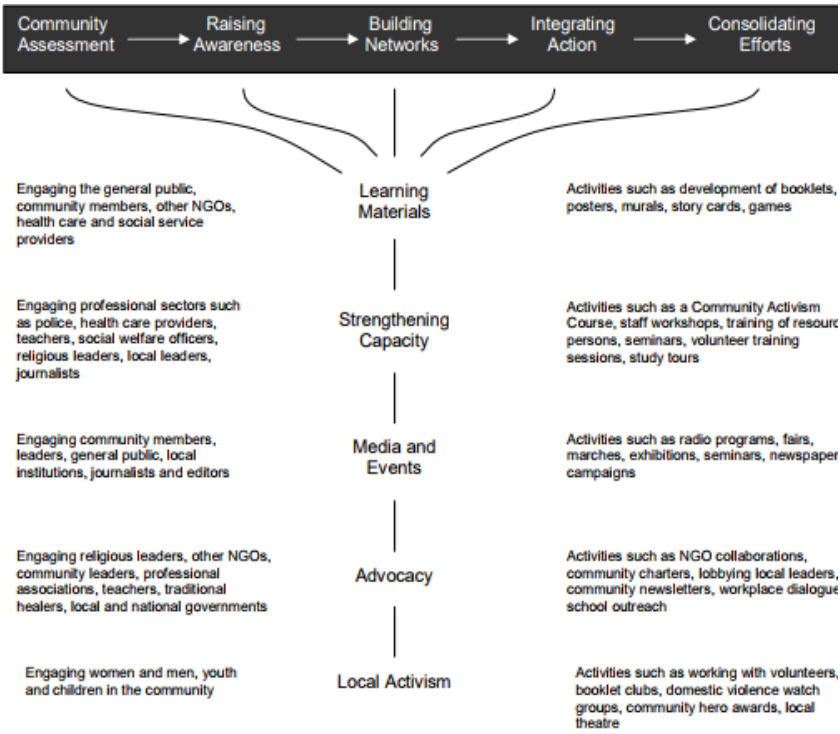


**Figure 5**: Adopted from Fullwood (2002:4)

One of the priorities in any community mobilisation effort is to raise awareness against domestic violence so that people know that family violence exists in the community, highlighting its impact or know where to turn for help, they will be unlikely to get involved or to communicate the unacceptability of violence. Violence is often seen as a private matter, one that families are hesitant to talk about. Therefore, families who have a safe-place and opportunity to speak about violence have no reluctance to do so (Fullwood, 2002:4). In addition, raising awareness allows people to think differently about the problem and owning the issue. In addition, there is need to help community members to see family violence as a priority as they have more on their mind,

According to Wolfe & Jaffe (1999:133) crisis intervention is a necessary response to domestic violence and can be highly effective at points in time. There is need for recent changes in public policy legislation, and service delivery illustrating a growing commitment to reduce harmful effects of domestic violence. In addition there is need for public health campaigns to eliminate health risks and to encourage health behaviours among particular segments of a population. Domestic violence prevention strategies must include some understanding of the underline causes of domestic violence and a vision of what constitutes a healthy, nonviolent family.

Developmental research shows early intervention of domestic violence may restore normal developmental processes among individuals and minimize the risk of further exposure to abuse (Wolfe & Jaffe, 1999:134). There are three prevention strategies of domestic violence namely Primary, Secondary and Tertiary prevention.

Primary Prevention reduces the incidence of the problem before it occurs whereas secondary prevention decreases the prevalence after early signs of problem and tertiary prevention is intervening when the problem is already clearly evident and causing harm to individual (Wolfe & Jaffe, 1999:135).

Training journalists how to better cover gender-based violence can help challenge attitudes that foster sexual attacks. Thus, helping journalists learn personal skills to safely navigate sexual aggression can help prevent them from becoming victims themselves.

Zimbabwe's legal framework provides for protection against domestic violence and the law includes traditional and cultural practices in the expanded definition of domestic

Zimbabwe's legal framework to prevent all forms of domestic violence in the public and Violence Act, 2006).private spheres is relatively strong. There is legislation to address domestic violence in the private sphere. The courts recognise marital rape as a criminal offence (see section on prevention later in this chapter). However, implementation remains weak, because there has not been a holistic approach, or a commitment by government to dedicate financial and human resources to drive effective implementation (Made, 2015:85).

Zimbabwe also has strong laws and policies in place to prevent and eradicate domestic violence against women. These include the Domestic Violence Act 2006 [Chapter 5:16]6; Criminal Codification and Reform Act [Chapter 9:23]7; the National Gender-based Violence Strategy 2010-2015; Zimbabwe National HIV and AIDS Strategic Plan II (2011-2015; and the Zimbabwe Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. The VAW Baseline Survey found a high awareness level among women and men in the country of the Domestic Violence Act (Patricia A. Made P.A, 2015: 85).

Zimbabwe has comprehensive legislative and policy frameworks to enhance women's security, but women have difficulty accessing the requisite security. The biggest threat to the security of married women in Zimbabwe is domestic violence which, according to the baseline survey by Gender Links and the Ministry of Women Affairs, Gender and Development, is an extensive problem (Mushonga, 2015).

Government continues to strengthen the legal and policy framework to prevent and respond to all forms of domestic violence. In June 2014, the Ministry of Women Affairs, Gender and Community Development launched the National Action Plan against Rape and Sexual Violence (Made, 2015:9).

Zimbabwe has a new policy framework that was ushered in by the promulgation of a new national constitution in May 2013. The Constitution exposes gender balance in governance and leadership positions, and mandates the state to take positive measures to rectify gender discrimination and imbalances resulting from past practices and policies', thus prescribing affirmative action measures. Constitution of Zimbabwe Amendment (No. 20) Act of 2013, chapter 2, section 17 also legislates the rights to security, human dignity and freedom from torture or cruel, inhuman and degrading treatment or punishment.

Domestic violence law provides the criminal rules for punishing those who cause emotional or physical harm to others with whom they share a family or other close relationship. It also deals with the civil protections available to victims of this type of harm. Federal legislation in Zimbabwe has been enacted making domestic violence a crime, most notably the Violence against Women Act (VAWA). However, most domestic violence offenses are prosecuted under state law.

Convictions for domestic violence in all states require that the defendant's conduct and relationship to the victim meet certain standards. The statutory provisions describing these aspects of the crime differ from state to state, but generally, both the conduct and the relationship are defined broadly.

For example, a typical state statute will prohibit any conduct that causes harm to the victim, or poses a threat of harm that puts the victim in immediate, realistic fear for his or her physical safety. Whether the conduct forms the basis for a misdemeanour or felony will depend on the severity of the harm done. As far as the necessary relationship between the defendant and the victim, any past or present family, household, or dating relationship will usually qualify.

In Zimbabwe there have been many initiatives, by both governmental and non-governmental institutions, to raise the status of women and thus in a way to address violence against women, for example, gender-sensitive legislation such as the Legal Age of Majority of 1982. This piece of legislation ensured that anyone who attains the age of eighteen becomes a legal major regardless of gender.

Women, who previously were regarded as perpetual minors, now attain majority status at the age of eighteen, effectively becoming capable of representing themselves in courts of law. In 1995, the Fourth World Conference on Women was held in Beijing China, during which a Platform for Action was set in motion. Its main objective was to seek protection for women and girls facing domestic violence, among other abuses (Mesatywa, 2009:21).

The Government of Zimbabwe enacted the Domestic Violence Act (Chapter 5:16) on the 26th of February 2007, it became operational on the 25th of October 2007 and the Regulations were gazetted on the 20th of June 2008 to protect women against gender-based violence but such violence continues to occur. The Domestic Violence Act spells out the protection and relief of victims of domestic violence and provides for matters connected with or incidental to that.

The Anti-Domestic Violence Council of Zimbabwe established to keep under constant review the problem of domestic violence, to disseminate information and increase awareness of the public on domestic violence issues , promoting research into the problem of domestic violence, promoting provision necessary to deal with all aspects of domestic violence and its effectiveness, monitoring the application and enforcement of this Act, promoting establishment of safe house for sheltering the victims of domestic violence, pending the outcome of court proceedings and anything necessary for the effective

implementation of this Act. (Ministry of Women's Affairs Gender and Community Development, 2015).

The CEDAW Committee urged the Zimbabwe government in 2012 to take the following measures to strengthen the response and support for domestic violence;

- Provide adequate assistance and protection to women victims of violence, by strengthening the capacity of existing shelters and establishing more shelters, especially in rural and remote areas, and enhancing cooperation with NGOs providing shelter and rehabilitation to victims,
- Encourage women to report incidents of domestic and sexual violence, by de-stigmatising victims and raising awareness about the criminal nature of such acts,
- Provide mandatory training for judges and prosecutors on the strict application of legal provisions dealing with violence against women and train police officers on procedures to deal with women victims of violence (Made, 2015:91).

There was also establishment of Victim Friendly Units in police stations for reporting domestic violence. The Zimbabwe Republic Police Victim Friendly Unit (VFU) was established towards the end of 1995 as a pilot project. The VFU is mandated to police violence against women and children, particularly sexual offences and domestic violence. It is staffed by personnel specifically trained to handle vulnerable witness.

Victim Friendly Unit (VFU) investigators are responsible for investigation, arrest of offenders, docket complication and any necessary referrals. During the investigation process the investigators ensure that the reporting environment is conducive, private and friendly and that confidentiality is maintained. Every report of sexual violence or abuse or domestic violence should be treated as apriority crime and should be attended to in accordance with the minimum standard outlined in the Police and Service Charter.

Emergency medical care is to be given and, where necessary. Police will prioritise supporting victims with timely access to medical examination, treatment and access to Post Exposure Prophylaxis (PEP) and Emergency Contraception (EC0 within 72 hours of the incident. A victim may report at any Police Station at any time. No victim may be turned away. Even where a matter is alleged to have occurred in another jurisdiction the receiving officer must deal with the case as if the offence occurred in their jurisdiction for the purposes of opening a docket and ensuring appropriate medical care.

All sexual violence and abuse and domestic violence cases should be investigated by a Victim Friendly Unit Officer and investigations must not be unnecessarily delayed for any reason. The privacy of a victim should be respected by all parties, at all times. Thee Police must take all reasonable steps to ensure that the identity of a victim and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member (or other appropriate adult) present to support a victim throughout their participation in the investigation and subsequent processes.

Throughout the investigation and subsequent process, efforts must be made to promote the safety of the victim and reduce trauma. In cases where a child victim, witness or alleged offender has a disability or is minor, specific measures should be taken to ensure that they are supported to actively participate in the justice process.

Where an alleged perpetrator lives in the same community as a victim, it is preferable for the victim to be supported to remain in their home.

However, the Court may order the perpetrator to find alternative accommodation or bail may be denied. Removal of a victim to a place of safety should be considered a last resort. Where the perpetrator has been granted bail, the Investigating Officer should ensure the safety of the victim. The Investigating Officer should follow a matter through to the finalisation of the trial. Regardless of whether the trial is heard in an ordinary or specialised Victim Friendly Court (VFC) sensitivity should be always maintained.

Where the alleged perpetrator is a child, special measures must be taken by the investigating officer in liaison with the Probation Officer to ensure that the Protocol's guiding principles, including the 'best interest of the victim are applied. The victim's right to privacy, dignity and safety must be respected.

Where a report is received by phone, the officer receiving the call must immediately seek to ascertain where the caller is phoning from whether there is any imminent danger. The officer receiving the call should take all necessary steps to have the scene attended immediately and if necessary, ensure emergency medical services are sent.

The Officer-in-Charge of a station must ensure that scenes of crime are attended to in accordance with the police minimum standards. Where a report is received in person, the front desk must immediately take the victim into a private room for interviewing.

Wherever possible, a VFU Officer should conduct an in-depth interview and explain the procedures and what is expected of the victim during the process. The Officer-in-Charge should take all necessary steps to enable or provide continuity and the IO should see the matter to its finalisation.

Prior to interview, an officer must create rapport with the victim and explain the process and services that the Police can offer. The Investigating Officer should be aware that children have a short attention span; therefore, the interview should be kept short and interesting.

Victims are at times traumatised and are often in a state of shock following an incident of sexual or domestic violence. Children are also often subjected to intimidation in any effort to try to and stop them from disclosing the abuse. So officers need to be sensitive and empathetic. A Police officer of the same sex preferably should interview the child or adult victim.

Victims can change their mind and take break of interview anytime they want.

A victim should be interviewed in the presence of a trusted support person who may be a parent or guardian, provided that person is not a material witness or perpetrator in the case under investigation. However, in some situations, having a parent or guardian as part of the interview may distract or put pressure on the victim. This affects the quality of evidence that is obtained from the victim.

Victims should be interviewed in a private, safe and friendly space. Where a victim appears reluctant, or explicitly refuses to open up, the VFU Officer is responsible for ensuring that the victim is referred to a counsellor, social worker or psychologist. No victim is to be forced, coerced or pressured to give evidence.

It is the responsibility of the VFU Officer to escort the victim for medical examination and to explain to the victim what to expect and the process which will be followed.

Specialized clinics, such as the Family Support Clinics, may be used where available. Where these are not available, cases should be referred to the local Health Centre.

The escorting officer is responsible for ensuring the maintenance of the chain of evidence. Where a Government Health Centres does not offer free medical treatment, the matter should be brought to attention of the VFSC Chairperson who is to immediately contact the Provincial Medical Director.

The Declaration of Elimination of Violence against Women (DEVAW) is firmly rooted in international HR instruments. The right of non-discrimination in DEVAW is provided for specifically in Article 1

which defines discrimination against women as a distinction, exclusion or restriction made based on sex. DEVAW recognizes domestic violence as "a manifestation of the historically unequal power relationship between men and women and it condemns the violence as one of the crucial social mechanisms by which women are forced into subordinate positions compared with men. The declaration includes explicit direction to member countries not to invoke any customs, tradition or religious consideration to avoid their obligation with respect to its elimination"21. The Declaration also provides for specific steps a member state should take to combat domestic violence 22. These steps include investigating and punishing acts of domestic violence, developing comprehensive legal, political, administrative and cultural programmes to prevent violence domestic violence, providing law enforcement mechanisms and promoting research and collecting statistics relating to the prevalence of domestic violence cases.

Victims of domestic violence are protected under both federal and state laws, and may seek relief in civil and criminal court. For example, victims may help law enforcement build a criminal case against their abuser while at the same time filing a civil lawsuit for assault and battery. Federally, the Violence Against Women Act (VAWA) offers additional resources for victims of domestic violence. FindLaw's Domestic Violence Laws sub-section includes state-specific links to domestic violence laws, related information and forms; an overview of the federal Violence Against Women Act; information about criminal stalking; and more.

The Violence Against Women Act of 1994 (VAWA) has provisions designed to improve both victim services and arrest and prosecution of batterer. As described by the National Coalition of Domestic Violence, VAWA created a national domestic violence hotline and allocated substantial funds for many different kinds of initiatives and

programmes, including shelters and other services for battered women, judicial education and training programmes, and programmes to increase outreach to rural women. VAWA not only reauthorized STOP grants, which support programmes designed to improve law enforcement and prosecution response to domestic violence, but also mandated that domestic violence advocates be involved in the planning and implementation of these programmes. VAWA also reauthorized funds for Victim and Witness Counsellors, who work with domestic violence victims in federal prosecutions.

A provision of VAWA that created a federal civil right of action that would have allowed a victim of violence, such as sexual assault or domestic violence; to sue the perpetrator for civil damages resulting from the attack was challenged as unconstitutional under United States law.

The Victims of Trafficking and Violence Prevention Act of 2000 created a new form of relief for victims of domestic violence in the United States. The new law created "U-Visas," which allow immigrants who are victims of certain crimes, including domestic violence, or have information about those crimes, to apply for residency in the United States. A law enforcement official must certify that the individual's assistance is necessary for the investigation.

The Institute for Law and Justice publishes Review of State Laws Relevant to Violence Against Women (Domestic Violence, Sexual Assault, Stalking, and Related Laws), Neal Miller, 1 December 2002. This report contains a survey of U.S. state laws on domestic violence, including laws that affect prosecutor and police policies.

Domestic Violence & Stalking: A Comment on the Model Anti-Stalking Code Proposed by the National Institute of Justice, Nancy K.D. Lemon, December 1994, provides an excellent overview of some of the issues

that should be considered in drafting anti-stalking legislation. Critical to such legislation is that it account for the domestic violence context in evaluating whether the behaviour is threatening, include implied threats in the definition of stalking, and be based on a "reasonable woman" standard, not a "reasonable person" standard in determining whether behaviour was threatening.

Minnesota's Domestic Abuse Act, Section 518B.01 of Minnesota's statutes, creates a civil remedy of an Order for Protection (OFP), designates the procedures that must followed in applying for and granting an OFP, and describes the kind of relief that can be granted. For example, the Act sets forth the circumstances under which an ex parte order may be granted and requires that a hearing be held within ten days after the issuance of such an order.

The Act also describes penalties for violations of both OFPs and No Contact Orders; orders issued against a defendant in criminal proceedings for domestic violence and describes how law enforcement officials should enforce such orders. In addition, the Act includes many provisions that facilitate victims' access to the legal system. For example, the Act waives the filing fees for orders of protection and provides that an individual filing for an OFP may request that his or her address not be disclosed to the public.

