



**Investigating the role and effectiveness of intervention strategies employed by
six organisations dealing with intimate partner violence in Lesotho**

By

Lebohang Matela

Supervisor: Janet Muthuki PhD

Submitted in fulfillment the for Degree of Doctor of Philosophy in Gender Studies

College of Humanities, School of Social Sciences

University of KwaZulu-Natal

Pietermaritzburg

Declaration

I declare that this thesis is my work which has never been duplicated or copied or submitted anywhere except the University of KwaZulu-Natal in the College of Humanities, Gender Studies Programme. All cited literature has been referenced and acknowledged.

Student Name: Lebohang Matela

Signature:

Date: 28th September 2020

Acknowledgements

I thank the Almighty God for giving me strength and courage to study. I would like to extend my gratitude to my children, Kabelo and Reitumetse, for their unfailing support throughout my studies. They had to bear the burden of raising themselves when I left them to study, and they forever encouraged me not to give up during hard times. I thank God for having such brilliant, brave and loving children. I cannot forget my siblings, especially my brother who played a father to my children and always assisted them in times of needs. The same appreciation goes to my neighbour who supported my children when I could not be with them – I am forever indebted to you. I also appreciate my mother who supported me with prayers and having to bear lonely times. My gratitude also goes to my friend Khanyile who became my study mate and always encouraged me towards the finishing line.

I am also deeply indebted to my supervisor, Dr Janet Muthuki, who greatly assisted me in my work and with great patience as I took time to finish off (to the extent of exceeding the study period). I had so much to deal with in my personal life. Even though I did not share my personal challenges with her, she seemed to understand and I thank her for that.

Lastly, I would like to appreciate my friends who supported me through thick and thin, by giving me space to pursue my studies. Friends at home understood my busy schedule of work and studying and could understand that I could not be a good friend until I had completed my studies. Other friends and colleagues from work also encouraged me by always checking how far I was with the research and that motivated me to finish.

Abstract

Intimate partner violence ((IPV) has become an epidemic with ever-rising statistics of women battered and murdered by their intimate partners. Although IPV is on the rise globally, it is a heightened problem in the poorest countries, especially in the poor neighbourhoods of those countries. Persistently rising statistics on IPV against women in African societies is a clear indication of the status of women in those societies. The low social status of women makes them prone to violence in society and in intimate spaces. IPV paralyses all members of society and affects individual functioning and well-being. Even though IPV has been studied thoroughly in many countries, the literature review has indicated that not much has been done in Lesotho to study IPV, especially with a focus on its socio-cultural context and identifying strategies used by organisations dealing with battered women. Most importantly, there is a lack of investigation and documentation of the effectiveness of strategies implemented to address IPV.

Using a qualitative approach, this study teased out the socio-cultural determinants of IPV from the perspectives of both the perpetrators and the survivors of IPV, although the focus was on women. Data demonstrates that the cultural understanding of women influences their relations with men. The study also highlights how the issue of discourse, such as Sesotho proverbs, has contributed to perpetuate violence against women and promote women's complacency in the situation. The study reveals how survivors use strategies to overcome violence and how access to information plays a critical role in women taking charge of their lives in the midst of their ordeals. It also discusses psychosocial support as vital for the well-being of survivors of IPV and argues for psychosocial support that has an empowerment model with microfinancing for survivors.

This research argues for the Confrontation approach to IPV using three prevention strategies simultaneously to address it, namely, primary, secondary and tertiary prevention strategies.

Keywords

Intimate partner violence, IPV, Lesotho, Non-government organisations, NGOs, Intervention strategies, Confrontation approach.

Contents

Declaration.....	ii
Acknowledgements.....	iii
Abstract.....	iv
List of tables	xiii
List of abbreviations and acronyms	xiv
Chapter 1.....	1
Introduction	1
1.1 Introduction	1
1.2 Background of the study	1
1.3 IPV prevalence and risk factors.....	3
1.4 IPV prevention strategies	4
1.5 Significance of the study	5
1.6 Research problems and objectives of the study.....	6
1.6.1 Objectives of the study	6
1.6.2 Key questions.....	7
1.7 Structure of the thesis	7
Chapter 2.....	9
Literature review and theoretical framework	9
2.1 Introduction	9
2.2 Defining IPV	9
2.3 Prevalence of IPV	12
2.4 Causes of IPV	14
2.4.1 Individual-level factors	14
2.4.2 Relationship-level factors.....	15
2.4.3 Socio-cultural factors	17
2.5 Socio-cultural context of IPV globally	19

2.6 The socio-cultural context of IPV in Africa	22
2.7 Consequences of IPV on women's well-being	25
2.7.1 Economic well-being.....	26
2.7.2 Reproductive well-being	27
2.7.3 Physical and mental well-being.....	29
2.7.3.1 Suicide	30
2.7.3.2 Substance-related disorders	30
2.8 Women's coping mechanism in abuse	31
2.8.1 Positive coping strategies	34
2.8.1.1 Resilience, self-efficacy and post-traumatic growth (PTG).....	35
2.8.1.2 Seeking information.....	36
2.8.1.3 Reframing of victimisation	37
2.8.1.4 Activities for regaining control	38
2.8.1.5 Social support.....	38
2.8.2 Negative coping strategies	39
2.8.2.1 Normalising and acceptance	39
2.8.2.2 Self-blaming and keeping the peace.....	39
2.8.2.3 Active behavioural avoidance	40
2.8.2.4 Denial and self-deception.....	41
2.8.2.5 Substance misuse	41
2.8.2.6 Deliberate (non-suicidal) self-harm	41
2.9 IPV Intervention strategies	42
2.9.1 Primary prevention	42
2.9.2 Secondary prevention.....	46
2.9.3 Tertiary prevention.....	47
2.9.3.1 Coordinated community response	47
2.9.4 Women empowerment through microfinancing	49
2.10 Role of NGOs in IPV	51
2.10.1 Lobbying and advocacy	54
2.10.1.1 Approaches to advocacy	55
2.10.2 Raising awareness	57
2.10.3 Service provision	58

2.10.4 NGOs and training	59
2.10.5 NGOs as catalysts	59
2.11 Theoretical framework	62
2.11.1 Post-structural feminism	63
2.11.1.1 Language, discourse and subjectivity	64
2.11.1.2 Power	66
2.11.2 Social-ecological model	68
2.11.3 Capability framework	71
2.12 Conclusion	75
Chapter 3.....	77
Research methodology and methods	77
3.1 Introduction	77
3.2 Research paradigm	77
3.3 Research methodology	78
3.3.1 Study population	79
3.3.2 Sampling procedures	80
3.3.3 Data collection methods and procedures	83
3.3.3.1 Preliminary data collection	83
3.3.3.2 Data collection techniques	84
3.3.4 Data analysis	87
3.3.4.1 Thematic analysis	87
3.3.4.2 Document analysis	89
3.4 Ethical considerations of the study	90
3.5 Limitations of the study	90
3.6 Conclusion	91
Chapter 4.....	92
Socio-cultural context of IPV in Lesotho	92
4.1 Introduction	92
4.2 Prevailing understanding of IPV in Lesotho	92
4.3 Determinants of IPV	96

4.3.1 Lack of knowledge about GBV/IPV	96
4.3.2 Culture and tradition	97
4.3.3 Male hegemony	98
4.3.4 Gendered proverbs.....	101
4.3.5 Cultural practices.....	106
4.3.5.1 Child/early marriage	106
4.3.5.2 Bridal abduction	108
4.3.5.3 Payment of lobola.....	109
4.3.6 Difference in educational attainment.....	112
4.3.7 Economic dependence	115
4.3.8 Dissatisfaction in relationships.....	116
4.3.9 Multiple concurrent relationships	118
4.3.10 Loss of male economic power	120
4.3.11 High alcohol consumption.....	123
4.4 Conclusion	124
Chapter 5.....	126
Strategies used by women to respond to IPV	126
5.1 Introduction	126
5.2 Rationalising and tolerating abuse	126
5.3 Self-blaming	128
5.4 Keeping quiet	129
5.5 Opposing power of the abuser/fighting back	132
5.6 Reporting spouses to the family members	134
5.7 Activities for regaining control	136
5.8 Use of bargaining power	137
5.9 Withholding sex as a reprimand in the relationship	138
5.10 Network circles.....	139
5.11 Meditating on some Sotho proverbs and prayer.....	141
5.12 Avoidance of interactions	143

5.13 Multiple concurrent partners (linyatsi)	145
5.14 Conclusion	148
Chapter 6.....	150
Role and effectiveness of intervention strategies employed by organisations dealing with IPV.....	150
6.1 Introduction	150
Section 1	151
6.2 Background information on the organisations dealing with IPV	151
6.2.1 She Hive.....	151
6.2.2 Federation of Women Lawyers in Lesotho (FIDA)	152
6.2.3 Women and Law Society in Southern Africa (WLSA).....	153
6.2.4 Ministry of Gender, Youth, Sports and Recreation (MGYSR).....	153
6.2.4.1 Department of Gender.....	154
6.2.5 United Nations Population Fund (UNFPA).....	155
6.2.6 Child and Gender Protection Unit (CGPU).....	156
Section 2	157
6.3 Prevention strategies used by organisations dealing with IPV	157
6.3.1 Organisations' primary prevention strategies	158
6.3.1.1 Awareness-raising about GBV/IPV	159
6.3.1.2 Lobbying and advocacy.....	165
6.3.1.3 Gender transformative programming	171
6.3.1.4 Engaging men in IPV prevention.....	171
6.3.2 Secondary prevention strategies employed by organisations	173
6.3.2.1 Providing counselling for survivors.....	174
6.3.2.2 Providing hotlines for survivors or perpetrators	175
6.3.2.3 Providing shelters and empowerment for survivors	175
6.3.2.4 Political empowerment	176
6.3.2.5 Economic empowerment.....	177
6.3.2.6 Social empowerment.....	178
6.3.3 Tertiary prevention strategies used by organisations	180
6.3.3.1 Law enforcement and legal responses to IPV	181
6.3.3.2 Support groups for survivors	182

6.3.3.3 Community coordinated strategies.....	184
6.3.3.4 Creating meaningful activities for rural communities	184
6.3.3.5 Strategies to deal with perpetrators of violence (batterer treatment strategies)..	185
6.4 The capacity of organisations and the effectiveness of their strategies in addressing IPV	188
6.4.1 A performance component	190
6.4.1.1 Use of awareness-raising to develop capabilities.....	192
6.4.1.2 Knowledge management.....	196
6.4.1.3 Community/stakeholder involvement	197
6.4.1.4 Organisational capacity in dealing with IPV	198
6.4.1.5 Challenges faced in effectively addressing GBV/IPV	199
6.4.2 A cultural sensitive approach.....	201
6.4.3 Capability to effectively implement evidence-based practice programmes.....	204
6.5 Conclusion	206
Chapter 7.....	211
Conclusion and recommendations.....	211
7.1 Introduction	211
7.2 Overview of the study.....	211
7.3 List of key findings	212
7.4 Summary of findings	212
7.5 Possible future interventions	229
7.5.1 Proposed theory - Confrontation theory	229
7.5.1.1 Radical transformation	233
7.5.1.2 Reclaiming the space	251
7.5.1.3 Empowerment for both women and men	252
7.5.1.4 Mobilisation of women	256
7.6 Contribution of the study to knowledge	259
7.7 Suggestions for future research	263
Bibliography	264
Appendices	275
Appendix 1: Interview guides	275

Appendix 2: Informed consent	277
Appendix 3: Gatekeepers' letters	279
Appendix 4: Ethical clearance.....	285

List of tables

Table 1 - Study sample	82
Table 2 - Demographic information about respondents	83

List of abbreviations and acronyms

ADAL-	Anti-drug Association of Lesotho
CDC-	Centers for Disease Control
CGPU-	Child and Gender Protection Unit
CRROA-	Crime Prevention, Rehabilitation and Reintegration of Ex-offenders Association
FIDA-	Federation of Women Lawyers
GBV-	Gender-based Violence
IPV-	Intimate Partner Violence
MGYSR-	Ministry of Gender Youth Sports and Recreation
NGO-	Non-governmental Organisation
PTG-	Post Traumatic Growth
PTSD-	Post Traumatic Stress Disorder
SASA-	Start, Awareness, Support and Action
SEM-	Social-ecological Model
STD-	Sexually Transmitted Disease
UNFPA-	United Nations Population Fund
UNICEF-	United Nations Children's Fund
UNIFEM-	United Nations Development Fund for Women
USAID-	United States Agency for International Development
WHO-	World Health Organisation
WLSA-	Women and Law in Southern Africa

Chapter 1

Introduction

1.1 Introduction

Violence against women is a global problem with partner violence cases rising daily. Ackerson and Subramanian (2008) indicated that globally one in three women has experienced psychological, physical or sexual partner violence in her lifetime. Ackerson and Subramanian (2008) further indicated that while intimate partner violence (IPV) is a worldwide scourge, its magnitude is extreme in less developed countries. Intimate partners may be described as boyfriends, girlfriends, and current and former spouses. Some scholars use gender-based violence (GBV), IPV and domestic violence (DV) interchangeably. GBV is violence involving men and women, in which the female is usually the victim and derives from unequal power relationships between men and women. IPV is thus another form of GBV which happens in intimate relationships. One can even argue that IPV against women is a result of GBV as it a by-product of many factors relating to how society views women.

This chapter provides background to the study and an overview of the context of IPV as regards its prevalence and risk factors. It also highlights the significance of the study discussing its contribution to knowledge. The chapter also notes the study objectives and the research questions that the study hopes to answer.

1.2 Background of the study

This research is a study of IPV in Lesotho. Lesotho is a kingdom country landlocked by South Africa. It has some traditions and cultures that still uphold male superiority. High levels of poverty coupled with high unemployment rates have provided a situation where the majority of men are unemployed with their spouses mostly working in factories and as street vendors in the towns and cities. The country is facing two major epidemics, namely, the high prevalence of HIV and IPV and both need to be

investigated scientifically in order to bring sustainable change. This study sought to address IPV as it continues to affect women's well-being, wreck families and spills over to threaten the well-being of communities. IPV needs proper investigation and appropriate response by concerned people.

Gilfus et al. (2010) defined IPV as a constellation of abusive and controlling behaviour including psychological abuse, sexual coercion, financial abuse, isolation, threats, stalking and physical violence that taken together create a climate of fear and intimidation that maintains one partner in a position of domination and control with the other partner in a position of subordination and compliance. The climate of fear and intimidation that is created by the abuser has to be well noted as it can have far reaching impact even when the partners are no longer intimate. For example, it can be fear carried forward by the victim when entering a new relationship. Gilfus et al. (2010) go on to say that some theoretical explanations of IPV from public health, sociology, criminal justice, social work and medicine situate the cause of IPV at the micro level such as within the family or the individual as well as at the macrolevel which is the larger socio-cultural environment. Public health explanations of IPV elucidate our understanding of multi-level factors contributing to IPV. Hahn (2012) described two major categories of IPV. He refers to the first category as severe physical aggression or patriarchal terrorism which is distinguished by the male partner controlling the female partner with the female living in constant fear of her male partner. He refers to the second category as common couple violence or mild physical aggression which presents itself in mild or moderate bi-directional violence that is less likely to endanger a person's life.

There is a growing body of research which explains intimate violence perpetrated by women. More studies are exploring the frequency of IPV perpetrated by women and show that women, like men, perpetrate violence equally depending on context and motivation (Howard-Bostic 2014). However, feminist theory-based research emphasises the importance of gender inequities and postulates that women use violence in defence. For the purpose of this study, both patriarchal terrorism and common couple violence were generalised as IPV. However, a special interest was taken in identifying what kind of violence is more prevalent in IPV in Lesotho.

1.3 IPV prevalence and risk factors

Although IPV may be regarded as interpersonal violence between couples, there is consistency from many studies in identifying risk factors at the individual, interpersonal, family, organisational, community, societal and policy level (Jewkes et al. 2011; Gilfus et al. 2010). Individual-level risk factors may include high alcohol consumption and drug abuse (Pitpitan et al. 2013). Jewkes et al. (2011) and Guruge et al. (2012) identified risk factors as low levels of literacy, low educational attainment, low self-efficacy, religion, and women having witnessed abuse as a child. The Women and Law Society in Southern Africa Research Trust (WLSA) (2014) indicates that in Lesotho domestic violence is generally attributed to, and shaped by, many factors including patriarchy, culture, socio-economic factors and lack of legal frameworks. Moreover, the study done by Phela Health and Development Communications (2008) pointed out that IPV in Lesotho is a result of inequalities in the socio-economic factors between men and women, which can be attributed to the retrenchment of men from the mines resulting in them not having an income while women are the breadwinners in families.

Violence in Lesotho is escalating and research by the Southern African Development Community (SADC) (2012) which examined the nature of violence and its contributing factors found that there is a high GBV prevalence in Lesotho with a rating of 86%. The most prevalent form of GBV being IPV which stood at 62%. However, the study showed that women under-report their experiences of violence. Even though the study does not indicate the causes of underreporting, there may be several reasons why women do not report IPV, including accessibility of service providers, and knowledge around IPV issues and service provision. According to the research, only three percent of partnered women reported to the police and medical health providers. While the research indicated some factors contributing to IPV in Lesotho, it is silent about interventions to curb it, especially what organisations are doing to respond to this violence.

1.4 IPV prevention strategies

Effective IPV prevention strategies must take into account various contributing factors. According to the Centers for Disease Control and Prevention (2013), in order to prevent IPV or sexual violence, there must be an acknowledgement of the conditions within societies that cause or contribute to violence. Conditions such as the beliefs propagated and the emphasis on strict gender roles and traditions upheld by society all create an ambience in which IPV is allowed and reinforced. Recent studies advocate for primary prevention methods in IPV interventions. Primary prevention fosters social norms and environments in which intimate partner and sexual violence do not occur. Secondary prevention focuses on responding to already existing violence and it entails providing victims with information and services rather than giving them skills and changing systems which promote violence. Thus, its focus is on reducing victims' risks for future violence and on mitigating the consequences of exposures to violence (Prevention Institute 2007). Responding to violence as the key approach may not prevent the occurrence of IPV because it is reactive and only reduces the incidents. Tertiary prevention, on the other hand, is credited with providing long-term results such as reducing the long-term and negative effects of violence.

While studies done by Phela Health and Development Communications (2008), the SADC (2012) and the WLSA (2014) have contributed some stimulating findings regarding contributing factors to GBV generally, they have not gone deeper to interrogate intimate spaces. Furthermore, while the studies also have made a great contribution in showing the prevalence of GBV, only research by the SADC included the prevalence of IPV but it did so without delving too deeply into what causes it and the prevention strategies that can be put in place to curb such violence. Therefore, there are gaps in the literature in terms of understanding the socio-cultural context of IPV in Lesotho, the role played by organisations concerned with IPV in preventing and responding to violence, and the effectiveness of their programmes. Finally, while there are several governmental and non-governmental organisations (NGOs) working with victims of IPV there is no documentation on their role in IPV, the strategies they have in place in preventing IPV, and the effectiveness of those strategies.

In this study, I advanced that the best way to address IPV is to design and implement programmes on prevention strategies which comprise three categories, namely, primary, secondary and tertiary prevention. Primary prevention is significant in preventing IPV in that it intervenes at individual, family, and community levels in ways that stop the perpetration of violent behaviour. Secondary prevention provides victims with information and services thereby mitigating the consequences of their exposure to violence. Tertiary prevention is concerned with reducing the long-term negative effects of violence. Combining primary, secondary and tertiary prevention strategies is ideal especially in communities or families that are already characterised by IPV.

1.5 Significance of the study

IPV is a pandemic and a matter of life and death. Concerned gender activists and organisations should be well vested in evidence-based strategies to address IPV. This research, therefore, provided a new direction in strengthening IPV prevention programmes and informing the IPV policy framework. By using Lesotho as a case study, this study added to the historiography of IPV within an African and global context. It also provided a more nuanced understanding of the socio-cultural context of IPV and how women negotiate and accommodate their experiences of IPV. This research area is an important one which needed to be investigated in order to understand the context of IPV and the involvement of organisations in dealing with it. Studies of this nature are relevant in that they can assist organisations in designing appropriate prevention strategies. As IPV is a global challenge, studies that aim at assessing effectiveness of prevention strategies are vital in providing best practices and recommendations about what works.

This study, therefore, sought to determine the role played by organisations dealing with abused women through IPV and identify the prevention strategies they use to address IPV. Pertinent to the study was the evaluation of the effectiveness of the programmes designed for IPV and the interrogation of whether the organisations employ prevention strategies at the three levels. This study thus makes a significant contribution by documenting the organisations' responses to IPV in Lesotho. It adds to our understanding of the simultaneous use of the three prevention strategies in

responding to IPV and to the strengthening of the intervention programmes. It also sheds light on the socio-cultural context of IPV in Lesotho by exposing the norms that subtly promote male hegemony to the detriment of females. The study also contributes knowledge about how survivors use some strategies to disrupt the power of the abuser. This knowledge is very important in order to learn about and magnify positive strategies that can be adopted and used to empower other women who are living in abusive relationships. Moreover, this research is also an “eye-opener” in showing that access to information plays a noteworthy role in empowering survivors of IPV in that it illustrates how survivors who were exposed to such information used it to overcome violence and attain a state of well-being. Most significantly, this study adds to the body of knowledge by proposing a theory that could better prevent IPV. That proposed theory is called the “Confrontational Theory” and it proposes strategies to address IPV.

1.6 Research problems and objectives of the study

IPV is a human rights violation, a gender issue and a public health concern. Although IPV is well researched and documented globally, the context of IPV differs from country to country and even within countries as a result of multiple contexts. The available literature on the experiences of victims of IPV and how they respond to it is scarce and in Lesotho such information is not documented. While there are organisations working with battered women to reduce violence in Lesotho, their role in dealing with abused women and the effectiveness of their strategies in IPV is also not documented and thus not published. Therefore, this study set out to examine the socio-cultural context of IPV in Lesotho and to document the role and strategies used by organisations in dealing with abused women. Equally important, it identified the prevention models informing the organisations’ IPV programmes and evaluated the effectiveness of these programmes in reducing violence. The study was also conducted to determine how victims/survivors respond to violence.

1.6.1 Objectives of the study

The following objectives of the study were formulated:

- To identify and examine the socio-cultural context of IPV in Lesotho
- To examine the role played by organisations in dealing with IPV
- To identify the prevention strategies used by organisations for IPV prevention
- To evaluate the effectiveness of those strategies in addressing IPV
- To develop appropriate IPV interventions strategies, based on findings of the study.

1.6.2 Key questions

The following key questions were asked:

- What is the socio-cultural context of IPV in Lesotho?
- What is the role and place of organisations in dealing with IPV?
- What prevention strategies or models guide their programme design?
- What is the effectiveness of these strategies in addressing IPV?
- What can be done to improve on current IPV intervention strategies?

1.7 Structure of the thesis

Chapter 1 presents the background to the study. The research problems, objectives of the research and key questions are outlined. The chapter briefly outlines IPV prevalence and risk factors as well as IPV prevention strategies. The value of the study is discussed and an overview of the plan and structure of the thesis is provided.

Chapter 2 comprises the literature review. Published research, unpublished reports and documents are studied and reported on to situate the research. The chapter also provides an overview of the theoretical framework that underpins the study. Thus, the Social-ecological model, Post-structural feminism and the Capability framework are discussed in detail and their value in this research are highlighted.

Chapter 3 presents the research methodology and methods. It discusses the qualitative research approach and provides the motivation for using such an approach

in this research. Importantly, the data collection methods and tools used are discussed and the limitations of the research are highlighted.

Chapter 4 discusses the socio-cultural context of IPV in Lesotho. It brings out the significant contribution of culture and traditions in influencing men and women's relations and how discourse is also a factor in maintaining women's subordination and abuse.

Chapter 5 discusses a range of strategies used by battered women to overcome abuse. This chapter reveals significant knowledge about the experiences and coping strategies of women undergoing IPV. The chapter clearly shows how women who are survivors fight to either overcome violence or manage it.

Chapter 6 is divided into two sections. Section 1 provides background information on organisations dealing with IPV and identifies the strategies or models they use for IPV prevention. Section 2 focuses on evaluating the effectiveness of the IPV prevention strategies in addressing IPV as well as the effectiveness of the organisations, that is, their organisational capacity to do so. The effectiveness of the programme/strategy cannot be separated from the effectiveness of the organisation.

Chapter 7 comprises a summary of the findings and conclusions. This chapter provides, in a "nutshell", the necessary understanding of the research findings and brings together important conclusions drawn from the research. Recommendations for possible future interventions are made, including suggestions for new programmes to effectively address IPV. The transformation of the existing programmes to effectively address IPV is recommended. Finally, the chapter proposes a theory to address IPV holistically.

Chapter 2

Literature review and theoretical framework

2.1 Introduction

A literature review discusses published information about a particular subject area. Through the literature review, a researcher acquires more understanding of the research topic and is able to learn what previous scholars have written around the topic in order to situate his or her research. Babbie and Mouton (2007:565) postulated that “every research should be placed in the context of the body of scientific knowledge”. This literature review indicates the arguments that have been put forth by other scholars in relation to the research topic in order to contextualise this research. It also highlights the gaps in previous work that this research intended to fill. The chapter also discusses the theoretical frameworks that were used to underpin this work. The first part of the chapter defines intimate partner violence (IPV) and then discusses the extent of the problem, the contributing factors to IPV, the socio-cultural context of IPV, its impact on women’s sexual reproductive health, and the role of organisations working on IPV. Part two of the chapter discusses the theoretical frameworks that inform the study, namely the Social-ecological model, Post-structural feminism and the Capability theory.

2.2 Defining IPV

IPV is one of the common types of GBV which happens in the private or intimate space. The UN Declaration on Elimination of Gender-based Violence (GBV) defines GBV as “any act which results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or deprivation of liberty, whether occurring in public or private life” (SADC 2012). This definition of GBV is broad and accommodates any acts which may pose physical or psychological harm to women. However, talking about acts or any acts is limiting violence against women to results of actions only. It leaves out systemic factors and

conditions that violate women's liberty. For example, in some contexts, women are not even free to walk on the streets at night or during the day alone because they know that they can get raped and killed. Thus, without anyone doing anything, that atmosphere of fear alone is GBV. In addition, in intimate spaces, a woman might fear her partner not because there are acts of violence perpetrated by her partner but because that woman was raised in a context in which women were taught to fear men and one in which conditions or beliefs created a fear of men.

Definitions of GBV/IPV thus have to take cognisance of different contexts and should not be one-size-fits-all. Dunkle et al. (2004) defined GBV as "physical, sexual and psychological abuse from intimate partners, sexual violence by non-partners, sexual abuse of girls and acts such as trafficking women for sex". GBV definitions by the SADC and Dunkle et al. show that GBV can happen in both the public and intimate spheres. Bloem (2008) defined GBV as "violence that occurs as a result of the normative role expectations associated with each gender, as well as the unequal power relationships between genders within the context of a specific society". Bloem's definition captures the fact that violence is not just an individual or partner's problem but also brings in the issue of societal expectations and power dynamics. While this definition concerns GBV, it also applies to IPV in that most scholars view IPV as a societal problem which is caused by the interplay of various factors within and outside the individual. IPV is described as "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behaviour" (World Health Organisation 2012:2).

The definition by the WHO talks about IPV as acts of violence within an intimate relationship which limits IPV to violence by current intimate partners only. It obscures the fact that IPV can occur long after divorce or when the intimate relationship has been terminated. Gilfus et al. (2010: 246-7) defined IPV as "a constellation of abusive and controlling behaviours including psychological abuse, sexual coercion, financial abuse, isolation, threats, stalking and physical violence that, taken together, create a climate of fear and intimidation that maintain[s] one partner in a position of domination and control with the other partner in a position of subordination and compliance". This

definition by Gilfus et al. is more detailed and encompasses power dynamics; however, highlighting that IPV is a collection of abusive behaviours can be misunderstood to exclude accounts where abuse has been perpetrated once. It gives the impression that when violence is not continuous, it is not abuse. However, both the definitions by the WHO and Gilfus et al. point out that violence results in psychological and physical harm and intimidation on the part of the victim and this is in line with the UN's definition on GBV noted above. Itimi, Dienye and Gbeneol (2014) defined IPV as GBV that involves people in intimate relationships and may be perpetrated by either men or women. Their definition captures the fact that IPV can be perpetrated by either partner – man or woman. However, while it is a fact that violence may be perpetrated by both men and women, violence against women is on the rise and is perpetrated by men.

Hahn (2012) described two major categories of IPV. The first category refers to severe physical aggression or patriarchal terrorism which is distinguished by the male partner controlling a female partner with the female living in constant fear of her male partner. The second category is common couple violence or mild physical aggression which presents itself in mild or moderate bi-directional violence that is less likely to endanger a person's life. Both categories of IPV, as defined by Hahn, sum up the theoretical explanations of violence by feminist and family violence scholars and highlight two important issues, namely, patriarchal terrorism and bio-directional violence. It is very important for researchers and other IPV stakeholders to investigate the type of violence before mediation. This study focused on the feminist explanations of IPV but did not reject the view that IPV can sometimes be bio-directional.

According to Garcia-Moreno et al. (2006) from 15% to 71% of women globally experience IPV during their lifetime. A WHO report (2013) shows that 35% of women worldwide have experienced IPV and 38% of women who are murdered are murdered by their intimate partners. This report and other research (McClosky et al. 2016; Knoening et al. 2013; Conroy 2014; Capaldi et al. 2004) show escalating numbers of women victimised by their intimate partners leading to the view of men as perpetrators of IPV. Viewing men as perpetrators is proportional to the ever-rising statistics on violence against women as described above.

However, there is a growing body of research which deals with intimate violence perpetrated by women. Howard (2014) explored the frequency of IPV perpetrated by women and showed that women, like men, perpetrate violence equally, based on context and motivation. However, feminist theory-based research emphasises the importance of gender inequities and postulates that women use violence as a defence mechanism. Family conflict research, on the other hand, argues that both men and women have similar motivation to perpetrate IPV which includes anger and the desire to resolve conflicts (Blair-Merritt et al. 2010). Johnson in Cannon et al. (2015) viewed the IPV definitions by feminist and family violence scholars as non-overlapping phenomena. He maintained that the feminist scholars' definition tries to elucidate patriarchal terrorism while family violence scholars are concerned with common couple violence which occurs in relationships with relatively equal power (Cannon et al. 2015). The view that women also perpetrate violence against men should not detract from the fact that violence perpetrated by men against women is horrific and has other motivations beyond just the desire to resolve conflict and are rooted in patriarchy.

Therefore, the description of both patriarchal terrorism and common couple violence were generalised as IPV and used in this study. However, the focus was on violence against women perpetrated by men because of its negative effects on women's well-being. Moreover, looking at gender inequalities that exist in society and the discrimination against women, it was considered important to use feminist definitions of IPV and to take a feminist stance. For the purpose of this study, both patriarchal terrorism and common couple violence were helpful in establishing the kind of violence prevalent in IPV in Lesotho.

2.3 Prevalence of IPV

IPV prevalence refers to the commonness or occurrences of IPV. When studying IPV, it is important to look at its prevalence both globally and locally in order to establish the magnitude of the problem. Globally, it is estimated that 35% of women experience IPV in their life span with physical and sexual violence being highest in South-east Asia, the Mediterranean and Sub-Saharan Africa (WHO 2014). In South-east Asia,

approximately 38% of ever-partnered women report experiencing physical or sexual violence in their life. The WHO report of 2014 indicates that in the Eastern Mediterranean 37.8% of women experience IPV, followed by the African region with 36.6%, North and South America at 29.8%, Europe at 25.4% and the Western Pacific at 24.6%. Even though Africa is not leading in IPV prevalence, IPV prevalence is high and it is important to understand some risk factors within the continent. A systematic review of IPV in Africa done by Shamu et al. (2011) indicated that the prevalence of IPV in Africa ranges from 27.7% to 51.1%. In countries such as Zambia, IPV prevalence is estimated to be 90%, Ethiopia 71% and Uganda 41%. In Sub-Saharan Africa, IPV affects 36% of the population (McCloskey et al. 2016). A survey conducted in 2002 across eight countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) found that 18% of women aged between 16 and 60 years had experienced IPV in the past 12 months (Anderson et al. 2007). A study among young women aged between 13 and 24 years in Swaziland reported that one in three had experienced some form of sexual violence as a child; one in four had experienced physical violence; and three in 10 had experienced emotional abuse (Cyril 2013). In Lesotho, the SADC (2012) found the extent of GBV to be 86% and IPV at 62%. The statistics on IPV prevalence thus reveal that Sub-Saharan Africa has a high prevalence of IPV after South-east Asia and the Mediterranean. It is also noted that prevalence is very high in most of the countries in Sub-Saharan Africa. Given this, it is important to understand why such countries have high incidences of IPV.

According to the WHO (2012), IPV occurs in all locations and in all socio-economic, religious and cultural settings. However, looking at the prevalence across continents and countries shows that some locations are worse off than others. The WHO (2013) also pointed to the co-occurrence of sexual assault with physical and psychological violence revealing the implications of this burden on women's well-being. These statistics show that violence against women is a global problem and that women bear the brunt of multiple cases of abuse.

Although there are shocking statistics on IPV against women there is also, as noted above, an acknowledgement of rising instances of violence perpetrated by women against men even though the numbers are still low. In South Africa, for example, while

44.8% of all homicides were by men against women, women were responsible for 4.4% of homicides against men (McCloskey et al. 2016). As per the existing literature, it seems less is known about IPV against African men and what the underlying factors are. However, research from Uganda showed that about 20% of women reported that they had abused their male partners both physically and verbally (Conroy 2014). Moreover, Glass et al. (2011) in Conroy (2014) indicated that rates of physical victimisation were equally high among both men and women in South Africa (21% against 29%) and that lack of economic resources predicted physical abuse for both sexes. There are also instances of young African men being forced or lured into sex by older and well-off women.

Looking at violence against men from the perspectives of Conroy and Glass et al., the motivation for violence is based on economic challenges and pleasure and does not result in severe harm which affects men's well-being. Therefore, violence against men cannot be equated with violence against women and nor can it be addressed equally. Moreover, even though women in Africa have been shown to commit violence against men, scholars such as Conroy (2014), Jukes et al. (2002), and the Centers for Disease Control (CDC 2015) agreed that violence against women is high in Africa and the severity of the violence impacts on women even though men can also experience the aftermath of violence. This knowledge of violence against African men is relevant in research as it will enable researchers to examine the context of violence, to understand power relations in partnerships, and to also understand that women are not passive participants in IPV.

2.4 Causes of IPV

2.4.1 Individual-level factors

The appalling statistics regarding IPV outlined above indicate that there are risk factors that expose an individual to IPV. It is only when these risk factors are investigated and known that prevention can be possible. The literature is consistent in identifying risk factors at the individual level that include alcohol consumption and abuse (Pitpitani et al. 2013), low levels of literacy and educational attainment (Jewkes et al. 2011), low

self-efficacy, religion, and the women having witnessed abuse as a child (Guruge et al. 2012). These risk factors clearly indicate that they apply to the abuser as well as the victim. However, the risk factors mentioned are not elucidated sufficiently to explain how they become risk factors for both the perpetrator and the victim. It is important to understand how alcohol consumption, low educational levels and low self-efficacy are risk factors for both perpetrators and victims. The CDC (2017) identified emotional dependence and insecurity, belief in strict gender roles (for example, male dominance and aggression in relationships), desire for power and control in relationships, perpetrating psychological aggression, being a victim of physical or psychological abuse and history of experiencing poor parenting as a child as risk factors. The above-mentioned scholars, however, agree that these risk factors contribute to IPV but might not be direct causes. This means an individual may be exposed to these risks factors but the choice to be vulnerable or to be abusive lies with the individual.

The individual factors are thus categorised as biological and personal history factors that increase the likelihood of becoming a victim or a perpetrator of violence (CDC 2015). Identifying risk factors at the individual level is key in IPV prevention in order to reduce them before the violence starts and, where there is already violence, to design interventions that deal with the specific risk factors suitable for both the victim and the perpetrator. The biological and personal history risk factors show that both can be preventable and treatable with appropriate interventions.

2.4.2 Relationship-level factors

Relationship-level factors are found within the relationship between intimate partners and are sometimes called interpersonal factors. Complex relationship factors which influence IPV as observed by Jewkes (2002) include disagreements and high levels of conflict in the relationship. It can be argued (as done in this study) that where people have a relationship there can be disagreements which, when managed properly, can build even stronger relationships. However, if such small conflicts or disagreements are not properly addressed, then they breed more problems. Jewkes (2002) asserted that conflict or dissatisfaction in the relationship could result from multiple factors

including the contravention of traditional gender roles or challenges to male privilege. This study advanced that dissatisfaction in relationships may be too deep to understand and may involve things that are very personal to the partner who feels dissatisfied. Dissatisfaction may also be a result of other external factors.

The idea of male dominance in the family is considered to play a significant role in IPV especially for men who come from societies with strong ideologies of male dominance (WHO 2013, Jewkes 2002). One of the challenges with male dominance is its association with the bread winner's position and control. Once a person assumes that by virtue of being male, he is entitled to dominance and control, that person has to have the resources that will enable him to sustain his position. Failure to have those resources can affect that person in all aspects. This view is supported by Jewkes (2002) when he asserted that men living in poverty are seen to be unable to live up to their manhood and this may lead to stress and can result in men battering women. Economic stress is thus considered a factor in that poverty is seen as inherently stressful to men because of the societal expectations of what constitutes successful manhood. Consequently, this expectation is also inter-related with male identity. According to Jewkes (2002), violence against women is not only seen as an expression of male supremacy and control over women but also as being entrenched in male vulnerability which emanates from societal expectations of what it means to be a man. Men are failing to achieve these expectations because of poverty. According to this view, the financial dependence of women thus seems to be both a protective and a risk factor.

The WHO (2013) identified disparity in educational attainment as a risk factor, for example, where a woman is more educated than her partner. Education liberates women to challenge some traditions and gender roles, thus putting them at greater risk of violence. As Jewkes (2002) stated, "the educational empowerment carries an increased risk until a higher level is reached for protective effects". Both Jewkes and the WHO failed to elaborate on what makes high levels of education become protective factors. This view expressed by Jewkes may mean that little empowerment can be dangerous, especially when challenging deep-rooted or systemic abuse. The woman who has attained a high level of empowerment has self-efficacy, is grounded

to maintain her view, and can have relevant information about several options when dealing with IPV. In addition, scholars also include relationship power, relationship stress, and deficiency of resources as other risk factors at the relationship level (Agarwal and Panda 2007; Gelles 1974; Uthman et al. 2009). The issue of power is very problematic in any kind of relationship. When a person believes he or she has power, that person is likely to use it to control and subordinate others. Gender stereotypes, resources, educational background and power dynamics in the relationships are key to determining and predicting the risk for IPV.

2.4.3 Socio-cultural factors

Socio-cultural factors are macrolevel factors which involve both community-level factors and societal-level factors. It is ideal to look at macrolevels to understand how factors in the community and society influence individuals to perpetuate or to be victimised in IPV. Community-level factors, as observed by Mann and Takyi (2009), may include gender inequity, social norms and cultural ideologies especially those that relate ideas of manhood to power and violence and put women in subordinate positions. Such norms include husbands punishing wives for transgressing their gender roles through neglecting children or refusing to have sex with them (Center for the Study of Violence and Reconciliation 2016).

Poverty is also seen as another contributing factor at a community level. Social and community-level factors such as poor and disadvantaged neighbourhoods are associated with high rates of IPV. According to Uthman et al. (2009) “neighborhoods constitute key determinants of socio-economic disparities in health, as they shape individual opportunities and expose residents to multiple risks and resources over the life course”. The notion of the influence of the neighbourhood on an individual is very interesting as IPV and GBV appear to be high in poor countries as compared to developed countries as outlined earlier in the chapter. Thus, the characteristics of poor communities and their relationship with IPV should be studied in order to come up with sustainable solutions. The disadvantaged neighbourhood can negatively affect an individual through lack of access to information and services that would have empowered her against IPV. Lack of access to information in poor neighbourhoods

does not affect women only, even men who have no access to information might not even understand issues pertaining to IPV and can perpetrate IPV without understanding it as a human rights violation. The WHO (2013) pointed to the low social and economic status of women, the weak legal and community sanctions against IPV in marriage, the belief in conflict resolution through violence and its acceptance by society as other risk factors at the socio-cultural and community levels. In addition, the CDC (2017) viewed a lack of institutions, relationships and norms that shape a community's social interactions as another risk factor.

Many societies in Africa are characterised by IPV which results from a culture of acceptance of violence against women and treating women as slaves of home chores and caretakers of men. Heise and Jewkse in Naemeka (2015) observed that at the societal level, violence is described to be common in a culture where gender roles are prescribed and observed, where maleness is strongly connected with roughness, male respect or power, where punishing women and children is a norm and where violence is a preferred way of solving conflicts. In such societies, women are beaten up for failing to care for their husbands and not doing housework. This clearly indicates that men abuse women to protect their vulnerabilities, to make sure they are well taken care of and that their families are sustained.

According to the CDC (2015), other societal factors include economic and social practices that maintain socio-economic inequalities between people, the availability of weapons, and social and cultural norms that centre on male dominance and parental dominance over children. In many countries, there are claims of unequal wages between men and women doing the same job and men owning land where women cannot. These are examples of maintaining socio-economic disparities that favour men.

There appears to be an overlap in the community and societal-level factors. However, what is salient in the two-level factors are the cultural norms that endorse violence. This view will help in identifying the socio-cultural norms in Lesotho which validate male dominance and violence as an acceptable way to resolve conflicts. The CDC (2015) mentioned the availability of weapons as a risk factor and this can benefit other

researchers in understanding and defining high incidences of homicides in countries like South Africa, Lesotho and several others where women are killed by their intimate partners. According to unpublished police and media reports, a considerable number of Basotho possess firearms, both legally and illegally. Further research to understand how the ownership of guns is a risk factor and why the firearms regulations are so lax in Lesotho is necessary.

2.5 Socio-cultural context of IPV globally

IPV is a global problem but it should be studied in different locations to establish its socio-cultural context. Looking at IPV globally does present a broader picture of its context and allows for it to be understood at a glance. IPV negatively affects the lives of women around the world with at least one in three women having her life destroyed by IPV with distressing physical and mental health consequences (WHO 2013). Campbell and Mannell (2016) argued that “whilst IPV occurs across all socio-economic strata, women living in poverty are often the most severely affected, especially in contexts where poverty and the inability to control women are associated with a crisis in male identity and where the use of violence is a socially accepted norm”. They further pointed out that in the USA, for example, the most vulnerable women are those facing poor housing, insecure immigration status, unemployment and racism. The argument by Campbell and Mannell shows that IPV is context-bound, with factors emanating from the vulnerabilities of both men and women. According to Campbell and Mannell, men and women are affected differently by poverty with men’s identity threatened by them lacking the means that would put them on a more elevated status of control. Men’s vulnerability that results from societal expectations of them as providers can also be magnified by cultural contexts in many places. Poverty seems to posit vulnerabilities which manifest in different ways and results in the migration of people and struggles over a few resources.

Poverty in some countries can be a result of other broader issues such as racial systems and social relations. According to Stanley (2012), non-white women in South Africa experience GBV and rape more than white women, which she sees as the legacy of apartheid. Stanley (2012) observed that to some extent, the fact that non-

white women experience GBV differently might be a continuation of the process of “othering” which occurred during the apartheid period with women, especially black women, now forming the “other” in a society that favours male dominance. The consequences of apartheid in South Africa can apply to other countries globally where race is an issue and women of colour are likely to become easy targets.

The study in Nepal executed by Campbell and Mannell (2016) revealed poverty, post-conflict relations, displacement, the emptying of rural areas, the divergence of economic success, and the dreadful suffering of migrant men working in the Middle East as drivers of IPV. Research conducted in Australia, Barbados, Cambodia, Colombia, the Grenadines, Guyana, Haiti, Kenya, Liberia, Nepal, Rwanda, Sierra Leone, South Africa, St. Vincent, Tanzania, Uganda, USA and Vietnam, shows that even though there may be significant cultural and contextual differences in the way in which IPV was experienced by women in these very different contexts, there is a range of intertwined common factors that cut across them all. These include the coercive social norms that place women as secondary and submissive to men in the family especially where women are often completely dependent on their partners economically, and where men have control over access to work, money and land. As Campbell and Mannell (2016) asserted, “in contexts where men have an economic advantage, leaving a marriage involves not only the possibility of total economic destitution for many women but also devastating social isolation arising from the loss of social status and respect”. This, therefore, sheds light on women in these contexts enduring abuse not only because they are complacent about it but to also avoid social stigma and the fear of losing resources for their children and themselves. Women tend to be seen as responsible for maintaining peace in the home. They thus have to keep their experience of IPV secret as they risk losing their status in society if they ever publicise their family issues.

According to Campbell and Mannell (2016), assumptions about IPV being a notion of masculinity are strongly reinforced in conditions of poverty. Poverty and its associated stresses are accompanied by alcohol abuse and breed IPV especially in cases where men have lost their breadwinner position and the only form of power that they can hold on to is the control of women. The complex and intersecting factors around IPV prohibit

women to take action against perpetrators or even to leave abusive intimate partnerships. Nevertheless, as Cambell and Mennel (2016) observed, “even in settings where women’s rights to non-violent relationships are enshrined in policy and law, and where services exist to support battered women, some women frequently lack the confidence to assert their rights to safety within the home”. This observation can account for the high levels of violence in developed countries such as the USA despite there being effective laws and best interventions for victims. It, therefore, shows how complex the issue of IPV is and how service providers have to design a range of interventions that can best address the problem as experienced in different contexts.

The paper by DeShong and Haynes (2015) showed how the Caribbean media often portray IPV as a response to men feeling less of being men when their wives are working in public spaces which are viewed inappropriate for women. They are seen as luring women into antisocial behaviours such as gossiping, independence, neglect of household duties and irresponsible wifehood. The tendency of media to portray men as providers and women as mothers and tender partners is part of the social construction of harmful gender stereotypes that contribute to harmful ideologies about women. Sarcastically, DeShong and Haynes (2015) argued that even though involving men in IPV reduction programmes is commended as the best practice in international responses, it has resulted in men continuing to violate their intimate partners using the rationalisation and excuse that they were provoked.

However, in more religious contexts women become caught up in religious structures and feel obliged to obey fathers, husbands, and sons. Women tend to over-spiritualise male figures and their vile actions and consider themselves holier if they are submissive to them. According to Gertzen and Claassens (2014), the Bible still plays a very important role in some societies that proclaim to be Christian. Therefore, a justification for violence is inherent in patriarchal relationships and can be linked to the presence of ideologies of violence and patriarchy in biblical texts such as Ezekiel 16 and 23. The use of some biblical texts thus creates a subordinate status for women and reinforces their complacency. Christian women experiencing IPV may find consolation in other characters in the Bible and may do nothing except to keep on

praying for things to get better. In extreme cases, they can even spiritualise the violence and think it is the will of God that they are under duress. Spiritualising violence is a problem on its own as victims, in trying hard to endure the pain, think that they are overcoming the devil.

Since religion is cultural bound, the pressure from religious circles coupled with cultural and social pressures on women to tolerate violence creates situations where women have very few options to seek help. In such societies, IPV is not seen as a problem even by women. In a Tanzanian study, McCleary-Sills et al. (2015) highlighted that men in that context are regarded as the rightful custodians of power and, as such, are responsible for providing for their families as well as making decisions including administering punishment to control and manage the household. Women, on the other hand, are described as trouble and always liable to annoy their intimate partners. Thus, women have an internalised shame of being bad to their partners and also fear to share it with anyone. The study further discusses marital rape or forced sex being accepted as normal unless done by a stranger. In this perspective, society would understand a woman who reports sexual abuse by a stranger and detest and shame a woman who reports marital rape. Similarly, research carried out by Stern et al. (2015) in South Africa explored how women's understanding of male hegemony and gender norms weaken their chances of opposing coerced sex with their male partners and tend to normalise and accept it as male sexual behaviour. Putting up with men's bad behaviour in these contexts promotes their power over women and reinforces traditional understandings of being a female.

2.6 The socio-cultural context of IPV in Africa

Looking at the context of IPV in Africa yields an understanding of how IPV is conceptualised in different countries within the same continent. The prevalence of violence against women in Africa may be equated with how society views women. According to the CDC (2015), the rate of violence against women is indicative of their status in society, the beliefs propagated, the belief in gender roles and the myths upheld by society. In African societies, causes of IPV include the acceptance of gendered violence, especially the beating of wives. Wife beating is not only

widespread but also accepted in many communities in Africa as a way of punishing and controlling wives. According to Mann and Takyi (2009), there is a close connection between violence and culture especially in patriarchal societies in Africa. In male-dominated societies, culture provides a social environment for the perpetration and rationalisation of women and children's abuse. Culturally, men are placed in a superior position to women as a result of normalised transactions such as dowry and wife abduction (Center for the Study of Violence and Reconciliation 2016). The practice of bride-wealth has had a negative impact on marriages, especially for women. These payments, although viewed as legitimising the union of families, are misinterpreted by some men who believe that they have bought wives and thus have the right to control them. On the other hand, bride price is seen by Mann and Takyi (2009) and the Centre for the Study of Violence and Reconciliation (2016) as preventing women from leaving abusive relationships for fear of having to pay back the dowry as is the case in some countries such as Ghana.

Another salient norm in Africa associated with IPV is the non-performance of marital duties and obligations. In most cases, marital duties include taking care of husbands and children as well as having sex with the husband whenever he wants to do so regardless of the woman's situation. In this way, as Mann and Takyi (2009) put it, IPV is entangled with traditional gender roles and socialisation patterns that prescribe how men and women should behave. In many societies in Africa women get punished for not cooking or taking care of children or failing to take care of husbands.

Furthermore, in Africa religion is viewed as another variable which provides the context for IPV (Latta and Goodman 2005: Mann and Takyi 2009: Centre for the Study of Violence and Reconciliation 2016). Mann and Takyi (2009) suggested that religion provides a belief system that helps to maintain the status quo through the interpretation of scriptures to emphasise women's submission. Misinterpretation of scriptures by male preachers can have a bearing on women's acceptance of male violence especially when violence is supported by scriptures. The Bible contains numerous violent episodes against women which, if not read with understanding, can make women view violence against them as holy and normal. According to Latta and Goodman (2005), the critical role of religion in women's lives can be both a source of

support and an agent of harmful norms. In their study of Haitian women, Latta and Goodman (2005) discovered that religion played a greater role in women's endurance of violence because of the belief in divorce and the belief that IPV should not be discussed outside the church. In this view, the church may appear to support the oppression of women as per its preaching and its condoning of violence through a lack of appropriate services for women in the church. The unpublished church documents from Norwegian Church Aid show that women tend to discuss their violent relationships with their clergy in the church. If the church would afford such women proper guidance on how to handle IPV and preach against it, the statistics on IPV against women would not be as high as churches are found everywhere in Africa, even in the rural communities. Failure by churches or clergy to address violence breeds more violence especially when their preaching supports women's oppression.

A further way in which culture is seen to have a bearing on IPV is through the family setting. Families in Africa are diverse and mostly they are large with extended family members. Because of the interdependence of family members, the family has an influence on warring couples which can be either positive or negative. Latta and Goodman (2005) indicated that family loyalty can be both good and bad – in some instances, the family may be unhappy when the victim exposes the perpetrator while in other instances, they may support the victim. Thus, they can either support the victim or force her to stay with the abuser to protect his interests or keep the family together. However, sometimes the family can support the victim in taking action against the spouse.

The Center for the Study of Violence and Reconciliation (2016) pointed out that most societies in Africa are patriarchal and women have an inferior status in relation to men. In these societies, women are expected to be obedient to men thereby affecting the decisions they make in the home and even in their participation in public spheres. Studies such as Uthman et al. (2009) have noted the association between sex and education and that demographic, social, empowerment and behavioural factors may account for the variations in women's vulnerability to IPV. The connection between attitudes towards IPV and individual socio-demographic variables such as age, education, occupation, marital status and place of residence need to be explored

further as they highlight both contributing and protective factors in the African context, especially Sub-Saharan Africa.

Gelle (1974) looked at the role of resources and power in dyadic relationships. According to the resource-based explanation, in situations where men lack the resources linked with their presumed gendered role of being providers, they are more likely to convey their aggravation by resorting to violence. On the other hand, women will be at greater risk of victimisation by their partners if they have more opportunities for resources than their partners or if they have little access to resources. This is so because they would be seizing the dominant position that traditionally belongs to men. Based on the resource theory, one can argue that ending violence in Africa may start with addressing poverty and interrogating the societal norms on manhood. A study done by Phela Health and Development Communications (2008) pointed out that IPV in Lesotho is occasioned by socio-economic inequalities between men and women which arose after men were retrenched from the mines, leaving them with no income while women became breadwinners in families. The reversal of the gender roles resulted in resistance and violence on the part of the men who often use force to control women.

2.7 Consequences of IPV on women's well-being

A person's well-being is a state of being healthy, comfortable and content. IPV causes harm and threatens women's well-being in numerous ways. A growing body of research such as that by the WHO (2016) and the UNFPA (2016) confirmed that GBV has serious effects on girls and women's physical, reproductive, and mental health, as well as repercussions for the families' and communities' well-being. IPV affects women's full participation in development issues and, as a result, leads to women living pathetically inadequate lives. USAID and UNICEF (2005) claimed that "a gender perspective helps identify the inequalities between women and men which in the field of health can lead both to increased illness or death from preventable causes". Thus, a gender approach facilitates understanding about differences between men and women and how they can all have better access to health services so that society as a whole will be better placed and equipped to contribute to development. If women

who constitute the majority of the world's population have challenges in accessing benefits and resources, there is the danger of neglecting a valuable part of the workforce that could contribute to sustainable development. A gender perspective brings attention to barriers that inhibit women to participate fully in development such as their lack of access to health which is more detrimental to women of childbearing age.

Providing women with equal opportunities means creating a world where women are respected and are positioned to lead valuable lives which will enable them to reach self-actualisation and participate in development. Affording women an elevated status would reduce their vulnerabilities and will also be a protective factor to IPV. However, keeping women being regarded as subordinates as the status quo does not only lead to violations of their rights but affects their well-being and makes them less productive members of society. There is a recognition that when women are not involved in decisions about matters that concern them, men make decisions for them which oftentimes affect women negatively.

2.7.1 Economic well-being

Economic well-being relates to financial security. It also includes the ability to make economic choices and the sense of security, satisfaction, and personal fulfilment with one's personal finances and employment pursuits. Adams et al. (2013) in their research recognised that IPV had significant negative effects on women's job stability and economic well-being. Job instability was partly responsible for the deleterious economic consequences of IPV. The authors argued that a job has the potential of providing a woman with independence. Losing a job as a result of IPV would result in a woman experiencing financial problems and, for survival, she would be compelled to either endure abuse in the relationship or return to an abusive partner. Moreover, IPV was seen to reduce the number of times women were able to continue paid jobs as batterers were seen to threaten the stability of the employment to the extent of causing job loss. After losing their jobs survivors might experience severe abuse. However, lacking the financial independence that a job would provide they would find

it difficult to make decisions about their lives especially decisions about leaving abusive relationships

Women and girls still face economic disparities in the home which is also worsened by few opportunities for training and education and, as a result, they battle to get decent employment. The financial stresses may push some women into commercial sex where they could end up contracting sexually transmitted diseases and infections such as HIV. IPV can push some also result in early arranged marriages which deprive girl children the opportunities to develop themselves before marriage. They end up being financially depended on husbands who become abusive and because of the lack of options these young women stay in abusive relationships and suffer the consequences of doing so.

