



## The severity of violence against women by intimate partners and associations with perpetrator alcohol and drug use in the Vhembe district, South Africa

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### Abstract

Substance use is cited as a major contributing factor to intimate partner violence in South Africa. The aim of the study was to assess the association between the frequency and severity of several types of intimate partner violence against women, who have been granted a protection order, and the use of alcohol and illicit drug use by perpetrators. Using systematic sampling, 268 women (18 years and older), who had consecutively received a protection order in the Vhembe district in South Africa, were assessed by a research assistant. The results indicate that these women reported perpetrators 34% of whom did not have a drinking problem and no drug use in the past three months, 31.3% with problem drinking only, 4.1% drug use only, and 30.6% with problem drinking and drug use in the past three months. Multivariate logistic regression found that having a partner with problem drinking only (OR = 4.14, CI = 2.02–8.51) and having a partner with problem drinking and drug use (OR = 2.77, CI = 1.36–5.65) were associated with greater physical intimate partner violence. Having a partner with problem drinking and drug use (OR = 2.80, CI = 1.35–5.79) was associated with an increased psychological intimate partner abuse. Problem drinking and drug use among male partners is a strong determinant of physical intimate partner violence among battered women in South Africa. Intimate partner violence prevention measures should address reduction of problem drinking and drug use among men.

**Keywords:** physical violence, psychological abuse, stalking, intimate partner, problem drinking, drug use, South Africa

### BACKGROUND

Both alcohol misuse and intimate partner violence (IPV) are significant public health problems in South Africa. The use of alcohol in South Africa is among the highest in Africa, with a total adult per capita consumption of 9.5 litres of pure alcohol per year (WHO, 2011). High hazardous or harmful alcohol use has been found among alcohol users (Rehm et al., 2003; Schneider et al., 2007), with a per capita consumption of 34.9 litres pure alcohol per year (men 39.6l, women 23.8l) among people that drink alcohol (WHO, 2011). In South Africa interpersonal violence is the second highest contributor to the burden of disease after HIV/AIDS (Norman et al., 2007). IPV accounts for 62.4% of the total interpersonal violence burden on females (Joyner & Mash, 2012). More women are killed by their current or ex-intimate male partner in South Africa than in any other country with a rate of 8.8 per 100 000 women (Abrahams, Jewkes, Martin, Mathews, Vetten & Lombard, 2009). In a nationally representative study of 1 229 married and cohabiting women, a prevalence of 31% intimate partner

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violence was found (Gass, Stein, Williams & Seedat, 2010), and a study on physical violence among South African men found that 27.5% reported perpetration of violence in their current or most recent partnership (Gupta et al., 2008).

Various studies found that male problems with alcohol and/or illicit drug use can be associated with an increased risk of intimate partner violence. Ugandan women whose partners often got drunk were six times more likely to report physical intimate partner violence compared to those whose partners never drank alcohol (Tumwesigye, Kyomuhendo, Greenfield & Wanyenze, 2012). In a cross-sectional survey in Nigeria a history of alcohol consumption by a partner was significantly associated with reports of physical violence (Balogun, Owoaje & Fawole, 2012). In a survey among men in South Africa perpetration of violence was correlated with a greater likelihood of problematic substance use (Dunkle et al., 2006); in a survey in Bangladesh, alcohol and drug use were predictive of intimate partner violence perpetration (Sambisa, Angeles, Lance, Naved & Curtis, 2010); and in a survey among US couples, male alcohol-related problems were associated with increased risk of moderate and severe male intimate partner violence (Cunradi, Caetano & Schafer, 2002). In longitudinal studies conducted by Reingle, Staras, Jennings, Branchini and Maldonado-Molina (2012), it was found that adolescent marijuana use, particularly consistent use throughout adolescence, was associated with perpetration or both perpetration of and victimisation by intimate partner violence in early adulthood. Fals-Stewart, Golden and Schumacher (2003) found that of the psychoactive substances examined, the use of alcohol and cocaine was associated with significant increases in the daily likelihood of male-to-female physical aggression. Among men in a batterers' intervention programme, Moore and Stuart (2004) found that relative to non-substance users, substance users scored significantly higher on all measures of violence perpetration. Several studies also seemed to show that drug use, as reported by the perpetrators, was a stronger predictor of intimate partner violence than were alcohol problems in perpetrators (Feingold, Kerr & Capaldi, 2008; Mattson, O'Farrell, Lofgreen, Cunningham & Murphy 2012; Stuart, Temple, Follansbee, Bucossi, Hellmuth & Moore, 2008). In a study among women presenting for protective orders or to file assault charges, physical violence was higher for women with perpetrators who used drugs only compared with perpetrators who used alcohol only, and stalking was higher for perpetrators who used alcohol and drugs compared with perpetrators who did not use alcohol or drugs (Willison et al., 2000).

