

# Faith and Intimate Partner Violence in Rural South Africa

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## Abstract

Intimate partner violence (IPV) is the most common form of violence against women and is associated with risk factors at the individual, interpersonal and societal level. Women often resort to various coping mechanisms to manage their daily lives due to the complex nature by which these factors interact. We qualitatively interviewed a cohort of rural women participating in a microfinance “plus” program in South Africa where women received loans for small-scale business ventures and received training sessions on gender norms. Our findings detailed women’s experiences of IPV and the role of faith as a coping mechanism for navigating economic hardship and abuse. Belief in a higher power was predominant in almost every interview, offering a sense of purpose and optimism for the future amid precarious circumstances. Interventions for violence prevention need to consider the important role that faith can play in strengthening women’s sense of self and preventing IPV.

## Keywords

gender issues, marriage &amp; family systems, psychology of religion, trauma

## Introduction

Intimate partner violence (IPV) is one of the most common forms of violence against women and girls and includes physical and sexual violence and emotional abuse and controlling behaviors by an intimate partner (World Health Organization [WHO], 2012). Globally, 27% of women and girls aged 15–49 experience IPV over the course of their lives, including up to 24% in South Africa

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(Sardinha et al., 2022). Beyond the immediate trauma, IPV can have a long-term effect on an individual's mental and physical state (Bacchus et al., 2018). Women may experience multiple types of violence and/or sporadic repeated offenses over the course of their relationship that can lead to emotional stress on the part of survivors (Gibbs et al., 2018).

Risk factors for IPV are across the social ecology at the individual (e.g., age or mental health), interpersonal (e.g., poor communication and high relationship conflict), community (e.g., norms condoning male authority over women and children, norms accepting violence against women), and societal (e.g., gender discriminatory laws/policies) levels (Heise, 1998). Poverty or financial dependence also restrict women from leaving abusive relationships as they may not have the resources to survive independently (Abramsky et al., 2019; Jewkes, 2002). Dependence upon a partner may result in women feeling trapped and unable to break from abusive relationships. Economic strengthening interventions, such as cash transfers, or microfinance plus programs empower women, and enable them to earn a living and contribute an income to their household (Vyas et al., 2015). When coupled with group-based gender training, the "bundled" program has the potential for IPV prevention, as it builds financial independence alongside strengthening social support, increasing self-confidence and addressing inequitable gender roles and attitudes (Kim et al., 2007).

IPV cannot be mitigated entirely and recognition of the ways in which women navigate abuse is key to the effectiveness of any intervention. Coping strategies for women who have experienced IPV regardless of these initiatives detail how they manage their mental and emotional well-being.

### *Coping strategies for IPV*

Research has shown that survivors of IPV deploy different coping strategies to manage the abuse they have experienced (Iverson et al., 2013). Among women who have experienced IPV, coping strategies include endurance, emotional support, personal networks, and religion (Balogun & John-Akinola, 2015; Itimi et al., 2014; Thananowan et al., 2021; Wood et al., 2021). Group-based social support provides positive benefits to women who report experiencing IPV and communication training provides the ability to verbalize negative experiences (Knight et al., 2020; Sarnquist et al., 2021). A survivor's mental health state after an abusive incident, or a pattern of abuse, may also manifest in depression or an inability to emotionally engage (Goodman et al., 2009). As the physical impact of abuse may be understood, the internal impact can remain elusive to family and friends of women who have been abused by their partners. This may be because they do not wish to acknowledge the event(s) that have transpired, thus here is a tendency to remain silent (McCleary-Sills et al., 2016). IPV can result in a negative impact on female self-esteem and overall mental and physical health (Gass et al., 2010; Goodman et al., 2009). Women may seek help from relatives, the husband's family, and/or community resources (e.g., police and social workers), though resources are inconsequential if women are afraid to verbalize/formalize complaints (Evans & Feder, 2016). As a result, the cycle of IPV continues and circumstances persist. This is particularly so if children are involved, as mothers tend to fear the undoing of the family unit (Zeoli et al., 2013). Coping mechanisms thus serve as important tools for processing trauma (Mills et al., 2018).

Faith in the context of IPV can offer a sense of "refuge" for women in need of support. Young South African women were found to depend on church as a communal space to discuss personal challenges and receive support with regard to their mental and emotional well-being (Perera & Swartz, 2021). Faith has been shown to improve resilience among women and embolden them to assert their agency both within their marriages and in their daily lives, yet has also been used to rationalize behavior on the part of abusive partners (Istratii & Ali, 2023). The manifestations of faith are intricate and interconnected and many women who have experienced IPV navigate these complexities to promote their own autonomy (Creswell, 2003; Istratii & Ali, 2023).

The purpose of this article is to explore women's narratives on their coping strategies in challenging circumstances of poverty and abuse, including the role of faith. Study participants were enrolled in the Intervention with Microfinance and Gender Equity (IMAGE) program (described below) in Mahikeng district, Northwest province, rural South Africa.

