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RECURRENT MALE-TO-FEMALE PARTNER VIOLENCE IN MKOBA HIGH DENSITY SUBURB OF GWERU TOWN IN ZIMBABWE

Cowen Dziva⁴, Didmus Dewa⁵ and Princess Khumalo⁶

Abstract: The study aimed to establish factors responsible for repetitive intimate partner violence and its effects in high density suburbs of Zimbabwe. This qualitative study was informed by a phenomenological design to have a deeper understanding of repetitive domestic violence in Mkoba. The study relied on data from seven victims and three perpetrators of domestic violence snowballed in Mkoba suburb of Gweru. This data was complemented with literature review, observations and key informant interviews with five purposively selected domestic violence service providers. Data were thematically analysed. It emerged that repetitive intimate partner violence results from economic and patriarchal forces amid administrative inadequacies of service providers. Domestic violence recurrence results in stunted social development and infringement on women and children's rights. The study recommends for comprehensive women empowerment and protection of measures, and awareness raising for communities to re-think anti-human rights norms.

Keywords: Intimate partner, violence, domestic violence, patriarchy, repetitive

1. INTRODUCTION AND BACKGROUND

Domestic violence (DV) definitions vary from one society to another. What may be termed DV in one place may not be viewed as such in another place. In trying to come up with a working definition of DV, the Human Rights Watch

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(2015) explains it as usually involving the infliction of bodily injury, accompanied by verbal threats and harassment, emotional abuse or the destruction of property as a means of coercion, control, revenge or punishment on a person with whom the abuser is involved with in an intimate relationship. According to the Domestic Violence Act of Zimbabwe (DVA 2007), DV is "...any unlawful act, omission or behavior which results in death or the direct infliction of physical, sexual or mental injury to any complainant by a respondent ...". The DVA (2007) goes on to list such actions as physical, sexual, emotional, and economic abuse just to name a few. This article adopts the DVA's definition for DV. This study however, narrows the focus to physical abuse perpetrated by an intimate partner. While the focus will be on physical violence by intimate partners, the study will however, keep on referring to other categories of DV. This is mindful of scholars such as Grovert (1998) who asserts that nearly all physically abusive relationships include an element of emotional and psychological abuse. Thus rendering it almost impossible to separate the DV components.

Intimate partner violence (IPV) remains the most prevalent and pervasive form of DV. This is often perpetrated by a husband or other intimate male partners against the wife or a cohabiting female partner (Vives et al 2010; Watts and Zimmerman 2002; Heise, Ellsberg and Gottemoeller 1999). In a majority of cases, victims of IPV are women while the perpetrators are men (Heise et al 1999; Dziva 2018). At least 60% of African women adults have experienced physical and sexual violence from their most recent spouse or live-in partner (UNAIDS 2011). Statistics from Zimbabwe likewise show how one in every four women is in an abusive sexual relationship and at least one in every three women have been repeatedly beaten or subjected to sexual abuse in her lifetime (MWGCD & Gender Links 2013). The study further noted how 41 percent of men surveyed admitted to inflicting abuse against their partners (Ibid).

Cases of DV recurrence are disturbing given that several international, regional and national instruments have been put in place to curb the scourge. Locally, the Constitution of Zimbabwe (2013) condemns violence and encourages all institutions to ensure the protection of the family unit under Section 25 (b) and Section 80 (3). Likewise, the DVA (2007) criminalize DV and protect the family unit in accordance with Article 16:3 of the Universal Declaration of Human Rights, Article 18:1, 2 and 3 of the Banjul Charter, and the Convention on the Elimination of all forms of Discrimination Against Women, all of which Zimbabwe is a signatory. The DVA has been hailed as a "landmark piece of legislation that would be the panacea for women's domestic violence woes" (Sithole & Dziva 2019: 580). The Anti-Domestic Violence Council (ADVC) was put in place to monitor implementation of this Act (ADVC Strategic Plan,

2012). The Council has a critical role to play in ensuring that Zimbabwe implements policies and laws to address DV (ADVC Strategic Plan 2012).