Section 609.2242 of Minnesota's statutes criminalizes domestic violence. Under this law, an individual commits the crime of domestic assault by causing another to fear immediate bodily harm or death, or inflicting, or attempting to inflict, such harm. Penalties are increased when the perpetrator has previously committed one or more domestic assaults within a certain period.

Minnesota has also enacted a domestic violence arrest law, Section 629.341 that allows officers to arrest an individual without a warrant if

there is probable cause to believe that the individual has committed domestic abuse, and that requires officers to provide victims of domestic violence with notice of their legal rights.

Section 629.342 of Minnesota's statutes provides that police departments must develop policies and protocols for dealing with domestic violence, and explicitly requires police officers to assist victims in obtaining medical treatment and providing the victim with a notice of his or her legal rights.

New York State's Domestic Violence Prevention Act creates a comprehensive network of services for victims of domestic violence. The Act requires social services districts to offer emergency shelter and other services, including advocacy, counselling and referrals. The Act requires shelters that receive funding under its provisions must to maintain a confidential address and also mandates that other government agencies keep such addresses confidential.

New York State's law on warrantless arrest permits localities to establish mandatory arrest regulations or policies. The state's law on criminal procedures for family offenses directs officers investigating "a family offense" under that provision to "advise the victim of the availability of a shelter or other services in the community" and to "immediately give the victim written notice of the legal rights and remedies available to a victim of a family offense." This law provides an example of the kind of information an officer might give to a victim, and mandates that the notice be prepared in multiple languages if necessary.

New York State also passed a law creating an Office for the Prevention of Domestic Violence. The Office is charged with advising the governor and legislature "on the most effective ways for state government to respond to the problem of domestic violence" and to

"develop and implement policies and programmes designed to assist victims of domestic violence and their families, and to provide education and prevention, training and technical assistance."

California Passes Tough New Domestic Violence Laws, Marie De Santi's, Women's Justice Centre, provides an overview of California's new domestic violence law and discusses the ways in which the law could be further improved. The California Penal Code includes links to Section 836, the state's law on arrest, and sections of Part 4 Title 5 of the Penal Code, governing the law enforcement response to domestic violence.

California's Family Code contains provisions governing protections for victims of domestic violence, including the issuance and enforcement of OFPs (called "protective orders" under the Family Code), and the duties of law enforcement officers.

Chapter 209A of the General Laws of Massachusetts provides for the issuance and enforcement of OFPs, the confidentiality of the victim's address, and the abuser's surrender of weapons. Section 7 of Chapter 209A requires judges to conduct searches of a defendant's record "to determine whether the named defendant has a civil or criminal record involving domestic or other violence," sets forth the warning about penalties for violation of an OFP that must be provided to the batterer, and details the kinds of communications that, when a batterer has been sentenced to a batterers' treatment program, should occur between the program, battered women's shelters, the court, and the probation office for the purpose of ensuring victim safety and batterer accountability. Treatment for substance abuse may be ordered "in addition to, but not in lieu of" batterers' treatment programmes. Finally, this provision requires the defendant to pay the victim restitution for damages in the case of a violation of a restraining order issued by another jurisdiction.

The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) did not specifically address gender-based violence when adopted in 1979. However, General Recommendation No. 19 adopted by the CEDAW Committee in 1992 specified that discrimination against women includes gender-based violence. Gender-based violence is defined in GR19 as "violence directed against a woman because she is a woman or that affects women disproportionately" and "includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." (CEDAW General Recommendation No. 19).

This chapter provided a review of literature. It highlighted the strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. Other sections discussed the roles of community members in the prevention and control of domestic violence and the experiences of married women about domestic violence.

Furthermore, it has addressed and documented literature reviewed by various researchers and scholars. Women who are exposed to domestic violence were found to be at an increased risk of sexually transmitted infections including HIV/AIDS. Rate of disclosure and help seeking behaviour was also found to be minimal. Health systems are also challenged by the effects of domestic violence.

The goal of nursing on this study is the promotion of optimal wellness of the individual through maintenance of system stability. The chapter concludes by illustrating the Betty Neuman's Systems Model, which forms the foundation of this study.

In addition, the chapter has also reviewed literature on domestic violence in Zimbabwe in general and this has been linked to the focus of the present study. Generally, most of the studies and surveys

referred to seem to suggest that women in Zimbabwe do not usually report cases of domestic violence. It also appears that cultural values and lack of appropriate legislation on domestic violence partly explain why most women are reluctant to report cases of domestic violence. The next chapter focuses on methodology of data gathering.

The high prevalence of domestic violence particularly in Sub Saharan Africa has contributed to increased disabilities, psychological, physical, reproductive, unwanted pregnancies, miscarriages, induced abortions and emotional problems. Domestic violence is a hidden burden in Zimbabwe as it is not reported to the police as it is regarded as a taboo. Community members should intervene early to stop domestic violence as it is critical. Progress of violent prevention efforts will depend on the level of public and governmental commitment to making prevention a long-term priority. A national policy of zero tolerance for violence is necessary.

# CHAPTER 3: Study Design and Methodology

Methodology is defined as the discussion about the assumption that underpin different approaches to doing research and their implications for conducting research and developing theory (Barbour, 2014:335). Another scholar views methodology as the science of finding out procedures for scientific investigation (Babbie, 2010:4). The purpose of this chapter was to provide a comprehensive quality description of the research design and the methods used to achieve the purpose and objectives of the study and to answer the research questions. The study collected empirical data to understand the experiences of domestic violence among married women in Zimbabwe.

The selection of participants, data collection and analysis procedures were described. Ethical considerations were outlined because they are critical in this study because of they are highly personal in nature. The chapter also explained the validation of procedures employed.

According to Kumar (2014:95) research design is a plan, structure and strategy of investigation that is meant to obtain answers to research problems. Creswell (2014:19) further says that research design is an inquiry within qualitative method approach that provide specific direction for procedures in a research study. Bless *et al.* (2014:395), found that research design is the set of procedures that guide the study in the process of verifying a particular hypothesis and excluding all other possible hypotheses or explanations. On a different approach Creswell (2012:20) propounded that research design is a specific procedure involved in the research process: data collection, data analysis and report writing.

The study used qualitative research approach as it allows the study to discover the participant's inner experiences and to figure out how meanings are shaped through in a cultural set up. The approach can help the study understand the markers working assumption about what is to be assessed and the meanings of the score or grade. Qualitative research also produces the thick detailed description of participants' feelings, opinions, and experiences and interprets the meaning of their actions (Rahman, 2016:104). On a different note, qualitative approach is employed to achieve deeper insights into issues related to designing, administering and interpreting language assessment. In addition, the approach holistically understands the human experiences in specific settings. Qualitative research has a flexible structure as the design can be constructed and restructured to a greater extent. The participants have sufficient freedom to determine what is consistent for them (Rahman, 2016:104).

In view of the above statement, Marshal & Rossman (2016:90) highlighted that the value of qualitative research or inquiry has risen. Furthermore, qualitative research elicits tacit knowledge and subjective understandings and interpretations. It also searches on little known phenomena or innovative systems, and it searches on real problems of the participants to assist in management of the identified problems (Marshal & Rossman, 2016:91).

Qualitative research is conducted using a range of methods that use qualifying words and descriptions to record and investigate aspects of social reality (Bless *et al.* (2014: 394).

The study used a qualitative approach as it enables the identification and development of procedures and logistical arrangements. These are required to undertake a study and emphasises the importance of

quality in these procedures to ensure their validity, objectivity and accuracy (Kumar, 2011:95).

Hence, the study conceptualised an operational plan to undertake the various procedures and tasks required to complete her study and ensure that these procedures are adequate to obtain valid, objective and accurate answers to the research questions (Kumar, 2011:95).

Qualitative research can be more credible if certain techniques, methods and strategies are employed during the conduct of the inquiry. In addition techniques are seen to reflect reality (Marshal & Rossman, 2011:42). People can define their situations in qualitative research (Marshal & Rossman, 2011:93).

Furthermore, the focus in qualitative research is to understand, explain, explore, discover and clarify situations, feelings, perceptions, attitudes, values, beliefs and experiences of a group of people. The study design is often based on deductive rather than inductive logic. It is flexible in nature, often non–linear and non–sequential in its operationalization. The approach mainly entails the selection of people from whom the information is explored and gathered through an open frame of enquiry. Information gathering methods and processes of the qualitative design are often evolving. (Kumar, 2011:104) .

Qualitative research is best suited to address a research problem, as it relies more on the views of participants. Report writing is flexible, with emerging structures and evaluation of the research findings (Creswell, 2012:16).

This approach has allowed the study to interact with the research participants to investigate the strategies for educating communities within an African context on the prevention and control of domestic violence among married women in Zimbabwe. It entails the

exploration of the experiences of married women on domestic violence.

Qualitative research methodologies have become increasingly important due to flexibility modes of inquiry. This is evident in social sciences and applied fields such as education, regional planning, health sciences, social work, community development and management (Marshal & Rossman, 2016:1). This approach is typically enacted in naturalistic settings and it draws on multiple methods that respect humanity of participants in a study (Marshal & Rossman, 2016:2).

Qualitative research is a means of exploring and understanding the meaning of individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, collecting data in the participant's setting, analysing the data inductively, building from particulars to general themes and making interpretations of the meaning of the data. The final written report has a flexible writing structure (Cresswell, 2011:246).

Phenomenological research is a qualitative strategy in which the study identifies the essence of human experiences about a phenomenon as described by participants in a study and uses the information for further research study (Cresswell, 2014:247).

The qualitative approach focuses on individual lived experiences that seek to explore, describe and analyse the meaning of individual lived experience, "how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk about it" (Marshal & Rossman, 2016:20).

Another dimension raised by Creswell (2014:206) on the focus of qualitative research is on participants' perceptions and experiences,

and the way they make sense of their lives. It also focuses on the process that is occurring and the product or outcome. Idiographic interpretation is utilized that is attention is paid participants and data are interpreted in regard to the participants of a case rather than generalization.

Qualitative research is an emergent design in its negotiated outcomes. Meanings and interpretations are negotiated with human data sources because it is the subjects realities that the study attempts to reconstruct. In qualitative research, the study has a first-hand experience with participants, as he or she can record information as it occurs. The unusual aspects can be noticed during observations. It's also useful when exploring uncomfortable topics for participants (Creswell, 2014:191).

Leedy & Ormorod (2015:269) revealed that qualitative research focuses on phenomenon that is occurring or has previously occurred in natural setting that is, in the real world. The approach also involve in the capturing and studying the complexity of those phenomena.

Qualitative research particularly focuses on studies of human beings and their creations. On a different note qualitative research methods demonstrate an approach to scholarly inquiry. The methods rely on text and image data and have unique steps in data analysis and draw on diverse designing (Creswell, 2014:183).

Bless *et al.* (2014:17) explored that qualitative research design is flexible, seeks to understand the phenomenon under study from the sample and theory emerges as the study continues or as a product of the study.

On a different view by Kumar (2011:104), the main focus of qualitative research is to understand, explain, explore, discover and clarify

situations and feelings. It also explores perceptions, attitudes, values, beliefs and experiences of participants.

According to Creswell (2014:205), qualitative research has numerous unique characteristics that are inherent in the design. Qualitative research occurs in natural settings, where human behaviour and events occur. It is based on assumptions that are theory based. In addition hypotheses are not established as priority. The study is a primary instrument in data collection. The data that emerge from qualitative study are descriptive, that is data are reported in words (primarily the participants' words or pictures rather than in numbers).

The qualitative research tradition relies on the utilization of tacit knowledge (intuitive and felt knowledge) because often the variables of the multiple realities can be appreciated most in this way. Therefore data are not quantified in the traditional sense of the word. Objectivity and truthfulness are critical in qualitative research traditions. Qualitative research seeks believability, based on coherence, insight and instrumental utility and trustworthiness through a process of verification rather than through traditional validity and reliability measures (Creswell, 2014:206).

Creswell (2012:16) found that qualitative research relies more on the views of participants. It is best suited to address a research problem and it establishes the importance of the research problem. In addition there is flexibility of the report writing, emerging structures and evaluation of the research findings in qualitative research.

According to Creswell (2014:185–186), for an individual to understand qualitative research, it's very important for him or her to understand its common characteristics as they define the qualitative approach. The common characteristics were identified as follows:

**Natural setting:** Qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study. They do not bring individuals into a lab (a contrived situation), nor do they typically send out instruments for individuals to complete. This up-close information is gathered by actually talking directly to people and seeing them behaving and acting within their context. This is a major characteristic of qualitative research. In the natural setting, the researchers have face to face interaction, often over time (Creswell, 2014:185).

In this study, focus group discussions were conducted with married women who were experiencing abuse, individual interviews with families of women who were experiencing abuse and were willing to participate in the study. Religious leaders of Chinhoyi local churches who were willing to participate in the study and with traditional leaders from the Chinhoyi traditional courts and were willing to participate in the study were consulted.

**Researcher as key instrument:** Qualitative researchers collect data themselves through examining documents, observing behaviour, or interviewing participants. They may use a protocol, an instrument for collecting data but the researchers are the ones who actually gather the information.

They do not tend to use or rely on questionnaires or instruments developed by other researchers. They develop their own instruments that suit the participants in question (Creswell, 2014: 185). In this study, the questionnaire used was designed by the study based on the research aim, objectives and questions.

**Multiple sources of data:** Qualitative researchers typically gather multiple forms of data, such as interviews, observations, documents,

and audio visual information rather than rely on a single data source. Then the researchers review all of the data, make sense of it, and organise it into themes that cut across all of the data sources (Creswell, 2014:185).

This study made use of focus group discussions, individual interviews, observation and audio recording to collect data and followed all the processes required to reach the categorisation of themes.

**Inductive and deductive data analysis:** Qualitative researchers build their patterns, categories, and themes from the bottom up by organising the data into increasingly more abstract units of information. This inductive process illustrates working back and forth between the themes and the database until the researchers have established a comprehensive set of themes. Then deductively, the researchers look back at their data from the themes to determine if more evidence can support each theme or whether they need to gather additional information. Thus, while the process begins inductively, deductive thinking also plays an important role as the analysis moves forward (Creswell, 2014:186).

For the study to come up with conclusions of the study, themes from bottom to top were built followed by the induction and deduction process.

**Participants' meanings:** In the entire qualitative research process, the study keeps a focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researchers bring to the research or that writers express in the literature (Creswell, 2014:186).The issue is about the participant and nothing else.

The findings of this study were not based on the study but, they were based upon the meaning that participants/study subjects provided the information required.

**Emergent design:** The research process for qualitative researchers is emergent. This means that the initial plan for research cannot be tightly prescribed, and some or all phases of the process may change or shift after the study enters the field and begins to collect data. For example, the questions may change, the forms of data collection may shift, and the individuals studied and the sites visited may be modified (Creswell, 2014:186).

The key idea behind qualitative research is to learn about the problem or issue from participants and to address the research to obtain that information. Qualitative research concentrates on the problem of the participants and how to deal with the problem.

**Reflexivity:** In qualitative research, the inquirers reflect about their role in the study. Their personal background, culture, and experiences hold potential for shaping their interpretations, such as the themes. This aspect of the method is more than merely advancing biases and values in the study, but how the background of the researchers actually shape the direction of the study (Creswell, 2014:186). In this study, the study reflected the impact of the researcher's role, personal background, and culture on the study before, during and after the study to prevent bias.

**Holistic account:** Qualitative researchers try to develop a complex picture of the problem under study. This involves reporting multiple perspectives, identifying many factors involved in a situation, and generally sketching the larger picture that emerges. A visual model of

many facets of a process or a central phenomenon aids in establishing this holistic picture (Creswell, 2014:186).

The research findings and the conclusions were presented in this study portraying the picture of the problem under investigations.
Creswell (2014:205–206) explored the following unique characteristics of qualitative research as follows:

- Qualitative research is based on assumptions.
- The study is the primary instrument in data collection.
- The data that emerge from qualitative research are descriptive that is data are reported in words that is the participants' words.
- The focus of qualitative research is on participants' perceptions, experiences and the way they make sense of their lives.
- Qualitative research focuses on the process that is occurring and the outcome where researchers are integrated in understanding how things occur.
- Idiographic interpretation is utilized that is attention is utilized to particulars of a case rather than generalization.
- Qualitative research is an emergent design in its negative outcomes as meaning and interpretations are negotiated with human data sources.
- The research tradition relies on the utilization of tacit knowledge (intuitive and felt knowledge).
- Objectivity and truthfulness are critical in qualitative research.

Leedy & Ormrod (2015:99) highlighted the process of qualitative research that it is often more holistic and emergent with a specific focus. Design and measurement tools for example observations, interviews and interpretations developing and possibly changing along the way are used.

Leedy & Ormrod (2015:99) went further to state that during data collection; qualitative researchers operate under the assumption that reality is not easily divided into discrete measured variables. Qualitative researchers tend to select a few participants who might best shed light on the phenomenon under investigation.

