

Roles of Community Members in the Prevention and Control of Domestic Violence Affecting Married Women in the Tourism Industry in Zimbabwe

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Abstract

The research sought to examine the roles of community members in the prevention and control of domestic violence affecting married women aged 19 to 49 in the Tourism industry in Zimbabwe. The study rose out of concern that domestic violence in Zimbabwe continues to be a problem affecting married women due to lack of law and machinery to tackle the problem. The study collected data from a purposive sampling of one hundred and fifteen participants, consisting of married women aged between 19 to 49, church leaders and traditional leaders. The qualitative descriptive survey collected data through key informant face to face interviews, semi – structured questionnaires and audio tapes. Thematic data analysis using Nvivo software package revealed that domestic violence requires the effort of everyone to be eradicated. It was concluded that spiritual leaders play a uniquely vital role in response to and elimination of domestic violence, as they carry the responsibility to protect and nurture the spiritual wellbeing of the community as a whole and its individual members. Domestic violence can negatively affect women’s physical, mental, sexual and reproductive health. The research recommended that there is need for community members to honour the rights of every woman who experience domestic violence so as to lead a life full of happiness and freedom irrespective of colour, age, class, abilities and religion. Community members to engage key stakeholders and positively influence them to become part of the solution.

Keywords: *Community members, domestic violence, married women, prevention, roles.*

1. Introduction

Domestic violence is a serious health concern globally and a violation of human rights that affects millions of people worldwide particularly women. Domestic violence in the home affects more women than men at a ratio of 1:3, although men can also be victims to female abuses at a ratio of 1:7. In addition, domestic violence does not only violate the fundamental human rights of women but it also undermines them from achieving their fullest potential around the world. According to latest research estimates one in three women experienced domestic violence in terms of physical, sexual, psychological and verbal violence. According to the researcher’s observations one in seven men experiences domestic violence in Zimbabwe. This paper introduced an overview of the roles of community members in the prevention and control of domestic violence affecting married women in the tourism sector in Zimbabwe, grounded on the view that women are abused by men mostly in the home. Central to this paper is the quest to gain understanding of the nature of abuse perpetrated against women by men in the home. The following research questions guided the research:

1. How prevalent is domestic violence?
2. What are the effects of domestic violence among women?

3. What are the roles of the community members in the prevention and control of domestic violence?

2. Literature review

Domestic violence is a serious threat to the physical and mental health of married women, making it a significant issue in public health initiatives (Zheng 2020 p1). Domestic violence refers to all forms of violence against women by means of beating, maiming, abuse, and restriction of personal freedom, abandonment and sexual abuse (Zheng, 2020 p1, 2). Since the start of lockdown, Gender Based Violence (GBV) service providers in Zimbabwe has seen an increase in reported GBV cases including the psychosocial, physical, sexual and economic forms of violence (Social Development Direct 2021). A 2018 analysis of prevalence data conducted by WHO across 161 countries found that worldwide, nearly 1 in 3, or 30% of women have been subjected to physical and sexual violence by an intimate partner or a non – partner (BMC, 2020 p2). Figures of physical abuse are disheartening despite numerous efforts of enactment of laws to protect women, gender based violence by government of Zimbabwe and development partners, it has remained a major challenge in Zimbabwe (Matizha 2014 p 1 & Zimbabwe Women Lawyers Association, 2011 p 2). Domestic violence has increased steadily since 2008 from 1 940 to 10 351 cases year 2013 in Zimbabwe. Women (70%) in Zimbabwe scored the government slightly higher than men did (67%) in the citizen's ranking on domestic violence (Madhivanan, Krupp & Reingold, 2014).. Domestic violence remains one of the most pervasive women's rights violations and perpetrators use it to keep women in subordinate roles. All forms of domestic violence negatively affect the political, economic and social empowerment of women and girls (Made, 2015)