Even with progressive human rights instruments against DV, there is a noted increase in cases of DV in Zimbabwe, from 1 940 in 2008 to 10 871 in 2012 (Langa 2013). In 2006, about 40 500 DV cases were reported to the police between January and September (New Zimbabwe 2016). In the majority of cases, women victims report multiple intermittent incidents of physical violence by intimate partners (MWGCD & Gender Links 2013). All women interviewed for this article indicated to have suffered periodic victimization during an average of six months period following their 'initial' victimization. This is evidence of the cycle of violence against women that is also recurrent (MWGCD & Gender Links 2013). Undeniably, DV continues to recur at alarming levels especially in the high-density areas, affecting couples between the ages of twenty and forty years old in most cases (Kodzero, VFU, 2016).

Literature on DV consistently shows wife-beating, in most violent households, as a pattern and not a single event (Gelles and Levine 1999; Strauss 1999). A study by the National Violence Against Women Survey which focused on a sample of 8 000 women of over 18 years found that, approximately two-thirds of women physically assaulted by an intimate partner had been victimized multiple times (Rand 2013). Such repeated physical violence against a woman by an intimate partner is the focus of this article. DV recurrence happens when altercations occur again and again in an intimate relationship, and the victim has or not previously presented a case to the police and/or DV service providers but to no avail. Indeed, some victims do gather the courage and contact the law enforcement agents. However, the perpetrator is rarely apprehended, and the victim returns home where the situation worsens (Coleman and Cressey 1987).

Given the highly consistent recognition that DV is repetitive in nature, it is striking that existing literature does not go very far beyond identifying the recurrent nature, averaging the frequency of events, and estimating its duration (Rand 2013). Uniquely, this article seeks to discover why DV recurs, the plight of victims, and to envisage sustainable strategies to curb it Zimbabwe.

The article is organized as follows; it starts with this introduction and background section, before explaining the methodology and theoretical underpinnings of the study. Thereafter, the article presents and discusses the results of the study. The article ends with a conclusion, which sums up the study and recommends a number of strategies to effectively deal with repetitive IPV.

2. STUDY AREA AND METHODOLOGY

This study is confined to Mkoba, a high-density suburb in Gweru, the third largest city located in the Midlands province in Zimbabwe. Of all the national reported IPV cases to the Victim Friendly Unity (VFU) in 2010, the province recorded the highest at 55 percent, followed by Mashonaland Central province with 40 percent (Sachiti 2011). A study by Panganai (2013) also noted an average increase of 78% in the cases reported at three selected DV service providers in Gweru. The Gender Links (2015) study also ranked the Midlands province the third highest in terms of IPV prevalence, with 73% and 50% of women reporting penetration and experiencing violence, respectively. Service providers contacted for this study also confirmed receiving an increased number of IPV victims seeking justice and services from high density suburbs, mainly Mkoba (Interview with Rubetsero, Musasa 2015).

This qualitative study adopts a phenomenological research design to understand the phenomenon of DV recurrence in Mkoba suburbs. Using the approach and design, the researchers gained a deeper appreciation of victims, perpetrators and stakeholders' perspectives with regard to IPV recurrence. A phenomenological based study with victims of DV is important as it creates an ontological space for their life histories and personal narratives to be heard, acknowledged, and validated (Denzin & Lincon 2003). A popular understanding concerning victims of IPV is that they are vulnerable and marginalised. This informs a participatory and in-depth orientation for the study backed by the researchers' conviction that IPV research, issues and practice should be discussed with the victims who experienced the phenomenon. Giving victims a voice is valuable and helps in the identification of ways in which victims create meanings and experiences in their lives (Riger 2015).

The study's sample was made up of seven victims and three perpetrators of IPV snow-balled in Mkoba suburb. In addition, the study relied on five purposively sampled representatives of service providers for views on repetitive DV in the study area. The contacts and networks of the chosen service providers also assisted a great deal in the recruitment of victims and perpetrators of DV for in-depth interviewing. IPV studies are sensitive and participants are often hesitant to reveal such personal aspects of their lives, hence the need for support organizations to aid in locating victims and perpetrators. With support from service providers, their networks and contacts, researchers reached to victims and perpetrators of DV in the study area.