Qualitative researchers make considerable use of inductive reasoning making many specific observations and draw inference about larger or more general phenomena. Therefore data analysis in qualitative research is more subjective in nature (Leedy & Ormrod, 2015:100).

Qualitative researchers often construct interpretive narratives from the data obtained and try to capture the complexity of a particular phenomenon (Leedy & Ormrod, 2015:100).

Leedy & Ormrod (2015:271) identified the potential advantages of qualitative research as follows:
**Exploration:** Qualitative research can help the study to gain initial insights into what has been studied on a topic or phenomenon.
**Multifaceted description:** Qualitative research can reveal the complex possibility multi-layered nature of certain situations, settings, processes, relationships, systems or people.
**Verification:** Qualitative research can allow the study to test the validity of certain assumptions, claims, theories, or generalizations within real world contexts.
**Theory development:** Qualitative research can enable the study to develop new concepts or theoretical perspectives related to a phenomenon.
**Problem identification:** Qualitative research can help the study to uncover key problems, obstacles that exist within the phenomenon.

**Evaluation:** Qualitative research provides a means through which the study can judge the effectiveness of particular policies, practices or innovations.

Leedy & Ormrod (2015: 271) identified the following limitations of qualitative research:
Qualitative research does not allow the study to identify cause and effect of relationships that is to answer the questions such as what caused what? Or why did such happen? For instance what caused domestic violence among married women? Or why did domestic violence happen among married women?

According to Creswell (2014: 110), the limitations of qualitative research are as follows:

- The concept of qualitative research is immature due to conspicuous lack of theory and previous research.
- The available theory may be inaccurate, inappropriate, and incorrect or biased depending on the research being undertaken.
- There is a need to explore and describe the phenomenon of interest
- According to Creswell (2012:16) qualitative approaches are subjective and biased.

The qualitative research process is more difficult to describe as the steps are generally less linear and it often progresses in a circular fashion (Bless *et al.*, 2013:21).

Research methods refer to the specific practical measures and tools employed to access or generate data through different forms of interaction (Barbour, 2014: 335.)

This section describes the methods that were used by the study to conduct the study. The following were included namely the study setting and period, the recruitment strategy, the population of the study, the study sample, the sampling technique, inclusion criteria and exclusion criteria, data collection process, data analysis, ethical considerations pertaining to the research study and trustworthiness of the study.

The study design required a rural and urban population, for comparison of needs between populations. Chinhoyi district was chosen due to its ease of access to the study.


**Figure 6:** Map of Chinhoyi

At recruitment, the objectives of the study were explained to potential participants and all relevant information about the study read out from the available information sheet. An opportunity for participants to ask questions was provided. Individuals volunteering to participate in the study were requested to sign a consent form. The participant retained a copy of the signed form.

Key informants within the community were recruited, based on their availability, awareness of the domestic violence and other community service activities. Traditional leaders were recruited from the

traditional courts. Family members were recruited from ZRP (Victim Friendly Unit). Religious leaders were recruited from the local church branches. All the three groups served as key informants at the study sites in Chinhoyi District.

Chinhoyi is located on the Western banks of the Manyame River in Makonde District, in Mashonaland West Province in Central Northern Zimbabwe. Chinhoyi is the provincial capital of Mashonaland West Province. The District has a population of over 63,000 of which half of them are in the rural areas.

At recruitment, the objectives of the study were explained to potential participants and all relevant information about the study read out from the available information sheet. An opportunity for participants to ask questions was provided. Individuals volunteering to participate in the study were requested to sign a consent form. The participant retained a copy of the signed form.

Key informants within the community were recruited, based on their availability, awareness of the domestic violence and other community service activities. Families were recruited from the Chinhoyi Central ZRP (Victim Friendly Unit) Traditional leaders were recruited from the Chinhoyi traditional courts. Religious leaders were recruited from the Chinhoyi local church branches. All the three groups served as key informants at the study sites in Chinhoyi District.

Population refers to the complete set of events, people or things to which the research findings are to be applied (Bless *et al.*, 2014:394). On a different view population is a group of individuals who have the same characteristics. The group can be small or large. The study must decide what group he or she would like to study (Creswell, 2012:142). The study population consisted of the following:

- Primary population: married women who have experienced domestic violence.
- Secondary population: families of women who have taken part at the Victim Friendly Unit at ZRP, religious leaders from the local church branches and traditional leaders from the traditional courts.

Sample refers to the group of elements drawn from the population that is considered to be representative of the population and which is studied to acquire some knowledge about the entire population (Bless *et al.*, 2014:395). On another view, a sample is a subgroup of the target population that the study plans to study for generalizing about the target population. The study can select a sample of individuals who are who are not representative of the entire population for instance selecting married women experiencing domestic violence in Chinhoyi district, Zimbabwe (Creswell, 2012:142). On a different view, a sample is a subgroup of the population the study is interested in (Kumar, 2011:156)

The sample comprised married women who were experiencing abuse in the rural and urban settings, families of married women experiencing abuse, religious leaders from the local church branches and traditional leaders from the Chinhoyi traditional courts of Mashonaland West Central Province.

The provincial settings were selected because of their representativeness, in terms of the comprehensive coverage of domestic violence Victim Friendly Unit at ZRP for abused women and geographic accessibility. The sample covered a variety of urban and rural populations, the areas represented two different contexts of domestic violence at the ZRP Victim Friendly Unit in Chinhoyi District

in Zimbabwe, which provide a broader exploration of the needs of women experiencing domestic violence.

Using the identified sampling method, the actual sample is drawn from the general population under study and a detailed description thereof is developed (Bless & Smith, 2014:20). Sampling is the technique by which a sample is drawn from the population (Bless *et al.*, 2014:395). On another view sampling is the process of selecting a few (a sample) from a bigger group that is the sampling population to become the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the bigger group (Kumar, 2011:156).

Barbour (2014:336) revealed that purposive sampling involves the study in utilizing prior knowledge of existing research and the research setting to guide selection of research participants. The purpose of purposive sampling is to maximise diversity in the sample and to facilitate comparison between accounts or perceptions of the individuals or constituencies being studied. In purposive sampling people are chosen as the name applies, for a particular purpose. For instance, the study chose people who she has decided are "typical" for a group or those who represent diverse perspectives on certain issue. Purposive sampling may be very appropriate for certain research problems and the reason for a particular sample (Leedy & Ormrod, 2015:183). On a different note, purposive sampling is whereby the researchers select individuals who will best help them understand the research problem and the research questions (Cresswell, 2014:247).

According to Kumar (2011:188) the primary consideration in purposive sampling is the study's judgement as to who can provide the best information to achieve the objectives of the study. The study goes to

those participants who in his or her own opinion are likely to have the required information and be willing to share that information.

**Table 4:** Sampling

| Phase | Sample | Data collection methods | Sampling technique | Inclusion criteria | Number of Participants |
|---|---|---|---|---|---|
| Phase 1 | Married women | Focus groups | Purposive and inclusive | Married women who have experienced domestic violence and attended or have attended Chinhoyi ZRP Victim Friendly Unit and were willing to participate in the study. | 7 focus groups. Total number of participants was 50. |
| Phase 2<br>2.1 | Families | Individual interviews | Purposive | Families of women who have taken part in phase 1 and were willing to participate in the study. | 15 family members |
| 2.2 | Religious leaders | Individual interviews | Purposive | Church leaders from the local Chinhoyi church branches who were willing to participate in the study. | 25 religious leaders |
| 2.3 | Traditional leaders | Individual interviews | Purposive | Traditional leaders from the Chinhoyi traditional courts who were willing to participate in the study. | 25 traditional leaders |
| 2.4 Development of teaching strategies | Results of phase 1 and 2 | | Purposive sampling | Model development experts | |

A study required a sample (a proportion or subset of a target population) that represented the whole world population in the locality under study and one that could result in the generalisation of findings and conclusions to similar settings and populations. The study used purposive selection of participants in Chinhoyi District. In

addition purposive sampling is extremely useful when the study wants to construct a historical reality, describe a phenomenon or develop something about which only a little is known (Kumar, 2011:188). Purposive sampling was mainly utilized in this study due to its strength in recruiting cases with required information.

There was need to decide the number and characteristics of respondents who participated in the study. The study required a sample (a proportion or subset of a target population) that was a representative of the whole population in the locality under study, and one that can result in the generalisation of findings and conclusions to similar settings and populations. Participants were included in the study according to their knowledge and experiences needed in the study to answer research questions.

According to Garg (2016:1) the Inclusion criteria identify the study population in a consistent, reliable, uniform and objective manner. For this particular study the inclusion criteria assisted the study to identify the required sample in a consistent, reliable, uniform and objective manner. The inclusion criteria for this study were as follows:

- To be a married woman aged between 19 and 49 experiencing domestic violence.
- To live in Chinhoyi under Makonde District.
- To be able to communicate fluently in English and Shona.
- Willing to participate in the study.

The exclusion criteria include factors or characteristics that make the recruited population ineligible for the study Garg (2016:1). Married women experiencing domestic violence were excluded from the study if they were:

- Younger than 19 years old and older than 50 years old.
- Not willing to participate in the study.
- Not living in Chinhoyi under Makonde District.

- Not able to communicate fluently in English and Shona.

Data collection process is referred as a plan of how to collect data using specific method. In addition, data collection process depends on the methods of collecting data and not on the context (Meyer, 2015:4). Data collection methods depend on kinds of evaluations and on kinds of information needs (Meyer, 2015:5). Data collection methods depend on analytical purposes and not on the kind of research or evaluation (Meyer, 2015:6).

The study developed the interview guide comprised the main questions and the probing questions. Data were collected by means of semi-structured questions (in-depth interviews). The interview guide was based on the main purpose of the study, the objectives of the study and the research questions.

To balance reliability and validity, structured questionnaires were designed to measure variables and different questioning techniques to overcome some of the challenges of lack of reliability and validity of both the tool and the findings. Analysis will be appropriate for the larger sample (Bless *et al.*, 2014:394). Moreso, we do not talk of validity & reliability in qualitative research. We use trustworthiness or rigour (Lincoln & Guba, 1985).

There was need for respect of privacy and anonymity during the study. Individual interviews were conducted in a private quite room at a place arranged and agreed upon by the study and participants. Focus group discussions were conducted in a private setting ensuring that whatever was discussed there was between the study and participants only. Recordings and transcripts were kept secure in a locked box and was not accessible to any other person apart from the study.

The tools and methods for data gathering were developed for the qualitative data. For the qualitative methods, question guides and focus group discussions were used. The semi - structured questionnaire comprised open - ended questions and closed ended questions. The categories were generated from the literature review of this study and from the study's knowledge of some of the indicators for measuring quality health care in the delivery of the married women who have experienced domestic violence. Open-ended questions enabled the respondent to provide their own responses and also to expand on responses in the categorised sections.

The individual and focus group discussions were conducted at the Police station Victim Friendly Unit. The focus group discussions were conducted in a suitable venue that was safe, private and comfortable and at a time convenient for the study and the participants respectively follow up sessions were arranged as deemed necessary until data saturation was achieved.

According to (Kumar, 2011:124) focus groups are a form of strategy in qualitative research in which attitudes, opinions or perceptions towards an issue, product, service or programme are explored through a free and open discussion between members of a group and the study.

The study was conducted in Chinhoyi urban and rural settings under Mashonaland West Province. Only those married women aged 19–49 years experiencing domestic violence who met in the inclusion criteria highlighted took part in the study. Data were gathered by means of semi–structured interviews (in-depth interviews) using an interview guide followed by clarification or probing questions depending on the participants' responses. Data collection went on for six months and the interviews were conducted on mutual agreement from both the study and the participants.

Before discussing the semi–structured interview, it is vital to describe an interview to enhance the importance and appropriateness of choosing the semi–structured interview.

In qualitative interview, the study conducts face to face interviews with participants, telephone interviews or engages in focus group interviews with 6-8 in each group. (Creswell, 2014:190). Qualitative interviews means that the study conducts face to face interviews with participants, interviews by telephone, on the internet, or engages in focus group interviews with 6–8 interviews in each group. These interviews involve unstructured and generally open-ended questions that are few in number and intended to elicit views and opinions from the participants (Cresswell, 2014:246).

There are many ethical issues to consider in relation to the participants of the research activity (Kumar, 2011:219). Leedy & Ormrod (2015:121) suggest that researchers should not expose participants to unnecessary physical or psychological harm. Hence, researchers must be particularly sensitive to and thoughtful about potential harm they might cause to participants.

This principle requires that social science research should be conducted in such a way that it minimises harm or risk to social groups or individuals (Silverman, 2010:156).

The study ensured that all participants were safe and free from all harmful objects. Therefore, all participants were treated in a courteous and respectful manner in a conducive environment.

The principle of respect for human dignity includes the right to self - determination and the right to full closure. The right to self-determination was followed by providing the participants with the right to refuse to participation in the study, the right to discontinue the

study if they would feel uncomfortable, the right not to answer specific questions if they would not want to disclose their information and the right for clarification if they were not sure about any aspect.

There is need for respect for human dignity; the participants have the right to self-determination that is they have the right to decide voluntarily to participate in the study, to withdraw at any time, to ask questions or to withhold information. Therefore, participants were made aware of these rights by means of an information letter prior to the study. Respect to the scientific community should be considered that is scientific integrity.

In addition, participants have the right to full disclosure that is the study to make known to the potential participants the full nature of the study Creswell (2014:92-101). Therefore, all participants were treated with respect and courteous manner.

There is also need for justice, that is fair selection of the study population in general and participants in particular should solely be based on research requirements. Due to the nature of the study, selection was purposive or voluntary. There should be fair treatment of people who decline to participate. Sensitivity and respect for the beliefs, habits, and lifestyles of people from different backgrounds and cultures. It was made clear that participation is voluntary. The study was sensitive to the diversity of the participants Creswell (2014: 92 - 101).

There is need for competence, accuracy and honesty by the study. The study ensured fair treatment of people who declined to participate in the study without any penalty, discrimination or loss of benefits which they would be entitled to. The study also avoided plagiarism by acknowledging sources through proper referencing, ensuring that

research process is followed according to academic and scientific standards and pledge to report findings accurately and truthfully.

Any participation in a study should be strictly voluntary. Research with human beings requires informed consent. In addition an informed consent form should describe the nature of the research project and the nature of one's participation in it (Leedy & Ormrod, 2015:121).

Kumar (2011:220) proposes that in every discipline it is considered unethical to collect information without the knowledge of participants, and their expressed willingness and informed consent. Informed consent implies that subjects are made adequately aware of the type of information the study want to know, the reason for seeking the information, the purpose of the study, how participants are expected to participate in the study, and how the study will directly or indirectly affect them.

Participants should be competent to give consent, participants must be competent to give consent, sufficient information must be provided to allow reasoned decision and consent must be voluntary (Kumar, 2011:220).

Research participants must participate in a voluntary way free from any coercion. Participants must be informed of their right to refuse to participate or withdraw from participation if they wish to do so. Consent must be freely given to be valid (Silverman, 2010:155).

To ensure autonomy in this study the purpose of the study and procedure for data collection was developed. This was done to ensure consistency in information provided and freedom of choice to participate to all potential participants. According to Silverman

(2010:155), research staff and subjects must be informed about the purpose, methods and intended possible uses of the research.

The study informed the prospective participants about the research so that they could make informed decisions on their possible involvement. Careful explanations were provided to the abused married women about their right to refuse to participate in the study and their participation or refusal would not influence the care provided to them in any way whatsoever. An opportunity was provided for each participant to ask questions and to air her feelings.

Each participant received some information about domestic violence during the interview which might have enhanced participants to make better informed decisions in future. The information provided was in written form and signed by the research participants/subjects.

The study made it clear to the participants that participation in the study was completely voluntary and that participants may withdraw from the study at any given time without any discrimination or loss of benefits which they will be entitled to. Only those who were competent and capable of signing their consent forms were included in the study.

Consent was obtained for conducting the study from:

Department in Health Studies at UNISA.
Medical Research Council of Zimbabwe
Chinhoyi District Administrator
Zimbabwe Republic Police Makonde District

Each participant was fully informed about the nature of the research study and requested to participate. No remuneration was paid to participants and no participant experienced an ill effect for refusing to

participate in the study. Each participant who agreed to participate was asked to sign an informed consent.

Most participants were English speaking; therefore, most consent forms were available in English and few in Shona. The signed consent forms were kept separately from the completed structured interview guides to maintain confidentiality. Each participant was reassured in this regard.

Maintaining confidentiality involves providing research participants with an assurance that their comments and details they have shared with the study will not be revealed to anyone else, including other research participants unless these are anonymised (Barbour, 2014:332). According to Kumar (2011:221), sharing information about a respondent with others for purposes other than research is unethical. The study needs to identify his or her population to put his or her findings into context. The information provided by respondents must be kept anonymous. Confidentiality of information supplied by the research subjects must be respected unless participants concerted to their disclosure (Silverman, 2010:155).

Therefore there is need to ensure that after the information has been collected, its source should not be identified. The study ensured that the information collected should not been accessed by other people as it is unethical to be negligent by not maintaining confidentiality.

Hence separating documents such as consent forms with participants' names from the completed questionnaire is one way of ensuring confidentiality as was practised in this study. No names were used instead code numbers were used to maintain confidentiality. The data collected was stored in a locked box and was not accessible to any other person apart from the study.