### *The Intervention with Microfinance and Gender Equity (IMAGE)*

IMAGE is a “microfinance plus” program; loans are provided to low-income women to start small businesses by Small Enterprise Foundation (SEF), a microfinance provider. The loans are coupled with 10 sessions of participatory gender training by a nongovernmental organization, Sisters for Life (SFL). Using the group-lending model, each recipient is assigned a group consisting of five women who served as guarantors for each other's loans. A 2006 cluster randomized trial of IMAGE suggested the program led to a 55% decrease in IPV (Pronyk et al., 2006). We conducted a follow-up study 10 years after the original program in Mahikeng district, Northwest province, rural South Africa. The Mahikeng area lacks infrastructure, has a high population density, but limited employment opportunities. It has an unemployment rate of 35.7%, and a 47.1% rate for those aged 15–34 years. People in the area are primarily reliant on government transfers, namely, pensions, child, and disability grants (Statistics South Africa, n.d.). SFL sessions consisted of two distinct phases: Phase 1 consisted of 10 one-hour sessions that included training on topics such as health education, communication, gender-based violence information. Phase 2 consisted of wider community mobilization; all women receive training on community engagement and leadership in four sessions over 5 months. SFL sessions were facilitated by local women with a deep understanding of the cultural context.

## **Method**

### *Data collection and interview content*

This qualitative paper analyzes data collected as part of the IMAGE follow-up study. This is the second qualitative analysis of the data. The first qualitative paper assessed the economic status, gender roles and IPV within the same IMAGE cohort (Ranganathan et al., 2021). We interviewed 26 women who had submitted a baseline survey (October–December 2016) for the IMAGE follow-up study and had agreed to be interviewed a year later (November–December 2017). Eligible women were at least 18 years of age and had been IMAGE participants for at least 1 year at the SEF loan center branch in Mahikeng, an impoverished district with high employment (Ranganathan et al., 2021). In Phase 2 of the IMAGE program, participants had just finished receiving a year of the SFL training and consented to being interviewed on topics relating to their participation in IMAGE, household dynamics and household relations, particularly since joining the program.

From the original cohort of 30 women interviewed at baseline, four were lost to follow-up, resulting in a final sample size of 26 women. This includes 18 participants who identified at baseline as having experienced IPV based on a question using the World Health Organization (WHO)'s Multi-Country Study on Women's Health and Domestic Violence Against Women survey, and eight participants who did not identify as survivors of IPV with the same question.

Qualitative interviews were conducted in the local language, seTswana, and interviews lasted for 60 to 90 minutes. Participants were interviewed to examine the effect of IMAGE on their lives, aspirations and hopes. Interviewers probed participants on their household environment, including any experiences of violence and their relationship dynamics with partners (e.g., “How does your current partner feel about you running your own business? Is he supportive toward you running your own business?” “What happens when you refuse to have sex with him?”) as well as how their lives have changed since enrolling in the study (e.g., “Is there a way that you as an individual have

changed?,” “How important is your income in your household?”). Interviews were not explicitly focused on faith or spirituality. Faith was not an expected outcome of the study. During the qualitative interview process, interviewers had not noticed a pattern in the mention of faith and had not led any interviews in the direction of belief. Each interview provided an in-depth lens into their lives, including personal and/or financial hardship and group support. The interviewees also identified various forms of abuse they were aware of in the community, regardless of whether they had experienced it themselves. Voluntary mentions of faith, religion, and belief systems were made by interviewees in response to questions regarding their households, relationships, daily life, and impressions of the IMAGE program.

Interviews were conducted by two female researchers from the Johannesburg-based data collection research partner, Social Surveys Africa, who were fluent in both English and seTswana. The researchers underwent extensive training on participant confidentiality, qualitative research, and ethics of collecting violence data in preparation for the interviews, including a distress protocol and having clear referral protocols in place. Each interview was conducted and recorded in either English or seTswana, then translated, reviewed for linguistic and cultural accuracy, and transcribed to English.

### *Ethics and informed consent*

The Research Ethics Committee at the London School of Hygiene and Tropical Medicine (LSHTM) as well as the University of Witwatersrand’s Human Research Ethics Committee (Medical) provided ethical approval. Participants provided both informed consent and consent for the use of anonymized quotes to be used in future publication(s).

### *Data analysis*

We conducted Thematic Content Analysis to organize our data around emergent themes. The interview transcripts were systematically analyzed in stages. The first author coded and extracted data from each transcript onto a matrix, organized by theme. This was then discussed with the other authors to interpret and clarify the themes. Thematic patterns from the extracted compilation combined with the impressions and baseline survey results led to three primary themes. Each theme was subsequently extracted further for subthemes, cultural relevance and any suggested deeper significance. Dimensions of faith, religion, and God were extracted from each interview to inform the nuances of belief among the participants. Outliers in each matrix theme were also addressed to provide a contrast in perspective.