In-depth interviews and observations were used for data collection. With in-depth interviews, the study ensured that victims and perpetrators provided clarified and detailed accounts of their perspectives of DV recurrence. The respondents were visited at their homes and offices which provided a relaxed

and more comfortable environment for them to shed light on DV recurrence. The researchers explained the purpose of the study to participants, and commenced the interviews thereafter. Observations augmented data from in-depth interviews. The study also made use of document review.

Data were analysed in accordance with the themes derived from the objectives of the study. With the thematic analysis technique, the study managed to rigorously explore subjective IPV experiences of victims and perpetrators. Researchers also respected the request by all respondents to remain anonymous in this research. Thus, pseudo names were used in order to protect the identity of the participants.

3. THEORETICAL FRAMEWORKS

The study was guided by the conflict and patriarchal theories. Both the conflict and patriarchal theories view gender inequality and IPV as part of the universal problem of exploitation of the weaker sex by the strong (Gelles and Levine 1999). Patriarchy refers to a social system in which men have all the power and say. Thus, the problem of IPV recurrence is not just an individual issue, but is deeply embedded in societal values and norms. In most patriarchal societies, men use their superior strength over women's vulnerability to maintain power and authority (Gelles and Levine 1999). Many of the Zimbabwean cultures highly consider wife beating and subordination as the most appropriate way of correcting a woman's inappropriate behavior and above all, a method for stabilizing marriages (Interview with Mubatsiri, Traditional Healer, 2016). According to the theory, early wife beating in a marriage makes the wife to quickly know and understand that the husband is the only voice to be heard in the union. Patriarchal theory assumes DV recurrence, especially against women to be an important and justifiable way of preserving male dominion and control in the family.

The conflict theory believes that conflicts in intimate relationships are an inevitable economic issue (Coleman and Cressey 1987). Both people, with or without resources, will constantly be in quarrel. Richardson and Taylor (1997) noted that there are quite a number of resources in a relationship, such as talent, money, a good job, or reputation, which the other partner may not have. The disparity of resources between partners in relationships manifest in the form of conflicts. This often happens when one partner develops an inferiority complex or hurt ego (Richardson & Taylor 1997). A hurt ego often develops amongst partners, especially wives as husbands have an advantage in terms of resources, thus dominating in the relationship. A hurt ego can slowly develop into bitterness and can manifest itself in repetitive violence (Coleman & Cressey 1987). As well, a husband failing in his expected duties of providing

for the family is likely to turn violent in order to maintain dominance and power in the relationship (Ibid).

4. RESULTS AND DISCUSSION

The section presents and discusses findings that arose with regards to the causes and impacts of recurrent IPV in Mkoba high density suburb in Zimbabwe. The results are presented and discussed in two main themes that are the causes and impacts.

4.1 Causes of IPV Recurrence

In this study causes of IPV relate to the economic and social forces that perpetuate IPV recurrence in high density suburbs of Zimbabwe. The section also relates to service providers' administrative inadequacies that perpetuate the recurrent nature of IPV in Zimbabwe.

The participants reported that IPV recurrence is mainly a result of economic challenges. A majority of victims revealed that DV often occurs when problems that require money weigh too heavy against a situation of the couple's limited money and resources. In validating their claims, some respondents mentioned that quarrels between couples often rise when schools open, with children requiring school fees, levies, pocket money and uniforms. Without money to fulfil these needs, couples often argue and fight thereby causing recurrent DV. As Rwadzisai (victim) uttered that "*[m]y husband does not want to hear any money requests to buy goods, food or to pay school fees for the kids. I need to approach him in good times otherwise when I approach him in bad times he would beat and lash at me as if I insulted him*". Another victim, Shingai narrated how her husband often beat her whenever she reminds him of the need to pay schools fees and buy uniforms for their children. Tired of the beatings, Shingai often sends the children to remind the husband of their needs. The results on the influence of economic problems to repetitive DV corroborate views of conflict theorists and studies by Davies (1994) in Papua New Guinea. In Davies' study, victims of IPV revealed how couple fights occurred towards school openings, when certain resources are needed most for children.