The highest number of cases 56% was recorded in Mashonaland Central Province, while Mashonaland West Province had 47%, Harare had 42%, Matabeleland South had 39%, Bulawayo 29% and Matabeleland North Province had the lowest 17% of recorded cases. In the year 2010, 17% of married women experienced domestic violence by an intimate partner (Zimbabwe Central Statistical Office, 2010 p1, Musasa Project Annual Report, 2010 p1, and Zimbabwe Demographic and Health Survey, 2010 p1). The extent of domestic violence against women was found that, in 1996 sixty percent of women were physically abused. In 1997 forty-eight percent of women were physically abused. In 1998, fifty percent of women were physically abused and in 1999, sixty-two percent of women were physically abused. Physical abuse against women ranked fourth among the different forms of abuse in Midlands Province, in Midlands Province almost one in three women have reported being physically abused since the age of sixteen years (Musasa Project Annual Report Zimbabwe, 2000).

In addition, 9512 women reported being physically abused in Zimbabwe (Police Annual Report, 1999). Physical abuse affects more women than men, in a ratio of about 3 to 1 (Musasa Project Report Zimbabwe, 1996, National Police Annual Report Zimbabwe, 2000). According to statistics, a woman is battered every 15 seconds in Zimbabwe (Meierehoffer, 1992). Abused women are 5 times more likely to attempt suicide, 15 times more likely to abuse alcohol and nine times more likely to abuse drugs (Bean, 1992). There are a number of cases who are admitted in hospitals, but they never reveal that it's due to physical abuse (Musasa Project Report Zimbabwe, 2000). In Zimbabwe the actual scene of death to physical abuse against women is that the majority of the victims died at their homestead that is fifty-three percent, while

12.9 percent died in hospital and 30 percent died in other places, such as bush, or drowned in a dam or killed somewhere and put under a bridge. Some victims were found by the road side or hanging in a tree (Musasa Project Annual Report Zimbabwe, 1999-2000). “The prevalence of domestic violence ranged from 17 percent in Matabeleland North Province to 56 percent in the Mashonaland Central. 42% of women in Zimbabwe have experienced physical, emotional or sexual violence (or both) at some point in their lives” (UN Country Analysis Report for Zimbabwe, 2010).

In Zimbabwe domestic violence is seen particularly as human rights violation because of the physiological make up and gender roles performed. Sources report that domestic violence is an on-going concern in Zimbabwe (United States (US), 2010, Sec. 6; Freedom House, 2010 & Musasa Project, 2009). Country Reports 2009 states that “Domestic violence is underreported because it is viewed as a ‘private matter’ and perpetrators are only arrested when there is physical evidence of assault” (US, 2010 p 2). Sources report that gender based violence in Zimbabwe often goes unreported (US, 2012: 2, IOM, 2009). According to Musasa Project, (2009) one in three women in Zimbabwe were in abusive marriage.

“Domestic violence on women can lead to physical and mental health disability, depression, substance abuse and may cause adverse pregnancy outcomes such as premature birth and abortion. It can also affect the health of the next generation” (Zheng, 2020). Shidhani (2020) points out that “Domestic violence can cause antenatal depression, homicide among females, miscarriages, low birth weight of the baby, preterm labour, lack of attainment of the child and cesarian section deliveries. In addition domestic violence against women can lead to termination of pregnancy” (Shidhani 2020). Shahr (2020) stipulates that “Domestic violence can lead to mental health, reproductive health and chronic physical health consequences”. Sainz (2019) observed that domestic violence has a serious consequence for the health and wellbeing of women and females and it produces high economic and social costs for the whole population. Domestic violence can lead to psychological damage that remains throughout a woman’s entire life (Sainz, 2019). Frequently, domestic violence victims of domestic violence suffer from psychosomatic illnesses, insomania, eating disorders, and devastating mental health problems like post-traumatic stress disorder (PTSD, Croft, 2017). According to Nealon-Wood, 2016, mental effects such as post-traumatic stress disorder, depression, and anxiety are common among victims of domestic violence. The VAW Baseline Studies established that experience of domestic violence is significantly associated with mental health problems such as depression and suicidal tendencies (Made, 2015). Hasan. (2014) reports that, women experiencing domestic violence are more likely to suffer from depression, sleeping problems, and attempting suicide. Absence from work, caused by injuries or hospital visits, often result in women losing their jobs, such that they are not able to leave their abusive husbands. They may feel ashamed, suffer from a reduced self-perception, feelings of low self-worth, isolate themselves from friends and family and cannot participate in social activities (Croft, 2017).