Any research involving human beings must respect participant's privacy. That is the individual performance must be kept strictly confidential (Leedy & Ormroid, 2015: 123). Privacy and comfort was maintained during the interviews by carrying out interviews in a private quiet room.

Data which were collected during the evaluation were verified for completeness and accuracy during the field work and during the data cleaning exercise after the completion of field work. Data which was collected through the structured questionnaire.

A codebook was developed to enter themes such as domestic violence experiences, contributing factors to domestic violence and prevention strategies on domestic violence and the categories for the management of the coding system, using latent and 'manifest codes.' 'Manifest codes' are terms that recur within the data collected, whereas 'latent codes' are those themes that are implied in the text and are identified by the study (David *et al.*, 2007:204) The code book listed all the codes that were generated and applied to the data for establishing of patterns and themes. The quantitative questions were pre – coded before data collection and analysis.

As part of data analysis, comparisons were made to search for patterns, themes and trends between the various groups which were sampled from various settings.

For qualitative data (FGD) specific data template was developed for the purpose of entry and analysis in NVIvo. Data were synthesized and analysed by thematic areas. NVIvo analysed detailed textual and or multimedia data. The software removed tasks, such as classifying, sorting and arranging information. The NVIvo analysed tools or software which helped to clarify understanding of study data, discovers meaning and patterns, and identified themes to arrive at

answers to the research questions and devised conclusions about the research findings. Qualitative data were presented using thematic formats.

Data collection tools for the qualitative method were pre-tested to establish consistency, validity and reliability, and to guide appropriate adjustments of the tools.

Following the pilot study, the tools were revised in the light of experiences from the pre-testing and finalised for use in the field. Standardisation of practice, process and approach were also established before fieldwork procedures. At the end of each field day, the study reviewed the data collected to rule out anomalies and correct them at the earliest possible date. Questionnaires were checked for accuracy, completeness and consistency during these review sessions. Potential challenges were identified during pilot testing to ensure a clear and realistic data collection process.

According to Bless *et al.* (2013: 236) credibility corresponds to the concept of internal validity, since it seeks to convince that the findings depict the truth of the reality under study. On another approach, credibility involves establishing that the results of qualitative research are credible or believable from the perspective of the participants in the research. As qualitative research studies explore the perceptions, experiences, feelings and beliefs of people, it is believed that the respondents are the best to determine whether or not research findings have been able to reflect their opinions and feelings accurately (Kumar, 2011:172).

Hence, this is a classic example of 'quality not quantity'. It depends more on the richness of the information gathered, rather than the amount of data gathered. The study spent extended periods of time at the centre so that she could understand the process at the centre and

get to know participants. The study used individual interviews, involving the respondents thereby creating a good rapport. Focus group discussions and participant observation were also used. Questions used were non–threatening, allowing enough time to collect comprehensive quality data.

The conversations were audio recorded using a quality recorder. Data collected was checked with participants to ensure accuracy. The study ensured that there was accurate analysis of data to ensure accurate report findings. Records for all interviewed subjects were reviewed to back up the findings regarding their experiences on domestic violence and how they were getting support within the African context.

Transferability can be compared to external validity since it refers to the extent to which results apply to other similar situations (Bless *et al.*, 2014:237). According to Kumar (2011:172) transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. This section is defined by the readers of the research as they note the specific details of the research situation and methods and compares them to a similar situation that they are more familiar with.

The data collected comprised comprehensive information as participants narrated their experiences of domestic violence. In addition, the findings, interpretations and conclusions were supported by data obtained from participants. The study purposively chose participants who have experienced domestic violence and those who experienced it through trying to bring peace to the married women. The study collected data until there was no more new information gained through individual structured interviews, focus groups and observations.

Dependability demands that the study thoroughly describes and precisely follows a clear and thoughtful research strategy showing that each step has been completed (Bless *et al.*, 2014:237). Dependability ensures that the research findings would obtain the same results that are they are consistent and could be repeated (Kumar, 2014:172). This is measured by the standard of which the research is conducted, analysed and presented. The study remained focused to the research problem, study objectives and purpose. Copies of tapes, transcripts and reports were kept in the study's private locker.

Confirmability requires that other researchers or observers be able to obtain similar findings by following a similar research process in a similar context (Bless *et al.*, 2014:237). On another approach according Kumar (2011:172) conformability refers to the degree to which the results could be confirmed or corroborated by others. Conformability questions how the research findings are supported by the data collected. An external researcher can judge whether the study combined different data collection methods such as observational interviews, tape recordings and focus group discussions. A variety of tools were developed and used to collect data and information from the different sources mentioned above.

Internal validity is the extent to which a particular research design excludes all alternate explanations for the research findings, or whether the independent variable is really the cause of the variation of the dependent variable (Bless *et al.*, 2014:392).

External validity is a measure of the extent to which research findings can be generalised to a broader population (Bless *et al.*, 2014: 391). Furthermore external validity refers to the extent to which research findings apply to situations beyond the study itself (Leedy & Omrod, 2015:105). The conclusion drawn can be generalized to other contexts.

This chapter provided a description of the study design and methods which were used to achieve the study purpose and respond to research questions which were put forward. Qualitative data were generated through structured interviews and focus groups, with married women who have experienced domestic violence and were willing to participate, family members of the abused women who were willing to participate, religious leaders of Chinhoyi local church branches who were willing to participate and traditional leaders from the Chinhoyi local traditional courts and were willing to participate. The observation method and documentary analysis were used.

# CHAPTER 4: Evidence from Chinhoyi

This chapter presents the analysis of data and findings from the research study. Qualitative data were generated from married women aged between 19–49 years who have experienced domestic violence. This data were collected using focus group discussions from in-depth interviews with family members, traditional leaders and religious leaders. The chapter begins with the description of the analytic process which includes data cleaning, coding, organisation and reduction. Research findings are presented in thematic areas or categories in the form of figures and direct quotes that capture the essence of how the research participants view domestic violence. In the presentation, the study takes note of the assumptions that cultural practices and religious practices contribute to domestic violence among married women in Zimbabwe and women are ignorant of their rights.

The purpose of the study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. The results were reported in relation to the research questions which were as follows:

1. What are the roles of the community in the prevention and control of domestic violence?
2. What are the experiences of married women about domestic violence?
3. What are the strategies for educating community members on the prevention and control of domestic violence?

The study used Betty Neuman's Systems Model which has been used widely in nursing practice because it assists the study in getting the intended results. The Model views the client as an open system that responds to stressors in the environment. Physiological, psychological, socio-cultural, spiritual, and developmental are client variables that are

protected by lines of resistance with an individual. When stressors break through the lines of defence, disintegration occurs in the form of illness, pain or disengagement (Fitzpatrick, 2010:13). Betty Neuman's Systems Model provides unifying focus for approaching a wide range of nursing concerns. It's a comprehensive guide for nursing practice, research, education and administration. This guide is open to creative implementation, clarifying the relationships of variables in nursing care and role definitions at various levels of nursing practice (Current Nursing, 2012). The Model focused on the response of the client system to actual or potential environmental stressors. It also focuses on the variables which can affect the client's response to stressors on the primary, secondary and tertiary levels of prevention.

According to Creswell (2009:183) qualitative data analysis is a process that involves making sense out of text and image. This data further involves preparing the data for analysis, conducting different analyses, moving deeper into an understanding of data. Creswell further describes the analysis as involving multiple layers of analysis, as shown in the figure below:

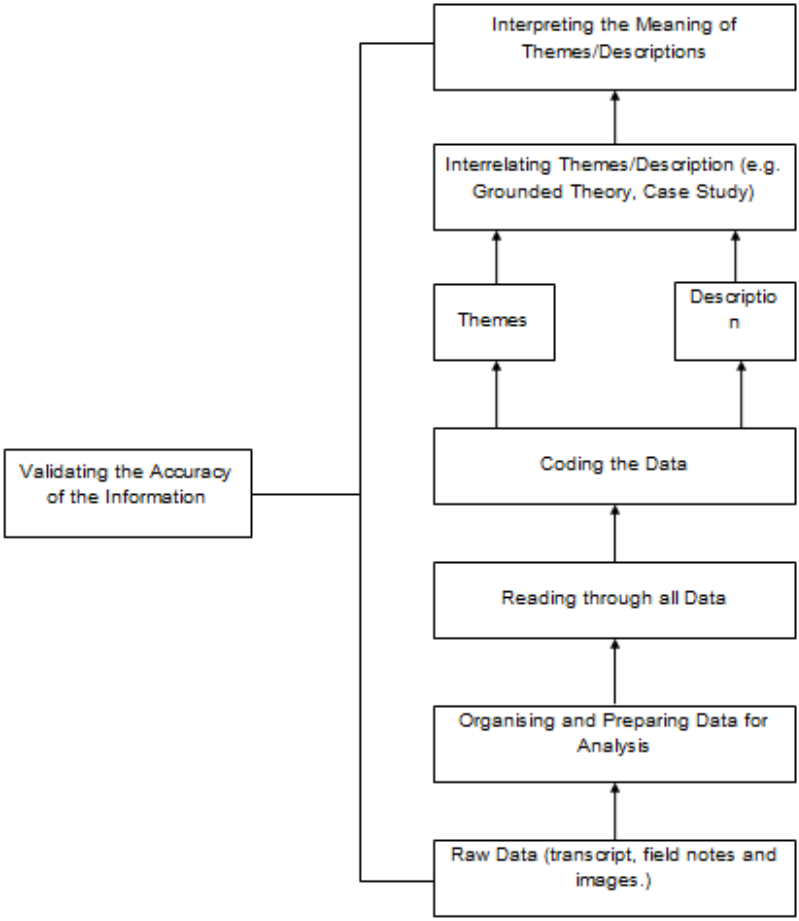


**Figure 1:** Data Analysis in Qualitative Research adopted from Creswell (2009:185)

The approach to data analysis presented above should not be assumed to linear, as is shown in the diagram. The different levels are interrelated in practice and can occur simultaneously or interchangeably. This was evident during data analysis for this study.

The individual's interviews and the focus group discussions for this study were analysed using Nvivo software package. This package assists when presenting results in thematic forms. According to Babbie (2010: 412) Nvivo allows for the simultaneous organisation and analysis of content from several interviews. Nvivo creates a platform for deep analysis of data using powerful search, query and visualization tools. Subtle connections assist the study to justify findings which can be made and the study can gain more insight and ideas during the data entry process.

Qualitative data were used in this study, data editing and analysis of content to prepare data coding. Babbie (2011:333&338), defined content analysis as the study of recorded human communication and coding being the transformation of raw material into a standardised form which is suitable for computer analysis. Qualitative data goes through a process of content analysis, whereby themes or concepts are derived and codes can be assigned to the themes. The frequency of the codes can then be counted and participants' responses are incorporated into the reports quotes to support or negate the findings.

Findings from this study are presented according to the participants of the study. The socio-demographic presentation of the married women will be presented.

The demographic data collected and analysed from the structured questionnaires is presented in this section. This will include age, educational background, and occupation, total income per month, residential background and religious background. This information provides an understanding of the context in which participants experience domestic violence. The women surveyed in this research provided an intersecting kaleidoscope of social backgrounds, which defy specific patterns. The social demographic data presented below crucially highlights how all women regardless of age, education,

religion, occupation and place of residence experience domestic violence. These demographic characteristics also highlight how women across different cultures narrate similar experiences and impacts of domestic violence, which are psychological and highly personal.

There were fifty (50) married women who made part of the study. There were 13 participants whose age ranged from 31-35 years. Women who were within the economically productive age group of between 31 to 46 years old were 37 and thus making most of married women who participated in the study. This is important in that it highlights that women who are economically productive are also victims of domestic violence. As the study discusses the strategies to combat domestic violence, it is important to note that age is not a determinant of being a victim of domestic violence as it affects across the ages.

Most of the participants (n=26) had a university degree. This shows that most women in Zimbabwe have higher education qualifications. This clearly shows that education however does not immunize one from domestic violence. Only one participant of the married women had no formal education, which shows that lack of education is not an important determinant. Strategies geared towards improving women's education to reduce domestic violence are thus limited in their impact. On a different view, WHO (2012) found out that women with at least a secondary education within marriage, have a wider range of choices in partners and are more able to choose whether and when to get married. Such capacities have often been associated with lower levels of violence in the home (Kimani, 2012:21).

According to McCloskey *et al.* (2014:5) women with less education are more prone to abuse than educated peers at a ratio of 1:7. Lower educational attainment among partners predicts domestic violence (Madhivanon *et al.,* 2014:170).

Government programmes and most gender related literature have long viewed economic empowerment as a panacea for domestic violence. The findings in this study are however highlighting the need for a more holistic socio-cultural and legal system that goes beyond economic empowerment. Educated, skilled and professional women are not immune to various forms of abuse. At times this can lead to violence as one woman noted in the focus group discussions;

> "You get beaten up if you want to show you are more educated or earn more money because men are insecure."

According to the Zimbabwe Demographic and Health Survey (2012:22), the education background of household members is among the most important characteristics of the household, because it is associated with many factors that have a significant impact on health seeking behaviour, reproductive behaviour, use of contraception and the health of children.

A significant number (n =22) of the participants' spouses are self-employed. This can be related to the current economic situation in Zimbabwe where the vast majority of people are involved in the informal sector. Incomes in the informal sector depend on the nature, size and seasonality of the activities. This means that most of spouses are experiencing economic difficulties which lead men to be emasculated, as wives take more and more household head roles. A significant number (n =15) are professionals, whom the participants indicated that even their professional spouses are highly abusive despite their status.

The results show that (n=15) of the participants has a total monthly income that is between $1000-$2000. A significant number (n =20) of the participants earned below $500. The Total Consumption Poverty Line (TCPL) for an average of five persons per household stood at $481.00 in 2016. This means that number (n =20) of the households participants are living below the poverty datum line. They are in many

ways eking out a living which brings with it multiple stressors especially for married couples who are constantly fighting over providing for their families. Some strategies to end domestic violence may require increasing incomes of families thereby providing better employment opportunities, a situation that the current government is working towards. This is because better jobs will mean better salaries and hence reduce the financial conflicts in the home resulting in reduced domestic violence.

It was also important to understand the residential status of the participants. Domestic violence is mostly visible in high-density areas where the housing stands are smaller and houses are clustered. Neighbours and community are thus quicker to notice violence in such areas. This may however give the impression that domestic violence is more prevalent among the poor who inhabit in these high-density areas while in fact it might not be necessarily true. The results show that (n =22) of the married women participants were residents in high-density areas. This also shows the ease of accessing research participants in high-density areas as compared to low-density areas. Participants from low density areas are generally secretive due to their closed up high walled and gated houses but this does not immunise them from domestic violence.

Most of the married women (n=30) participants own the house they live in. Ownership of houses is also important because those who rent tend to move frequently which affects follow up programmes or services. The results also show that (n=19) of the married women participants are however still renting though it's not clear whether they are the only inhabitants of the homes. Living with a landlord or other tenants means that any form of domestic violence affects other families. In the focus group discussions one participant noted that;

> "Domestic violence disturbs those living near you. People now must explain to their children why a grown up man is fighting with his wife."

Most of the married women (n=41) participants live with immediate family. This means that it is mainly children who witness and suffer the effects of domestic violence. Some strategies to combat violence include involving the extended family in finding solutions but from the focus group discussions and it was also noted that the extended family could also be a factor in causing domestic violence.

The final question focusing on social demographic information related to religion. Results show that the participants belong to a varied number of Christian churches (for example Seventh Day Adventists (n=7) and Pentecostal (for example Apostolic Faith Mission (n=14). Studies have shown how religious ideologies have been used to justify abuse of women and children.

Domestic violence arises from religious practices that subordinate women Zimbabwe Women Lawyers Association (ZWALA, 2011:1). Chireshe *et al.* (2009) found that many abuses in Zimbabwe are perpetuated and justified in the name of religion.

The findings from the 15 family members indicated that the most prevalent form of abuse is physical, followed by verbal, emotional, economic, and lastly sexual abuse.

According to (n=14) family members of the abused married women, most married women experience physical abuse. In addition (n=9) of the family members indicated that married women experience verbal abuse. Family members (n=8) further highlighted that married women experience emotional abuse. According to (n=5) family members of the abused women some married women experienced economic abuse and other (n=3) family members of the abused women stated that married women experience sexual abuse. Family members also identified the existence of spiritual abuse which participants referred to the denial of accessing one's preferred religious group.

The family members further explained that;

> "…some men have tendencies of refusing their wives access to churches by claiming that pastors or prophets sleep with people's wives''.

The Constitution of Zimbabwe guarantees the right for free religious worship yet within marriages some women do not have this right. According to the study's experience, a married woman should join the church of her husband and if the husband does not attend church then the she should join church of the mother-in-law.

The above findings concur with the previous findings from Made (2015:9), who revealed that women in Zimbabwe continue to suffer high levels of physical and sexual violence. According to Gender Equity (2013:1), 80% of married women were physically abused in Sub–Saharan Africa and South Asia. In addition WHO (2012:1), found that common forms of domestic violence against married women includes physical, sexual and emotional abuse by the husband. Rahman *et al.* (2011:1) also found that the world today is full of domestic violence which comes in many forms including physical, sexual, emotional and economic abuse. The above findings also are supported by Spreahman *et al.* (2013:5) who found that common forms of domestic violence among married women include physical, sexual, economic and spiritual abuse.