In face of socio-economic doldrums characterized by high unemployment rates, retrenchments and poor remuneration in Zimbabwe, couples find themselves in deep poverty. Without employment and reliable income, many families are poverty stricken and food insecure in high density suburbs. This potential raises couples' stress levels in the marriage. These socio-economic challenges affect the social cohesion amongst resource constrained couples. Davies (1994) concurs with the assertion that conditions of underdevelopment and poverty have the potential to create an environment that is ripe for IPV

recurrence as couples react differently, with some resorting to alcohol and drug abuse, which in turn perpetuates violence within the home. One victim uttered that:

When my husband is sober there is no problem, we can argue but no fighting. Problems arise when he is drunk, when he is broke and when things are not working well for him. During such days, it's a crime to tell him that there is no relish or a child needs an exercise book. Doing so will be inviting insults and claps... I'm now used to it, I just cry and it will be done (Rwadziswai, Victim 2016).

Considering that most wives in high density suburbs are not employed, their survival cannot be obtained elsewhere outside the abusive marriage. In the same way with Rwadzisai's case, desperation and fear of the unknown by women victims of DV causes them to endure insults and violence.

Contrariwise, some respondents blamed the availability of money to also result in repetitive IPV against women. Some victims of IPV complained that their irresponsible husbands do not come home during pay days and when they receive yearly bonuses in the last quarter of the year. Explaining this, Shamhumwana (victim) explained that:

It is a tradition that my husband does not come home or often comes late when he gets money from his gold panning escapades in Lower Gwelo ... He forgets that he left children behind who need fees and food on the table. So when he comes back I often search his pockets and confiscate whatever amount I find in the pockets... that's when we start fighting

Another victim stated that:

It's rare for my husband to come back home during paydays. I remember in 2016 when he got his bonus, he came back after 2 weeks at work... He even went and paid *lobola* (bride price) for a second wife who was already expecting his so-called child. He often goes to stay at an apartment he rented for the woman. Inevitably, I often go there and drag him back home and that's when he then beats me up (Shingai, Victim 2016).

Indeed, more money has seen many husbands marrying additional wives, engaging in extra-marital affairs and drinking excessively, something which leads to periodic fights between couples. Discussions with service providers including the Musasa Project and the VFU highlighted that 60 percent of recurrent cases of IPV are reported between the end of the month and the first week of the month when most people receive salaries and remittances.

It also emerged from this study that IPV recurrence is a result of deeply embedded patriarchal and cultural beliefs in society. In many patriarchal societies, wife beating is tolerated and society often blames female victims for provoking and pushing male perpetrators to beat them. Explaining this, Shingai stated that: *If you go to seek help after being abused you are always told to respect the husband even if he is the one who is wrong.* This study further noted that male perpetrators of IPV also blame victims for their behaviour. One perpetrator, Chivokohegudo stated that: *My wife is very talkative and hardly gives me any respect. As the husband I'm then forced to react and chasten her whenever she utters unpleasant things to me.* In traditional circles, it is acceptable and tolerated that a husband beats his wife or wives for misbehaving and for failing to respect their husbands who paid bride price for them. This belief is in line with the patriarchal theory which notes how patriarchal societies have a social and cultural acceptance that physical chastisement by the husband is necessary to "correct" an erring wife (Visaria 2000). Heise et al (2002) explains that many cultures hold that men have the right to control their wives' behaviour and those women who challenge that right –even by asking for household money or by expressing the needs of the children may be punished. These studies (Watts and Zimmerman 2000; Heise et 1999) corroborate the results of this study which revealed highly patriarchal tendencies in the study area where women are believed to be under the legal authority of men which allows them to punish their disobedient wives. Studies from different patriarchal societies have identified a common set of role expectations for women including preparing food properly, caring for children, not arguing with the husband and meeting the sexual needs of the husband (Hindin 2003). Failure to meet such expectations calls for the husband to beat the wife. Thus perpetuating an unending violence against wives by husbands in society.

Results of the study also point to the influence of religious and traditional leaders in causing repetitive DV. Religious leaders are accused of prescribing concoctions for female victims of DV to give to their husbands in an effort to calm their unwanted behaviours. The discovery of those concoctions by husbands often results in periodic fights. In some cases, partners approach prophets and *n'angas* (traditional leaders), who often blame or accuse partners of being haunted by evil spirits, which pushes them to fight always. In one instance, Tizai explained that they sought divine intervention for their marriage from a prophet. *The prophet allegedly told us that it was my grandmother who sends goblins that make the couple fight towards pay day so that there is no budgeting and the salary will be spent on unnecessary activities such as beer drinking with the husband's friends* (Tizai, Victim, 2016). Resultantly, the wife is forced to either attend ritual cleansing ceremonies, or leave the house to

pave way for a new wife. Upon refusal to abide by the husband's instructions, the wife is often beaten up with clenched fists.