The South African Domestic Violence Act of 1998 includes

- (a) physical abuse;
- (b) sexual abuse;
- (c) emotional, verbal and psychological abuse;
- (d) economic abuse;
- (e) intimidation;
- (f) harassment;
- (g) stalking;
- (h) damage to property;
- (i) entry into the complainant's residence without consent, where the parties do not share the same residence; or
- (j) any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health or well-being of the complainant. (Republic of South Africa, 1998)

Abused women seek assistance to end the violence in a variety of ways including a court order of protection. Protection orders, both temporary and permanent, are public documentation that abuse has occurred and, if the protection order is violated, the assailant is subject to criminal prosecution (Republic of South Africa, 1998). In 2009/2010, nationally, 291,546 persons applied for a protection order in South Africa; more than half (58.2%) were granted a protection order and 21.2% withdrew the protection order (Gender Links, 2010). In an analysis of 600 applications for protection orders from three magisterial jurisdictions in the Western Cape, it was found that 78% of applications were brought by women

against men. Female applicants applied for protection from female respondents in 5.7% of the applications, 2.3% of the applications were made by males against males, and the number of men seeking protection orders against women was 13.8% (mostly applications for "counter protection orders") (Artz & Smythe, 2005). Further, an analysis of a sample of protection order applications in the Western Cape revealed that the most frequent abuses reported were emotional/verbal/psychological, followed by physical abuse, intimidation, economic coercion, harassment, damage to property, sexual, stalking, entry without consent and other (Artz, 2004).

The highest prevalence of domestic violence in South Africa has been reported in the Vhembe district in the Limpopo Province, with 2553 cases in the first quarter of 2012 (Limpopo Provincial Department of Social Development, 2012). Various other studies have described the nature and extent of intimate partner violence in the Vhembe district (Akinsola & Ramakuela, 2009; Madu, Ndom & Ramashia, 2010; Madzimbale & Khoza, 2010; Managa, Pengpid & Peltzer, 2007). Previous studies found a high frequency of intimate partner violence among women with protection orders: with the violence perpetrated reported as physical violence (96.3%), sexual violence (26.5%) and stalking (54.0%) (Logan, Walker & Shannon, 2008).

Of the women and men who apply for an interim protection order in the Western Cape (depending on the different population groups) 62–73% reported physical violence, 89.5–100% verbal abuse, 57.1–61.5% psychological/emotional abuse, 21.4%–38.2% economic abuse and 7.1–11.4% sexual abuse (Vogt, 2007). Using data from the Severity of Violence Against Women Scale (SAVAWS), several studies have found high mean scores of the different forms of intimate partner violence among women with protection orders (Gist et al., 2001; McFarlane, Willson, Lemmey & Malecha, 2000; McFarlane et al., 2004).

The aim of the study was to assess the association between the frequency and severity of several types of intimate partner violence against women, who have been granted a protection order, and the use of alcohol and illicit drug use by in a sample of women who have been granted a protection order in the Vhembe district in South Africa.

## **METHODS**

### **Study design and setting**

A cross-sectional, descriptive and analytical study was conducted focusing on the women who have been granted a protection order in two magisterial courts in Vhembe district. Vhembe is one of the five districts in the Limpopo province of South Africa. It is the northern most district of the country and comprises four local municipalities, one of which is the Thulamela municipality, which has a population of 618 462, where the two courts that is the focus of this study are located (Statistics South Africa, 2012).

### **Sample and procedure**

Study participants were recruited at the courts after they have obtained a civil protective order, also called a domestic violence order. This took place in a seven month period, between May 2011 and November 2012. Two court jurisdictions (one semi-urban and one urban) in Vhembe district, South Africa, were utilised for recruitment. Domestic violence officers, working in the magistrate's court, informed potential participants about the study and referred them to a female research assistant at the court. Written informed consent was obtained from all the participants in the study, who met the following inclusion criteria: (1) female, (2) 18 years of age and older, (3) obtained a protection order against a male partner, and (4) willingness to give informed consent.