There are other complex and serious issues that are as a result of domestic violence such as facing humiliation and restrictions in the family (Kaur 2014). On a different view Nonell (2013) supported by Victorian Government, (2012) victims of violence often isolate themselves, unable to reach out for support, are stopped from going to work, from participating in the community and belittled by their partners. According to Victorian Government, (2012) domestic violence affects women’s personal

wellbeing disturbs families and community relations. Victims also suffer from diverse set of factors, including demographic, socio economic, cultural disability and death in many countries (Feseha. 2012). Meyer, (2011) observed that women experiencing domestic violence face discrimination and lack of support by the police in fear of retributive victimization by the intimate partner and dissatisfying outcomes.

In addition, women affected by domestic violence continue to suffer from socio – cultural norms, misinterpretation of religious beliefs, inferior status and economic dependence. This rising burden partly exacerbated by lack of knowledge of the legal systems such as police and judiciary as well as social isolation and fear of the abuser. This places women at risk of being abused by their partners (Bibi 2014). A significant majority of domestic violence victims are at a higher risk of suffering from heart diseases and asthma (Nealon-wood, 2016). According to Rahman (2014), domestic violence is linked to adverse reproductive health outcomes such as miscarriages, premature delivery and pelvic inflammatory disease. Madhivanon. (2014) states that “Domestic violence has been linked to serious physical injuries, homicides, unwanted pregnancies, miscarriages, induced abortions and vulnerability to HIV and other sexually transmitted infections”. The World Health Organisation has noted that for women aged 15 to 44 violence against them is the greatest cause of female injury and illness on a global scale (Cornwall, 2016). In addition the impact of domestic violence is costly not only to the victim in terms of the personal, physical and emotional cost but also to the economy, with increased costs for health services, the criminal justice system, housing, safeguarding and social care costs and the lost economic productivity (Cornwall, 2016).

According to Stephenson. 2013 (Cited in Duran. 2009). Range of mental health outcomes associated with domestic violence which includes depression, sleep problems, anxiety, mental distress, post-traumatic stress disorder, and suicidal thoughts. While Madhvanan. (2014) argues that domestic violence against married women has been linked to serious homicide, unwanted pregnancies, miscarriages, induced abortions, vulnerability to HIV and Sexually Transmitted Infections (STIs) as well as serious physical injuries. Domestic violence compromises the health, dignity, security and autonomy of victims, serves to perpetuate male power and control, sustained by a culture of silence, denial of the seriousness of health and social consequences of abuse (Zimbabwe Women Lawyers Association, 2011). According to World Health Organisation (WHO) in (Cornwall 2016) report women experiencing violence suffer from injuries and illnesses on a global scale. Battering is the single major cause of in costs more than \$5 billion in medical and mental health care each year, and an estimated 8 million days of paid work are lost annually because of domestic violence (Nealon-wood, 2016). In a recent paper (Alesina 2015); found that economic factors influence current spousal violence in 18 sub-Saharan African countries. The researcher found that if women currently work, spousal violence against them is higher (Alesina, 2015). Mashiri, (2013), found that domestic violence has substantial costs to society in terms of medical care of domestic violence victims and prosecution of the perpetrator of domestic violence. There is also reduced labour productivity of abused married women, this negatively affects society development. Women reporting domestic violence are usually lower in socio – economic status, lower educational attainment and lack of remunerated occupation (Madhvanan 2014).