2.7.2 Reproductive well-being

Women still face barriers to health which are rooted in socio-cultural factors that prevent women from taking control of their sexual reproductive health. These include the fear of male partner's violence and the fear of being chased away and losing the economic support of a partner. When women cannot take control of their reproductive health, they are affected in many ways. Examples are having many children whom they cannot provide for and health issues which result from being coerced into unwanted sexual practices to please men. Reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (UNFPA 2016). This definition of reproductive health sheds light on understanding that for a woman to attain reproductive health (complete physical, mental and social well-being), she needs to have the freedom to decide about her reproduction. A woman should decide about the spacing of her children and about how many children she wants to have. IPV robs women of the freedom to make

these decisions because of fear of the husband and even the in-laws. Ellsberg et al. (2008) and Garcia-Moreno et al. (2006) examined the consequences of IPV on women of reproductive age and these included physical trauma and the decline in reproductive health. Pico-Alfonso et al. (2006) asserted that “the psychological outcomes of IPV include depression, post-traumatic stress, and suicidal ideation”. Fonck et al. (2005) described the connection between IPV and HIV risk and indicated that women living with HIV are more likely to have experienced IPV compared to those who are not living with HIV.

The WHO (2013) indicated that violence may increase a woman’s vulnerability to contract HIV and other sexually transmitted diseases through direct and indirect pathways. This may include the inability to negotiate safer sex due to the fear of violence as forced sexual intercourse may tear the vagina and increase the risk of HIV infection. The WHO also indicated that fear of violence prevents women from seeking HIV services, including prevention of mother to child transmission and that the disclosure of one’s HIV status can also cause IPV. The study carried out by Dunkle et al. (2004) in South Africa, Rwanda and Tanzania showed an intersection of HIV and IPV in women which is explained by biological, socio-cultural and economic factors. The direct and indirect link of IPV and HIV requires careful examination and, to prevent both pandemics, the implementation of comprehensive and effective intervention programmes. Thus, for countries such as Lesotho with a high adult HIV prevalence of 25% and women with 29.8% (UNAIDS Country Factsheet 2016), it is obligatory to investigate which programmes can address IPV with the underlying factors including HIV and AIDS.

Physical and sexual violence has also been linked to many complications including low maternal weight gain, miscarriage, stillbirth, low birth weight and maternal death. According to the WHO (2010) in Bangladesh, India and the USA, IPV accounts for a large number of deaths among pregnant women. The WHO study of 400 villages in rural India found that IPV accounted for 16% of deaths of among pregnant women. The report further indicates that women’s use of health services depends on their partners, cultural taboos, their inferiority status and myths about reproductive issues. Moreover, unreported violence may cause lasting damage to women especially sexual

abuse as women's bodies are more vulnerable to sexual infections taking into consideration their inability to negotiate protected sex. Cultural practices such as female genital mutilation and widow inheritance can pose a serious threat to women's lives and can even cause infertility and death. Importantly, women experiencing IPV are impacted by fear, geographical isolation, and a lack of economic resources that prevent them from seeking health services, with negative consequences for themselves and their children.

The consequences of IPV on women's reproductive health are complex and leave lasting scars. Even though the effects of IPV on women have been thoroughly researched in many countries, in Lesotho there is no available scholarly article on the impact of IPV or GBV on women's sexual reproductive health. However, the Lesotho Demographic Health Survey (2014) highlighted the increase of HIV prevalence among married women at 30% and lower levels of prevalence among unmarried women at 16%. Although the survey does not link these significant differences in HIV prevalence to IPV, this needs to be investigated to identify the risk factors for married women. There was also a threefold increase in maternal mortality over a period of eight years from 2004. More research is needed in Lesotho to study the impact of IPV on women's sexual reproductive health and to identify the cause of high maternal mortality.

2.7.3 Physical and mental well-being

Physical injuries during physical abuse can be a result of stabbing with sharp weapons such as knives and kicking and pushing. Sometimes abusers even target hitting women on their faces and, in so doing, break their jaws and leave marks on their faces. Women who encounter physical violence experience not only physical injuries but sometimes death. Mental health problems can result from all forms of IPV, irrespective of whether it is in the form of psychological or physical abuse. Wong and Mellor (2014) indicated that women who experienced intimate partner abuse are likely to report poor health such as chronic pain and use high quantities of medication. This knowledge is vital in seeing the link between physical injuries and IPV on victims. Health workers thus not only need training in the provision of appropriate services but also in using their advantaged position to identify IPV victims and to screen them for such.

The WHO (1997) maintained that experiencing IPV has considerable consequences on a woman's mental health including depression, post-traumatic stress disorder (PTSD), generalised anxiety disorder, phobias, obsessive-compulsive disorder, panic disorders, attempted suicide, and substance-related disorders. Depression is said to be twice as common in women than in men. The facts about the health effects of IPV on women underscore the urgency of the need to address IPV in order to improve women's well-being. Within psychiatric hospitals, women who have experienced IPV have higher rates of depression than women with no such experience. Depression in women who have suffered IPV has also been found to be associated with other life stressors linked with IPV such as past childhood abuse, changes in residence, sexual abuse, and negative life events (Wong and Mellor 2014).

2.7.3.1 Suicide

Suicide means ending one's own life which is sometimes a way of escaping pain or suffering. Research by Wong and Mellor (2014) indicated a correlation between IPV and suicidal behaviour. The authors found that suicide ideation and attempt are common among women who have experienced IPV as compared to women who have not experienced IPV in their intimate spaces.

2.7.3.2 Substance-related disorders

Substance abuse by IPV survivors impacts on their lives in ways that can lead to other health complications. Smith et al. (2002) found a link between alcohol abuse and IPV. Findings by Logan et al. (2002) indicated that women who had been physically or sexually abused displayed more drug or alcohol problems than those who had not suffered abuse. The authors presented the use of drugs and alcohol as trauma and coping factors.

The magnitude of the damaging impact that IPV has on women's well-being is evidenced not only in the statistics of women presenting with mental health problems

but in women's lives being destroyed. The situation, therefore, points to the dire need for comprehensive services for women battling with IPV. Multi-sectoral approaches to the problem are needed involving not only the health department and other government agencies but also NGOs and law enforcement agencies. The majority of IPV victims are women who play a pivotal role in the lives of children and society. Having them suffer IPV health consequences without any remedial intervention, would incapacitate the social fabric and development in general.

2.8 Women's coping mechanism in abuse

IPV prevalence and its serious consequences on women's well-being has been pointed to and discussed above. It is now imperative to look at the coping mechanisms used by women living in violent relationships. Violence in an intimate relationship is dysfunctional behaviour and the victim has to adopt coping strategies in order to deal with the situation. "Coping strategies consist of cognitive and behavioural efforts adapted to master, reduce, or tolerate the internal and/or external demands that are created by the violence" (Taft et al. 2007). Victims of IPV face many different challenges including the shock of being victimised, dealing with the police and courts, the reactions of others, returning to "normal", feeling unsafe and self-blame. Both remaining in an abusive relationship and leaving can bring risks of harm to the women themselves, their children, family members and friends. Leaving can be a particularly dangerous time for women and children, as partners begin to lose some of the control they previously had and may retaliate. Similarly, staying can be dangerous as the risk of further abuse is likely to escalate as partners increasingly feel they can get away with it (Healthtalk 2019).

This dilemma of risks for both staying and leaving as described by Healthtalk suggests that women have to develop strategies of putting up with abuse while staying in the abusive relationship or to develop strategies as they plan to leave. One would assume that best IPV strategies for women would be those that involve leaving abusive relationships. However, Mannell et al. (2016) brought forth a different and important perspective in their study of women's responses to IPV in Rwanda. Their perspective disputes interventions that view leaving an abusive relationship as the most crucial

act. They argue that attention to women's ability to report or leave a violent relationship can silence the myriad of ways in which women counteract violent behaviour whilst remaining within their relationship. They illustrate the range of often less overt ways in which women act to cope with IPV. These are strategies that women themselves regard as the most effective within their own realistic assessments of the possibilities and constraints of their daily lives (Mannell et al. 2016). The strategies that women use comprise seeking support from others and reducing violence by seeking employment to gain financial independence.

Mannell et al. (2016) pose a very interesting argument that leaving abusive relationships may not be the best option for women. This is also one of the arguments held by Post-structural feminists who state that service providers should not obscure the fact that some women are able to use their power to deal with abuse without leaving violent partners. It would be interesting to investigate how women can be empowered within their homes to fight abuse and come out not only as survivors but as "thrivers". However, Mannell et al (2016) mentioned that one of the strategies women use to manage abuse is that of appeasing a violent partner. This strategy is very problematic. For women to think that they have to always appease the violent partner reinforces the stereotype that women should care for husbands and make them happy, which is very contradictory to feminist thoughts. Men's happiness cannot be the responsibility of women.

In order to effectively discuss strategies employed by women living with violence, it is important to first describe the victim, survivor and thriver stages as these enable a better understanding of the coping strategies used. A person in the various stages has been described by Thompson (2016) as follows:

An individual in the victim stage feels as though he or she is still in the trauma – no matter how long ago the actual traumatic incident(s) occurred. The sense of being in that moment of time permeates the person's feelings, thoughts, and behaviour and even his or her sense of self. It is common for an individual in this stage to avoid many emotions while experiencing in abundance feelings of

helplessness, vulnerability, fragility, self-pity, numbness, defeat, shame, self-hatred, and discouragement.

The survivor stage is the time when one begins to feel strong and confident and to truly believe that there are resources and choices. A key realization of this stage is that an individual has survived the trauma intact, or mostly intact, and is indeed outside of it. This understanding allows the person to begin integrating the trauma into his or her life story, to take control of life, and to recognise the potential for change and growth, with less suffering, less pain, less guilt, and definitely less depression.

The thriver stage crystallizes the growth of the survivor stage and takes one's healing to the point where he or she has general satisfaction with life as well as a sense that ordinary life is both interesting and enjoyable. Commitment to moving forward, to taking care of one's physical health, to investing in one's career, relationships, and love and life allow these gains to occur. On an emotional level, feelings of strength, empowerment, compassion, resilience, and self-determination eclipse the emotions experienced within the victim stage. In addition, a renewed sense of joy, peace, and happiness arises because one has grown, despite the traumatic experience, and is living well.

Thompson's definitions of survivor and victim draw attention to coping strategies that can be used differently depending on what stage the person is at. For example, the person in the victim mode might use negative coping strategies, while the person in the survivor stage might use positive coping strategies or a combination of both. In addition, the third thriver stage highlights the important aspect that people do not only come out of abuse as mere survivors but many come out with a different perspective. This new person shaped by circumstances may find the true meaning of overcoming abuse and live her life to the optimum. It may also mean that for these three modes of surviving to be achieved, one has to have what the Department of Justice (2015) calls self-efficacy and post-traumatic growth (PTG). Self-efficacy, as described by the Department of Justice (2015), refers to "a person's belief that he or she has the tools and resources to successfully handle a challenge or task. Self-efficacy is described as

a character similar to resilience that may make people less likely to develop a severe reaction to being victimised”. Self-efficacy is a merging of self-esteem with a belief that one can affect her/his environment, thus, it can play a central role in coping with trauma and seeking help. PTG refers to situations where a person who has been affected by the trauma learns new coping strategies or gains a new perspective by facing the problem. Although the ideal situation would be for people to avoid trauma, that would hinder them to recognise how they would have grown shaped by the circumstances. The two concepts, self-efficacy and PTG, are vital for organisations dealing with abused women. They assist women to overcome abuse by helping them to develop the two concepts as coping strategies.

Itimi, Dienye and Gbeneol (2014) highlighted the differences between positive and negative coping strategies. They stated that positive coping focuses on changing selves or dealing directly with the problem such as social support, problem-solving efforts and seeking information. Negative coping generally does not focus on the stressor or victim’s reaction to it such as blaming others, withdrawal, resignation, self-criticism, aggression, wishful thinking, and the use of alcohol or drugs.

2.8.1 Positive coping strategies

Positive coping strategies in this research are discussed as an emotion-focused coping strategy and problem-focused coping strategy. The emotion-focused coping strategy involves activities that try to directly change how the victim feels (positive thinking, relaxation, expression of emotions, distraction). Recent research suggests that emotion-focused coping may help to reduce stress and improve the victim’s self-assessment of how he or she is coping (Department of Justice 2015). In contrast, other researchers found that problem-focused coping increased emotional distress. According to Itimi, Dienye and Gbeneol (2014), emotion-focused coping entails two aspects: emotion-focused engagement and emotion-focused disengagement. Emotion-focused engagement coping entails efforts to deal with stressful situations while disengagement coping involves efforts to avoid the problem through escapism. Disengagement coping strategies have been shown to be associated with higher levels of hopelessness, depression, and PTSD symptoms among battered women.

On the other hand, problem-focused coping emphasises addressing the problem. There are benefits of problem-focused coping, such as acceptance, positive reframing, and turning to religion or spirituality. Research on the link between spirituality and coping identified a positive association between the increase in the spirituality of the patients and their psychological well-being and functions. Furthermore, an increase in the functioning of a religious coping strategy has been found to decrease anxiety, depression, and hopelessness and stimulate psychological functions (Itimi, Dienye and Gbeneol 2014). The activities in this coping strategy as listed by the authors include praying, Bible reading and going for pastoral counselling and prayers.

Other tactics for managing abuse at a later stage are said to comprise seeking help, attending couple counselling, monitoring abusive behaviour in a diary, working towards financial independence through getting a job, and finding secret ways to communicate with others, such as keeping a hidden mobile phone. Women also try to keep their children away from the abusive partner, to protect them (Healthtalk 2019). The positive coping strategies based on this description can be said to be strategies that the survivor uses not to tolerate abuse but to do something about it. Acquiring financial independence and seeking help are tactics that can work mostly for survivors who want to overcome abuse while staying with the abuser or as a strategy to leave the abusive relationship. Discussed below are some positive coping strategies that some survivors use in their abusive environments.

2.8.1.1 Resilience, self-efficacy and post-traumatic growth (PTG)

Resilience, self-efficacy and PTG are classified as positive coping strategies which survivors have to develop in order to cope with violence. Resilience is a state in which a person is not negatively affected by the negative circumstances around her. Tsirigotis and Luczak (2018) defined resilience as a psychological resource as follows:

... resilience is the maintenance of healthy/successful functioning or adaptation within the context of significant adversity or threat ... resilience is considered a positive personality characteristic enhancing individual adaptation. Resilience is conceived as a dynamic developmental process

encompassing the attainment of positive adaptation within the context of significant adversity.

Resilience, as defined by the Department of Justice (2015), refers to a state where a person is able to remain unaffected and maintains a state of equilibrium even when he/she is experiencing problems. Resilience is further described as having two dimensions: "... resistance to the destruction that relates to the ability to protect one's integrity under strong pressure; and the ability to build or create a life worth living despite adverse circumstances" (Tsirigotis and Luczak 2018). It is also explained in terms of being reliant on many other external factors such as family, school, social networks, community responsibility, and social justice. This means the person's resilience may be enhanced by other environmental issues such as the person's social networks including support by family, active communities and where social justice is upheld. It, therefore, becomes apparent that a person who has the support of family or friends or professional support may develop or show resilience more than a person who does not have support.

The description of resilience by Tsirigotis and Luczak demonstrates that it comprises personality distinctiveness, ability and capability which, together, contribute to coping with stress, shock, challenges and difficulties in life. Resilience may be understood not only as an individuality characteristic but also as compound processes conditioning the adjustment and development of individuals facing various threats and adversities. As noted by the Department of Justice (2015), although victims who are resilient may be good at managing stress, they still need support in many ways.

2.8.1.2 Seeking information

Seeking information shows a positive action in finding a solution. Gathering information also plays a key part in the victim's decision-making between different options or even whether to seek help at all. Seeking information clearly means a determination to take action. The Department of Justice (2015) indicated that most of the time survivors just need information which may be about the justice system, programme options, and common reactions.

2.8.1.3 Reframing of victimisation

Reframing means seeing the current situation from a different perspective. When people change their point of view on any given situation such as IPV, the fact remains the same but there is a deliberate shift in how they see the situation. Reframing helps survivors to see problems as challenges and to recognise opportunities in those challenges. IPV survivors may reframe victimisation through self-comparison and emphasising the positive aspects of having survived. In its research on sexual assault victims, the Department of Justice (2015) noted that some victims feel better by focusing on how they are currently survivors. As they deal with their experience, they switch to “survivor” because it reflects strength, recovery, and being a fighter. This seems to help some victims regain control over their lives. When going through adversities, people often need to make sense of what happened and then search for some personal benefit, no matter how negative the event was. Getting through a difficult situation successfully seems to help victims see themselves as strong and the tougher the situation the greater the effect. This realisation of one’s strength might sustain a survivor to stay in an abusive relationship not as a victim but as someone determined to change the situation from inside.

Stangor, Jhangiani and Tarry (2016) referred to social comparison in two ways, namely, downward and upward social comparison. They stated that downward social comparison occurs when a person attempts to create a positive image of himself/herself through favourable comparisons with others who are worse off than he/she is, while upward social comparison occurs when a person compares him/herself with others who are better off than they are. Based on social comparison ideas, it is common for victims “to often compare themselves to other victims in an effort to make sense of what happened to them. They may look to victims who are doing well as an inspiration to keep going” (Greenberg and Ruback 1992). Therefore, upward or downward comparison can be used by survivors as positive coping skills even though those who are in victim mode can use upward social comparison to continuously victimise themselves. Thompson (2016) cautioned that it might not always be the case that victims get inspired as they can also get frustrated that their lives are not changing for the better. Greenberg and Ruback (1992) further noted that

survivors who compare themselves with those who are worse off may feel better that they were not victimised as badly and thus may not take action.

2.8.1.4 Activities for regaining control

Survivors may engage in things that make them feel more in control of their lives and their situations. For instance, the Department of Justice (2015) highlighted that survivors may take self-defence classes, while other survivors might apply for litigation of perpetrators. Other survivors might feel better by engaging in activism and advocating for change not only for themselves but for other survivors. They use their ordeal to bring change on a social level by reducing the extent of violence and also offering support to other victims/survivors.

2.8.1.5 Social support

Social support is the perception which one feels cared for by other people. Research by the Department of Justice (2015) indicated that people who are supported are able to display balance and reduced anxiety. Crime victims often feel powerless and may seek others for support, such as friends, family or spiritual leaders or professionals. Both natural supports such as family and friends and professional supports such as the police, lawyers, clergy, medical and mental health personnel can offer help to the victim. The Department of Justice (2015) further explained that people who have family support are likely to seek professional help especially when they are provided with information and financial support as well as companionship. According to the Department of Justice (2015), some victims feel good by talking to other people about their situation and feelings. Telling their story seems to help them process their experience and their emotions. Social support, however, may come in different forms depending on the context. For example, in a southern African context where people have a different understanding of violence against women, looking for support from family members might be a double-edged sword as some would not tolerate a woman exposing private matters. Therefore, instead of feeling supported, a victim might feel ashamed. There is the assurance that “support groups where battered women can

share experiences have proved in Argentina, Costa Rica, India, Japan and Liberia to be an effective way of helping women end or cope with violent relationships” (WHO 1997).

2.8.2 Negative coping strategies

Whereas positive coping strategies have been discussed as focusing on changing the situation for the better, negative coping strategies are strategies that deal with trauma in a way that has a negative impact on the victim or survivor. According to Healthtalk (2019) early in the relationship, women use a variety of tactics to validate the partner's behaviour. Some validation tactics include, “normalising”, “acceptance”, “denial”, “keeping the peace” or “blaming themselves”. There may be various reasons why women end up using negative coping strategies which still need to be investigated. Often, when women attempt to take action against their violent partners, they are usually more victimised not only by the partner but also by the people around them. The context in which women find themselves may lead them to sometimes choose to “play safe” or to take a submissive, compliant position.

2.8.2.1 Normalising and acceptance

Normalising is a way for women to believe that what is happening to them is a “normal” part of life and relationships. Most women at the beginning may assume that a violent relationship is normal as they want the relationship to work out. They also feel responsible to accept and make it work, hoping that things might change in the future.

2.8.2.2 Self-blaming and keeping the peace

Some women tend to blame themselves for their partner's behaviour, often because their partners manipulate them into believing the abuse is totally their fault. Other women actually believe that they must “work harder” at their relationship to make it happier. In their interview with abused women, Healthtalk (2019) found that many women believed the best way to cope was to change their own behaviour so that their

partner would treat them better. However, there is no evidence from the article showing that changing their behaviour yielded positive results. Some women tend to make peace by “appeasing” their partner, anticipating their moods and “just trying not to upset them” to prevent them from getting angry. This approach can be likened to treading on eggshells and is highly problematic. Several women in their interviews with Healthtalk (2019) said they agreed to sex when they did not really want to as a way of appeasing their partner. Others agreed to wear clothes they disliked but their partner insisted on, just to “keep the peace”. Pleasing partners and blaming oneself for abuse that is caused by someone else is self-destructive and can make a victim feel like the worst person and the one who is failing the relationship.

2.8.2.3 Active behavioural avoidance

Avoidance as a coping strategy includes social withdrawal and efforts to avoid dealing with a stressor. Some victims initially avoid social contact after the aftermath. Victims may avoid getting help which may be influenced by many factors surrounding the victim. In examining survivors of family violence, the Department of Justice (2015) discovered that avoiding help may be related to the stability of victims living arrangements. In some cases, initial avoidance of challenging situations may help victims slowly build on small successes. This may allow victims to take time to heal and gather resources to rebuild their lives and deal with other challenges. However, when survivors receive services that help them to deal with their fear, they feel better. It, therefore, demonstrates that avoidance of situations temporarily might be both a negative and a positive coping strategy. There is also a view that avoidance or dissociation may be useful in dealing with the immediate shock but become harmful over time. Hellmuth et al. (2014) however, noted that avoidance coping is linked with negative mental health outcomes among women experiencing IPV. If victims keep on using this strategy and avoid help it could be very detrimental to their lives. In some cultures, it might be easy to resort to avoidance especially where IPV is regarded as a private matter. Nevertheless, cultural norms can be a factor as well in that coping strategies seen as negative in some cultures might be seen as normal in others.

2.8.2.4 Denial and self-deception

This strategy is engaged in by some women who try to conceal their partner's abusive behaviour both from themselves and from other people. Doing so is most probably because of embarrassment or the reluctance to accept or deal with the painful reality of their situation. In their interviews with Healthtalk (2019), women mentioned that they could not talk about abuse as they feared that things might get worse if their abusers discovered that they had been talking about them. They also mentioned that they had to conceal bruises or "put on a show" to the outside world. Acting as a type of psychological avoidance, denial and self-deception work to assist survivors momentarily erase the memories. Self-deception can also be seen as an effort to prevent thinking about painful situations in order to deal with devastating emotions. Survivors who deal with abuse by avoidance seem to deny or minimise their internal distress. Although these approaches may prevent one from seeking help, they may also lessen initial distress.

2.8.2.5 Substance misuse

Some victims abuse alcohol or drugs. The latter can be in the form of self-medication obtained through illegal means or the overuse of prescription medication. Several women interviewed by Healthtalk (2019) found temporary relief from their painful experiences of abuse through the use of alcohol and drugs. Research by the Department of Justice (2015) pointed out that those who abuse substances are at risk of being victimised by putting themselves in unsafe situations due to not having the ability to assess such situations.

2.8.2.6 Deliberate (non-suicidal) self-harm

Deliberate self-harm is a strategy that involves a person intentionally harming themselves. It is a self-destructive behaviour which can involve prostitution, substance abuse, eating disorders and others including inflicting pain. Tsirigotis and Luczak (2018) posited that domestic violence has also been linked to increased negative

psychological and behavioural outcomes such as smoking, drinking, substance abuse, having unprotected sex, and other negative mental and physical health outcomes. Looking at the consequences of self-harm one can argue that it is an escape to avoid the experience of abuse which in the end negatively affects the victim. Self-harm is a strategy that can exacerbate IPV and expose the victim to violence even outside an intimate relationship.

2.9 IPV Intervention strategies

The scourge of IPV with its burden on health, human rights violations and its impediment of development require sustainable prevention strategies that address it and its root causes. According to the CDC (2014), in order to prevent IPV, conditions that facilitate or fuel violence have to be recognised. Recent studies advocate for primary prevention methods in IPV interventions, others advocate for secondary and tertiary interventions. Primary prevention fosters social norms in environments where intimate partner and sexual violence do not occur. Secondary prevention focuses on responding to already existing violence and it entails providing victims with information and services rather than giving them skills and changing systems which promote violence. Thus, its focus is on “reducing victims’ risks for future violence and on mitigating the consequences of exposures to violence” (Prevention Institute 2007). Responding to violence as the key approach may not prevent the occurrence of IPV because it is reactive and only reduces the incidents. Tertiary prevention, on the other hand, is attributed to long-term results such as reducing the long-term and negative effects of violence.

2.9.1 Primary prevention

The definition of primary prevention from the Public Health Framework refers to the “reduction of the number of new instances of IPV by intervening before violence happens” (Harvey et al. 2007: 4). A reduction of new cases means that IPV instances are prevented before they happen. Thus, primary prevention entails identifying the underlying risk and protective factors for IPV and the actions to address the risk factors. It involves taking the upstream approach with an understanding of factors that

put people at risk of being either perpetrators or victims and intervening accordingly (Harvey et al. 2007). Primary prevention favours a broad understanding and intervention that observes the factors over a long period of time, as well as beyond the individual and results in a reduction of IPV cases. Primary prevention, therefore, would target the improvement of gender equality; change social norms regarding violence, masculinity, gender roles and relationships; reduce poverty and strengthen economic and social safety nets; promote healthy and equal relationships; and reduce alcohol and drug misuse. Moreover, primary prevention would have a particular focus on young people and prevent exposure to violence in childhood (Harvey et al. 2007). Targeting the macrolevel factors that contribute to IPV such as inequalities, social norms and reducing poverty, as mentioned above, is essential in promoting healthy communities that are characterised by respect for all and where a problem is dealt with without any gender prejudices.

Primary prevention of GBV/IPV seeks to address GBV/IPV before it happens by working at policy and societal levels for changes in legal frameworks, judicial remedies and cultural norms. NGOs usually play a leading role in primary prevention, either through advocacy to improve policies or through community-based efforts to create more favourable cultural norms. However, according to the WHO (2014), it is the duty of governments to prevent IPV and most countries are beginning to put more effort into preventing IPV even though it is at a low scale. The Global Status Report on Violence Prevention (2014) showed that 80% of countries have enacted prevention laws in line with the post-2015 development agenda of halving violence-related deaths everywhere, ending violence against children and eliminating all forms of violence against women and girls by 2030. Of the 80% of the countries which enacted laws the report shows that only 57% fully implement those laws. Law enforcement is critical in curbing IPV and enforcement should include strengthening institutional mechanisms and resources, increasing the human capacity needed to ensure enacted legislation protects people from violence, holding perpetrators to account and creating a safe environment for all citizens (WHO 2014). Even though there are many countries enforcing the prevention laws there is no documented evidence of their effectiveness in reducing IPV. However, the lack of GBV laws and poor law enforcement in many African countries has been linked with high incidences of violence. Enforcement of

laws relates to political will. If governments are not prioritising GBV/IPV prevention, most states will enact laws but not fully support implementation and, as a result, IPV cases will escalate.

The WHO has identified six primary prevention strategies that can reduce violence, individual experience and perpetration. These are as follows:

- Developing safe, stable and nurturing relationships between children and their parents and caregivers;
- Developing life skills in children and adolescents;
- Reducing the availability and harmful use of alcohol;
- Reducing access to guns and knives;
- Promoting gender equality to prevent violence against women; and
- Changing cultural and social norms that support violence.

Norms that support gender inequality, as well as GBV, need to be transformed. These strategies involve mass communications, community mobilisation, and informal education activities to combat GBV (WHO 2014).

Of the six strategies proposed by WHO, the sixth strategy on changing social and cultural norms has been implemented by many countries and has also, reportedly, addressed violence in those countries. According to the WHO (2014), social and cultural norm change programmes are implemented at 41% in Africa, 67% in the USA, 56% in the Eastern Mediterranean, 48% in the European region, 25% in Asia and 50% in the Western Pacific. What is missing from the literature is why countries are failing to implement the other five strategies prescribed by the WHO. If organisations or countries use prevention strategies, they ought to engage the above six strategies at the same time.

According to the UNFPA (2017), “prevention of GBV in communities’ demands gender-transformative programming – an approach that seeks to transform gender roles and promote more gender-equitable relationships between men and women”. Such programmes challenge institutional practices and broader social norms that

support gender inequalities and vulnerability for both men and women. Programmes that challenge gender roles and social norms are ideal in primary prevention. They are able to change mindsets and transform societies. Society's transformation needs to be sustained through programmes that continuously uphold gender equality. The UNFPA proposed "gender mainstreaming" as a vital constituent of all attempts to prevent GBV and sexual and reproductive ill-health and to support women and girls affected by GBV. In addition, the UNFPA (2017) proposed engaging men and making them allies in GBV prevention, especially educating men and boys on GBV in order to inculcate GBV norms. Educating men and boys and making them allies have to be well thought through in order to avoid men speaking for women and feeling entitled to protect women. They should be taught about gender equality and to respect women as their peers.

As part of transforming norms, there are IPV protective factors which should be supported through engaging men and women, boys and girls. The multi-country study on health and GBV by the WHO identified protective factors as the completion of secondary education for girls and boys, marriage after the age of 18, the economic autonomy of women, access to skills training, credit employment, and social norms that promote gender equality (WHO 2012). Although these are identified as protective factors some researchers argue that whether they are identified as such depends more on the context and the nature of the society. Scholars such as Jewkes (2002) noted that what can be protective factors in some societies can be risk factors in others. For instance, women's education can be a protective factor in some societies but it can also be a risk factor for violence in other societies. These protective factors, therefore, have to be supported and monitored with caution but most importantly, if men and boys' mindsets are transformed, these factors will protect women from IPV.

Primary prevention, as observed from the reviewed literature, seems to be the most promising approach to reducing the IPV epidemic and yield a sustainable impact. Its value lies in broad-based programming, working with individuals, communities, organisations and governments, educating people to learn not to use violence, and changing social norms and attitudes.

2.9.2 Secondary prevention

Secondary prevention of IPV focuses on responding to the already existing IPV by preventing its adverse effects. It involves screening and effective intervention to stop the perpetration and victimisation. Coker (2004) has identified strategies used in secondary prevention as limiting children's exposure to aggressive media, training perpetrators to curb aggression, and providing supportive counselling and crisis "hotlines" for violent partners to get services. Although Coker talks about limiting children's exposure to aggressive media, this is a challenge as children seem to have an unmanageable exposure to media. However, this would involve parental guidance and education about the impact of aggressive media.

Scholars such as McFarlane et al. (2005) advocated for empowerment, counselling and protective shelters in secondary prevention. The empowerment model, as laid out by McFarlane et al. (2005), includes protection which centres on increasing the woman's safety and improving options and decision-making about the relationship, leaving and other preparatory plans. Secondary preventions as discussed by Coker and McFarlane seem to be appropriate for women in terms of providing them with temporary shelters and removing them from danger in order to come up with case management strategies. However, their empowerment strategy model is deficient in aspects which this research deemed important. Thus, the empowerment model should be fully integrated with economic, cultural, political, social and spiritual empowerment as they have been seen by some scholars as mutually reinforcing one another.

According to the WHO (2014) providing high-quality care and support services to victims of violence are important for reducing trauma, helping victims heal and preventing repeats of victimisation and perpetration. Despite the realisation of the importance of providing services to victims of IPV, the WHO (2014) indicated that while most surveyed countries have reported protection services for children, only a third of the countries indicated having protective services for adults. It can be argued that countries that do not prioritise protective services for women do not consider IPV as a problem and that raises questions around the status of women in such countries.

The UNFPA (2017) reported that most health services engage in secondary prevention with the aim of stopping or minimising GBV by screening. This is done in order to recognise women and girls experiencing GBV and to provide the needed support and referrals to prevent re-victimisation or further abuse. Screening women for GBV/IPV seems to be the best practice to identify victims and assist them. Health services also embark on tertiary prevention, that is, treatment and harm reduction for those women and girls with severe injuries and health consequences as a result of GBV. As noted by the UNFPA (2017) most categories of intervention for IPV prevention have only “emerging evidence”.

2.9.3 Tertiary prevention

Tertiary prevention for IPV is the long-term response after violence has occurred to deal with the lasting consequences of violence and offender treatment interventions (CDC 2012). It includes providing shelters for battered women, implementing treatment programmes, introducing hotlines for IPV reporting, support groups, law enforcement and legal responses (Harvey et al., 2007). The intent of tertiary prevention is the treatment of the problem towards reducing its impact. The study done by Barner and Carney (2011) revealed patterns in tertiary intervention which have shifted towards offender-based criminal justice intervention. This has been upheld as a powerful intervention for domestic violence. According to Barner and Carney (2011), this response to domestic violence calls for law enforcement to train officers in the enforcement of restraining orders, increase responses to domestic violence, and increase arrests for IPV related calls.

2.9.3.1 Coordinated community response

A well-received intervention strategy under tertiary prevention is the coordinated community response to IPV. Pennington-Zoellne (2009) described a community-coordinated response as “a formalised system of an ongoing collaboration between professional service agencies within a community. The main goals of community coordination in cases of IPV are safety for survivors and accountability for batterers”.

Community coordinated responses to IPV have placed a major emphasis on criminalising the behaviour of abusers. This strategy acknowledges that while IPV and sexual violence are committed by individuals, preventing that behaviour requires taking into cognisance the multiple domains. According to Barner and Carney (2011), this strategy includes refined psychotherapeutic intervention, a group practice model, behavioural intervention programmes and treatment for perpetrators and victims. This intervention is seen as an educational approach which challenges perpetrators beliefs about power, control and dominance over their spouses. Rothman et al. (2003) maintained that batterer intervention programmes are educational and therapeutic for offenders and have shown success in preventing further abuse. Critics of such interventions such as Rooney and Hanson (2001) and Saunders and Parner (1989) mentioned that batterers attending these programmes may become skilful at concealing renewed violence from detection and that most of the batterers do not complete the programmes. Approximately 22-42% of batterers in the USA and Canada fail to complete the programme. SASA (Start, Awareness, Support, and Action) conducted a study in Uganda to assess the community-level impact of community mobilising intervention to prevent violence and reduce HIV- risk behaviour. Findings showed a significant reduction in social acceptance of IPV among both men and women and the effectiveness of engaging the community in IPV prevention efforts.

However, community coordinated responses, referred to as the Duluth Model, appear to be different from what SASA terms community approaches to IPV. Community approaches involve community mobilisation and working with all community members to prevent or respond to violence. Community mobilisation is described by Gómez et al. (2016) as “a highly systematic approach that involves all levels of a community over an extended period of time”. It requires engaging, inspiring and supporting a diverse range of community members, groups, and institutions. The aim of community approaches is to develop a critical mass to change knowledge, attitudes, and behaviour that perpetuate harmful gender norms. Nevertheless, there are some aspects that are similar such as having partnerships with all stakeholders so that all efforts are coordinated. However, the main thrust of the community approach is the protection of survivors and accountability by perpetrators. This study favoured the community approach as a model that is relevant in the context of Lesotho where there

is a lack of coordination of stakeholders. Community responses to IPV are sustainable once the community has grasped the strategy and can take a lead in mobilising itself to prevent IPV. Gómez et al (2016) stated that community mobilisation efforts are successful because they permeate multiple levels of society. Through educational and behaviour change interventions, these programmes foster collective action and build community capacity to challenge gender norms, leading to reductions in IPV.

2.9.4 Women empowerment through microfinancing

Many studies are emerging showing empowerment of women as a strategy to prevent or curb IPV. According to the UNIFEM (2000) empowerment means “gaining the ability to generate choices and exercise bargaining power, developing a sense of self-worth, a belief in one’s ability to secure desired changes, and the right to control one’s life”. When survivors of IPV regain the ability to make choices and have an improved sense of worth and are able to control their lives that is a measure of success and are important elements of women’s empowerment. According to Cheston and Kuhn (2014), empowerment is about change, choice and power. It is a process of change by which individuals or groups with little or no power gain the power and ability to make choices that affect their lives. The structures of power, who has it, what its sources are, and how it is exercised are seen to directly affect the choices that women are able to make in their lives.

However, in order for a woman to be empowered, she needs access to the material, human, and social resources necessary to make strategic choices in her life. Not only have women been historically disadvantaged in access to material resources like credit, property and money, but they have also been excluded from social resources like education or insider knowledge of some businesses. Therefore, microfinance programmes can have a tremendous impact on the empowerment process especially when their products and services take the above structures into account. According to Kim et al. (2007) microfinance is a development strategy that provides credit and savings services to the poor, particularly rural women, for income-generating projects.

Cheston and Kuhn (2014) argued that access to resources alone does not automatically translate into empowerment or equality, as women must also have the ability to use the resources to meet their goals. In order for resources to empower women, women must be able to use them for a purpose that they choose. When one seeks to promote empowerment, one must also consider factors affecting women's status and rights as a group. As a result of empowerment, the achievements of individual women can have a powerful impact on the way women are perceived and treated within their communities. However, the levels of empowerment individual women may achieve are usually limited if women as a group are generally disempowered. For that reason, many organisations opt for programmes designed to uplift women and communities as a collective rather than just as individuals.

Empowerment of women at an individual level helps build a base for social change. Movements to empower women as a group increase opportunities available to individual women, and economic empowerment can increase women's status in their families and societies. As echoed by the Beijing Platform for Action (1995) "Empowerment of women and gender equality are prerequisites for achieving political, social, economic, cultural, and environmental security among all peoples". Some of these changes brought by empowerment include increased participation in decision-making, the more equitable status of women in the family and community, increased political power and rights, and increased self-esteem. The microfinance and microenterprise support programmes have observed improvements in women's status in their communities. Contributing financial resources to the family or community confers greater legitimacy and value to women's views and gives them more entitlements than they would otherwise have. Their success can pave the way for them to become respected and valued members of society which can be a protective factor in IPV. Secondary prevention having this element can, therefore, guarantee that survivors come out of their ordeal very empowered and with a clearer vision of how to face the world as a victor.

In contrast, Kim et al. (2007) cautioned that providing credit to women does not guarantee their control over its use, and the pressure to pay back loans can add to the already heavy burden of responsibilities borne by poor women. The authors further

noted that although some studies have suggested that microfinance can reduce the risk of IPV, others have suggested that attempting to empower women can potentially exacerbate this risk by challenging established gender norms and provoking conflict within the household. However, this study viewed microfinance as good in that even if it does not reduce the risk of IPV, it gives women bargaining power. In addition, empowering women should go together with educating men about gender equality so that they can acknowledge that males are not the custodians of wealth and that everybody has a right to financial freedom.

2.10 Role of NGOs in IPV

In most countries, there are NGOs and community-based organisations (CBOs) which are all called NGOs because they are non-governmental organisations. Stanley (2012) referred to NGOs as hugely diverse institutions which cannot be described in monolithic terms. The description by Stanley can cater for both big and small NGOs and for NGOs having different mandates and goals. Edwards and Hume (1992) in Stanley (2012) defined NGOs as predominantly autonomous, non-profit making organisations whose aim is to provide aid, services and information to those in need and to a wider audience of policymakers, state organisations and donor agencies. Edwards in his explanation gives the aims of NGOs and these provide an understanding that NGOs serve the interest of the people and they are activists. Thus, they represent the “voice of the people”. This definition, however, cannot be narrowly used to describe all that NGOs are about and the kind of services they offer, as an individual NGO's mission and vision are dependent on their strategic direction and goals.

In response to the problem of violence against women and girls and its wide-ranging implications, many NGOs have sought to design and implement interventions that address the problem. NGOs use of particular strategies, how they engage in IPV and the impact of their engagement of such strategies are the key questions that this research explored. Traditionally NGOs have always been in the forefront of promoting new ideas and in encouraging governments to implement them at all levels – locally, nationally and internationally. NGOs have also been in the forefront advocating for

women's rights, exposing violence against women, advocating for a gender approach to health, and promoting the needs of girl children. NGOs "have become increasingly effective as advocates at all levels - local, national and international. NGOs have also been active in identifying key decision-makers, preparing position papers and lobbying documents, as well as contacting the media by means of press releases" (Stanley 2012). According to Stanley (2012), NGOs' main aims and objectives are to develop communities where they work and to improve people's livelihoods. The NGO's role is thus significant in developing communities and national governments in IPV issues and advocating for improved lives for women where violence against women is unacceptable. Thus "NGOs have the potential to end violence by getting involved in research, advocating for policy reform, addressing GBV through reproductive health and humanitarian relief programmes, educating men and boys about gender equity, shifting attitudes about violent behaviour, working with spiritual and cultural leaders, and reaching out to the most vulnerable populations" (Hooykaas 2019).

Programmes that NGOs should design to respond to violence ought to address "the needs of the victims, social values that justify violent behaviour towards women, and the socio-legal system charged with protecting the rights of the innocent and sanctioning the guilty" (Schuler in Stanley 2012). Victims needs should be prioritised because it is the victim who understands her problem more than the service provider. In ensuring effective service delivery, this research highlighted that in order to provide individual-level responses, NGOs should involve victims in their design of programmes so as to provide services that are tailor-made to the needs of the victims.

The USAID and the UNICEF (2005) proposed primary building blocks of the programming framework as follows:

1. Laws and policies: these include measures at the broadest level to ensure rights are recognised and protected through international, statutory, and traditional laws and policies. Examples include:
 - Substantive and procedural law reform
 - Supporting policy development within ministries of health, social welfare, education, labour, women's affairs, youth, justice, and security

- Human rights education with policy implementers and traditional and community leaders.

2. Systems: that means systems and strategies to monitor and respond when rights are breached. Intervention at this level may include developing and building the capacity of statutory and traditional legal/ justice systems, health care systems, social welfare systems, and community mechanisms to prevent and respond to GBV. Examples of such include:

- Education and training for government and non-governmental organisations (NGOs) providing health, security, and social welfare services to women and girls
- Support for national and local-level programmes for capacity-building, especially to judicial institutions and civil society
- Technical assistance to government departments
- Assessment of vulnerabilities of target beneficiaries
- Coordination of multi-sectoral and inter-agency efforts
- Generation of knowledge and information for advocacy. Other International Development organisations can be better positioned to provide this role of educating both NGOs and governments to build their capacity.

3. Service Delivery: which includes response at the individual level through direct services to meet the needs of women and girls who have been subjected to GBV.

Looking at the above building blocks, what stands out as the role of NGOs (or any organisation) is to advocate for the implementation of all the listed issues, to be the voice of the people, to ensure that governments develop appropriate policies, to create systems to monitor implementation, and to ensure that there is service delivery that matches the needs of women and girls.

Tappis et al. (2016) listed six types of GBV prevention programmes as identified in the UNHCR's 2003 *Report on Sexual and Gender-based Violence Against Refugees*. These strategies, although designed for refugees, can also work with other victims of IPV. The guidelines for prevention and response are as follows:

- Transforming socio-cultural norms, with an emphasis on empowering women and girls

- Rebuilding family and community structures and support systems
- Creating conditions to improve accountability systems
- Designing effective services and facilities
- Working with formal and traditional legal systems
- Assessment, monitoring, and documentation of GBV (Tappis et al. 2016).

Prevention responses by both the USIAD and the UNICEF emphasised adopting international frameworks and changing policies to cater for IPV. This is critical as part of a primary prevention strategy since when laws are not enacted and implemented, talking about the prevention of IPV is as good as nothing. Both the USAID, the UNICEF and Tappis et al. refer to improving accountability systems and delivering effective services. If governments and other implementers are not monitored and held accountable, things would not change for the better. The other important issue raised by Tappis et al. (2016) is working with formal and traditional legal systems. In countries such as Lesotho where there is a dual legal system, working with both formal and traditional legal systems is ideal as most of the time the two systems are contradictory. It is the role of the NGOs to see to it that customary law does not supersede civil law, especially where customary law is discriminatory against women. In engaging in these programmatic issues most of the NGOs, as noted by Stanley (2012), focus on three strategies namely, lobbying and advocacy, raising awareness, and service provision and these strategies are discussed below.

2.10.1 Lobbying and advocacy

Many organisations discuss advocacy and lobbying when they engage in human rights and gender issues. Lobbying and advocacy are strategies to make the voice of the voiceless heard by decision-makers. Advocacy has been described as “taking a position on an issue and initiating actions in a deliberate attempt to influence private and public policy choices” (Loue 2006). Advocacy is also described by Stanley (2012) as “giving a voice to the people that were not heard before”, meaning disadvantaged or vulnerable people being given skills to organise and express themselves. Lobbying is referred to as regular, casual attempts to persuade people who are in power. Thus, NGOs’ advocacy and lobbying result in efforts to bring about policy changes, attitudes

and social change as well as the reform of legal frameworks. For change to happen, it is important to persuade all people and service providers about the necessity of the service and the anticipated change, which explains why lobbying and advocacy are important to convince all stakeholders. However, Stanley (2013) cautioned that advocacy and lobbying efforts are not easy to differentiate. She further goes on to emphasise that NGOs' role is to hold government accountable in enforcing laws, dealing with perpetrators, and addressing IPV in ways that prevent it and its recurrence. Holding government accountable also means that NGOs should ensure that national legal frameworks meet international standards and aim to end violence against women and girls as decided by the United Nations Commission on the Status of Women.

2.10.1.1 Approaches to advocacy

Loue (2006) highlighted two approaches to advocacy, namely, top-down and bottom-up (grassroots). The grassroots approach is described as a form of community organising. According to Loue (2006), grassroots or bottom-up approaches to advocacy involve coaching communities in recognising their needs and goals themselves. Community organising is an act to empower or assist communities to collectively reflect and act as a united force to bring about change on issues that concern them all. It involves groups of people who share the same interest to mobilise resources and implement goals they have collectively identified. "Advocacy efforts that have used a bottom-up approach include efforts by like-minded individuals to establish rape crisis centres and shelters for battered women and the establishment of needle exchange programmes to reduce or prevent HIV transmission" (Loue 2006).

On the other hand, top-down approaches emphasise experts or professional staff being the ones tasked with identifying community needs and goals on their own or involving some community leaders. Community organising, whether bottom-up or top-down, is very important for advocacy work especially for bringing change. This means that NGOs can assist communities to take a lead in their problems and effect change by using mob power. However, as Loue (2006) pointed out, community readiness is a precondition for any efforts to organise it to achieve its goals. It is, therefore, clear that

communities have to have a clear understanding of their goals and are ready to implement them. Most importantly, when the community has a stronger sense of identity, cohesion, and connectedness, it is more likely to be ready to mobilise and address a specific issue. That, therefore, provides hints to NGOs to work towards building community cohesion so that organising can be spontaneous.

Organising efforts using a bottom-up approach may rely on organisers within the community itself, especially influential community leaders. This view then emphasises the need for NGOs to work closely with community leaders and to capacitate them with organising skills. Organising the community also involves research, action, and reflection to determine unmet needs. Research is thus vital for the process and it can be the responsibility of NGOs to see to it that communities get researched information. The model of community mobilisation brings attention to empowering communities to participate in taking action to demand services. It also empowers victims of IPV to take part in communities and have a voice in determining the services they want.

According to the USAID and the UNICEF (2005), extensive transformation must be done from both the top-down as well as the bottom-up. Change of attitudes and behaviour has been proven to be achieved through engagement of community members, community leaders as well as institutions. Thus, for sustainable impact, survivors of IPV should be active participants at all levels including the planning stage. Moreover, CBOs have to be partners in the processes as they may be experienced in working with that particular community and participants can learn from them.

This study proposed advocacy by NGOs and governmental organisations that would contribute to empowering women with community mobilising skills so that they are able to organise against issues that are important to them. Providing information and available options for battered women will not only encourage them to leave abusive situations but create some form of resilience in them to challenge male power and stand up to abuse. In this way, even when laws are not changing as expected, abused women would be able to reclaim their place in society and confront male hegemony. Advocacy postulated by this study is challenging social norms especially in areas that have never been challenged such as the use of language and discourse that

legitimises the inferior position of women in both society and the family and thereby rationalises the violent behaviour of males.

2.10.2 Raising awareness

Awareness-raising is seen as a key component of NGOs work. As described by Stanley (2013), it includes raising awareness of survivor services available to women who have experienced violence and campaign targeting perpetrators of violence. According to Michau (2007), awareness-raising is key to NGOs' preventative strategies as many NGOs are now beginning to agree that working to prevent violence before it happens must be a priority. An awareness strategy, as laid out by Stanley, focuses on changing socio-cultural attitudes which underpin GBV. Through engaging this strategy, NGOs are able to involve a wider variety of stakeholders, to target and challenge attitudes and behaviour that implicitly condone violence against women. In her study in South Africa, Stanley found that NGOs such as Soul City raise awareness and stimulate dialogue about violence against women in wider society through what she terms an "edutainment" strategy. This refers to the use of such things as drama to educate and create dialogue.

Although the thrust of awareness-raising by Stanley is that of exposing factors contributing to IPV, this study proposed awareness-raising that aims not only to expose and encourage dialogue on the factors but also prioritises education campaigns to instil gender equality and respect for both women and men in communities. In addition, it must have the element of shaming harmful norms and hegemonic power. In this way, awareness-raising would be targeted at emancipating women and removing social expectations about men that challenge their male identity and which often influence them to be vulnerable if they cannot live up to those expectations. Civil society organisations should be at the forefront of educating women, girls and children about their rights. These capacity-building initiatives must include boys and men to ensure that cultural norms that perpetuate and engender discrimination are addressed. Awareness-raising campaigns and institutional and legal reforms by governments around the world can also promote a culture of equality (Kariuki 2015).

NGOs being at the forefront means ensuring that government provides effective services to survivors that safeguard against survivors reaching a state of hopelessness and helplessness. Also, as part of their mandate to promote a culture of support and social justice, NGOs need to hold government accountable in prosecuting officials for negligence and justice delayed.

Awareness-raising as described by Stanley also involves publicising services and support available to women who have experienced violence. Stanley emphasised that awareness-raising is a continuous activity which does not always follow a certain model or conform to programmed timeframes. Information about services available for battered women is very important as women learn about several interventions and options and can then decide how to deal with their predicament. However, this study, as a way of ending the cycle of abuse, proposed a model which also provides services to perpetrators so that they can also learn how to deal with their violent behaviour and change. If services are available for women or victims only, it means victims will be equipped with strategies to overcome abuse but will still face the same abuser who is not working with his behaviour. Abused women might even be empowered in ways that threaten the abuser and that might fuel the severity of abuse.

2.10.3 Service provision

Stanley (2012) posited that NGOs provide support services including establishing and managing shelters and hotlines especially where government services are unreachable or insufficient. It is also noted that many NGOs complement their emergency service provision with long-term programmes which provide services necessary to facilitate sustainable change. These long-term programmes include long-term stays in the shelter, second stage accommodation, ongoing psychological support, advice during legal processes, training and employment. Service provision that is not comprehensive may aim at equipping women to make a decision to leave abusive homes which, for a number of reasons, has proven not to be one of the best solutions for the majority of women. Civil society is obliged to guarantee that governments economically empower women and remove all barriers and conditions that prohibit women from enjoying equal access to resources and opportunities and to

participate in development. As part of comprehensive service provision, NGO's should facilitate the development of skills for women, economic empowerment and job creation through initiatives such as microfinancing to help women to start their own businesses.

2.10.4 NGOs and training

Many NGOs are involved in training programmes at both national and local levels. NGOs are well-positioned to support all government ministries in ensuring a gender approach to their service provision and to hold gender-sensitivity training for government officials as part of the training. NGOs also have a responsibility in making information available and ensuring proper knowledge management. Therefore, NGOs "should ensure that accurate, reliable and meaningful data on violence against women, girls and children are collected" (Karuiki 2015). However, NGOs according to Karuiki (2005), still face challenges of improving their own information management including data collection, analysis and dissemination. The issue of accurate data can be linked to the importance of partnerships with other local, national and international agencies and both accurate data and partnerships are crucial in building a critical mass of knowledge to interpret trends across global regions.

2.10.5 NGOs as catalysts

In ensuring a gender-sensitive approach among service providers that support the improved status of women, NGOs can act as catalysts by leading and supporting the involvement of different stakeholders. The strategies the NGOs use in doing so should not be a one-size-fits-all as women are not a homogenous group to be treated the same. Sometimes women's own views and priorities often contradict the assumptions of IPV intervention, as illustrated by Horn et al. (2015) in their study of the work of seven international agencies in supporting women in violent relationships in Sierra Leone and Liberia. It is the role of the NGO to support the voices of women and their preferred intervention options.

The reviewed literature has shown the magnitude of IPV and how it affects women from reaching their full potential as humans. This fact calls for more comprehensive IPV prevention programmes that will take into consideration the multi-layered factors that are present challenges to women and help them reclaim their capabilities and functioning. Moreover, organisations have to take into account the different experiences of women when designing intervention programmes. For example, Horn et al. (2015) in their study in Sierra Leone, indicated that women who were experiencing IPV did not want their partners to be punished. Nor did they want to leave the relationship. They did, however, want the violence to stop. The women felt that when men are incarcerated, they do not get any benefit; instead, it threatens their financial stability and custody of children. The authors argued that intervention would resonate much more directly with women's needs if it supported them to survive in violent relationships and focused on reducing or managing violence, rather than pressurising women to report the violence to the police. Doing so would mean offering services for both partners. More support will be given to the victim but the perpetrator will also work to unlearn violence and learn new ways of managing conflict and aggression. This view is ideal for the primary prevention of IPV and it incorporates an upstream approach to IPV.

The literature on IPV is available in other countries with regard to its prevalence, risk factors and consequences for victims. However, Lesotho has little documented literature on IPV thus making it difficult for NGOs to make use of informed strategies to design and implement evidence-based programmes. The few studies that are closer to this research include the study done by the SADC (2012) which highlighted the prevalence of GBV and IPV and outlined some of the contributing factors to GBV using the Social-ecological model. Although this study can be applauded as being informative, it focused on the prevalence of GBV and IPV and did not make a clear distinction between IPV and GBV. It also failed to look at interventions by concerned organisations and fleetingly referred to campaigns such as the Sixteen Days of Activism Against GBV as one of the interventions carried out by organisations. It failed to identify what other interventions stakeholders engaged in to address IPV and only listed two organisations and their contacts for anyone who was experiencing violence.

A study conducted by Uthman et al. (2009) in 17 countries including Lesotho focused on the contribution of the individual, neighbourhood and country-level socio-economic positions on attitudes towards IPV against women using demographic health surveys. This study looked solely at the attitudes towards violence against women. Another study by Brown et al. (2006) focused on sexual violence in Lesotho and revealed that 25% of women surveyed reported being physically forced to have sex, 13% reported attempted sex, 31% were touched against their will and 11% were forced to touch a man's genitals. According to this study, boyfriends were the most common perpetrators of actual and attempted forced sex at 66% and 44% respectively. Although this study revealed a high incidence of sexual abuse towards women, its weakness lies in its recommendation that organisations should focus on helping women to take control of their sexuality without laying down proper strategies on how that can be done and how rape can be prevented not only by women but also the perpetrators. A study conducted by the Women and Law Society in Southern Africa (WLSA) in 2001 in six countries in Southern African including Lesotho focused on women's legal rights regarding inheritance, land ownership, maintenance and GBV. This study documented the legal rights of women and focused on GBV in a broad manner.