Following an informed consent procedure, the female research assistant verbally administered a questionnaire. Instruments were available in English, Tsonga and Venda and were administered in a private room without the partner or other individuals present. The researchers adhered strictly to the research principles with regard to research on violence

against women (World Health Organization, 1999) such as the safety of respondents and the researcher, and protecting confidentiality to ensure the women's safety and data quality. Participants were assured that their responses would be confidential and anonymous and that refusal would not jeopardise the treatment they receive at the court. Referral information regarding counselling or legal assistance was supplied in writing to any participant requesting it. All instruments were translated into Tsonga and Venda using standard backward and forward methods. The female research assistants (social science graduates) had been extensively trained prior to conducting any interviews, specifically on interview protocols and potential issues that could arise when dealing with situations involving intimate partner violence. Using systematic sampling, in all 268 women consecutively receiving a protection order were assessed by a female research assistant. Recruitment from the courtroom population yielded a high participation rate. Of the 302 women approached at the courts, 268 (88.7%) agreed to participate. The study protocol was approved by the Human Sciences Research Council Ethics Committee (REC 3/18/11/09), Department of Justice and Constitutional Development, and the Limpopo Department of Health and Social Development.

## Measures

The SAVAWS is a 46-item instrument designed to measure threats of physical violence (19 items) and physical assault (27 items) (Marshall, 1992). It contains 46 acts categorised as follows:

- (a) threats of violence, which includes symbolic violence (e.g. threw or broke an object), mild violence (e.g. made threatening gestures), moderate violence (e.g. threatened to destroy property) and serious violence (e.g. threatened with a weapon);
- (b) actual violence which describes mild violence (e.g. pushed or shoved), minor violence (e.g. twisted arm), moderate violence (e.g. hit with an object) and serious violence (e.g. beat up); and
- (c) sexual violence dimension (e.g. physically forced to have sex).

For each item, the woman responds using a 4-point scale to indicate how often the behaviour occurred (1 = never, 2 = once, 3 = 2–3 times, 4 = 4 or more times). The possible range of scores was 19 to 76 for the threats of abuse or psychological abuse and 27 to 108 for physical violence (Wiist & McFarlane, 1998a, 1998b). For this study, women were asked if the SAVAWS items had occurred within the last 90 days. The Cronbach's alpha reliability coefficient of the SAVAWS for this study was 0.97.

The Stalking Victimization Survey (SVS), a 17-item yes/no questionnaire, was used to document the frequency and type of stalking engaged in by the perpetrator. The initial stalking survey instrument consisted of 7 items (e.g. being followed or spied on, sent unsolicited letters or written correspondence or finding the perpetrator standing outside one's home, school, or workplace) developed by Tjaden and Thoennes (2000). Ten items were added from the Sheridan (1998) HARASS (Harassment in Abusive Relationships: A Self-report Scale) instrument to form the overall 17-item instrument used here. Examples of items added include threats by the abuser to harm the children or to commit suicide if the woman left the relationship, leaving threatening notes on the woman's car, and threatening her family (Malecha, McFarlane, Gist, Watson, Batten, Hall & Smith, 2003; Sheridan, 1998). For this study, women were asked if the SVS items had occurred within the last 90 days. The possible score range was 0 to 17. The Cronbach's alpha reliability coefficient of the SVS for this study was 0.89.

Alcohol use was assessed with the Alcohol Use Disorder Identification Test– Consumption (AUDIT-C) questionnaire, a measure of consumption of alcohol (i.e. the frequency of drinking, the quantity consumed at a typical occasion). The Cronbach's alpha reliability coefficient of the AUDIT-C for this study was 0.82.

Perpetrator substance use was assessed via two questions about substance use, taken from the Dander Assessment Scale (Campbell, 1986). The two questions asked, were as follows:

- (a) Thinking about this same intimate partner in the past three months, has he used illegal drugs in the past three months? By drugs, I mean “dagga” (cannabis) or street drugs such as amphetamines, “Tik” (the slang name given to the stimulant drug, methamphetamine), cocaine or “crack”.
- (b) Thinking about this same intimate partner in the past three months, is he an alcoholic or problem drinker?