Peer pressure from relatives and friends often results in IPV recurrence among couples in society. In some instances, relatives ignite DV recurrence in stable relationships. One respondent explained how she was beaten for not giving her husband's unemployed brother-in-law money to pay *lobola* (pride price) for his expecting wife (Shamhumwana, Victim, 2016). In most Zimbabwean societies, poor relatives rely on the educated and employed male relative to take care of the family by all means since most of the parents' money would have been spent on his education. Failure by the educated relative to look after relatives may attract hatred from the family. Normally, the husband's relatives end up hating the wife, as they think the wife prevents the husband from taking care of them. More so, close friends and relatives can exert a lot of influence on the husband, forcing him to consider divorcing the wife by way of framing bad behaviour about the wife. This normally leads to quarrelling and the beating of the wife by the husband.

Repetitive IPV is also a result of adultery by intimate partners. Interviewed service providers for DV noted that about 15 percent of women IPV victims would have committed adultery (Kodzero, VFU, 2016). This was confirmed by Watts and Zimmerman (2000), that women are frequently accused and beaten by their intimate partners for infidelity. Thus, IPV is viewed as a way to punish a promiscuous wife. It also emerged from victims that adulterous (or cheating) husbands often start beating their wives for no apparent reasons, in order to make the wife vacate the home and make room for their new lover. In some instances, the discovery of infidelity by wives makes them lose respect for their husbands leading to continuous fights whenever the extramarital affair issue is raised.

Recurrence of spousal abuse may also arise from barrenness and specifically the failure to bear a male child in a marriage. Culturally, husbands want sons to inherit their belongings because daughters are regarded as outsiders who will be married to another family. Often, when a wife fails to conceive or give birth to a daughter instead of the much needed son, the husband blames the wife for being infertile and sometimes uses violence against her to leave the marriage. This was revealed by an IPV victim in the quote below:

My husband was not abusive until after two years of marriage without children or even a miscarriage. That is when my husband assumed I was infertile, and began his repetitive abuse in an attempt to force me to leave the marriage. I decided to move out of the matrimonial home and a year later got married to another man and bore a child... This has sparked jealousy from my ex-husband, who now stalks and sometimes comes to beat me up (Tizai, Victim 2016).

In a patriarchal society, men still believe that only women are unable to bear children, and therefore, blame their wives and often abuse them. This is often done to force the wife to vacate the home and pave way for the new lover.

Some couples repeatedly fight due to jealousy. In most cases, husbands are conservative and do not want their wives to be employed or empowered. An interview with Murohwi, a civil servant reveals how jealous her husband was of her success. Narrating her story, she said,

... [i] am totally confused and I honestly do not know what this man really wants me to do. Five years ago I was a housewife without any form of employment and he used to mock and insult me. He would refuse to give me money for general upkeep stating that I needed to work and bring in money into the home. At the moment, I am employed but life has not been better, he is now full of insecurity and he does not trust me at all. We fight constantly in the house and today I failed to go to work because he took away my driver's licence, identity card, car keys, and cash (Murohwi, victim, 2016).

Some interviewed perpetrators of IPV mentioned that their wives become rude and stubborn when they are gainfully employed. It is assumed the wife feels independent because she is not doing house work for the husband. This being the case, husbands feel insecure and tend to harass their wives almost every day. Female empowerment leads to liberation of wives and while the husbands may not be ready to deal with equality and change. Thus the husbands may seek to retain or reassert authority by means of force, leading to repetitive violence (Davies 1994).

