

SHE'S NOT A VICTIM! SHE'S MY WIFE! INTIMATE PARTNER VIOLENCE: FUELLED BY DANGEROUS PERPETRATOR ATTITUDES

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Abstract

This study used mixed methodology research; chose 53 male and 47 female respondents through purposive sampling, selected intervention research: design and development methodological framework to develop guidelines, used a Canadian Risk Assessment Tool to "assess risk"/"predict dangerousness".

The findings highlighted the need for "risk factor assessment", showing specific risk factors predicted violence, with sexual violence playing a role. Perpetrators disregard their partners as victims when sexual violence was employed. Qualitative data from female respondents showed that perpetrators use physical assault and sexual violence in their attacks, and their behaviours were fuelled by attitudes that supported/condoned intimate partner violence (IPV).

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INTRODUCTION

Intimate partner violence (IPV) is a significant public health problem and, in addition to the immediate impact, IPV has lifelong consequences for the victims. Breiding, Chen and Black (2014) showed in the national survey completed in the USA in 2011 that IPV is a significant public health matter that includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner.

The outcome of this survey concurs with earlier studies confirming that victims of IPV often report a range of acute and chronic mental and physical health conditions (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006). Studies show that death and injury are not the only consequences of intimate partner violence (Black, Basile, Breiding, Smith, Walters, Merrick & Chen, 2011; Coker, Smith & Fadden, 2005; Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith, 2002).

Ganley (1995) formalised the first succinct definition of what intimate partner violence is and also articulated the main concepts behind the definition. Most definitions of domestic violence highlight the abuse of power, the domination, coercion, intimidation and victimisation of one person by another through physical, sexual or emotional means within an intimate relationship. Definitions also describe IPV as a pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion, used by adults or adolescents against their intimate partners. The following key elements of what constitutes intimate partner violence are recognised by most authors addressing IPV and related aspects:

- Risky/dangerous conduct perpetrated by adults or adolescents against their intimate partners in current or former dating, married or cohabiting relationships of heterosexuals, gay men and lesbians;
- A pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion;
- A pattern of behaviours including a variety of tactics – some physically injurious and some not, some criminal and some not – carried out in multiple or daily episodes;
- A combination of physical attacks, terrorist acts, and controlling tactics used by perpetrators that result in fear as well as physical and psychological harm to victims and their children;

- A pattern of purposeful behaviour, directed at achieving compliance from or control over the victim (Breiding, Black & Ryan, 2008; Ganley, 1995; 2009; Logan & Cole, 2007; Randall, 1990).

Nevertheless there are legal definitions for intimate partner violence and in this instance the Domestic Violence Act No. 116 of 1998 in South Africa applies. The South African legislation defines intimate partner violence as including: physical, sexual, emotional, verbal, psychological, economic intimidation, harassment, stalking, damage to property, entry into the complainant's property without consent, or any other controlling behaviours towards the complainant that may cause damage or imminent harm to the safety, health or protection of the complainant.

Intimate partner violence inevitably occurs within an intimate relationship where both the perpetrator and the victim are known to each other and have either been or are still in an intimate relationship of some sort (Hancox, 2012).

Recent guidelines developed by the WHO for health care workers acknowledged again that women experience more sexual violence, more severe physical violence, and more coercive control from male partners (WHO, 2013). The earlier multi-country study on women's health and intimate partner violence showed that the lifetime prevalence of physical or sexual partner violence, or both, varied between 15% and 71% in 10 countries (Garcia-Moreno *et al.*, 2005).

Many researchers concur that women are expected to be submissive and sexually available to their intimate partners at all times (Breiding *et al.*, 2014; Hancox, 2012). Often it is considered both a right and an obligation for men to use violence in order to "correct" or chastise women for perceived transgressions (Hogue, Hogue & Kader, 2009). These transgressions may include a reluctance to engage in sexual activities with their partner. Perpetrators may sexually assault their victims by subjecting them to pornographic images or material against their wishes or verbal degradation during sex (Caringella-MacDonald, 1997). Some perpetrators use sexual violence as a primary choice of intimidation and harm to batter their victims. Sexual battering may include pressured sex when the victim does not want to have sex, coerced sex by manipulation or threat as well as physically forced sex. Hogue *et al.* (2009:34) confirm that "there are some health facility-based studies in South Africa" which show that more than half (55%) of pregnant women experience physical/sexual violence in their lifetime.