Each question was answered with “yes” or “no” (Willson et al., 2000).

Sociodemographic items assessed included, age, marital status, living with partner, education, children, employment status and subjective economic household situation (rated from 1 = Not enough money for basic things like food and clothes to 4 = Some money for extra things such as going away for holidays and luxury goods).

### Data management and analysis

The data were entered using the Statistical Package for the Social Sciences (IBM-SPSS) for Windows software application programme version 19.0. Data from the questionnaires were entered manually and verified. The verification process included double data entry of all questionnaires and its fields, doing programmed range checks by computer to identify outlying values, checking for missing values, and checking for inconsistencies in the data.

Data were analysed using IBM-SPSS. Frequencies, means, and standard deviations were calculated to describe the sample. Data were checked for normality distribution and outliers. The interaction between predictor variables was also examined and it was found that none of the variables had a Variance Inflation Factor (VIF) value above 2.5. For the purpose of this analysis, the scores of three types of intimate partner violence (physical violence, psychological abuse and stalking) were dichotomised into low and high by using the median as a cut off. Adjusted odds ratios and 95% confidence intervals were calculated from multiple logistic regression models to examine independent associations between demographic and partnership characteristics, and perpetrator substance use variables and types of severity of intimate partner violence victimisation.

## RESULTS

### Sample characteristics

The average age of the participants was 28.8 years of age (SD = 8.0). All were from the African black population group. The majority of women (76.3%) had at least one child residing with them, and on average the women had two children (SD = 1.3). The women had received an average of 9.8 years of education (SD = 3.1). Most (58.8%) of the women had a low household income. In terms of participants’ relationships with their abusive partners, 29.2% were married, 13.9% cohabiting and 37.5% were living with their perpetrator at the time of the assessment. Almost a third (58.2%) of the women reported stalking by the intimate partner, and all reported some form of psychological abuse, physical violence and danger (see Table 1).

**Table 1: Sample characteristics (N = 268)**

	<i>M</i>	<i>SD</i>
Age (range 18–62)	28.8	8.0
Formal education in years (range 0–17)	9.8	3.1
	<i>N</i>	<i>%</i>
Children at home	196	76.3
Currently employed	68	26.8

	<i>M</i>	<i>SD</i>
<i>Economic household situation</i>		
Not enough money for basic things like food and clothes.	157	58.8
Have money for food and clothes, but short on many other things (89, 33.3%)/We have most of the important things, but few luxury goods (20, 7.5%)/Some money for extra things such as going away for holidays and luxury goods (1, 0.4%).	110	41.2
<i>Marital status</i>		
Married (78, 29.2%)/Cohabiting (37, 13.9%)	115	56.9
Single (136, 50.9%)/Divorced/separated (16, 6.0%)	152	43.1
Currently living with perpetrator	98	37.5
Current (past month) alcohol use	9	3.4
<b>Intimate partner violence</b>		
<i>Psychological abuse</i>		
Low (scores 9–21)	82	33.3
Medium (22–33)	91	37.0
High (34–66)	73	29.7
<i>Physical violence</i>		
Low (scores 11–29)	83	33.6
Medium (30–62)	88	35.6
High (63–74)	76	30.8
Stalking		
Low (scores = 0)	105	40.2
Medium (1–5)	86	33.0
High (6–18)	70	26.8

### Perpetrator's alcohol and drug use

For this analysis, four groups were formed: not having a drinking problem and no drug use in the past three months (34%), problem drinkers only (31.3%), drug users only (4.1%), and problem drinkers and drug users (30.6%) in the past three months. Regarding the severity of physical violence and severity of psychological abuse, the categories of perpetrator "problem drinker and drug user" (59.3% and 43.3%, respectively) and "problem drinker only" (58.6% and 39.1%, respectively) had the highest physical violence score among women, while perpetrators categorised as "not having a drinking problem and no drug user" (42.1% and 35.7%, respectively) and "drug user only" (50.3% and 36.5%, respectively) had the lowest physical violence score. In terms of stalking severity, both non-substance users and substance users had similarly high mean scores ranging from 2.1 to 4.4 (see Table 2).