Community members should involve key stakeholders and positively influence them to be part of the solution to domestic violence. Both individual and collective efforts

are needed. Sebastian, B. & Lorenzetti, L. (2015 p7) suggested that the members of the community should honour the right of everyone to lead a life of freedom and happiness, irrespective of gender, race, class, ethnicity, age, colour, abilities and religion. In addition, community members should guarantee the spiritual, physical, psychological and mental growth and development of everyone every one in society, securing a livelier, happier and harmless future for the next generations. Findings by Nonell, (2013), suggests that community members should familiarise themselves with the possible signs and indicators of domestic violence, as someone who may not appear to be a victim of domestic violence maybe suffering in silence. In addition, should be able to educate many people about domestic violence, its impact and how to intervene safely, in collaboration with police community outreach officers, women's organisation, local schools, local companies and local domestic violence shelters.

Therefore, there is need for community members to implement talk shows, town hall meetings and group sessions so as to prevent and control domestic violence. Nonell, (2013), emphasised that community members should intervene to stop domestic violence or making the community a place where domestic violence will not be tolerated, have neighbourhood watch to stop violence, helping the victim to leave the abusers safely, and boosting community support network with technology by downloading a safety app, by alerting support network if the victim is in danger through a smart phone. According to Victorian Government, (2012), community members' roles are to provide measures to help prevent and control domestic violence before it occurs, assist those women who are at risk of experiencing violence, and providing early intervention measures to help change the behaviour of those at risk of committing violence before it occurs.

In addition, the roles of the community members are to provide a strong law and order emphasis, signalling its intention to prevent perpetrators from being involved in domestic violence, hold them accountable for their behaviour and help change their behaviours, be compassionate and have supportive response for women who experience domestic violence. Kivulin women's rights organisation, (2011-2015), put forward the view that all members of the community need to increase ownership of the problem since violence affects everyone, increasing knowledge about rights and legal provisions for women, increasing reports on violent cases to formal and non-formal institutions and advocating women to live free from domestic violence.

3. Data collection methods

The study adopted a qualitative research design as it allows the researcher to discover the participant's inner feelings, opinions, thoughts, values, and beliefs to figure out how meanings are shaped through in a cultural set up. The study collected data from a purposive sampling of one hundred and fifteen participants consisting of eighty married women, church leaders and traditional leaders. The qualitative descriptive survey collected data through key informant face to face interviews, semi – structured questionnaires and audio tapes. The observation method and the documentary analysis were also established. Data was analysed using NVivo.

4. Findings

Findings revealed that spiritual leaders play a uniquely vital role in response to and elimination of domestic violence, as they carry the onus to protect and nurture the spiritual wellbeing of the community as a whole and its individual members.

4.1 The prevalence of domestic of domestic violence in Zimbabwe

The researcher discovered that there are many reports of domestic violence from the church leaders. Some participants reported fifteen to twenty cases of domestic violence per month. The rate of cases is seasonal where there is a dramatic increase in cases during tobacco-selling season as most fights emerge over the control and use of proceeds from tobacco sales. Other leaders from the church noted that the cases are prevalent because of shortage of cash, general economic hardships and use of drugs, especially alcohol. The argument here is that economic hardships are emasculating men who are unable to assert their authority as fathers and households through providing for their families. Other church leaders had different experiences where there are no reports of domestic violence, this is because within the church and community most types of domestic violence are done secretly and victims are not reporting, that means most cases go unnoticed and unreported.

From traditional leaders such as chiefs and kraal heads there is a high occurrence of cases of domestic violence at the traditional courts. It is also important to note that there are counsellors who represent traditional leaders in urban areas. In the interviews the leaders noted that cases of domestic violence range from two to twelve per month. This shows that domestic violence remains a systemic problem in Zimbabwe. One of the traditional leaders noted that domestic violence occurs in the family ranging from one to three times especially around month end according to 14 participants from the family members. This shows that domestic violence is very high within the family system. Findings from this study revealed that victims of domestic violence usually turn to their family members when involved in domestic violence for family support. Out of 15 participants of the family members, (n=5) married women experiencing domestic violence turned to their sisters in-law, (n=3) turned to their brothers in law, (n=2) turned to their mothers in law and (n=2) turned to their sisters (n=1) turned to the cousin sister, (n=1) turned to the daughter and ((n=1) turned to the grandfather for family guidance and counselling.