Apart from the above studies, there are scattered reports and organisational mini-research has been done in an effort to come up with working documents. However, academically little attention has been given to study the socio-cultural context of IPV in Lesotho and to design appropriate interventions. Additionally, there are several NGOs and governmental organisations working with battered women that have GBV programmes in Lesotho but little is known about what kind of interventions are being done, which prevention models are being used and, above all, no evaluation has been done to assess the effectiveness of their IPV programmes. This research, therefore, aimed to fill the identified gaps by documenting the socio-cultural context of IPV in Lesotho and, in so doing, shed light for all stakeholders working on IPV issues. It also identified and documented the role of organisations working with abused women. This information will be helpful in terms of establishing or strengthening collaboration between organisations and providing knowledge to women about what organisations exist and what their involvement in IPV comprises. In addition, the study will make a

great contribution to identifying the prevention strategies used by organisations in IPV in Lesotho and in evaluating the effectiveness of the strategies. Doing so will strengthen prevention strategies and influence policy change.

2.11 Theoretical framework

The theoretical framework is a conceptual framework that guides research and grounds it in established ideas. Henning et al. (2005) posited that a theoretical framework positions the discipline or subject in which the researcher is working enabling him/her to theorise about the research and to make explicit his/her assumptions about the connectedness of the way things are related in the world. Moreover, they further posited that the theoretical framework is like a lens through which the world can be viewed and also provides an orientation to a study reflecting the stance the researcher adopts in his/her research. This study used three theories to provide the theoretical framework and these were chosen to position the research. Studying IPV requires holistic approaches that look at the causes of IPV in a broad-based pattern so that the interventions proposed can take a comprehensive approach. This is because IPV, as discussed in the literature review, is a result of factors within and outside individuals; thus, addressing it needs to look at the socio-ecological context.

This research, therefore, used the Social-ecological model (SEM) to study contributing factors to IPV and also to study how organisations working with battered women can adopt interventions that transform all the factors. The other important theory used in this research was Post-structural feminism. Violence against women is rising sharply and priority should be given to studying violence through a feminist lens so as to come up with interventions that are informed by the victims of IPV. Post-structural feminism answers the questions of power dynamics and other systemic factors contributing to violence against women. Therefore, grounding this work in this theory will yield a better understanding of IPV. Moreover, one cannot study IPV without understanding its link with the well-being of women. Finally, the Capability framework was used to better our understanding of how to develop women's capabilities that will be their protective factors in IPV. Since one of the objectives of this research was to come up with

appropriate interventions to address IPV, the Capability approach contributed to evaluating organisations' performance and capacity to engage in IPV and to assist in developing recommendations that promote the well-being of victims. Thus, the three theoretical frameworks to be discussed below are as follows: Post-structural feminism, the SEM, and the Capability framework.

2.11.1 Post-structural feminism

Crossman (2017) stated that feminist theory is about viewing the social world in a way that illuminates the forces that create and support inequality, oppression, and injustice and in doing so it promotes the pursuit of equality and justice. Feminist theory is regarded as creative and inclusive because it considers how systems of power and oppression interact. Gavey (1997) described Post-structural feminism as, "a mode of knowledge production which post-structuralist theories of language, subjectivity, social processes and institutions use to understand existing power relations and to identify areas and strategies for change". Post-structuralism challenges and criticises normative disciplines of knowledge. The Post-structuralist theory rejects the possibility of absolute truth and objectivity and considers knowledge as socially constructed through a specific kind of production with definite relations to the social and material world (Gavey 1997). Post-structuralists claim that shared cultural narratives or discourses are socially constructed and that their processes of production are worth examining. This view means that there should be deconstruction through viewing and analysing discourses that seem to be normal or common sense in order to bring about change. Post-structural feminism helps to expose the constitutive forces of discourse and their relations with subjection and desire.

In addition, Post-structural feminism is concerned with how gender relations are constituted, reproduced and contested. It seeks to reveal patriarchal lineages and delegitimises their significance to society. It also aims at empowering people who are marginalised and to offer them new ways of understanding the world (Scott 2017). Thus, the theory entails political action to understand and uproot causes of powerlessness, systems of oppression and women's complicity in them. The greatest contribution of Post-structuralism is its documenting how practices of regulation do not

exert their power without simultaneously producing resistance. Burman (1992) argued that while Foucault located resistance within the body, feminists have extended understanding which goes beyond individual, spontaneous reactions, hopefully to organised disruptive action. Resistance is an inspirational and real basis for challenge and change. Burman (1992) also argued that whereas feminists idealise women's individual experiences, it is also important for strategic purposes to affirm that there is a commonality in the positions and experiences of women by virtue of their subordination. Experiences of oppression thus not only constrain and produce women's subjectivities but also permit some basis for unity.

Central to Post-structural feminism are the concepts of language, subjectivity, social organisation and power which try to understand why women tolerate social relations that subordinate their interests to those of masculine culture. These concepts in feminist post-structuralism are discussed below.

2.11.1.1 Language, discourse and subjectivity

The focus on language is how it works, in whose interest, on what cultural sites and why. Post-structuralism posits that language does not accurately represent or reflect reality, but rather constructs it (Graph 2012). According to Gavey (1997), Post-structural feminism claims that contextualisation of knowledge and objects of knowledge are socially constructed rather than self-evident and thus knowledge is not universal and value-free but provisional, culturally and historically specific, both arising from and contributing to social interests. Thus, language is understood to constitute subjectivity and that common language is not viewed as innocent or neutral but rather closely associated with power. According to this view, language is always located in a discourse. Discourse, according to Hallway (1983) in Gavey (1997), refers to "a system of statements which cohere around common meanings and values that are a product of social factors, of power and practices, rather than individual set of ideas". Gavey (1997) further noted that to post-structuralists, it is through discourse that material power is exercised and that power relations are established and perpetuated. Thus, Post-structural feminists maintain that there is an emphasis on the material

bases of power such as social, economic and cultural arrangements and that there is a need for change at this level of discourse as it gives meaning to the world.

According to the Post-structuralist theory, dominant discourses appear “neutral”, denying their own partiality and gaining their authority by appealing to common sense. These discourses are seen as supporting and perpetuating existing power relations and tend to constitute the subjectivity of most people. However, the theory highlights that individuals are not passive – they are active and have a “choice” when positioning themselves in relation to varieties of discourse. Thus, discourse is also embedded in notions of identity, such as what it means to be a woman. This means we attach meanings to the words and rules we use to determine what makes sense or is possible. We can, therefore, choose to position ourselves as women and attach the meaning of what it means to be a woman which continues to produce and reflect discursive practices.

Post-structuralism thus helps us to gain an understanding of the ways we have come to understand ourselves and to question the legitimacy of this understanding. According to Barrett (2005), Post-structuralism brings previously marginalised discourse to the fore and the production of contextual meanings replace questions of knowledge or truth. The analysis of language and discourse provides a crucial entry point for understanding how social relations are conceived yielding to an understanding of how organisations are organised and how collective identity is established. Discourse analysis, according to Gavey (1997), involves identifying social discourses available to women and men in a given culture and society at a given time. Gavey further contended that these discourses provide positions constituting people’s subjectivity and reproducing or challenging existing gender relations. Attention must then be given to the social context of language and its function in relation to structures of power. The concept of subjectivity denotes that people are subjects of cultural narratives or storylines and as such, they are always being produced and cannot claim a core nature that is their own. Thus, one is made subject through discursive practices which then clearly mean that people are not authors of their ideologies; instead, ideologies construct people’s subjectivity, understanding of self and what is possible and permissible.

These three concepts were fundamental in this research in order to analyse how language and dominant discourses of the Basotho influence social relations between men and women and whether these social relations can also be harmful and lead to IPV. One of the objectives of this research was to look at the socio-cultural context of IPV and these concepts highlighted the normative use of language and how its use has shaped the status of women and men and, more importantly, how that can be transformed to change the situation of women.

2.11.1.2 Power

Post-structural feminists have made another huge contribution in the understanding of the conceptualisation of power which differs from that of traditional feminists. Their use of Foucault's understanding of how power operates in a field of relations has given light to the understanding that people, based on their locations, use tactics and strategies available to them to negotiate dynamics of power (Cannon et al. 2015). According to this view, both dominant subordinate groups use the power which critiques the notion that men hold power in a static form and that women are powerless. The deconstruction of binaries of men as aggressors and women as victims facilitates understanding the many ways women use and experience violence in IPV.

Post-structural feminism allows us an opportunity to see IPV in a different way especially violence perpetrated by a female. Cannon et al. (2015) maintained that based on a woman's social location, such as race, gender, sexuality, class, nationality and others, certain tactics and strategies for using power are available to her. In addition, Post-structural feminism posits that by viewing women as victims of domestic violence or IPV only support the binary of men being powerful and aggressors while women are described as being powerless and victims in the waiting. This description, according to Post-structuralism, maintains gender stereotypes and does not give room to women being subjects of abuse in relationships. This obscures the importance of analysing the power relations in relationships and seeing how power is deployed. According to Cannon et al. (2015), this framework creates a social norm that men are the only ones capable of the many forms of violence in intimate partnerships. They

further argued that women also initiate violence as much as men. This knowledge, therefore, sheds light on the understanding by some scholars that “men are not naturally aggressive, but rather that male control of women and notions of male sexual entitlement feature strongly in the dominant social constructions of masculinity in South Africa” (Stanley 2013). This version of reality helps in understanding power dynamics in IPV without viewing men as powerful and aggressive and women as passive victims in IPV. It assists in observing how other factors influence men’s aggressive and controlling behaviour and in identifying how women use other tactics to resist or deal with violent partners. Hearn (2004) argued that not all men are powerful but power is a very significant and pervasive aspect of men’s social relations, actions and experience. Hearn (2004) further argued that men’s power and dominance can be structural, interpersonal, public or private, accepted or taken for granted, recognised and resisted, obvious or subtle.

It is, therefore, important that this study recognised the centrality of power as it relates to male hegemony. This formulation seeks to address the dual intricacy that men are both a social category formed by the gender system and collective and individual agents – often dominant collective and individual agents of social practices. This analysis of power can contribute to understanding and identifying sources of power for those that accumulate or possess power and whether it is a structural or an interpersonal quest. More importantly, it can contribute to understanding how victims of violence contest power in their abusers.

The Post-structural feminist theory has made enormous input into understanding that although IPV against women is high and most perpetrators are men, one cannot just conclude that men are perpetrators of violence and women are victims. One has to critically look at the power dynamics between the warring couples and see how power is exercised in the violence and identify its source. The theory was of great significance in this study in terms of examining the socio-cultural context of IPV, especially looking at the dominant discourses in Basotho proverbs and metaphors that establish and perpetuate subordination and abuse of women. The theory facilitated the understanding of power dynamics in relationships and how women in Lesotho use power to negotiate and resist violence. The theory also facilitated the understanding

of how victim empowerment strategies can sometimes be seen to yield unintended outcomes such as reversal of violence as noted in the literature review. The concept of power in relation to male hegemony and masculinities also brought forth an understanding of how men conceive power. It recommended strategies that target perpetrators of violence in a way that challenge their notion of power and which work with them towards achieving positive masculinities and positive forms of power.

2.11.2 Social-ecological model

The SEM was developed by Bronfenbrenner, the proponent of the systems thinking theory, to further understanding of the dynamic interrelations among various personal and environmental factors. The theory postulates that in order to understand human development the entire ecological system in which growth occurs needs to be taken into account (Bronfenbrenner 1994). The SEM proponents argue that the only way to fully understand something or an occurrence is to understand the parts in relation to the whole; hence, the process of understanding how things influence one another is central to the ecological model. This theory opened doors to conceptualising the individual in interaction with his/her social and physical environment. Thus, the focus of the SEM is the interaction between an individual and the environment.

When trying to understand IPV through using this theory, one has to understand violence perpetration by looking at the incident, the perpetrator, and the environment in which he lives. According to Visser et al. (2005), the fundamental assumption is that behaviour is the result of the interaction between individuals and the contexts they are exposed to. According to Trickett (1996), human activity does not develop in a social vacuum, but rather is rigorously situated within the socio-historical and cultural context of meanings and relationships. Aggressive behaviour, according to this theory, can be a result of the interplay of the individual and his ecological context. An ecological context is the setting that influences an individual, such as the physical and social, economic and political environment. According to definitions of the SEM, behaviour can be better understood if the context in which it takes place is understood. Violence, according to Dahlberg et al. (2011) is complex and results from an array of behavioural influences. Dahlberg et al. (2011) contended that it is about how individuals relate to

those around them and to their broader environment. The SEM has made a great contribution to understanding IPV causes and appropriate interventions. Understanding that human behaviour is dependent on the ecological context opens eyes not to focus on individuals only when trying to understand the root causes of their aggressive behaviour but rather to look at the influence of the environment. The context becomes important to focus on and to look at other micro and macro influences.

According to Visser et al. (2005) understanding the context implies that human behaviour may be possible when patterns of social and organisational relationships change or when the physical environment changes. This means psychological intervention should not only focus on individual behaviour alone but should also be introduced to broader levels of social organisations. In this way, the SEM may also assist organisations dealing with perpetrators of IPV to advocate for changes in policy and the socio-cultural context that will positively impact the behaviour of the perpetrators. The theory highlights new ways of conceptualising behaviour as problems are not simply seen as a result of intra-individual processes but also as incompatibilities between the individual and their environment or as a dysfunctional adaptation to a particular set of environmental circumstances.

One of the cornerstones of the SEM is its attention to the interdependence of components. The SEM holds that multiple components of a social context are inter-related and influence other parts. Changes in one part may produce a change in other parts of the context whether in exo or macrosystems. Exosystems are described by Visser et al. (2005) as systems which influence behaviour in microsystems such as institutions and organisations but that individuals do not have direct contact with or influence them. Macrosystems, on the other hand, are described as “that which includes large scale social factors that have an impact on people’s lives, such as government policies and decisions as well as ideologies and belief systems. It includes the attitudes and values of people in a particular socio-economic position, ethnic group or culture as well as economic trends and gender roles” (Visser et al. 2005). According to Bronfenbrenner (1979), the influence of socio-cultural and economic factors such

as poverty and oppression, as well as large scale social change on behavioural patterns, has to be recognised.

Understanding the interdependence of these systems can broaden understanding of how things in the macrosystem can have an influence on the behaviour of an individual without an individual being in contact with them. Moreover, macrosystems such as socio-cultural factors including attitudes can also influence behaviour. That means interventions that simultaneously work at all levels and which are aware of the interdependence are more appropriate in preventing IPV. For example, if poverty is one of the social factors in which perpetrators and victims live, intervention should not be only about providing counselling and anger management skills to clients but should also address issues of poverty. Therefore, intervention at the microlevel may include education about the dangers of IPV, improved family communication and education about harmful norms. The exo-level intervention should include activities to address the problems of IPV by developing policies and providing facilities for counselling and other services. The macro intervention should include legislation to address IPV, media campaigns to change community perceptions of IPV and the culture of IPV tolerance.

The SEM, therefore, highlights the bigger multifaceted picture of relations within a community and does not look at the individual in isolation. The value of this theory is in its account and understanding of a variety of levels of interaction that affect each other in an ongoing process of change as an attempt to understand the complexity of individual and community functioning. Thus, in order to prevent IPV, institutions need to understand the factors that influence it and then take into consideration the complex interplay between those factors and the individual. In this way, prevention strategies and approaches may be developed for those specific factors.

The SEM was introduced as a framework that helps in understanding some key factors that add to women and girls' risk of IPV. It has been upheld for its approach in advocating for the development of strategies that eliminate risks through broad-based prevention programming. The theory postulates that preventing violence needs working across all levels simultaneously and this resonates with this research which

proposed that prevention strategies need to be implemented at the three levels concurrently. Therefore, primary, secondary and tertiary prevention strategies focus on individuals, communities and organisations identifying how they need to interact with each other in order to prevent violence before it occurs and, where there is already violence, to mitigate it by providing appropriate services. The theory helped to address objective one, which looked at the socio-cultural context of IPV and objective four, which aimed at identifying and improving prevention programmes to address IPV in Lesotho. Prevention models that are designed to work with individuals, institutions and communities seem to be best in addressing change in behaviour.

The use of the ecological framework to define IPV highlights the importance of understanding the interdependence of the factors contributing to IPV and, therefore, developing strategies that target all the levels surrounding individuals. Thus, prevention programmes targeting individuals or families are insufficient and the prevention of IPV ought to engage the three levels of prevention. Accordingly, preventing IPV calls for a comprehensive approach that simultaneously targets multiple risks and protective factors in order to have a broad and sustained impact (Niolon et al. 2017). Moreover, the SEM has helped to shape the understanding that violence is a learned behaviour through its explanation of the interactions between the environment and the individual. Understanding how systems relate to each other is vital for designing prevention programmes so that the problem is identified and dealt with accordingly.

2.11.3 Capability framework

Amartya Sen is the proponent of the Capability approach which focuses on the quality of life that individuals are able to achieve. The quality of life is analysed in terms of the concepts of “functionings” and capabilities. Sen claimed that the Capability approach, to a person’s advantage, is concerned with evaluating it in terms of his or her actual ability to achieve various valuable functionings as part of living. Functionings represent parts of the state of a person, in particular, things he/she manages to do in living a life. According to Sen, peoples’ capabilities to function, their effective opportunities to

undertake the actions and activities that they want to engage in functioning make up a person's being.

Martha Nussbaum, a political philosopher developed this theory and made it predominant as a paradigm for policy debate in human development. Robeyns (2007: 39) defined the Capability approach as a "broad normative framework for evaluation and assessment of individual well-being and social arrangements, design of policies and proposals about social change in society". Nussbaum (2011) pointed out that the Capability approach begins with a question: what are the people actually able to do and to be, and what real opportunities are available to them? The approach responds to the complexities of human life and human striving. It is sometimes referred to as a human development approach and as an approach to comparative quality of life assessment and to theorising about social justice. Capability, as O'Connell, Gardner and Coyer (2014) put it, is central to people being comfortable and able to cope in facing unfamiliar situations. Robeyns (2017) proclaimed that the Capability framework can be used to evaluate several aspects of people's well-being including economic, social, political and cultural dimensions. It can also be used as a tool for the evaluation of policies to measure their impact on people's capabilities. Agarwal and Panda (2007) posited that development means the expansion of human capabilities and, therefore, freedom from domestic violence should be integral to any exercise in evaluating development progress. They further saw marital violence as a hindrance to development as it affects women's advancement.

Based on the Capability framework, violence in families is seen to undermine women's capabilities and functioning by making women fearful to improve their quality of life through education or economic advancement. Furthermore, Capability theorists argue that where a woman suffers physical abuse it can affect her functioning in her job or disrupt her regularity at work which can consequently affect her promotion (Agarwal and Panda 2007). Moreover, Agarwal and Panda (2007) indicated that IPV can erode women's social opportunities by undermining her ability to build social networks due to her eroded self-confidence. This could lead her to withdraw from social contact or people around her may ostracise her family due to violence. In addition, marital

violence can affect women's political freedoms, thereby restricting her ability to be an active citizen (Agarwal and Panda 2007).

According to Alexander (2008), the capabilities approach is ideal for realising the capabilities of all so that people would have the required economic, social and political freedom to lead the type of life they have reason to value. Based on this notion, NGOs must advocate that the design of society's economic and political institutions are done in such a way that adequate material and social resources are available to everyone in order that they may possess and exercise a set of basic capabilities that go to make a decent life. Women are counted among the poorest in many nations including Lesotho and efforts should be made to empower them to have equal access to resources and political participation, and to remove some of their vulnerabilities so that they enjoy freedom. As Alexander (2008) postulated, freedom is not merely the absence of interference, but also the possession of different capabilities to achieve valuable human functioning. Alexander further postulated that a person who is poor, uneducated, unemployed, afflicted by preventable disease or socially excluded might encounter no interference from the state or fellow citizens but he/she lacks the required capacities and opportunities to live a life of freedom. The argument by Alexander can be adopted to women experiencing IPV in that although IPV can be interference to full participation and other freedoms, empowering its victims by promoting their capabilities will not only give them the power to end abuse but will emancipate them to attain their full functioning. The fight against IPV based on this theory can be effectively won by protecting and promoting people's entitlements and by recognising the interconnections of IPV and the socio-cultural, economic and political forces that cause IPV.

Based on this framework, for organisations to fully support women in IPV they themselves must have the capacity and the competence necessary to implement strategies that are capability promoting for everyone and, in particular, to develop and empower IPV survivors to fully function and actualise their capabilities. However, their intervention has to focus on promoting a set of opportunities or substantial freedoms for the clients, allowing them to exercise these or not and respecting the power of people's own understanding of their world. This framework is very important not only

for organisations to intervene in IPV in a way that responds to multifaceted challenges of women but also in enlightening organisations to advocate for policies that speak to human development. In this way, both the policy and the programmes that use the Capability approach will not only respond to violence but also prevent it by empowering women to realise their potential and exposing them to opportunities that will emancipate them to perceive themselves as equal to men and worthy of respect. The notion of freedom and non-domination is of utmost importance for Capability theorists.

Hughes (2006) posited that a Capability approach can be developed to establish core competencies such as the skills, values, knowledge and attitudes required to deliver effective services. It is, therefore, clear that organisations must have the capacity to deliver appropriate services that meet the demands of the clientele. Hughes (2006:6) outlined capability as having five dimensions:

- A performance component (what people need to possess);
- An ethical component (integrating the knowledge of culture, values, and social awareness into practice);
- Reflective practice;
- Capability to effectively implement evidence-based practice; and
- Commitment to working with new models of professional practice and responsibility for lifelong learning.

Hughes (2006) asserted that working with rapidly changing environments and with complex issues increasingly required comprehensive capabilities and thus the Capability approach can define what professionals should be capable of doing in order to meet diverse needs. This theory was, therefore, relevant to determining the core competencies in organisations dealing with IPV by evaluating their programmes and policies on IPV based on the five dimensions of the Capability approach as listed above. It was also relevant in terms of determining if the IPV programmes improved women's capabilities. In addition, as Peil and Staveran (2009) argued, the evaluation of policies should emphasise what people are effectively able to do and to be and should show the quality of their life by removing obstacles in their lives. Evaluation of IPV policies is integral to assessing how organisations' policies lead to social change.

This framework also helped determine how the organisations empower women who come for services to reach their full potential. Furthermore, the framework assisted in identifying how the organisations were able to affect the social arrangements which are shaped by predominant cultural ideologies, especially those that contribute to IPV. Equally important was to see how their programmes were designed for social change in terms of bringing women together in a relationship of equality and solidarity as this is what Nussbaun (2006) proposed as effective for effecting change.

2.12 Conclusion

This chapter has defined IPV as another form of GBV and has highlighted two common types of IPV that were used throughout this research, namely, patriarchal terrorism and common couple violence. Reviewed literature has shown a high prevalence of IPV against women. The causes of IPV were viewed from various levels, that is, individual-level, relationship-level, community-level and societal-level causes. Reference was also made to IPV against men. The literature on the socio-cultural context of IPV has brought forth a number of factors stemming from socio-cultural norms and social expectations about what being a woman or a man mean globally and in some African societies. It has been identified in the literature that there are similarities, both globally and in Africa, about how women are viewed especially their status in society. Even in the most developed countries, women have not achieved equal status to men and there are different expectations about women and men which almost always gives men the upper hand in heterosexual relationships. The consequences of IPV on women's well-being were discussed from reproductive health, mental health and economic perspectives. The discussions identified an array of complications ranging from gynaecological disorders, genital injuries, and maternal death as well as the transmission of sexually transmitted diseases such as HIV, post-traumatic disorders, stress, depression and suicide. The economic well-being perspective revealed how IPV can lead to victims losing their jobs and economic power as a result of violence from their partners. The review also highlighted the strategies used in IPV prevention. Three prevention strategies were discussed, namely, primary, secondary and tertiary prevention. These advocate for the identification of risk factors and dealing with them before IPV starts and responding to IPV in ways that stop further

perpetration of abuse. The role of NGOs was discussed with reference to strategies they employ in addressing IPV.

The reviewed literature also highlighted the gap in knowledge about IPV in Lesotho. It has shown that although IPV is high in Lesotho, it has received little scholarly attention thus creating a knowledge gap in understanding the socio-cultural context of IPV, the role of organisations in IPV and their intervention strategies. This was a knowledge gap which this study aimed to fill. In addition, the other identified gap related to the evaluation of the effectiveness of strategies engaged by concerned organisations in addressing IPV.

Part two of this chapter discussed the three theoretical frameworks which underpinned the study. Post-structural feminism has shown how power is structured in IPV and the importance of understanding power dynamics in relationships. Moreover, it brought the importance of discourse analysis to identify social discourses available to women and men at a particular time in a culture and society and how the concept of language and discourse perpetuates domination and control. The SEM was used to look at the causes of IPV and its contribution to addressing IPV. The SEM has revealed the importance of IPV service providers not only focusing on the individual when intervening but also looking at systems around the individual, especially in the ecological context and how his/her behaviour may be influenced by such systems. The SEM has highlighted a need to work at all levels of the systems in order to bring sustainable change. The third framework is the Capability theory which highlighted the impact of IPV on women's well-being, freedom and capabilities. This theory highlighted that IPV can erode women's self-confidence in a way that leads to a woman withdrawing from social interaction and thereby affecting her ability to reach self-actualisation. This theory, therefore, argues for intervention that is capabilities promoting for everyone. Capability theory also notes the need to evaluate organisations or service providers and policies against their ability to improve the capability of women and their capacity to provide such services as well as their ability to effect change in social arrangements.

Chapter 3

Research methodology and methods

3.1 Introduction

According to Wilkinson (2000), research methodology refers to specific procedures or techniques used to identify select, process and analyse information about a topic. The methodology section, therefore, answers two main questions: how data was collected or generated and how the data were analysed. The purpose of this study was to examine the socio-cultural context of IPV in Lesotho, ascertain the role of organisations working with abused women, identify their prevention models and evaluate the effectiveness of their IPV programmes. This chapter, therefore, provides details of the methods used to collect data for the study as well as the sampling procedures that were used to select participants. The chapter also motivates the use of a qualitative research methodology as the most appropriate for the study. Furthermore, it explains how data were analysed, the ethical considerations followed during data collection and the limitations of the study.

3.2 Research paradigm

A research paradigm, according to Guba and Lincoln (1994), can be defined as the basic belief system or world view that guides the investigation in the choice of method/s. MacKenzie and Knipe (1998: 22) defined a paradigm as "a loose collection of logically related assumptions, concepts, or propositions that orient thinking and research or the philosophical intent or motivation for undertaking a study." MacKenzie and Knipe (1998) maintained that it is the choice of paradigm that sets down intent, motivation and expectations for the research. This research adopted a transformative research paradigm. According to Creswell (2003: 9-10), "Transformative researchers believe that inquiry needs to be intertwined with politics and a political agenda, and contain an action agenda for reform that may change the lives of the participants, the institutions in which individuals work or live, and the researcher's life." The motivation

for choosing a transformative paradigm was influenced by the nature of the research which had the intention of bringing about change in the way the issues of IPV are handled by the government and NGOs in order to transform the lives of women in Lesotho.

3.3 Research methodology

The study was empirically researched and relied on primary data. Gravetter and Forzano (2015) defined the empirical method as a practice that employs direct observation as a source of knowledge. A qualitative methodology was adopted because the nature of the study required a method which was exploratory, which took cognisance of the context and setting, and which searched for a deeper understanding of the participants' lived experiences of the phenomenon (Krauss 2005). Henning et al. (2005) argued that the decision to work with qualitative data is linked to the type of inquiry that the researcher conducts. Qualitative research is based on relativist constructionist ontology which posits that there is no objective reality; rather, there are multiple realities constructed by human beings who experience a phenomenon of interest.

Qualitative research approaches seek to arrive at an understanding of a particular phenomenon from the perspective of those experiencing it (Kraus 2005). Denzin and Lincoln (1994) in Newman and Benz (1998) articulated that qualitative research involves the studied use and collection of a variety of empirical materials, case studies, personal experience, interviews, visual texts and interactions. It further involves an interpretive and naturalistic approach to its subject matter, meaning that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them. A qualitative research method, as observed by Rubin and Babbie (2010), is more likely to tap deeper meanings of particular human experiences and generate theoretically richer observations that quantitative approaches may not yield. As Henning et al. (2005) stated, in a qualitative study variables are not controlled and it is this freedom and natural development of action and representation that is captured. The aim is to understand and explain the phenomena by using evidence from the data and from the

literature. In a quantitative study, on the other hand, variables are controlled and the study is guided with an acute focus on how variables are related. Research respondents are not free to express data that cannot be captured by predetermined instruments. In this kind of study, the researcher's understanding of the phenomena is placed between boundaries of an instrument which limits data to those very boundaries.

Thus, a qualitative approach was chosen because of its appropriateness to the aim of the study, that is, to determine how victims of IPV were experiencing violence and the nature of support they received from organisations. This approach is also in line with feministic approaches of inquiry which try to understand the world of human experience and behaviour from the point of view of those involved in the situation of interest or those who are experiencing a phenomenon. This understanding, therefore, calls for an in-depth inquiry. According to Marshall and Rossman (1995), the method should be linked epistemologically with the research questions and research problem. Since this study was both explorative and transformative, the qualitative method was considered the appropriate method to use.

3.3.1 Study population

The target populations were women who were survivors of IPV and their intimate partners who had received services from the organisations dealing with IPV. The reason for including partners of abused women was to determine whether the intervention services also included the perpetrators of IPV and, if so, whether the intervention was effective or not. The study population was accessed through organisations working with battered women in Lesotho as they were the ones who had the knowledge and the contact details of survivors. These organisations were the United Nations Population Fund (UNFPA), the Federation of Women Lawyers (FIDA), the Women and Law Society in Southern Africa (WLSA), She Hive, the Child and Gender Protection Unit (CGPU), and the Ministry of Gender, Youth, Sports and Recreation (MGYSR) of which the Lapeng Centre is a part.

3.3.2 Sampling procedures

Sampling, as described by Dane (1990), is a process of selecting the participants for a research project. Dane (1990) argued that although a sample is a portion of the population, it is taken from a sample frame rather than selected from the population. Purposive sampling was used to select the respondents from the organisations listed above. Babbie and Mouton (2007) contended that in purposive sampling it is appropriate for researchers to select their sample based on their own knowledge of the population and the nature of the research aims. Purposive sampling is a type of non-probability sampling technique (Patton 1990; Laerd 2012). Its goal is not to randomly select the units of analysis from a population to create a sample with the intention of making generalisations from that sample to the population of interest. Rather, the main goal of purposive sampling (as in this study) is to focus on particular characteristics of a population that are of great interest and which would best enable the researcher to answer the research questions. In other words, the purpose of purposive sampling is to select the information-rich cases the study of whom will illuminate the research questions. One of the major benefits of purposive sampling is the wide range of sampling techniques that can be used across qualitative research designs, that is, sampling techniques that range from homogeneous sampling through to critical case sampling, expert sampling and more.

The second sampling procedure used in the study was convenience sampling. According to Gravetter and Forzaro (2015), in convenience sampling the researcher uses participants who are easy to procure and who are willing to participate. The reason for using this sampling procedure was that not all the women or men who received services from the organisations wanted to participate. By using convenience sampling only those women and men willing to participate were selected. To ensure representativeness and avoid any bias associated with this procedure, the researcher was careful to select a broad section of women and men from different geographical locations and who had experienced different service timeframes. In terms of the latter, for example, the researcher, together with the responsible organisation, selected one woman who had received services from the programme every six months from the previous year to the present. The rationale for selecting women from different

geographical areas was that Lesotho is divided into four regions, namely, lowlands, highlands, foothills and the Drakensberg range and obtaining data from women who come from different backgrounds was fundamental to finding out how programmes take cognisance of the differing life experiences of such women. Moreover, as pointed out above, partners of those women, if available, were also included. The purpose of interviewing those women and their partners was to determine how they were assisted by the organisations, the prevention strategies employed, and to assess whether the interventions had an impact on both the victim and the abuser.

Initially, the researcher aimed to interview 54 people comprising 18 respondents from the organisations involved, 18 survivors and 18 perpetrators. However, during preparation for the interviews, two organisations indicated that their gender programme managers already had the required information about the organisation and there was no need to interview both organisation managers and gender advisers. However, in the MGYSR the gender programme manager was interviewed. Moreover, with two exceptions, the organisations had no counsellors or social workers. Thus, two social workers, two counsellors, five gender advisers and six managers from the organisations listed – a total of 15 – were interviewed. Eighteen women survivors and nine of their partners were reached. Most of the organisations had no contact with their clients after the intervention and some had signed confidentiality agreements and were thus not willing to share contact details with the researcher. Despite this, three women victims from each participating organisation were interviewed giving the total of 18 mentioned above. In terms of the nine perpetrators who were interviewed, three organisations “provided” two perpetrators each while one organisation provided three. Thus, in a nutshell, 42 participants were reached as opposed to the 54 envisaged. However, as Padgett (2008) pointed out, the focus on sample size in qualitative research is more about flexibility and depth rather than numbers. The smaller the sample size, the more intense and deeper are the data being collected. Table 1 below provides a summary of the study sample. A total of six organisations were reached. Informants from the seventh could not be contacted because the director and gender programme manager were not available to participate in the study. The following table below summarises the study sample:

Table 1 - Study sample

Managing directors/Gender program managers	Gender advisers	Social workers and counsellors	Abused women	Partners of abused women/perpetrators	Total number of respondents
6	5	4	18	9	42

Arrangements for interviews were made telephonically and by going to the organisations to set up interview schedules with project managers, gender advisers and social workers. During these visits, arrangements were made to recruit survivors and perpetrators who received services from the organisations. The researcher held meetings with social workers in their offices to request their assistance in recruiting both survivors and perpetrators. Social workers in two of the organisations consulted with survivors and perpetrators to introduce the study to them and to determine whether they would be interested in participating. As alluded to above, only those who voluntarily wanted to partake in the interviews registered their names and contact details with social workers. Other survivors and perpetrators were reached through the CGPU. This organisation does not have social workers but the police, who work directly with the survivors and perpetrators, contacted them to introduce the study and to ask for their voluntary participation. Their names and contact information were then given to the researcher who called them to make appointments.

Table 2 below summarises the participants' demographic information.

Table 2 - Demographic information about participants

Participants	Number	Age group	Educational background	Employment status
Female survivors	18	28-54	Secondary – a higher degree	11 employed 5 self-employed 2 not working
Male perpetrators	9	36-64	Primary leaving certificate – Bachelor's Degree	2 employed 3 part-time jobs 1 self-employed 3 not working
Gender advisers and managing directors:				
Females	6	28-37	BA Degree	
Males	5	30-33	BA Degree	
Social workers and counsellors:	4	25-45	BA Degree- MA	
Females	0			
Males				

3.3.3 Data collection methods and procedures

3.3.3.1 Preliminary data collection

It is worth mentioning that the researcher initially intended to focus only on NGOs dealing with IPV. However, during preliminary preparations, she found out that there were also government organisations working with abused women which had close relationships with NGOs. Government organisations were thus also included in the study and all organisations were generalised as organisations dealing with abused women. When doing preliminary preparations for the research, the main and sub-research questions were formulated and developed into an interview guide. To get

access to gatekeepers and the participants in the study, two channels of communication were employed, namely, telephones and written letters to ask for permission to interview managing directors, gender advisers, social workers and counsellors, and the survivors and perpetrators who were the clients of the organisations. The researcher wrote letters to organisations asking permission to study their organisation (see Appendix 3). All the organisations responded with letters giving the researcher permission to include their organisation in the study. In addition, for access to the IPV survivors and perpetrators, a request was made to the organisations to interview their clients and in doing so the researcher was aware of the possibility that client confidentiality could be an issue. Some organisations provided information about their clients after requesting their voluntary participation in the study; however, others, as anticipated by the researcher, could not provide details of their clients as they had signed confidentiality forms not to disclose their details. In such organisations, a special arrangement was made with the social workers who proceeded to interview their clients using the interview guide provided by the researcher. In this regard, the researcher had to dedicate time to train the social workers to use the interview guide. Dawson (2006) pointed out that negotiating entry into a community for research purposes is reliant upon that community's culture, and if the researcher is conversant with that culture then it becomes easier to gain entry. Gaining entry into a community entails negotiating with the official and social authorities as gatekeepers. It also entails gaining "entry" to the actual participants. Interviewing the participants was "easier" for the researcher as she was culturally competent and shared the same culture as the participants. In other words, there were no cultural and age barriers between the researcher and the participants and this facilitated a relaxed environment for conversations.

3.3.3.2 Data collection techniques

There are various data collection techniques used in research. According to Chaleunvong (2009), data collection techniques allow researchers to systematically collect information about objects of study and about the settings in which they occur. Various qualitative data collection techniques which can be used include:

- Document review
- Visual analysis, for example, of videos
- Observation
- Interviews
- Focus group discussions.

This study used two qualitative data collection methods, namely, in-depth interviews and document review as discussed below.

3.3.3.2.1 In-depth interviews

Legard et al. (2003) described an in-depth interview as “a form of conversation with purpose and as such it produces a fundamental process through which knowledge about the social world is constructed in normal human interaction.” The authors further identified three key features of an in-depth interview relating to the researcher’s intention to combine structure and flexibility. These are:

- The researcher having some sense of the themes he or she wishes to explore and basing the interview on a form of interview guide which is sufficiently flexible to permit topics to be covered in the order most suited to the interviewee.
- Interactive in nature.
- The researcher using a range of probes and some techniques to achieve in-depth answers.

Eight organisations working with abused women in Lesotho were identified, all of which showed a willingness to participate in the study. These were the UNFPA, FIDA, GCPU (Department of Police), WLSA, MGYSR, the Lapeng Centre (which is part of MGYSR), She Hive and World Vision. However, during data collection, World Vision withdrew their participation due to compelling priorities that prevented their respondents scheduling a time for interviews. It was also discovered that the Lapeng Center is part of the MGYSR, which brought the total number of organisations participating to six. These organisations were identified because they had programmes on GBV and worked with battered women.

All interviews which were scheduled with the gender advisers, social workers, counsellors and managers were conducted in the organisations' offices. Some of the interviews with survivors and perpetrators were conducted in their homes to allow them to relax and not to inconvenience them by choosing a setting which could be considered unfriendly for them. The duration of the interviews with the organisations' representatives ranged between one hour and one hour 30 minutes. Interviews with the survivors and perpetrators were slightly longer-lasting between one hour 30 minutes and one hour 45 minutes including a debriefing of 20 minutes after the interview. Interview guides were used to interview the managers, counsellors and gender programme officers. The guides comprised a set of questions and guiding points to help the researcher stick to the research questions and to guide discussions during interviews. Interview guides were also used to interview the women survivors and a different interview guide was used to tease out information from their partners. The guides comprised questions related to the research questions and other important notes to solicit information from the respondents. The researcher was flexible regarding the order of the questions asked as this allowed the respondents to talk about issues in the order they felt most free to talk. An audio recorder was used to record the interviews so that the researcher would not interrupt the process by writing notes during the conversation. However, the researcher did make some notes immediately after the interviews to record any salient points which emerged during the interview process.

A total of 42 interviews were conducted, 31 of which were conducted by the researcher and 11 by the social workers who were then, in turn, interviewed by the researcher. All interviews went well and were not repeated except for one with a respondent from She Hive. It was repeated in order to clarify data elicited from survivors who were clients. A drawback to using the respondents' offices was that interviews were often interrupted by respondents' co-workers barging into the office. However, while a nuisance, this did not affect the quality of the interviews. No traumatic effects were triggered by the interviews and the researcher made an effort to follow up on all survivors and perpetrators she interviewed. This was to determine if they needed to process the interview or if they needed more support regarding the effects of the interview.

3.3.3.2 Documents review

Documents review is a data collection method for evaluation. It is a way of collecting data by reviewing existing documents. Documents used for the review were sourced from concerned organisations and relevant government ministries. As far as possible the researcher made efforts to use the most recent data available. Documents reviewed included the following: *She Hive Organisational Profile*, *Gender Country Profile for Lesotho* (2016), *Sexual Offences Act* (2003), *Anti-human Trafficking in Persons Act* (2011), *Ending All Kinds of Discrimination Against Women, National Action Plan for Women, Girls and HIV and AIDS* (2012-2017), *Take Action Against All Forms of Violence*, and *Legal Capacity of Married Persons Act* (2006). As Chaleunvong (2009) pointed out, locating and retrieving available information is a good starting point in data collection and that it permits examination of trends over time. The documents were sought before conducting the interviews as this allowed the researcher to become acquainted with the organisations and their programmes. It also allowed her to ask for clarity about information arising from the documents.

3.3.4 Data analysis

According to Thorne (2000) what makes a study qualitative is the ability to rely on an inductive reasoning process to interpret and structure meanings that can be derived from the data. Analysis occurs as an explicit step in conceptually interpreting the data set as a whole, using specific analytical strategies to transform the raw data into a new and coherent depiction of the phenomenon being studied. This study used two analytical strategies, namely, thematic analysis and document analysis as described below.

3.3.4.1 Thematic analysis

Boyatzis (1998) described thematic analysis as a process for encoding qualitative information which requires explicit codes or a list of themes. In other words, it is a method used to analyse, classify and present themes (patterns) that relate to the data.

Spradley (1979) stated that thematic analysis focuses on identifiable themes and patterns of living and/or behaviour. Themes are defined as units derived from patterns such as "conversation topics, vocabulary, recurring activities, meanings, feelings, or folk sayings and proverbs" (Taylor and Bogdan 1989: 131). A theme is also described by Boyatzis (1998) as a pattern found in the information that at a minimum describes and organises possible observations or, at a maximum, interprets an aspect of the phenomena. Boyatzis (1998) highlighted that themes may be generated inductively from the raw information or generated deductively from theory. Coding, on the other hand, is described as a way of relating data to ideas about the data.

Spradley (1979) outlined the steps in thematic analysis:

- The first step is to collect the data and transcribe conversations and list patterns of experiences. This listing of patterns can come from direct quotes or paraphrasing common ideas.
- The second step is to identify all data that relates to the already classified patterns and the identified patterns are then expounded on. All of the talks that fit under the specific pattern is identified and placed with the corresponding pattern.
- The third step in thematic analysis is to combine and catalogue related patterns into sub-themes. Themes are identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger 1985). Themes that emerge from the informants' stories are pieced together to form a comprehensive picture of their collective experience.

Thematic analysis allows researchers to associate analysis of the frequency of a theme with the whole content (Ibrahim 2012). Vaismoradi et al. (2013) indicated that thematic analysis aims to examine narrative materials from life stories by breaking the text into relatively small units of content and submitting them for descriptive action. Vaismoradi et al. (2013) viewed thematic analysis as a flexible and useful research tool that provides a rich and detailed account of data. The researcher chose thematic analysis for the study because it enabled her to use a variety of types of information

in a systematic manner that increased accuracy and sensitivity in understanding and interpreting the observations about people, situations and organisations. The conversations that took place in the interview sessions and the ideas that emerged were better understood under the control of thematic analysis. Since women's experiences are diverse, this method permitted several themes to emerge during data analysis which allowed the researcher to identify common threads that extended across entire sets of interviews. Data were, therefore, analysed in relation to the research questions and emerging themes and codes were developed based on the themes.

3.3.4.2 Document analysis

Document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic (Bowen 2009). Analysing documents entails coding content into themes similar to encoding in thematic analysis. It is one way of evaluating documents where empirical knowledge is produced and understanding is developed. This method proffers credibility to the researched phenomenon when it is used together with other methods such as interviews. Bowen (2009) highlighted two advantages of using document analysis. The first is that it is a sufficient and effective way of gathering data because documents are manageable and practical. The second advantage is that documents are stable "non-reactive" data sources, meaning that they can be read and reviewed multiple times and remain unchanged by the researcher's influence or research process. A further benefit observed by O'Leary (2014) is that documents can contain data that can no longer be observed, provide details that informants have forgotten, and can track change and development. Documents can also point to questions that need to be pursued. Documents such as policies, strategic plans of the organisations, reports and work plans were analysed in an effort to set the context for the conceptualisation of the GBV debates within national and organisational spaces. Document analysis further teased out key issues that informed the collection of primary data, particularly those relating to the key research questions on the socio-cultural context of IPV in Lesotho and the role of organisations and the strategies they use to address IPV.

3.4 Ethical considerations of the study

The researcher obtained ethical clearance from the UKZN Research Office as a prerequisite for working with people who have been exposed to violence. The researcher developed and translated informed consent forms into the local language. The informed consent was in line with the UKZN ethical consideration form. All the interviewees were asked to sign an informed consent form before they were interviewed as a way of acknowledging that they agreed to participate. Before signing the form, the researcher introduced the purpose of the study and explained the consent form. Recordings of the interviews were made in agreement with the interviewees. In addition, the researcher worked closely with the counsellors in the organisations during interviews to offer psychosocial support to respondents where necessary. The confidentiality of interviewees was ensured through the use of pseudonyms and concealing NGO's names. A coding system was used to ensure that the reported results were not linked to the name of an organisation or that of an individual participant. Information obtained from participants was kept secret and private on a computer using an access code that was known to the researcher only.

3.5 Limitations of the study

This study could have benefitted more if the researcher had managed to hear all the voices of survivors and perpetrators as well as probe for a deeper understanding of deeply rooted perceptions about violence against women. Social workers were able to capture relevant information from the respondents the researcher was not able to reach. However, this research might not be able to dispute any allegations of bias on the part of the social workers who interviewed their own clients. A further challenge was getting access to perpetrators as most of the organisations did not offer services to perpetrators. During interviews with survivors, the researcher asked whether their partners would consent to participate and the subsequent process of organising meetings with the perpetrators was often time-consuming. Some perpetrators were mobilised by the police department and a member of another organisation for ex-prisoners called Crime Prevention, Rehabilitation and Reintegration of ex-Offenders Association (CRROA).

3.6 Conclusion

This chapter has described the research methodology and linked it to the transformative research paradigm as a way of positioning the research. It further motivated the use of a qualitative research approach as the most appropriate according to the research aims. In addition, the chapter also discussed the study population which included respondents from NGOs and government organisations, survivors and perpetrators of IPV. Non-probability sampling procedures used in the study were discussed. Non-probability sampling was found to be the most suitable based on the research aims and the researcher's own knowledge of the population. Forty-two people were interviewed and their demographic details were provided to illuminate their background.

The second part of the chapter described and discussed the data collection procedures used in the study, namely, in-depth interviews and document review. Data analysis was also discussed, more specifically, thematic analysis and document analysis and how themes were developed and coded to give meaning to data. The steps involved in thematic analysis were described. The chapter also explained how ethical clearance was sought and approved. It necessitated voluntary participation and recognised participants' right to leave (or stay) in interviews. Limitations of the research were also described. One such limitation was that the researcher could not interview other survivors which impacted on a richer outcome being achieved. In addition, much time was spent in mobilising perpetrators for participation which affected the timeframe for data collection.

Chapter 4

Socio-cultural context of IPV in Lesotho

4.1 Introduction

This chapter incorporates findings obtained which reflect that IPV in Lesotho is a consequence of multi-layered socio-cultural factors which affect men and women disproportionately. The analysis used the Social-ecological framework to look at the multi-layered factors of IPV. The exploration of the data reveals that Basotho cultural norms, traditions and religion intertwine to perpetuate the belief in male domination and use of control over women. Further determinants of IPV discussed include individual and relationship-level factors, high levels of poverty as well as other demographic variables in the relationships that are risk factors. This chapter also examines how women negotiate their space in IPV.

4.2 Prevailing understanding of IPV in Lesotho

IPV in Lesotho is understood as part of GBV, which, according to the UNFPA (2016), refers to any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females. The UNFP further explained that in Lesotho, GBV involves social exploitation, sexual harassment, defilement, beating, forced marriage, widow inheritance, and verbal abuse among others. This definition is very relevant to how IPV is framed and conceptualised by organisations working with abused women in Lesotho. When asked about how they define IPV, five of the six participating organisations responded that when defining IPV they align themselves with the United Nation's (UN) definition. The UN Declaration on Elimination of Gender-based Violence defined GBV as any act which may result in physical, sexual or psychological harm or suffering to women, including threats, coercion or deprivation of liberty either in public or private life. Although the organisations declared that they align their definition with that of the United Nations, it seems they have captured only part of what is referred to as acts of violence and their

understanding of GBV is more aligned to that of the UNFPA. What became evident is that most IPV or GBV is understood to mean economic, physical, sexual and emotional abuse (Ministry of Gender, Youth, Sports and Recreation (MGYSR) 2015). Moreover, the organisations' frameworks seemed to be responding to and raising awareness of those four types of abuse. Only one organisation, the police department, defined IPV based on the legal frameworks that are available in the country. What became salient is that some incidences of IPV or GBV are also judged based on how survivors contributed to those incidences. The following excerpts elucidate the assertion:

Mponeng: We know that men are heads of families and they need some respect and recognition so if that is not done there will be no peace (Gender programme manager).

Lerato: at the same time, one cannot walk around at quiet places knowing exactly that it is dangerous to so and claim that she was raped. What I mean is sometimes victims expose themselves to danger (Gender adviser).

Malerato: the first time I went to report my husband at the police station the first question from one of the police I found there was "What did you do, that man cannot just beat you". And I had to think of what I did that could have annoyed him. However, there was another police who asked them to listen without interrupting me (Survivor).

The above quotations clearly show a mixture of attitudes of service providers which form part of one's understanding of IPV/GBV. They challenge one to think that when survivors come for services, some of the questions they would be asked would relate to how they also contributed to being violated. In addition, the influence of the cultural understanding of a woman as a child also contributes to the shaping of GBV/IPV as severe physical abuse whereas minor physical beatings are regarded as a necessary punishment and a way of disciplining a wife. The following excerpts capture this understanding:

Matumo: At first, we were living peacefully and even when we had problems, he would only slap me and I didn't have a problem since I would understand that I had wronged him. But lately, he becomes so violent that he would beat me like a dog and that's when I reported him to FIDA (Survivor).

Papali: I used to understand that my husband was disciplining me but he started to be violent and sometimes even threatening me with a knife (Survivor).

Moleko: I didn't know that disciplining my wife can be described as abuse. I really don't know how we are expected to control our wives as men. But I understand that maybe if you cause injuries then it can be called abuse (Perpetrator).

On the question about the prevalence of IPV, all informants from the organisations described IPV in Lesotho as high and mostly directed towards women even though men also reported some forms of IPV. Findings showed that most victims that report abuse, especially physical abuse, to service providers are women with violence directed toward them by their partners or spouses. This kind of violence seems to be one-sided and could be classified as patriarchal terrorism as opposed to common couple violence as described in the literature by Hahn (2012). All the abused women, all the perpetrators, 60% of the gender advisers and all the social workers mentioned that most violence is aggression towards women. However, all participants noted that although IPV is high, people are still reluctant to report it. Furthermore, once reported abused women sometimes withdraw cases for several reasons including feelings of helplessness that are brought by long court processes, dependency on the perpetrator and other unknown reasons.

While the literature points to many different kinds of IPV, in Lesotho the findings show that the following are the most commonly reported types:

- Economic
- Physical
- Property grabbing
- Emotional

- Psychological
- Neglect of spouses and children
- Sexual.

Responses from the participants give credence to the above:

Mpho: Most reported cases of IPV/GBV are often economical abuse where you find men financially abusing women in many ways, issues of assault or physical violence, or emotional abuse (Social worker).

Refiloe: Most people who come here are women who come because they are physically abused, or husbands are not taking financial responsibilities in the home, or have neglected wives and children (Gender adviser).

Tsepiso: Most of the cases are physical violence, property grabbing, sexual violence, neglect of family members and emotional abuse (Gender adviser)

Mosilo: Our problem was physical violence; my husband would beat me until I am breathless (Survivor).

Mponeng: Many cases have been reported here but I can highlight physical violence, economic, emotional especially due to swearing, neglect and partners abandoning responsibilities, sexual abuse in many forms such as men denying/ failing to do their conjugal rights in the home, or forcing themselves on their wives even when things are not good, property grabbing and so on (Gender programme manager).

Malerato: My husband's problem is to neglect children; I cannot say anything about myself. He can take months or even a year without even coming home and he does not even see it as a problem (Survivor).

Many survivors attested to having suffered physical, psychological, sexual, emotional and financial abuses and neglect from their partners. While the above excerpts may

not represent all kinds of abuse, they do indicate that the survivors seem to be aware of such forms of abuse and were able to seek help.

4.3 Determinants of IPV

To understand the determinants of IPV in Lesotho, a Social-ecological framework was adopted to look at the individual, relationship and socio-cultural factors of IPV.

4.3.1 Lack of knowledge about GBV/IPV

Individual factors include people's ignorance about what constitutes IPV and the lack of information about services available. This ignorance contributes to some victims not seeking help and enduring abuse whereas other victims delay taking action due to not having valid information about available services.

When responding to the question "Why did you decide to take action now?" some survivors gave the following responses:

Papali: I did not know what to do, I told family members but as violence was escalating, I told my leader of the women stokvel group and she advised me to go to CGPU (Survivor).

Malerato: I have been living with violence for many years, I did not know what to do until I met one lady who works for one of the NGOs and told her my ordeal and she told me about one organisation which would help me. I did not have money by then and when I had it, I went to that organisation and they intervened (Survivor).

Mantsane: I only learned about abuse and victim's protection when I attended a (pitso) public gathering where the police were talking to the community about gender-based violence and that we victims can get help in their department (Survivor).

4.3.2 Culture and tradition

The literature revealed that IPV is prevalent in all countries across the globe but varies greatly across cultures and contexts. It is imperative to consider cultural factors when examining IPV because there are several considerations that can influence disparities in the nature of the IPV being experienced and the potential outcomes. According to Mann and Takyi (2009), there is a close connection between violence and culture especially in male-dominated societies such as those found in Africa. In male-dominated societies, culture provides a societal milieu for the perpetration of abuse especially that which is committed against women and children. Raj and Silverman (2002) referred to culture as a set of social rules and norms that a group of individuals from the same country, region or ethnicity uphold. Lesotho, like other countries in Africa, has a culture that places men in a powerful position in relation to women. One notable notion is the issue of headship adopted from Christian religion which seems to reinforce male superiority and women submissiveness.

In Lesotho culture is intertwined with religion to support patriarchal attitudes such that the origin of the issue of headship, for example, is very difficult to trace. It is echoed by traditionalists and religious people alike. As noted in the literature, Heise and Jewkse in Nnaemeka (2015), pointed out that at the societal level, violence is common in a culture where gender roles are firmly observed and imposed, where masculinity is directly linked with toughness, where there is male privilege or power, where punishing women and children is a norm, and where violence is seen as a way of working out disputes. Both survivors and perpetrators were not immune to the cultural understanding and condoning of violence. Most survivors, before getting help from NGOs, believed that their husbands had the right to discipline them lightly especially where they failed in their roles as women. These included failing to look after the children and the husband, especially cooking for the husband, which was viewed as a most punishable act. The survivors understood that it was not wrong for a man to control his wife. Perpetrators, on the other hand, believed in the cultural treatment of their wives including seeing them as children who need to be reprimanded when they do wrong. The following excerpts from the interviews underscore these views:

Malineo: I didn't know that getting slight punishment from my partner was a form of abuse. I used to understand that he was disciplining me because by that time I was working late and I used to find children asleep without having eaten anything and would also find him sitting and waiting for food. And that was why he would be angry and that's when he started beating me (Survivor).