The study discovered that there are many reports of domestic violence from the church leaders. Some participants outlined that there were fifteen to twenty cases of domestic violence per month. One of the church leaders from Seventh Day Adventist (SDA) noted that in his area, which is a farming area, the rate of cases is seasonal. He noted that there is a dramatic increase in cases when tobacco-selling season starts because most fights emerge over the control and use of proceeds from tobacco sales. Men tend to be abusive in multiple ways to avoid planning on how to utilise the money with their wives.

Another leader from the same church noted that in his area the cases are prevalent because of shortage of cash and the general economic hardships and due to the use of drugs, especially alcohol by one of the partners especially men. A leader from the Roman Catholic Church also blamed the economic hardships for the increase in domestic violence. The argument here is that economic hardships are emasculating men who are unable to assert their authority as fathers and households through providing for their families. When men fail to assert their manhood through providing they turn to violence.

A leader from an apostolic church has a different experience in his area where there are virtually no reports of domestic violence. In his estimation, this is because within the church and community most types of domestic violence are being done secretly and victims are not reporting such cases. Another leader from the Salvation Army echoed these sentiments highlighting the difficulties involved in discussing domestic violence that means that most cases go unnoticed and unreported.

It is thus imperative for any strategy to combat domestic violence to involve the promotion of reporting and education on rights that victims have. In many instances the reported cases are only those that become violent thus public. With many forms of abuse, which are hidden such as psychological, spiritual, social and economic, abuse can occur for years without anyone knowing what is happening. For another church leader the emerging pattern in his area is that many reports are coming from young couples. This maybe because of numerous reasons related to the increased knowledge of rights by younger women or the culture of silence that older women grew up being taught from a young age.

From the interviews with traditional leaders it is clear that there is a high prevalence of domestic violence cases at the traditional courts. In

rural areas, the traditional court is often readily available as a remedy for victims of violence. The research focused on apex (*madzimambo*/chiefs) traditional leaders and also lower-level leaders (*Sabhuku*/kraal head). It is also important to note that there are counsellors who represent traditional leaders in urban areas. In the interviews the leaders noted that cases of domestic violence range from two to twelve per month. This shows that domestic violence remains a systemic problem in Zimbabwe. One of the traditional leaders noted that:

- Domestic violence cases still persist among married women in his area. The cases cut across the newly married and those who have been married for a long time.

This shows traditionally it is not permitted to abuse your wife yet cultural practices and norms remain the biggest factor raised by the women in the survey. This needs to be interrogated further mainly because traditional leaders remain adamant that it is other factors such as drug abuse, poverty and women's lack of reporting because they fear losing their marriages. Another leader noted that women's ignorance about their rights is directly linked low literacy in his area. One other factor identified is the emerging cases of small houses (semi-permanent girlfriends who are second wives in all but name and ceremony). Men with small houses tend to be violent to stop their wives from confronting them about having a girlfriend. There was however some leaders who did not shy away from critiquing culture as a driver of domestic violence.

Some of their responses are outlined below;

> "Men foolishly treat women as second-class citizens".
>
> "Cultural beliefs are strongly linked to domestic violence. It is common practice that you beat your wife for neglecting the children, burning food when cooking and lack of knowledge on their rights".
>
> "Culture allows the moderate beating of a wife as a way of disciplining her".

There are cultural sanctions for husbands to beat their wives in certain circumstances. The ideologies base their discussions on a particular constructing of sexual identity. Masculine construction requires manhood to be equated with the ability to exert power over others hence infringing on their rights especially through use of force. Masculinity is exposed, gives man power to control the lives of those around him especially women. Custom, tradition and habitually invoked to rationalize the use of violence against women.

According to most of participants during discussions because of unequal power dynamics, women have been placed into a subordinate position, where the male sex is dominant over the female sex. In turn this deprives women from realising their full potential and opportunities for personal development.

Participants indicated that they are assisted by village committee members to assess the problems of both parties to identify the route problems of domestic violence at the traditional court.

Both parties are counselled, whereby elderly men counsel the husband and elderly women counsel the wife to aid reconciliation. The perpetrator is charged when necessary through paying a fine in terms of money or a goat depending on the severity of the matter.

Serious matters are referred to the police for counselling and charges and to the hospital for treatment and further counselling. All participants advocated for awareness campaigns against domestic violence in the community.
Domestic violence occurs in the family ranging from one to three times especially around month end according to 14 participants from the family members. This shows that domestic violence is very high within the family system.

Findings from this study revealed that victims of domestic violence usually turn to their family members when involved in domestic violence for family support. Out of 15 participants of the family members (n=5) married women experiencing domestic violence turned to their sisters in-law (n=3) turned to their brothers in law (n=2) turned to their mothers in law and (n=2) turned to their sisters (n=1) turned to the cousin sister (n=1) turned to the daughter and ((n=1) turned to the grandfather for family guidance and counselling.

Why married women become victims of domestic violence

According to Zimbabwe Women's Lawyers Association (ZWALA) (2011:1), domestic violence arises from social cultural and religious practices that subordinate women. In addition, domestic violence is facilitated by patriarchal (male controlled) social hierarchies, acceptance of violence as a mode of social interaction and political interface. In addition, cultural and traditional practices have perpetuated the subservient position of women making them more vulnerable. All African men benefit from the patriarchal dividend where men gain from the overall subordination of women (Connell, 1995:79).

The study results highlight the reasons why women become victims of domestic violence. Findings revealed that (n=20) of the 50 participants indicated that cultural beliefs are major drivers of domestic violence. This is compounded (n=13) who highlighted the ignorance of rights and laws protecting people (especially women) from domestic violence.

Some participants highlighted the following reasons;

> "The traditional consideration of women as second-class citizen predisposes women to domestic violence"
>
> "The issue of lobola is central, so the husband feels that he possesses the wife thus the traditional influence to domestic violence". Thus, suggest that

if a man traditionally had to pay lobola (marrying) they attributed a greater value to women.

"Abusers have a belief that abuse whether physical or verbal is acceptable".

"Imbalances between married couples for example married women who are most dependent on spouses for economic well-being".

"Due to lack of respect, some couples and their families follow the culture which underlines the submission of women to their husbands".

"Women are weaker than men, lack of empowerment, timid, do not have voices in their homes and usually women are not bread winners".

"Traditionally women are regarded as under their husbands therefore men take advantage of women".

Therefore, many abuses in Zimbabwe are perpetrated due to gender inequality, social norms, poverty or low social and economic status of women. They are regarded as weak legal sanctions within marriage, lack of women's civil rights, marriage laws are weak and there is broad social acceptance of violence (WHO, 2012:4). In addition, women who lack economic resources are expected to obey their husbands according to social – cultural norms. Any deviations from the set norms subject them from being disliked by their families resulting in domestic violence (Seema *et al.*, 2014:124)

The study observed that (n=42) participants of the 50 married women responded indicated that the husbands have a problem with substance abuse such as alcohol or other drugs. It is evident that alcohol is closely related to domestic violence. However, there was one married woman who did not know whether or not their husband was having a problem with substance abuse such as alcohol or other drugs. The findings also revealed that (n=40) participants of the 50 married women highlighted that their partners were not currently on bail or parole, or has served a time of imprisonment or has recently been released from custody in relation to offences of violence. Given that domestic violence against women is a real threat, this shows that fear is being deeply engraved within women such that they fail to report their

husbands over violence and its related offences to the police, church leaders and traditional leaders.

It's very important to understand whether type of abuse was affected or influenced by the total monthly income. The incomes are used here as a yardstick to understand whether income differentials that can also indicate class differences has a bearing on the type of abuse. The results show that income has marginal to no impact on the type of abuse. Women across the income categories tend to suffer similar types of abuse. The only marginally significant issue is how within those that suffer physical abuse there are marginally more women in the below $500 category.

The results also focused on another analysis that looked into whether education level would also impact type of abuse. The data again shows that there are multiple interesting intersections between type of abuse and level of education. An example is how within the count for verbal and emotional abuse most of the cases (n=36) were reported by women with university education. This can be explained by the fact that more educated women tend to understand the various forms of abuse especially emotional and verbal. Education helps women to understand and question specific behaviours despite this there is however no distinct difference between the different educational levels in terms of types of abuse.

Education does, however, not automatically translate in a lower incidence of domestic violence. In fact, women with primary and secondary education are more likely to have experienced domestic violence than uneducated women, among whom incidence rates are similar to rates among women with higher education, a puzzle which deserves further inquiry (Christiaensen, 2016).

Study results focused on the type of abuse and occupation of the women. Cross tabulations did not show any discernable pattern or relationship between these two variables. Again, the type of abuse is independent of economic variables such as occupation or education level. Domestic violence is thus not a function of economics but rather socio-cultural and religious beliefs that are transmitted through socialization and promoted via social institutions. Such beliefs underpin community practices around domestic violence and are even affected by the law institutions like police and courts.

The research findings on the relationship with the victim, revealed that out of 15 family members (n=5) participants of the family members were the sisters in law of the victim (n=3) participants were brothers in law of the victims (n=2) participants were mothers in law of the victims and (n=2) participants were sisters of the victims. Therefore, most victims preferred to report their cases to their sisters in law followed by brothers in law of the victims.

The identified themes are discussed below using the exceptions from respondent's narratives. The discussion of these themes is based on the main themes that came out from data collection namely: The roles of the community members on the prevention and control of domestic violence, the experiences of married women about domestic violence and the strategies for educating communities on the prevention and control of domestic violence among married women.

Church leaders and family members were interviewed about the roles of the community in the prevention and control of domestic violence.
Roles of the community by church leaders:
The role of the community was emphasised by the various church leaders who argued that domestic violence requires the effort of everyone to be eradicated. The community is seen as an important driver of programmes that promotes safety of women and all the

victims of domestic violence. It can act as a sanctuary and a source of encouragement unlike now where people simply ignore and do not get involved even when the abuse is public. This statement is supported by excerpts below from one of the leaders from the Seventh Day Adventist;

> "The community should facilitate for programmes that educate and conscientize people to guard against domestic violence. We need to conduct workshops often which give room for question and answer sessions as compared to campaigns that do not engage the community in a participatory manner".
>
> "The community should be the vanguard and play an important role through informing authorities of any incidences of violence that they come across. Awareness campaigns should be championed by the community and not outside organisations and institutions. Ownership of ending domestic violence should be a grassroots initiative in which the community holds its members accountable for their actions on domestic violence".

The findings reveal that communities of faith play a unique and vital role in the response to and elimination of domestic violence, as they carry the responsibility to protect and nurture the spiritual wellbeing of the community as a whole and its individual members. Victims and survivors of domestic violence may turn to faith leaders for spiritual guidance in support before or instead of secular domestic violence services, because of the unique dimension they can add to the sometimes-overwhelming experience of seeking help.

The church leaders provide numerous ways in which they handle cases of domestic violence within the context of the church. The following strategies were outlined in the interviews:

**Counselling** – This includes the use of Bible and Christian messages to help the victims and also the perpetrators to move on and accept comfort in God. For women this type of counselling is done in such a way that it does not challenge the patriarchal order or empower them to leave an abusive marriage. One of the participants noted the process they use as follows;

"We talk to the affected person first providing relevant counselling from the word of God".
"When the victim is comfortable we then counsel the perpetrator".
"Where applicable they can call me for professional help".

One of the church leaders however noted that in their church they advise victims to report to the police if the violence continues.

Mediation –This is one of the most important aspects of how churches respond to domestic violence. All the church leaders noted how divorce is shunned and thus the idea for mediation is to find a resolution that brings the couple together and saves the marriage. Chapters and verses in the Bible are used to promote reconciliation.

Campaigns against violence - Some of the church leaders noted that they are involved in programmes, which denounce domestic violence. Such campaigns include training, advocacy and couples' retreat. These awareness campaigns are geared towards changing attitudes and promoting peaceful conflict resolution within the home.

Family members highlighted what they perceive as roles of the community in preventing domestic violence as shown below;

"Men are encouraged to solve issues amicably and not resort to physical violence to solve domestic issues."
"Support, educate, empower the victim and protect her from further violence or injuries."
"Bring peace between the two by reporting the matter to police."
"Community members at times organise awareness campaigns and community meetings educating couples about negative effects of domestic violence on families."
"Women are encouraged to submit themselves to their husbands to avoid further problems of abuse".

In Zimbabwe, women are viewed as property and a gender role assigned to them as sub servants to men (Mashiri, 2013:97). Therefore, in a male-dominated society women are supposed to be submissive and obedient for every decision pertaining to their household affairs,

contraception, number of children and their education (Matizha, 2014:5).

Participants in the study outlined multiple forms of domestic violence, which they have experienced. These forms of violence are not mutually exclusive but in many ways feed into each other. According to the married women experiencing domestic violence, physical abuse is the most common form but (n=5) participants highlighted a multiplicity of abuses. This shows how being physically beaten also leads to other forms of abuse such as emotional and spiritual abuse as victims develop problems related to their self-esteem and self-worth. It is worth noting how (n=5) participants reported sexual abuse especially in our cultural space where the paying of *lobola* (bride wealth) is seen as a tacit acceptance that a man can use his wife sexually however he pleases. Zimbabwean law now recognizes marital rape as illegal Domestic Violence Act 2006. According to (n=7) participants verbal abuse was said to include being shouted at and also demeaning comments in front of children or other people that are meant to kill self-esteem of women. Such comments usually relate to physical appearance or some other perceived flaw on the person of the woman. If a woman answers back to such verbal abuse she can then be physically beaten thus in many ways one abuse can lead to others.

The results showed that (n=48) of the 50 participants, indicated that their partners were jealous towards them and were controlling them. According to (n=40) participants the violent and controlling behaviour was becoming worse or more frequent. This indicates that most married women are experiencing hostile relationships with their spouses. On a recent or imminent separation (n=15) participants indicated that they have had a recent separation in the last 12 months or that a separation was imminent. The findings revealed that (n=1) of the 50 participants refused to answer on the violence or controlling behaviour of the husband becoming worse or more frequent. It is

probably since such a woman could be a victim of serious violence to the extent that she fears even to discuss such issues to the wider public.

The study discovered that (n=41) of the 50 married women indicated that their partners had done things to them, of a sexual nature, that made them feel bad or physically hurt and (n=19) nineteen of them having had their husbands arrested for the sexual assault. It gives the picture that married women are being sexually abused but, for whatever reasons known to them, they do not want their husbands to be arrested for the sexual abuses. Maybe it is because of the cultural inheritance and beliefs surrounding such issues, an area which can be further researched on.

**Theme 3:** Strategies for educating communities within an African context on the prevention and control of domestic violence

Twelve sub-themes emerged out of the theme of strategies for educating communities within an African context on the prevention and control of domestic violence.

This section discusses community strategies to combat domestic violence. Community strategies are important in promoting or ending domestic violence. The study found that (n=7) of participants offer counselling to both the victim and perpetrator of domestic violence. The belief here is that marriage is a sacred institution, which should be, promoted at all cost including reconciling couples even after multiple episodes of beatings. This is built on a strong Christian ethos that promotes marriage survival over the safety of women. According to the research findings (n=2) participants noted that community prays for the victims of domestic violence, which again shows the importance of religion in any discussion of domestic violence in Zimbabwe. Study results also worryingly indicates that (n=6) participants thought that there are more people who will do nothing

(n=6) before calling the police. In addition study results indicated that (n=2) participants actually noted that the victim is stigmatized by the community. These responses show serious gaps in how the community views domestic violence. It shows that communities are ill equipped to deal with domestic violence. There is a distinct lack of systems to deal with domestic violence.

The findings revealed the perceived weaknesses of community strategies in domestic violence. Accordingly (n=8) participants highlighted the biggest weakness in community strategies is that people tend to turn a blind eye towards domestic violence. Community rarely engages or talks about the issue rather they tend to push it under the carpet. One of the problems noted in the focus group discussions was that 'domestic violence is seen as an individual problem which does not affect everyone in the same way thus people tend to keep away even when they witness domestic violence. The findings from (n=4) of the participants there is a lack of unity within the community in denouncing domestic violence. This is related to the cultural acceptance of domestic violence. What is also of concern is how (n=8) of the participants reported that the community is also involved in taking pictures and videos to post on social media. Over the past five years, Zimbabwe has seen the rise of social media use in which cases of abuse are openly shared and have become memes and jokes. Many such videos have gone viral and have in many ways trivialized the effects and dangers of domestic violence. Study results revealed that (n=5) of the participants highlighted that the community also tend to side with men. Cultural beliefs are at the heart of such practices that favour men and turn a blind eye to the suffering of women.

The findings revealed suggested plans of action that the community can embark on to prevent domestic violence. The findings from (n=15) of the participants were for the idea of forming support groups for

victims to ensure that they are not isolated and that they have a support structure to lean on. The study results indicated that (n=11) participants highlighted the need for more awareness campaigns focusing on ensuring women and men are capacitated with knowledge of laws and knowledge of what to do in the event of domestic violence.