Victims may also be forced by the perpetrator to engage in sexual activities that they find humiliating, painful or unnatural (Kiely, Ayman, El-Mohandes, Gantz & McFarlane, 2010). Outcomes of several studies support the accounts of victims that their intimate partners forced sex either immediately after the birth of an infant or that they were forced to continue with a pregnancy that occurred as a result of marital rape (Campbell, Garcia-Moreno and Sharps, 2004; Hancox, 2012).

Bergen (1995:117) states that wife rape has historically not been seen as a problem, yet it is estimated that 14% to 25% of women experience forced sex at least once during their marriages. She further concludes that rape may be the most common form of

sexual assault by a violent intimate partner. Hancox (2012) concurs with this in her South African study on marital rape

The overall message from the perpetrator to the victim is that they have no control or say over their own bodies or sexual pleasure (Washington & Tallis, 2012). However, a pressing concern is what those factors are that contribute to or maintain the beliefs, values or attitudes that the perpetrator may hold that accounts for this level of violence towards their intimate partner. From most studies and victim statements, it is clear that IPV constitutes more than an isolated, involuntary response to an act of provocation. A study identifying perpetrator risk factors showed that there may be a linkage with the attitudes and belief systems that condone IPV and the perpetrator repeating the behaviours described (Londt, 2014). This paper draws from that study to explore whether the attitudes or belief systems that are identified with perpetrators of IPV are demonstrated in the sexual violence and use of sexual jealousy to exert control or power over their partners.

BACKGROUND

The study on which this paper is based described specific risk factors that could influence the batterer intervention efforts (Londt, 2014). In terms of the study referred to, risk factors were identified and used to develop guidelines for intervening with IPV. The initial study used the mixed method research (Cresswell, Klassen, Clark & Smith, 2011) and employed the Rothman and Thomas Intervention Research framework (1994); it used a sample of 53 male respondents and 43 female respondents. An existing instrument, called the Spousal Assault Risk Assessment (SARA), was then adapted to explore known risk factors with perpetrators of IPV. The findings of this study showed that perpetrators exposed to childhood violence, with a history of violent behaviour, are impulsive, have poor anger management skills, will use intimate violence in their relationships and ignore/violate protection orders.

However, the focus of this paper will be on analysing and describing the qualitative findings of the 47 female respondents in the initial study. The qualitative data will be used to explore the issue of physical violence, sexual violence, use of sexual jealousy and the possibility that the perpetrator holds attitudes that condone or support IPV.

METHODOLOGY

Goal and objective

The primary goal of this paper is to explore the linkages between the offence of IPV, the use of sexual assault and jealousy. A secondary goal was to explore the presence of attitudes that condone or support violence in the intimate relationship.

Methodological framework

Ivankova, Cresswell and Clark (cited in Maree, 2014) state that a mixed methods approach can be used to address different research problems and that it can be used to achieve a comprehensive understanding or to test new theories. For the purposes of the broader study on which this paper is based, both the qualitative and quantitative

methods were used to gather and analyse data. The initial study used the findings to develop guidelines that could inform practice and intervention with IPV.

Using both qualitative and quantitative methods in one study can achieve the identified purposes of a study. However, the qualitative data form the basis for analysis for this current paper and will therefore use the words of the female participants to respond to the research problem.

The intervention research methodological framework (Rothman & Thomas, 1994) was also used in this study to develop guidelines for intervening with IPV. It is often referred to as the behavioural science model, since its objective is to make contributions to the knowledge of human behaviour. Also this applied research methodology provides opportunities to remedy social problems that confronted practitioners (De Vos, Strydom, Fouche & Delpont, 2012).

Research instrument

An existing (Canadian) risk assessment instrument was used in pilot studies to assess whether it could be adapted to a South African context. The Spousal Assault Risk Assessment Guide (SARA), a 20-item instrument – grouped into the following content areas: criminal history; psychological adjustment; spousal assault history; index offence and other considerations – is used to provide a risk assessment/prediction of dangerousness in men who have a history of intimate partner violence. This guide was initially developed by Kropp, Hart, Webster and Eaves (1995) in Canada.

The writer purposely selected this tool because the instrument is grounded on empirical validation and subjected to on-going research scrutiny/development in North America. The instrument's scores are based on information that is obtained from multiple sources and is relatively easy to score. The risk management is obtained from the scores and the guide is reported to have well-established psychometric properties.