Health problems also cause IPV recurrence in high-density suburbs. Some fight whenever they contract a Sexually Transmitted Disease (STDs), including the deadly HIV/AIDS. When diagnosed, couples tend to blame each other for contracting the disease, leading to continuous fights. These results corroborate with those of a UN Women study which documented Kim's abusive relationship after the husband was diagnosed with HIV. Narrating her ordeal Kim said:

When he tested positive, life became more difficult; he did not want me to go anywhere or even talk to anyone. I was forced to stay in the house sleeping. I became a slave and I was left without any option but to stay with him. He threatened to kill me if I ran away (UN Women 2014).

When Kim managed to run away from the abusive husband, she sought refuge with her sister who persuaded her to report the case to the police (UN Women 2014). The husband was arrested and the court sentenced him to one month in prison. "One day after serving his prison term, he came where we stayed and

destroyed everything in the house” UN Women 2014). All this violent behavior started after the HIV/AIDS diagnosis.

It also emerged from this study that IPV recurs due to the unprofessional way service providers handle IPV reported cases, including the media. The way the media reports cases of DV violates human dignity, and deters victims from approaching service providers such as courts. Often than not, the media is not sensitive to human dignity. While reporting court cases on IPV, media stories reveal the HIV status and other denigrating issues of the victim. Resultantly, many victims of IPV recurrence choose to silently suffer repetitive violence. It was further revealed that the conduct of some law enforcement agents, characterized by corruption and unprofessionalism is to blame for repetitive DV. Perpetrators of repetitive IPV are said to pay bribes to police officers, who always make the dockets “disappear,” thereby making perpetrators escape the wrath of law. For the courts, the sentences being handed to perpetrators are too lenient to have a deterrent effect (Langa 2013).

Some victims of IPV complained against service providers in Zimbabwe, who charge administrative fees, solicit for sexual favours and bribes in order to assist victims to access justice. In some instances, service providers are said to view IPV issues as a family instead of a human rights issue. This was also revealed by Davies (1994)’s study that service providers treat IPV as a family and private issue. Treating IPV as a family and private issue means that these stakeholders provide limited help to victims and send them back to have the issue dealt with by family members who tolerate such violence (Davies 1994), hence its perpetuation. Thus, women victims of IPV sometimes have nowhere to run to as they find more vultures in institutions that are supposed to assist them to access to justice and support including police stations and churches.

Some victims endure repetitive violence for they do not know where to find IPV service providers in high density suburbs. Without this knowledge, many victims have relied on their unskilled family and community members who tolerate IPV. The ADVC tasked with the job to publicize and implement the DVA is largely invisible (Kodzero, VFU, 2016). From its inception in 2009, the Council has been financially starved and therefore cannot adequately or effectively execute its mandate (Langa 2013). The same applies to other government institutions mandated to end DV such as the Ministry responsible for gender, and the Zimbabwe Gender Commission (ZGC), that are affected by resource constraints and high staff turnover which limit their protection of women’s rights (Dziva 2018). The victims also raised concern on required administrative fee and the bulky forms to be completed when approaching the Council for help (Sachiti 2011). This poses a challenge to illiterate and financially constrained victims from high density suburbs. As such, many are avoiding seeking help from the Council. Furthermore, the Council is often

criticized for failing to include traditional leaders among its members. This is problematic as traditional leaders are the custodians of cultural rites, values and norms that have been detrimental to anti-domestic violence endeavours. Without the participation of traditional leaders, many debates and strategies of the Council will largely miss crucial issues when it comes to dealing with cultural norms and values.

4.2 Impact of IPV Recurrence

This study found IPV to have both short and long term effects on the life of the victim, family and the wider society. Awkwardly, perpetrators of DV saw positive results from recurrent DV. All the perpetrators regarded violence to be a modest way of chastening their wayward wives. Thus, they expect their wives to change behavior for the better in fear of being beaten. As Rangai, a perpetrator explained: “[a] woman who lacks beating does not understand, so a woman must be periodically beaten to cooperate with the husband’s commands”. Another perpetrator, Rovai explained that: “[a] woman must be beaten for her to fear and also know who the head of the house is. If you beat her periodically she will jump on every word you say”. The Zimbabwe Demographic and Health Survey (2010-2011) noted about 40% of women compared to 34% men who believed that the husband is justified in beating his wife for issues such as burning food, arguing with him, traveling without informing the husband, neglecting children and refusing sexual intercourse. Thus, beating of the wife by husbands is believed to control and make her change her so-called wayward behavior.