Domestic violence arises from religious practices that subordinate women. Women noted how Christianity in particular is highly patriarchal (male controlled) social hierarchies, acceptance of violence as a mode of social interaction. (ZWALA), 2011:1). Studies have shown how religious ideologies have been used to justify abuse of women and children. Chireshe *et al.* (2009) argues that many abuses in Zimbabwe are perpetrated and justified in the name of religion and culture.

The research went on to understand the perception of the church leaders on their successes in resolving domestic violence cases. The findings were varied but most of the church leaders thought their methods were effective as there were low numbers of couples reporting future incidences of violence. The leaders also outlined various ways in which they resolve domestic violence cases. Some of the experiences of the church leaders are outlined in the quotes below;

> "We resolve cases by monitoring and giving advice on their day-to-day living. The older women in the church are responsible for this task".
> "Family counselling programmes and seminars are conducted and we invite victims of domestic violence to attend".
> "We have group couple meetings and also through teaching the word of God and ensuring salvation of people. Those who are born again are less likely to be involved in domestic violence".
> "We try and bring them together by taking them for an outing and encourage them to have dialogue".
> "We give women advice on how to handle their husbands perfectly to avoid conflicts".
> "We counsel both parties and we also pray with them".
> "For serious cases we actually refer to the police. As a church we are not going to follow traditional and cultural practices".

The above quotes highlight the different experiences and ways in which church leaders are involved in combating domestic violence. What is clear again is how the churches are more interested in mediation that protects marriage and the family unit even to the detrimental of women victims in some cases. Only one of the church leaders highlighted that they will encourage reporting to the police. Some of the leaders noted that their churches have ways of disciplining perpetrators that includes stripping of positions in church. It is however not clear how effective such moves are.

The advice given to married women is of interest in the context of this research. They highlight the patriarchal underpinnings of Zimbabwean society that seeks to shape how women behave within the home.
One of the leaders noted;

> "Our modern day women should understand the cultural norms of their society or where they are married."

Another leader noted that they advise women to choose what to do depending on the level of abuse. To show the patriarchal nature of church messages one leader noted;

> "I greatly encourage the women to submit themselves under their men/husbands".

There is nothing in this message that focuses on the perpetrators of the violence. Women in many ways are blamed for the violence they suffer. One other church leader noted that:

> "We normally encourage self-introspection first and ask them to try to identify if there are any riles they have played in the emanation of conflict after which an appropriate counselling route is chosen".

The experiences at one of the churches were indicated as involving;

> "We advise women to forgive their husbands. If the couples cannot accept, we advise them to separate for a season when the tempers are calm; they can change and come together."

A leader at Goshen City Church noted;

> "We advise women to make a report first with the police or organisations such as Musasa before seeking spiritual counselling."
> "Advised to seek help with the pastors to verbalise their feelings."

This Goshen City Church leader was different from most that actually cited husbands.

The church leaders in Zimbabwe have admitted that domestic violence is a major problem even in churches. The church leaders revealed that they constantly counsel women and men experiencing violence. They indicated that despite of many initiatives that presently exist to address domestic violence in their churches in Zimbabwe; domestic violence is still highly prevalent. The church leaders also revealed that Zimbabwe is a larger Christian community and it would be expected that religious values would contribute to ending domestic violence and ensuring peaceful families, but unfortunately this is not the case.

Most of the church leaders indicated that women should submit themselves under their husbands and in most cases women are blamed for the violence they suffer. Handling of domestic violence within the churches is more or less the same by church leaders as most of them counsel the affected parties, educating the affected parties on the negative effects of domestic violence to the whole family.

Multi religious support groups for victims of domestic violence have been created to support the victims in Zimbabwe according to the church leaders during the focus group discussion. Religious leaders know how to respond to diverse situations of violence since they are trained during church seminars.

Most religious leaders have been advocating for enactment and enforcement of laws to protect community members from domestic violence. In addition according to church leaders' multi religious

centres have been created where married women can receive help/legal assistance in Zimbabwe.

Most of the church leaders indicated that, many churches in Zimbabwe have started sensitising community on domestic violence and related issues. Multi religious sermons have been conducted specifically targeting men from different religions including topics such as domestic violence.

During the focus group discussions some church leaders revealed that they have started providing shelter and counselling services to domestic violence victims at existing religious structures.

Overall comments: Most participants were advocating for equal treatment of both sexes and that misinterpreting the message can contribute to domestic violence. In addition faith and belief should reinforce the spirit of love, peace and equity in dealing with one another.

Participants reported on activities they have already undertaken related to domestic violence in their churches. The range of activities was broad, with participants representing numerous organisations that address these issues. Several organisations highlighted were Musasa Project, ZWALA, Kushinga, Zimbabwe Republic Police and Ministry of Women affairs and Gender.

They have been active in providing psycho-social support for victims. These groups have addressed domestic violence through home counselling and referral of victims to the hospital for treatment. This range of programmes and actions illustrate that the participants were already active in addressing some of the issues of domestic violence. Therefore there is need to create country based multi faith teams to broaden the reach of the activities.

In this section the discussion turns to the role of traditional chiefs in combating domestic violence. Traditional leaders remain an important and influential constituency in Zimbabwe. As such the campaign against domestic violence in Zimbabwe requires the full participation of this group for it to succeed. Domestic violence is steeped in a system of harmful practices, which are justified using custom and religion under a patriarchal worldview that has no place in any democratic spaces. It is thus important to highlight how traditional leaders as the custodians of culture in Zimbabwe can be used to fight these practices. A study by Safaids (2010) indicates that traditional leaders and structures remain influential among a large majority of the population in urban and rural Southern Africa. Traditional leaders wield influence and command much respect in their communities therefore are in many ways the gateways to any intervention seeking the participation of local people.

They are viewed as the custodians of culture that makes them important drivers of change because most of the discriminatory practices are justified as culturally acceptable forms of behaviour. As part of the governance structure, traditional leaders have an important role in the development of societal values and ethics, including those on domestic violence. Traditional leaders have a constitutional role to respect human rights and to uphold family values. Within the confines of the Customary Law and Local Courts Act, traditional leaders are part of the judiciary and they play an important role in dispute resolution. In rural Zimbabwe the people as compared to formal state institutions for conflict and dispute resolution use these traditional courts more frequently.

Ways used in mediating domestic violence cases by traditional leaders
It also important in the context of this research to understand the practices utilised at traditional courts when dealing with domestic

violence cases. Responses to this question elicited the following responses;

> "The cases do not include me only as the leader but other committee members in the village. The committee is there to assist me in all matters and to ensure that there is consensus over decisions. In cases of domestic violence we mainly lean towards reconciliation through elderly men counselling the husband and elderly women counselling the wife".
> "I first listen to both parties to better understand the whole issue as a way of reconciling the two".
> "There some serious matters we send to the police but this is dangerous because when the police get involved it is difficult to reconcile the parties".

The responses mainly point towards the need to promote reconciliation in cases of domestic violence. Traditional leaders are interested in protecting the family unit thus discouraging any strategies that further escalate the situation especially by involving the police.

On being asked whether women are satisfied with how their cases are handled at the courts a leader indicated that;

> "In most cases I preside over women and they are generally happy because we prove that men are in the wrong and they apologise to their wives".

The survey did not include women in rural spaces so it is difficult to ascertain such statements. Most of interviewed leaders were also against the idea of women rushing to report to the police about their abuse. Some of the responses included;

> "A wife should first report to relatives or friends before then going to sabhuku and then the chief".
> "It is wrong for the wife to do that because if you are reconciled by family or traditional leaders who learn new things, but with the police the husband can get arrested and the wife is left to suffer with the children".

One of the leaders differed with the others arguing that whenever violence is involved it is better to involve the police. It is clear that for women spaces to find protection and help are limited by many beliefs

and practices built around a man's ability to provide for the family. Women are encouraged to shun police so that they do not lose the breadwinner to prison.

This section highlights the role of family members in the prevention and control of domestic violence. Family members are recognized as relevant and influential when it comes to the prevention and control of domestic violence as it affects the well-being of every member of the family (Lions *et al.*, 2005:3; Meyer, 2009).

Therefore family members have an important role when it comes to prevention and control of domestic violence among married women. Hence family support alleviates social stress and improves mental health and psychological well – being of married women experiencing domestic violence. Family members should promote women's safety and strengthen family unit.

There are many strategies that emerged out of the focus group discussions around the strategies for educating community members on the prevention of domestic violence. These strategies include awareness campaigns, training camps family counselling, family meetings and having various information packs available in communities that speak to domestic violence prevention. Traditional leaders, church leaders and family members remain important players and will be important in any initiative to combat domestic violence.

Some of the thoughts outlined by the church leaders include:

- Awareness campaigns are important in educating the people especially women on domestic violence. Women need to learn their rights and what to do when they suffer violence.
- Information should be available in churches for women and men on the rights and laws around domestic violence.
- Information provided by family members advocated that women should be given family support and be empowered on

how to handle violent men. Women should be taught on how to stand for their rights.

Ways used in mediating domestic violence cases within the families

Participants pointed out the following;

"Boy child must grow up being taught to respect women and no outside interference from either men or women."

"Families should give support to the abused women by educating abused women on how to handle violent men."

"Women should be empowered on life survival skills."

Women should be taught on how to stand up for their rights.

"Enforcement of the law to correct perpetrators."

The findings were supported by Spreachmann *et al.* (2013: 22).

The participants eluded the following;

"Counselling of both parties against domestic violence".

"Consulting church leaders on how to deal with domestic violence in the family".

"Conducting family meetings and counselling".

"Seeking help from elders within the family and counselling."

"Counselling and separating the two".

The prevention of domestic violence among married women within the families

The following findings were revealed by the study respondents;

"Enforcing the law to correct perpetrators".

"Workshops should be carried out to educate men against domestic violence".

"Educating women on their rights".

"Encouraging women to report cases of domestic violence early".

"There is need for regular education and counselling to both couples by church pastor, chief and family members".

"Families to offer support to abused women (victims)".

"Women should be empowered on survival skills."

Domestic violence has deep rooted impacts on the victims and survivors. It was important for this study to highlight the effects of domestic violence to highlight the need for strategies to combat this

social scourge. Domestic violence affects women in deep and emotional ways that affects self-esteem and self-worth. The study results show that (n=10) of the 50 participants have low self-esteem; (n=10) feel depressed; (n=8) feel hopelessness and bitter; and more concerning (n=6) are suicidal. These statistics highlight the deep psychological effects of domestic violence. Ultimately, it is the victims who feel shame and social isolation from abuse. This affects work, family life and women's ability to reach their full potential. One of the women in the focus group discussions noted;

"Domestic violence affects my self-worth and makes me lose confidence".

Women who suffer domestic violence find it difficult to excel at home or at other activities.

The study results clearly show that the women mainly felt hopeless and bitter, felt suicidal, felt depressed and had a low esteem after being involved in domestic violence.

Domestic violence affects the family unit especially children. Most of the participants live with their children who must witness and live through some of this violence. One respondent in the focus group discussions highlighted;

"Domestic violence affects children negatively".

The study found that most of participants (n=8) believe that domestic violence leads to negative behavioural change in children such as drug abuse, low grades and embarrassment. (n=4) of the participants noted that it affects children psychologically.

The study results help illuminate that domestic violence also negatively affects the local community. This shows that domestic violence is not relegated to the secrecy of the bedroom but it is rather a community problem. The study findings (n=5) of the participants noted that domestic violence leads to disruption of peace and

tranquillity from fights. Importantly (n=3) of the participants noted that it is difficult to explain to their children about domestic violence. When children see married people fight it is disconcerting and parents are put into a difficult situation where they must explain to their children about domestic violence.

The study found that (n=46) of the 50 participants had their partners threatening to harm or to kill them. At the same time (n=4) out of 50 participants have never been threatened to be harmed or to be killed by their partners. The study results show that (n=30) of the 50 participants indicated that their partners have ever been charged with breaching an apprehended domestic violence order. On the other hand (n=9) nine of the participants indicated that their family pets were ever been harmed or killed or threatened to do so by their partners. This can be viewed that most married women are ever threatened by their partners and (n=41) of the participants denied. On the overall picture percentage of married women (n=48) admitting to risk indicators is very high especially when it comes to physical violence. This can be viewed that women are more often living in constant fear of being harmed or killed by their partners.

The study found that (n=36) of the 50 participants have had the experience of being threatened or physically violated towards while pregnant, it shows that the level of domestic violence has scaringly heightened. Regards having lodged a complaint between the married women and their partners pertaining child contact or residency issues and/or at the current Family Court proceedings, it turned out that (n=29) of the 50 participants had indeed lodged a complaint at the family court proceedings. It shows that these married women are aware of their rights to custody of their children. They are also knowledgeable to contraception issues with (n=16) out of 50 indicating that they have children who are 12 months apart.

The participants revealed the following;

"Domestic violence brings shame on the family".
"Domestic violence leads to police cases and breaks the family".
"Domestic violence can cause severe injuries due to physical violence".
"Children suffer from domestic violence".
"Under reporting cases of domestic violence as the family will be trying to protect the family name".
"Domestic violence can lead to wars between families".
"The victim can lack support from family members".
"Application of divorce due to domestic violence".

Domestic violence predisposes married women to stress related conditions such as depression. The participants revealed the following;

"Sometimes they become confused and unstable".
"They are withdrawn, they lack confidence".
"They suffer from depressions".
"They become emotionally unstable".
"Emotional stress which can lead to suicidal cases".
"They suffer from anxiety".

Research findings revealed that domestic violence victims often suffer from stress leading to depression and loss of self-esteem (Mashiri, 2013:96). The findings were supported the Victorian government (2012:27) who revealed that domestic violence victims often suffer from psychological trauma which ranges from depression, anxiety, self-harm tendencies and loss of self-esteem.

The above findings were supported by several researchers who revealed that domestic violence predisposes women to mental health challenges. Domestic violence is associated with mental health conditions which include depression, insomnia; anxiety, suicidal ideations and post-traumatic stress disorder (PTSD) (Deran *et al*., 2009:1135, Stephenson *et al.,* 2013).

The participants highlighted the following;

"They are not so free to interact and when they do so they are hot or temperamental and weeping".

"Normal conversations are shortened".
"By opening up to those closest to them and other elderly family members".
"They are blamed for their situations and treated as the outcasts"
"They are not open to disclose the abuse; if they open they leave out major issues".

The participants interviewed highlighted their opinions as follows;

"By seeking comfort and advice from family members and church leaders".
"Some devote most of their time to their children and the church".
"They put fake smiling faces and act as if they are living a happily ever after life".
"They run away from the marriages, some become prostitutes of which our culture does not allow that".
"By consulting church leaders and other family members and reporting to the police".
"Some ignore, some go to the church leader in rural areas they go to the chiefs".
"They go into silent mode".

Most of the participants supported the view of consulting family members and church leaders to seek comfort and advice and report the matter to traditional leaders or to the police.

The study utilised a qualitative approach maximising the chances and confidence of having obtained sufficient understanding of strategies for educating communities within an African Context on the prevention and control of Domestic Violence affecting married women in Zimbabwe.

Domestic Violence is mostly visible in high density areas where the housing stands are smaller and houses are clustered. This may however give an impression that domestic violence is more prevalent among the poor who inhabit high density areas. There was also easy access of research participants in high density areas compared to low density areas. Physical abuse is the most common form of abuse although some victims highlighted a multiplicity of abuses. Domestic

violence affects our distance, those living near (neighbours). Age is not a determinant of being a victim of domestic violence as it affects across the ages.

Women are progressively attaining higher education qualifications in Zimbabwe. However, education does not immunize one from domestic violence. Educated, skilled and professional women are not immune to various forms of abuse. However, education helps women to understand and question specific behaviours.
Most of spouses are self-employed meaning they are experiencing economic difficulties leading them to be emasculated as wives take more and more household head roles.

Domestic violence is thus not a function of economy but rather socio-cultural and religious beliefs that are transmitted through socialization and promoted via social institutions. Such beliefs under-pin community practises around domestic violence and are even affected by the law institutions like police and courts.

Domestic violence affect work, family life and women's ability to reach their full potentials. In addition domestic violence affect the family unit as a whole for instance conflicts between and within the family. Therefore there is need for family support to promote women's safety. A caring supportive family enables abused women to be cared for in the community, thus reducing the risks of developing physical, social and psychological problems. Substance abuse is strongly linked to domestic violence as most married women are experiencing hostile relationships in Zimbabwe.

In Zimbabwe, culture and religion are important factors when considering the perpetual existence of domestic violence. Traditional leaders remain an important and influential constituency in Zimbabwe and they are the gateways to an intervention of domestic violence

seeking the participation of local people and their constitutional role to respect human rights and to uphold family values. Some strategies to end violence are through family counselling, educative campaigns, couple meetings and workshops.

This chapter provided an investigative and descriptive analysis of the strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe, based on the research questions, aim and objectives of the study. The findings were presented in themes derived from the research questions, aims and objectives of the study. The study explored the roles of community members in the prevention and control of domestic violence, the experiences of married women about domestic violence and strategies for educating community members on the prevention and control of domestic violence.