Mpiti: A woman is a child, if you are not as tough as a man she will do as she wishes and, in the end, you'll be the one in trouble. Women need to be controlled. In the family, there has to be a leader and the one who sees that the family has order and that is our role as men (Perpetrator).

4.3.3 Male hegemony

Male hegemony seems to be a norm well internalised by both males and females and seems not to be challenged even by organisations. This male domination is somehow not understood as a patriarchal attitude but rather as a divine order as the biblical story of the creation of Adam and Eve is understood and interpreted. This order, embraced by all respondents, seemed to create situations where male domination is accepted without realising its impact on both males and females. However, when the abuse starts, the abused start to defy it. Boonzaier (2008) posited that at times women obey with hegemonic gendered constructions and at times they resist them. This view is evidenced by the interviewed women who seemed to have accommodated male hegemony by validating it but at the same time finding ways to resist it especially in areas where they felt oppressed. For example, all survivors believed that men were heads of families and while that was unanimously accepted, they could not allow them to make family decisions in matters that they thought concerned them as women, such as the husbands selling property without telling them.

Wood (2001) stated that women co-opt traditional gender narratives by making excuses for their partners' violence and internalise expectations that they should nurture their romantic partners. Wood's explanation indicates numerous ways women try to downsize violence before they take action against abusers – they fear to dismantle the hegemonic power as this is regarded as ordained by God. This

validation is a result of the internalisation of expectations prescribed by a higher-order and failing to do what is expected would lead women to expect punishment since it is already dictated by traditions and norms that women are children.

Lirontso: Sometimes I would ask myself what I am doing wrong. I was trying by all means to be that woman that I think I should be, but still, I had to endure beatings. He used to complain about my night shift at work and I swapped with my colleague and I am now working only morning shift but still, he would start something else (Survivor).

Libakiso: I respect my husband and I know it is a command from God that we submit to our husbands. But sometimes I think that would be possible if he was also a believer. The fact that I am a born again and he is not, creates problems because I think he doesn't know how to lead this family in a Christian way (Survivor).

Libakiso: The problem with some women who come to report abuse, they wish to be helped but at the same time they don't want their partners to be confronted. It is like they just want to be counselled... especially those who have strong religious beliefs (Social worker).

It became clear that women were also frustrated by this higher-order they were embracing as most of their partners were not even interested in church activities. This means that women were expecting something they could not get from their spouses. Their spouses were not acquainted with biblical principles of headship but were rather clinging to their cultural understanding of headship and hierarchy.

Boonzaier (2008), in her study done in South Africa, found that several men talked about their violence as an enforcement of the patriarchal masculinity narrative. The men stated that their partners did not respect their authority as men, that it is, their right to discipline their partners and, furthermore, that the women provoked them. These examples are not novel and also apply to men in Lesotho. Most of the perpetrators believed in their superiority and dominance over everyone in their family

and the right to maintain order and peace through punishment or some kind of force. The majority of perpetrators were also of the view that their partners provoked them due to their annoying behaviour.

Thabo: There is no way a family can be run by two people. There must be a leader and someone who directs things and by virtue is my responsibility to see that my family is principled (Perpetrator).

Teboho: A woman needs some control if you leave her with too much freedom, she'll become uncontrollable. In fact, women are annoying, sometimes they can just nag you until you feel provoked to discipline them (Perpetrator).

Moleko: In our culture, a woman is a child. That we cannot do away with, if only women can take their positions and be obedient and respect to me, I think this is what I want. This thing of women challenging our authority is really making me mad (Perpetrator).

Malerato: I know that men are heads of families but I think they should do what heads should do (Survivor).

Responses from participating organisations and victims revealed that most of the conflicts stem from patriarchal attitudes and a culture that view men as heads of families and these influence power relations in relationships and families. Men still believe they have the final word and absolute power to make decisions about issues especially when there are differing opinions. As revealed by the findings and the literature other factors that relate to tradition is the belief in strict gender roles such as male dominance and aggression in relationships and men's desire for power and control in relationships (Guruge et al. 2012; CDC 2017). However, women survivors corroborate in this thinking and are very compliant giving men room to perpetuate this tradition of subjugation. Most of them only complain about the severity of the abuse but accept mild punishment. The discussion of male hegemony shows how men attempt to maintain their hold on hegemonic forms of masculinity by enforcing control and violence.

Refiloe: Culture of silence and traditions of statements such as “monna ke hlooho” meaning “a man is the head” and secret-keeping makes women endure abuse and condone violence perpetrated by men. The fact that men are regarded as heads of families gives them an upper hand in the relationship and most of the time, they misunderstand the role of the head in the family. They equate headship with control and power over people in the family being wife and children (Gender adviser).

Nthabiseng: Men use aggression to threaten women especially when defending some of their behaviour and they misuse their positions as heads to control women (Gender adviser).

According to Gavey (2011), discourses vary in their authority, with the dominant discourse appearing to be “neutral and appealing to common sense”. This holds true to how some of the dominant discourses, such as man as the head, appeals to the common sense of both men and women and are hardly challenged. According to Post-structuralism, individuals are not only passive – they are also active and have a choice when aligning themselves in relation to various discourses. This means that women have the choice to either align themselves with the prominent discourse or to deconstruct male hegemony and resist it. However, some make the choice to be passive until situations result in their abuse. Even in situations where survivors feel abused by these unequal power relations, they do not seem to challenge the concept of headship; rather, they find other ways of appealing to men as heads, for men to regard them as important necks supporting the heads.

4.3.4 Gendered proverbs

According to Post-structural feminism, language or discourse constitute subjectivity. This theory postulates that it is through discourse that material power is exercised and power relations established and perpetuated (Gavey 1997). Moreover, the theory notes that dominant discourses appear “neutral” denying their own partiality and gaining their authority by appealing to common sense. These discourses which

support and perpetuate existing power relations tend to constitute the subjectivity of most people. Post-structuralism posits that language constructs reality (Graph 2012). This view seems to tally with how the concept of language has constructed the social positions of women and men in Lesotho. The use of some Sotho proverbs and metaphors has been constructed in ways that influence social relations between men and women.

In Lesotho, there are many proverbs and slogans that depict lived experiences of males and females, most of which influence how women and men relate to each other. There are cultural expectations and rules about what women should and should not do. For example, in many communities, a woman is not supposed to use the same bathing basin as men since a woman menstruates and if men were to bathe in the same basin that would bring bad luck. There are proverbs about how a woman is expected to behave in the marriage and during conflicts in the family. Such proverbs, for example, “Mosali o ngalla motseo” means that even if it gets hard in the marriage a woman should not leave the house. This particular proverb is held with reverence by both survivors and perpetrators and has influenced most survivors to endure abuse and, in the extreme, death. Some of the survivors interviewed, as shown in the following excerpts, used this proverb as a reason why they could not leave their violent partners:

Matumo: yes, I am still staying with my husband, what can I do “mosali o ngalla motseo” but I hope with the support from She Hive things will change in the end (Survivor).

Mampiti: I use to say “mosali o ngalla motseo” until he broke my backbone then I took action. I left even though I have not legally divorced him (Survivor).

The other notorious proverb is “mosali ke pitsana e fokolang” meaning that a woman is a fragile vessel that should be handled with care. This fragility is mostly understood to mean vulnerability which then presupposes that men are socialised to see women as weak and helpless beings that need to be protected because they cannot protect themselves. This view carries a negative connotation and further subjugates women

to those who are deemed powerful. Even women have been made to understand themselves as weak and needing protection by powerful males. Males' understanding of this proverb gives them the idea that women are weak and they should control them and also make sound decisions for them.

Reentseng: We know that “mosali ke pitsana e fokolang” (a woman is the fragile vessel) if you leave her to make decisions, you'll find yourself in trouble. One example, women cannot make a good decision for themselves just look at it this way, why would a woman take a husband to the police, is not one way of showing weakness? (Perpetrator).

Rethabile: When robbers attack at night, who goes out to scare them away? If women are like us let us see them do the same (Perpetrator).

It must be noted that this understanding can also create problems for men, especially those who are not very masculine and who do not feel sufficiently powerful to be protectors of women.

Other metaphors that featured frequently in the interviews were that of “monna ke mokopu oa nama, mosali ke cabbage ooa ipopa”. Its literal translation is “a man is like a pumpkin plant and a wife is a cabbage plant”. This means a man can have many extra-marital affairs and a woman should not. This proverb is widely used by men to defend their promiscuity and also by women who use it to comfort themselves to accept men's behaviour. In Lesotho, one of the leading drivers of HIV is multiple concurrent relationships which this proverb describes as a way for men to express their sexual fantasies. Most of the survivors had indicated that violence started when their partners began to have extra-marital affairs and, when confronted, they use such proverbs to dismiss the issue. During interviews perpetrators reiterated this proverb giggling and were surprised at the possibility of a man being expected to only have one partner. Even when they understand how multiple concurrent partnerships contribute to abuse, they still felt they could not stop doing so and that their partners had to forgive them. This issue of “Monna ke mokopu oa nama” appeared to be ingrained in their minds.

Another prominent proverb which could be seen as playing a role in IPV is “monna ke hlooho” which means that the man is the head of the family. This metaphor seemed to have been internalised by both men and women and has been reinforced by the Christian teaching of headship. However, recently women and men have seemed to reinterpret the issue of headship differently. Men’s understanding is that a man is the ultimate decision-maker and where there are conflicting opinions they, as men, should be giving the final word. Women believed that decisions should be made together and that they are the “necks” to the heads meaning that they are supporters of men. The issue of headship also seemed to give men the belief that they are above everyone in the family, should get maximum respect and have all the powers to control family members and to punish if there are transgressions.

Mpho: Yes, men are heads of families but I think they misuse their position. Even if he is the head, he still needs to consult me and both of us should make decisions in the family. Sometimes my husband will decide to sell a cow without telling me. I will see people come to take the cow and that will be the time I get to know that he sold it. He did it many times until I could not take it anymore and it created a lot of conflicts when I asked him (Survivor).

Tefo: As a man in my family I am the head and it’s my responsibility to lead the family. It’s not everything that I can pass by my wife, sometimes as a man, I have to do some things to provide for my family and engaging women in everything is not good (Perpetrator).

Mpiti: I don’t see how exercising your power as a man in the family could cause a problem, but that’s what my wife told the social worker that I don’t involve her, and that I don’t tell her how much money I am making. I really think she is losing her mind because I cannot tell her everything, some things are men’s stuff and women should respect that (Perpetrator).

A metaphor also used by men is “mosali ke ngoana” meaning a woman is a child. Explicitly saying a woman is a child suggests that she should be controlled and shown her mistakes by some form of punishment if necessary. During interviews, both

survivors and perpetrators kept on referring to those proverbs and they seemed to have internalised them so much that they tried to use them to legitimise their actions.

In addition, many proverbs and metaphors are used to emphasise hegemonic manhood and draw lineages/clans that are named after male beasts. For instance, men are called powerful wild beasts' names such as lions, hyenas and leopards to reflect their perceived strength and aggression. This view also seemed to be a factor in IPV in that when women reported the abuse to relatives, they would sometimes be reminded of the man's clan – that he was, for example, a lion and it was to be expected that he could be aggressive.

Ntsoaki: My mother in law used to say “this a lion, he is like his father. Lions in this family are very rough, they don't want any mistake. Its pity that they are like that”. Then she would go on and on about her own husband and her father-in-law were so aggressive. I stopped going to her because it was not helping (Survivor).

Although the family might not mean to accept violence, such understanding seemed to reinforce the lion attributes in that man and also subtly remind a woman to endure abuse because she knew that she had married an aggressive person.

Other proverbs and metaphors that participants held on to emphasised strict gender roles. Men, for example, were the providers and protectors. This, however, put pressure on men who could not perform such roles and at the same time, their partners also got frustrated when they did not provide for them.

Likeleli: My husband would tell me that other women are selling fruits at the market and I am busy asking money from him (Survivor).

Rethabile: My wife used to respect me when I was working and when I lost my job, she began to talk to me just anyhow. She would request money from me which she knew I did not have and I would feel angry (Perpetrator).

Manthabiseng: I know my husband has a low paying job than me but as a woman I also want him to spoil me. But it seemed he enjoyed to be spoiled by me and I got tired of being the man of the house (Survivor).

4.3.5 Cultural practices

4.3.5.1 Child/early marriage

Findings show that the issue of early child marriage is still a norm in Lesotho and most men prefer marrying young girls which could be seen as an extension of power in a relationship. Moreover, it also reinforces the norm or the widely used metaphor that women are children and have no place in decision-making. Early marriage is said to emanate from either bridal abduction where young girls are abducted by older boys without any previous dating or from luring young girls into marriage. Thirty-five per cent of the interviewed women revealed that since their marriage, their husbands have been treating them like children, withholding information about their income and making decisions on their own. This could be viewed as subtle abuse which is exacerbated when these women grow older and are able to interrogate some issues. The issue of early marriage also places women at a disadvantage since they entered into marriage without understanding it properly and, in most cases, they were not exposed to information that could enlighten them about their rights.

Likeleli: I was married at the age of fifteen to a man who was 20 years older than myself. At that time, he had lost his wife and he had two children with her. My husband made all decisions in the family, he used to treat me like a child and even to an extent of reprimanding me like a child, beating me like a child. There were times when he would beat me together with children especially when he was angry with something (Survivor).

Mosele: My husband has always treated me like a child. Maybe because I was married at the tender age of 16. When I asked for money, he would ask me about what I'm going to do with it and if he is convinced that what I'm going to

buy is important he would give the money. If not, he would not. The problem was that when you ask for money, sometimes he became so angry that he would even beat me that I am careless and I don't know how to manage funds. There were times when he would just expel me and throw my clothes out of the house accusing me that I use his money extravagantly when he is in the mines working so hard. When he lost his job in the mines, he became worse and he would blame me for everything that went against him (Survivor).

Early marriage is described by Otoo-Oyortey and Pobi (2003) as any marriage that happens before a child has reached 18 years of age. Early marriage, as seen by the authors, denies girls opportunities and compromises their development in areas such as education, livelihood skills and personal growth. This argument validates why a majority of women who have been married in their adolescence remain dependent on their spouses, poor and with no livelihood skills or basic education to expose them to alternatives during hard times. A young bride is put under pressure to become a woman and a mother and is unskilled for such roles, lacks decision-making and negotiating skills as well as other capabilities which would enable her to develop. As Otoo-Oortey and Pobi (2003) pointed out, the age difference between spouses has the potential to have a negative impact on the power dynamics resulting in an unequal partnership between spouses and which leave the wife with little power in decision-making. The two survivors who were victims of child marriage had been treated like children in their marriage. All power had been usurped by their spouses and their marriages reflected a master-slave relationship. It was clear that their older partners had advantages and the upper hand in the relationships.

The unequal power relations that exist between a young bride and her relatively older and more experienced husband mean that men often have total control over how, when, and where sexual intercourse takes place. Unequal power relations are also reinforced by a naïve young bride who is ignorant of married life and her spouse's premeditated plan to acquire a woman who suits his interests. On the other hand, the adolescent bride is socially conditioned that women are inferior to their husbands, are expected to serve their husbands, obey their orders, satisfy them sexually and that men have the right to beat them if they fail to perform expected duties properly (Khan

2006). The arguments about early marriage undoubtedly show that early marriage, directly and indirectly, has serious consequences for women and is also a factor in IPV which stems from power imbalances and other cultural intricacies around marriage expectations. If women enter into marriage unprepared and with low or no economic status, it means that they become dependent on their spouses financially and emotionally. There is a high probability that these young women will fail to meet their partner's expectations and gratify their needs and that such failure will result in abuse from the partner.

4.3.5.2 Bridal abduction

Abductions with intent to marry is an old tradition in Lesotho which has transcended generations. This tradition is still trusted by many people, especially in rural areas. Survivors who have been victims of abductions have been faced with multiple cases of abuse which started the day they got abducted. According to Molapo (2004), abduction with intent to marry is common in Lesotho. Bridal abduction is classified as another kind of forced marriage being against the will and consent of the victim. Molapo (2004) noted that in Lesotho abduction takes place in the field, river or forest where Basotho girls collect firewood or fetch water. A girl would be caught and dragged to a nearby forest, field or deep gully which will be used as a hiding place until late into the night when she would be dragged to a boy's family. It is when hiding, as Molapo (2004) revealed, that rape occurs either by a prospective husband or his mates. The latter see the rape as a form of compensation for assisting their friend to abduct a woman. If a girl tries to resist, she would be beaten severely.

This practice is inhumane for women and girls who find themselves in the hands of rapists who later become husbands. It, therefore, suggests that many women married through abduction experienced trauma. As Hossain (2000) put it, "Forced marriage is a means of controlling female sexuality and women's autonomy. It involves coercion, mental abuse and emotional blackmail and intense social pressure. In extreme cases, it may also involve physical violence, false imprisonment, rape and sexual abuse and murder". The question that may not be fully answered by this research is whether victims of rape, as a result of abduction are able to fully recover from it, or whether

they live with the pain for the rest of their lives. The effect of abduction by strangers is backed by the following excerpts from survivors:

Likeleli: I was abducted at the age of fifteen by my ex-husband and three of his friends. I was raped by four of them and I only learned during the raping that he was the one for me as they said, "Thabo" not his real name, you must start because she is your wife". The whole 17 years I was married to him I hated him; I could not get that memory out of my head. Every time I looked at him, I would ask myself if he has forgotten that and why he allowed that to happen (Survivor).

Matseliso: I was married at the age of seventeen through abduction by my husband who was a complete stranger then. Our marriage was not very bad at the beginning as I was also learning to be a wife and he was also coaching me on many things and my mother-in-law played a role of being my mother and training me on many things. What I can say is that I never enjoyed marriage as I see other women enjoying. I was always afraid of my husband because he has always been aggressive and hey this hand as you see it was broken during my abduction and every time he wanted to beat me he would pull me by this hand (Survivor).

4.3.5.3 Payment of lobola

According to Shope (2006) lobola is a traditional practice which seals a relationship bond between families and is a source of identity and a connection for a woman to the husband's family. In most countries which have this practice, cattle were used to pay lobola and as Heeren et al. (2011) observed, the number of cattle or their actual value was dependent on the status of the bride in terms of her educational attainment or the social position of her family. However, Shope (2006) has noted the shift from cattle to cash as presenting a new set of dynamics. With scarce resources, it means men may be forced to delay marriage as they accumulate money for lobola and others may fail to secure money for lobola. Furthermore, lobola has acquired commercial qualities linked with a market economy (Simons 1968). As it has become more commodified, the language of the market has entered into the discourse. Increasingly lobola is

described as payment for women's labour, men "buy" or "pay for" a number of gendered privileges (Shope 2006). The portrayal of lobola by Shope and Heeren et al. shows the apprehension that men experience due to societal expectations regarding men, especially in an economic era where the majority of men are unemployed. This tension seems to have a direct link to how men perceive their wives after paying lobola, particularly men who had worked hard to accumulate money for lobola. This description holds true to some Basotho men who feel they have invested a great deal in their marriage by paying lobola with "everything they had", that is, the money they raised from working in South African mines or their father's cattle or the cattle they themselves have worked for. This was reflected in the responses of three of the perpetrators interviewed:

Thabo: I paid lobola for my wife, and her parents raised the price because she was working and I had to get a loan from the bank. I haven't even finished, and I don't think I will finish it now that we have children (Perpetrator)

Thabiso: I paid lobola for my wife with my cattle. The first wife I did not pay lobola and with this one, I was forced by her parents and I paid with all my cows (Perpetrator).

Reentseng: I haven't finished paying lobola, I only paid half (Perpetrator).

The above excerpts show how lobola can have a bearing on the family and can contribute to the financial stress which, if not dealt with, could create conflict. Taking a loan to pay lobola, or for a person who is not employed to pay lobola with all his cows, could mean a stressful financial situation for a longer period in the family. The concept of lobola is complicated as men and women understand and appreciate it differently. Whereas Heeren et al. (2011) found that most women and men believe that the payment of lobola creates greater value and strengthens marriage, some men feel burdened by the practice. Some women also support their husbands to stop paying lobola after marriage in order to establish their families. However, when conflicts arise, the issue of lobola emerges as one of the causes of disrespect, disapproval or abuse. Some women believe that the marriage may not last if lobola is

not paid in full and that the husband or the wife may not respect the other. Consequently, their families may be hindered in intervening properly as the marriage without a lobola payment is sometimes not approved.

Malerato: I do believe that if my husband had paid lobola for me, he would respect me more. Now I think he sees me as one of his girlfriends. And sometimes when we have conflicts, I am ashamed to go back to my family to tell them because they will raise the issue of lobola (Survivor).

Likeleli: My husband paid lobola ... when he beat me, he used to mention that he could even kill me and no one could say anything because he paid lobola for me (Survivor).

Lobola seems to have been misused in many cultures to advantage men. The norms such as lobola and bridal abduction are viewed by The Center for the Study of Violence and Reconciliation (2016) as placing men in culturally powerful positions in relation to women and lead them to be authoritative. Literature shows that the practice of bride-wealth has a negative impact on marriages especially with regard to women. Lobola payments, although viewed as legitimising the union of families, are misinterpreted by some men who believe that they have bought wives and thus have the right to control them. Findings revealed that some men in Lesotho still hold on to the belief that they have paid for their wives and, therefore, the wife belongs to them. Even though the men did not want to directly pronounce that they had purchased women as if they were property, they did believe that paying lobola entitled them to full ownership of their wives and that if need be, they can punish them.

Teboho: If I pay lobola for my wife, she is now different from other women that I see on the street, she is mine and if she transgresses, I have to discipline her because I cannot leave her or chase her like that, I paid a lot of money (Perpetrator).

Reentseng: Do you know how much a woman costs... her family will leave you bankrupt and when you think of leaving her, you remember how much you paid

for her so you have to make sure that you make her understand what you expect as her man (Perpetrator).

Thabiso: this is my third marriage. I had a wife and left her because she was disrespectful and married the second one. We also could not live together because of her personality... but this one I have now is different because I paid lobola for her... the other ones I left them easily because I did not lose anything... I did not pay any lobola for them (Perpetrator).

When women challenge men's perceptions of tradition, they encounter conflict. This resistance can take many forms including abuse. Men grip tightly to the advantage that patriarchal culture has given them and they oppose any challenge to transform unfair traditional practices because they benefit from them. Their opposition is described as "a defense against an attack on African culture" (Nhlapo 2000 in Heeren et al. 2011).

4.3.6 Difference in educational attainment

In some countries such as Lesotho, education is associated with power and enlightenment; therefore, educated people in the communities are entrusted with decision-making and giving all sorts of advice to fellow community members. In a patriarchal society, when an uneducated man marries an educated woman, the expectation is for the man to assume the woman's power and influence to the extent that he becomes more respectable than his educated wife. He assumes his wife's position because men are the preferred power holders. This false sense of prestige can create deep-rooted jealousy in some men as they wish to be the ones who have achieved higher education. The respect they assimilate by having educated wives seems to project them over their wives in the communities. This overshadowing of educated wives brings challenges in the home where the reality is that the same men may expect the wife to afford them the same appreciation and submission that they receive from the community. This expectation might explain why men view women with higher education as disrespectful.

Eighty per cent of the women survivors who participated in the study had achieved a higher educational level than their spouses. This seemed to have resulted in jealousy on the part of their partners who felt threatened by the status of their wives. Men viewed their educated wives as disrespectful in that they sometimes made decisions in the family when, according to them, it was not the role of women to make such decisions.

The WHO (2013) indicated that disparity in educational attainment becomes a factor as education liberates women to challenge aspects of certain traditions which puts them at greater risk for violence. An educational difference as a risk factor is supported by Jewkes (2002) who showed that when a woman is more educated than her spouse, it can present a risk factor. However, when a higher level is achieved, it becomes a protective factor. In terms of the latter, the literature points to the importance of context in that in some societies higher educational attainment can be a protective factor while in others, it can be a risk factor. This research did not identify whether women who are likely to be abused are the ones with a higher education or a lower education as the sample size was too small to determine that.

Refiloe: Most of the times when women are more educated, men feel threatened and they start to develop an inferiority complex. Most of the time their conflicts will be about these women not respecting them (Gender adviser).

Relebohile: My wife thinks she is educated and she knows everything. She is so disrespectful that sometimes she does things without consulting me...sometimes when I come home, I don't find her ... she just goes in and out as she wishes (Perpetrator).

Teboho: My wife was an angel when we first met and even for some few years in the marriage. I think she became too proud of her education and she was making a big show off with her money, disrespecting me as her husband ... sometimes she would just buy house furniture without consulting me as her husband (Perpetrator).

Tefo: My wife does not respect me; she does not even do simple things a woman should do. If I can tell you, I can count few incidences when she treated me like her husband. She does not wash my clothes, she seldom cooks. She has neglected all her responsibilities to the helper/maid (Perpetrator).

Malerato: The problem with my husband is that most of the time when I advise him or encourage him to look for a job or to go back to school, then conflict will start. He will tell me that I think I am better than him because I am educated and sometimes he will even tell me to leave him and date my educated men (Survivor).

Mampiti: My husband and I have degrees and sometimes he tells me he wants to go back to school to get a master's degree. He does not want me to go to school. I have been asking him for many years and the answer I get is that educated women are disrespectful ... when we discuss issues and I try to raise some differing opinions he becomes so quick to point to my education that I think because I have a degree, I think we are at the same level ... and he will remind me that he is still the man of the house ... because of that he might go out and drink alcohol and when he comes back, he will wake me up violently to remind me of my place as a woman (Survivor).

The issue of difference in educational attainment is a complex one and difficult to understand. However, findings clearly showed that men became uncomfortable living with educated wives. At the same time, they also seemed to enjoy the status which came with their wives being educated such as being respected in the communities and their families being respected as middle-class families. It was evident that for those couples or partners who came together with an existing difference in their educational backgrounds, the difference did not matter at the beginning but, with time, conflict arose and worsened.

4.3.7 Economic dependence

Findings indicated that most of the victims suffered abuse due to economic dependence on the perpetrators. Some victims said quarrels occurred when they asked for money from their partners or even when their partners were aware that they would be asking for money, particularly towards payday. Economic dependence was therefore a risk factor for the women. Some women said they had no other option but to endure abuse related to economic dependence for the sake of their children. According to the MGYSR's Action Plan (2012-2017), although women in Lesotho are more educated than men (98% vs 86%) they continue to have unequal opportunities for active participation in the economy and access an unequal share of the country's income (30.9% as opposed to 69.1%). Economic dependence of women is further exacerbated by their lack of property rights enjoyed by men despite the Legal Capacity of Married Persons Act of 2006 which gives men and women equal property rights. The lack of economic power limits women's ability to negotiate decisions such as safe sex practices as well as their ability to leave abusive relationships.

Mantsane: If I leave him how will my children survive? I cannot become a burden to my siblings. I have to endure, maybe as time goes on, he will change as we are being assisted by Organisation X (Survivor).

Likeleli: After I stopped working, life became difficult and my husband started to abuse me verbally and he did not want to give me money to support the children... It is not easy to just leave. He is the one who is supporting the children's education, if I leave he will just stop paying for them. Even now I have to always beg for money for children (Survivor).

Mosele: I am now working so hard to start my own business. I always feel like we are having conflict because I am not bringing anything to the table (Survivor).

Mpho: I feel like I am his dog. Sometimes I think he beats because he is feeding me. Maybe he is taking out his frustrations on me just because I am not working

... sometimes even when he beats me, he mentions that I am a burden (Survivor).

The above excerpts show that economic dependence has a negative impact on women as they have to endure abuse to gain financial support for the children from their fathers.

4.3.8 Dissatisfaction in relationships

Jewkes (2002) asserted that other risks factors for IPV may include conflict or dissatisfaction in the relationship, which could result from multiple factors including the contravention of conventional gender roles or the confrontation of male privilege. Dissatisfaction, as the findings revealed, could manifest in different ways including neglect of spouses and resentment between partners. Dissatisfaction in relationships has become a norm in Lesotho and is reinforced by the permissive culture of multiple concurrent relationships. Men, as the group which social norms permit to have extra-marital affairs, do not seem to work hard to maintain peace in families as they have other options to satisfy themselves. During interviews, the perpetrators did not dispute that they had extra-marital relationships; some had stopped while others believed it was not easy to have one partner only.

Respondents, especially women, emphasised the issue of the lack of love in marital relationships as one of the norms that has been endured for centuries. The lack of love in relationships is a result of many factors including getting married through abduction and conflict or stress in the marriage. The findings also point to most of the partners having “sour” relationships as a result of many issues. These include expectations not being met, stress in the relationship (including that related to finances), cheating in the marriage and a lack of intimacy. The findings as well as the reviewed literature point out that conflict may arise due to what can be referred to as the disobedience of expectation. This is particularly in situations where women are not living according to the cultural expectation of “a good wife” or are failing to stick to their gender roles which then threatens their partner's power and their ability to assert control in the relationship. The literature points out that another norm in Africa

associated with IPV is the non-performance of marital duties and obligations. In this regard, Mann and Takyi (2009) point out that IPV is entangled with traditional gender roles and socialisation patterns that prescribe how men and women should behave. Findings confirm the literature as illustrated by the following excerpts from some of the perpetrators and one survivor:

Relebohile: The problem with my wife is that she wants to be the man of the house, we have talked about it so many times but she does not listen ... the thing is she forgets that I am the man in that house and we can never be two men under one roof ... she should know her place (Perpetrator).

Thabo: That woman would leave my shirts dirty and sometimes when I want to put on a trouser or shirt, I will find them not washed. You see I am self-employed and I want to look clean always, that's how I attract my customers ... I think I married a lazy wife and despite how I tried to reprimand her, she never changed and I left her (Perpetrator).

Thabiso: I always warned my wife not to come home late after work but she continued to do it and my kids and I were suffering ... She would come and cook when the children want to sleep (Perpetrator).

Matseliso: There is no love in our relationship. We are just raising children together. Our intimacy stopped long time ago, but we have sex when he wants it which to me feels like rape because I have no feelings for him (Survivor).

Clearly, the above quotations point out that love for some couples was associated with fulfilment of certain expectations, failing which resentment started and was followed by either physical or emotional abuse. However, men who were still living with their wives reluctantly admitted that even though they fought a lot, they still loved their wives. Their wives, on the other hand, stated that their love for their partners diminished because of the abuse they had endured over a long period. The concept of love in a relationship is a complex one and is made even more complex by some people who married for material benefits, not love, as illustrated by the following quote:

Malerato: I don't think Teboho (not his real name) married me because he loved me. I think he just saw me as his opportunity and ticket to a good life because I had graduated with a degree while he only had a high school leaving certificate and a lousy job. I say this because even when I look back, I don't recall happy moments together where I felt loved (Survivor).

4.3.9 Multiple concurrent relationships

Gender advisers and social workers noted that lack of love in relationships has other socio-economic implications which are intricately woven into another norm which is called multiple concurrent partnerships (“bonyatsi”). This social ill is seen as one of the drivers of the HIV epidemic in Lesotho and also fuels IPV. Multiple concurrent partnerships have been a norm in Lesotho since time immemorial. There are even Sesotho proverbs such as “monna ke mokopu o oa nama” (meaning a man is free to spread around like pumpkin and date as many women as he likes), that advocate for such partnerships. However, it is only acceptable when men engage in this practice. The most disturbing proverb underpinning multiple concurrent partnerships is “mokoko o itsoalla lithole”. Its literal translation is “a cock breeds its own hens” meaning that a man, just like a cock, can have sexual relations with his children. These proverbs are usually used to condone the sexual behaviour of men even in situations where men date their own children and, in the worst possible scenario, where a man rapes his own child. Findings show that all the women interviewed had knowledge that their partners were unfaithful and spent time with other women and that when questioned, their partners would be defensive and aggressive. These women also believed that money was being spent on extra-marital partners and, as a consequence, less was being brought home.

Mankoebe: You know most of our conflicts arise when I ask him about the money he brings home. I used to know his salary even though it has been many years that we do not discuss money issues. But if I ask for money for kids, either for school fees or grocery, he will start the noise and he will beat me if I talk back, and I know why... it's because he no longer loves me (Survivor).

Matseliso: I know more than four women whom my husband used to date; I cannot be sure whether they have stopped because they still call him. One was a woman I was working with; one was my relative and others were just women I used to see on his cellphone (Survivor).

Malerato: I know men are like that, they are not satisfied with one woman but I was not expecting him to have relations with my neighbour. That really brought conflicts because people started talking about it and I ended up knowing about it. He would steal my grocery when I am at work to give that woman (Survivor).

Moreover, findings revealed that another aspect of extra-marital relationships is men having children outside of marriage. Sometimes conflict arises from having to support these children and, in order to do so, sometimes men grab property from home to appease the extra-marital partner. Extra-marital relationships in Lesotho are seen as part of the old tradition as Gill (1993) in Modo (2019) stated:

It is a tradition that a nursing mother should be spared from sex for at least two years, during which time she breastfeeds the baby. In a polygynous marriage, such a husband could then have sex with his other wife. He may also have sex with a specially chosen person usually the wife of a close relative, the younger sister of a wife or wife of an age-mate from initiation lodge.

Modo (2019) indicated that up to this day, Basotho are still upholding the practice of multiple sexual partners. It, therefore, shows how this practice is deeply rooted in tradition even though it is at the expense of women. However, women play a role in sustaining this practice by either facilitating these illicit sexual practices or continuing to be available as casual sex objects for such men. Extra-marital affairs do not only fuel IPV but bring disharmony between women as women begin to lose trust in other women being around their men.

4.3.10 Loss of male economic power

Poverty is related to the high unemployment rate in Lesotho and is considered to be a factor in IPV. The country is classified among 42 least developed countries with an unemployment rate of 27.25 in 2017 (LDHS 2014). It is estimated that 57.1% of the 1.9 million population lives below the poverty line. A large number of men do not engage in any meaningful economic activities and can no longer provide for their families. This loss of the role of provider has divergent consequences. Gelle (1974) found that resources have a role and power in dyadic relationships. According to the resource-based explanation, when men have lost the breadwinner position, which is associated with manhood, they usually take out their frustration through violence. On the other hand, if women have little access to resources or have more than their partners, they are seen as taking power from their partners and will be at risk of being terrorised. The situation of men expressing their economic frustration through violence is evident in the findings. Some gender advisers indicated that they receive more reports of violence from families where men have lost their position of being a breadwinner. The men in these families usually say they are no longer respected. During reconciliation, it always emerges that the man is mostly threatened by the woman having taken his place in terms of having power and control.

Tefo: My wife has lost respect for me because of the promotion she got at work. At home, she wants to control everything. At the same time, she still wants me to pay for everything and I don't even know how she spends her money. We fight because I tell her that I will not be controlled by a woman and that she has to contribute, I cannot do everything (Perpetrator).

Teboho: My wife undermines my decisions. She looks down on me because she earns a better salary. Sometimes she makes demeaning comments about men who earn less than their wives and I know she is challenging me to say something and then that's when conflicts will start (Perpetrator).

Relebohile: My wife is so disrespectful. She started when she became a manager at her work and she thinks she can apply that in my house. She even

boasts about her salary as if she is the only one doing things in the family (Perpetrator).

Lineo: Sometimes I would see that my husband is really frustrated by the fact that I am earning more than him. He would even tell me to do everything in the house as he sees that I am no longer needing him and he started not contributing financially in the house (Survivor).

However, even where men are the sole breadwinners it was also found that they still cause violence especially when they feel overwhelmed with financial responsibilities.

Thabo: Sometimes I do not understand my wife, I think she is very lazy and she also misuses my money. She buys unnecessary things and within no time she will be asking for money again and sometimes being hard on her helps her to do right things (Perpetrator).

Likeleli: We agreed with my husband that I stay at home to raise children until the last born is six years old, but when I ask him for money to do the house chores, he always complains and if I keep asking that is when he will beat me up and say I am nagging him (Survivor).

The reviewed literature shows that men who are economically disadvantaged may be more abusive because of societal expectations that relate manhood or man's identity to his wealth. As Jewkes (2002) argued, this violence against women is rooted in male vulnerability which stems from social expectations of manhood. Findings showed that most men felt threatened when they could not provide or could not adequately provide for their families. Furthermore, when their wives provided for them, in addition to feeling threatened, they also became jealous thinking that the wives got financial support from other men. The following excerpts reveal a pattern of frustrations experienced by men who could not provide for their wives. They would create stories just to make their wives feel bad and, as a defence mechanism, to hide their own frustrations.

Matseliso: My husband thinks I have affairs with other men. If I buy new clothes or change hairstyle, he will complain that someone must have given me money or that I am dressing up to attract men. I think sometimes it is because he is not working and he is just jealous (Survivor).

Thabo: I became abusive because I thought my wife was cheating on me ... She was no longer the woman I know, she was changing hairstyles and always coming with new clothes that I didn't know where she takes them from. But as we went for counselling, I began to realise that I am the one who is having frustrations about my financial status especially when my business was not doing good (Perpetrator).

Teboho: I now see that I was frustrated by not working and my wife having to feed me like a child. I used to challenge everything she does because I was really feeling bad that she is doing what was supposed to be done by me (Perpetrator).

Economic issues, especially those relating to money, seemed to be a common problem for all the survivors that were interviewed. For some, it was related to the fact that their partners did not want to work to support the family, while for others it was that partners used more money on alcohol. There were some who said it was that their partners had multiple relationships and spent more money on those relationships. The other issue that stood out was the economic imbalances whereby one partner earned more than the other, whether male or female.

Tsepiso: Financial imbalances also play a bigger role, sometimes it is associated with more power if you earn more. Most of the clients that come here about economic issues you'll find that the issue is only that since the man is earning a lot of money, he makes decisions without involving the wife, he does not even tell the wife about how much he earns and how he spends the money. However, in other cases, if it is the woman who earns more, the partner becomes jealous and abusive (Gender adviser).

Refiloe: We have had cases whereby a man does not want to support his family, even when we see that he is earning money but he will be saying that he cannot continue to support a wife and a wife has to get a job. That is when we advise a woman to apply for maintenance (Gender adviser).

4.3.11 High alcohol consumption

Findings show that alcohol abuse in Lesotho is another variable in IPV. Moremoholo (1989) in her study of alcohol abuse and use in Lesotho showed that each inhabitant drinks 572 cans of beer per year. It was also estimated that the average per capita expenditure on legal and illegal alcoholic beverages was equivalent to M85.8 million and M154.4 million respectively. A 2001 national study that collected data from ten psychiatric clinics, two rehabilitation centres, the mental hospital and the police authorities found that alcohol was the primary substance of abuse in Lesotho (52.1%). Data also shows women to be brewers of alcohol which they end up drinking excessively because of problems caused by their partners.

In an unpublished paper, Mphonyane (2013) stated that alcohol has social implications such as domestic violence and child abuse. Alcohol may cause its abuser to neglect his/her important family responsibilities and fuel conflict in the home. Alcohol costs a lot of money and drinkers may start to use money that should be spent on food, rent and education to buy drinks. This was evidenced by some respondents one of whom commented that "People who drink are selfish, they take the last M10.00 in the family to spend alone at the shebeen". Moreover, findings revealed that drinkers may get so desperate for money for alcohol that they sell family possessions or even have sex in exchange for alcohol. One perpetrator indicated that he would take his wife's mealie meal and sell it in the village to buy a beer and that would create conflict when the wife realised that he had been stealing from the house.

Thabiso: I was not working, I was only doing temporary jobs, and the money I got I would save it for liquor and when I come back home drunk my wife would provoke me to give her money since I was able to buy beer for myself and I would fight her because I would not have the money left (Perpetrator).

Moleko: I would sometimes sell unused things at home, such as old window frames or abandoned cellphones and when my wife finds out she would furiously ask me and I would not tolerate the way she talks to me even if I did something wrong (Perpetrator).

Papali: The only thing my husband did was go to work and go to the liquor store. There was no time for family or even to do anything at home and when I try to talk to him, he would be so defensive that would end up quarrelling and sometimes when he comes back from drinking, he would pick a fight (Survivor).

4.4 Conclusion

This chapter has revealed the socio-cultural determinants of IPV in Lesotho using a Social-ecological framework to look at micro and macrolevels. Negative cultural and traditional norms have been found to affect both women and men in different ways. The chapter has exposed the cultural norms that subordinate women to men and at the same time exert pressure on men to subscribe to cultural ideas of dominant manhood. Failure to achieve this kind of manhood is seen as one of the reasons for men expressing their frustration through violence. Language, especially proverbs and metaphors, have been understood to promote acceptance of abuse by both victims and perpetrators. In addition, the issues of child marriage, lobola and abduction are seen as risk factors for IPV. The impact of lobola, misunderstood as an acquisition of wives, negatively affects women and places men as proprietors giving them power in decision-making and eventually creating conflict when women resist. Moreover, women also understand that they should endure abuse because they are legally married and lobola has been paid for them. Child marriage is viewed as promoting submissiveness in women, giving men power over them and treating them like children.

The chapter also examined individual and relationship factors including the difference in educational accomplishment and women's economic dependence. The latter exacerbates violence against women as some women find it difficult to leave their

providers. Although the majority of women studied seemed to be more educated than their partners, they were in no better position than women whose education was equivalent to their partners. However, what seemed to differ was the tactics they used to resist abuse and their ability to make decisions on whether to leave or stay when not influenced by economic dependence. This finding could, therefore, lead the researcher to agree with the literature that education cannot be a protective factor until higher levels of education are reached. However, education and economic independence do provide women with the freedom to make choices about their troubled relationships. The issue of alcohol abuse has been seen as a risk factor in that most of the abusers and victims agreed that it contributed to violence. Some partners spent more money on alcohol and ignored family responsibilities while others sold goods stolen from their families in order to buy alcohol.

Post-structural feminism was integrated into this chapter and shown to have been very relevant in understanding the effect of metaphors and proverbs that are commonly used in Lesotho on IPV and how they have been internalised by both victims and abusers. The concept of language has been perceived as crucial in influencing power relations between men and women and also maintaining the IPV status quo. Discourse analysis appears to be fundamental in exposing harmful social norms and cultural practices that could be targeted as part of primary prevention which aims to change such norms and practices.

Chapter 5

Strategies used by women to respond to IPV

5.1 Introduction

This chapter examines the strategies used by women in IPV to overcome or cope with violence. Women have learned the behavioural patterns of their partners and are using that knowledge to shun violence. In addition, women are also using many tactics learned or inherent in survivors to either ignore male dominance or to play submissive wives. A range of strategies will be discussed that survivors have used and, which according to them, have worked. Strategies such as keeping quiet, avoidance, joining support groups, as well as finding other sources for their happiness in the midst of the problem will be discussed. Itimi et al. (2014) highlighted the differences between positive and negative coping strategies. Positive coping focus on changing selves or dealing directly with the problem, such as finding support, problem-solving efforts and seeking information. Several survivors who participated in this study seemed, to some extent, to combine positive and negative coping strategies even though they may not have used the strategies in a linear pattern. Coping strategies, as suggested by Taft et al. (2007), consist of cognitive and behavioural actions to deal with abuse. Looking at the strategies used by survivors interviewed, they seemed to combine the three components of behavioural and cognitive efforts as discussed by Taft et al. and as discussed below.

5.2 Rationalising and tolerating abuse

In their process of tolerating abuse, survivors have mastered the behaviour of their abusers which includes predicting when they are capable of starting conflicts. They have also found ways of avoiding the conflict or reducing it to the extent that it does not become what they thought it was going to be. All the survivors who were still staying with their partners seemed to have a reasonable understanding of what usually causes conflict and subsequent abuse in their families and tried as much as possible

to avoid being lured into quarrelling as a means of avoiding trouble. This is illustrated in the following excerpts:

Mosilo: I know him when he wants to start conflicts, he will come home drunk (Survivor).

Likhabiso: if it is month-end, and he knows that I am expecting some money from him, he will come already shouting and making threats, I know he wants me to quarrel with him so that he will beat me saying I don't respect him, and he will not give me money. So, what I do these days, I keep quiet and let him talk and shout. The following day I will approach him humbly and I will not even allude to the previous day incident (Survivor).

Mpho: If he does not want to give me money, he will start by complaining about everything, children, food etc. and I will know that he wants me to say something so that we can fight (Survivor).

Moreover, some survivors tolerated violence by rationalising it, using either biblical texts to support their understanding of their experience especially by believing that they were being tested. For example, some survivors still did not understand their experiences, especially being victimised by their loved partners, and were still trying to rationalise it. Others related the experiences to witchcraft and felt they had to try harder to overcome the devil. Others were normalising it to mean that they had to work harder to please their partners thereby taking full responsibility for their partners' actions. In other words, the survivors were trying not to put all the blame on the perpetrators and some even cited incidents where they thought they had offended their partners.

Likeleli: Sometimes I feel that this is a test to my faith, you know satan is so tactical to us believers. My husband was not a believer when we met and by the grace of God, he also got born again. Sometimes when we fight, I think it's the devil trying to take him back to his old ways but when things are good, we pray hard (Survivor).

Matseliso: We started fighting much after he started dating a woman from work and I could see that woman was using “muti” (traditional medicine related to witchcraft), sometimes I would see some muti in my drawer and I realised that it is that woman trying her luck (Survivor).

Ntsoaki: Satan is really targeting marriages; I see it with me and I see it with other couples. Families are being tested ... you know this conflict appeared out of nowhere and I thought it was just a face, I didn't know that that we would be tested like this (Survivor).

5.3 Self-blaming

In the process of dealing with abuse, some survivors use negative coping strategies such as blaming themselves and therefore tried to change themselves to suit the demands of their abuser. Some had given up their friends, visiting relatives or their hobbies just to appease their abuser.

Matseliso: Before coming to She Hive for help, I had been living like an island. I was made to cut all ties with my friends because my husband was saying they are the ones that influence me to disrespect him (Survivor).

Mapalesa: I ended up being hated by my own family because of him, he did not want me to meet my family, and when they come to my house, he would show them a funny face and at night he will fight me such that they stopped coming. By that time, I even blamed myself that maybe I used to tell some of the problems that why he hated them so much. I had to refrain but violence did not stop (Survivor).

Malerato: Sometimes I wonder how we came to live like this and I also try to see what I did wrong because even if we get counselling and things look like they are back to normal, something will always come up and we end up fighting (Survivor).

Losing contact with family or friends is a negative coping strategy as reviewed literature has shown the importance of social support not only to help survivors tolerate abuse but even to assist in times of leaving. Changing oneself to meet the demands of the abuser may also be futile as abusers are able to come up with new demands and issues and that would mean the survivor has to continuously adjust to the demands. In trying to master the behaviour of the abuser, survivors had to grapple with the problem as well as with adjusting their own behaviour to suit the demands being made. This made it an unfair exercise for survivors who had to fight so hard to be on top of the problem. However, some of the survivors after receiving help from She Hive, and being part of a support group, were beginning to reach out to friends and family, and others had found new friends in the support group.

5.4 Keeping quiet

Remaining silent as a strategy was frequently mentioned by survivors as one of their response to IPV. The majority of survivors indicated that by remaining silent they were able to protect their family's image as well as their individual self-esteem. Women's protection of the family's image is connected to representations of family and marriage. The women also thought that protecting the family's image appeased the abuser and slowly encouraged the abuser to reduce the abuse as he would see that his wife was not telling people about his behaviour. However, although one could understand this strategy as women's complacency in accepting violence, it became clear that in the silence women were not just passive victims; they were calculating the risks and advantages of keeping quiet. The following excerpts attest to this view:

Mosele: my husband hates when you talk about our family affairs with other people even with his own family. I have learned a hard way to keep quiet. And since I stopped sharing our problems, I have seen him changing a little bit. He became mad when I reported this matter to (organisation B) it became worse and one of the things he was mentioning is that he didn't want me to taint his self-image as he works for a respectable company (Survivor).

Mpho: it is better when I am quiet, one time I shared my problems with my pastor and the pastor called him, he became mad (survivor).

Mantsane: My husband does not want me to talk about our family even about small issues. One time I just shared with his mother and asked her to talk to him, he became worse and told me never to do that again. Even when we are at family gatherings, he checks regularly on me to see if I am not talking about him. I have seen that if I only talk about his good points, he becomes happy and acknowledges that what he is doing is bad and he is happy that I do not tell people (Survivor).

Likeleli: Men hate when you talk back and they will say you are disrespectful. When I keep quiet, he is assured that at least I'm still a submissive wife and he can feel respected (Survivor).

Papali: I stopped bothering him about anything he does, whether he comes home in the morning or spends the whole weekend wherever I do not ask him. Sometimes that also brings conflict that I no longer care about him that's why I no longer ask (Survivor).

Matumo: I used to keep quiet, and he would start trouble and I saw that he got tired by talking alone, and he would provoke me to talk and I would keep quiet (Survivor).

Mampiti: Sometimes I just ignore whatever he is doing especially when I am tired of arguing (Survivor).

Moreover, some survivors also preferred to remain silent about abuse in order to protect their own status within their community. Those survivors, especially those who have a high social status, mentioned that to protect their own self-image, they could not talk about what they were experiencing. In hiding their tears from neighbours, these survivors were able to maintain a certain image in spite of the violence they were experiencing. Although this concern to protect self-image may not necessarily affect

violence, the women believed that when other people do not know about it, they still get respect in the community as well as in other places and that helps them to be on top with the hope of managing their problem.

Matumo: The reason I was hesitant to share my story is that in church all women trust me and my husband, they come to us for counselling and if they know that I experience the same problem, they may get discouraged. And also, they may begin to lose respect for me and my husband (Survivor).

Manthabiseng: It is very difficult to accept that I am part of the statistics of women being abused. I used to hide it by just keeping quiet. I thought of people who know me, my neighbours, and all my colleagues at work. At least if they did not know they would not disrespect me and challenge my authority at work (Survivor).

Lirontso: My husband used to beat me like a dog. It was not just beating, it was accompanied by insults and economic abuse, having money as he was working in the mines but we were starving with my children. I did not allow him to turn me into a madwoman. I always dressed good and just kept my problem and I knew my neighbours would make me a laughing stock. The moment I was elected as a councillor in this ward, he began to change and started wanting now to talk and plan family things with me. And when we go to public gatherings together and he saw that people including men respect me, he became jealous and sometimes he would start a fight over my new status. Abuse lessened to an extent that he is now better than he was and physical beatings have stopped as he now knows that I sensitise communities about laws (Survivor).

It became evident that some survivors chose not to report IPV at all, not only because they accepted social norms of violence, but because they had chosen to manage public presentations of themselves in ways that were important to, and consistent with the person they wished to be. Mannell et al. (2016) disputed the trend of interventions which favour leaving abusive partners or reporting to police. The authors argued that focusing on leaving and reporting might overshadow ways in which women are able

to disrupt the violent behaviour of their partners while still living with them. They illustrated the range of often less explicit ways in which women perform to cope with IPV, strategies women themselves regard as the most effective within their own realistic assessments of the possibilities and constraints of their daily lives. These tactics sometimes end up appeasing the abuser.

5.5 Opposing power of the abuser/fighting back

Findings revealed how power manifests in intimate spaces, especially during violence. All informants from the organisations and the survivors responded that most victims of IPV are women; nevertheless, men are slowly beginning to report abuse. Even though it cannot be contested that violence against women is high in Lesotho this study revealed that this understanding cannot obscure the fact that there are also incidences of violence against men. The study found that in the violent spaces, women used some tactics to challenge the power of the abuser to the extent of shifting it. As Hearn (2004) pointed out, men's power and dominance can be accepted, taken for granted, recognised or resisted. It seemed that while the women studied had either accepted or taken their partners' power for granted, what was evident was their resistance to power which took many forms such as fighting back, disobeying control and keeping level-headedness.

Mankoebe: At least now I know he cannot beat me because one-day I was tired of him beating me, and I took advantage when he was drunk and I beat him into a pulp, now he can only talk and make funny things but not to beat me (Survivor).

Matseliso: He cannot do some of the things he used to do especially beating me after I involved the police (Survivor).

Likeleli: I asked for help from organisation A and they called him and told him about abuse laws that protect us, survivors. From that time, he changed from beating me up all the time to only threatening me or insulting me (Survivor).

Mosele: My husband reduced physically assaulting me after we fought him with my children – my children held up his hands and I beat him (Survivor).

Manthabiseng: I no longer listen to him, we experienced many setbacks because of listening to him. I just do what I think is important to our family, and now that he sees my plans are succeeding, he is coming around (Survivor).

Mampiti: I started fighting back to defend myself, and he has felt that he is not stronger than me, although we still fight, it is better than it was before I started fighting back (Survivor).

Papali: I was on the verge of dying from physical injuries and my children encouraged me to fight him and I did and I couldn't believe that I was able to beat him. He left the house when he realised that he could not beat me anymore (Survivor).

It became apparent during interviews that the majority of women who go to report abuse during the intervention were not passive victims. With economic and political empowerment and having information and knowledge about legal frameworks, women seemed to be able to reclaim the power they had to manage their abusive partners. Using this power, they have seemingly threatened and intimidated their abusive partners when they thought abuse was about to occur.

Thabo: These rights are very destructive to our families; now it is becoming hard to control our wives and children especially if they attend workshops, they come back telling us about their rights (Perpetrator).

Tefo: My wife took me to FIDA saying that I abuse her but I am surprised that now I feel like she is also abusing me. There are many things she is doing that she no longer even tells me about, she does no longer behave like a woman (Perpetrator).

Refiloe: In many cases, during our family intervention as we get to the bottom of the matter you may also find that the victim also acknowledges her contribution to the conflict ... Sometimes long after we settled the matter between couples, the one who was a perpetrator will come back to report abuse (Gender adviser).

Findings revealed that power in the relationship is not only fixed on the abuser. While the abuser could have some form of power and control, the victim can use her minuscule power to dismantle the power imbalance. It also became evident that there is a huge power shift that appears after an intervention. As women become empowered with information and skills, they get access to power which can now be seen to threaten that of their partners which can describe why perpetrators might, in the end, feel like they are becoming victims. The issue of deployment of power in relationships is a complex one as it was found that power shifts. The fluctuation of power could bring positive or negative results to the vicious cycle of abuse in relationships and this will continue until positive forms of power are attained. That means that organisations working with the empowerment of abused women should take cognisance of power in relationships in their interventions and promote power-sharing as opposed to power over the other partner. However, caution is needed not to misinterpret the tactics/empowerment skills women use to resist violence as schemes to instigate abuse against their abusers. This finding of shifts in power has been highlighted in the reviewed literature dealing with Foucault's understanding of how power operates in the field of relations. This has provided the understanding that people, based on their location, use tactics and strategies available to them to negotiate dynamics of power. Cannon et al. (2015) maintained that based on a woman's social location, such as race, gender, sexuality, class and nationality, certain tactics and strategies for using power are available to her.

5.6 Reporting spouses to the family members

All survivors thought that sometimes it helped to report abuse to other family members whom the partner fears as they can intervene and stop or reduce the magnitude of the abuse. However, although family intervention seems to be the first line of intervention,

it did not seem to be effective in stopping the abuse but it did help the survivor by giving her the space to discuss her situation and get support to deal with the abuse. Sometimes, reporting abuse to an influential family member helped in that the family member could talk to the abuser and help him deal with his problem as seen in the following excerpts:

Papali: I don't know how many times I have reported and asked for help from all family members starting with my mother-in-law but things would be better for a few days. However, his family is supportive of me even though they are also afraid of him (Survivor).

Matumo: it only became better when his uncle intervened because he fears him and he spoke so hard against his behaviour. But after some time, he started abusive behaviour again and he would even tease me to go and call the uncle which I didn't do because I was tired of always running to him (Survivor).