**Table 2: Means and standard deviations for physical violence, psychological abuse and stalking by perpetrator's alcohol and drug use**

Perpetrator substance use	Physical violence		Psychological abuse		Stalking	
	N	M (SD)	N	M (SD)	N	M (SD)
No problem drinker and no drug user	82	42.1 (18.8)	83	35.7 (10.5)	88	4.4 (4.1)
Problem drinker only	79	58.6 (20.5)	77	39.1 (13.6)	83	2.1 (3.0)
Drug user only	11	50.3 (18.1)	11	36.5 (15.4)	11	3.2 (4.6)
Problem drinker and drug user	75	59.3 (20.2)	75	43.3 (15.3)	79	3.5 (4.3)

### Perpetrator's alcohol and drug use and severity of intimate partner violence

Multivariate logistic regression found that having a problem drinking only partner (OR = 4.14, CI = 2.02–8.51) and having a partner that was a problem drinker and drug user (OR = 2.77, CI = 1.36–5.65) were associated with physical intimate partner violence. Having a partner that was a problem drinker and drug user (OR = 2.80, CI = 1.35–5.79) was associated with psychological intimate partner abuse. Alcohol or drug use by the intimate male partner was not found to be associated with stalking. In addition, findings show an link between a low economic household situation and physical violence (see Table 3).

**Table 3: Associations between substance use and different types of intimate partner violence**

	Physical violence	Psychological abuse	Stalking
	AOR (95% CI) <sup>a</sup>	AOR (95% CI) <sup>b</sup>	AOR (95% CI) <sup>c</sup>
No problem drinker and no drug user	1.00	1.00	1.00
Problem drinker only	4.14 (2.02–8.51)***	1.22 (0.61–2.44)	0.73 (0.35–1.51)
Problem drinker and drug user	2.77 (1.36–5.65)**	2.80 (1.35–5.79)**	0.83 (0.40–1.73)
Age (base = 18–29 years)	1.00	1.00	1.00
30 years or more	1.72 (0.88–3.36)	0.93 (0.48–1.78)	0.27 (0.13–0.55)***
<i>Education</i>			
Grade < 9	1.00	1.00	1.00
Grades 9–11	0.83 (0.38–1.78)	1.32 (0.62–2.79)	2.41 (1.11–5.22)*
Grade 12 or more	0.93 (0.41–2.12)	0.78 (0.35–1.73)	0.59 (0.26–1.35)
<i>Economic household situation</i>			
High	1.00	1.00	1.00
Low	2.29 (1.13–4.61)*	1.10 (0.57–2.14)	0.37 (0.18–0.75)
<i>Marital status</i>			
Married/cohabitating	1.00	1.00	1.00
Single/divorced/separated	0.66 (0.28–1.56)	2.29 (1.03–5.09)*	4.74 (1.85–12.11)***
Currently living with the perpetrator (base = not living with perpetrator)	1.33 (0.56–3.19)	1.37 (0.61–3.08)	0.33 (0.13–0.84)*
	Physical violence	Psychological abuse	Stalking
Children at home (base = No children at home)	0.82 (0.39–1.74)	0.90 (0.43–1.89)	1.31 (0.61–2.83)
Employed (base = not employed)	1.32 (0.61–2.85)	1.38 (0.66–2.86)	1.81 (0.83–3.97)

\*\*\*P < .001; \*\*P < .01; \*P < .05; AOR = Adjusted Odds Ratio; CI = Confidence Interval

a Hosmer & Lemeshow Chi-square = 7.87, P = 0.446; Nagelkerke R<sup>2</sup> : 0.19

b Hosmer & Lemeshow Chi-square = 5.51, P = 0.702; Nagelkerke R<sup>2</sup> : 0.13

c Hosmer & Lemeshow Chi-square = 3.81, P = 0.874; Nagelkerke R<sup>2</sup> : 0.27

## **DISCUSSION**

Among this sample of 268 abused women who had been granted protective orders, substance use was significantly associated with the severity of the violence perpetrated against them. Specifically, women reported greater instances of physical intimate partner violence when the perpetrators grappled with problem drinking only or with problem drinking and drug use; and psychological abuse was reported by women where the perpetrators grappled with problem drinking and drug use. These findings are in agreement with previous studies (Balogun et al., 2012; Cunradi et al., 2002; Dunkle et al., 2006; Feingold et al., 2008; Mattson et al., 2012; Sambisa et al., 2010; Stuart et al., 2008; Tumwesigye et al., 2012; Willson et al., 2000). It is possible that the association of problem drinking, together with illicit drug use, and the severity of physical and psychological abuse is connected to perpetrator illegal behaviour (Willson et al., 2000). For example, Berk, Berk, Loseke and Rauma (1983) found an association between the number of previous arrests of the male partner for alcohol abuse and the severity of the woman's abuse. Therefore, criminal behaviour (here illicit drug use) and greater severity of abuse may be indicative of a more violent perpetrator (Willson et al., 2000). Furthermore, unlike other studies, this study did not find an association between stalking and reported perpetrator use of alcohol and/or drugs compared with nonusers, (Willson et al., 2000).