Conflict theorists also believe that a conflict can be both positive if it is transformative. Unfortunately, results of the study show that DV recurrence occurs because the conflict is unable to be transformative. Thus, this study found IPV recurrence to be mostly negative as a conflict type. When DV is recurring, it has limited chances to accrue positive benefits such as good relationships, tolerance, and collaboration but rather resentment, and sometimes affection is lost. As one respondent explained, “*fighting as a couple brings nothing in the home....it does not solve anything*” (Siphathisiwe, Victim 2016). The same sentiments were shared by service providers including pastor Namatai who explained that: “[a] *rode changes nothing on the woman but to fear his husband at the time of beating ... thereafter she will go back to her old bad ways*. Views of the local councilor also anchored limitations of the rod to change the behavior of a wife. The respondent categorically stated that: “[a] *home is built by love, understanding and appreciating each other not fighting like animals...A home where there is fighting does not have joy there are always conflicts*”.

Although the extent of IPV recurrence may not be precisely known, its results are often visible. The results can include stress, bitterness, health and psychological problems, anxiety, suicidal thoughts or suicide, frequent intervention by relatives or the police trying to help the two to stop the violence, and depression. In a majority of cases, DV recurrence results in injuries and high medical care costs when the victim has to consistently seek treatment for injuries or other health issues. The UN Women (2014) estimated the costs of the varied forms of gender based violence to be at US\$2 billion in Zimbabwe. For the victims, the costs arise as their valuable goods are destroyed during fights. Victims also use huge amounts of money for medication. As one victim explained:

Time and again you need money to visit the hospital for medical treatment... Last year my hand was broken. Despite the medical treatment I received, it is not healing. My husband used a piece of burning firewood and I tried to block it with my hand. I was detained in hospital for a month only to be released because of the ballooning bill but before complete healing. I now live with a deformed hand. It sometimes gets painful so much so that I always buy pain killers (Mugarandakarohwa, Victim 2016).

Previous studies also recognize repetitive IPV to be a public health problem, associated with injuries and a wide range of other mental and physical health problems (Heise et al 1999). The physical impact of domestic violence was also explained by pastor, Namatai who stated that: “*[d]omestic violence is dangerous and costly to those involved. The victims often sustain injuries, some which are even life threatening.*” In the same way, Kodzero of the VFU explained that repetitive violence is dangerous as it results in the death of the victim or even of the perpetrator as the victim sought revenge. Tired of being continuously victimized in a relationship, women often take revenge in a gruesome manner that may lead to the death of the violent husband. Resultantly, the wife is jailed leaving children with no one to look after them. A study in Zimbabwe also showed that 60% of murder cases that went through the courts were due to domestic violence (Getecha & Chipika 1995).

Besides taking away breadwinners from them, DV recurrence affects children as they live in fear and can even grow up hating the abuser. This was aptly explained by one victim, Chemai when she stated that: “*[a]t times you end up feeling for the children because they at times witness the abuse. They usually flee when we start fighting. It’s clear that they do hate their father despite him trying to be good at times.*” Results of this study confirm findings by Chipika and Getecha (1995), who noted how children are traumatized and confused as a result of witnessing recurring DV. In some instances, children who grow up around IPV tend to have less social competence as compared to children who

are from violent-free homes (Davies 1996). Further to that, children are often neglected as their parents are frequently pre-occupied with repetitive fights, while paying less attention to children's needs.

Recurrent IPV also affects the victims' personal development and participation in community life. Women victims of IPV lose confidence and live in fear, something which deters them from public participation. This was explained by councilor Zvichemo, who stated that: "*[a] woman who is beaten always is usually shy to associate with other women. She can't even join development programmes in the area. The same sentiments were also revealed by one victim, Murohwi who explained that: "[a]t times you can't go to work waiting for the swollen face to heal. At times you go to work late as a result of an early beating and car keys are confiscated including office keys".* By using force or threats, a man can prevent a wife from participating in any personal or community developmental activity (Davies 1994). The fear and bitterness instilled in a victim by the perpetrator ensures that she becomes preoccupied with her own safety, thereby decreasing her ability and willingness to perform in a manner that is beneficial to the family, community, and nation (Barnish 2004). This is detrimental to personal development of the victim and that of the wider society and nation at large. Truly, a community cannot be developed if more than half of them are subjected to gruesome human rights violations.