However, there are some family members, such as mothers-in-law, who are believed to be influencing their sons to be abusive; reporting abuse to them might not solve the problem but rather exacerbate it. It is mentioned that such families are the ones whose sons have been breadwinners and, after marriage, their parents believe that the wives alone are going to benefit from their sons. The following quotes underscore this point:

Refiloe: Sometimes when we do an intervention, we find that mothers-in-law are the ones influencing conflicts especially where they have been getting financial benefits from their sons before marriage. So, they try by all means to come between couples as a means to scare away the daughter-in-law (Gender adviser).

Mampiti: When I reported my husband to his family, his mother told me that she understands her son's frustrations as I am a very wild woman. It was only after talking to my father-in-law that he called him and talked to him and for a short time he became better (Survivor).

5.7 Activities for regaining control

The Department of Justice (2015) asserted that victims can do things that can make them feel more in control of their life. For instance, victims of assault might take martial arts classes to learn self-defence, while other victims might take legal action. Survivors interviewed in the study were also in line with this assertion. Most of them felt stronger and empowered by reporting abuse, either to the police or to the NGOs working with abused women. With the information and advice given to them, they felt that they had ammunition against their abusers. Some survivors also sought legal interventions.

Lineo: I reported him to the police and I felt empowered after talking about it with people who advised me about what to do (Survivor).

Lirontso: I went for counselling at organisation X and I told myself that I want to live for my children and I started to focus on other things (Survivor)

Some survivors regained control over their predicament by also participating in activism and becoming advocates for abused women while they also dealt with their own abuse. Sharing their experiences or stories seemed to help them make sense of what happened and of their emotions. Doing so helped them let go of troubling feelings or get a reality check about their thoughts, actions and feelings.

Lirontso: After recovering from the trauma of abuse, I started talking about it with other women, sharing my story with other people and during public gatherings I volunteered to educate people about GBV. The more I talked and helped people even with just giving them advice, I felt better (Survivor).

Ntsoaki: The reason I started this organisation (She Hive) to assist victims to become survivors was the realisation that my story can help someone to overcome abuse (Survivor and founder of She Hive).

Other strategies adopted by the women included behaving differently, getting a job or engaging in self-reliance projects. Getting a job or creating their own income generating project demonstrated the ability and intention of the women to try and

manage the violence. While these actions may not always be successful in reducing violence, they were perceived by women to provide them with a certain amount of control over the situation. This sense of control may lead to other actions, including reporting or leaving at a later period. Some activities for regaining control included the following:

Mosele: I always keep myself very busy so that I spend less time at home and even when I am home, I make it a point that there is something keeping me busy. I have even learned crocheting and I make a scarf and hats. I also buy and sell clothes (Survivor).

Lineo: I am now studying and that has helped me to focus on my studies and rise above this challenge (Survivor).

5.8 Use of bargaining power

Women in Lesotho appear to have a lot of bargaining power in their relationships and seem to be aware of their powerful position in their families. Use of bargaining power seemed to work for survivors especially those that were economically empowered and those that were empowered with information. Although the women believed that having a source of income sometimes brought conflict, they also found it protective in that it helped them to make decisions about other responsibilities in the family without having to ask for money and argue with their partner. Respondents revealed that one way to avoid abuse was to stop asking for money from their spouses and to participate in income-generating activities in the community. Doing so enabled them to have their own income to support their children and to take care of other family responsibilities. Most of the women realised that financial struggles were the source of the conflict in their families.

Lineo: I have seen that it became better when I come home with grocery from stokvel, he would be happy and for some time we will not fight. The problem will start when the grocery gets finished and I ask for money to by some necessities (Survivor).

Malerato: After being retrenched from the mines, he found me working so hard in our stokvels and he is now beginning to praise me that I am a very sensible woman because I am now taking care of the family even him as well (Survivor).

Matumo: I have seen that we quarrel a lot about almost everything but towards month-end, my husband becomes so loving because he knows that he will ask for money to buy himself something. But sometimes if I refuse to give him money, then he becomes aggressive (Survivor).

Mantsane: I joined “pitiki” (women’s circle) and we began to engage in wealth creation activities and my life changed. I began to spend more time at the circle and if I come home and he complains I would show him the money we are making and our plan and he would just stop. He started appreciating me and sometimes supporting me (Survivor).

5.9 Withholding sex as a reprimand in the relationship

Most of the respondents stated that sometimes when they wanted men, such as those who go drinking and come home at midnight or in the early hours of the morning, to stop abusing them they withheld sex. It was acknowledged that it could sometimes lead to more violence but most of the time some men would begin to see the seriousness of their behaviour and reduce their incidents of violence. However, this research noted that this strategy is a challenging one in Basotho society where multiple concurrent partnerships is a norm and where HIV is rampant. Men might find this as a good reason to have multiple sex partners. Furthermore, this strategy might also expose women to marital rape.

Papali: When he comes drunk, he will find me sleeping with “tights” (shorts worn by women) or pyjamas, and he will know that I am not going to allow him sex (Survivor).

Matseliso: He knows that when we are not talking, he will not have sex with me. So, when he wants it, he maintains peace (Survivor).

Thabo: I know when my wife does not want to have sex with me, she sleeps wearing pants (Perpetrator).

Reentseng: If she refuses sex, I go and have it with someone else because I don't want her to say I raped her (Perpetrator).

Thabiso: There is no way my wife can deny me sex, she has to give me when I want it and I don't care whether she is happy or not (Perpetrator).

5.10 Network circles

Some women have started a women's network circle called "lipitiki". These circles create a form of psychosocial support for women with their varying problems. Initially, these circles comprised dancing by the women for entertainment. Later, these circles incorporated fundraising activities where women compete with other women and are able to make an income that they bring to their homes to take care of their families. Recently, these circles have also included informal educational programmes on how women can take care of their families and how to keep their families happy. Most women who joined these circles are not advised to divorce their husbands but are given skills and tactics to live in abusive families and to reduce abuse by conforming to prescribed gender roles and to come up with ways of satisfying men sexually. Although the majority of the victims thought that the circles had helped them to stay in their families and reduced the frequency of abuse, this study did not identify the nature and content of their educational programmes. There were no formal programmes but rather informal meetings organised by some of the women who were mostly survivors of GBV or who were influential, such as radio presenters. These circles seemed to have attracted many women in Lesotho and there is a need to interrogate them as they could be reinforcing IPV by blaming it on women, promoting women's complacency in terms of IPV and sabotaging the gender equality agenda.

A total of twelve survivors (Mankoebe, Libakiso, Lineo, Ntsoaki, Lirontso, Mantsane, Malerato, Likeleli, Papali, Malineo, Mosilo, Mosele, Mpho) indicated that these circles had protected their marriage and that they now worked very hard to be better women and to find creative skills to revive stale relationships. Four gender advisers showed appreciation of women's circles and their contribution to women's psychological well-being. However, they were concerned with the content/messages of the circles which they feared could be detrimental to women.

Mankoebe: The circles have made me what I am today. I am sending my children to school. I am able to buy myself clothes and even my family is now respected (Survivor).

Ntsoaki: I learned so much from circles, taking care of my husband, making peace in my family and even to engage in income-generating activities and not to wait for a man to give me money (Survivor).

Lirontso: Now I can proudly say I am able to be like other women. With money we make in our stokvel I bought even furniture and my husband now sees the importance of our circle. Fighting has reduced because I have my own money (Survivor).

Matseliso: I learned a lot of things about satisfying my husband sexually and I think that has tamed him a lot (Survivor).

Research by the Department of Justice (2015), indicated that people who get positive social support display a positive outlook and have a better balance. Victims often feel powerless and may seek others for support, such as friends, family, spiritual leaders or professionals. Both natural support such as family and friends and professional support such as police, lawyers, clergy, and medical and mental health practitioners can offer help to the victim.

5.11 Meditating on some Sotho proverbs and prayer

Women believe that silence is gold. This idea resonates with two Sesotho proverbs, the first of which says “mosali o moma metsi” meaning that when a man is angry and scolding a woman, a woman should not say a word. She should keep quiet and wait for the man’s anger to subside and then talk politely to him. Most women still practice it and believe that it works. Silence also includes enduring abuse, not talking back in an argument or ignoring some abusive behaviour. This silence has an element of acceptance of the behaviour of the partner as well as one of hopelessness on the part of the woman.

Likeleli: I no longer stress myself that much especially when he is not physically abusing me. If he talks and yells, I just do my part “ke moma metsi” (I choose to keep quiet) and pray, I put our relationship in God’s hands and I have seen God intervene in mysterious ways (Survivor).

According to the reviewed literature such as Healthtalk (2019), most women assume, at least initially, that their relationship is “normal” as they want the relationship to work out and most of the time they feel it is up to them to accept what is going on and make the best of it, hoping that things might change in the future. This normalisation and acceptance of violence are in line with the proverbs that women use to normalise violence. There are some Sesotho proverbs which women use to endure violent relationships, especially when trying to protect their children from the consequences of violence. For example, the proverb “Mosali o tsoara thipa ka bohaleng” (literally translated as “A woman holds the knife on the side where it cuts”) means that a woman has to take control of things during difficult times. Women interviewed in the study, as they pondered on the proverb, made sure that even if things got hard, they maintained some kind of order because they believed that they were made to deal with difficulties.

Papali: I have to make sure that the children do not suffer the consequences and sometimes I don’t even want them to see that we are fighting. I make sure my children have their basic needs and do not realise that we are fighting with their father ... Sometimes when I see signs of conflicts rising, I send my children to visit their grandmother (Survivor).

Other women used the same proverb to remind themselves that women are prepared to handle difficult issues so they just had to be strong and hold on to the marriage. They also believed that women are peacemakers, thus they find solace in working hard to keep the peace.

As one woman put it:

Ntsoaki: when we get married, we are told that married life is difficult and that as a woman you have to make sure you hold the family together, and that “mosali o tsoara thipa ka bohaleng” a woman has to work hard for the relationship to work out (survivor).

A second proverb, “mosali o ngalla motseo” means that a woman should not leave her home because of the conflicts but should endure. This proverb resonates with some biblical texts that most women quoted and which gave them hope to hold onto in difficult times. Texts such as Isaiah 43: 2, “When you go through deep waters, I will be with you”; Romans 8:8, “The pain you have been feeling can't compare to the joy that is coming”; 1 Peter 5:7, “Cast all your anxiety on him because he cares for you”; and 1 Thessalonians 5:18, “Give thanks in all circumstances; for this is God's will for you in Christ Jesus”. Many survivors meditated on such scriptures and said they put their trust in God. They even quoted strong women characters in the Bible and said they hoped to be like them. Women such as Ester, Ruth and others, even though their situations were different from what the survivors were going through, were identified with in terms of the intersectionality of their challenges. In addition, their spiritualisation of violence made them reframe victimisation as a test from the devil which they had to endure in order to overcome him. They believed they benefitted from talking to their pastors about their experiences and feelings. They also believed in meditating over biblical texts and praying for their abusers to change. Meditating on Sotho proverbs and biblical texts provided them with the hope that one day things might change. Spiritualising a problem may be a negative coping strategy as most of the survivors who engaged in this strategy did not seem to take further action, but rather waited, hoping for a miracle.

Malineo: It is difficult but that's a package of being a woman. If I leave him where will I go because I am married here. And besides, I cannot go to my family and be a laughing stock of my sisters-in-law ... they will tell me that "mosali o ngalla motseo" a woman should not leave her home. So even if it is hard, I continually pray and one day God will revive this marriage, it is already getting better than it was (Survivor).

Mankoebe: I think one-day God will intervene. I have already seen changes. My husband used to be so violent and rude to people who would try to talk to him. But since we have started engaging in prayers sometimes together, I have hope that things will change (Survivor).

Matseliso: Prayer has helped me a lot especially meditation and Bible study (Survivor).

Malineo: We are told to cast all our anxiety unto Him for He cares. I pray every day for divine intervention. Seeing that counselling did not help I am now focused on prayer (Survivor).

Though some survivors felt that prayer and relating with some abused characters in the Bible worked for them in looking beyond the abuse, they noted that it did not solve the issue but it made them tolerant and more resilient. Others believed that prayer worked as they said they had seen some changes in their partners.

5.12 Avoidance of interactions

The literature points out that active avoidance of challenging situations may help victims slowly build on small successes. This may allow victims to take the time needed to heal and gather resources to rebuild their lives and deal with other challenges. However, some researchers have noted that certain coping strategies, such as avoidance or dissociation, may be helpful in dealing with the initial shock but become damaging as time passes by. Avoidance, as discussed by the Department of Justice (2015), is about initial avoidance until the victim gets help to confront abuse.

Survivors participating in this research used avoidance differently, as escapism to shun abuse, especially when they realised that it was not getting any better. They found that avoidance of interaction with their violent partners, especially those experiencing physical abuse, was helpful. As the women saw it, avoidance has many meanings – it could mean to avoid things that usually spark violence, or to find a hobby and focus on it and thus avoid involvement with the partner or even to avoid thinking about what they are going through. The following extracts reflect these various meanings:

Mapalesa: my husband goes for drinking after work so he usually comes home after 9 pm, so what I do is to dish for him and put his food in the microwave and then sleep... when he gets to the bedroom I pretend to be fast asleep and the good thing about it is that he won't wake me up, he will sleep and that way it is better because we don't argue about things (Survivor).

Papali: When I'm not working, I spent some time with my friends and by the time I go home I will only reminisce about our chats and pay little attention to what my partner will be talking about (Survivor).

Manthabiseng: I am studying part-time and I spent most of my time reading and going for consultations and I have found peace and also think we no longer fight often because we don't spend too much time together (Survivor).

Malerato: When we have conflict, my husband goes to stay with his parents for some time and I used to hate it but now it works for me because he irritates me when he is here and when he is gone, I'm happy with my children. Sometimes if we have a conflict, he does not leave but he will not speak to me for a long time, sometimes we can spend even some months without talking to each other ... it's also better this way because we will not fight (survivor)

Mpho: I no longer engage in conversations with him unless it's something that needs discussion. I have learned it a hard way to keep my mouth shut. It helps

because sometimes he used to start conflict when we were just talking. He would say I talk about useless things and pick a fight (Survivor).

The gender adviser from the WLSA alluded to avoidance as one of the many ways women try to cope with the abuse. However, they indicated that this strategy may lead to unreported cases of abuse and women enduring until it was too late to report because, in some cases, women end up being murdered. The adviser further mentioned the issue of women holding on to their religious belief of prayer, that it could alleviate their misery. It was evident from the findings that ignorance about existing laws and services available for victims also played a role as women adopted the strategy of prayer to help resist their state of helplessness. Gender advisers also noted weak legal sanctions against perpetrators as facilitating powerlessness especially when victims realised that cases sometimes took a long time to be prosecuted. Because of the long court processes and the financial implications that this had on the victim, victims would withdraw cases and resort to tolerating the abuse once more. Other survivors focused on hobbies and ignored what was happening in the intimate space. Some joined clubs, such as hiking clubs, and had fun walks with friends while others focused on studying and spending more time on books and other activities that enabled them to escape their realities.

5.13 Multiple concurrent partners (linyatsi)

Literature about drivers of the HIV and AIDS pandemic in Lesotho notes the high level of multiple concurrent partnerships. The Department of Justice (2015) pointed to deliberate self-harm as another coping strategy used by survivors of IPV. Deliberate self-harm is a strategy that involves a person deliberately causing herself harm but with no intention of suicide. It is seen as self-destructive behaviour which can involve prostitution, substance abuse, eating disorders and others, including inflicting pain. This study revealed that some survivors and perpetrators engaged with multiple sexual partners as a form of finding happiness outside of “sour” relationships. To some perpetrators, it was also another form of punishing the wife or committed partner for her transgressions and for not satisfying the husband. Most survivors insisted that sometimes to keep the marriage alive, one had to find some joy somewhere so that

when one came back, he or she is happy and can be resilient to the stress in the home. What also became evident was the fact that having multiple concurrent partners was a form of prostitution whereby some survivors were engaging in that practice for economic gain, especially to support their children in situations where their partners were economically abusing them by not providing finances to run the family. Perpetrators, on the other hand, indicated that having other sexual partners was a way of releasing stress in that these partners respected them and did not quarrel with them.

Teboho: It is better when you have another partner who satisfies you because you'll be happy even if your wife can deny you conjugal rights (Perpetrator).

Reentseng: Finding someone is not morally good but it helps to reduce stress (Perpetrator).

Papali: I ended up finding someone outside as I realised that our problem is never going to stop, so at least someone who makes me happy (Survivor).

Mantsane: I know it is bad to cheat on your husband but we also need to be happy and for me to keep this marriage I need someone who can just make me forget my problems (Survivor).

Matseliso: Sometimes it is not that we are promiscuous or what. There is no happiness in the marriage and to keep the family together for the sake of children, we need "mothoba pelo" someone to soothe your heart (Survivor).

Malerato: I never thought of having a boyfriend (nyatsi) but I was forced by the feeling of loneliness in this marriage. My husband can spend months without even wanting sex and sometimes when he is angry, he spends a lot of time staying with his parents so I ended up finding my own source of joy (Survivor).

Libakiso: When I realised that my husband does not care about my happiness, I found myself a boyfriend and since then I felt comforted. As time went on, he

became aware of the relationship and he became more violent but I did not stop (Survivor).

Likeleli: Sometimes having an extra affair helps. My husband used to work in the mines but would not send money home, even when he did, it was a very small amount and being with partner X helped me because he would buy my children some food and even assist me financially (Survivor).

Although some survivors seem to be content with multiple sexual partners as a strategy to overcome stress and other consequences of abuse, engaging with multiple sexual partners is a destructive coping strategy and it might also sound like a cry for help. As the Department of Justice (2015) clearly stated, this is another form of prostitution which in the end will inflict pain on the survivor. Some survivors used this strategy to gain financial security from other men, especially where they, the women, had financial problems in supporting their family. In this research, multiple concurrent partnerships have been identified as one of the factors fueling IPV and in this chapter, it is discussed as a coping strategy used by survivors to tolerate violence. It is therefore evident that organisations working with IPV have to find ways of addressing both sides of the issue.

Counteracting violent behaviour while remaining in the relationship was a strategy used by all survivors who were still living with their partners and even those who had divorced or separated had used the strategy when they were planning to leave the relationship. Most of the survivors believed that the abuse sometimes gets “better” when one has mastered the coping strategy.

Mampiti: I no longer worry about him because I can predict his behaviour especially at certain times, month-end, or when he does not have money. I avoid by all means to enter into arguments with him (Survivor).

Taft et al. (2007) distinguished between problem-focused coping and emotion-focused coping. Problem-focused coping refers to taking active steps toward altering the source of stress. Emotion-focused coping involves attempts to manage the

emotional distress accompanying a stressor. Findings showed that most survivors combined problem-focused and emotion-focused coping as the majority of them had reached out to people and NGOs to fight the problem and even used other tactics to lessen the abuse. On the other hand, they also engaged in activities that soothed their emotions as they toiled along in abusive situations.

5.14 Conclusion

This chapter has highlighted interesting coping strategies engaged in by survivors of IPV in Lesotho when dealing with their abuse. Evidently, most of the survivors were in the survivor stage and had come out feeling that they were in control of their situation even though there were still some episodes of violence in their lives. However, most of them felt that this was not something that they could not take care of. Clearly, more than half of the survivors had adopted ways of dealing with abuse in order to keep their families and were not opting to leave their abusive partners. Tactics women used to resist violence depicted that most women interviewed still valued their marriage for multiple reasons and, therefore, as a means of resisting abuse, they had developed strategies that helped them cope with the abuse. Survivors used a range of coping strategies, both positive and negative. Among others, some women joined women's circles known as "lipitiki" where they met for psychosocial support. These circles seem to give women a sense of belonging and the feeling of not being alone in the struggle. The circles have also incorporated income-generating initiatives which economically empower women, thus helping them to eliminate their dependence on their abusers. Other strategies included avoidance by finding new hobbies and spending less time with abusers. According to the women, withholding sex helped as a form of punishment for their partners' transgressions. It also motivated the partners to improve their behaviour so that they could have sex. However, these strategies, although commonly adopted by women who believe that they do help curb incidences of abuse, still need to be evaluated.

Reporting violence to their spouses' family also seemed to work temporarily with some survivors while on the other hand, it fueled abuse as other partners felt that their family matters had been exposed. Intriguing strategies were silence and meditating on some

Sotho proverbs or biblical texts as well as prayer. It is evident that these strategies, although upheld by survivors, were problematic and made women complacent in abusive relationships. The use of biblical texts and relating to victims in the Bible made survivors tolerate abuse and justify it as a test from God in terms of changing their abusers. This strategy is an intriguing one in that most believers of biblical texts feel that it is their responsibility to change abusers or to change themselves so that abusers might like them again. Spiritualising violence might lead to helplessness where women keep believing that supernatural interventions will happen and, in the end, it may lead to other psychological problems.

The strategies discussed highlighted some of the ways power operates in relationships. It can shift from a dominant person to the oppressed depending on the context and that every partner has power – the difference is how one harnesses the power that is available.

Chapter 6

Role and effectiveness of intervention strategies employed by organisations dealing with IPV

6.1 Introduction

This chapter is divided in two sections. Section 1 presents the role and effectiveness of strategies used by organisations dealing with IPV in Lesotho. As Stanley (2013) explained, the NGO's aim is to provide aid, services and information for those in need and to a wider audience of policymakers, state organisations and donor agencies. The section begins with brief background information on the organisations' roles and objectives which facilitates an understanding of the aims of the organisations and the programmes that are designed to address IPV. Section 2 identifies the strategies used by the organisations in addressing IPV and the effectiveness of those strategies on the survivors as well as their impact on addressing IPV in general. In evaluating the impact of the strategies, a social-ecological lens is used to understand how strategies affect the context of violence and the interaction between the individual and the environment. To gain a deeper understanding of the effectiveness of the strategies, the chapter also evaluates organisational capacity to implement programmes addressing IPV. It is worthwhile to note that all participating organisations implemented GBV programmes and IPV was a part of those programmes. Therefore, when describing the role of organisations, this chapter uses GBV and IPV interchangeably but the particular focus is on IPV.

Section 1

6.2 Background information on the organisations dealing with IPV

6.2.1 She Hive

She Hive was started in 2012 by an IPV survivor to respond to GBV and to empower victims and turn them into survivors. She Hive has programmes on domestic violence which they also refer to as family violence. The objective of the She Hive Association is to engage people who have experienced or are still undergoing abuse to speak out about it. The association disseminates information, educates people and helps them share experiences in order to improve the lives of domestic violence survivors. It also campaigns for behavioural change in communities, and especially in families, with a view to eliminating further cases of domestic violence. It aims to empower victims and turn them into survivors of IPV. She Hive has both funded and unfunded programmes. Funded programmes include HIV awareness and prevention which target women and young women. The organisation implements other activities with or without funding. When there is no funding, it partners with other organisations to carry on its mandate and offer counselling services at its offices. According to the informant from this NGO, victims of IPV or GBV come to seek intervention from the organisation after being referred by police or other organisations. Other victims come to seek intervention after hearing about the organisation's services on radio or television. The informant indicated that they also attend special cases where women are severely violated, especially when a woman has been killed by the husband. In cases where clients come for intervention, She Hive acts as a mediator and then works to resolve the matter amicably if they feel that both parties are willing to solve their problems. However, in cases involving criminal offences and where it cannot offer legal services, the organisation refers victims to other service providers to deal with the legal aspects. She Hive provides counselling services to victims and also sometimes to the perpetrators even though it was clear from the findings that the latter is rare.

Libakiso: We basically work with victims to turn them into survivors and sometimes we do reach out to include perpetrators although most of the

perpetrators do not come when we ask them to come for mediation and, therefore, we end up assisting the victim with counselling, and information of services available (Social worker).

She Hive provides psychosocial support through women's circles which meet monthly and survivors and perpetrators have an option to join if they are interested. Through these monthly meetings, the organisation provides survivors with information, group counselling, and economic empowerment strategies and encourages them to participate in income generation projects such as "community stokvels" which are local money-making schemes mostly organised by women to support their families. These meetings seem to provide participants with a "solidarity force" which enables sharing of experiences. They also provide a sense of belonging which gives women the courage to overcome abuse in different ways.

Libakiso: There is no curriculum or programme for the meetings but we try to bring up many issues that we think are of importance to our clients and we have seen families get back together as a result of being part of the circles. We have also seen women's lives changing by making income to support their families and as a result, regaining respect from their partners (Social worker).

6.2.2 Federation of Women Lawyers in Lesotho (FIDA)

FIDA Lesotho is a non-governmental, non-profit organisation established in 1988 by a group of women lawyers who wanted to advocate for change. Their vision is as follows: "A nation where men and women are equal under the law and children are protected." FIDA has a programme to advance gender equality. It has three components: to educate, empower and advocate. It mostly aims at fighting discrimination against women but also extends the services to men. These three components work simultaneously.

6.2.3 Women and Law Society in Southern Africa (WLSA)

The WLSA's mission:

is to be a renowned Southern African feminist and human rights organisation that supports evidence-based interventions to promote and protect women and girls' socio-cultural-economic; legal and political rights through action research; advocacy and lobbying, legal and policy reforms; and changes in practices that discriminate against and disadvantage women”.

Its objectives are as follows:

- To contribute new dimensions to the discourse and practice of promoting equity and equality for women and children in Southern Africa through research;
- To effectively contribute towards improving the legal situation of women, children and gender mainstreaming in the regional development of Southern Africa;
- To have women and children in WLSA member countries to have improved access to the legal justice system and knowledge on their economic, social and cultural rights;
- To promote a culture of gender responsiveness on legal, political, economic, social and cultural rights in Southern Africa; and
- To strengthen its governance structures, systems, the technical and financial capacity to effectively support programme implementation and management.

6.2.4 Ministry of Gender, Youth, Sports and Recreation (MGYSR)

The MGYSR is a government ministry which is mandated to implement gender issues. It works towards the advancement of gender equity and equality; the enhancement of sporting excellence and the integration of youth in the socio-economic and political development of the country. The ministry is made up of four departments, namely, the Department of Gender, the Department of Youth, the Department of Sport and the

Department of Recreation. Each is described below including the roles being performed.

6.2.4.1 Department of Gender

The Department of Gender is mandated to ensure equality of all opportunities between women, men, girls and boys so that development efforts have an equal impact on all genders. Its aim is to facilitate proper integration of gender issues in development to ensure full involvement, participation and partnership of women, men, girls and boys in their productive lives. Through its policy, the department is tasked to take gender concerns into account in all national and sectoral policies, programmes, budgets and plans in order to achieve gender equality. In order to carry out its mandate the department is organised into three areas of operation which are very closely inter-related; economic empowerment which is concerned with poverty eradication; social empowerment which deals with the fight against GBV and HIV/AIDS; and political empowerment which advocates for equal representation and participation of women and men in politics and decision-making positions of society. The work of the department is essentially one of advocacy for gender equality in all aspects of development in the country. By its nature advocacy, especially at a national level, calls for public awareness and education. One of the sections of the Department of Gender is the Lapeng Centre which is described below.

6.2.4.1.1 Lapeng Centre

The Lapeng Centre was established under the Ministry of Gender to respond to violence. It is not an NGO but a government facility funded by the UNFPA (see below). The centre provides a temporary place of safety for women and children who are survivors of sexual and GBV. The centre offers psychosocial support, mediation, economic empowerment, referral, health and legal services to ensure an integrated response and support services for survivors. It is staffed with one nurse to provide basic diagnosis when victims present with injuries or any condition that needs medical treatment, a social worker and two matrons. It is the only shelter in Lesotho and presently caters for victims from all 10 districts of the country. However, it only has

one vehicle to respond to emergencies. Its location is not publicised for security reasons in line with the operational standard guidelines provided by the UNFPA. However, all NGOs working with victims of IPV have been inducted in the guidelines and referral system so that they can refer victims. This shelter has the very important role of providing victims with a place of safety and removal from danger. However, it is perplexing how such a crucial centre can be so under-staffed and only have one vehicle to respond to emergencies throughout the country. The position of this centre appears to be highly compromised. Operational standards do not seem to be followed and its capacity to provide effective services is questionable.

6.2.5 United Nations Population Fund (UNFPA)

The UNFPA is an international development agency. Its mission is to deliver a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. According to the UNFPA informant, the UNFPA is not an NGO but, as noted above, an international development agency which supports the government in the implementation of gender and health programmes. The UNFPA exists to build the capacity of NGOs by holding workshops for them and providing funding support. However, the UNFPA sometimes implements programmes in partnership with other NGOs. Together with NGOs, it supports and advocates for the review, enactment and implementation of specific pieces of legislation to address and reduce vulnerability to GBV. The UNFPA advocates for the implementation of existing policies and government programmes. The UNFPA and other stakeholders consider supporting the MGYSR to develop guidelines and standard operating procedures on GBV case management including the establishment of safe spaces for survivors (women, men, and children).

Based on the UNFPA's mandate to build the capacity of NGOs to address GBV and sexual health, it seems to play a pivotal role in leading NGOs to effectively provide appropriate services given that they are being guided by an international organisation which has capacity in all aspects. However, the UNFPA could play a more significant role if it consistently coordinates all NGOs implementing gender and health programmes and continuously mentors them to use evidence-based approaches. The

USAID and UNICEF (2005) maintain that one of the building blocks of programming that can reduce the impact of IPV in a sustainable way is education and training for government and NGOs in providing health, security, and social welfare services to women and girls. NGOs and government need support and the UNFPA can ensure the following as outlined by USAID and UNICEF (2005):

- Support for national and local-level programmes for capacity-building, especially to judicial institutions and civil society
- Technical assistance to government departments
- Assessment of vulnerabilities of target beneficiaries
- Coordination of multi-sectoral and inter-agency efforts
- Generation of knowledge and information for advocacy.

The UNFPA, as an international development organisation, is better positioned to provide this role of educating both NGOs and governments to build their capacity. With its financial muscle, it is positioned to empower NGOs to effectively implement and monitor programmes (which it can evaluate) rather than itself doing so which could be criticised as digressing from its mandate.

6.2.6 Child and Gender Protection Unit (CGPU)

The CGPU is a department in the Lesotho Mounted Police established to afford services to victims of GBV. The CGPU deals mainly with protection of children, women, and men who have suffered from GBV by investigating cases, ensuring the prosecution of cases, as well as sensitising communities on issues of GBV. The CGPU also works with the MGYSR to offer temporary safe houses to victims of violence. The CGPU, which has branches in all 11 police districts countrywide, deals with crimes against women and children, especially abuse and domestic violence. Even though the CGPU is present in all 10 districts of Lesotho, it is said to be understaffed and faces the challenge of transfers of trained staff. Being part of the Department of Police, transfers affect the unit badly as once the staff in the unit receive some training in implementing and enforcing GBV they are then invariably transferred to other

departments. The problem is that it takes time to recruit and train incoming personnel on gender issues. This challenge affects the role of the CGPU in doing awareness campaigns and in effectively enforcing laws. As the UNFPA respondent noted, there is a challenge of interpretation of the laws by law enforcers such as the police. A reason for the police always having challenges with the laws is that, as alluded to above, they are recruited and trained and then subsequently misplaced in other sections. Thus, units like the CGPU are unable to adequately develop as their staff, once recruited and trained, only work for a short period of time before being transferred.

Section 2

6.3 Prevention strategies used by organisations dealing with IPV

Organisations dealing with IPV should use their position and role to influence decision-makers to implement and enforce laws. Even though organisations are not lawmakers, they are stakeholders in the development of laws and, strategically, their position allows them to influence laws in the right direction. In the same way, services offered to survivors should be more considerate by being victim-informed and by avoiding, at all costs, the re-victimisation of the survivor.

According to Schuler in Stanley (2013), NGO's programmatic responses to GBV should address one or all of the following areas:

- The needs of the victims
- Social values that justify violent behaviour towards women
- The socio-legal system charged with protecting the rights of the innocent and sanctioning the guilty.

The following are strategies used by organisations in Lesotho to address GBV/IPV. These strategies have been categorised under primary, secondary and tertiary prevention strategies. It is important to note that the majority of organisations are using similar approaches to GBV/IPV but what differs is the expertise and capacities of organisations to engage in the strategies.

6.3.1 Organisations' primary prevention strategies

The intervention strategies employed by organisations have been found to be primary, secondary and tertiary and these will be discussed in this section. According to Harvey et al. (2007), primary prevention is described as an upstream approach to IPV to reduce the number of new instances of IPV by intervening before it happens. Primary prevention thus entails identifying the underlying risk and protective factors for IPV and actions to address the risk factors. It involves understanding the factors that put people at risk of being either perpetrators or victims and intervening accordingly. Primary prevention of GBV aims at addressing GBV before it happens by working at policy and societal levels for changes in legal structures, judicial remedies and cultural norms. Primary prevention favours the use of social-ecological analysis as a framework as it is able to show interaction between an individual and the environment and how the forces outside the individual influence and shape behaviour.

According to Visser et al. (2005) understanding the context implies that human behaviour may be possible when patterns of social and organisational relationships change or the physical environment changes. This means that psychological interventions should not only focus on individual behaviour alone but should also be introduced to broader levels of social organisations. In this way, therefore, the Social-ecological theory can show how organisations dealing with perpetrators of IPV advocate for changes in policy and the socio-cultural context and how that positively impacts the behaviour of the perpetrators.

Even though the WHO (2014) highlighted that it is the responsibility of governments to prevent IPV, organisations do take a leading role in awareness-raising and advocacy for the development of policies and the changing of societal norms that are harmful. The strategies used in primary prevention include advocacy to improve policies or community-based efforts to create more favourable cultural norms. Primary prevention, therefore, as Harvey et al. (2007) put it, would target to improve gender equality, change social norms regarding violence, align masculinity and gender roles

and relationships, reduce poverty, strengthen economic and social safety nets, promote healthy and equal relationships, and reduce alcohol and drug misuse.

Organisations use strategies such as awareness-raising, lobbying and advocacy, and gender transformative programming. In addition, men engage with programmes in primary prevention. These strategies are further discussed below.

6.3.1.1 Awareness-raising about GBV/IPV

All participating organisations had primary prevention strategies which aimed at creating awareness of GBV through community outreach programmes such as holding public gatherings, workshops, and using information and educational communication (IEC) material to educate communities. With support from development partners such as the UNFPA and the European Union, all organisations use radio and TV slots to educate and raise awareness of GBV even though for many organisations they only go on radio or TV upon invitation by the MGYSR. All organisations partake in awareness campaigns using days on the gender calendar such as “16 days of Activism Against GBV”, “Women’s Month”, and “Rural Women’s Day” and develop messages according to the international themes set by international bodies. They also sometimes contextualise the themes. All informants saw awareness-raising as crucial in prevention as they argued that most victims do not know about existing laws that protect them and they also do not know about services available for them. However, they did acknowledge that their strategies are not consistent and depend on available resources. Most of them do not have the capacity to implement strategies across the whole country or to reach many people in the few communities they work in.

Libakiso: We have realised the importance of going to radio stations especially those stations that have wider coverage. People still listen to radios and they begin to hear about this information from the radio. It is through campaigns like this that people get to know and use our services (Social worker).

Tsepiso: We host radio and television programmes with the objective of disseminating, sensitise and educate members of the public on human rights

issues. Issues presented on include raising awareness on the currently enacted legislation that addresses issues of gender equality. For instance, maintenance matters, inheritance, marriage and divorce matters, child protection and welfare, gender-based violence, trafficking of persons, rights to movable and immovable property including land rights and drafting of wills etc. However, this depends on the availability of funds (Legal adviser).

Mponeng: We sometimes invite other NGOs to go with us or use our free slot on radio or television to talk about GBV to raise awareness and we are seeing results and people phone in to ask for details and services (Gender adviser).

Refiloe: Most of the victims and perpetrators do not know about the laws that protect them and that GBV is punishable and when they listen to radios and hear it some refrain from perpetrating IPV or at least reduce the impact (Gender adviser).

Lerato: We hold "lipitso" (public gatherings) to raise awareness of GBV and the services available for people who are experiencing violence and we also talk about the role of our department. We do not have the capacity to reach all communities because of a small staff and lack of resources. We depend on other organisations sometimes to fund us or to go with us where they are having activities. (Programme manager).

As part of awareness-raising, the FIDA educates the public and support agencies to increase their knowledge and understanding of laws which protect the rights of women and children. Kariuku (2015) argued that civil society organisations should be leading in educating women and girls about their rights. These capacity-building initiatives must include boys and men to ensure that cultural norms that perpetuate and engender discrimination are addressed.

Refiloe: FIDA's role is to educate communities, local and national authorities about gender equality issues. Therefore, it does that by holding public gatherings in rural communities, and also holds radio programmes to talk about

gender issues and laws that are available. Moreover, the organisation provides tailored training for professionals such as police and church unions (Gender adviser).

According to the informant, training helps professionals working in the community to recognise human rights abuse and advise on legal instruments. The organisation also develops educational materials for the public to sensitise them about new laws and to make them aware of their rights and responsibilities. In addition, it simplifies laws using a friendly language that explains the law in clear terms for grassroots people. This is mainly because people at the grassroots level, as noted by one informant, have difficulty in understanding legal concepts and laws written in legalistic language and which, as a result, are inaccessible to them. After the laws are simplified, they are printed and disseminated. Thus, both the WLSA and the FIDA provide information to the public through simplified legal documents and through public gatherings and training workshops.

Tsepiso: WLSA provides training to the community as a form of dissemination of information and trains different people and organisations including police departments on different aspects of the law (Gender adviser).

Moreover, the FIDA sensitises communities using what it calls paralegal staff. These are ordinary people from communities who are trained on gender issues and legal frameworks to be the FIDA's contact persons in the communities. These people are responsible for participating in public gatherings and sharing information with communities and they are also the ones contacted for advice during violation or abuse. Paralegal staff in communities work with chiefs and councilors to address GBV/IPV cases. They work on a voluntary basis, raise awareness and, if approached, refer victims to the FIDA's offices or to other service providers. Having paralegal staff in communities is a very important strategy in the prevention and responding to IPV as paralegals are able to raise awareness and function as advisers where partners are violated. Furthermore, since they are part of the community, they have a better understanding of the socio-cultural issues and, if properly trained, they can be the best people to uproot harmful social norms and replace them with rights-based information.

However, if they are not properly trained, they can also be dangerous by promoting stereotypes and other gendered myths and use their position in society to drive their own interests.

Refiloe: As FIDA we make sure that we train our paralegal staff and also follow up on them as they are just people from communities who need our support. Also, we are trying to manage what they say when they hold public gatherings by always updating them with new developments in our work. Two years ago, we had a situation where one of the paralegals used her position badly by gathering people to campaign for local elections and even promising communities to challenge some of the legal frameworks if they elect him (Gender adviser).

Likhabiso: I filed for child maintenance after seeing that it is doable in Lesotho. However, I have had to withdraw my case and go to FIDA where I got the help that my husband gives me money for children every month. I had been assisted by one FIDA member in our community (Survivor).

Awareness-raising strategy, as laid out by Stanley et al. above, focuses on changing socio-cultural attitudes which underpin GBV and also attempts to deconstruct the understanding of masculinity. This strategy is effective in changing social norms of society as women get to realise when they are violated in the name of culture and men get to see harmful practices that disturb the peace in their families as well as the unjust entitlements that have been thrust upon them as men for no good reason. Informants from participating organisations mentioned that one of the objectives of doing awareness-raising is to educate people about harmful social norms that put women at the risk of being victimised. A further objective is to educate communities, including children, about abduction, human trafficking and child marriages as these are real issues in Lesotho. The following excerpts have been articulated by informants:

Refiloe: Our sensitisation focuses on changing harmful social norms especially those that are a criminal act such as child marriage (Gender adviser).

Tsepiso: We sensitise communities about GBV/IPV and social norms that perpetuate it such as extra-marital affairs (Gender adviser).

Libakiso: We do go to communities to raise awareness of GBV and its forms and also where people can go to get help (Social worker).

Aiming at changing social norms is very effective in that it recreates a new culture where harmful beliefs and norms are changed. However, changing the embedded norms and cultures has to be done with strategies that bring sustainability of change. Having impromptu public gatherings and radio talks cannot bring the desired change. Changing people's mindset needs dialogues and regular discussions so that people's attitudes change. It also requires planned activities that can be monitored and tracked. The shortcomings of the awareness-raising strategies by participating organisations include their way of implementation lacking consistency, focus and follow up. The activities are once-off which may sometimes even worsen the situation by introducing human rights issues and leaving people with little knowledge and with no support mechanisms in place in case of a backlash. Little knowledge can be dangerous as people may begin to use it and others may begin to resist and if organisations do not follow up to see how their beneficiaries are using the knowledge and the challenges they are experiencing and provide support, they can worsen IPV incidences.

Furthermore, organisations raise awareness of the laws and educate communities about the laws and about the services they offer. There are existing laws that respond to sexual offences and, in terms of married person's, address marriage equality issues. Awareness-raising campaigns and institutional and legal reforms by governments around the world can also promote a culture of equality. Kariuku (2015) argued that civil society has a duty to promote a culture of justice and support for victims of violence. Civil society organisations, therefore, need to ensure that the government provides timely, adequate and high-quality multi-sectoral services to survivors. Delayed services delay justice and render survivors of violence vulnerable to hopelessness. In instances where such services are not accessible, government officials entrusted with this task must be held responsible and prosecuted for negligence. It is the role of the organisations to raise awareness about the need for

service provision to government and also to the community so that if the government fails to deliver these services, the sensitised community can mobilise itself to demand services and justice for survivors of violence. However, organisations although they raise awareness, they do not have clear roles in holding the government accountable in delivering appropriate services. One such example is that government is aware of the GBV/IPV epidemic and the absence of legal frameworks to address it, but there is slow progress in passing the relevant bill in parliament. Unfortunately, the organisations do not have a clear strategy to hold the government accountable or to even mobilise communities to demand such legal intervention.

As pointed out in the literature, primary prevention of GBV favours a Social-ecological approach to problems, and is aimed at addressing GBV before it happens by working at policy and societal levels for change in legal structures, judicial remedies and cultural norms. Civil society organisations typically play a leading role in primary prevention, either through awareness-raising or advocacy to improve policies or through community-based efforts to create more favourable cultural norms. By engaging in awareness-raising of social norms that contribute to IPV challenges, those who hold power and those who social norms favour in patriarchal societies such as Lesotho, are men. Post-structural feminists maintain an emphasis on the material bases of power such as social, economic and cultural arrangements and that there is a need for change at this level of discourse as it gives meaning to the world. Thus, changing structures and systems that are oppressive to women can happen when people are educated and are able to fight for their own liberation and this includes the oppressor also being liberated. Thus, women become central in providing information about IPV and what causes it so that they may challenge norms that are oppressive to them. At the same time men should also be targeted with information to change their attitudes. Awareness-raising, as organisations are doing it, acts at all levels of the ecological framework and at the same time. When holding public gatherings or radio or TV programmes, organisations reach individuals, communities and decision-makers at the same time. If this strategy can be maintained and sustained for a longer period of time it can bring change at all levels where service providers and beneficiaries are aware of IPV and its contributing factors and perpetrators become aware of their violent acts and change. The informants from organisations involved in

awareness-raising also measured their strategy by the number of people who come for services and at the same time survivors also believed that having knowledge about where to get services contributed to seeking help.

Nthabiseng: The fact that victims come for services shows that we are reaching out to people (Gender adviser).

Likeleli: I went to seek services after attending a public gathering which was talking about GBV and where people can go to ask for help (Survivor).

Matseliso: I watched the programme on TV and I called the number that was provided on the screen (Survivor).

Mapalesa: My sister encouraged me to report after hearing about CGPU (Survivor).

However, the effectiveness of this strategy is limited by organisations only doing it occasionally when funds are available and not focusing on selected communities, monitoring and evaluating programmes.

6.3.1.2 Lobbying and advocacy

Advocacy, as understood by organisations, is an activity by an individual or group that aims to influence decisions within political, economic and social systems and institutions. Lobbying, on the other hand, is understood to mean persuasion in an attempt to influence the actions, policies, or decisions of officials in their daily life. Organisations had an understanding of these two strategies even though in practice they were doing either one of them or both, haphazardly. However, not all organisations engage in advocacy and lobbying at national and local levels. Only three organisations (MGYSR, FIDA and WLSA) engage in advocacy and lobbying at the national level.

Refiloe: FIDA advocates for social justice by lobbying for law reform and campaigning to raise awareness of laws and persisting discrimination against women and children. We do take advantage of some authorities to lobby them and sensitise them so that when they are in parliament, they can influence change. As an organisation which is being pro-active in identifying opportunities and advocating for change, FIDA lobbies for legal reforms that empower women and protect children. It campaigns to ensure greater awareness of discrimination both inside the country, locally, nationally and internationally. In advocacy in the country, its role is to advocate for the implementation of laws, to do sensitisation campaigns and to lobby government and all stakeholders to participate in gender equality issues. The advocacy campaigns are done regularly depending on funding availability with bigger campaigns during gender calendar months such as International Women's Day, 16 Days of Activism Against GBV and Women's Month (Gender adviser).

Tsepo: As an organisation that strives for the realisation of women's rights which were ignored for a long time, WLSA attempts to influence decisions made by officials in the government, most often legislators to incorporate women in their policies. WLSA influences legislation on behalf of a special interest making sure that others' interests are duly defended or even simply making sure that minority interests are fairly defended against mere tyranny of the majority. WLSA aims to influence public policy and resource allocation decisions within political, economic, and social systems and institutions; it may be motivated from moral, ethical or faith principles or simply to protect an asset of interest. Advocacy can include many activities that a person or organisation undertakes including media campaigns, public speaking, commissioning and publishing research or poll or the "filing of a friend of the court briefs" (Gender adviser).

Mponeng: The Ministry of Gender, Youth, Sports and Recreation has a section that deals with advocacy for equal participation and representation of women and men in politics and decision-making positions in society. It also advocates and campaigns for the enactment of laws that remove discrimination, such laws as Legal Capacity of Married Persons' Act 9 of 2006 that was enacted to repeal

marital power. The law came out as a result of the ministry's advocacy to empower women (Programme manager).

Advocacy by organisations, at both national and local levels, is not effective. At the national level, advocacy should target the decision-makers on the enactment of laws that meet international standards. This is especially needed in Lesotho where there is a dual legal system with customary law operating side by side with civil law. Customary law, as described by the organisations, has many challenges and works against international standards. The organisations were lobbying progressive parliamentarians to sensitise their colleagues so that when the bill is presented before parliament it can be endorsed. However, the way they do so is impromptu and sporadic and only occurs if they happen to meet. At the moment organisations are busy lobbying parliamentarians to enact domestic violence laws in order to address escalating violence in the country as existing laws cannot adequately address some cases of abuse. As informants noted:

Refiloe: There is still a gap in the law as the country has no Domestic Violence Act even though it has been in discussion since 2009, NGOs do collaborate to strengthen their voice to push the agenda. We sometimes lobby some influential parliamentarians when we meet them as we do not have specific platforms to discuss (Gender adviser).

Mponeng: We have been lobbying from 2007, but it seems our parliamentarians do not understand the urgency of the Domestic Violence Act. Things go slowly for so many reasons. For example, our minister in this ministry is also a man and a chief, and the other problem is the change of government or change of ministers. After hard work of lobbying our minister to push the agenda, he will be changed and we get a new minister and we have to start from scratch (Programme manager).

Kariuki (2015) highlighted that one of the NGOs main roles is to make sure that laws are enforced and to hold governments accountable in preventing violence. The WLSA and the FIDA's roles seem to be partly in line with this responsibility as they relate to

their advocacy on law reform and implementation of existing laws. The organisations are well-positioned to ensure that the enactment of laws meets international standards as they are also a stakeholder in the development of laws. However, their advocacy and lobbying are weak and holding government accountable is a challenge that may be related to the capacity of the organisations. Both the FIDA and the WLSA have no clear strategies to ensure that government complies with international standards. Nevertheless, as stakeholders in the development of laws, both organisations are supposed to ensure representation and to provide guidance.

The literature has shown that law enforcement is critical in curbing IPV and that enforcement should include strengthening institutional mechanisms and resources and increasing human capacity to ensure that enacted legislation protects people from violence, holds perpetrators to account and creates a safe environment for all citizens (WHO 2014). It is the role of the NGOs in Lesotho to be watchdogs of government's initiatives on addressing IPV issues. To do this effectively, this study proposes that organisations should have a clear strategy of how to engage the government on this. Their strategy should include building capacity of decision-makers through education and building capacity in terms of planning and financing so that a budget is also allocated to cater for the enactment of laws and their implementation. There should also be result-based planning with clear indicators and monitoring and evaluation tools to monitor and evaluate progress on government's initiatives. As some informants noted, organisations do hold government accountable by advocating for, and sometimes following up on, progress. However, that only happens sporadically when opportunities for meetings present themselves.

Refiloe: We have to hold government accountable, but sometimes it is like we do not know when and how to do it. Maybe it is because of a lack of resources that we do not plan regular meetings and only wait for any meeting that comes where authorities are present (Gender adviser).

In addition, the organisations have a role in doing advocacy at grassroots by mobilising communities to demand services. However, few organisations were able to talk about this strategy – they could not describe clearly what is involved in grassroots advocacy

and exactly how to do it. Grassroots or “bottom-up” approaches to advocacy as described by Loue (2006) are based on the identification of needs and goals by community members themselves. Community organising has been defined as the process of organising people around problems or issues that are larger than group members' own immediate concerns and are based on the identification of needs and goals by community members themselves. The concept of community organising is premised on the idea of empowerment, which is “a process of collective reflection and action in which previously isolated individuals become protagonists in shaping society according to their shared interests” (Loue 2006). Loue continued to describe advocacy initiatives that use a bottom-up approach to include efforts by like-minded individuals to establish rape crisis centres and shelters for battered women and the establishment of needle exchange programmes to reduce or prevent HIV transmission. Based on the above description of grassroots advocacy, it is clear from that findings that in practice, organisations do not engage this strategy. However, this strategy is powerful in bringing transformation as organised communities are powerful and have an audible voice to present to governments.

It is evident that the organisations are using top-down models which emphasise the identification of needs or goals by experts outside of the community or by the community leaders only. These advocates may be professional staff of non-profit organisations. It would be ideal for organisations to combine the two approaches which would include educating and empowering communities with knowledge and to mobilising them to claim and exercise their rights to demand services.

The USAID and the UNICEF (2005) described community mobilisation as another critical area of programming and that mobilisation should comprise all members in the community including gatekeepers and people who are disadvantaged so that they can all recognise the rights and needs of survivors. If local leaders are not involved, there will be less or no buy-in and support of the programme. Having leaders and the community endorsing the programme would lead to a change in attitudes towards IPV. The USAID and the UNICEF (2005) recommended promoting participatory processes that engage all stakeholders at all levels of planning and implementation of GBV/IPV.

As explained in Chapter 2, six strategies have been identified as being effective in dealing with IPV. The sixth strategy is “Changing cultural and social norms that support violence; norms that support gender inequality, as well as GBV, need to be transformed. This strategy involves mass communications, community mobilisation, and informal education activities to combat GBV” (WHO 2014). All organisations seemed to be engaging this strategy which challenges cultural norms that support violence as well as using mass communication and campaigns to prevent violence. This realisation is in agreement with the WHO (2014) that social and cultural norms change programmes are implemented by 41% of African states and countries have only reported on the sixth strategy. However, organisations such as the FIDA, WLSA and MGYSR engage in strategy five which addresses gender equality issues even though some are struggling with understanding gender equality and equity. As the informants put it:

Refiloe: Our programme is intended to advance gender equity. The programme has three sections on educating, advocacy, empowering women to participate in governance issues with the aim of fighting discrimination against women (Gender adviser).

Nthabiseng: We talk about gender equity as we know that for Basotho gender equality has a long way to go. We talk about the importance of making decisions together especially on the property as we also quote the Legal Capacity of Married Persons Act (Gender adviser).

Mponeng: We raise awareness about gender equality but mostly gender equity as we know that in Lesotho men are heads of families and once you talk about gender equality men will not participate fully. However, we still try to hold some seminars where we talk about it (Gender programme manager).

Libakiso: We try to talk about culture and traditions that are harmful (Social worker).

6.3.1.3 Gender transformative programming

According to the UNFPA (2017), prevention of GBV in communities, demands gender transformative programming – an approach that seeks to transform gender roles and promote more gender-equitable relationships between men and women. Such programmes seek to reflect critically about changing institutional practices and broader social norms that reinforce gender inequality and vulnerability for both men and women. Organisations did have a “wishy-washy” understanding of transformative programming; however, none of them seemed to do gender transformative programming even though they raised awareness of the harm brought by strict adherence to gender roles. Nevertheless, the Ministry of Gender, as described by the informant, is mandated to do gender mainstreaming and help other government ministries to do the same, even though that has not practically happened. The informant noted the challenge that gender mainstreaming is not reflected in the budgets of all government ministries including the Ministry of Gender, which is charged with implementing gender-responsive programmes.

Mponeng: Even though this ministry is mandated to address gender issues, the problem is that even the budget that we are allocated does not reflect that. This ministry is divided into three departments, Gender, Sports and Youth. A large portion of the budget goes to the sports department followed by youth and we get what is left (Gender programme manager).

6.3.1.4 Engaging men in IPV prevention

The UNFPA (2017) proposed reaching out to men and boys and enlisting them as allies against GBV as an important element in GBV primary prevention strategies. The UNFPA in Lesotho sometimes holds awareness-raising sessions to educate herd boys. Educating men and boys about GBV, according to the UNFPA, sensitises them to the harmful socio-cultural norms that promote GBV/IPV. According to the unpublished study by Molapo (2006), herd boys are in the forefront of child abduction and including them in prevention might help curb abduction cases which in turn will reduce the marriage of strangers (which has been discussed in this study as one of

the determinants of IPV). Whereas the strategy to include herd boys may be reasonable, there is a need for improvement on how to educate them on gender equality, healthy relationships and anger management strategies. Herd boys in Lesotho spend most of their years in remote areas looking after animals with little contact and relationships with the opposite sex and other members of the community. Therefore, they are deprived of “normal socialisation” and interaction with members of the community who inculcate moral behaviour. Herd boys are, therefore, prone to lack good communication skills, respect for girls and anger management skills. Awareness-raising that would take cognisance of some of these shortcomings would be ideal.

Most of the organisations work with “Khotla Lesotho” a men’s organisation in Lesotho and CRROA, an organisation of ex-inmates, in teaching men to prevent violence. However, there are no consistent working relationships, only random engagements when needs arise. She Hive and the Ministry of Gender use “International Men’s Day” to raise men’s awareness of GBV and to educate them about GBV.

Mponeng: We sometimes work with Khotla Lesotho to raise awareness of GBV especially during International Men’s Day. It does not happen all the time that we are able to celebrate that day; we only do it if there is financial support from our funders such as UNFPA (Programme manager, MGYSR).

Libakiso: We sometimes commemorate International Men’s Day and aim to raise awareness about GBV (Social worker, She Hive).