The findings of a higher risk of severe physical intimate partner violence among those with a lower income or socioeconomic status are consistent with several studies on this topic (Jewkes 2002; Tumwesigye et al., 2012). Similar to the findings by Willson et al. (2000), this study found that problem drinking and the use of illicit drugs occurred in almost the exact same proportions among these perpetrators, as did no use versus combined substance use. According to Willson et al. (2000), these findings seem not to refer to a consistent profile of perpetrator substance use and intimate partner violence. This may indicate that male abusers as a group may not substantially differ from the general population of men (Gondolf, 1998; Willson et al., 2000). More research is needed to explore this.

Problem drinking and problem drinking combined with illicit drug use have been found to be the strongest predictors for the severity of physical intimate partner violence and severity of psychological intimate partner abuse among those factors investigated (and with potentially confounding influences controlled). The World Health Organization (WHO) has identified harmful alcohol and illicit drug use as determinants of intimate partner violence and recommends that reducing overall alcohol consumption in a population may help to reduce the harmful use of alcohol and with it the perpetration and experience of intimate partner violence (WHO/LSHTM, 2010).

## **STUDY LIMITATIONS**

The results of this study cannot be generalised to all female survivors of intimate partner violence in South Africa since the current study was based on a sample recruited at the courts where the women were granted protective orders to safeguard them against intimate partner violence. The study relied on self-reports which may under- or over-report due to lack of inadequate recall or lack of voluntary disclosure (McFarlane et al., 2005). Studies done by Mechanic, Weaver and Resick (2008) have found that the assessment of injury as a form of violence experienced by women added an important dimension of intimate partner violence, which should be added in future research. Furthermore, the temporal sequencing of the substance use and the occurrence of violence needs to be researched (Willson et al., 2000).

## **CONCLUSION**

Problem drinking and drug use among male partners is a strong determinant of the severity of physical intimate partner violence among battered women in South Africa. Intimate partner violence prevention measures should also address the reduction of problem drinking and drug use among men. This study also emphasises the need to identify substance use disorders among IPV perpetrators identified in health, social service, or criminal justice settings.

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## REFERENCES

- Abrahams, N., Jewkes, R., Martin, L., Mathews, S., Vetten, L. & Lombard, C. (2009). Mortality of women from intimate partner violence in South Africa: A national epidemiological study. *Violence and Victims*, 24(4), 546–556.
- Akinsola, H.A. & Ramakuella, N.J. (2009). Sexual violence against women in a South African rural community. *African Journal of Midwifery and Women's Health*, 3(4), 174–180.
- Artz, L. (2004). Better safe than sorry: Magistrates'views on the Domestic Violence Act. *South African Crime Quarterly*, 7, 1–8.
- Artz, L. & Smythe, D. (2005). Bridges and barriers : a five year retrospective on the Domestic Violence Act. In C. Murray & M. O'Sullivan (Eds.), *Acta Juridica: Advancing Women's Rights: The first decade of democracy* (pp. 200–226). Cape Town, South Africa: Juta Publishers.
- Balogun, M.O., Owoaje, E.T. & Fawole, O.I. (2012). Intimate partner violence in southwestern Nigeria: are there rural-urban differences? *Women Health*, 52(7), 627–45.
- Berk, R.A., Berk, S.F., Loseke, D.R. & Rauma, D. (1983). Mutual combat and other family violence myth. In D. Finkelhor, R.J. Gelles, G.T. Hotaling & M.A. Straus (Eds.), *The dark side of families: Current family violence research* (pp. 197–212). Beverly Hills, CA: Sage.
- Campbell, J.C. (1986). Nursing assessment for risk of homicide with battered women. *Advances in Nursing Science*, 8(4), 36–51.
- Cunradi, C.B., Caetano, R. & Schafer, J. (2002). Alcohol-related problems, drug use, and male intimate partner violence severity among US couples. *Alcohol and Clinical Experimental Research*, 26(4), 493–500.
- Dunkle, K.L., Jewkes, R.K., Nduna, M., Levin, J., Jama, N., Khuzwayo, N., Koss, M.P. & Duvvury, N. (2006). Perpetration of partner violence and HIV risk behaviour among young men in the rural Eastern Cape, South Africa. *AIDS*, 20(16), 2107–2114.
- Fals-Stewart, W., Golden, J. & Schumacher, J.A. (2003). Intimate partner violence and substance use: a longitudinal day-to-day examination. *Addictive Behavior*, 28(9), 1555–1574.
- Feingold, A., Kerr, D.C. & Capaldi, D.M. (2008). Associations of substance use problems with intimate partner violence for at-risk men in long-term relationships. *Journal of Family Psychology*, 22(3), 429–38.
- Gass, J.D., Stein, D.J., Williams, D.R. & Seedat, S. (2010). Intimate partner violence, health behaviours, and chronic physical illness among South African women. *South African Medical Journal*, 100(9), 582–5.
- Gender Links (2010). *The war at home: Gender base violence indicators project, Gauteng Research Report South Africa*. Johannesburg: Gender Links.
- Gist, J., McFarlane, J., Malecha, A., Willson, P., Watson, K., Fredland, N. & Smith, S. (2001). Protection orders and assault charges: do justice interventions reduce violence against women? *American Journal of Family Law*, 15, 59–71.