From the data analysis and review of literature, there is a consistent finding that study subjects are affected emotionally, physically and psychologically. In addition, their self-esteem and self-worthy is also affected. The study rose out of concern that given the availability of the constitution that protects the rights of women, married women are still violated.

Cultural beliefs and religion are strongly linked to domestic violence. Overall, these results suggest that the acceptance or rejection of violence against women is deeply rooted in ancestral social norms of different ethnic groups. These social norms persist even when economic and social conditions evolve, and may affect many generations (long-term persistence of cultural values has been widely documented). Given the pervasiveness of domestic violence against women, policy action is called for. Our results that violence behaviours are deeply rooted in ancestral socio-economic conditions warn us against disappointments from quick solutions.

Communities are still ill equipped to deal with domestic violence as there is distinct lack of systems to deal with domestic violence. The strategies for combating domestic violence are through counselling, educative campaigns and workshops.

# CHAPTER 5: The Role of Family Members, Traditional and Religious Leaders in Managing Domestic Violence

The chapter presents analyses and discusses the major themes that came from one hundred and fifteen participants' interviews and how these themes relate to the literature. The primary goal of the study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. Data were analysed using NVIvo. Interviews were transcribed, interpreted and then categorised according to themes. Data analysis was done through recurrent and emergent themes. Recurrent themes were generated from ideas expressed in most of the married women's stories. The data were obtained from participants who were purposefully chosen among married women, traditional leaders, church leaders and family members in Chinhoyi rural and urban community. The married women selected for the study were living in abusive relationships. The results are reported in relation to the research questions that were as follows:

1. What are the roles of community members on the prevention and control of domestic violence?
2. What are the experiences of married women about domestic violence?
3. What are the strategies for educating community members on the prevention and control of domestic violence?

The findings have revealed that domestic violence is mostly visible in high-density areas, giving the impression that it's more prevalent among the poor who inhabit high density areas. There was also easy access of research participants in high-density areas.

The results showed that community members are still ill equipped to deal with domestic violence since there is a distinct lack of system to deal with the problem. The findings also revealed that married women are experiencing multiple forms of domestic violence namely physical abuse, social abuse, sexual abuse, emotional abuse, economic abuse and spiritual abuse. In addition, the findings also revealed that the community should facilitate programmes that educate and conscientize people to guard against domestic violence.

As mentioned earlier in the study, despite the Zimbabwean Government having a constitution that protects the rights of women, married women are still violated and the families are often ignorant of those rights. It may also appear that they have a mind – set influenced by culture on the rights of married women. The present study was designed to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe.

Custom, tradition and religion are habitually invoked to rationalize the use of violence against married women in Zimbabwe. Wife beating might be due to traditional gender norm that support wife beating and women themselves accept wife beating. Domestic violence is a worldwide problem and it is significantly associated with substance abuse (alcohol consumption) family history of violence residence being rural and high density. This scourge is difficult to eradicate particularly in Zimbabwe where an unhealthy mix of tradition, inequality and even ignorance conspires against women.

Majority of women kept silent without reporting the violence to concerning bodies that are in position or power. A significant number of married women had experienced domestic violence during their pregnancy period by the father of the child and victimized so many injuries and threats.

Despite numerous interventions, domestic violence is still a widespread problem and goes unreported. Physical abuse is the most obvious form of domestic violence.

A qualitative data collection and analysis was used. Participants were recruited by purposive sampling for the 1st and 2nd phases of the study. The study was conducted at Zimbabwe Republic Police (ZRP) Makonde District and at Makonde Rural District Council in Chinhoyi, Zimbabwe. The population of the study was married women aged between 19 - 49 who have experienced domestic violence, community members including families, church leaders and traditional leaders.
Questionnaires were used to collect data using face to face interviews and audio tapes. The tools were pilot tested for validity. The qualitative method design was chosen because of the nature of the study which explored a complex phenomenon of diverse needs and expectations of the married women experiencing domestic violence.
Ethical considerations were adhered to as a means to safeguard participants' rights in accordance with standard ethical principles. Two settings were chosen for the study, and these comprised an urban and rural area. Participants were selected based on their age, experiences of domestic violence and in terms of church and traditional leadership. Betty Neuman's System Model was used to guide the study.

The study was guided by Betty Neuman's System model. A system in this study was composed of the client, family members, church leaders, traditional leaders and the nurse who strengthens the educational role. According to this study, the central focus was the individual's relationship to stress and her reaction to stressors and reconstitution factors.

However, stressors in the environment may penetrate the client system leading to psychological, physical, reproductive, emotional and social problems. In this study domestic violence was the stressor which

penetrates the client system, leading to physical problems such as injuries or persistent headaches, psychological problems such as depression, feelings of guiltiness, helplessness and hopelessness. Social problems such as social isolation, lack of self -esteem and self- worthy are also affected.

Using the adopted model from Betty Neuman, the results indicated that cultural beliefs are strongly linked to domestic violence and that given the availability of the constitution, women are still violated meaning that there is no adequate law to deal with domestic violence in Zimbabwe.

The model focus on a wide range of nursing concerns and it guides the nursing practice, nursing research, nursing education and nursing administration. In addition, the model also focused on the actual or potential problems of individuals. It protects the individuals' stability when faced with a stressor.

The main goal of nursing on this model was optimal wellness of an individual through maintenance or attainment of system stability. Community roles were assumed to reduce domestic violence.

The discussion will follow the themes used when presenting the study findings in Chapter 4. The study showed a predominance of clients experiencing domestic violence and conditions related to domestic violence. Much consideration will be given to strategies for educating community members on the prevention and control of domestic violence.

The study revealed that respondents were for the idea of forming support groups for victims to ensure that they have a support structure to lean on. In addition, they were for the idea of the need for awareness campaigns to ensure that women and men are capacitated with

knowledge of laws and knowledge of what to do in the event of domestic violence. Respondents also highlighted the need of community based counselling, increasing reporting cases to police and assisting women to get protection orders.

This finding is aligned to the findings of the report of Kivulin Women's' Rights Organisation (2011-2015:4), that promotes reporting of domestic violence as the only means of curtailing domestic violence. The importance family counselling to empower the victims and perpetrators of domestic violence was also a finding for the current study for women who wanted to leave an abusive marriage. In addition the results showed the importance of mediation as a means to bring the couple together, promoting reconciliation and save the marriage. Mediation is both a cultural, religious and contemporary means of dealing with domestic violence (Nonell, 2013:130).

The difference between mediation by all the groups is that the traditional and religious groups based it on norms that in a way perpetuates the violence as it requires married women to submit to their husbands and to honour and respect. However, the needs identified in this study appear universal and appear to corroborate findings from studies that is from other countries showing similar major needs of married women experiencing domestic violence (Nonell, 2013:127; Victorian Government, 2012:11; Kivulin Women's Rights Organisation, 2011–2015:4)

The study showed that multiple forms of domestic violence were being experienced by the respondents, despite the laws guarding against domestic violence in Zimbabwe. Physical abuse was the most common form of abuse which is linked to physical injuries such as bruises, broken bones, homicides, unwanted pregnancies, miscarriages, induced abortions, HIV and other sexually transmitted infections. This finding is similar to the findings of a study carried out in Uganda,

which showed that domestic violence impacts negatively on the women's reproductive health.

The findings also revealed that victims end up developing problems of self–esteem, self–worth, suicidal and mental health problems. These findings are similar to findings from studies carried out on domestic violence. ( Madhivanon *et al*., 2014:170; Hasan *et al*., 2014:2; Nonell, 2013:127; Chin *et al.,* 2009:1134; Stephenson *et al*., 2013; Feseha *et al*., 2012:2; Victorian Government, 2012:27; Rahman *et al*., 2011:1-2; Women Trends and Statistics, 2010:5). In addition, the results showed that most women experiencing domestic violence were from poor families as they lack economic resources. The findings are similar to findings from a study carried out on domestic violence experiences (Sanddeep *et al*., 2014:33). However, Thupayagale-Tshweneagae & Seloilwe (2013:40)'s study contrast this finding as their study found that domestic violence is rife among the educated and the affluent.

Despite challenges being faced by married women on domestic violence, more work should be done by the family members, community members, church leaders and traditional leaders as they can play a vital role on the prevention and control of the problem. The health needs of the clients' to be addressed to a level where they "derive some comfort" with their health, families and environment. The study is of the opinion that the physical needs, social needs, emotional needs, economic needs and psychological needs should be met. However the needs identified in this research appear universal and corroborate findings from other researchers from other countries showing similar major needs of domestic violence (Seema *et al*., 2014:124; Hasan;2014 *et al*.,2014:171; Heise *et al*., 2000:1133; Stephenson *et al*., 2013; Chin *et al*., 2009:1134; Stephenson *et al*., 2013; Kaur *et al*., 2012:2, Hasan *et al*., 2014; Stephenson *et al*., 2013; Reed, 2010:22; Duran *et al*.; 2009:1135; Yigzaw *et al*., 2010:39; Nawaz *et al*., 2008:74; Liang *et al*., 2005:3; Meyer, 2009).

Early intervention is a critical part of addressing violence against women (Victorian Government, 2012:5). The importance of community participation and involvement was emphasized by the Zimbabwe Health Strategic Plan (2009:31) as an essential element to effectiveness of community strategies. However, structures that promote community participation were found to be in place, but their use and effectiveness varies. The results showed that there is a need for police to extend operation of family violence safety notices to protect married women. Women experiencing violence should receive the right services at the right time, being protected and empowered. In addition, raising awareness educative campaigns to prevent domestic violence making a pledge to say no to violence.

The findings also revealed that the community should facilitate programmes that educate and conscientize people to guard against domestic violence. The community was seen as an important driver of programmes that promote safety of women and all the victims of domestic violence. In addition community can act as a sanctuary and a source of encouragement for the victim, informing the authorities of any incidences of violence they come across. Community should be initiative in ending domestic violence, holding its members accountable for their actions on domestic violence.

The abused women experience different types of abuses namely: sexual, emotional, spiritual, economic, social, and physical abuses. Strategies revealed for educating communities on the prevention and control of domestic violence includes: educative campaigns for women on their rights and what to do when they experience domestic violence, family counselling, couple meetings and workshops. In addition, training camps with various training information packs available.

Therefore, there is need for primary nursing strategies focusing on stress response and proper client assessment (Neuman, 1989:77). In addition, there is also need for primary prevention of domestic violence focusing on health promotion and maintenance of wellness (Current Nursing, 2012). According to Neuman (1989:77), there is need for secondary prevention following reaction to stress as elaborated in Current Nursing (2012) and there is need for tertiary prevention relating to the adjusted processes taking place as reconstitution.

The chapter gave a summary of the analysis and discussed the major findings of the study. Most of the findings in this current study are supported in literature. However, the role of family members, traditional leaders and the religion leaders has been espoused in this study.

# CHAPTER 6: Community Education Strategies on Prevention and Control of Domestic Violence

The purpose of developing these strategies was to help educate communities on the prevention and control of domestic violence affecting married people in Zimbabwe. The strategies were developed basing on the major findings of the study. One of the strengths of this study was detailed narrations from participants, leading the study to be able to use that information to develop intervention strategies as the responses entailed narrations of experiences and possible solutions suggested by the participants. The strategies targeted married women, family members, community members, church leaders and traditional leaders. The study ensured that strategies were appropriate for the targeted community in terms of affordability, cultural acceptability, easy adoption, sustainability and having the potential to protect the rights of married women. The strategies targeted the married women experiencing domestic violence, to protect the married women, empowering them, the family members and the community on the protection order and their rights.

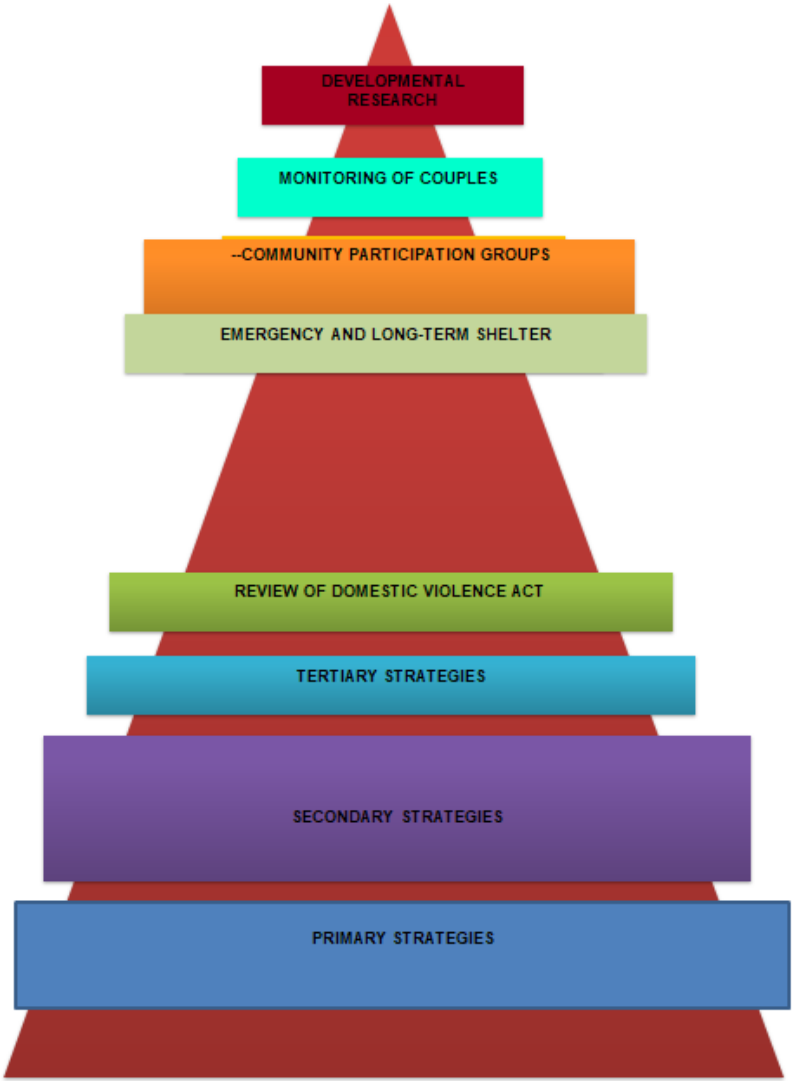


**Figure 14:** The Proposed Strategies are illustrated in the pyramid of strategies

When Zimbabweans citizens are empowered with adequate information on the prevention and control of domestic violence, they

would be able to make positive decisions that would enable them to make efforts to reduce the incidence of domestic violence affecting married women. Knowledge enhancement through awareness campaigns sometimes influences positive behaviour change and consequently reduces some of the psychological, social and emotional distress symptoms encountered by married women experiencing domestic violence. Awareness campaigns require the full participation of the family members, traditional leaders and church leaders for them to succeed as these groups remain important and influential constituency in Zimbabwe. Domestic violence is however justified by custom and religion under a patriarchal world view that has no place in any democratic space. All stake holders should have sufficient tools such as training and data to be able to tackle domestic violence at all levels in Zimbabwe. However, Kivulin Women's Rights Organisation (2011–2015) state that increased education and awareness campaigns among Citizens should be able to condemn domestic violence against women. There is need to raise awareness campaigns, making a pledge to say no to violence (Victorian Government, 2012:9).

Therefore, existing primary prevention efforts are often directed towards population groups such as married women and the girl child. Use of targeted population excludes other important stakeholders who must be included. Law enforcement groups such as Police officers and traditional leaders need to be included in the primary prevention and encouraged to become ambassadors of domestic violence prevention. If community members are not aware that domestic violence exists in their community, they usually do not get involved in condemning it.

Therefore, community members need to be actively involved in the prevention and control of domestic violence as it requires the effort of everyone for it to be eradicated. According to the research findings, community members were identified as the important drivers of

programmes that provide safety of women and all the victims of domestic violence. In addition, community members should facilitate programmes that educate and conscientize people to guard against domestic violence and informing authorities of any incidences they come across.

Secondary strategies should be offered immediately after an occurrence to victims of domestic violence. This could be done through individual counselling and educational groups. Victims and perpetrators of domestic violence are called to attend the counselling sessions and encouraged to have a dialogue. Treatment should be readily available for complications or disorders due to domestic violence.

The strategies are based on identification of domestic violence perpetrators and victims, controlling behaviour of the affected parties and harm. In addition, perpetrators are punished, and victims are treated. Increase of reporting of domestic violence cases to the church leaders, to the traditional leaders, to the police, social institutions such as health personnel and local government is encouraged. Police should respond swiftly and effectively to domestic violence, proposing new laws and holding perpetrators to greater account and enhancing court proceeds.

This stage targets the victims and perpetrators after domestic violence is evident and it strengthens the capacities of various institutions. In addition, by–laws that address domestic violence are enacted and strengthened.

The Domestic Violence Act (Chapter 5: 16) enacted on 26th February 2007, became operational on 25th October 2007 needs to be reviewed. The Domestic Violence Act makes provision for the protection and

relief of victims of domestic violence and provides for matters connected with or incidental to that.