The validity and reliability of the SARA instrument has been tested on a large population and it has been established that the predictive value of the guide was accurate, especially when used in conjunction with the "SARA-informed clinical judgment guide" (Goodman, Dutton and Bennet, 2000; Kropp, Hart, Webster and Eaves, 2000). Studies conducted in Canada and Sweden indicate that inter-rater reliability is good to excellent for professional judgements concerning the presence of individual risk factors and overall levels of risk (Kropp & Hart, 2004). The author received comprehensive training (and on-going supervision) in the use of this instrument prior to implementing it in South Africa.

Setting

Most of the data-collection activities were undertaken at a non-profit organisation as well as a private psychiatric clinic that provides family and marital counselling in the Cape Town area. At the time of the study the only specialist services that were provided to men who use intimate violence were at these identified organisations. Purposive sampling was used to select respondents from clients referred to the non-profit

organisation and intimate partner violence perpetrators whose partners were admitted to the psychiatric clinic.

Data were collected from the 47 female respondents through:

- Semi-structured interviews – using the SARA assessment guide;
- Selecting those female respondents who sought intervention as a result of intimate partner violence despite being estranged, separated or divorced.

All the research activities with the female respondents were conducted at the psychiatric clinic in Kenilworth, Cape Town.

Population sample and sample size

Eligibility criteria: the 47 female respondents were selected from those who sought intervention for intimate partner violence within a specific period. Only 27 of the female respondents, however, were intimate partners of the male respondents who participated in the study.

These respondents all originated from similar referral sources, namely psychiatrists, social workers, interdict clerks or having been admitted to a Kenilworth psychiatric clinic for treatment of depression or anxiety-related disorders.

Data analysis

Creswell *et al.* (2011) provide a data analysis spiral that describes data management as the first loop in the spiral that begins the process. He further explained that at an early stage in the analysis, the researchers organise their data into file folders, index cards or computer files. This principle informed the way the qualitative data from the 47 female respondents were managed in order to develop a narrative outcome.

Validity, credibility and triangulation

Pietersen and Maree (cited in Maree, 2014) caution that one of the threats to validity arises when instruments used in a study are not reliable. The risk assessment instrument (SARA) used in this study presented with proven reliability through rigorous research and scrutiny. Particular attention was paid to ensure that the reliability of the instrument remained intact during its adaptation for the purposes of the study.

Denzin (2006) identified four basic types of triangulation, namely investigator (involving multiple researchers), theoretical (multiple theoretical approaches to interpretation of the phenomenon), methodological (multiple methods of data collection and/or analysis) and data (multiple sources of data) triangulation.

Triangulation in this study occurred by including both quantitative (validation) and qualitative (inquiry) methodologies, strengthening the credibility of qualitative analyses and presented an alternative to traditional conceptualisations of methodological rigour as measured by criteria such as reliability and validity.

Ethical consideration

Permission to implement the research was obtained from the Senate Higher Degrees committee, University of the Western Cape, as well as the various sites where the

research was conducted. The following key ethics principles were maintained in the process of conducting the present study:

- Commitment to uphold important principles and ethics of care;
- Informed consent and the use of consent forms;
- Autonomy – consent was informed and participation voluntary;
- Confidentiality - participants' right to privacy, confidentiality and anonymity were respected and formalised in writing;
- Beneficence – designing research that will be of benefit to participants;
- Integrity – the researcher protected the integrity and reputation of the research by ensuring that the research adhered to the highest standards. There was no discrimination involved in choosing participants based on sex, race, age, religion, status, educational background, physical abilities or judgment because of their behaviours;
- Storage – all data relating to the study were organised, stored and managed to prevent loss, unauthorised access or divulgence of confidential information.

RESULTS

The following categories of the SARA, namely the current offence; use of sexual assault/jealousy; the history of intimate partner violence and attitudes that condone or support intimate violence are presented and discussed. For the purpose of clarity, the words of both the male and female respondents are used to highlight these specific dynamics underlying the use of violence or controlling behaviour in the intimate relationship.

Current offence (index offence)

The experiences reported by the female respondents concurred with the findings of the male respondents that current offences often included sexual battery, assault and sexual jealousy.