However, these activities are arbitrary and are only done when there is available funding to support them. Tappis et al. (2016) indicated that the UNHCR’s 2003 guidelines recommend involving men as a key strategy for transforming socio-cultural norms and highlight the importance of equal participation by women, men, girls and boys in planning, implementing, monitoring, and evaluating programmes. Over the last decade, there has been increasing attention given to the fact that men’s roles and relationships relating to GBV in conflict and post-conflict situations include the perpetrators, victims, witnesses and agents of change, and that male engagement is an essential component of GBV prevention and response programming in

humanitarian settings. Nevertheless, this study argues that engaging men in IPV prevention may be dangerous and counterproductive to feminist approaches to IPV intervention if not done with the greatest of care. According to Hearn (2004) the focus on men brings possible dangers of excluding women. Excluding women from issues that concern them is repeating the history of prescribing solutions for women's problems without their participation. One way to reduce this risk is to consistently examine the specific ways in which men exist in gendered power relations with women, children, young people and with each other. Engaging men in IPV prevention, especially those with little knowledge of the strategy, may reinforce the stereotypes in men that they are all-powerful and have the entitlement to protect women. Post-structural feminists maintain that not all men are powerful and their understanding of power relations and deployment calls for rethinking men engagement programmes in IPV. This would avoid falling into the trap of having men speak for women but rather help in dismantling hegemonic masculinities and promoting power with women, as opposed to power over them. This, therefore, suggests that there may be open-minded and progressive men who can be used as champions in IPV prevention and they would need to be identified. Engaging men in GBV as a strategy by organisations in Lesotho is ineffective and can cause more damage than good as organisations are still struggling to understand gender equality issues.

6.3.2 Secondary prevention strategies employed by organisations

Coker (2004) identified strategies used in secondary prevention as limiting children's exposure to aggressive media, training perpetrators to curb aggression, providing supportive counselling and crisis "hotlines" for violent partners to get services or for survivors to get help. Other services in secondary prevention, as described by McFarlane et al. (2005), included empowerment, counselling and protective shelters for survivors. Not all these services are provided by the organisations in Lesotho. Identified services included the provision of counselling for survivors, Hotlines for survivors or perpetrators, and shelters and empowerment for survivors and these are discussed below.

6.3.2.1 Providing counselling for survivors

Most organisations claimed to provide immediate counselling for survivors. Organisations such as She Hive, the Lapeng Centre and the WLSA claimed to provide counselling. However, only two organisations, She Hive and the Lapeng Centre had either a social worker or a counsellor.

Libakiso: When a survivor comes to seek help, we try first to understand the problem and then arrange for counselling (Social worker, She Hive)

Tsepiso: Though we are not necessarily professionals in counselling, we do provide counselling for survivors who need it and when we see the need (Gender adviser, WLSA).

Mpho: We provide counselling services to survivors here in the office for those who come here or are referred by other NGOs. We also provide counselling services in the shelter when we have survivors there (Counsellor, Lapeng Centre).

The FIDA provides legal support to victims, either to assist the victim to get help or to refer the victim to other organisations.

Refiloe: We accompany victims to seek legal protection, accompany them to get their belongings whether property or children and we work with police (Gender adviser, FIDA).

The two organisations, She Hive and the Lapeng Centre, which have counsellors did not have the proper space to provide counselling to survivors. What became evident was that the Lapeng Centre had two facilities, the first one being the office housed in the Ministry of Gender and the second being the shelter space. In the office, there is no proper space for counselling sessions with all social workers and other staff members crowded into the space. It is, therefore, questionable as to how effective

their counselling sessions are and how survivors feel about a space, where they have to discuss their experiences, that has no privacy.

6.3.2.2 Providing hotlines for survivors or perpetrators

None of the organisations had a hotline for either survivors or perpetrators. In cases where there is a crime or IPV, the only hotline available is the police number for reporting all criminal actions and everyone can use it. However, that hotline is not linked to the CGPU which could act appropriately if the incident includes IPV. This means only police personnel who are not sensitised on GBV issues would be the ones handling the case.

6.3.2.3 Providing shelters and empowerment for survivors

As discussed in previous chapters, secondary prevention of IPV focuses on responding to already existing violence and thus organisations ought to provide safe houses for survivors and design programmes that are effective in stopping the perpetration of violence and that equip the survivor with skills that will empower them. The empowerment model, as laid out by McFarlane et al. (2005), includes protection which focuses on increasing the woman's safety and enhanced choice in problem-solving and decisions about the relationship, relocation and other transitional issues. Looking at the high prevalence of IPV in Lesotho (67%) as per Gender Links (2014), one would expect several shelters and other places of safety being available for survivors. However, there is only one shelter in the country and it is situated in Maseru, the capital city. For security reasons, the location of the shelter is not known by the public including the beneficiaries. Therefore, according to respondents from the Ministry of Gender, there are procedures to be followed in order for a victim, specifically a woman, to be admitted. The ministry has developed standard operating procedures which it shares with all stakeholders. The referrals are done by police or other stakeholders and the Ministry of Gender through the Lapeng Centre which carries out an assessment to determine whether the survivor should be admitted or not. As a Lapeng Centre informant put it:

Tankiso: We do have one shelter for women survivors only. Lapeng Centre is understaffed with only four staff members in Maseru and one vehicle and we are expected to work the whole country, it is very difficult to respond to crises. Sometimes we are compelled to ask for help from public transport drivers in the rural areas to bring the victim, which means the shelter is now not hidden anymore (Social worker).

6.3.2.4 Political empowerment

The FIDA has a programme that helps women to take a more active role in making decisions that affect their lives and supports them to take legal action where appropriate. The FIDA offers a legal aid clinic in Maseru and operates in the districts through paralegals. The legal aid clinic is meant to assist victims with legal intervention. The organisation also develops initiatives that empower women by increasing knowledge of structures and encouraging them to participate. The FIDA provides advice and information to women and holds campaigns that empower women to participate in leadership, especially in areas of government such as local councils and national politics. As part of the gender equality issue, it promotes women's involvement in governance and other decision-making bodies. It strategically works in community councils to train women to participate in politics. In addition, the political empowerment section of the Ministry of Gender deals with advocacy for equal participation and representation of women and men in politics and decision-making positions in society. It also advocates and campaigns for the enactment of laws that remove discrimination, such as the Legal Capacity of Married Persons' Act 9 of 2006 that was enacted to repeal marital power. The law came about as a result of the ministry's advocacy to empower women. Political empowerment is a useful strategy even though it is not linked to survivors of GBV but broadly, as one of the programmes offered by the organisation. It could work well if women experiencing violence could also be targeted and empowered to change their lives.

6.3.2.5 Economic empowerment

The MGYSR, She Hive and the FIDA claimed to have programmes on empowerment for survivors. However, the FIDA and She Hive had no clear strategies for the empowerment of survivors. Those which they had were random and did not necessarily target survivors. The FIDA partners with other organisations to support the economic empowerment of women in its gender equality programme. However, it does not target survivors of IPV but hopes to reach them in the communities. She Hive encourages women to start income-generating projects. The Ministry of Gender (MGYSR) has an economic empowerment programme that empowers survivors of GBV. It works with the Ministry of Agriculture and Forestry to provide women with seeds for them to improve their livelihoods. However, as the informant below puts it, this intervention is not consistent and depends on availability of resources.

Mponeng: We are trying to see that survivors get some help especially giving them something to start-up new lives. For example, we work with the Ministry of Agriculture to give them seeds to produce some vegetables; however, there are times when we cannot do that and we depend on that ministry to give us if they can (Gender Programme Manager).

Through its shelter, the MGYSR trains survivors in income-generating projects such as beading/jewelry and sewing. However, the ministry's engagement in this training is dependent on their budget and has been able to reach a few places. Like the FIDA in communities, they target poor women and not only survivors of GBV/IPV.

Mponeng: We train survivors but not necessarily targeting them, we target poor women and we train them in beading and sewing and we encourage them to be entrepreneurs. Sometimes we partner with Basotho Enterprise Development (BEDCO) which sometimes assists even with the training (Gender programme manager).

6.3.2.6 Social empowerment

The MGYSR has a social empowerment section which works to ensure that gender is mainstreamed in the school curriculum and public education with emphasis being place on GBV. According to the informant, the Lapeng Centre was the result of the social empowerment of abused women and provides temporary shelter to victims of GBV. However, there seemed to be a misunderstanding of social empowerment as it relates to survivors of IPV on the part of the informant.

Mponeng: The social empowerment section deals specifically with victim empowerment. One example is the training offered to survivors where they are given skills to improve their livelihoods. Such training includes beads/jewelry making, sewing, food preservation and others. These trainings are meant to empower victims economically especially those that face financial challenges; however, during implementation the programme does not target victims but targets poor women (Programme manager)

Organisations are grappling more with economic empowerment but this study postulates that prioritising social empowerment boosts women's confidence, their negotiating skills, their ability to be of service to their communities and their ability to take control of certain household decisions when dealing with men. Enhancing these benefits and acknowledging them as important agents of change can go a long way to equalising power in their relationships. Two survivors who participated in this research clearly indicated that when women's social status has been improved, they actively participate in meaningful activities, especially public domains, and these give them the confidence to be who they are and to overcome family challenges.

Lirontso: I am no longer that woman who is stressed out and feeling sorry for myself. I am now in governance elected as a councillor and I make sure I speak so loud enough about women's problems. I attended so many workshops on gender issues and my council has won many gender awards because of women in our council. I have seen so much respect from my community and

the male councilors here and now I am developing myself to participate in national elections (Survivor).

Ntsoaki: I was assisted by WLSA to go through a divorce and I came out with new energy to help other women to overcome abuse which why I established She Hive for survivors to empower them (Survivor and Director of She Hive).

According to an informant, the Ministry of Gender has a huge responsibility of ensuring that gender is mainstreamed in all government ministries. Gender mainstreaming has many facets including gender-responsive planning and budgeting. To perform this mandate, the Ministry of Gender has no clear strategy to ensure that all other ministries do gender mainstreaming. Furthermore, the ministry is highly compromised with an inadequate budget allocated by the government and a lack of capacity to deliver on its mandate.

Mponeng: The ministry especially the Department of Gender has many challenges as a result of the small budget allocation which is only 7% of the whole ministry. This department lacks capacity in terms of trained staff to ensure proper implementation of the mandate, we do not undertake studies to inform our work and there is no monitoring and evaluation done in our programmes to see the impact of our efforts. With one vehicle at the shelter to serve countrywide- sometimes the vehicle is not available, it is clear that we have challenges. There is no political will by the government as it does not see the importance of this ministry and as a result, there is no sustainability, or continuity of work done due to ministers changing every five years or even two years political climate. When ministers come to the office after elections, we try to make them aware of the gender concerns, once they begin to change attitudes and understand some issues, government changes and you start afresh again (Programme manager).

The above excerpt clearly shows a complex problem which needs special attention by the government and the UNFPA as both have the mandate to build the capacity of the ministry to deliver services. All organisations implementing gender programmes are

coordinated by this ministry and it is supposed to be at the forefront of some interventions. Organisations need to step up and be audible enough about gender issues to force the government to build the capacity of the Ministry of Gender and to increase the budget allocation. As Haslegrave (2019) argued, most of the decision-makers in the organisation and in the financing of health care delivery tend to be men. Organisations, therefore, have an important role to play in convincing decision-makers to adopt a gender approach. Although Haslegrave talks about health care, her argument relates to governments such as that of Lesotho. Here, the majority in the cabinet are men and thinking that men would prioritise women's issues is the same as thinking that they would prioritise laws that would send perpetrators to jail having established that majority of violence perpetrators are men. In other words, NGOs as voices of the people, should ensure that minorities enjoy freedom and justice by building the capacity of this important ministry. The secondary prevention response is so ineffective that it needs immediate attention and remedial action.

6.3.3 Tertiary prevention strategies used by organisations

The tertiary prevention of IPV aims at the treatment of the problem and the reduction of its impact. It is, therefore, a long-term response after violence has occurred to deal with the lasting consequences of violence and offender treatment intervention (CDC 2012). It includes a range of support to the victim to empower her to reach self actualisation. In doing so and among other things, providing shelters for battered women is mandatory, as is implementing abuser treatment programmes, introducing hotlines for IPV reporting and establishing support groups. In addition, law enforcement and legal responses should be prioritised as highlighted by Harvey et al. (2007).

According to Barner and Carney (2011), strategies in tertiary prevention include offender-based criminal justice intervention which has been upheld as a powerful intervention for domestic violence. This response to domestic violence calls for law enforcement to train officers in the enforcement of restraining orders, an increase in responses to domestic violence, and an increase in arrests for IPV-related calls. The following strategies were identified to be used by organisations in Lesotho although

some are used in a minimal way: law enforcement and legal responses to IPV, support groups for survivors, creating meaningful activities for rural communities, and strategies to deal with perpetrators of violence (batterer treatment strategies). Each are further discussed below.

6.3.3.1 Law enforcement and legal responses to IPV

The CGPU which is a department in the police service is responsible for training its staff to respond to IPV/GBV by enforcing the existing laws and arresting perpetrators of mainly violence as it relates to criminal offences. As one of the informants from the CGPU put it:

Lerato: We have laws that we use and we only follow what is stipulated by the law. Cases of assault, rape and murder are covered by the laws we use, The Sexual Offences Act of 2003, and the Penal Code 2010. However, with some cases that can be classified as IPV, we have no power to make arrests as we do not have laws enforcing that (Programme manager).

The above excerpt clearly shows that the department is implementing offender-based criminal justice intervention even though the challenge which remains is the lack of appropriate legal frameworks to mandate arrests that cover a variety of IPV acts including economic, stalking, and psychological abuse. NGOs, such as the FIDA and the WILSA, also work with the police to request arrests of perpetrators where they feel criminal offences have been committed.

Refiloe: We have built relationships with police such that we write letters to them to ask them to support victims and to make an arrest of perpetrators although the dynamics/challenge is that even though protection orders are given, some perpetrators do hunt down the victim and kill them (Gender adviser).

With trained professional legal personnel in their office, the WLSA provides legal advice on all legal issues to people who come to the offices for assistance. It advises

about the legal solution to the problems and directs people to further assistance where the WLSA's services do not suffice. The WLSA acts as a mediator, where possible, to reach an amicable decision without necessarily going to court. It also does research to inform law reforms.

Nthabiseng: WLSA also conducts research on legal issues that have an effect on people's lives which needs to be analysed for reform. WLSA currently conducted research on the extent and impact of human trafficking in Lesotho. The publications that WLSA publishes are a direct result of research on the theme of the particular publication. Action research is conducted to improve the way public address issues and solve problems. It engages in an interactive inquiry process that balances problem-solving actions implemented in a collaborative context with data-driven collaborative analysis or research to understand underlying causes enabling future predictions about personal and organisational change and law reform where necessary (Legal adviser).

Although the WLSA and the FIDA do advocacy and training for law enforcement and also work with police to do mandatory arrests, the challenge with their strategy lies with their ability to influence the enactment of laws as they, themselves cannot enact laws.

6.3.3.2 Support groups for survivors

She Hive is the only organisation that has a support group which in this research is referred to as a women's circle and which provides psychosocial support to women and sometimes to perpetrators. The support group meets monthly to provide a space for survivors to discuss their issues. The circle affords survivors a space to meet, offers support in their journey of recovery and empowers them with information. However, no programme or agenda is stipulated for their meetings, and this research could not establish the clear objectives and activities of the circle except that survivors meet and share experiences and motivate each other.

Libakiso: We hold monthly meetings where we sometimes invite people to come and present some important information that can empower survivors (Social worker).

The She Hive support group would be more effective if it had an agenda to support survivors and empower them to be resilient. This ought to start in the shelters when women are admitted and trained. The reason for advocating the building of victim resilience is because the reviewed literature shows that a majority of women do not want intervention that removes them from their families, they just want the violence to end (Mannell et al. 2016). According to Scott (2017), Post-structural feminism aims at empowering people who are marginalised and offers them new ways of understanding the world. Thus, it entails political action to understand and uproot causes of powerlessness, systems of oppression and women's complicity in them. IPV prevention, through a Post-structuralist lens, would, therefore, provide intervention and strategies for women to challenge male hegemony and social norms that incubate violence. Targeting and empowering survivors of IPV would unveil women's potential to use their power to contest male control and reclaim their space, not only in families but also in society. In this way, women themselves would be able to uproot the causes of their powerlessness and complacency in IPV.

In addition, the findings have shown that women are not only resilient in IPV but they also show resistance such as those who used the strategy of opposing the power of the abuser. Thus, the survivors studied had developed resistance to violence over time due to the violence against them. Post-structural feminists have documented how practices of regulation do not exert their power without simultaneously producing resistance. Burman (1992) argued that while Foucault located resistance within the body, feminists have extended understanding which goes beyond individual, spontaneous reactions, hopefully to organised disruptive action. Resistance thus becomes the inspirational and real basis for challenge and change. Organisations ought to empower survivors to develop this resistance in order to bring change through organised action by uniting women and building solidarity movements.

6.3.3.3 Community coordinated strategies

The USAID and the UNICEF (2005) proposed the implementation of a coordinated multi-sectoral approach by donors and other organisations and across sectors, and the mobilisation of communities to create and maintain social norms, to change GBV behaviour. Barner and Carney (2011) argued for a community coordinated strategy which acknowledges that while IPV and sexual violence are committed by individuals, preventing that behaviour requires taking into cognisance multiple domains. The strategy, as laid out by Barner and Carney (2011), incorporates refined psychotherapeutic intervention, a group practice model, behavioural intervention programmes and treatment for both perpetrators and victims. This strategy seems to be educational in its approach and targets the challenge of social norms that influence women's oppression. Proposed coordinated strategies by Barner and Carney and the USAID and the UNICEF acknowledge that IPV is not only an individual problem and that reducing it requires long-term, holistic and coordinated efforts of multiple stakeholders and sectors. Too often, GBV projects are short-term, driven by donor interest in a particular issue or a sectoral response and are not strategically designed to ensure comprehensive programming.

All participating organisations partly engaged in this strategy. The MGYSR which is responsible for the coordination of all sectors has challenges in doing so, namely, a lack of resources and organisational capacity. In addition, while other NGOs claim to hold GBV/IPV awareness workshops with communities these are sporadic.

6.3.3.4 Creating meaningful activities for rural communities

As part of its community coordinated strategies to combat IPV, the FIDA worked with some NGOs such as Send a Cow and Blue Cross to train communities to engage in income-generating projects in an effort to alleviate poverty. Even though the focus of other organisations was livelihoods and the environment, the FIDA felt that their programmes were effective in engaging and training men who were unemployed to be self-reliant thus reducing their vulnerability.

Refiloe: We do projects for unemployed people, create meaningful activities for men collectively with other organisations. We also do sensitisation for extended families, especially after marriage where boys used to work and provide for families – we have seen that a family can use anything to create tension between the couple so that they benefit (Gender adviser).

Libakiso: We sometimes hold training for women to engage in income-generating or wealth creation activities. In our monthly circles, we sometimes invite presenters to talk about economic empowerment of women and how they can start small businesses (Social worker, She Hive).

The meaningful activities such as income generation are commendable strategies because they empower survivors. For example, some survivors who started income generation projects in the form of a “local stokvel” (wealth creation) attested to having been empowered by participating and having a small income of their own which enabled them to cover basic needs. However, both the FIDA and She Hive’s programmes are donor-driven and the FIDA’s project, where it was partnering with other NGOs to create meaningful activities for rural communities, ended in 2017. The strategy to include in-laws is also commendable as in-laws are empowered to be self-reliant and not to depend on their breadwinners (sons) which can create conflict between partners at a later stage.

6.3.3.5 Strategies to deal with perpetrators of violence (batterer treatment strategies)

Some informants claimed that as they reach out to communities through educational campaigns, they hoped that they were also engaging indirectly with some perpetrators. Other NGOs, such as She Hive, opened the monthly circles to include perpetrators but that only happens if the perpetrator voluntarily joins the circle for further psychosocial support. For all organisations not having the capacity to implement programmes for perpetrators means secondary prevention strategies are highly compromised and victims can experience re-victimisation after intervention.

Rothman et al. (2003) advocated for batterer intervention programmes and they viewed them as educational and therapeutic for offenders. They also maintained that batterer intervention programmes have shown success in preventing further abuse. Despite doing mediation to understand the root causes of problems and exploring solutions and encouraging couples to go for counselling, all the organisations lacked the capacity to implement perpetrator treatment programmes. It became apparent that the lack of specific programmes for perpetrators posed challenges to organisations in cases where they offer mediation, such as in cases where the victims report abuse to organisations or police. The victim is asked to bring along the perpetrator or the victim has to provide the police with some money to call the perpetrator. If the perpetrator refuses to come, organisations cannot do anything except in criminal cases where they can work with the police in having the perpetrator arrested. It, therefore, became very problematic in situations where the victim had to go and call the perpetrator who might be offended by having been reported to the police or outsiders. Yet, on the other hand, if the victim has no money the perpetrator cannot be called and it seems there are no viable strategies in place to bring the perpetrator in for family intervention.

All gender advisers agreed that most of the time they encourage couples to go for counselling. However, couples do not go as recommended due to financial challenges or other personal reasons, especially for the perpetrators. However, in the case of criminal offences, police are able to use a warrant of arrest to bring in the perpetrators.

Nthabiseng: It is not practical to involve them because they do not come. We reach them through prevention efforts during campaigns. In a criminal case, we do not mediate- it goes to courts of laws- state and the offender. We help only the victims by advising and linking them with the police and other stakeholders (Gender manager).

Refiloe: It is very difficult to work with perpetrators as they do not come when we call them and there is nothing we can do as we do not have any power to summon them (Gender adviser).

Lerato: As the Department of Police, we do have the mandate to arrest perpetrators depending on the nature of the case especially if there is a criminal offence committed. However, not all IPV/GBV crimes are litigated as we use the Sexual Offences Act and the Penal Code which does not cover some of the violent acts. It becomes a challenge as we are restricted by the laws as to who can be prosecuted. However, we do ask the survivor to either go back or come with the perpetrator or the survivor gives us money for airtime to call the perpetrator if he comes, he comes (Gender manager, CGPU).

The FIDA claims to follow-up with some perpetrators, especially those accused of economic abuse in the form of not paying maintenance for children. The FIDA mediates to make them pay for maintenance at their offices. However, it was noted that financial constraints do prohibit the organisation from following-up on survivors.

Refiloe: We are also limited by funding and capacity to make follow-ups with our clients and we request them to update us on the progress in their family (Gender adviser).

It is perplexing as to what happens to other perpetrators who physically and emotionally abuse their partners and the fact that the organisations rely on the victims to report back on the progress in the family without having any services for the abuser. Providing services to the perpetrators seems to be a great challenge for all organisations including the government ministry which is mandated to implement gender issues.

Mponeng: It is a challenge for the ministry to have programmes to address the perpetrators – that is also a result of a lack of budget. We only have one-off activities. Sometimes we work with correctional service during International Men's Day just to raise awareness of GBV/IPV (Programme manager).

In summation, according to the USAID and UNICEF (2005), the first and primary level of prevention of GBV and IPV is ensuring the adoption and implementation of protective laws and policies. The second level of prevention is capacity-building in the

health, legal/justice, security, education, and social welfare systems to help prevent, detect, monitor, and address GBV. The third and lowest level of prevention is ensuring that survivors receive immediate and comprehensive care that will reduce the likelihood of long-term negative effects related to GBV, as well as survivors' vulnerabilities to future incidents of GBV. Implementing all prevention strategies simultaneously against GBV/IPV across all levels of the social-ecological landscape is critical to any lasting effort toward the eradication of IPV. Organisations in Lesotho are using almost similar strategies differently, for example, organisations are using awareness-raising, lobbying and advocacy but differ in how they understand and implement those strategies. She-hive, for example, uses lobbying and advocacy but does not clarify how they do it and the activities that they do under advocacy do not relate to advocacy. This means that organisations' capacity affects the work they do and it also relates to issues of competency.

6.4 The capacity of organisations and the effectiveness of their strategies in addressing IPV

Organisational effectiveness can be defined as the efficiency with which an organisation is able to meet its objectives. It becomes imperative to look at organisational effectiveness alongside the effectiveness of the strategies as the effectiveness of the strategies is also a reflection of the effectiveness of the programmes. Programme effectiveness in this study can be described as the outcome analysis of impact on the client and the ability and capability of organisations to engage and deal with IPV issues in a way that they not only lead to the reduction of IPV cases but also to the empowerment of women and the promotion of their well-being.

Capability theory sees IPV as impacting on all aspects of women, their participation in development, and their advancement in all aspects of life. Therefore, IPV strategies that are effective have to take into cognisance the improvement of women's well-being and the removal of barriers for women that affect their participation in development initiatives. As Agarwal and Panda (2007) indicated, IPV can erode a woman's social opportunities by undermining her ability to build social networks due to her eroded self-confidence. This could lead her to withdraw from social contact or the people around

her may ostracise her family due to the violence. It, therefore, becomes imperative for intervention strategies to include all the life skills for women to rebuild their confidence to deal with life issues. The discussion below draws from the Capability framework for the analysis of the effectiveness of strategies used by organisations to promote social change in society and to achieve social justice.

According to Robeyns (2017) the Capability framework can be used to evaluate several aspects of people's well-being including economic, social, political and cultural dimensions and can also be used as a tool for evaluation of programmes or policies to measure their impact on people's capabilities. The Capability framework has five dimensions as described in the review of the literature chapter. However, this study used only three dimensions to evaluate the strategies used by organisations in Lesotho. These were as follows:

- A performance component which looks at capacities organisations have to engage in IPV
- An ethical component which looks at the ability of organisations to integrate the knowledge of culture, values and social awareness in their approaches
- Capability to effectively implement evidence-based practice which looks at whether NGOs programmes are informed by research.

Organisations should be promoting for their people a set of opportunities or substantial freedom which people may or may not exercise depending on their choice. The Capability theory advocates respect for people's powers of self-definition and the realisation of capabilities for all so that people would have the required economic, social and political freedoms to lead the type of life they have reason to value. It proposes the design of society's economic and political institutions in such a way that adequate material and social resources are available for everyone to possess and exercise a set of basic capabilities that go to make a decent life.

According to Alexander (2008) freedom is not merely the absence of interference, but also the possession of different capabilities to achieve valuable human functioning. A person who is poor, uneducated, unemployed, afflicted by preventable disease or

socially excluded might encounter no interference from the state or fellow citizens but he/she lacks the required capacities and opportunities to live a life of freedom. The same goes for IPV victims – if they lack the required capabilities which could be protective factors in IPV, they will not live life to their full potential. Such capabilities as health care, education and social, political, cultural and economic empowerment are vital to the emancipation of women and build their resilience which could protect them from abuse.

Capability theorists recommend interventions that are capabilities promoting for everyone. The description of the Capability theory as a framework for evaluation in this research sets the tone that the fight against IPV can be effectively won by protecting and promoting people's entitlements, by recognising the interconnections of economic and political forces that cause IPV, and by promoting the notion of freedom and non-domination.

6.4.1 A performance component

Organisational capacity to impact on people's capabilities can be assessed based on the organisation's ability to perform activities that bring change and the knowledge it possesses to bring the desired change. The capacity to bring change has been a very difficult one to establish, especially as it relates to changes in survivor's lives. However, change is noticeable in terms of people's awareness of GBV and services offered by organisations and the CGPU. However, it also relates to people in areas where organisations are able to reach and this study could not go to places which organisations have yet to reach.

This component also looks at the ability of the organisation to involve beneficiaries in all the programme processes. Some organisations studied in this research have empowerment programmes for women, either economic or political empowerment. The FIDA, for example, has a gender equality programme which reaches out to women to train them to participate in governance issues. She Hive, on the other hand, seems to be concerned with economic empowerment through organising women to engage in income-generating projects which in the end raise their social status. The Ministry of Gender, through its empowerment programme, does entrepreneurial skills

development for survivors and has a skills development centre for youth. As Kariuki (2015) argued, civil society is obligated to ensure that the economic emancipation of women is highly prioritised by governments worldwide, especially in developing countries, where women are still undervalued and remain largely unrecognised. It is imperative that women are supported to enjoy equal access to opportunities and resources including opportunities for societal leadership and participation. A just and equal society will only be possible if the structural conditions that stifle efforts to advance women are addressed.

The organisations which have programmes to improve the well-being of survivors have one thing in common, that is, their programmes are not consistent and they are offered sporadically depending on available funding. In addition, no monitoring and evaluation are done to monitor the progress and well-being of survivors after the intervention. According to the informants in these organisations funding is the major concern as it affects implementation of programmes, human resource and sustainability of projects. It is, therefore, evident that all the organisations have no capacity to make sustainable impact in the lives of survivors due to their lack of resources.

Refiloe: Most victims who come for help do not have financial resources-and our organisations also lack resources to assist victims who do not have resources. In other words, our resources cannot adequately respond to the diverse needs of the victims as our organisation depends entirely on funding and without funds it is difficult to implement (Gender adviser).

Furthermore, only two organisations have psychosocial support programmes which aim at providing counselling for victims which directly impacts on the emotional well-being of survivors. She Hive, for example, has even strengthened its programme to create a support group for all survivors which provides continuous support and information to survivors. This support group gives survivors a sense of belonging and courage in the struggle and builds solidarity with other survivors.

Libakiso: Membership in women's circles is increasing and that shows that people find our interventions helpful. We see empowered women who are

independent and able to engage in income generation activities (She Hive's social worker).

This support group provides survivors with not just skills of bare survival but also those relating to emotional maturity and spiritual realisation which, according to Alexander (2008), can be used to assess a person's well-being. Support groups can also help build resilience for survivors, especially those who choose to stay in their abusive relationships. This study has identified that a majority of women still prefer to stay with their abusive partners and only require services to end the abuse. Survivors can, therefore, learn strategies to navigate their way in IPV and reduce IPV incidences by being part of support groups.

When psychosocial support is coupled with economic and cultural empowerment, this study proposes that it empowers women with confidence and an elevated social status in the community thus encouraging them to participate in public affairs. The study found that some survivors who engaged in support groups and income-generating initiatives became treasurers and chairpersons in their circle's "stokvel" while others earned respect from community members to the extent that one survivor was encouraged to stand for local government elections and subsequently won.

Lirontso: I learned a lot from our support group. I was the only person in our group who had a secondary education, so they elected me to be a treasurer, and we were even lending money to villagers and I began to see people come to my house to borrow some money. It made me well-known as I had to be tough when collecting money from the people, so I can say I gained a lot of respect in the community so much that they even asked me to stand for elections ... I did and they voted for me. I am now a councillor in the local government and very influential in the council (Survivor).

6.4.1.1 Use of awareness-raising to develop capabilities

All organisations engaged in awareness-raising which aims at informing communities about IPV/GBV and the services and legal frameworks available.

Mponeng: Our awareness-raising campaigns have created knowledge, though people including women still do not understand when they are abused (MGSR gender programme manager).

Nthabiseng: Awareness has been raised and people know where to get help. Increased number of women now seeks intervention during IPV and that is an indication that people have received our messages (WLSA).

Awareness-raising done by organisations has proven to be effective in creating knowledge of what GBV/IPV is, the types of abuse and how one can get help. Moreover, it has also sensitised possible perpetrators to understand the danger of IPV and made them aware of the legal consequences of abuse. However, significant as these initiatives are, this study argues for awareness-raising that speaks more to primary prevention of IPV. According to Harvey et al. (2007), primary prevention entails identifying the underlying risk and protective factors for IPV and action to address the risk factors. It involves taking the upstream approach with an understanding of factors that put people at risk of being perpetrators or victims and intervening accordingly. Primary prevention favours a broad understanding and an intervention that observes the factors over a long period of time as well as beyond the individual, and results in the reduction of IPV cases.

Primary prevention, as a result, would raise awareness of gender equality, transform social norms that influence IPV, criticise hegemonic masculinities and gender roles, and emphasise the importance of healthy relationships (Harvey et al 2007). Moreover, it would have a particular focus on young people and prevent exposure to violence in childhood. This study also proposes awareness-raising that favours protective factors of IPV which challenge women and especially young girls, to develop themselves through education, political participation and economic empowerment. Getting more women to engage in governance issues would catalyse the development of laws that protect women, promote gender equality and raise the status of women in society. It is when women's status has been raised to that of men that men would view women as equals and women themselves would feel empowered to take their rightful position

of being autonomous and, for example, compete with men for political positions. Another protective factor that could be developed in women is self-efficacy. The Department of Justice (2015) noted that helping women develop high levels of self-efficacy with regard to life skills might increase the chance they would leave their violent relationship.

Lirontso: My life changed for the best when I became a councilor. I attended many workshops organised by Gender Links about gender issues and I was empowered with information. I use that knowledge to influence the decisions that we make in the council. And other male councilors respect me as they know that I know most of the things. Even in my family my husband now stopped physical abuse and he is less abusive (Survivor and councillor).

Lineo: Going back to school has empowered me to be more financially independent and even though physical violence has stopped because of intervention by FIDA, I have also learned that if I do not discuss finances with him, he is less violent (Survivor).

The sensitisation of parents to socialising boys and girls as equals would yield great impact as the socialisation of boys and girls plays an important role in shaping and preparing children for adulthood responsibilities and social relations. Awareness-raising should also prioritise investing in youth by informing them about access to free education, free health care services and other important institutions that would influence them to develop and lead meaningful and decent lives. Working with young people to prevent IPV has been hailed by many scholars including Harvey et al (2007). Raising awareness about free or subsidised health care for women is very important as reviewed literature has revealed the health consequences of IPV on women. If women who are victims of GBV/IPV would go for health check-ups, most of them would be screened and identified and then referred for appropriate services. Symptoms such as depression, post-traumatic disorders, chronic pains and other health outcomes associated with IPV would enable health professionals to identify victims of IPV and encourage them to take action.

The ecological analysis of the IPV context in Lesotho revealed that IPV is a result of many factors including poverty and poor neighbourhoods. Harvey et al (2007) proposed programmes that reduce poverty and strengthen economic and social safety nets, promote healthy and equal relationships and reduce alcohol and drug misuse. Findings have revealed the role played by poverty (as in not sufficient finances to support the family) in relationships. Men often used violence in such situations to take out their frustration on women. Findings have also shown how poverty, differences in educational attainment and alcohol abuse are directly linked to IPV cases. Thus, programmes that address poverty by promoting income-generating activities, and those that support education attainment would be ideal and would also possibly lead to a reduction in alcohol consumption as people would be engaged in meaningful activities and finding purpose to lead productive lives. Responding to IPV at multiple levels works with several layers of the ecological framework and it is the most promising approach. Some studied organisations in Lesotho have inconsistent income-generating schemes which, while having positive outcomes, are not sustainable. They only do once-off activities that give people false hope and then disappear leaving people more vulnerable after tasting improved lives.

Refiloe: We partner with other organisations to encourage people to use what they have to create self-employment. Sometimes people have land that they do not use, so we make them aware of how they can use the land to do commercial farming... sometimes we work with the Ministry of Agriculture to provide them with seeds for a start-up (Gender adviser).

Libakiso: We sometimes have small funding for assisting communities to engage income generation activities. Sometimes we encourage our survivors to use what they have to start small businesses (Social worker).

The performance component can also be evaluated through knowledge management and community involvement components which are key to providing effective services. Each are discussed below.

6.4.1.2 Knowledge management

Knowledge management refers to systems for sharing knowledge, technical expertise, and best practices among staff leading to efficient adaptation of new practices, stronger programmes and more competent staff (USAID 2012). Organisations, therefore, must develop relationships with appropriate/relevant technical organisations (government and academic) to build a knowledge base of effective intervention. It was established that information among the organisations is shared irregularly, both formally and informally. Formally, organisations share when they are invited to meetings by either the UNFPA or the MGYSR. Kariuku (2015) noted that partnerships with other local, national and international agencies are crucial in building a critical mass of knowledge to interpret trends across global regions.

The researched organisations variably respond to GBV/IPV by formally learning from the UNFPA's workshops and peer learning (seldom organised by MGYSR) on interventions that work. However, both the UNFPA and the MGYSR do not fully build the capacity of organisations in results-based programming and financial support that would assist in implementing promising interventions. Therefore, organisations adopt some of the strategies and while certain organisations manage to effectively mainstream/incorporate them into their existing programmes, others are not able to do so due to a lack of resources. Informally, organisations learn from peers who happen to participate in other national and international workshops on GBV or IPV. However, what is learnt cannot be comprehensive enough for organisations to incorporate and implement effectively. The lack of knowledge management practices and systems within institutions can result in the laws not been effectively interpreted. As one programme manager pointed out:

Thato: One challenge is with law enforcers who narrowly interpret laws. Legal frameworks are there, even though there is no Domestic Violence Act, they cover most of the abuse but then there is a need to continue to train law enforcers to interpret laws effectively. If law enforcers interpret laws narrowly and fail to make an arrest of incidences due to them not realising that they are

covered by the law, it means law enforcers need more training to effectively enforce and implement laws (Country programme manager, UNFPA).

Lack of resources seems to be a critical factor which leads to the ineffectiveness of the organisation in terms of capacity. Resources would enable organisations to have regular peer review meetings as well as capacity-building and strategic planning workshops to address beneficiaries' needs and also to assess the capacity of the organisations. Resources would also enable them to have monitoring and evaluation (M&E) as part of the programmes as well as M&E staff to evaluate strategies and do continuous improvement.

6.4.1.3 Community/stakeholder involvement

Involving the community in designing, monitoring and implementing activities fosters buy-in and makes the programme more relevant, effective and sustainable. Findings revealed that no strategy exists for involving community or beneficiaries in needs assessment, planning or programme design.

Mponeng: Sometimes communication with stakeholders about project implementation is irregular. But in a nutshell, we do not have the financial muscle to invite beneficiaries such as survivors to planning meetings, however, we invite civil society and we know that civil society represents the people (Programme manager).

Creating a detailed work plan with objectives, targets, indicators, activities and timelines as well as having appropriate staffing, budgeting and continual monitoring makes it easier to implement, monitor and revise projects. This kind of planning needs the involvement of survivors who are the main beneficiaries of IPV programmes. Organisations have no clear work plans and strategies to involve survivors in their planning and activities and these are conducted inconsistently. Organisations lack capability and capacity to implement GBV/IPV programmes which are result-based and only engage in irregular approaches depending on the availability of resources and cases reported in their organisations. Their inability to implement such

programmes can be attributed to a lack of organisational capacity as illustrated in the excerpts from the organisations below.

6.4.1.4 Organisational capacity in dealing with IPV

She Hive: Human resource is there, but struggling financially. But with some small funds from other funders we are able to do some awareness-raising when we engage in some activities. For example, with funding from PACT, we are doing HIV and AIDS awareness and take the opportunity to raise awareness of GBV.

UNFPA: As an international organisation, we have the capacity and resources to deal with IPV. However, we are not an NGO so we support government to implement programmes. We sometimes implement programmes with other partners but we are not supposed to do that. We know that NGOs don't have capacity that's why UNFPA holds workshops for them to build their capacity.

FIDA: Here in Maseru we have professionals in the offices, but in the districts where we are present, we have only unprofessional staff called paralegals who cannot offer services, services are offered here in our office and that already tells you that we have challenges. Even with organisations like UNFPA, they encourage us as NGOs to do gender programming but when it comes to implementation, we do not see support.

MGYSR: All our sections in this department have staff even though it is just people who are not properly inducted to implement the mandate. We are a government ministry, so we have a strategic position to influence laws, and to coordinate gender programmes by all stakeholders.

WLSA: We have legal staff who are able to offer legal services to the people. We have trained staff who are able to hold workshops for law implementers to assist them to interpret laws correctly. We have challenges with resources; however, we are even trusted by other organisations such as other

development partners, EU, PACT and we think it is because of our capacity to engage in gender issues.

6.4.1.5 Challenges faced in effectively addressing GBV/IPV

She Hive: We do not have funds that enable us to reach the whole country, we only use radio stations which do not reach all communities.

FIDA: NGOs are not law developers but they are stakeholders in government discussions. We use our advocacy and lobbying but there is no sense of urgency, in terms of developing laws and no political will. Therefore, other strategies that we employ need to be supported by the laws. Some police can just refer the couple to go for mediation and that usually brings further abuse as perpetrators will not like to go to the police. Some of the things that amount to GBV we cannot work alone; we need police to prosecute and it becomes frustrating when legal processes take longer. Lack of knowledge about IPV in other NGOs that result in only a few organisations working on IPV/GBV making coverage of information dissemination still lacking in other regions and therefore many people are still ignorant about IPV/GBV. NGOs complement government but if the government is not taking initiative NGOs become ineffective.

CGPU: In this section, we are police and when police transfer is made, they don't consider that people who are working in this section have attended workshops that enable them to handle GBV cases, we always have to recruit new people which most of the time work without proper training on gender issues. We do not have resources, no space to provide privacy for victims when they come to report, no vehicles to respond to cases outside office, we depend on NGOs to hold workshops for us.

MGSR: We have one shelter supported by UNFPA which is understaffed. Allocation of the budget is so small that sometimes it does not allow us to implement. From the total budget allocated to the whole ministry, the

Department of Gender is only given 7%. We are confronted with patriarchal attitudes of the decision-makers as we are a government ministry, if we get a male minister who is not open-minded, it takes us a lot of time to convince him to increase the budget for the department and for him to convince the government to establish shelters in other regions. There is no political will and the government does not see the importance of this ministry. We have challenges with human resource such as shortage of staff- one staff member per district which is equal to nothing. The shelter is understaffed. There is an extension of the shelter at the ministry which provides counselling service in their office in the ministry- which is staffed with coordinator, social worker and another social worker in the centre for referrals, another social worker placed by the funder, and a nurse to advise on medical treatment, and one support staff. The total of staff for the centre and its extension is equal to five people. This is way too few people to respond to GBV/IPV in the whole country. We also have challenges in lack of programmes targeting perpetrators. No monitoring and evaluation of programmes. No studies were undertaken. Lack of capacity, there is no training plan for staff. One vehicle to serve countrywide – sometimes the vehicle is not available. No sustainability, or continuity of work done due to ministers changing every five years or even two years. Lately, when they come to the office, we try to make them aware of the gender concerns, once they begin to change attitudes and understand some issues, government changes and you start afresh again. We cannot even work nationwide because we sometimes work in one community council in one district due to resource challenges

WLSA: we are still faced with resistance as people are still uncomfortable to discuss human rights especially women rights. Ineffectiveness of systems in place draw us back. Cases are taking a long time before prosecuted. Sometimes if we use an interdict, it becomes a challenge to use an interdict with a spouse living in the same house – if a woman goes to stay with the man's family, the man still has access to the woman and can continue the abuse or kill her. Challenges with funding and few resources to implement projects. WLSA is an NGO meaning that we are not for profit but we need money to

implement. We, therefore, charge survivors for services and that is a problem as most of them do not have money.

The above responses show the myriad challenges to effectively implementing GVB/IPV. Organisations lack capacity in terms of resources, skilled personnel and research-based knowledge about GBV/IPV interventions. Other organisations have skilled staff that is inadequate to work in the whole country leading to the ineffectiveness of their strategies. The UNFPA has a strategic position to build the capacity of organisations, but it is unable to meet the individual needs of all organisations. The MGYSR is really neglected by government decision makers. Apart from its lack of capacity to implement and coordinate gender issues, the staff in the ministry are terribly frustrated by the lack of training and resources needed.

6.4.2 A cultural sensitive approach

A cultural sensitive approach looks at the ability of organisations to integrate the knowledge of culture, values and social awareness in their approaches. As highlighted in Chapter 4, all the studied organisations in Lesotho make use of international conventions on GBV and are mentored by the UNFPA, which is an international organisation. Although their practical understanding of IPV/GBV differs slightly from the conventional understanding, there is a need for more contextual and culturally adapted interventions and to incorporate hybrid local knowledge and culture with international knowledge. In other words, for organisations to display ethical considerations, they should have cultural competence as well as social awareness in the communities they are serving.

This study argues that some of the reasons for women's reluctance to seek services as well as their overall vulnerability to IPV stem largely from inaccessible mainstream services to women. Inaccessibility can be seen in terms of unskilled personnel who lack the social skills and emotional intelligence to deal with people who have experienced abuse. Organisational staff need to possess interpersonal intelligence in order to have self-awareness and to manage the emotions of their clients. Failure in

this regard might discourage victims from reporting abuse as substantiated by the following excerpts:

Libakiso: Although we see a change in the number of people coming for service, victims are still reluctant to report (Social worker, She Hive).

Refiloe: People do not report abuse and those who do, they sometimes withdraw cases (Gender adviser, FIDA).

Ntsoaki: The first time I reported my husband to the police, I came out crying because they were asking me very rude questions and making jokes about my statement (Survivor).

Mpho: Sometimes police people make fun of our situation and things become worse when we go back ... after reporting my incident to the police, my husband was called and we were put in the office full of policemen and few women and most of the discussion shifted to accusing me of denying my husband conjugal rights and they neglected his abusive behaviour that I reported and I felt like they were justifying his abuse (Survivor).

Social awareness gives people the ability to understand and respond to the needs of others. Understanding other people's feelings are central to emotional intelligence which can be demonstrated by caring and being sensitive to survivors. This study revealed that all organisations studied did not have consulting rooms for clients. Some of the organisations used their offices for consultations which are often interrupted by other staff members or other clients who come for services. The majority of organisations had more than one staff member using the same office, and all consultations were done in those offices with no privacy. This lack of privacy goes against the values of any culture and is disrespectful of the human dignity of the person who is made to narrate her story publicly.

In all the studied organisations, the staff was made up of people between the ages of 23 and 45 years with social workers aged between 25 and 35 years. Some of the

survivors interviewed were older people including those who were 64 years old. This age difference is often characterised by cultural incompetence and a lack of social skills which can work against service deliverers. However, this research did not establish whether the reluctance of victims to report abuse stemmed from the age variations given that the Basotho culture does not entertain discussing adult issues with children.

This study argues for the integration of knowledge of culture and values in organisational approaches and the need to overcome cultural barriers through staff education and increasing the cultural competence of mainstream services. Creating alternative community-based services that would provide the same services in a more contextualised fashion would assist in having service providers who have a good knowledge of their people and are able to respond appropriately. Community-based services could be linked to the community's already existing structures such as the "Mahokela" community police and all gatekeepers, including chiefs and councilors, to avoid any misunderstanding of the programmes. The excerpt below shows the importance of establishing working relationships with local authorities:

Refiloe: The other challenge is with buy-in of local authorities before disseminating laws. There is a perception of communities that we bring laws that make women to disrespect men and sometimes it takes a long time to get endorsement from local authorities (Gender adviser).

Sensitising gatekeepers, such as local authorities, is the ideal as the FIDA has noticed that once the authorities endorse their projects and information and educational material, their work becomes legitimate and supported. This resonates very well with appreciating and respecting local knowledge by educating people on international instruments and making them realise the connection and, at the same time, rejecting harmful traditions and misconceptions about reality. In addition, cultural knowledge would challenge the concepts of discourse and language that subjugate women to men and that also reinforce men's hegemonic power. These strategies, therefore, would challenge and transform gendered proverbs and cultural idioms through questioning and discouraging their use. Moreover, the strategies would also aim to

transform social arrangements that maintain the status quo of domination and compliance.

6.4.3 Capability to effectively implement evidence-based practice programmes

Evidence-based practice (EBP) as used in health is a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. The practitioner, researcher and client must work together in order to identify what works, for whom and under what conditions. This approach ensures that the treatment and services were used as intended and will have the most effective outcomes as demonstrated by the research (Social Work Policy Institute, 2008). This practice has been adopted by many developmental and NGOs to improve their services. It is a best practice that enables implementers to continuously review their strategy in consultation with the beneficiaries as it is important to align the strategy with client preferences in terms of values and expectations and the cultural context of the clients. As Gibbs (2003) noted, placing the client's benefits first, evidence-based practitioners adopt a process of lifelong-learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence. Stanley (2013) posited that NGOs theoretical understanding of promoting active engagement in advocacy indicates the importance of preserving the primary stakeholders' interests at the centre of campaigns while simultaneously recognising that to achieve permanent change, campaigns have to be embedded within wider society.

EBP is based on five steps, namely, Ask, Acquire, Appraise, Apply, and Assessing whether there is a problem, what is causing the problem, what intervention should be used, how the intervention is being used, and is the intervention working (Gibbs 2003). When using EBP it is imperative that civil society organisations ensure that accurate, reliable and meaningful data on violence against women, girls and children are collected. This data must be collected timeously and promptly. There is an urgent need for civil society organisations to enhance their own collection, analysis, dissemination

and utilisation of data to inform decision-making. This approach to the fight against violence against women, girls and children will build a crucial knowledge base that supports multi-sectoral interventions.

Based on the definition of EBP none of the researched organisations use this model to inform their practices. Most of them raised the challenge of funds which also determines the employment of skilled personnel and the time frame for the projects which, in most instances, does not go beyond three years.

Libakiso: We do not use engagement in research although we distribute questionnaires to collect data, we are able to see the magnitude of abuse but we are unable to implement evidence-based strategies (Social worker, She Hive).

Mponeng: We participate in research done by other organisations such as Gender Links and UNFPA and use some of the recommendations proposed, even though it will depend on whether we have the budget to do that. UNFPA also assists us financially, it used to give us large amounts of money but lately funds are dwindling and we struggle to implement programmes let alone any follow up (Programme manager, MGSR).

Tsepo: We do internal monitoring of our programmes and see if we are making an impact. And we have seen based on our monitoring that we are indeed making an impact, people know about us and come for services (Gender adviser, WLSA).

The Ministry of Gender, which coordinates the gender programmes and organisations implementing gender projects, is supposed to provide mentorship and evidence-based approaches to IPV. However, this government ministry, like NGOs, faces the same financial challenges to engage in research that informs practice. The ministry, nonetheless, does some sporadic research when it gets funding from organisations such as the UNFPA or Gender Links which do not necessarily assess the problem or evaluate the implementation strategy. In addition, even organisations such as the

WLSA which claim to do monitoring and research, base their research on finding out about the identified problem and use the same research to sensitise people. One example is their research on human trafficking which was done in 2014 and which was used to raise awareness of the problem and advocate for legal intervention. It became clear during the interview that the WLSA's internal monitoring was more concerned with examining their progress and impact on legal frameworks in terms of sensitisation and publicising their services. Its external monitoring is done as a request from funders such as the European Union even though the NGO sometimes uses the findings to evaluate their programmes in terms of effectiveness and sustainability. However, there is no link between monitoring of activities and reprogramming and including beneficiaries to provide input on the strategies adopted.

In all the organisations staffing is incomplete as are the M&E plans, and data are not used for programme revision. This problem is a result of the organisations not having clearly defined programmes and implementation strategies which can be evaluated. Moreover, the organisations do not make use of the experiences of the survivors to inform future interventions. This is a result of oversight to actively engage stakeholders.

6.5 Conclusion

This chapter has examined the effectiveness of strategies used by organisations in dealing with IPV. The first section provided brief background information on each organisation. From the background provided it became clear that the organisations have gender programmes and are involved in GBV/IPV. The second section evaluated the strategies employed by the organisations to address IPV. From the information and data collected it is evident that the organisations have strategies in primary and secondary prevention as well as a few in tertiary prevention. This means that the organisations have no clear long-term goal for addressing IPV. In primary prevention, awareness-raising, lobbying and advocacy, and men-engaged activities were, among others, discussed. It was concluded that organisations' strategies are not effective for a variety of reasons including their sporadic implementation, failure to follow-up and challenges with resources. In terms of secondary prevention strategies, responses

discussed included immediate counselling for survivors, hotlines, providing shelter for battered women, and empowerment for survivors which included political, economic and social empowerment. Most organisations seem to value economic empowerment and try to integrate it in their programmes; however, it is not effective because organisations have no clear strategy on how to do it and they also have challenges with resources. The tertiary strategies included creating meaningful activities for rural communities where the goal is to promote income-generating activities which, in the long term, may reduce the high levels of poverty which are associated with IPV. The other strategy discussed was law enforcement through litigation of criminal offences and research to identify gaps and advise decision-makers.

There seems to be no abuser treatment centre for perpetrators which affect all efforts to address IPV as perpetrators are not rehabilitated to stop their abusive behaviour. The effectiveness of strategies in this regard was measured by assessing the impact of the programmes on beneficiaries who are survivors and whether the programmes bring any change. Positive outcomes of the programmes have been identified, such as the victims coming to ask for services. This is an indicator that the level of awareness has been raised in terms of giving people information about what constitutes abuse and the services available. As for the impact on the victim's well-being, programmes have partly lessened the magnitude of abuse, especially organisations such as She Hive which has survivors who feel that they have been empowered to overcome abuse. It is noted that organisations have done some work in raising awareness of GBV but could do more. They need to raise awareness of services and interventions to improve women's lives such as education and access to health and which encourage them to participate in politics and other development initiatives that would raise their social status.

Three components of the Capability framework were used to evaluate the organisations' performances in terms of their ability to respond to the root causes of IPV. The first entailed the organisations' management of knowledge and being able to share or learn from others and to partner with experts in the field or in academic institutions, for mentoring. Evaluation under this component showed that organisations rarely shared knowledge when organised by the UNFPA or the MGYSR. As alluded

to above, there is no partnering with academic institutions except for special projects when a consultant can be engaged to do an activity. The second component used for evaluation was an ethical one which looked at the organisations' knowledge of culture and their social awareness of the beneficiaries. This component revealed that there are some gaps in terms of understanding the sensitivity of IPV and providing services that offer care and emotional support to the victims. A lack of resources, such as consulting rooms, were identified as promoting a culture of carelessness in handling IPV issues. The third component looked at the capacity of organisations to implement EBP programmes. This component revealed the lack of clearly designed programmes that could be monitored and evaluated. Study findings indicated that a range of GBV prevention activities is being applied in a variety of settings. However, there remains limited evidence on the effectiveness of the GBV prevention programmes, interventions and strategies as well as a lack of evaluation of the efforts of the organisations.

Guidelines for GBV interventions seem to be not well known nor being used in programme practice, and while there have been "high level" statements that prevention and response efforts require involvement at many levels and with all types of actors, there is a lack of practical guidance on how to incorporate GBV prevention programmes across diverse sectors. Findings have revealed that stakeholder's involvement is not a priority for the organisations and even the MGYSR and the UNFPA made limited use of stakeholders, in this case, the IPV survivors themselves were not part of planning. The understanding of the majority of organisations is that professionals already know the challenges of survivors.

In a nutshell, organisations in Lesotho are well-positioned to carry out their mandate, as stakeholders, in government decision-making and as the voice of the people. Their position allows them to function nationally and locally with some of them even participating in international bodies. All the organisations have roles to play in GBV/IPV advocacy and awareness-raising. However, findings revealed that three of the organisations have no specific programmes to deal effectively with IPV. Three organisations do have GBV as their focus, namely, She Hive, the CGPU and the MGYSR and its shelter, the Lapeng Centre. These organisations deal with GBV/IPV

because they are implementing gender issues and, as part of achieving their gender equality goal, GBV has been identified as a cross-cutting issue. However, these organisations have no clear implementation plan with results-based activities. This study sees this lack of clear objectives in the GBV/IPV programmes as a significant challenge since the quality of services provided to survivors of violence may be highly compromised. It should be noted that the victims of violence are more vulnerable and they should be handled with the greatest of care to avoid re-victimisation and the feeling of helplessness on their part. The three organisations which have their mission as assisting survivors of GBV/IPV are not immune to this criticism. Their roles are affected by the lack of resources to the extent that they are also engaging periodically in awareness-raising and advocacy. Furthermore, when survivors come for assistance the organisations are able to offer counselling services but cannot follow up on survivors due to a lack of resources.

The roles of the NGOs and the governmental organisations dealing with GBV/IPV are that of awareness-raising of GBV/IPV, top-down advocacy and offering legal and counselling services to survivors. Their prevention strategies can be categorised as mostly primary and secondary with minimum indirect engagement in tertiary prevention. She Hive's support groups could be effective in not only providing peer support to all survivors but could also become a great resource for organising women in building solidarity for social action. This can lead to women coming together to push their agenda and demand services for their empowerment.