- Gondolf, E.W. (1998). *Assessing woman battering in mental health services*. Thousand Oaks, USA: Sage.
- Gupta, J., Silverman, J.G., Hemenway, D., Acevedo-Garcia, D., Stein, D.J. & Williams, D.R. (2008). Physical violence among intimate partners and related exposures to violence among South African men. *Canadian Medical Association Journal*, 179(6), 535–541.
- Jewkes, J. (2002). Intimate partner violence: causes and prevention. *Lancet*, 359(9315), 1423–1429.
- Joyner, K. & Mash, R. (2012). Recognizing intimate partner violence in primary care: Western Cape, South Africa. *PLoS One*, 7(1):e29540. doi:10.1371/journal.pone.0029540.
- Limpopo Provincial Department of Social Development. (2012). Non-profit organisations status report. Polokwane, South Africa: Department of Social Development.
- Logan, T.K., Walker, R. & Shannon, L. (2008). Factors associated with separation and ongoing violence among women with civil protective orders. *Journal of Family Violence*, 23, 377–385.
- Madu, S.N., Ndom, R.J.E. & Ramashia, C.L. (2010). Depression among female survivors of domestic violence in Thohoyandou, South Africa. *Gender and Behaviour*, 8(1), 2871–2885.
- Madzimbale, F.C. & Khoza, L.B. (2010). Experiences of physical violence by women living with intimate partners. *Curationis*, 33(2), 25–32.
- Malecha, A., McFarlane, J., Gist, J., Watson, K., Batten, E., Hall, I. & Smith, S. (2003). Applying for and dropping a protection order: a study with 150 women. *Criminal Justice Policy Review*, 14, 486–504.
- Managa, L., Pengpid, S. & Peltzer, K. (2007). Intimate partner violence and HIV risk among women in primary health care delivery services in Vhembe district, South Africa. *Gender & Behavior*, 5, 1302–1317.
- Marshall, L.L. (1992). Development of the severity of violence against women scales. *Journal of Family Violence*, 7, 103–21.
- Mattson, R.E., O'Farrell, T.J., Lofgreen, A.M., Cunningham, K. & Murphy, C.M. (2012). The role of illicit substance use in a conceptual model of intimate partner violence in men undergoing treatment for alcoholism. *Psychology of Addictive Behaviors*, 26(2), 255–64.
- McFarlane, J., Willson, P., Lemmey, D. & Malecha, A. (2000). Women filing assault charges on an intimate partner: Criminal justice outcome and future violence experienced. *Violence Against Women*, 6, 396–408.
- McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I. & Smith, S. (2004). Protection orders and intimate partner violence: an 18-month study of 150 black, Hispanic, and white women. *American Journal of Public Health*, 94(4), 613–618.
- McFarlane, J., Malecha, A., Gist, J., Watson, K., Batten, E., Hall, I. & Smith, S. (2005). Intimate partner sexual assault against women and associated victim substance use, suicidality, and risk factors for femicide. *Issues in Mental Health Nursing*, 26(9), 953–67.
- Mechanic, M.B., Weaver, T.L. & Resick, P.A. (2008). Mental health consequences of intimate partner abuse: a multidimensional assessment of four different forms of abuse. *Violence Against Women*, 14(6), 634–654.
- Moore, T.M. & Stuart, G.L. (2004). Illicit substance use and intimate partner violence among men in batterers' intervention. *Psychology of Addictive Behavior*, 18(4), 385–389.