“He used to check my underwear whenever I came from a shop steward meeting. He was convinced that I had been unfaithful to him with my male colleagues.” (Female respondent #5)

“I resigned from my job after my husband handed out flyers at the funeral of my manager’s mother, informing funeral goers that I had slept with my manager.” (Female respondent #12)

“I showed her who is the boss and, yes, I did not take ‘no’ for an answer. I continued having rough sex with her despite the fact that she was crying.” (Male Respondent #18)

“I forced anal sex on her because of her crap attitude.” (Male Respondent #37)

“I was too ashamed to tell my counsellor about the forced sex, because if you are married, you cannot refuse. He forced me to have sex soon after the birth of our child and I could not ask anyone if it was wrong to complain about it.”
(Female Respondent, #9)

Sexual assault/sexual jealousy

The results from the male respondents indicate that only three out of the 53 did not have a history of using sexual assault on, or showing sexual jealousy towards, their partners. One respondent's use of sexual assault and jealousy was listed on a protection order, but he denied the allegation against him. The other 49 respondents (94%) all admitted to using sexual assault and sexual jealousy during their intimidation of their partners. The sexual jealousy was described by both the male and female respondents as persistent accusations of sexual infidelity or immorality that were unfounded or lacked any grounds.

Respondent #53 highlights the escalation from thoughts of sexual jealousy to what constitutes intrusive, humiliating behaviour towards his intimate partner violence victim as follows:

“I used to check what underwear she would choose for the day, wait until she returned from work so that I could check it for evidence of sexual unfaithfulness. Sometimes, I would take her ‘soiled’ underwear to her bosses to show what a whore she was.” (Male Respondent #53)

Many of the perpetrators who stop using physical assault may often resort to other forms of intimidation. The following themes also illuminate the use of sexual assault or sexual violence by the perpetrator.

“My husband sent his friend into the bathroom while I was having a shower and I knew that I would be in danger if I did not have sex with this friend, while he watched.” (Female respondent #13)

“He would tell me that I would be the cause if he raped my thirteen-year-old daughter, because I refused him sex, two weeks after the birth of our first son.”
(Female respondent #18)

“He never ever raped me. I was just not allowed to refuse under any circumstances.” (Female respondent #21)

“Once the beatings stopped, he started sodomizing me regularly.” (Female respondent #20)

Physical assault

The data in this study show that 47 respondents out of the 53 (88%) had a history of physical assault against their intimate partners or significant others. One respondent added:

“I used physical violence and control in all my relationships, but realised that I had a problem when I tossed my last wife out of the window of our second floor

flat, because she would not serve the children breakfast when I told her to.”
(Male Respondent #20)

Physical assault

The data in this study show that 47 respondents out of the 53 (88%) had a history of physical assault against their intimate partners or significant others. The findings also supported the outcomes of many studies that show the index offence often includes the use of physical violence and assault, but that this does not occur in isolation from other forms of assaultive behaviour (in one episode). The findings also show that many perpetrators used some form of physical coercion or attack in prior, intimate relationships as well:

“I used physical violence and control in all my relationships, but realised that I had a problem when I tossed my last wife out of the window of our second floor flat, because she would not serve the children breakfast when I told her to.”
(Male Respondent #20)

Intimate partner violence history

The data in this section concur with the results obtained from the male respondents which showed that men who have used violence in other intimate relationships will continue to do so. The following words by the female respondents underscore this finding:

“When we were courting, he started shoving me around, but the first beating came during my first pregnancy.” (Female respondent #4)

“My husband swore at me in front of my work colleagues and when one of them protested, he beat him up and chased after him at high speed with me in the car. My colleague was too afraid to lay criminal charges against my husband out of concern for my safety ... the staff knew that he would make me pay.”
(Respondent #14)

Attitudes that support/condone intimate partner violence

The following themes and words of the respondents concur with the findings in the study exploring risk factors with male respondents. The words of the respondents further confirm that perpetrators of intimate partner violence lack the necessary empathy towards their victims that could deter ongoing violence, as well as the fact that the attitudes and beliefs that they hold maintain their violent responses.

“He did not see me as a victim, but as his wife.” (Female respondent #22)

“He was very angry because the therapist asked him who his victim was.”
(Female respondent #22)

“She wanted to wear the pants in the house and refused to listen to me ... so I had to teach her the hard way. She only listens once she gets hurt and does not know how to communicate with me.” (Respondent #12)

These words concur with the overall findings that perpetrators of intimate partner violence do not necessarily regard their partners as victims of violence, although they could see other women who are beaten up as such.

“I believed that I provoked his violence towards me.”(Several respondents made this point)

This overlaps with the results obtained from both the female and male respondents showing that many perpetrators hold values and beliefs that condone intimate partner violence. This theme also bears relevance to the items on the SARA that highlight the beliefs of the perpetrator. It further supports the category of attitudes, beliefs and values that condone or support spousal abuse.