Other strategies identified included those that engaged men in the prevention of GBV. Although organisations mentioned their activities during International Men's Day and their partnership with Khotla Lesotho (a men's organisation), these activities are once-off and their impact has never been assessed. It became evident during the course of this research that organisations which implement men-engagement activities may run the risk of recreating a history of men fighting for women. If organisations in Lesotho already lack the capacity to implement GBV/IPV programmes and have blurred strategies to support survivors, it becomes very worrisome when they start to commemorate International Men's Day. None of the organisations have intervention strategies for perpetrators. The lack of such strategies may give the false impression

that men do not need IPV treatment services which, in turn, may also perpetuate the stereotype that gender issues are women issues. Finally, it was identified that there are no community coordinated strategies to prevent IPV – organisations are doing once-off community outreach programmes with no community involvement in their planning.

Chapter 7

Conclusion and recommendations

7.1 Introduction

This chapter provides a summary of the discussion of the findings of the research as well as its conclusions. It begins by highlighting the research questions and listing the research findings. The chapter also discusses feasible interventions that organisations in Lesotho can use to address IPV effectively. It identifies the gaps highlighted in the findings and makes recommendations for the transformation and the development of programmes that will effectively address IPV using primary prevention strategies informed by the theoretical frameworks grounding this study. It also highlights some of the protective factors which organisations have to promote for women and girls to prevent violence. The chapter describes the study's contributions to knowledge, that is, the provision of a deeper understanding of the context of IPV in Lesotho and some of the ways concerned individuals and organisations are dealing with it. The final part of the chapter provides suggestions for future research. Its main focus is on the gaps identified which this research could not address.

7.2 Overview of the study

The study was set out to answer six research questions, namely:

- What is the socio-cultural context of IPV in Lesotho?
- What is the role and place of organisations in dealing with IPV?
- Which prevention strategies or models guide their programme design?
- What is the effectiveness of these strategies in addressing IPV?
- What can be done to improve on current IPV intervention strategies?

All the research questions were answered through a qualitative research method which used interviews to collect data. In addition, other data were collected from secondary sources such as organisational plans and policies. Data were analysed through thematic analysis which yielded many themes which were then discussed and developed into sections in Chapters 4, 5 and 6.

7.3 List of key findings

- Prevailing understanding of IPV, GBV, Gender equality and gender equity
- Socio-cultural context of IPV in Lesotho
- Strategies used by survivors respond to IPV
- Intervention strategies employed by organisations to address IPV
- Effectiveness of strategies employed by organisations in IPV
- The capacity of organisations addressing IPV.

7.4 Summary of findings

The study found that whereas there is a universal understanding of IPV and GBV as laid out in international instruments such as the United Nations Declarations on Violence Against Women, not everyone understands it equally. Organisations in Lesotho align their interpretation of IPV or GBV with the Declaration but they narrowly interpret it based on their understanding and the legal instruments available in their contexts. This contextualisation of IPV/GBV affects services offered to survivors as some aspects of violence are not protected by laws and hence not regarded as violence. Furthermore, there is a misunderstanding of the application of gender equality and gender equity. Organisations are operating through a thin lens of patriarchy thereby interpreting gender equity to reinforce female subordination. They prefer to promote gender equity as opposed to gender equality because they think it still acknowledges that men and women are never equal. It is then contextualised to mean that men have to be respected for their headship position and women may not necessarily become equal. The whole concept of gender equity was misunderstood by four of the six organisations, that is, 66% (see Chapter 4).

The findings of the research revealed that in Lesotho there are prevailing socio-cultural issues that people still hold on to which influence relationships between men and women. The Basotho are a patriarchal society believing in the subordinate status of women. Both women and men have internalised this hierarchy and digressing from this belief seems to create problems leading to the punishment of those, mostly women and children, who do. The subordinate status of women is also often equated with that of children, thereby putting women and children in the same bracket when it comes to other decision-making issues. It, therefore, became obvious that acceptance of violence against women is based on this status – just as punishing children is a norm punishing a wife is similarly regarded. Even some survivors seemed to accept minor punishment from partners but not to be severely beaten. However, others, as adults, understood that conflicts should be resolved through communication.

The subordinated status of women is supported by the use of some Sesotho proverbs which refer to women as children and this belief seems to be ingrained in people. This minor status is not only in the private sphere but extends beyond into the public sphere as well, especially with regard to decision-making and governance issues. However, some women, particularly those who had suffered the consequences of minority status and had experienced violence, had begun to question their subordinate status. Other organisations dealing with gender equality are beginning to raise awareness of the minority status of women. This social norm is also reflected in IPV where perpetrators still feel entitled to punish their spouses when they deviate from the norm. However, there is a paradox concerning the status of women when it comes to other gender roles. Women are regarded as caring and are the ones who have the responsibility of the household, especially husbands and children. Women even get punished for failing to take care of their husbands. This means there are instances where women are regarded as household managers but in other “important” decision-making positions they have to revert back to their lesser status.

The issue of male domination is intriguing since it is well accepted and endorsed through the interpretation of headship in culture and reinforced by religion. The issue of headship was seen to relate to both hegemonic power and economic power. Therefore, failure to provide for the family as a man influenced IPV as men tried to use

control and force as a form of denial that they were powerless. Men felt threatened by partners with an income and misinterpreted their actions as disrespectful. Most of the perpetrators who did not have jobs and had a partner as the breadwinner had numerous complaints about partners taking their rightful place as men by making some decisions without consulting them, and not complying with their demands, including sexual demands.

The findings showed that male power is also associated with resources, especially money. The findings also revealed that Lesotho has a high unemployment rate and most men are not engaging in meaningful activities. Therefore, many men use control to regain their positions as “men” in their families. Perpetrators who were not working were not satisfied with their wives providing economic support to the family; they had deep-rooted anger and jealousy against their spouses. Some felt that their wives were no longer respecting them because they were not working and could not provide and that their wives had taken their position. At the same time, even those perpetrators who were working but earning little, were also unhappy with the overwhelming financial responsibilities and they ended up expressing their frustrations through violence.

In Lesotho education is associated with power and enlightenment and, as a result, men assume they are supposed to have more education. This assumption is perplexing given that the majority of men are not attending school having dropped out for multiple reasons. The literature also showed that Lesotho has a high percentage of female literacy. However, women educated as they are, still marry uneducated men and conflicts arise in such partnerships. The findings revealed that to some extent higher education is a protective factor in IPV for women but in some instances, it becomes a risk factor. Many perpetrators violated their partners because of inferiority complexes and seeing their partners as threats to their power. The other problem that was highlighted by this difference was the level of understanding when engaging with each other as couples, and jealousy on the part of the less educated partner came to the fore.

Cultural practices such as lobola contribute to a climate where men feel that lobola is a price that they have paid for their wives and, as a result, they feel entitled to own

them. Thus, punishing their wives for mistakes is not seen as wrong because wives are their belongings. Lobola has lost its initial significance of binding the two families of the bride and bridegroom as originally culturally understood and intended. With high levels of poverty and the high unemployment rate, when men spend their savings to pay lobola it is equated with an investment in their wives. Having paid such amounts has made them not only believe that they are significant but also that women should live according to their will. One of the issues highlighted is that it is not easy to leave a woman for whom lobola has been paid because leaving her or chasing her away is like the husband letting go of the money spent. Another issue underscored is that when a man is dissatisfied with a woman, he can either punish her or invite relatives to intervene.

Child marriage has been identified as one of the cultural practices that breed IPV. Young girls who are not prepared to enter marriage are married in arrangement with guardians or poor parents and the girls become vulnerable in their relationships. Two of the survivors had been married at the age of 14 and 16 admitted that they had a very difficult time coping with marriage at their tender age. They had been taken for granted in their marriage and later on, when they began to grow up and challenge some of the issues, they were accused of disrespect which ended up in severe violence. These survivors had a low level of education and were not employed and were dependent on their abusers for a living until they joined women's circles.

The study found that abductions still go along with rape. Some of the survivors were raped during their abduction. Certain conflicts that led to IPV came as a result of resentment that was never dealt with, which made a woman fail to perform as expected by the husband due to some deep-rooted anger. The emotional bruises that come with being raped by friends and a future husband seem to be difficult ones for the women to understand. Even though survivors had overcome some challenges in their marriage, they are unable to forget and let go of the incidences of rape. This issue affects peace in the family and leads to the abused being emotionally unstable which somehow seems to trigger further violence from the partner. On the other hand, since abduction is a coerced marriage that from the onset is characterised by the power of

the perpetrator over the abducted, the relationship takes the form of a master-slave relationship where the man retains the wife in fear by using force to control her.

Findings indicated dissatisfaction in relationships as another issue which exacerbates violence. Dissatisfaction emanated from a number of factors including the disappointment and resentment resulting from cheating in the marriage. However, most of the survivors had experienced dissatisfaction when their expectations were not met. Having abusive partners who were also passive created an atmosphere of couples tolerating each other while still being resentful of each other. Dissatisfaction also came from partners not financially supporting their wives and children and that caused conflict as the partners sometimes became defensive. Another factor that brought dissatisfaction in marriage was a digression from gender roles especially when women were not being “good wives” to their husbands and they felt disrespected. Sometimes men felt that their wives were not satisfying them sexually and not taking good care of them and the children. In addition, most of the perpetrators admitted to having multiple concurrent partnerships and survivors also felt that their partners did not have any love for them. However, even some survivors admitted to having had multiple partners which also made their spouses realise that they had changed. Having extra partners is a result of dysfunctional relationships and was considered a survival strategy on the part of the survivors. What also complicated the issue of multiple concurrent partnerships was that although perpetrators were influenced by traditional norms, they also believed that it was aggravated by dissatisfaction in the marriage. While it was not clear as to what led to what, in the end, dissatisfaction in the marriage and multiple concurrent partnerships influenced relationships and fueled violence.

Findings have shown that Lesotho has high rates of alcohol consumption which also influence IPV. Some men who were not working would go so far as to sell family assets just to have money for alcohol. Those who were working would also spend money on alcohol and ignore family responsibilities such as their children’s education or providing for their welfare. Most of the violent episodes, therefore, started because either the partner was asked about assets he sold, or the wife or partner needed money for family responsibilities. As a defence mechanism, the partner would become

violent or threaten the wife. In other instances, during a conflict situation, the man would go for drinking just to fuel his anger and when he came back, he terrorised his wife and sometimes children as well. Some men, on the other hand, just assumed a passive life and spent most of their time drinking. This, however, also created conflict with their partners.

The study discovered that survivors seemed to have learned the behavioural patterns of their partners so that they used their instincts to predict the behaviour of the abuser. As a result, they used that knowledge to shun or escape violence. The survivors, to some extent, thought that this knowledge helped them to avoid such things that might lead to violent episodes. In addition, survivors had also adopted many tactics which they had either learned or which were inherent, such as ignoring or tolerating violence or playing at being a submissive wife. A range of strategies which survivors used were identified and which, according to them, had worked. Strategies such as keeping quiet, avoidance, joining support groups, as well as finding other sources for their happiness in the midst of the problem, seemed to have been frequently used. Below is a summary of the strategies that survivors used as laid out in Chapter 5.

Some survivors used silence as a response to IPV. There were several reasons which made them choose to be silent including appeasing the perpetrator, protecting their own image or family's image as well as protecting the marriage itself. The belief that when they share their problems with others, others would talk about them and they would end up being the talk of the village, still existed in almost all survivors. Some survivors also chose silence to protect their self-esteem especially those who had a higher social status. The survivors believed that this strategy had helped, especially those whose partners hated to be exposed, and those who were holding significant public positions, as they remained respected outside their homes. There were survivors who believed that silence was a strategy to keep them going as there was nothing they could do about their situation. However, many survivors did not keep quiet because they accepted social norms of violence, but rather because they had chosen to manage public presentations of themselves in ways that were important and consistent with the person they wished to be.

The findings showed that the actions to report abuse to family members served two purposes, namely, to find people who would help stop the violence or to seek emotional support. Most of the survivors found it useful to have someone in the family to share problems with as they would keep the abuse secret while supporting the survivors. However, findings also showed family involvement might be a two-edged sword in that some of the family members might condone or even influence violence, especially those that benefit from it such as mothers-in-law.

Most survivors regained control after being exposed to information and after receiving services from organisations. Some sought legal action, and others started participating in meaningful activities such as activism. Behaving differently and getting a job demonstrated both empowerment and the survivors' capacity to try and manage the violence. Even though such actions were not always successful in stopping violence, they were perceived by women to provide a certain amount of control over the situation and reduce the level and frequency of violence. The sense of control led to others taking action such as reporting the violence or leaving the relationship at a later stage.

Survivors had developed resistance which could be described as combative and subtle sabotage and which came as a result of exposure to information and economic empowerment and other factors including fighting back as a defence mechanism. To most of them, fighting back came as a result of seeing that nothing was working and thus the need to try and defend themselves and scare away the perpetrator. Though the combative mode sometimes brought about undesired outcomes, it seemed to disrupt the power of the abuser, especially where victims were physically powerful.

This research identified that bargaining power worked for survivors who were really empowered, either those with information about services or legal frameworks or those who were economically empowered by having a job or engaging in income generation. However, this research noted that although having an income made perpetrators jealous of the independence of their partner, it became a protective factor for survivors as it lessened financial demands from their abusers, especially where conflicts were around money issues. In addition, those who were exposed to information about laws also used this information to intimidate abusers. Perpetrators, on the other hand, felt

the impact of women's empowerment as they believed that they no longer had control over their wives taking their breadwinner positions. This strategy is quite promising and has to be magnified and strengthened.

Refusing sexual intercourse with the abuser especially during conflict was one of the strategies women used as means to reprimand abusers. To some extent, it worked as survivors noticed changes in their abuser's behaviour.

Survivors who had joined support groups were coping even though it was a mixture of positive and negative coping strategies. As they met and discussed and shared their ordeals, group discussions provided them with a greater sense of self-efficacy in dealing with problems and helped them establish alternative narratives for cultural norms. They also shared ideas about income generation opportunities which had economically empowered many of them. Support groups also provided some kind of psychosocial support. This strategy was seen as good and support groups have to be replicated because She Hive presently has a support group in Maseru and few survivors are part of it. However, there needs to be more effort made to improve its curriculum in order to avoid survivors using negative coping strategies such as enduring abuse and trying to appease the abuser, as was the case with some support group members. Importantly more effort needs to be made to guard against women's complacency in IPV and the sabotaging of the gender agenda.

Silence, unlike keeping quiet about abuse, has been seen as not talking back or arguing with the abuser. It was seen as working to douse the conflict but at the same time it bottled up issues on the side of the abused which was believed to have a negative emotional impact. Meditating on Sesotho proverbs was frequently used as a response which also revealed negative coping strategies as many of those proverbs emphasised endurance and succumbing to violence. Biblical texts were seen by the survivors to be both liberating and advancing a state of hopelessness. Survivors identified with "hopeless" characters in the Bible as well as used biblical messages to rise above the challenge.

Avoidance was seen as one of the working strategies for most survivors. It included more positive than negative coping strategies such as engaging in wealth creation activities and focusing on education and activities that improved their self-efficacy. Focusing on problem-solving activities had the benefit of overcoming abuse in the end because survivors empowered themselves to be independent which was seen as a protective factor in IPV. However, avoidance of interaction with the abuser did not help change the situation but was just a form of escapism from the problem.

Having other sexual partners was identified as another coping strategy for survivors. Although it was a negative coping strategy, many survivors giggled when they talked about this, reiterating that it enabled them to manage stress. Having extramarital affairs was a form of prostitution for some of the survivors while for others it was just to get the sexual gratification which was missing in their relationship. It also became a strategy to get financial and emotional support from another partner, especially where survivors were economically abused by their partners. This strategy may be harmful to the survivors in the end as they may be abused by both marital and extra-marital partners. It may be a result of IPV and also a factor which needs to be investigated and addressed appropriately.

Organisations in Lesotho have differing roles to play in IPV and in GBV in general. She Hive is an organisation established by a survivor to provide psychosocial support to survivors of IPV. It is based in Maseru but has some outreach programmes in other rural communities. The FIDA is an NGO formed by women lawyers to advocate for change, especially on gender equality. While it is based in Maseru, it has trained paralegal personnel in some regions to further advocate for gender equality in communities. The WLSA is described as a feminist and human rights organisation which exists to improve the legal situation of women and children. It is located in Maseru and has some outreach programmes in communities. The MGYSR is a government organisation mandated to implement gender issues. It has its headquarters in Maseru and 10 district offices, with one staff member each, in all the districts of Lesotho. The Lapeng Centre is part of the MGYSR and was established to provide temporary shelter to women who are survivors of GBV. It is based in Maseru and it provides services countrywide. The CGPU is a department in the Ministry of

Police established to provide services to victims/survivors of GBV. A CGPU department is housed in police stations and found in the 10 districts of Lesotho. Although the CGPU is in all districts, the district offices do not provide services 24/7 as one would expect.

Primary prevention strategies of IPV have been described as strategies that organisations use to identify root causes and the protective factors of IPV and working on them to prevent IPV/GBV before it happens. The literature review indicated that primary prevention strategies include: developing safe, stable and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing the availability and harmful use of alcohol; reducing access to guns and knives; promoting gender equality to prevent violence against women; and changing cultural and social norms that support violence. Norms that support gender inequality, as well as GBV, need to be transformed (WHO 2014). Organisations in Lesotho engaged in primary prevention strategies through activities such as awareness-raising, lobbying and advocacy, gender transformative programming, and engaging men. However, these only address two levels of primary prevention as summarised below.

Organisations in Lesotho engaged in awareness-raising of GBV/IPV through community outreach activities such as public gatherings, street marches and holding workshops to educate communities. In addition, in order to reach other communities, they used television and radio programmes. Awareness-raising, as done by the organisations, focused on educating communities about GBV/IPV, its forms, contributing factors and its prevalence. A further aim is to make people aware of the socio-cultural factors that contribute to GBV/IPV in an effort to change attitudes. Awareness-raising also included the legal frameworks that are in place in the country so that people know about them and their services that are available for survivors. Even though all organisations claimed to do awareness-raising, their strategy is very weak as they only do awareness-raising during the Sixteen Days of Activism or when there have been reported incidences of GBV/IPV in the areas in which they operate. Awareness-raising is thus haphazard resulting in little impact in terms of building knowledge of IPV/GBV in communities and instilling gender-equitable norms.

Awareness-raising should not be a once-off activity which leaves people with a lot of questions. It should be planned properly with clear objectives and expected outcomes.

Some organisations lobby for law reform even though the lobbying is not very consistent nor is it clear how they do it. Some organisations said they do make use of opportunities when they meet with decision-makers to lobby them. They also sometimes approach progressive parliamentarians to lobby them to influence decisions around law reforms. For most organisations, advocacy is centred on being the voice of the voiceless in influencing public policy as it relates to law enactment and the implementation of existing laws. The organisations use public gatherings, media houses and publish research or information to advocate for the marginalised. However, the organisations do not have the ability to strengthen their institutional mechanisms and resources that would aid implementation. Some organisations, such as the WLSA, do provide training for police to enforce laws. Loue (2006), as discussed in the literature review, described advocacy as “taking a position on an issue and initiating actions in a deliberate attempt to influence private and public policy choices”. The organisations do not initiate deliberate actions as expected when doing advocacy. Unfortunately, advocacy by organisations does not get to the grassroots in terms of empowering communities to fight for their rights. The reviewed literature has explained that advocacy is giving people a voice. Giving people a voice to demand services or change is more empowering than to speak for the people. Organisations use a top-down advocacy approach whereby they identify the needs and then advocate for change which may not always be effective. Moreover, their advocacy with decision-makers is weakened by a lack of strategy – rather, it comprises linking up with decision-makers if an opportunity presents itself.

Although many of the organisations do not do gender transforming programming they do raise awareness of gender roles in an effort to promote gender-equitable relationships. The MGYSR does gender mainstreaming and encourages all other government ministries to engage it. However, their gender mainstreaming is affected by budget constraints and is not consistent which impact on its effectiveness.

As part of primary prevention, some organisations engage men to prevent GBV/IPV by educating them about harmful cultural norms and using them as agents of change. Two organisations for men called Khotla Lesotho and CRROA are used by the organisations as advocates of change and to reach out to men to educate them about GBV/IPV. However, their engagement is impromptu, lacks clear objectives and depends on the availability of funding. Some organisations reach out to men by commemorating International Men's Day which is a yearly, once-off activity used to educate men about GBV. The objective of commemorating that day differs from organisation to organisation. Other organisations target herd boys as they are thought to be prone to violence. The organisations engaging men in IPV prevention with no clear objectives regarding strategy has been identified as problematic and has an undesirable impact on IPV. Two men from these organisations have been hailed as heroes for fighting against women's abuse. Men being the voice of women is not only demeaning but dangerous to the gender agenda.

The findings have shown that secondary prevention strategies are engaged to respond to already existing violence. Most of the organisations do not have clear programmes to respond to violence. However, two organisations have social workers to provide counselling and although the majority do not have social workers, they claim to provide basic counselling. Other services provided by the organisations in terms of secondary prevention include assisting survivors with legal processes (especially the FIDA and the WILSA), arresting and prosecuting perpetrators, and making referrals to other service providers. The CGPU, as a department of the police, works to prosecute cases. Assisting survivors with legal services has financial implications for the survivor and although such assistance is commendable, some survivors have withdrawn their cases against their abusers because they had no money to pay for the service. Similarly, the organisations do not have budgets to follow-up on the survivors to give them support. While the prosecution of cases is effective in reducing IPV, this strategy has not yielded commendable results as the prosecution of cases takes a long time.

The Lapeng Centre provides temporary shelter to survivors and has an empowerment model which includes skills development. Other organisations, such as the MGYSR, have an economic empowerment model which provides survivors with skills such as

weaving and sewing and gives them agricultural input such as seeds. However, this empowerment is not necessarily targeting survivors but grassroots women in general and it is done only when funds are available. Organisations such as the FIDA partner with other organisations to economically empower women. This, however, depends on whether there are organisations working in the same constituency who are interested in partnering with them.

Secondary prevention strategies as used by organisations have been seen as ineffective as the implementation of the strategies are random and the once-off activities linked to the strategies are not followed up. All the organisations have no contact with their clients and they only get to know about their progress if the client comes back for assistance. Lacking any follow-up on the clients can be dangerous for the survivors as they use the information from the organisations without any support. Use of the information could affect the perpetrator which could lead to further abuse.

Tertiary prevention has been described as a response to violence in order to deal with the long-lasting impact of violence. The literature review indicated that services in tertiary prevention include batterer treatment centres and protective shelters for survivors. They also include help-lines and hotlines for perpetrators as well as a legal response to the violence. This study found that in Lesotho, there are neither hot-lines for survivors nor hotlines for perpetrators; however, the police crime prevention line is used to get help from police in cases of any crime-related matter. The CGPU and the police department are responsible for implementing offender-based criminal justice intervention. Other organisations work together with them to refer clients for adjudication or arrest. Findings show that there are no promising strategic efforts to deal with the consequences of violence. The support group organised by She Hive is the only form of support for the few survivors who know about it. It is located in Maseru and does not seem to be replicated to cater for survivors who are outside of the city. Nor does it have a clear goal with programmes aiming to achieve objectives related to the tertiary prevention of violence. Although it seems to be a commendable action for psychosocial support, it needs to be strengthened with programmes that support the well-being of survivors and their solidarity.

As understood in this study, a community coordinated strategy is another response in tertiary prevention which acknowledges that IPV is not an individual problem and that responses to it should take into account a coordinated, multi-sectoral holistic approach. The MGYSR has the responsibility to coordinate all sectors and stakeholders to respond to violence. Findings revealed that most GBV projects are donor-driven and have short time frames depending on the funding available and this affects the coordination and the sustainability of the efforts. Community coordinated strategies, as described in the literature review, appear to be different from the organisations' community approach to violence where organisations only do a community outreach without strategically coordinating all stakeholders, including structures at grassroots. Nevertheless, organisations provide community outreach to educate communities about GBV/IPV even though the outreach is sporadic and depends on the availability of funds. There are no abuser treatment programmes offered by the organisations. Organisations sometimes try to reach out to perpetrators by reaching out to community members more generally. During mediation, organisations do ask the survivors to bring along their abusers but if they refuse to come, there are no strategies to engage them. The lack of services for perpetrators is not only a challenge for organisations but it also poses a threat to survivors who continue to stay with abusers that are not rehabilitated.

The effectiveness of the strategies employed by the organisations has been described as their capacity and capability to impact the lives of survivors. This is not only by reducing violence but also by empowering survivors by removing barriers to enable them to achieve well-being despite their experiences of IPV. The Capability framework has been used as a framework for analysis to evaluate the effectiveness of organisations in dealing with IPV.

Capability theorists recommend interventions that are capacity-promoting for everyone. According to Capability theory, IPV can be addressed effectively by building the capacity of everyone, especially by protecting and promoting people's entitlements. Moreover, when addressing IPV, people need to recognise the interconnections of economic and political forces that cause IPV and promote the notion of freedom and non-domination. Clearly, if all people are free and there is equal

power-sharing, this would be the end of any kind of oppression whether in the private or public sphere. The Capability framework, therefore, proposes working towards developing people in order to attain this equilibrium. The three dimensions of the Capability framework that were used for analysis are summarised below.

The performance component looked at the capacities the organisations had to engage in IPV. Organisational capacity to impact on people's capabilities was assessed based on the organisation's ability to perform activities and the knowledge it possessed to bring the desired change. The capacity to bring change was a very difficult one to establish especially as it is related to changes in survivor's lives. However, change was noticeable in terms of people's awareness of GBV and the services offered by the organisations and the CGPU. One of the changes that directly impacted on the survivors was the result of the economic empowerment aspect of some of the organisations' work. However, it was found that only a few organisations had such empowerment programmes and that these were sporadic, non-sustainable and dependent on funding. Nevertheless, survivors who had been fortunate to receive such programmes had benefitted from them. As noted, only one organisation had a support group which seemed to have affected the lives of survivors by affording them a space to meet and to build their solidarity in the fight against IPV/GBV. Furthermore, only two organisations had trained counsellors to provide counselling to clients, whereas others claimed to provide counselling without having the necessary qualified personnel.

The organisations were seen as not having the relevant knowledge and expertise to bring about the desired change. Knowledge in terms of having a clear understanding of their objectives and expected outcomes with aligned activities to achieve the objectives seemed to be non-existent, especially as it related to IPV. Organisations did engage in GBV as part of their gender programme and strove to address GBV based on the availability of funding. The UNFPA, as a developmental organisation, has a broader understanding and relevant knowledge of GBV/IPV. However, it has challenges with its role in coordinating and building the capacity of organisations to implement GBV programmes. All the participating organisations depend on the UNFPA to learn about possible interventions, and to share relevant expertise and best

practices. However, some organisations did desk-based research to learn about GBV interventions and adopted some of them. Implementing those strategies depended on funding availability and what funders desired.

In addition, the ability of the organisations to perform should also take into account the involvement of stakeholders. All the organisations did not prioritise or include survivors as the main stakeholders and this affected programme design. Essentially, the organisations became the “expert” solely responsible for designing programmes for people without understanding their needs and context. All in all, under the performance component, the organisations did not have the capacity to implement IPV/GBV programmes which were characterised by a lack of resources, poor coordination and a lack of political will.

A cultural sensitive approach looked at the ability of the organisations to integrate the knowledge of culture, values and social awareness in their approach. It was discovered that, in practice, the local understanding of GBV/IPV differed from the international description. This difference was the result of the influence of culture and a limited understanding of gender issues by some organisations, especially implementing personnel, which had a great influence in addressing IPV/GBV.

The study proposed that one way of effectively and ethically implementing effective programmes was to have cultural competence and social awareness of the communities served. The findings revealed that one of the major barriers for women to report violence was the inaccessibility of mainstream service providers. The CGPU was identified as one service provider which lacked the emotional and social intelligence to work with survivors of IPV. In addition, other organisations had unskilled personnel dealing with IPV issues. That is to say, a majority of organisations did not have counsellors or social workers to manage clients’ emotions. The MGYSR and the CGPU sometimes operated with untrained staff in the areas of gender or GBV/IPV and, therefore, implemented programmes based on what they learnt from their colleagues. Almost all the organisations had staff under the age of 30 years to manage IPV/GBV programmes, whereas most of their clients were aged between 35 and 70 years. That could influence reporting and proper handling of cases in situations where

the service provider lacked interpersonal intelligence. Furthermore, the age gap is also culturally inappropriate as many Basotho adults do not welcome talking about their issues with younger people. In addition, the organisations did not have consulting rooms and most of their staff shared offices. That means when clients came for services their privacy was often invaded by the many people who were in those offices.

The capability to effectively implement evidence-based practice looked at whether organisations' programmes were informed by research or evidence. The study revealed that organisations do not have clearly defined programmes which have activities aligned to objectives. The lack of stakeholder involvement, especially survivors, was identified as a key factor which meant that organisations did not incorporate their knowledge with the experiences and interests of survivors thereby implementing programmes that were expert-driven as opposed to evidence-based. The lack of resources was also blamed for not doing research and monitoring and evaluating projects. However, there were organisations which did some monitoring and evaluation on all their funded projects as per funders' requests. Nevertheless, there was no evidence that these evaluations informed future programming, especially as it related to GBV/IPV.

Based on the findings of this study, IPV in Lesotho is a result of complex socio-cultural factors that need effective strategies to address it. Thus, organisations in Lesotho should do more than just raising awareness about GBV/IPV and sporadically responding to it; they should keep up with the ever-changing IPV debates and interventions and apply evidence-based strategies. It is clear from the findings that the organisations have a number of challenges in their functioning. Some of the challenges emanate from a lack of funding which affects not only human resources but also the performance of the organisations. Thus, attention should also focus on sustaining organisations and building their capacity in order for them to offer up-to-date and appropriate services to clients.

7.5 Possible future interventions

7.5.1 Proposed theory - Confrontation theory

In the literature review, the WHO (2014), Shamu et al. (2011) and Cyril (2013) have shown the high prevalence of IPV against women, thus compelling women researchers to think of effective ways of dealing with the problem. Theoretical frameworks underpinning this study have brought an understanding of IPV including its root causes and prevention. Learning from the literature, the available theories, as well as the research findings have helped the researcher to develop a theory that can inform future interventions.

The explanation of IPV by the Social-ecological framework is vital in exposing the interconnectedness between the individual and the environment and the intra-personal factors that contribute to IPV. However, this theory, as good as it is, has limitations such as failing to come up with strategies that survivors can use to overcome violence. It refers more to mainstream service providers and how they can approach violence holistically. Post-structural feminism, on the other hand, is commended for bringing understanding of IPV by looking at it from women's perspectives and appreciating the participation of women in IPV. However, the shortcoming of this theory is its failure to directly stipulate interventions in IPV, especially how women can use their power to challenge their situation. The Capability approach defines IPV in terms of deprivation of bodily integrity and the consequences of those deprivations on capabilities. It further talks about the importance of developing capabilities for people to fully function. However, the theory is too abstract and is not accessible to grassroots women who are among the majority of victims of IPV. In a nutshell, the theories that were used in this research lack implementation strategies and are too academic. The proposed theory hopes to define IPV in a simple manner and to propose interventions that are victim informed and victim driven. Moreover, the proposed theory is simple and accessible and meant to guide organisations dealing with battered women. It is an advocate for action-orientated intervention strategies.

The definition of IPV as patriarchal terrorism, theories that talk about risks factors for perpetration, as well as findings that have revealed a pattern of ever-increasing statistics of adverse impact on the victims and the perpetrators continuing abuses, have provided sufficient information to propose a “fight back” approach to IPV called Confrontation theory. The word “confront”, as explained by Scott and Smith (1969), means “standing in front of as a barrier or threat”. The *Cambridge English Dictionary* defines confrontation as a fight or argument. Wikipedia defines confrontation as “an element of conflict wherein parties confront one another, directly engaging one another in the course of a dispute between them”. Although all the provided definitions have a negative connotation of hostility, confrontation can also have a positive connotation of directly engaging people, problems or disputes rather than avoiding them. It can mean a great effort to gain a position of strength made by a person who has been wronged. Here, I define Confrontation (feminist) theory as efforts taken by subjugated women or groups of women to reclaim their power from those who have usurped it.

Confrontation theory builds on the definition of IPV against women by Hann (2012) which sees IPV as a form of patriarchal terrorism where a male controls a female partner and that partner lives in constant fear of that male partner. Violence against women by former or current intimate partners is defined in this theory as a form of deep-seated hatred towards a female partner due to the male believing that he owns and has power over the female. According to this theory informed by the study’s findings, ownership of intimate partners comes with the traditional beliefs about women and from the payment of lobola or other bridal gifts. However, even men who cannot pay lobola because of poverty, or are not in a committed relationship, still feel a sense of ownership of wives or partners by virtue of the woman saying “yes’ to his proposal or by promulgated beliefs of women being children. This deep-seated hatred is propelled by intra-personal factors such as dissatisfaction, resentment, hatred, jealousy or mere disrespect for a female by men, especially those who feel entitled to own women. It can also be a result of mere frustrations which emanate from other societal factors including growing up in environments that are prone to violence, such as poor neighbourhoods or cultures that have little or no respect for women, and also a belief in the traditional understanding of manhood.

Confrontation theory entails advocacy for social change using all the mechanisms to change systems of oppression as well as resisting IPV and not tolerating abuse in any form. It borrows from positive coping strategies that include resiliency, women's self-efficacy, post-traumatic growth, seeking information, reframing victimisation, regaining control, social support and empowerment models that advocate for economic, social and cultural empowerment. This theory advocates for the use of positive strategies for victims to overcome violence and come out as thrivers, not only for themselves but to change the situation in a way that impacts the macro-factors of violence. The theory also continues arguments from Post-structural feminists about the deconstruction of knowledge or truth by challenging things that seem to be normal or common sense as Post-structuralism has brought to the fore how meanings have emerged as normative, and others have been concealed or have disappeared. The deconstruction of what is known as truth helps to expose ideologies that construct people's subjectivity. It also depicts marginalised discourses and produces contextual meanings to replace "knowledge or truth". Confrontation theory is about the implementation of deconstruction through direct engagements which can be through dialogues or disruptive action. Similarly, Post-structural theory proposes a change of discourse as it gives meaning to the world but does not point out how discourse can be changed to accommodate all genders.

Given the above, the proposed Confrontation theory responds to the "how" part of changing social, economic and cultural arrangements so that there is neutrality in socio-political structures. The Confrontation theory suggests confronting issues and not just exposing them but using both peaceful and combative tactics to reclaim and create space for women. Norms, language and discourse that lead males to dominate and females to be oppressed should be interrogated to bring change. The material basis of power and identities are also sites for contestation in this theory. Thus, the Confrontation theory, just like Post-structural feminism, acknowledges that women have power and the strategies to reclaim it and that they only need empowerment and organising.

The other issue to emerge from Post-structuralism is that individuals are not passive; they are active and have a "choice" when positioning themselves in relation to varieties

of discourse. This idea shows that people choose either to be complacent or to resist oppressive structures. However, the proposed theory emphasises that “choice” depends on information. If women are well-informed, they can actively make “good” choices. Thus, the Confrontation theory advocates for access to information and proposes not only resistance to oppressive structures but to use knowledge to engage them for change. Institutions of learning are key to mentoring organisations to create this knowledge and build their capacity to educate communities, especially women and girls. Highly commended research pieces should not accumulate dust in libraries but should be made accessible to the people who need them.

Questions such as “What are the people actually able to do and to be?” and “What real opportunities are available to them?” can be answered by the Confrontation theory. When people are empowered, they can do anything and opportunities are always available to women but often intentionally hidden by men. It is only when awareness is raised and information is accessible that women become aware of issues around them. The development and social justice approach to IPV proposed by the Capability framework is further developed by the Confrontation theory which argues that no justice and development can be achieved if issues oppressing women are not confronted. The Capability theorists recommend interventions that are capacity promoting for everyone. According to the Capability theory, IPV can be addressed effectively by building the capacity of everyone, especially by protecting and promoting people’s entitlements. The Confrontation theory is in agreement and suggests that under social justice, development models should transform the lives of both women and men. This study has shown that unempowered men have an identity crisis which, when left untreated, affects women through IPV. Thus, men should not be left far behind in promoting women’s well-being. Moreover, when addressing IPV, people need to recognise the interconnections of economic and political forces and the ecological context that causes IPV. Therefore, the aim should be to promote women’s freedom.

The Confrontation theory proposes four key elements:

- Radical transformation

- Reclaiming the space
- Empowerment for both women and men
- Mobilisation of women.

7.5.1.1 Radical transformation

Radical transformation is a process that requires two activities, namely, radical thinking and transformative action. It is a process of going into the root or source of the problem and creating change through improvement. According to the *Longman Dictionary of Contemporary English* radical transformation is a new way of thinking that is against what most people think or believe. Radical transformation proposed here should oppose gendered norms, traditions, culture and religions that oppress women. It has to challenge problems through direct confrontation, whether problems at the micro or macrolevels. Radical transformation entails developing programmes that address or advocate for the following:

- Transforming socio-cultural and harmful religious messages and practices
- Rehabilitating poor neighbourhoods
- Intensifying programmes to address alcohol abuse and control of firearms
- IPV screening
- Establishing GBV/IPV hotlines
- Building local structures for reporting and support systems
- Enacting and implementing GBV/IPV laws
- Individual and relationship level approaches to IPV
- Building open shelters for victims
- Offering batterer treatment programmes.
- Offering psychosocial support to survivors of IPV

7.5.1.1.1 Transforming socio-cultural and harmful religious messages and practices

The findings regarding the socio-cultural context of IPV in Lesotho showed the convolution of culture, norms and religion which permeates the society influencing power imbalances and stereotypes that continue to subjugate women. The social-

ecological analysis also depicted some underlying risk factors which emanated from different levels of the ecosystem and showed that all ecological levels interact to perpetrate IPV. IPV was thus seen not only as a result of a problem between two people or partners but also a result of systems and factors which influenced individuals – some to be violent and others to succumb to violence. For example, traditions that make women obedient to all family members, such as those codified in law, should be interrogated. These family members continue to suppress women and make them feel powerless in their relationships. Even when such women experience IPV, the in-laws or neighbours would convince women to endure. For example, responses from survivors showed that some of the reasons they withdrew their cases against their partners were because family members, neighbours or friends rebuked them for involving the police in their family. This means that some survivors made a choice to endure abuse because of helplessness and pressure from other people. The following quotes illustrate this:

Lirontso: Family members are so cruel especially in-laws. Even when you survived death at the hands of your husband, they will pressure you to stay and not take action and promise you that the family has dealt with it. Last year my husband beat me to a pulp, I was half-dead, I spent a month and a half in the hospital and although the nurses had asked me to seek help, after being discharged my family took me to my house and told me that they had spoken to my husband, who never came to visit me in hospital ... I am still staying with him; it is hard but I am learning to forgive him (Survivor).

Papali: My neighbours used to see me run out of my house naked, chased by my husband. But one day when they saw policemen coming to arrest my husband, they were the first one to literally rebuke me for doing such a shameful act (Survivor).

On the other hand, the abuser, being part of the same families and neighbourhood and hearing these kinds of reprimands, were somehow motivated to continue to terrorise the victim. Violence, therefore, becomes a norm when onlookers see it and accept it and perpetrators enjoy the mirth and feel potent. It would be ideal for the

organisations to address the socio-cultural context of IPV by educating communities about IPV and its consequences and about harmful norms such as the acceptance of violence against women. The onlookers, as part of the community, should also be educated to prevent and respond to violence in a way that stops perpetration and not just be spectators, overlooking it.

Organisational programmes have to challenge discourses and language that influence negative masculinities. Post-structural feminists see discourse as very dangerous as it carries prejudice and perpetuates harmful forms of power. This study has revealed the destructive use of some Sesotho proverbs such as “monna ke mokopu oa nama” meaning a man is like a pumpkin he can date as many women as he likes; “mosali o ngalla motseho” meaning a woman does not have to leave home when things are tough, she has to endure; and “mosali ke pitsana e fokolang” meaning a woman is a fragile vessel, and many others (see Chapter 4). The usage of these proverbs seems to promote harmful behaviour that perpetuates violence against women. It, therefore, requires community dialogue with men and women to unpack these proverbs and transform them by substituting these negative messages with positive ones that appreciate all human beings.

Discourse has been seen as playing a very important role in IPV in terms of maintaining the status quo. Discourse is described in the literature by Hallway (1983) in Gavey (1997), “as a system of statements which cohere around common meanings and values that are a product of social factors, of power and practices, rather than individual sets of ideas”. Many proverbs that survivors and perpetrators uttered during this study reflected their internalisation. On the side of the perpetrators, they use them to reassure themselves as being men of a divine social order, somehow not showing any remorse about what they are doing to their partners. Survivors also internalised the same proverbs and discourses to find ways of either making peace with their situation or finding ways to reduce violence even if it goes against their will. For most survivors, they cope with abuse by using negative coping strategies which emanate from discourses which stipulate how women should endure pain in marriage. The practices, such as multiple concurrent partnerships, which are socially accepted are examples of the manifestation of dangerous discourses which organisations have to

challenge if they are to adopt the upstream approach to IPV. Thus, thorough discourse analysis should be done and discourses that subordinate women should be exposed and challenged. Challenging discourse could be done through community dialogue with men to challenge their use of language and gendered proverbs. At the same time, women should also be part of these dialogues as, raising boys, they should also be aware of their contribution to socialising boys to become what they become.

Transforming socio-cultural norms should emphasise educating communities about gender equality that favours empowering women and girls with information on the availability of empowerment services such as access to free education, health services, including family planning, and others that are of importance to women. This education should start first within the organisation to understand gender issues before they educate communities. This is because organisational personnel are people from the same communities which are patriarchal and may sometimes compromise gender equality issues by interpreting them through patriarchal lenses. An example is provided by a social worker and a gender adviser from two of the participating organisations:

Libakiso: As we know that fathers are heads of the family, we also try to talk to them about their family responsibilities (Social worker, She-Hive).

Mponeng: Yes, we do hold gender equity workshops and since we know that society is not ready to understand gender equality, we talk about gender equity (Gender programme manager, MGYSR).

Many participants echoed the sentiment, from the organisations to the clients, that men are heads and women are necks. It raises the issue of how gender personnel try to reinforce some odd social status of men and, in so doing, are in accord with everybody else. It also shows that so many people and organisations working on gender issues still do not understand gender equality and equity. It became clear that gender equity (tekatekano), as translated in vernacular, is understood to recognise the different treatment for men and women acknowledging men as the heads and thus superior to women. This misunderstanding compromises the gender agenda as it

suppresses women and elevates men. If the government ministry, such as the MGYSR in Lesotho which is mandated to implement gender issues, has a blurred understanding of gender debates, it means organisations have no mentorship and are likely to reinforce male dominance.

On the other hand, the UNFPA, as an international organisation mandated to build the capacity of NGOs and government organisations, should continuously check in with organisations and monitor their development in gender issues as well as doing quality control over the messaging from different organisations. The UNFPA has to be well versed in local issues and what would be ideal is for the gender programme manager to be a local person who has the opportunity to bridge the local understanding and the scientific knowledge of gender issues. Promoting gender equality to prevent violence against women should be a priority. This research has discovered that one of the contributing factors in IPV in Lesotho is gender inequalities. Organisations should promote gender equality through advocacy and educational campaigns. They should also develop programmes that empower women and girls to participate in governance and public affairs. The literature reviewed has indicated that the prevention of GBV in communities demands gender-transformative programming – an approach that seeks to transform gender roles and promote more gender-equitable relationships between men and women. Such programmes seek to reflect critically about questions or changes in institutional practices and broader social norms that reinforce gender inequality and vulnerability for both men and women (UNFPA 2017).

Social and cultural empowerment for women and girls is a prerequisite for women to reach a level of understanding that men and women are equal human beings. Social empowerment is typically implemented at the four following levels: (1) the individual level where the person values him/herself and actively wants to participate in life, (2) family level, (3) community level, and (4) social policies level which impact local and national level actions to promote social equity and inclusion of all persons. Organisations should, therefore, ensure that women and girls reach high levels of social and cultural empowerment.

Organisations should facilitate the social inclusion of women in communities by creating opportunities that elevate them. This can be done through dialogue that challenges both men and women, for men to challenge their socially constructed superiority and the quest for power and control over women, and for women to challenge and resist second class status. Male hegemony has been identified in this study as contributing to IPV as it is about power and control. Dismantling this kind of power needs dialogue that targets traditional, religious and political leaders to challenge its legitimacy and expose its consequences. To change mindsets non-combative dialogue is needed. Dialogue as a method to discuss contested issues has been used to challenge many of those issues and it has proven to be effective. In addition, power-sharing should be encouraged, that is, power with women as opposed to power over women should be instilled through dialogue and teaching about the consequences of hegemonic power. Power has benefits, not only for intimate spaces to prevent IPV but in it becoming a norm. For example, in terms of governance, it can contribute to building stronger governments and economies where people do not crave to possess power and where women are regarded as important contributors in development, not antagonists.

In a nutshell, organisations should design programmes that target the root causes of violence, such as harmful gender norms, to create generations of men, women, boys and girls who not only no longer accept violence, but also feel empowered to eliminate it. Organisations should couple dialogue and messaging with media awareness campaigns that address social and cultural gender norms. Media has wider coverage and can reach places where organisations cannot. Also, people tend to be influenced by what they learn from the media. Gómez et al. (2016) argued that mass communication results in changes in knowledge, attitudes and norms while also shifting the social context. These shifts then empower individuals, as well as the community as a whole, to increase their efficacy in responding to violence and HIV prevention, which ultimately creates an enabling environment for positive behavioural change and increased agency at the individual level. In addition, cell phones in Lesotho are common, even the poorest of the poor have cell phones. Organisations can partner with mobile communication companies to send IPV educational messages, the services available and hotline numbers to all people. This is vital for

women as they lack information and receiving information in this way ensures that they will be able to access it and use it.

7.5.1.1.2 Rehabilitating poor neighbourhoods

The Social-ecological framework has shown that IPV is also a result of macro-factors including those related to the community. Thus, poor neighbourhoods are prone to violence, seen to be a hub of many social ills, and lack access to information on IPV issues. According to Cheston and Kuhn (2000), women from such neighbourhoods face disadvantages in accessing information, social networks, and other resources they need to succeed in business and in life. However, Cheston and Kuhn (2000) stated that many feminists recognise that while poor men are almost as powerless as poor women in access to material resources in the public domain, they remain privileged within the patriarchal structure of the family. In some societies, being seen by neighbours to be in control of his family and wife is a key element of a man's social prestige, particularly in impoverished communities where men may be able to boast of few other status symbols. Among those to boast about would be to control a woman and to exercise power over her, including physical violence. Men in this kind of neighbourhood can, therefore, be aggressive.

The organisations should prioritise awareness-raising in such areas and should create local structures that educate people about the dangers of poor neighbourhoods and IPV. These structures could work well if they are linked to already existing structures such as women's "stokvels" or income-generating or burial groups. These are avenues where women meet every month about their income-generating initiatives or burial contributions. The organisations can make use of such meetings to educate women and men who are part of these initiatives. Moreover, it is the role of organisations to advocate for people's improved livelihoods; hence, they have to hold the government accountable for developing impoverished communities. This can be done through community mobilisation on issues that contribute to impoverishment and the lack of access to information, especially on business opportunities. Community mobilisation is a strategy that has to be taught to communities and supported so that people master it. In this way, organisations will not only be reducing the long-term effects of violence

but will be working on three prevention strategies all at the same time. In these neighbourhoods the organisations can also prioritise access to credit and participation in income-generating activities to strengthen women's bargaining position within the household, thereby allowing them to influence a greater number of strategic decisions in the communities and families.

7.5.1.1.3 Intensifying programmes to address alcohol abuse and control of firearms

Alcohol has been seen as influencing some of the violent episodes in relationships. Reducing the availability and harmful use of alcohol can prevent most social problems including IPV. The organisations should advocate for policies which regulate the availability and use of alcohol. They should also hold dialogue with communities to discourage alcohol abuse and, in the case where people are drinking because of idleness, the organisations need to assist communities to engage in meaningful activities, especially income-generating projects. The misuse of alcohol should also be discouraged so that more money is not lost on alcohol. In Lesotho, there are two organisations working with alcohol addicts by rehabilitating them and raising awareness of the impact of alcohol abuse. These are the Blue Cross and the Anti-drug Association of Lesotho (ADAL). If all the organisations can support and partner with these two organisations to pressure the government to regulate alcohol availability, it could have a greater impact as liquor would not be sold everywhere by anyone at any time. Even the brewing of local beer should be regulated resulting in people spending more time working rather than sitting or idling at the beer stores drinking all day.

Reducing access to guns and knives is also another way of preventing injury and homicide, especially of wives and girlfriends. Advocacy for policies and laws regulating firearms is ideal. It is only when there are clear laws that are enforced that people would not have access to illegal firearms. Even those who apply for firearms should be screened for involvement in GBV/IPV before their applications are accepted. Such policies should also prevent people from roaming about with knives.

Gómez et al. (2016) argued that an intervention that is culturally adapted increases the relevance and effectiveness of project activities, increases the involvement and participation of members of the target community, and builds support and buy-in from them for the intervention. This study, therefore, proposes all the above-mentioned interventions as promising strategies which the organisations should consider adopting. In adapting, the interventions would need to be contextualised so as to adhere to cultural sensitivity.

7.5.1.1.4 IPV screening

IPV screening has benefits in communities where people are reluctant to report abuse. This study proposes that IPV screening be done at all health service providers. This could take the form of a short questionnaire that can be administered by the practitioner. When patients come for services, the health practitioner can administer the questionnaire designed to determine if the patient has ever experienced GBV/IPV and that data can be used by the organisations to feed into their prevalence studies and inform their prevention programmes. The health care provider/practitioner can then treat any immediate injuries and refer the women to a counsellor for psychosocial support and/or to a domestic violence advocate who can liaise with the legal sector as well as assist in finding temporary or transitional housing. According to Gómez et al. (2016), IPV screening, when done appropriately in health care settings such as during the antenatal care period, provides women with a confidential and safe space to disclose violence. However, this study proposes that all females attending primary health care to be screened for IPV and not only those attending anti-natal care as even women who have passed childbearing age still experience IPV.

7.5.1.1.5 Establishing GBV/IPV hotlines

Findings revealed that there are no hotlines for reporting IPV except the police number which is not exclusively for GBV/IPV but all criminal acts. Not having a hotline for IPV is detrimental to efforts responding to IPV. The hotline can be managed by shelters and the CGPU as the police department charged with IPV responses. Hotlines for counselling should operate 24/7 and the CGPU is best-placed to have this kind of

support because it is supposed to work 24/7. However, the findings indicated that the CGPU works normal office hours from 8:00 am to 4:30 pm just like other service providers. This raises a red flag concerning IPV incidents that happen at night especially when all the organisations and the Lapeng Centre rely on the CGPU to attend to IPV cases at night. It is therefore highly recommended that the CGPU works 24 hours and 7 days a week and that a GBV/IPV hotline is made available.

7.5.1.1.6 Building local structures for reporting and support systems

Rebuilding family and community structures for reporting and support, as recommended by Tappies et al. (2016), is reiterated by this research as essential. Families and communities are the first lines of help for victims and these structures should be developed to respond to and address violence with close monitoring. The study has revealed that the FIDA currently does sensitisation of GBV/IPV with families, especially in-laws, about their possible contribution to IPV. This can be developed and shared with the other organisations to educate families and encourage them to have their structures in place to respond objectively to IPV. All the participating organisations indicated that they do family interventions. Some send back clients to discuss the matter with their families and they only come back if the matter was not resolved. The following excerpts illustrate this:

Nthabiseng: When victims come to report abuse, if it is not a criminal case, we ask her if she has discussed the matter with the family or any trusted family members. If not, we ask her/him to go back and discuss and solve it with the family and to report to us about the outcome (Gender adviser, WLSA).

Refiloe: We, first of all, ask the client to go and settle the problem with the family or if that does not work or if she does not trust any of the family members, we do family intervention here at the office (FIDA).

The above suggests that the organisations see families as the first line in terms of service provision in IPV and this calls for training them to respond appropriately. This

can be done through family meetings where the training or education can target families in a community.

Tappis et al. (2016) also recommended working with formal and traditional legal systems. In Lesotho, apart from families being first-line interveners, most survivors said they reported or shared their ordeals with chiefs, headmen, pastors or community police members. This shows that people still acknowledge these local authorities. These local authorities could serve as strategic partners because all the NGOs are located in the capital city which means that they are not accessible to all people who need help. Furthermore, government organisations, although they are in all districts, are only located in towns and rural people, especially the poor, cannot easily access their services. Most survivors in this study had financial constraints and some even withdrew their cases because of financial problems. Moreover, with the level of poverty, especially in rural communities in Lesotho, it is evident that most survivors would have challenges with transport to go to Maseru to request services from NGOs or even travel to towns to report to the CGPU or the MGYSR. Therefore, local structures are very important in responding to immediate problems. The organisations can thus build the capacity of these leaders to respond to IPV and network with them for sustainable impact. These local authorities/leaders can be powerful structures that can collect data about the nature and prevalence of IPV as well as the contributing factors, which can then be given to the organisations. This can only happen if the organisations trained these leaders and provided them with tools to record incidences reported to them. One of the best responses to IPV is the assessment, monitoring, and documentation of IPV cases because these actions will inform future interventions. Local structures would, therefore, be a good resource for data collection and it would also be cost-effective to invest in them.

7.5.1.1.7 Enacting and implementing GBV/IPV laws

In terms of primary prevention, the USAID and UNICEF (2005) proposed that the primary building blocks of the programming framework comprised the laws and policies which include measures at the broadest level to ensure rights are recognised and protected. This could be done through international, statutory, and traditional laws

and policies. The enactment of laws and development of policies fosters prevention because if laws that punish perpetrators are available and accessible, they would deter perpetrators from committing violent acts and compel them to think about the outcome of their violent actions. This might reduce the incidences of abuse as people will know that there is a strong likelihood that they would be arrested. Women should be at the forefront to advocate for the enactment of IPV /GBV laws.

On the other hand, law reforms or development should go together with raising awareness and educating communities about the existence of such laws and also ensuring that women and children receive this education because they currently comprise the majority of the victimised. Lack of awareness of legal interventions has been identified in this research as one of the factors that lead to the underreporting of IPV as beneficiaries of the intervention, especially women, do not know that there are legal frameworks protecting them. The following excerpts support this assertion:

Refiloe: Still more women do not know about laws that are protecting them, laws such as Sexual Offences Act of 2006 which protects people from sexual violence is still not accessible to other communities especially in the rural areas and even here in towns. That is why we are simplifying laws and disseminating them to communities but we cannot reach the whole country (Gender adviser, FIDA).

Libakiso: Women, unlike men, do not know about many laws, maybe because they do not attend public gatherings or sometimes, they don't go to workshops as men do. So, most of them when we are raising awareness, they come to us after the gathering and tell us their stories of abuse (Social worker, She Hive).

Matseliso: I took a long time not knowing what to do until I met a woman from one of the NGOs who told me about where I could get help. We were in a workshop for HIV and AIDS and she began to talk about abuse and during tea time I share my story with her. That really helped because I went to the NGO she suggested and that NGO referred me to WLSA (Survivor).