Victims of DV recurrence are always vulnerable to sexual and reproductive health challenges and cannot negotiate for safe sex in fear of further abuse. In fear of violence, women are unable to refuse sex or negotiate safer sexual practices, thus increasing their vulnerability to HIV if their husband is unfaithful (Watts et al 1997). This corroborates with Barnish (2004)'s study that recurrent DV can lead to reproductive health problems such as delivery complications, death, miscarriages, still births, or low birth weight babies and contraction of sexually transmitted diseases including the deadly HIV/AIDS.

CONCLUSION

The Zimbabwean government took a bold step to ratify human rights treaties, and enact the DVA, and 2013 Constitution that guarantees the rights of every human being and prescribes protection of women from any form of violence. Indeed, local laws criminalize domestic violence in Zimbabwe. Notwithstanding these efforts, DV continues to recur in many societies of Zimbabwe due to socio-economic and cultural forces at play. Women continue to bear the brunt of recurrent IPV due to economic deprivation and the patriarchal nature of society which tolerates women's exploitation, male domination and women abuse in interpersonal and social relationships. Additionally, cultural values and beliefs continue to legitimize unequal rights and discriminatory treatment of women in society. The results are similar to

previous general DV studies around the globe which showed the complex interplay of poverty, tradition and culture to be fueling DV. In this study, however, other factors such as ineffectiveness of service providers, patriarchy and dependence of women on their abusive husbands were also found to perpetuate the repetitive nature of IPV. Patriarchy and dependence certify women to endure IPV recurrence as they have nowhere to run other than being house makers who: properly prepare food, care for children, always obedient to the husbands, not arguing with husbands, and meeting the sexual needs of the husbands, failure of which they will be subjected to repetitive IPV. By its nature, IPV is associated with physical, reproductive and psychological consequences to victims and children. When recurring, IPV results in injuries and even death of the victim.

From the conclusions above, the study notes that ending recurrent IPV hinges much on socio-economic stabilization and empowerment of women in high density suburbs and other disadvantaged communities in Zimbabwe. Equally important to ending DV recurrence remains the undoing undoing of detrimental cultures, values and norms in society. The article further vows for women empowerment to change the culturally view of them as just homemakers tied to the duties in and around the home. Also, service providers are urged to shun corruption, and above all view DV in human rights lances rather than as a private-family matter. Being battered is no different from torture and legal action and stiffer sentences must be handed for perpetrators so as to deter others from relying on violence to solve marital problems.

Additionally, state and non-state actors, including the media should join hands to conduct massive awareness campaigns to sensitize society on DVA and human rights in general. In the same way, churches and traditional leaders much continuously teach couples to be respectful and faithful to each other as commanded by most African cultures and religious beliefs. Indeed, awareness raising is of paramount importance in breaking IPV. For vibrant awareness and sensitization campaigns, the treasury and donors should disburse adequate resources to support such endeavors and other anti-domestic violence programs by the ADVC, government departments, the ZGC and state actors.

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Interviews

Interview with an IPV victim, Shingai, January 2016.

Interview with an IPV victim, Chemai, January 2016.

Interview with an IPV victim, Murohwi, February 2016.

Interview with an IPV victim, Mugarandakarohwa, March 2016.

Interview with an IPV victim, Tizai, March 2016.

Interview with an IPV victim, Rwadziswai, February 2016.

Interview with an IPV victim, Shamhumwana, March 2016.

Interview with an IPV perpetrator, Rovai, March 2016.

Interview with an IPV perpetrator, Rangai, April 2016.

Interview with an IPV perpetrator, Chivokohegudo, April 2016.

Interview with an IPV Service Provider, Mubatsiri, Traditional Healer, April 2016.

Interview with an IPV Service Provider, Zvichemo, Local Councillor, April 2016.

Interview with an IPV Service Provider, Kodzero, VFU, March 2016.

Interview with an IPV Service Provider, Namatai, Church Pastor, April 2016.

Interview with an IPV Service Provider, Rubetsero, Musasa, April 2016.