DISCUSSION

Research demonstrates that intimate partner and sexual violence contribute to many short- and long-term physical, mental and sexual health problems (Ganley, 1995; Heise & Garcia-Moreno, 2002; Jewkes, Sen & Garcia-Moreno, 2002; Logan & Cole, 2007; Randall, 1990).

Studies show that intimate violence rarely occur as isolated, stand-alone acts of violence and that there is often an overlap between physical and sexual violence (Breiding *et al.*, 2008, Ganley, 1991; Garcia-Moreno *et al.*, 2006; Hancox, 2012; Londt, 2014). In fact, Garcia-Moreno *et al.* (2005:1265) referred to this overlap as “substantial” and assert that more than half the women in their study who reported intimate violence disclosed either physical assault only or assault paired with sexual violence. The index offence is seemingly often accompanied by a range of assaultive behaviours towards the intimate partner (Breiding *et al.*, 2008).

Kropp *et al.* (1995:47) state that severe violence and sexual violence in the index offence are both associated with increased risk for future violence. This is supported by Garcia-Moreno *et al.* (2005), whose studies showed that 15-71% of women experience physical and/or sexual violence by an intimate partner during their lifetime. These findings of Garcia-Moreno *et al.* (2006) also confirmed that between 4% and 54% of respondents reported physical or sexual partner violence, or both, in the past year. Furthermore, these findings concur with Kropp *et al.* (1995), who cautioned that men who were more controlling would most likely be violent towards their partners.

Sexual assault/sexual jealousy

Jealousy is an extremely important factor in men’s violence against women (Puente & Cohen, 2003). Many survivors of IPV who disclose sexual abuse as part of their experiences with their partners report on accusations of sexual infidelity, or describe their partners as unusually jealous or preoccupied with their perceived unfaithfulness. Tjaden and Thoennes (2006) in their United States National Violence Against Women Survey showed that 43% of all female victims in their study reported rape by a current or former intimate partner. Often the accounts of sexual violence are paired with attitudes of sexual jealousy and a preoccupation that the partner may have been

unfaithful. The use of sexual violence (in varying degrees/forms) may be more prevalent in the strategies that the perpetrator uses to exercise control and power over his partner.

Attitudes that support/condone intimate partner violence

Many authors emphasise that a number of socio-political, religious, cultural and personal attitudes differentiate between men who have assaulted their partners and those who have not (Kropp *et al.*, 1995; Strauss, Gelles & Steinmetz, 1980; Hancox, 2012). The writer agrees with Kropp *et al.* (1995:47), who argue that there is a common thread across these attitudes that support or condone spousal assault – that implicitly or explicitly encourage patriarchy, misogyny and the use of violence to resolve conflicts.

CONCLUSION

The overall results gleaned from the female respondents concur with data that were generated from the semi-structured interviews with the male respondents. Although the writer has followed the data analysis spiral of Cresswell *et al.* (2011) with the female respondents and a quantitative approach with the male respondents, there appears to be congruence in the overall picture that has emerged. Both the words of the female respondents and the data from the male respondents confirm that:

- Assaultive behaviour does not occur in isolated acts;
- It is often paired with other forms of violence;
- Sexual assaults and the use of sexual jealousy are frequently used in IPV;
- Perpetrators may hold the attitudes and beliefs that serve to condone the use of IPV, whether it includes sexual violence or not.

Hancox (2012:72) cautions us “that South Africa currently holds the title of rape capital of the world” with headlines stating that “a woman is raped every 17 seconds”. Such statistics are shocking and hard for many to comprehend. This is in spite of the fact that the country has laws that clearly make rape an offence. The situation is even more dire with regards to marital rape – a form of rape that is arguably the least recognised of all forms of rape. “One wonders whether the law is enough to deal with what appears to be an attitudinal problem more than anything” (Hancox, 2012:72).

The attitudes that condone the use of violence, especially sexual violence in an intimate relationship, hold specific implications for practice and intervention/prevention efforts. Outcomes of studies show that sexual violence is often delivered with other forms of tyranny and that perpetrators appear to hold views that their intimate partners are actually not victims of this type of violence because of the intimacy and nature of their relationship. It may not be helpful to ignore the implications of these attitudinal stances and belief systems if we are to intervene and break the cycle of violence. In the words of Hancox (2012:73) and many others, “legislative remedies on their own are not enough to keep women safe and protect them from admittedly one of the most serious threats to the bodily integrity and safety of South African women”.

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