4.2 The effects of domestic violence

Domestic violence affects women in deep and emotional ways that affects self-esteem and self-worth. The study results show that (n=10) of the 50 participants have low self-esteem; (n=10) feel depressed; (n=8) feel hopelessness and bitter; and more concerning (n=6) are suicidal. These statistics highlight the deep psychological effects of domestic violence. This affects work, family life and women's ability to reach their full potential. One of the women in the Focus Group Discussions noted that:

Domestic violence affects her self – worth and makes her lose confidence.

Women who suffer domestic violence find it difficult to excel at home or at other activities. The study results clearly show that women mainly felt hopeless, bitter, suicidal, depressed and low esteem after being involved in domestic violence. Domestic violence affects the family unit as some whole especially children. One respondent highlighted that domestic violence affects children negatively. The researcher found that the majority of participants (n=8) believe that domestic violence leads to negative behavioural change in children such as drug abuse, low grades and embarrassment. (n=4) of the participants noted that it affects children psychologically. This shows that domestic violence is not relegated to the secrecy of the bedroom but it is rather a community problem. The study findings (n=5) of the participants noted

that domestic violence leads to disruption of peace and tranquillity from fights. Importantly, (n=3) of the participants noted that it is difficult to explain to their children about domestic violence. According to participants, domestic violence brings shame on the family, can lead to wars between families and divorce. Domestic violence has deep rooted impacts on the victims and survivors. It affects women in deep and emotional ways that affects self-esteem and self-worth. The study results help illuminate that domestic violence also negatively affects the local community. This shows that domestic violence is not relegated to the secrecy of the bedroom but it is rather a community problem. The study findings (n=5) of the participants noted that domestic violence leads to disruption of peace and tranquillity from fights.

Domestic violence exposes married women to conditions like depression that are stress related. Research findings revealed that domestic violence victims often suffer from stress leading to depression and loss of self-esteem (Mashiri, 2013:96 & Shidani, 2020 p 4, 17, 19). The findings were supported by the Victorian government, 2012:27 who revealed that domestic violence victims often suffer from psychological trauma which ranges from depression, anxiety, self-harm tendencies and loss of self-esteem.

4.3 The roles of community members in the prevention and control of domestic violence in Zimbabwe

The role of the community was emphasised by the various church leaders who argued that domestic violence requires the effort of everyone to be eradicated. The community was seen as an important driver of programmes that promotes safety of women and all the victims of domestic violence. It can act as a sanctuary and a source of encouragement unlike now where people simply ignore and do not get involved even when the abuse is public. This statement is supported by excerpts from one of the leaders from the Seventh Day Adventist who highlighted that:

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

The findings reveal that communities of faith play a unique and vital role in the response to and elimination of domestic violence, as they carry the responsibility to protect and nurture the spiritual wellbeing of the community as a whole and its individual members. Victims and survivors of domestic violence may turn to faith leaders for spiritual guidance in support before or instead of secular domestic violence services, because of the unique dimension they can add to the overwhelming experience of seeking help. Church leaders provide numerous ways in handling cases of domestic violence within the context of the church. Church leaders outlined strategies during interviews such as counselling which includes the use of Bible and Christian messages to help the victims and also the perpetrators to move on and accept comfort in God. For women this type of counselling is done in such a way that it does not challenge the patriarchal order or empower them to leave an abusive marriage. One of the participants noted the process they use is talking to the affected person first

providing relevant counselling from the word of God. When the victim is comfortable church leaders will then talk to the perpetrator and where applicable can call for professional help. One of the church leaders however noted that in their church they advise victims to report to the police if the violence continues. Mediation is one of the most important aspects of how churches respond to domestic violence. All the church leaders noted how divorce is shunned and thus the idea for mediation is to find a resolution that brings the couple together and saves the marriage. Chapters and verses in the Bible are used to promote reconciliation. Some of the church leaders noted that they are involved in programmes, which denounce domestic violence such as campaigns which include training, advocacy and couples' retreat. These awareness campaigns are geared towards changing attitudes and promoting peaceful conflict resolution within the home.