- Norman, R., Bradshaw, D., Schneider, M., Jewkes, R., Mathews, S., Abrahams, N. & South African Comparative Risk Assessment Collaborating Group (2007). Estimating the burden of disease attributable to interpersonal violence in South Africa in 2000. *South African Medical Journal*, 97(8), 653–656.
- Rehm, J., Rehn, N., Room, R., Monteiro, M., Gmel, G., Jernigan, D. & Frick, U. (2003). The global distribution of average volume of alcohol consumption and patterns of drinking. *European Addiction Research*, 9, 147–156.
- Reingle, J.M., Staras, S.A., Jennings, W.G., Branchini, J. & Maldonado-Molina, M.M. (2012). The relationship between marijuana use and intimate partner violence in a nationally representative, longitudinal sample. *Journal of Interpersonal Violence*, 27(8), 1562–78.
- Republic of South Africa (1998). *Domestic violence act*. Cape Town: Government printers.
- Sambisa, W., Angeles, G., Lance, P.M., Naved, R.T. & Curtis, S.L. (2010). Physical and sexual abuse of wives in urban Bangladesh: husbands' reports. *Studies in Family Planning*, 41(3), 165–78.
- Schneider, M., Norman, R., Parry, C., Bradshaw D., Plüddemann, A. & the South African Comparison Risk Assessment Collaborating Group (2007). Estimating the burden of disease attributable to alcohol use in South Africa in 2000. *South African Medical Journal*, 97, 664–672.
- Sheridan, D. (1998). *Measuring harassment of battered women* (dissertation). Portland, Ore: Oregon Health Sciences University.
- Statistics South Africa (2012). *Census 2011*. Pretoria: Statistics South Africa.
- Stuart, G.L., Temple, J.R., Follansbee, K.W., Bucossi, M.M., Hellmuth, J.C. & Moore, T.M. (2008). The role of drug use in a conceptual model of intimate partner violence in men and women arrested for domestic violence. *Psychology of Addictive Behaviors*, 22(1), 12–24.
- Tjaden, P. & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women*, 6(2), 142–161.
- Tumwesigye, N.M., Kyomuhendo, G.B., Greenfield, T.K. & Wanyenze, R.K. (2012). Problem drinking and physical intimate partner violence against women: evidence from a national survey in Uganda. *BMC Public Health*, 12, 399. doi: 10.1186/1471-2458-12-399.
- Vogt, T. (2007). The impact of an interim protection order (Domestic Violence Act 116 of 1998) on the victims of domestic violence. (Unpublished doctoral thesis). University of Stellenbosch, South Africa.
- Wiist, W. & McFarlane, J. (1998a). Severity of spousal and intimate partner abuse to pregnant Hispanic women. *Journal of Health Care for the Poor and Underserved*, 9, 248–261.
- Wiist, W. & McFarlane, J. (1998b). Use of police by abused pregnant Hispanic women. *Violence Against Women*, 4, 677–693.
- Willson, P., McFarlane, J., Malecha, A., Watson, K., Lemmey, D., Schultz, P., Gist, J. & Fredland, N. (2000). Severity of violence against women by intimate partners and associated use of alcohol and/or illicit drugs by the perpetrator. *Journal of Interpersonal Violence*, 15, 996–1008.
- World Health Organization (WHO) (1999). *Putting women's safety first: Ethical and safety recommendations for research on domestic violence against women*. Geneva, Switzerland: WHO.

World Health Organization (WHO) (2011). *Global status report on alcohol and health*. Geneva, Switzerland: WHO.

World Health Organization (WHO)/London School of Hygiene and Tropical Medicine (LSHTM) (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, Switzerland: WHO.