In addition, as highlighted by the WHO (2014), law enforcement is critical in curbing IPV and enforcement should include strengthening institutional mechanisms and resources, and increasing the human capacity needed to ensure enacted legislation protects people from violence, hold perpetrators to account, and creates a safe environment for all citizens. Law enforcement has been seen in this research to be hampered by several factors including the lack of resources and human capacity, especially with the Department of Police (CGPU) which is responsible for enforcing GBV/IPV laws. The department is understaffed and has little to almost no resources to enforce or implement gender-responsive laws. As the officer suggested, they would work better if the office was able to retain staff for a longer period, and if they had resources to work with. The following quotation summarises what the department thinks can make the office more effective:

Lerato: The problem with our department is that after training officers in gender issues, they are sometimes transferred and we are given people who do not know anything about gender whom we have to train. It takes a while to train staff as we do not have resources and we are helped by other organisations who train us. Again, we do not have resources to respond effectively to victims. Such resources as vehicles are a problem and sometimes we fail to attend an incident because we do not have transport. Communication is also a problem if a victim reports abuse here sometimes we request the same victim to give us money to buy airtime in order to call the perpetrator (Gender manager, CGPU).

The above quotation clearly shows that for governmental organisations to effectively facilitate the implementation of laws and prevent more abuse they have to have resources in terms of human capacity, communication and transport as well as the full support of the MGYSR as it is mandated to implement GBV programmes. However, relevant IPV/GBV laws are non-existent and the organisations should amplify their advocacy and strengthen their voice through community mobilising and holding government, through the MGYSR, accountable.

7.5.1.1.8 Individual- and relationship-level approaches to IPV

This research sees the need to work at all levels simultaneously and also to focus on working at individual and relationship levels. Working at both individual and relationship levels might seem daunting work which may lack appropriate strategies. However, doing so could bring about a promising impact particularly, as this study found, that most of both perpetrators and victims had problems of emotional dependence and insecurity. Survivors, even those who were financially advantaged, felt that they could not leave their partners because they were emotionally and sexually attached to them. On the other hand, there were perpetrators who claimed to instigate violence because they could not leave their partners and would rather punish them. It became evident that financially and emotionally they were dependent on their partners but at the same time that brought insecurity as they felt inadequate living with partners/wives who have a higher social status. These insecurities were also backed up by their belief in strict gender roles and the desire for power and control in relationships. The following quotations illustrate this:

Teboho: The fact that she has a good job does not mean she has to be the man of this house. She has to respect me, in fact, she has to leave her title at work and when she comes here, she has to remember her place. That's only what I want (Perpetrator).

Rethabile: I love my wife but I think she is very arrogant because of her position at work. Sometimes, I feel like she wants to treat me like her workers and I won't allow that (Perpetrator).

Programmes that work at individual and relationships levels might be able to shift the mindset and boost individual self-esteem. Such programmes can be offered through interventions for abusers or can be addressed during a family intervention. Moreover, to address the emotional dependence of survivors, these programmes could also be part of the psychosocial support as described earlier in this chapter.

Creating space in communities for men and women/couples to discuss relationship and parenting issues is imperative. In the past, there were cultural spaces for adolescents called “thakana” (peer spaces) that were designed to teach young people values and adulthood issues. Men had their own spaces called “khotla” (men’s local courts); women did not have such a space but had their meetings around wells when they fetched water. These spaces can be created and modernised to become spaces for dialogue and education.

One of the factors in interpersonal violence found by this study is the issue of “stale” relationships or the lack of love in relationships. This seemed to be both a cause for IPV and a result of it. What emerged from the findings is that this loss of love may be influenced by a number of factors such as the one partner having multiple concurrent partners or experiencing abuse and ending up hating the partner or, the case of abduction where young women are married to strangers and have not made peace with that particularly when they experienced rape during the abduction. Challenging multiple concurrent partnerships should go along with finding the cause for this behaviour. It is a complex issue and only dialogue can help to discover the root cause. The importance of courtship should also be a discussion for men and boys, especially herd boys, as it has been revealed that they are still fond of abduction. Farmers should also be advised to give herd boys some leave days so that they can go back and be part of communities to learn about human relations, especially since they spend most of their lives on the mountains with animals. They should acquire ways of being in community with other people. Parenting is also important and parents need to learn the various parenting styles as they are responsible for the men and women of tomorrow. Developing safe, stable and nurturing relationships between children and their parents and caregivers is also ideal for the prevention of IPV. Holding parental guidance classes or seminars for parents to raise their children in a way that will make them better people and to model good behaviour for children is important.

7.5.1.1.9 Building open shelters for victims

The reviewed literature advocates for shelters for women which are hidden from the public. This study proposes the establishment of open shelters that are accessible to

people and also visible enough for victims or survivors to go for services as and when the need arises. Furthermore, they should operate 24/7 with hotline services. Hiding a shelter may serve the purpose of making it confidential but it will also not be known to the people who would need to use it and thus would not serve its purpose. However, for purposes of security, open shelters should be protected with high-quality security features including alarm buttons connected to police stations as well as armed personnel, preferably women, to guard against perpetrators following victims. Security personnel made up of highly trained women would not compromise the security of other women.

The establishment of shelters for the protection of victims or survivors is a priority in responding to IPV, especially removing them from danger when making arrangements for further assistance. Presently, there is only one shelter available for the whole country. It is intentionally hidden from the public for security reasons and survivors are admitted via referrals. There should be at least two more shelters in different regions, particularly hard to reach regions such as the highlands, to accommodate survivors from those regions. The need for shelters was recommended by one of the gender advisers:

Refiloe: We are working with police to try to assist survivors to leave dangerous situations. However, the challenge is that even though protection orders are given, some perpetrators do hunt down the victim and kill them. We have had several such cases. Shelters are so crucial; unfortunately, we have one that also has shortcomings (Gender adviser, FIDA).

Shelters are critical to keeping survivors safe after removing them from dangerous situations until the case has been managed and aggression from the perpetrator has subsided. Nevertheless, the existing shelter must also be resourced with human capacity and transportation in order to effectively function. As noted by a respondent:

Mponeng: We cannot say this shelter even meets the international standards because of challenges it is compromised a lot. Sometimes there are cases that need attention and immediate action in the remote places such as Semonkong,

and you find that we don't have transport or we realise that by the time we reach that place the survivor would be dead. We sometimes ask the bus to bring such a victim to the centre and remembering that the shelter is not public but now having to ask for help from public transportation just because we are unable to assist, exposes the centre to people (Gender programme manager, MGYSR)

7.5.1.1.10 Offering batterer treatment programmes

To uproot IPV, programmes should be developed in a way that brings long-lasting impact. Programmes, therefore, should include batterer treatment programmes in conjunction with providing shelters for battered women, law enforcement and legal responses (Harvey et al. 2007). In tertiary prevention, shelters for women can be designed to work in parallel with batterer treatment centres so that both the survivor and the perpetrator receive services at the same time, which can work towards either reconciliation or separation. If this is done amicably by professionals, it will avoid instances where perpetrators follow up on victims and kill them even long after divorce or separation. This research has highlighted the absence of batterer treatment centres which poses not only a problem to batterers but to victims as well. Perpetrators have to be educated to unlearn the use of violence and also to learn ways to manage their aggression. This research, in order to deal with IPV effectively, therefore, proposes treatment programmes for violent people to be offered by the organisations which are already engaging with survivors of IPV. There is also a need to establish an abuser treatment centre which can deal with perpetrators for a longer period in such a way that individuals are helped to deal with aggression or any problem that he/she has. This will help ensure that when he/she goes back to their partner they are already in a process of recovery or learning positive ways of dealing with anger. This can be helpful for partners who do not want to leave their abusive partners. Having shelters for survivors without having treatment centres for perpetrators might also counteract the predominant social understanding that IPV or gender issues are female issues. Abuser treatment centres can use some of the strategies used by alcohol rehabilitation centres.

7.5.1.1.11 Offering psychosocial support to survivors of IPV

Psychosocial support is very important for women living in violent homes. They need a safe space to talk and process their reality and receive professional guidance. The organisations which offer services should at least have a social worker or a counsellor and the space to provide immediate counselling and support to the victim/survivor. This will assist in their avoiding the emotional trauma which can arise when assisted by unqualified staff and particularly where such assistance is provided in offices which are occupied by more than one staff member.

Tankiso: We do not have enough offices. We are four in this office and we have one consulting room. If clients come here at the same time, we have no option but to assist them in the office where there is no privacy (Social worker, Lapeng Centre).

Tsepo: We do not have a counsellor in our organisations but as legal advisers, we also do basic counselling (Gender adviser, WLSA).

In addition to having counsellors and consultation rooms, counsellors and social workers should have the emotional and cultural intelligence to effectively meet the demands of their clients. This will help where there is a huge age gap between the clients and the counsellors or social workers.

The support groups that She Hive has established seems to impact positively on survivors. This study, therefore, proposes the proper development and replication of these support groups throughout the country to provide psychosocial support to survivors and that could also function as local structures that can provide awareness of IPV. For sustainability, these support groups can be linked to the existing local structures such as community councils and local health centres and the role of the organisations would be to continuously capacitate them and monitor their progress. Support groups can also be effective in mobilising women to take immediate action, such as intimidating perpetrators when there is an incident in the neighbourhood.

When empowered properly, these support groups can lead community mobilisation against IPV/GBV.

7.5.1.2 Reclaiming the space

Reclaiming the space connotes that the minority status of women is never inherent, it is a result of patriarchy and male hegemony that deliberately pushed women to the margins. Women have been pushed to second class status. Thus, to reverse the situation, women have to reclaim their space in public and private spaces. This can be done through intentional participation in all male-dominated structures of society. Intentional participation can only be done when women have understood their value and their unmatched contribution to reshaping society. Therefore, recruiting women and training them to participate and to literally insert themselves into male-dominated spaces is ideal. The Capability approach emphasises developing women's capabilities and well-being. This can be done through availing information about opportunities for education, family planning, and other socio-economic opportunities that can build the capacity of women to enable them to participate fully in male-dominated spaces and ensure that their voices and experiences are incorporated. Post-structural feminism entails political action to understand and uproot causes of powerlessness, systems of oppression and women's complicity in them. This political action has to be based on the idea that there is no neutrality and objectivity in knowledge and social arrangements. Therefore, inserting the experiences and voices of women is to reclaim the space in those arrangements and knowledge. It is another way to uproot women's powerlessness by giving them power and a voice. This action can be done by lifting women to a position where they can challenge oppressive systems without fear. Moreover, learning from the SEM about violence, reclaiming spaces should target micro and macrolevel environments. Reclaiming space through cultural and social empowerment seems to be ideal. However, cultural and social empowerment are best discussed under empowerment.

7.5.1.3 Empowerment for both women and men

Empowerment is defined by the *Oxford Dictionary* as “the process of becoming stronger and more confident especially in controlling one’s life and claiming one’s rights”. This study looked at economic empowerment through microfinance and gender equality. Economic empowerment without social and cultural empowerment cannot be sufficient where the findings have shown that the economic empowerment of women can be both a protective factor and a risk factor. Therefore, sustainable empowerment has to impact all levels of the Social-ecological framework, at both micro and macrolevels. Thus, the empowerment that is proposed under this theory refers to the empowerment of both the oppressed and oppressor in a way that emancipates the oppressed and awakens the oppressor’s conscience to realise his contribution to the oppression. Post-structural feminism has made great strides in revealing patriarchal lineages and delegitimises their significance to society but has failed to hold oppressors accountable for their actions. Thus, the empowerment proposed here also takes into account dialogues with oppressors to change their mindsets. Challenging male dominance, negative masculinities and cultural tendencies that elevate men at the same time oppresses them, more especially men who feel oppressed by cultural stipulations of what it is to be a man. Post-structural feminists posit that not all men are powerful and the proposed theory, therefore, recognises that some men are frustrated in having to act tough when they should rather just be who they are. So, changing their mindset liberates them to live a happy normal life without pressure from the culture. In this way, if men feel free to be who they are, women will also enjoy the benefits. This is called liberating the oppressed by liberating the oppressor.

Scott (2017) claimed that Post-structuralism aims at empowering people who are marginalised and to offer them new ways of understanding the world. Therefore, the proposed theory builds upon the idea of empowerment of the marginalised. It proposes political, social and cultural empowerment of women and political, cultural and social disempowerment of men until both parties reach a level of equilibrium. Men have dominated the public domain to the extent that even laws that affect women are enacted and implemented by men. We must radically confront this and be part of all

processes. In this regard, we can use the concept of fair discrimination where women can be lifted up to be represented in all decision-making structures.

Culture and societal traditions have been patriarchal to such an extent that even language and discourse have been shaped and continue to uphold the superiority status of men and this has been condoned by most women. Therefore, women should be empowered to rise up and challenge these issues. This could be done by the social and cultural empowerment of women to enable them to have equal cultural positions as men. This can be more achievable through processes of socialisation and re-socialisation when children are raised without any gender prejudices and adults are re-socialised through community engagements to change their mind-sets about the status of women.

7.5.1.3.1 Empowerment through combining gender equality with microfinancing

High levels of poverty and men being unemployed have been seen as a factor in IPV, especially when men feel that they have lost their male power associated with social expectations of manhood. This loss and feeling that their power has been usurped by their working wives have been seen to influence men to use control over women to try and regain their position and this, as a result, causes violence. On the other hand, findings have revealed that women who are financially dependent on their partners also experience IPV. Men who feel overwhelmed with financial responsibilities have admitted to terrorising their partners to scare them from demanding finances from them. This feeling, according to the perpetrators, was brought on by a number of issues including earning a small income, having a partner who is not financially contributing to the finances, mismanagement of finances, and high alcohol consumption which takes away a considerable amount of money. The interventions that combine gender equality issues and economic empowerment or poverty alleviation are suitable. These interventions, in the context of Lesotho, should prioritise women but should not leave men far behind as economic empowerment of women might pose a risk factor.

According to the UNIFEM (2000), empowerment means, “gaining the ability to generate choices and exercise bargaining power, developing a sense of self-worth, a belief in one’s ability to secure desired changes, and the right to control one’s life”. The ability to exercise bargaining power, gain choices and develop a sense of self-worth are seen as important elements of women empowerment. However, they do not just come and financial freedom is needed. The findings of this study revealed that women who were able to use bargaining power were the ones who had started income-generating initiatives and those who were working and earning their own incomes. These findings clearly indicate that economic empowerment for women as a protective measure is a way to mitigate IPV. However, the organisations should support women empowerment with caution as the study also found that women who were breadwinners were also experiencing IPV due to their partners’ inferiority complex. Thus, proper assessment should be made before rendering services to individual women or couples. Nonetheless, even though survivors who were not financially dependent experienced violence, they were better off than those who were experiencing violence and were also financially dependent on their abusers. Those with income had options such as not having to demand money from their abusers and, in that way reduced IPV incidences and they had better coping strategies.

The organisations can encourage self-reliance projects for communities even with employed men and women; they should be trained to engage in income-generating projects to complement their incomes to encourage thriving families. The organisations can also develop a programme on microloans for women in order to assist them to start small businesses. A micro-finance is defined as a provider of financial services to low-income people. Microfinance is a category of financial services which targets individuals and small businesses that lack access to conventional banking and related services. Microfinance includes microcredit, that is, the provision of small loans to poor clients. This type of loan helps aspiring entrepreneurs generate income, build assets and meet their household needs. According to the Western Union "The end goal of microfinance is to have its users outgrow smaller loans and become ready for a traditional bank loan." It is a one-time influx of money that could help lift women out of poverty. According to Cheston and Kuhn (2000) microfinance is an effective means or entry point for empowering women.

By putting financial resources in the hands of women, microfinance institutions help level the playing field and promote gender equality.

As Cheston and Kuhn (2000) stated, the basic theory is that microfinance empowers women by putting capital in their hands and allows them to earn an independent income and contribute financially to their households and communities. This economic empowerment is expected to generate increased self-esteem, respect, and other forms of empowerment for women beneficiaries. Involvement in successful income-generating activities should translate into greater control and empowerment which is a recipe for overcoming IPV. In addition, microfinance programmes can strengthen women's economic autonomy and give them the means to pursue non-traditional activities. Evidence suggests that participation in microfinance programmes may give women the means to escape from abusive relationships or limit abuse in their relationships. However, literature has shown that the ability of a woman to transform her life through access to financial services depends on many factors some of which are linked to her individual situation and abilities. Others are dependent upon her environment and the status of women as a group. Organisations, therefore, should not ignore these issues and should rather make proper assessments of the women before engaging.

Microfinancing in the context of Lesotho can empower even very poor women to become entrepreneurs. Women would be able to access these loans which they can repay when their businesses flourish. Some of the survivors interviewed in this study have already started income-generating initiatives but are struggling with finances to grow their initiatives. Microfinancing can, therefore, help grow their businesses and this would enable them to support their families and attain financial independence. This is critical for most women when making the decision about leaving or staying in violent relationships. In order for these businesses to be sustainable, the organisations should offer support through training women in business management. The impact of empowerment for women includes increased participation in decision-making, the more equitable status of women in the family and community, increased political power and rights, and increased self-esteem. When survivors reach this stage, there is the

assurance that they have received appropriate services, have overcome abuse, and moved from victim to survivor to thriver.

7.5.1.4 Mobilisation of women

If we are to win the battle against IPV, we should mobilise women to be in solidarity against all systems of oppression. Women can unite to resist and form what is referred to as mass resistance. In this way, they can overcome patriarchal terrorism. Gender activists must be seen to be mobilising women, building women's movements, and learning from existing movements. In organising women, I propose using the following strategies: community approaches, lobbying and advocacy, involving survivors in programme design, and militant approaches to IPV – resisting the power of abusers.

7.5.1.4.1 Community approaches

The reviewed literature, such as Pennington-Zoellne (2009), has discussed coordinated community approaches to IPV. These have highlighted the ongoing collaboration between professional service agencies and community-based organisations within a community with the main goals of community coordination in cases of IPV in an effort to protect survivors and make batterers accountable. On the other hand, community coordinated responses to IPV have placed a major emphasis on criminalising the behaviour of abusers. This study proposes the adoption of community-based responses as the most suitable for Lesotho especially given the lack of community-based organisations. Organisations can use a community mobilisation strategy to create an enabling environment to develop a critical mass to change the knowledge, attitudes and behaviour that perpetuate harmful gender norms. Presently, organisations in Lesotho do what they call community sensitisation and they could combine this with mobilising strategies. Community mobilisation involves all levels of a community over an extended period of time. It requires engaging, inspiring and supporting a diverse range of community members, groups and institutions. As Gómez et al. (2016) observed, community mobilisation efforts are successful because they permeate multiple levels of society. Through educational and behaviour change interventions, these mobilisation efforts foster collective action and build community

capacity to challenge gender norms, leading to reductions in IPV. However, community mobilising has to be led by women themselves. One way of sustaining community mobilisation efforts would be to train what can be called change agents or champions of change in the communities. This could be a cadre of influential women and men in the community who would continue to maintain the momentum by creating spaces for community dialogues and organising. In the case of Lesotho, there are community gatherings called “lipitso” (public gatherings) convened by chiefs or councillors regularly, often on a monthly basis. These can be spaces where the champions of change can have a platform to educate people about IPV. The same strategy could be implemented at schools where champions can be selected to continue the efforts and liaise with organisations and police for the reporting and referral of cases.

There is a need to have community and school-based education and information campaigns about the availability of services. These campaigns should be consistent and well-monitored to assess their impacts such as a reduction in IPV cases or an increase in victims’ willingness to report. Community and school-based campaigns would be easy to monitor if the implementation plans include expected results and indicators to show progress. In addition to school-based approaches, organisations can advocate for a review of the curriculum on life-orientation so that it integrates with education on gender equality and IPV. This can be done by working with the Ministry of Education or the Curriculum Development Centre to strategically include gender equality and IPV in the school curriculum so that children learn better ways of solving problems and unlearn the violence which they sometimes witness in their homes.

Community mobilisation and individual behaviour change include raising overall community awareness, mobilising community-based efforts, providing support for evidence-based advocacy, and conducting mass media campaigns that improve knowledge, attitudes and practices of community members. Women mobilisation borrows a great deal from community mobilisation. However, it emphasises women taking a lead in all processes and strategically organising disruptive action.

7.5.1.4.2 Lobbying and advocacy

Lobbying women who are already in power in the fields of politics, academia, or the judiciary to support solidarity movements started by women would have a far-reaching impact. These women would mentor change champions so that they lead women's movements. However, one would have to be cautious of lobbying women in power as some of them may have never experienced abuse and may fail to understand the agency of abused women. When women are organised they can advocate for change at all levels especially when they are empowered with information.

7.5.1.4.3 Militant approaches to IPV – resisting power of abusers

According to Post-structural feminists, resistance is an inspirational and real basis for challenge and change. Resistance is ideal in the proposed theory as it will make confrontation possible. Thus, the theory proposes contesting all forms of power that come from social-ecological factors and systemic traditions and cultures that have subjugated women and that have given men a false sense of dominance and control. Opposing power can use both combative and peaceful tactics. Combative tactics include disrupting the power of the abuser by fighting back during physical confrontations or resisting his control through assertive measures. The research findings have shown that women who were able to fight their abusers and had the physical strength to do so, were able to minimise abusive incidences, especially physical abuse. On the other hand, peaceful tactics involve undermining the power of the abuser in very subtle ways while working towards disrupting his power. Undermining the power of the abuser in this manner could be renamed subtle rebellion where a victim strategically rebels against the abuser in a way that disempowers the abuser.

Organisations working with battered women can develop women to defend themselves in a way that stops IPV perpetration. An example of combat classes can be martial arts training and shooting lessons for women. However, the proposed training will differ from common defence classes in that in defence lessons one learns only to defend oneself when attacked, whereas the proposed training would include

developing women to be physically strong and have the same martial arts skills as that of men. This would assist in preventing IPV as women, by just being physically strong, can intimidate men. We need radical approaches to violence because IPV is a matter of life and death. Examples of peaceful tactics can be training women to use their bargaining powers and negotiation skills. To achieve this, organisations should design programmes that develop women's resilience and self-efficacy. The Department of Justice (2015) defined self-efficacy as a state where a person is able to remain unaffected and maintain a state of equilibrium even when he/she is experiencing problems. Economic empowerment programmes are also ideal to raise the status of women to bargain with men.

7.6 Contribution of the study to knowledge

This study has made a great contribution by identifying and highlighting some important features of IPV in Lesotho which have yielded more understanding of the context of IPV and what the different role-players are doing to address it. It has also provided a theory which can be used by organisations to prevent and respond to IPV. Summarised below are key contributions of the study.

Based on the research findings, theoretical frameworks and literature review, this study has developed a theory that can best address IPV. The Confrontation theory is based on the notion that IPV is a form of patriarchal terrorism and a learnt behaviour and, as such, addressing it should take transformational measures to confront all risk factors from individual to societal levels. Confronting issues can use several strategies including militant and peaceful confrontations. The theory advocates for both strategies, and it is not apologetic about the resistance it proposes based on the fact that IPV against women is a war which cannot be overcome by only peaceful engagements. It needs resistance and action, especially when intervening in communities that are characterised by a high prevalence of IPV. The study has shown that women can organise to confront abusers in a way that can set a tone of what it means to abuse a woman. Peaceful strategies, as discussed under this theory, reveal the benefits of empowering women to engage in dialogues with men and society at large in order to reclaim their power. The theory, therefore, advocates for the

empowerment of women that raises their social and political status in order to attain equal status with their male counterparts.

The study has identified that the local understanding of IPV and what constitutes it is slightly different from the conventional understanding. The local understanding is more contextualised and hybrid with a cultural perspective which still oppresses women by holding women to account for abuse that happens to them. Examples include survivors, when reporting IPV to police and to other service providers, being pressurised to tell what they did to have been beaten or violated. The understanding of gender equality and gender equity are problematic and maintain women's subjugation. Many service providers understand gender equity as a concept that acknowledges inequalities between men and women in a way that approves that men are superior to women. This understanding seems to be influenced more by the cultural understanding of men as heads, and that there is no way women can be equal to men. This study, therefore, has contributed to exposing this misunderstanding and makes an appeal for the capacity-building of organisations on gender issues.

The study has generated new knowledge on the socio-cultural context of IPV in Lesotho. It has identified issues that are regarded as norms, which continue to breed violence and which are passed from generation to generation unnoticed. Such issues are highlighted below.

In understanding the socio-cultural context of IPV it is evident that Sesotho proverbs have perpetrated the abuse of women for centuries. The study has identified the gendered proverbs that are harmful and which contribute to the violation of women and the perpetuation of the culture of male hegemony. An understanding of how these gendered proverbs are internalised is vital for the organisations dealing with battered women and GBV/IPV. The organisations need to uproot and challenge their usage as well as find ways of replacing them, as the proverbs are hotbeds of the pandemics of GBV/IPV and HIV in Lesotho.

The study has identified traditions which contribute to women abuse such as abduction. Abductions are mostly seen in a criminal light where minor girl children are

abducted for marriage. However, this study identified the brutality and violence that accompany the process even when it is an adult woman who is abducted. The rape and beatings, as well as the psychological trauma that victims of abduction suffer and carry with them into marriage, have been found to be a recipe for IPV. This finding is important for service providers who deal with the primary prevention of IPV. They need to educate communities about this bad tradition and to engage men, especially herd boys, who seem to be at the forefront of these abductions. The same applies to child marriages which, apart from it being a crime, also pushes children into marriage before they can acquire enough education and other life skills that can be protective factors in IPV. The study, therefore, sheds light on the need for organisations to do more awareness-raising for the prevention of child marriages and also to encourage girls to complete their education and have careers before getting married.

Lesotho is well known for having the practice of multiple concurrent partnerships and that practice fuels HIV. This study has found that IPV is also fueled by this practice as men begin to withdraw from taking responsibility in families due to having more than one partner. It also found that this practice is used to undermine the stability of families when things go wrong in relationships as the one partner goes out to find comfort and cares less about the family. Thus, having multiple concurrent partners becomes escapism and can play a role in the perpetration of violence.

The study revealed how women in Lesotho cope in abusive homes using strategies they learned from being exposed to violence over a period of time. Some of these strategies are positive and organisations working with battered women can help them to further develop these strategies to overcome abuse. Strategies such as finding new hobbies and focusing on doing meaningful activities help women to empower themselves and, in the long run, when they are successful, they experience less or no abuse and earn respect from their abusers. This research has also found that women's circles can also be empowering in terms of providing women with psychosocial support and female solidarity. These circles need to be developed with clear objectives and replicated in all regions. The study has also identified women adopting negative coping strategies such as engaging in extra-marital affairs as a way of finding comfort. Organisations, therefore, should help women to develop more positive coping

strategies that will not endanger their lives. Having an extra-marital relationship as a coping strategy has been identified as one of the self-inflicted harms which may seem to give comfort for a short period but may end in more abuse as time goes on.

Pertinent to this study was to identify strategies used by the organisations to address violence and it was found that they engaged in primary, secondary and tertiary prevention strategies. These strategies were not engaged in simultaneously as the organisations were limited by what their resources allowed them to do at a particular time. The organisations' strategies, therefore, are not very effective as they do not even allow for following-up on clients to monitor progress and for the continued support of the client.

A further major contribution of this research is its proposing possible interventions that address the gaps identified. This study proposed that the organisations should be guided by the Confrontation theory and should engage the three prevention strategies at the same time with more work, in particular, needing to be done on primary prevention. The focus should be on transforming harmful socio-cultural and religious messages and practices, advocating for the enactment and implementation of GBV/IPV laws, involving survivors in programme design and ensuring that the organisations use a collaborative approach to IPV.

Regarding secondary prevention, this study has proposed IPV screening at all health centres so that victims can be identified and referred to other service providers. Building shelters/safe houses in other regions is also proposed as an urgent necessity as the one shelter in the country does not cater for victims from other remote districts. Moreover, this study argued for visible shelters with their locations and addresses being known so that survivors are able to access them without any challenge. These shelters should also be well-secured to provide maximum safety for survivors. For survivors to use the proposed shelters they will need a referral. However, when they are experiencing violence, they should be able to flee the danger and access the shelter without having to endure the formalities of referral. In addition, the study revealed that case management and the referral system should be strengthened so that survivors are referred to appropriate service providers without leaving them

helpless and wondering how to get help. Offering psychosocial support and building local structures and support systems are among what this study has found important in terms of addressing existing violence.

Finally, the study has identified tertiary intervention initiatives that could provide long-term solutions to IPV. Initiatives such as the establishment of abuser/batterer treatment centres or programmes, the development of community approaches to IPV which make use of existing community structures, socio-cultural empowerment, the empowerment of survivors through combining gender equality with microfinancing, the rehabilitation of poor neighbourhoods and intensifying programmes to address alcohol abuse and control of firearms, have been put forward to address IPV.

7.7 Suggestions for future research

Future research on IPV has to investigate barriers to IPV reporting as all the participating organisations raised the concern that survivors are reluctant to report IPV even when their situation is obvious to their neighbours. In addition, further studies could investigate the root causes of “Bonyatsi”, that is, multiple concurrent partnerships in Lesotho as it has been identified as a major contributor to IPV. A further point of interest (and research) can be to understand and document the experiences of women who were raped during bridal abduction. This issue is very sensitive and appears to have a significant and long-lasting negative impact on the survivor. As such, it needs to be investigated and addressed properly.

Bibliography

Ackerson, M.L.K. and Subramanian, S.V. 2008. "Domestic violence and chronic malnutrition among women and children in India". *American Journal of Epidemiology*, 167(10): 1188-1196.

Agarwal, B. and Panda, P. 2007. "Toward freedom from domestic violence". *Journal of Human Development*, 8(3): 359-388.

Alexander, J.M. 2008. *Capabilities and Social Justice: The political philosophy of Amartya Sen and Martha Nussbaum*. Aldershot, England: Ashgate Publishing.

Armstead, T.L. Rambo, K., Kearns, M., Jones, K.M. and Pamela J.D. 2017. "CDC's DELTA FOCUS Program: Identifying promising primary prevention strategies for intimate partner violence". *Journal of Women's Health*, 26(1): 9-12.

Babbie, E. and Mouton, J. 2007. *The Practice of Social Research*. Cape Town: Oxford University Press.

Barner, J.R and Carney M.M. 2011. "Interventions for intimate partner violence: A historical review". *Journal of Family Violence*, 26(3): 235-244.

Blair-Merritt, M.H., Crowne, S.S., Thompson, D.A., Sibinga, E., Trent, M., and Campbell, J. 2010. "Why do women use intimate violence? A systematic review of women's motivations". *Trauma, Violence, & Abuse*, 11(4): 178-179.
<https://doi.org/10.1177/152483801379003>

Bonthuys, E. and Albertyn, C. 2007. *Gender Law and Justice*. Cape Town: Juta.

Boonzaier, F. 2008. "If the man says you must sit, then you must sit': The relational construction of women abuse: Gender, subjectivity and violence". *Feminism & Psychology*, 18(2): 183-206. <https://doi.org/10.1177>.

Bowen, G.A. 2009. "Document analysis as a qualitative research method". *Qualitative Research Journal*. 9(2): 27-40.

Bronfenbrenner, U. 1979. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. 1994. "Ecological models of human development". *Readings on the Development of Children*, 2(1): 37-43.

Burman, E. 1992. "Feminism and discourse in developmental psychology: power, subjectivity and interpretation". *Feminism and Psychology*, 2(1): 45-59.

Campbell, C. and Mannell, J. 2016. "Conceptualising the agency of highly marginalised women: Intimate partner violence in extreme situations." *Global Public Health*, 11(1-2): 1-16. doi: 10.1080/17441692.2015.1109694.

Campbell, R. and Wasco, S.M. 2000. "Feminist approaches to social science: Epistemological and methodological tenants". *American Journal of Community Psychology*, 28(6): 773-789.

Cannon, C. 2015. "Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships". *Partner Abuse*, 6(1): 65-77.

Cannon, C., Lauve-Moon, K. and, Buttell, F. 2015. "Re-theorizing intimate partner violence through post-structural feminism, queer theory, and sociology of gender". *Social Sciences*, 4(3): 668-687.

Capaldi, D.M. and Langhinrichsen, R. 2012. "Informing intimate partner violence prevention efforts: Dyadic, developmental, and contextual considerations". *Prevention Science*, 13(4): 323-328.

Capaldi, D.M., Kim, H.K. and Shortt, J.W. 2004. *Women's Involvement in Young Adult Romantic Relationships: A Developmental Systems Model*. New York: Guilford Publications.

Centers for Disease Control and Prevention. 2013. Washington, DC: US Government Printing Office.

CGPU. 2008. Worksheet report. Unpublished report. Lesotho Police Department

Coker, A.L. 2004. "Primary prevention of intimate partner violence for women's health: A response to Plichta". *Journal of Interpersonal Violence*, 19(11): 1324-1334.

Conroy, A. 2014. "Gender, power and intimate partner violence: A study on couples from Malawi". *Journal of Interpersonal Violence*, 29(5): 866-888.

Cusack, M.C. 2013. "A feminist inquiry into intimate partner violence law, policy, policing, and possible prejudices in Alaska". *Journal of Law and Conflict Resolution*, 5(2): 24-32.

Cyril, M. 2014. *Intimate Partner Violence Prevention in Africa: What Has Been Done and What Still Needs to be Done*. Master's Thesis. Atlanta: Georgia State University.

DeKeserdy, W. and Schwartz, M.D. 2010. "Theoretical and definitional issues in violence against women". In Renzetti, C.M., Elderson, J.L. and Bergen, R.K. (Eds.) *Sourcebook on Violence Against Women*. Thousand Oaks, CA: Sage, pp. 3-20.

DeShong, H.A.F. and Haynes, T. 2016. "Intimate partner violence in the Caribbean". *Global Public Health* 11(1-2): 82-94.

Eaton, L., Kalichman, S., Sikkema, K., Skinner, D., Watt, M., Pieterse, D., and Pitpitan, E. 2012. "Pregnancy, alcohol intake, and intimate partner violence among men and women attending drinking establishments in a Cape Town, South Africa township". *Journal of Community Health*, 37(1): 208-216.

Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M. and Heise, L. 2006. "Prevalence of intimate partner violence: Findings from WHO multi-country study on women's health and domestic violence". *Lancet*, 368 (9543): 1260-1269.

Gavey, N. 1997. "Feminist poststructuralism and discourse analysis". In Gergen, M.M. and Davis, S.N. (Eds.) *Toward a New Psychology of Gender*. New York: Routledge, pp. 49-64.

Government of Lesotho. 2003. *Gender and Development Policy*. Maseru: Government Printer.

Guba, E.G. and Lincoln, Y.S. 1994. "Competing paradigms in qualitative research". In Denzin, N.K and Lincoln, Y.S. (Eds.) *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage, pp. 105-117.

Guruge, S., Bender, A., Aga, F., Hyman, I., Tamiru, M., Hailemariam, D. and Refaie-Shirpak, K. 2012. "Towards a global interdisciplinary evidence-informed practice: intimate partner violence in the Ethiopian context". *ISRN Nursing*, 6: 307271. doi:10.5402/2012/307271.

Hahn, F.A. 2012. *Strategies for Primary Prevention of Intimate Partner Violence Perpetration: Introducing a Prevention Programme into Church-based Children's Ministry Settings*. Paper originally prepared for the University of North Carolina School of Global Public Health, adapted for the Micah Network Triennial Consultation.

Harding, S. 2004. "Introduction: Standpoint theory as a site of political, philosophic, and scientific debate". In Harding, S. (Ed.) *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies*. New York, Routledge, pp. 1-15.

Haslegrave, M. [1998]. *The Role of NGOs in Promoting a Gender Approach to Health Care*. [London]: Commonwealth Medical Association.

https://www.un.org/womenwatch/daw/csw/role_ngo.htm Accessed 25 March 2018.

Healthtalk. 2019. *Women's Experiences of Domestic Violence and Abuse*. <https://healthtalk.org/womens-experiences-domestic-violence-and-abuse/overview>. Accessed 25 March 2019.

Heeren, G.A., Jemmott, J.B., Tyler, J.C., Tshabe, S. and Ngwane Z. 2011. "Cattle for wives and extra-marital trysts for husbands? Lobola, men and HIV/STD risk behaviour in Southern Africa". *Journal of Human Behavior in the Social Environment*, 21(1): 73-81.

Hooykaas, J. 2018. *A Comprehensive Guide for NGOs Working with Gender-based Violence*. <https://www.fundsforngos.org/featured-articles/comprehensive-guide-ngos-working-genderbased-violence/>. Accessed 29 March 2019.

Howard-Bostic, C. 2014. "Emotive responses and female perpetrated intimate partner violence". *Journal of International Criminal Justice Research*, 2: 1-28.

Howard-Bostic, C.D. 2014. "Emotive responses and female-perpetrated intimate partner violence". *Journal of International Criminal Justice Research*, 2 September: 1-28.
https://www.micahnetwork.org/sites/default/files/doc/page/preventing_intimate_partner_violence_fiona_hahn.pdf. Accessed 21 March 2017.

Hughes, L. 2006. *Closing the Gap: A Capability Framework for Working Effectively with People with Combined Mental Health and Substance Use Problems (Dual Diagnosis)*. Lincoln, UK: Centre for Clinical and Academic Workforce Innovation, University of Lincoln.

Itimi, K., Dienye, P. and Gbeneol, K. 2014. "Intimate partner violence and associated coping strategies among women in a primary care clinic in Port Harcourt, Nigeria". *Journal of Family Medicine and Primary Care*, 3(3): 193-198.

Jewkes, R.K. 2002. "Intimate partner violence: Causes and prevention". *Lancet*, 359(9315): 1423-14-29.

Jewkes, R.K., Dunkle, K., Nduna, M. and Shai, N. 2010. "Intimate partner violence, relationship power inequity and incidence of HIV infection in young women in South Africa: a cohort study". *Lancet*, 376(9734): 41-48.

Kariuku, P. 2015. *Ending Violence Against Women, Girls and Children: The Role of Civil Society*. Johannesburg: SANGONet.

<http://www.ngopulse.org/blog/2015/12/01/ending-violence-against-women-girls-and-children-role-civil-society> Accessed 15 April 2017.

Krauss, S.E. 2005. "Research paradigms and meaning making: A primer". *Qualitative Report*, 10(4): 758-770.

Langhinrichsen-Rolling, J. and Capaldi, M. 2012. "Clearly we've just begun': Developing effective prevention strategies for intimate partner violence. *Prevention Science*, 13(4): 410-414.

Latta, R.E. and Goodman, L.A. 2005. "Considering the interplay of cultural context and service provision in intimate partner violence: the case of Haitian immigrant women". *Violence Against Women*, 11(11): 1441-1464.

Lau, U. 2009. *Intimate Partner Violence Fact Sheet*. Lenasia: Institute for Social and Health Sciences, UNISA.

Lesotho Demographic Health Survey. 2014. "The risk factors Associated with under-five mortality in Lesotho". *International Journal of Medical and Health Sciences*, 10(1): 43-51.

Loue, S. 2006. "Community health advocacy". *Journal of Epidemiology and Community Health*, 60(6): 458-463.

Mann, J.R. and Takyi, B.K. 2009. "Autonomy, dependence or culture: examining the impact of resources and socio-cultural processes on attitudes towards intimate partner violence in Ghana, Africa". *Journal of Family Violence*, 24(5): 323-335.

Mannell, J., Jackson, S. and Umutoni, S. 2016. "Women's responses to intimate partner violence in Rwanda: Rethinking agency in constrained social contexts". *Global Public Health*, 11(1-2): 65-81.

McCloskey, L.A. and Boonzaier, F. 2016. "Determinants of intimate partner violence in sub-Saharan Africa: a review of prevention and intervention programs". *Partner Abuse*, 7(3): 277-315.

McPhail, B.A., Busch, N.B., Kulkani, S. and Rice, G. 2007. "An integrative feminist model: The evolving feminist perspective on intimate partner violence". *Violence Against Women*, 13(8): 817-841.

Molapo, J.M. 2004. *A Christian Analytic of Marriage Through Abduction Among Basotho People of Lesotho: A Challenge for Pastoral Care Ministry*. Masters Thesis. Pretoria: University of Pretoria.

Newman, I. and Benz, R.C. 1998. *Qualitative Research Methodology: Exploring the Interactive Continuum*. Carbondale: Southern Illinois University Press.

Ngobale K.N.W., Ogunbanjo, G.A. and Omole O.B. 2013. "Interpersonal violence amongst primary health care patients in Lesotho: A qualitative study of the reasons for assault. *African Journal of Primary Health Care & Family Medicine*, 5(1): 465-473.

Niolon, P.H. 2017. *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practice*. California: Centers for Disease Control and Prevention. Government Printing Office.

Nnaemeka, C.A. 2015. "Violence against women: Impact on women sexual and reproductive health rights in eastern Nigeria". *Journal of Womens Health, Issues and Care*, 46 (2).

Noella, M. and Sally, K. 2006. "Research dilemmas: Paradigms, methods and methodology. *Issues in Educational Research*, 16(2): 193-205.

O'Connell, J., Gardner, G. and Coyer, F. 2014. "Beyond competencies: Using a capability framework in developing practice standardization for advance practice nursing". *Journal of Advanced Nursing*, 70(12): 2728-2735.

Oetzel, J. and Duran, B. "Intimate partner violence in American Indian and/or Alaska Native communities: A social ecological framework of determinants and interventions". *American Indian and Alaska Native Mental Health Research*, 11(3): 49-68.

Ojo, M.O.D. 2013. "A sociological investigation of awareness and causes of intimate partner violence in Nigeria: A survey of Agege, Lagos State". *Asian Social Science*, 9(2): 231-244.

O'Leary, Z. 2004. *The Essential Guide to Doing your Research Project*. 2nd ed. Thousand Oaks, CA: Sage.

Otoo-Oyortey, N. and Pobi, S. 2003. "Early marriage and poverty: Explaining links and key policy issues". *Gender and Development*, 11(2): 42-51.

Padgett, D.K. 2008. *Qualitative Methods in Social Work Research*. 2nd ed. New York: Sage.

Pell, J. and Staveren, I. (Eds.) 2009. *Handbook of Economics and Ethics*. Cheltenham: Edward Elga.

Phela Health and Development Communications. 2008. *Perceptions and Prevalence of Domestic Violence in Lesotho*. Unpublished Report.

Prevention Institute. (N.d.) *Urban Networks to Increase Thriving Youth (UNITY)*. [Initiative to prevent violence and support community resilience] <https://www.preventioninstitute.org/unity/general/unity-about-us>. Accessed 22 May 2018.

Raemdonck, L.V., Seedat, M. and Raeymaeckers, K. 2017. "Assessing the capability approach as an evaluation tool for community networks on IPV in seven Durban townships in Kwa-Zulu Natal, South Africa". *Revista de Asistență Socială*, 15(3): 5-17.

Richard, E. and Boyatz, S. 1998. *Transforming Qualitative Information: Thematic Analysis and Code Development*. Thousand Oaks, CA: Sage.

Riger, S., Raja, S. and Camacho, J. 2002. "The radiating impact of intimate partner violence". *Journal of Interpersonal Violence*, 17:184-205.

Robeyns, I. 2003. "Sen's Capability Approach and gender inequality: Selecting relevant capabilities". *Feminist Economics*, 9:(2-3): 61-92.

Rothman, E.F., Butchart, A. and Cerda, M. 2003. *Intervening with Perpetrators of Intimate Partner Violence: A Global Perspective*. Geneva: World Health Organization.

Rubin, A. and Babbie, E. 2010. *Essential Research Methods for Social Work*. Belmont, CA: Cengage Learning.

SADC. 2012. *Excerpts from SADC Gender Protocol 2012 Barometer*. https://genderlinks.org.za/wp-content/uploads/imported/articles/attachments/14988_barometer_2012_exec_summ3.pdf. Accessed 15 May 2014.

Samuels, G.M. 2008. "Identity, oppression, and power: Feminisms and intersectionality theory". *Affilia: Journal of Women and Social Work*, 23(1): 5-9.

Scott, J.W. 1988. "Deconstructing equality versus difference or the use of post-structuralist theory for feminism". *Feminist Studies*, 14(1): 32-50.

Shamu, S., Abrahams, N., Temmerman, M. and Musekiwa, A. 2011. "A systematic review of African studies on intimate partner violence against women: Prevalence and risk factors". *Plos One* 6(3): e17591.

Stangor, C., Jhangiani, R. and Tarry H. 2016. *Principles of Social Psychology*. 1st int. ed. Hong Kong: Open University of Hong Kong. <http://www.opentextbooks.org.hk/ditatopic/15481>. Accessed 30 May 2018.

Stanley, E. 2012. "Engendering change? An analysis of how NGOs work on the problem of violence against women in South Africa". *Journal of Politics and International Studies*, 8, Winter: 280-322.

Taft, C.T., Resick, P.A., Panuzio, J., Vogt, D.S. and Mechanic, M.B. 2007. "Coping among victims of relationship abuse: A longitudinal examination. *Violence and Victims*, 22(4): 408-418.

Tappis, H., Freeman, J., Glass, N. and Doocy, S. 2016. "Effectiveness of interventions, programs and strategies for gender-based violence prevention in refugee populations: An integrative review". *PLOS Currents*, 8 (online journal). doi: 10.1371/currents.dis.3a465b66f9327676d61eb8120eaa5499.

Thompson, R. 2016. *Which Stage of Survival Are You: Victim, Survivor, Thriver? The Answer isn't as Easy as You Think*. <https://psiloveyou.xyz/which-stage-of-survival-are-you-victim-survivor-thriver-1b55bcc35318>. Accessed 19 April 2019.

Trickett, E.J. 1984. "Toward a distinctive community psychology: The contexts of diversity and diversity of contexts". *American Journal of Community Psychology*, 24(2): 209-234.

Trickett, E.J. 1996. "A future for community psychology: The contexts of diversity and diversity of contexts." *American Journal of Community Psychology*, 24(2): 209-234.

Tsirigotis, K., and Luczak, J. 2018. "Resilience in women who experience domestic violence". *Psychiatric Quarterly*, 89(1): 201-211.

Uthman, O.A., Moradi, T. and Lawoko, S. 2009. "The independent contribution of individual, neighbourhood and country level socioeconomic position on attitudes towards intimate partner violence in sub-Saharan Africa: a multilevel model of direct and moderating effects". *Social Science and Medicine*, 68(10): 1801-1809.

Visser, M., Mundell, J., De Villers, A., Sikkuma, K. and Jeffery, B. 2005. "The development of structured support groups for HIV positive women in South Africa". *Journal of Social Aspects of HIV/AIDS*, 2(3): 333-343.

Watts, C., 2009. *Gender-based Violence and Poverty: A Desk Based Review of Existing Evidence*. Background paper. Unpublished.

Women and Law Society in Southern Africa Research Trust. 2014. *Seeing Gold not a trap*. Maseru:

World Health Organisation. 2012. *Understanding and Addressing Violence Against Women: Intimate Partner Violence*. World Health Organisation.

World Health Organisation. 2013: *Responding to Intimate Partner Violence Against Women: WHO Clinical and Policy Guidelines*. World Health Organisation.

World Health Organisation. 2014. *Violence against Women: Intimate Partner and Sexual Violence Have Serious Short- and Long-term Physical, Mental and Sexual and Reproductive Health Problems for Survivors: Fact Sheet*. World Health Organisation.

Appendices

Appendix 1: Interview guides

Interview guide for NGOs

1. What is the background of IPV in Lesotho?
2. What are the social-cultural determinants of IPV in this context?
3. How do you identify the victims of IPV?
4. How do they get to know about your organization and its services?
5. What types of IPV have the women who seeks assistance from your organization experienced?
6. What is your organizational capacity in dealing with IPV?
7. What strategies does your organization employ in dealing with survivors of IPV?
8. What strategies do you employ in engaging perpetrators of violence?
9. What interventions do you utilize in engaging the community in which violence occurs?
10. What are the successes in using each of these strategies?
11. What are the challenges that you have faced in employing these strategies?
12. What do you think can be done to improve on the intervention strategies of IPV?

Interview guide for women

1. How does the community you come from view IPV?
2. What kind of IPV have you experienced?
3. What would you say aggravated this kind of violence?
4. What motivated you to seek help in this situation?
5. How did you get to know about organization x?
6. How did this organization intervene in your case?
7. What are the services that they offered you?
8. How did the organization involve the perpetrator of the violence?
9. What are the ways in which the organization involved your family in dealing with the situation?

10. What are the ways in which you think that the organization succeeded in stopping the violence?
11. What are the ways in which their interventions did not succeed in assisting your case?
12. What are the ways in which you think the organization can improve on its strategies in helping victims of IPV?

Interview guide for partners of battered wives

1. What is the attitude of men in your community about wife beating
2. How does the community you come from view IPV?
3. What kind of IPV have you experienced?
4. What would you say aggravated this kind of violence?
5. What motivated you to seek help in this situation?
6. What are the ways in which the organization involved your family in dealing with the situation?
7. What are the ways in which you think that the organization succeeded in stopping the violence?
8. What are the ways in which their interventions did not succeed in assisting your case?
9. What are the ways in which you think the organization can improve on its strategies in helping victims of IPV?

Appendix 2: Informed consent

Informed Consent Document

Dear Participant,

My name is...Leboang Matela ...214584872..... (*student nr*). I am a PhD candidate studying at the University of KwaZulu-Natal, Pietermaritzburg Campus. The title of my research is:

Investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru, Lesotho

The aim of the study is to find out how NGOs working with abuse women engage prevention strategies and to evaluate their effectiveness in preventing intimate partner violence. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about *30 minutes*.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal, Pietermaritzburg Campus, Email: lebohantale@gmail.com

Cell: +266 59409928.....;

My supervisor is Dr Janet Muthuki who is located at the School of Social Sciences, Pietermaritzburg Campus of the University of KwaZulu-Natal. Contact details: email: Muthuki@ukzn.ac.za Phone number:

My co-supervisor iswho is located at the School of Social Sciences, Howard College Campus/ Howard College Campus of the University of KwaZulu-Natal. Contact details: email Phone number:

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number +27312603587.

Thank you for your contribution to this research.

DECLARATION

I..... (*full names of participant*) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT

DATE

.....

Appendix 3: Gatekeepers' letters

Maling Ha Foso
P.O Box 15881
Maseru, 100

15 May 2017

The Director
Women and Law Society in Southern Africa
Maseru, 100

Dear sir/madam

Re: Permission to conduct academic research in your organization

I am a PhD student studying at the University of Kwazulu Natal, Pietermaritzburg Campus. The title of my research is: **Investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru, Lesotho.** I humbly request your permission for organization to participate in the study. Your organization is expected to participate in the interviews to be held during data collection and also to link the researcher with the families/couples/women that have received your services pertaining to gender based violence.

This study will make great contributions in documenting NGO's responses to IPV in Lesotho and to strengthen the intervention programs.

Your participation in this study will be highly appreciated.

Faithfully Yours
Lebohang Matela

Maling Ha Foso
P.O Box 15881
Maseru, 100

15 May 2017

The Director
United Nations Population Fund (UNFPA)
Maseru, 100

Dear sir/madam

Re: Permission to conduct academic research in your organization

I am a PhD student studying at the University of Kwazulu Natal, Pietermaritzburg Campus. The title of my research is: **Investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru, Lesotho.** I humbly request your permission for organization to participate in the study. Your organization is expected to participate in the interviews to be held during data collection and also to link the researcher with the families/couples/women that have received your services pertaining to gender based violence.

This study will make great contributions in documenting NGO's responses to IPV in Lesotho and to strengthen the intervention programs.

Your participation in this study will be highly appreciated.

Faithfully Yours
Lebohang Matela

HR

Maling Ha Fosa
P.O Box 15881
Maseru, 100

15 May 2017

The Director

World Vision

Maseru, 100

Dear sir/madam

Re: Permission to conduct academic research in your organization

I am a PhD student studying at the University of Kwazulu Natal, Pietermaritzburg Campus. The title of my research is: Investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru, Lesotho. I humbly request the permission for your organization to participate in the study. Your organization is expected to participate in the interviews to be held during data collection and also to link the researcher with the families/couples/women that have received your services pertaining to gender based violence.

This study will make great contributions in documenting NGO's responses to IPV in Lesotho and to strengthen the intervention programs.

Your participation in this study will be highly appreciated.

Faithfully Yours

Lebohlang Matela

lebohlangmatela@gmail.com

Cell: 59409928



Noted
19/07/17
pac m.

Approved
- please send to A&J Manager
for her attention
- M. J. S.
07/08/2017

Maling Ha Foso
P.O Box 15881
Maseru, 100

15 May 2017

The Director
Lapeng Centre
Maseru, 100

Dear sir/madam

Re: Permission to conduct academic research in your organization

I am a PhD student studying at the University of Kwazulu Natal, Pietermaritzburg Campus. The title of my research is: **Investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru, Lesotho.** I humbly request your permission for organization to participate in the study. Your organization is expected to participate in the interviews to be held during data collection and also to link the researcher with the families/couples/women that have received your services pertaining to gender based violence.

This study will make great contributions in documenting NGO's responses to IPV in Lesotho and to strengthen the intervention programs.

Your participation in this study will be highly appreciated.

Faithfully Yours
Lebohang Matela

Maling Ha Foso
P.O Box 15881
Maseru, 100

15 May 2017

The Director
She Hive
Maseru, 100

Dear sir/madam

Re: Permission to conduct academic research in your organization

I am a PhD student studying at the University of Kwazulu Natal, Pietermaritzburg Campus. The title of my research is: **Investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru, Lesotho.** I humbly request your permission for organization to participate in the study. Your organization is expected to participate in the interviews to be held during data collection and also to link the researcher with the families/couples/women that have received your services pertaining to gender based violence.

This study will make great contributions in documenting NGO's responses to IPV in Lesotho and to strengthen the intervention programs.

Your participation in this study will be highly appreciated.

Faithfully Yours
Lebohang Matela



ORG100.1.2/ND/246/2017

Maseru/ 09 AUG 2017

Dear Ms. Matela

**RE: PERMISSION TO CONDUCT ACCADEMIC RESEARCH IN UNITED NATIONS
POPULATION FUND (UNFPA)**

Following your request to conduct your academic research with UNFPA Lesotho, titled *"investigating the effectiveness of the prevention strategies employed by organizations dealing with intimate partner violence in Maseru"*. UNFPA agrees to allow you to conduct and utilize project proposals and reports under the El Nino GBV project.

UNFPA appreciates the contribution of your study and looks forward to receiving the final thesis report.

Kind Regards


Ms. Nuzhat Ehsan

UNFPA Representative



Ms. Lebohang Matela
PhD student

Appendix 4: Ethical clearance



15 May 2018

Ms Loboahang I Matela Z14584872
School of Social Sciences
Pietermaritzburg Campus

Dear Ms Matela

Protocol reference number: H55/0137/018M

Project title: Investigating the role and impact of intervention strategies employed by organisations dealing with intimate partner violence in Lesotho.

Full Approval – Full Committee Reviewed Application

With regards to your response received on 04 May 2018 to our letter of 19 April 2018, the Humanities and Social Sciences Research Ethics Committee has considered the aforementioned application and the protocol have been granted FULL APPROVAL.


Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


Dr Shamila Naidoo (Deputy Chair)

/pk

cc: Supervisor: Dr Janet Muthukd
cc Academic Leader Research: Prof Maheshvari Naidu
cc School Administrator: Ms Nancy Madau

Humanities & Social Sciences Research Ethics Committee

Professor Shenuke Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Urban 4000

Telephone: 031 261 2800/2809/2808/2807 Facsimile: +27 31 261 4008 Email: ethics@ukzn.ac.za / ethics@ukzn.ac.za / ethics@ukzn.ac.za

Website: www.ukzn.ac.za



100 YEARS OF ACADEMIC EXCELLENCE

Featuring Campuses:  Pietermaritzburg  Durban  Howard College  Medical School  Pietermaritzburg  Westville