Family members highlighted what they perceive as roles of the community in preventing domestic violence such as encouraging men to solve issues amicably and not to resort to physical violence to solve domestic issues. In addition, supporting educating and empowering the victim and protecting her from further violence or injuries as well as bringing peace between the two by reporting the matter to the police. *Women are encouraged to submit themselves to their husbands to avoid further problems of abuse.* In Zimbabwe, women are viewed as property and a gender role assigned to them as sub servants to men (Mashiri, 2013: 97). Therefore, in a male dominant society women are supposed to be submissive and obedient for every decision pertaining to their household affairs, contraception, number of children and their education (Matizha, 2014:5). Family members are recognized as relevant and influential when it comes to the prevention and control of domestic violence as it affects the well-being of every member of the family (Meyer 2009 "Cited in Lions. 2005:3). Therefore, family members have an important role when it comes to prevention and control of domestic violence among married women. Hence family support alleviates social stress, improves mental health and psychological well – being of married women experiencing domestic violence. Family members should promote women's safety and strengthen family unit.

Traditional leaders indicated that they are assisted by village committee members to assess the problems of both parties in order to detect the route problems of domestic violence at the traditional court. Both parties are counselled, whereby elderly men counsel the husband and elderly women counsel the wife so as to aid reconciliation. The perpetrator is fined money or a goat depending on the severity of the case. Serious matters are referred to the police for counselling and charges and to the hospital for treatment and further counselling. All participants advocated for awareness campaigns against domestic violence in the community. Traditional leaders remain an imperative and influential citizenry in Zimbabwe. As such the campaign against domestic violence in Zimbabwe requires the full participation of this group for its success. Domestic violence is immersed in a system of harmful practices, which are justified using religion and custom under a patriarchal worldview that has no place in any democratic spaces. It is thus important to highlight how traditional leaders as the custodians of culture in Zimbabwe can be used to fight these practices. A study by Safaids (2010) indicates that traditional leaders and structures remain influential among a large majority of the population in urban and rural Southern Africa. Traditional leaders wield influence and command much respect in their communities therefore are in many ways the gateways to any intervention seeking the participation of local people. They are the custodians of culture that makes them important drivers

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

5. Discussion

The study revealed that women in Zimbabwe continue to suffer high levels of domestic violence. The above findings concur with the previous findings from (Patricia A. Made, 2015 p9), who revealed that women in Zimbabwe continue to suffer high levels of physical and sexual violence. In addition the study revealed that there are many reports of domestic violence from the church leaders and the economic hardships were blamed for the increase in domestic violence among women. Findings also revealed that there is a high prevalence of domestic violence cases at the traditional courts. In rural areas, the traditional court is often readily available as a remedy for victims of violence. It is also important to note that there are counsellors who represent traditional leaders in urban areas. Therefore many abuses in Zimbabwe are perpetrated due to gender inequality, social norms, poverty or low social and economic status of women. They are regarded as weak legal sanctions within marriage, lack of women's civil rights, marriage laws are weak and there is broad social acceptance of violence (WHO, 2012 p4). In addition, women who lack economic resources are expected to obey their husbands according to social – cultural norms. Any deviations from the set norms subject them from being disliked by their families resulting in domestic violence (Seema 2014).