The Act to be kept under constant review since the problem of domestic violence in Zimbabwe continues to increase despite the Zimbabwean Government having a constitution that protects the rights of women; the families are often ignorant of them. The rights of the constitution should be upheld without disrespecting the role of communities, and their indigenous knowledge.

Providing emergency and long – term shelter for the victims so that they can get emergency medical care, medical examination, support and protection from domestic violence. This approach provides real services to community members in need.

Families can be referred to the community partnership groups so that they can put a plan together to prevent and control domestic violence. This approach creates a powerful voice for social change, the voice of those who are directly affected by domestic violence. The approach is also an initiative for violence free families.

Community should build confidence to report family violence (Victorian Government, 2012: 5).

The informal dinners can provide non–threatening settings for intimate conversations. Discussions can include topics such as environmental safety and hazards and issues to do about building the capacity of family, friends and neighbours to prevent domestic violence. There is need to engage dedicated family violence advisors and family violence liaison officers (Victorian Government, 2012:5). This approach provides opportunities to learn new skills and apply them to personal and community life and closing domestic violence.

Development of community leaders through workshops, in-service training and seminars delivering messages that domestic violence is everybody's business. Development of community leaders builds a sense of ownership and a transforming effect on the married women's lives breaking their cycle of domestic violence and isolation and leading to new opportunities for education and involvement of others in the community. Community members should be educated. This approach promotes empowerment and leadership development.

Cases of domestic violence are resolved by monitoring the couples within the community through home visits and educating them on their day to day living. Community leaders and church leaders are responsible for that job. Observed conflicts needs counselling of both parties, explaining dangers of domestic violence to the family community and the nation at large. According to Fullwood (2002:4), when people are educated, they think differently about the problem and owning the issue or problem. This approach promotes family counselling and reconciliation.

Developmental research promotes women's safety, and it strengthens family unity. It also adds value to the nursing practice, nursing education and community nursing practice. In addition, developmental research helps community members to be able to understand how and why domestic violence happens. Through developmental research community members are empowered to change attitudes and behaviours, promoting respectful nonviolent relationships and promoting gender equity (Victorian Government, 2012:8). According to Wolfe & Jeff (1999:134) Developmental Research may restore normal development process among individuals and minimize the risk of further experiences of domestic violence.

Chapter 6 discussed the development of strategies for educating communities on the prevention and control of domestic violence. It

adopted the Maslow's hierarchy of needs to show that primary prevention was the first need for the prevention and control of domestic violence among married women. This primary need alludes to the major role to be played by traditional leaders and the church.

# CHAPTER 7: The Future of Afrocentric Community Education Strategies on the Prevention and Control of Domestic Violence Affecting Married Women in Zimbabwe

The chapter discusses the general conclusions of the study. Recommendations for nurse educators, policy makers, health care practitioners, are also discussed. Implications for mental health and psychiatric nursing are discussed together with the strengths and limitations of the study.

The study rose out of concern that given the availability of the constitution, that protects the rights of women, married women are still violated. The study utilised Betty Neuman's Systems Model. The model views the client or human being as an open system that responds to stressors in the environment. The study has provided evidence that male dominance even male ownership of women is present in most societies and reflected in their laws and customs. Thus, domestic violence should not be considered an aberration, but an extension of a continuum of beliefs that grants men the right to control women's behaviour. Despite the Zimbabwean government having a constitution that protects the rights of women, married women are still violated, as they are ignorant of those rights. Domestic violence Act has limited usefulness for participants, due to social, cultural, economic and religious factors. Domestic Violence is a deterrent to development as it inhibits realization of full potential which is critical to development. Married women affected by domestic violence already have economic insecurity, are often deprived of their rights to protect, adequate health service and are exposed to HIV infection.

Domestic violence is a major problem in Zimbabwe and a comprehensive, multi-sectorial approach is needed to approach this impediment to development. Married women are particularly at risk of domestic violence, so there is need to empower married women and adolescent girls.

Substance abuse is a major contributing factor in domestic violence; therefore, it is critical that the country adopts substance abuse policy that protects consumers and families. Therefore, there is need for a comprehensive and focused behaviour change communication package that addresses the challenges and constrains.

Domestic violence remains a major challenge in Zimbabwe and therefore it calls to mainstream domestic violence awareness in all development work, create youth friendly domestic violence services including screening, promoting economic and social freedom of women and girls. Financial difficulties within the relationship were found to be the predictors of domestic violence.

Women, the main victims of domestic violence have many reasons for not reporting incidences of domestic violence as legal authorities are not taking appropriate action, most women are unaware of their legal rights, women may be victimized either by insensitive accusatory questions or by actual assault and failure of Health Care Facilities and police to consistently record data on domestic violence against women. There is need to offer opportunities for rehabilitation of domestic violence victims including youth and adding social issues that negatively impact the lives of married women and girls.

Clinically the findings in this study have clearly shown that prevention and control of domestic violence should include family support strategies, church leaders, traditional leaders and community strategies. There is need for mental health and psychiatric nurses to

disseminate information about the importance of family support and community strategies among women experiencing domestic violence, to reduce the physical, psychological, emotional and social problems, resulting from domestic violence.

Married women who were experiencing domestic violence should be encouraged to share information pertaining to their problems with their families, church leaders and traditional leaders so that they get constructive advice to prevent and control domestic violence. There is need for family members, community, church leaders and traditional leaders to listen to the problems of married women experiencing domestic violence, to understand their problems and give essential information and constructive advice to prevent and control domestic violence. Therefore, the mental health and psychiatric nurses should educate the community members, church leaders and traditional leaders on appropriate advice and information on domestic violence to prevent and control further abuse of married women in Zimbabwe. Nursing was found as a strategy to help clients to overcome stress using the model. Structure of the model was originally designed for graduate students. Betty Neuman's model provides a guide for nursing practice.

The findings of this study have prompted the study to make the following recommendations for nursing education, future research and for community leaders.

The study suggests that the nurse training curricular should include the component of educating the communities on the prevention and control of domestic violence. For those nurses who are already in practice, the nurse training schools should facilitate the dissemination of information on strategies for educating communities on the prevention and control of domestic violence affecting married women in Zimbabwe. The dissemination of information should be through

workshops, in-service training, on job training, group discussions, and educative awareness campaigns, meetings, refresher courses. Information can also be disseminated through radios, televisions, magazines, WhatsApp, internet, email and bulletins.

The study findings in conjunction with previous study findings on strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women can be used as a basis to generate new knowledge related to strategies for educating communities within an African context on the prevention and control of domestic violence for the discipline of nursing. Further studies should be done to explore the components of family support, community support, church leaders and traditional leaders support such as emotional, tangible, and informational and appraisal support which may improve the health outcomes of married women and the activities or strategies in mental health and psychiatric nursing.

Religious and traditional leaders have a major role to play in the prevention and control of domestic violence. It is recommended that the traditional and religious leaders should be educated or oriented on the constitution that protects the rights of married women in Zimbabwe through use of awareness campaigns / road shows. This orientation should also be taken to their communities. Communities should be encouraged to report cases of domestic violence. The roles of both the church and traditional leaders should be explicit in how they deal with domestic violence among married couples.

There is need for the community members to work as a team to alleviate domestic violence affecting married women in Zimbabwe.

There is need for the Zimbabwean government and non-governmental institutions to start raising the status of women and this in a way address domestic violence affecting married women.

There is need to launch church conferences preaching gospel in relation to domestic violence affecting married women in Zimbabwe.

There is need for the community to understand the causes and contributing factors to domestic violence, determining why it persists.

There is need for the health workers, police officers, church leaders and traditional leaders to jointly working together to prevent and control domestic violence affecting married women in Zimbabwe.

There is need for Zimbabwean government to support the public, local areas and organisations to access the tools of information they need to prevent and control domestic violence affecting married women.

There is need to increase education and awareness among citizens of Zimbabwe to prevent and control domestic violence.

Traditional leaders, church leaders and health practioners require workshops on domestic violence.

The study recommends further investigations into ways traditional leaders, church leaders choose to manage domestic violence affecting married women in Zimbabwe as they need proper knowledge of domestic violence administrations. It is not by virtue of being a traditional leader or a church leader that one has skills to lead and manage domestic violence so well.

Government and non-governmental organisations need to recognize the prevalence of domestic violence affecting married women in

Zimbabwe and increase the resources committed towards prevention and control of domestic violence.

There is need to in co-operate the components of family, community , religion support, cultural and education support to deal with domestic violence affecting married women in Zimbabwe.

There is need to in co-operate domestic violence into the primary education, secondary, tertiary education and psychiatric nurse training curriculum.

Further research studies on the strategies for educating communities within the African context on the prevention and control of domestic violence should include both men and women to address some of the limitations of the current study.

More studies should be replicated with a larger sample and at different sites to increase generalizability.

There is need to promote the extended family concept and the family group meetings to promote intactness, integration and mutuality of extended families.

There is need for mental health and psychiatric nurses to inform the women experiencing domestic violence about the available services in the community such as ZWALA, Musasa project, Zimbabwe Republic Police, Traditional leaders, Women Action group, Connect and Psychiatric Units.

There is need for the law to recognize the prevalence of domestic violence affecting married women so that corrective measure can be taken.

There is need for married women to be empowered to claim their rights.

There is need for policy makers to develop policies on how to create awareness about constitutional rights of women.

There is need for community members to be aware of the limits of their power in imposing traditional norms.

There is need for health workers to play their advocacy roles in lobbying for the rights of women experiencing domestic violence within context of culture and the law.

There is need for researchers to sharpen their skills as they will be interacting with participations obtaining proper information using t heir research instruments.

In view of the increased number of married women being violated by men, all stakeholders should be aware of the constitutional rights of women who are being violated.

There is need for the community to be engaged, supported, empowered and their systems strengthened to ensure that interventions at community levels are driven and owned by the community themselves.

There is need for equal and active participation by women, men, boys and girls in assessing, planning, implanting, monitoring and evaluating programmes through the systematic use of the participatory methods.

There is need to ensure priority, safety and security of victims of domestic violence at all levels.

There is need for the service providers to be sensitive to the need of victims of domestic violence at all times.

There is need to ensure non-discrimination in all interactions with domestic violence victims at all levels.

There is need to reduce all forms of domestic violence in Zimbabwe by We can punch up let's say by 2030 so that it aligns with the national Vision 2030.

There is need to increase male involvement in domestic violence prevention.

There is need to increase availability of domestic violence services centres in Zimbabwe.

There is need to strengthen capacity of institutions/ organisations for the care and support of domestic violence victims.

There is need to increase participation of stakeholders in national domestic violence prevention and response at all times.

There is need to have an effective functional anti-domestic violence council in Zimbabwe.

There is need to increase the capacity of leaders at all levels to address domestic violence including negative cultural and religious practices that fuel domestic violence against women and girls.

There is need to change prevailing beliefs, attitudes and norms that contribute to the acceptability and perpetuation of domestic violence in Zimbabwe.

There is need to create an enabling environment which will require individual and community behaviour change which includes raising overall community awareness, mobilising community based efforts, providing support, for evidence based advocacy, conducting mass media campaigns that improves knowledge, attitude and practises of community members.

There is need to strengthen information on domestic violence related laws and policies in Zimbabwe.

There is need for government policy makers, program planners and other concerned bodies (non-governmental organisations) to establish appropriate strategy to prevent and control domestic violence.

There is need to engage women and girls into micro-finance scheme programmes to reduce friction and conflicts between partners especially in societies with rigid gender roles.

There is need to develop a national plan of nation to implement the Bejing Declaration on gender and the national gender policy.

There is need to setup or consolidate capacities of training centres against domestic violence.

There is need to increase women participation in positions of authority to reduce incidents of domestic violence.

There is need for better documentation of programmes and forums to share information against domestic violence.

There is need for increase access to technical assistance and funding for operations research on domestic violence.

There is need for indicators and program standards need to be established for longer-term, social change violence prevention approaches.
There is need for increasing funds available for violence prevention efforts in Zimbabwe.

There is need to conduct a gender audit of security sector legislation and policies with a view to amending them so that they are in line with the new constitution, and SADC and AU policies on women, peace and security.

There is need to advocate allocation of extra human and financial resources for implementing security legislation such as the Domestic Violence Act and other policies and legislation that enhance women's security.

There is need to support informal security sector institutions such as municipal police, religious leaders, chiefs and headmen to become more gender sensitive.

There is need to Introduce gender focal points to give technical advice and to monitor progress of gender mainstreaming in all security sector institutions.

There is need to advocate for 50/50 gender balance of women in the National Peace and Reconciliation Commission to push a gender-sensitive peace and security agenda.

There is need to advocate for the recruitment, retention and promotion of women in national-level security sector institutions.

There is need to support regional and national networks of women in the security sector to allow active internal advocacy for gender equality in all facets of the sector.

There is need to professionalise the security sector to become non-partisan so that it serves ordinary citizens with diligence.

There is need for the state to promote gender balance in national security institutions and ensure the human security of women as constitutional mandates.

Every study has its own strengths and limitation, and this was also true for this study. The strengths of this study must be considered. The literature reviewed and the findings of the study assisted the study to identify what already exists in relation to the problem of domestic violence affecting married women. The potential solutions to the problem of domestic violence affecting married women in Zimbabwe were identified. The study further emphasized the importance of community participation and involvement as an essential element to effectiveness of prevention and control of domestic violence affecting married women in Zimbabwe. Consequently, structures that promote community participation were found to be in place, although their use and effectiveness varies from community to community. The significance of education and awareness campaigns among the citizens of Zimbabwe added value. The study connected community residents to services by trying to prevent and reducing domestic violence. The community members were able to understand how and why domestic violence happens and how it affects the community. The study created a vehicle for establishing new norms about domestic violence and how it can be prevented. The dialogue about domestic violence was brought into public consciousness and the denial and isolation that often surround domestic violence was addressed. The points within the community that enhanced members' ability and find to connect to

social networks were created. Furthermore, the connection between domestic violence and other social problems such as poverty, substance abuse, culture, and mental and physical health issues were recognized. It also engaged community members in accessing their own realities and in critical thinking and planning that can lead them to action.

The powerful voice for social change and the voice of those who are directly affected by domestic violence were created. This led to empowerment and leadership development of community leaders.

The study helped community members to view violence as priority in the plans and budgets of local government and authorities. The study assisted residents and local community leaders to address domestic violence issues that do not stigmatize or label victims or perpetrators this will help to promote community norms that make it acceptable to talk about domestic violence and to intervene when someone is in danger.

Time constrains contributed to the choice of a sample size. However, time constraints were overcome by working overtime to achieve the objectives of the study.

Another limitation is that the instrument was developed by the study and used for the first time hence there could be measurement bias. However, the instrument was checked by the panel of experts in the department of Health Studies. The instrument was also tested on 5 subjects before the actual study and the responses were consistent.

The third limitation was that the focus was on females and as the prevalence and consequences differ among men and women, it will therefore be premature to extend the study findings to men experiencing domestic violence.

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## Synopsis

The purpose of the study was to develop strategies for educating communities within an African context on the prevention and control of domestic violence affecting married women in Zimbabwe. The study rose out of concern that given the availability of the constitution that protects the rights of women, married women are still violated. Betty Neuman's System Model was used to guide this study. Health, person and environment were the selected concepts for this study. In Betty Neuman's Systems Model, the interpersonal environment influences health. Community is a component of the interpersonal environment and it therefore influences health. A qualitative approach was used in the study which involved site and participant triangulation. Participants were recruited by purposive sampling for the first and second phases. The study was conducted at the Zimbabwe Republic Police (ZRP) Makonde District Head Quarters, at local church branches and at traditional courts at Makonde Rural District in Chinhoyi Zimbabwe. The population of the study were married women who had experienced domestic violence, family members including religious leaders and traditional leaders. In the first phase the study used both; the individuals and focus groups with married women aged between 19 and 49 years who had experienced domestic violence. The second phase used the individual interviews with families of women who had taken part in phase 1 and were willing to participate in the study, traditional leaders and religious leaders. The author envisioned that the study would have implications for the health care policy makers in Zimbabwe, the health care workers, the community and the married women. Domestic violence is most visible in high density areas. This may however give the impression that domestic violence is more prevalent among the poor. Physical abuse was found to be the most common form of abuse in Zimbabwe.

## About the Author

Winnie Zembe is a holder of the Doctorate of Literature and Philosophy in Health Studies from UNISA, Masters Degree in Nursing Science specialised in Psychiatric and Administration from University of Zimbabwe. Postgraduate Diploma in Psychiatry from Ingutsheni Central Hospital, Postgraduate Diploma in Higher Education from Chinhoyi University of Technology. Diploma in General Nursing from Harare Central Hospital and Certificate in Family Planning from Kwekwe Hospital. Nurse of the year in Zimbabwe year 2000. She worked at Mberengwa Hospital as a registered general nurse under the Ministry of Health and Child Welfare. Worked as a registered mental nurse at the psychiatric nurse at Harare Central Hospital Psychiatric Unit. Also worked as a nurse tutor at Harare Central Hospital Hospital. Worked as a nurse tutor at Chinhoyi Provincial Hospital. Worked as a lecturer and programme coordinator for a Bachelor of Science Degree in Nursing Education at Chinhoyi University of Technology. She is now working as a substance abuse and life skills officer for Chinhoyi University of Technology.