The effects of domestic violence on women go beyond the immediate physical injuries they suffer at the hands of their abusers. Domestic violence can cause homicide among females, miscarriages, and low birth weight of the baby, preterm labour and lack of attainment of the child (Shidhani, 2020 p 7 – 9). Frequently, domestic violence victims suffer from an array of psychosomatic illnesses, insomania, eating disorders, and disturbing mental health problems like post-traumatic stress disorder (PTSD, Harry Croft, 2017). According to Michele Nealon-Wood, 2016, domestic violence causes mental effects such as post-traumatic stress disorder, depression, and anxiety are common among victims. The VAW Baseline Studies established that experience of domestic violence is significantly associated with mental health problems such as depression and suicidal tendencies (Patricia A. Made, 2015).

Thematic findings revealed that domestic violence requires the effort of everyone to be eradicated. In addition, the study revealed that spiritual leaders play a uniquely vital role in the response to and eradication of domestic violence, as they carry the responsibility to protect and nurture the spiritual wellbeing of the community as a whole and its individual members. Victims and survivors of domestic violence may turn to faith leaders for spiritual guidance in support before or instead of secular domestic violence services, because of the unique dimension they can add to the sometimes-overwhelming experience of seeking help. The researcher discovered that church leaders provide numerous ways in which they handle cases of domestic violence within the context of the church such as counselling sessions of both parties,

mediation where by chapters and verses in the Bible are used to promote reconciliation and campaigns against domestic violence. The study also revealed that respondents were for the idea of forming support groups for victims to ensure that they have a support structure to lean on. In addition, they were for the idea of the need for awareness campaigns so as to ensure that women and men are capacitated with knowledge of laws and knowledge of what to do in the event of domestic violence. Respondents were of the view that there is need of community based counseling, increasing reporting cases to police and assisting women to get protection orders. This finding is aligned to the findings of the report of Kivulin Women's' Rights Organization (2011-2015 p4), that promotes reporting of domestic violence as the only means of curtailing domestic violence. The importance of family counseling to empower the victims and perpetrators of domestic violence was also a finding for the current study for women who wanted to leave an abusive marriage. In addition, the results showed the importance of mediation as a means to bring the couple together, promoting reconciliation and save the marriage. Mediation is both a cultural, religious and contemporary means of dealing with domestic violence (Nonell 2013). The difference between mediation by all the groups is that the traditional and religious groups based it on norms that in a way perpetuates the violence as it requires married women to submit to their husbands and to honor and respect. However, the needs identified in this study appear universal and appear to corroborate findings from studies that is from other countries showing similar major needs of married women experiencing domestic violence (Nonell, 2013 p127, Victorian Government, 2012, Kivulin women's rights Organization, 2011 – 2015).

6. Conclusions

The study revealed that respondents were for the idea of forming support groups for victims to ensure that they have a support structure to lean on. In addition, they were for the idea of the need for awareness campaigns so as to ensure that women and men are capacitated with knowledge of laws and knowledge of what to do in the event of domestic violence. Respondents also highlighted the need of community based counseling, increasing reporting cases to police and assisting women to get protection orders. This finding is aligned to the findings of the report of Kivulin Women's' Rights Organization (2011-2015), that promotes reporting of domestic violence as the only means of curtailing domestic violence. The importance of family counseling to empower the victims and perpetrators of domestic violence was also a finding for the current study for women who wanted to leave an abusive marriage. In addition, the results showed the importance of mediation as a means to bring the couple together, promoting reconciliation and save the marriage. Mediation is both a cultural, religious and contemporary means of dealing with domestic violence (Nonell, 2013).

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The findings also revealed that the community should facilitate programmes that educate and conscientise people to guard against domestic violence. The community was seen as an important driver of programs that promote safety of women and all the

victims of domestic violence. In addition, the community can act as a sanctuary and a source of encouragement for the victim, informing the authorities of any incidences of violence they come across. Community should be initiative in ending domestic violence, holding its members accountable for their actions on domestic violence. Religious and traditional leaders have a major role to play in the prevention and control of domestic violence.

7. Recommendations

The study recommends that:

- There is need for members of the community to engage key stakeholders and to positively influence them to be partners in the prevention and control of domestic violence.
- There is need for the health workers, police officers, church leaders and traditional leaders to jointly working together so as to prevent and control domestic violence in Zimbabwe.
- The Zimbabwean government should support the public in order to access the tools of information they need to prevent and control domestic violence.
- There is need to in co-operate the components of family, community, religion, cultural and education support so as to deal with domestic violence affecting married women in Zimbabwe.

References

1. Bibi S. Ashfaq, S. Shalkh, F. Mahammad, P. & Qureshi A. 2014. Prevalence, Instigating factors and help seeking behaviour of physical domestic violence among married women of Hyder a bad, Sindn. *Pacific Journal of Medical Science*. 30: 122-125.
2. Cornwall & the Isles of Scilly Domestic Abuse & Sexual Violence Strategy 2011 – 2015. (<http://www.cornwall.gov.uk/media/10887408>).
3. Creswell, JW. (2014). *Research design: quantitative & qualitative mixed methods*.
4. Croft, H. (2017). *Effects of domestic violence, domestic abuse on women and children*.
5. Demographic Health Survey (DHS), (2021). *BMC: Prevalence of Interpersonal Partner Violence (IPV) against women and associated factors*.
6. DeVry (2013). *Intimate partner violence: Economic costs and implications for growth and development*. The World Bank Group. www.worldbank.org/gender/agency.
7. Feseha, G. G/Marian &Gerbaba, M. 2012. *Intimate partner physical violence among women in Shimelba refugee camp, Northern Ethiopia*. (Public Health: 12-125).
8. Hasan, Muhaddes, Camellia, Selim & Sabina & Rashid 2014. *Prevalence and Experiences of intimate partner violence against women with disabilities in Bangladesh*.
9. Hawcroft, C. (2019) *BMC Public Health: Prevalence and health outcomes of domestic violence among clinical populations in Arab countries: A systematic review and Meta – analysis*.
10. Kivulin Women’s Rights Organisation Five Year Strategic Plan 2011- 2015.
11. Kumar, R. (2011). *Research methodology: a step-by-step guide for beginners*. 3rd edition. London: Sage Publications.
12. LucChristiaensen, (2016). *Domestic Violence and Poverty in Africa: When the Husband’s Beating Stick is Like Butter*.

13. Luckson, Mashiri, (2013). Conceptualisation of Gender Based Violence in Zimbabwe, *International Journal of Humanities and Social Science*.
14. Madhivanan, P. Krupp, K & Reingold, A. 2014. Correlates of Intimate Physical Violence among Young Reproductive Aged Women in Mysore, India. <http://aph.sagepub.com/content/26/2/169>.
15. Mayer, C, Williams, B, Wagner, EH, LoGerfo, J P, Cheadle, A & Phelan, EA. 2010. Health care costs and participation in a community- based health promotion program for older adults. *Prevention of Chronic Diseases* 7 (2). From: http://www.cdc.gov/pcd/issues/2010/mar/09_0003.htm.
16. Ministry of Women Affairs Gender and Community Development, 2015. Anti-Domestic Violence Council. A Zimbabwean Society Free From Domestic Violence.
17. Nealon, M. (2016). The reality of domestic violence and its impact on our societies.
18. Shidhani, N. (2020). Prevalence, risk factors and effects of domestic violence before and during pregnancy on birth outcomes, an observational study of literate Omani women.
19. World Health Organization [WHO]. (2013). the ecological framework. Retrieved from www.who.int/violenceprevention/approach/ecology/en/index.html.
20. Zheng, B. (2020). BMC Public Health. The Prevalence of Domestic Violence and its association with family factors: A cross sectional study among pregnant women in urban communities of Hengyang City, China.
21. Madhivanan, P., Krupp, K., & Reingold, A. (2014). Correlates of intimate partner physical violence among young reproductive age women in Mysore, India. *Asia Pacific Journal of Public Health*, 26(2), 169-181.