## **Results**

### *Participant characteristics*

This study included 26 women enrolled in the microfinance study and interviewed at baseline. Interviewers asked each woman about the current status of their enrollment in the study, relationship status and the subsequent household dynamics, and their knowledge of IPV, specifically if they had ever experienced IPV in their relationships. Within the cohort, most were either married (54%,  $n = 14$ ) or in a partnership (27%,  $n = 7$ ), almost all had children (88%,  $n = 23$ ) at various stages of development, ranging from infancy to adulthood, and most had small businesses through loans received from the SEF microfinance program, as vendors who often sold such goods as snacks, sweets, and bunny chow (73%,  $n = 19$ ).

Women appeared to face constraints in their day-to-day lives such as poverty, patriarchal societal norms, and gendered expectations in child care. Due to the absence (physically or emotionally) of fathers, women were expected to serve and excel in multiple roles in the home (domestic/

child-rearing, wife/lover). We explored how women used coping mechanisms for emotional support and well-being.

### *Principal themes*

We present our findings around three emergent themes—perceived experiences of intimate partner violence, the significance of faith, and the role of faith as a coping strategy. *Please note that for confidentiality purposes, we have not used real names when presenting quotes.*

### *Perceived experiences of intimate partner violence*

Almost every participant reported an understanding of IPV and described at a general level at least one form of its manifestation. Half of the cohort ( $n=13$ , 50%) confirmed IPV in their current and/or past relationships. Within their current partnerships, over a third of participants ( $n=9$ , 35%) either confirmed IPV directly or appeared to be unaware of IPV within their relationships by identifying violent and/or abusive behavior by their partners but not recognizing it as abuse specifically. Even though some reported being unaware of IPV, they unknowingly alluded to instances of an act of IPV when describing interactions in their partnerships. Four additional participants (15%) confirmed having experienced with IPV in past relationships and one (4%) confirmed IPV in both her past and current relationships.

Of the participants who confirmed abuse in their current relationships, over half experienced more than one type of abuse. Concurrent experiences with abuse included emotional, verbal and financial abuse, yet physical and/or sexual violence were the most common forms detailed by women within the cohort.

Women were concerned about being physically attacked which resulted in significant emotional distress:

*[My husband] was beating me all the time. If he heard something about me [when he was] outside, when he gets home he would beat me up, without asking me anything or hearing my side of the story . . .* (Gomolemo, age 35)

A major reason given for sexual or physical violence was refusal of sex. Often, males appeared to expect women to agree when they initiated sexual relations, as almost a third of the women mentioned pressure to have sex when it was presented:

*[If I do not feel like having sex] he forces me and sometimes he tells me that it means I am cheating on him. He would remove my panties by force. It's as if he is raping me.* (Mapule, age 30)

Furthermore, women spoke about the need to maintain harmony in the household and expressed worry over the effect that refusing sex would have on household dynamics:

*I am sometimes tired, you know that we as women work very hard. I do not have a choice, I have to do it. . . When I refuse, I get myself into a lot of trouble . . . He gets very angry, not talking to me, not talking to the kids, not eating his food and when the kids say father . . . he would just say get out of this place, live me alone and things like that . . .* (Tau, age 56)

Some participants reported that male partners would dictate how funds were used and ignore women's involvement in decision-making. This suggested a need to control economic matters:

*[My husband] does not give me anything. We only buy food that we need and pay debts. Life is very difficult. He is keeping his money to himself. He has a say on how income should be spent.* (Seketema, age 49)

Others mentioned male partners who were either emotionally unavailable, or psychologically abusive toward them and the family. These women were reluctant to leave their partners because of responsibilities toward their children:

*He always threatens me that he is going to kill me and the children. I feel sad when I want to break up with him because my children are very fond of him. I think my children will suffer if I break up with him. (Mapule, age 30)*

Additional drivers of IPV mentioned during the interviews were alcohol use, feelings of jealousy, and men's controlling behaviors. When women did experience abuse, finding help or services was difficult. If they did have the courage to seek support, whether it be from family or from social workers, they reported intimidation from the partners or ambivalence from others:

*I used to tell his family members. His family members were also afraid of him, [so] they did nothing. (Gomolemo, age 35)*

Women appeared to accept being in an abusive relationship whether as a means of transgressing gender roles or for not adhering to perceived cultural norms:

*I think a husband should beat me up if I go to a tavern in the morning and come back home very late without doing any house chores at home or not knowing if the children have eaten or what. He is supposed to beat me up. I deserve it. (Gomolemo, age 35)*

Others made sure that they had access to options just in case they had a need to utilize them:

*I put that restraining order in a safe place. I don't think that I am still going to use it but I'll never be sure, that is why I put it in a safe place. I am not 100% sure that he stopped abusing me . . . (Makwati, age 24)*

Over half of participants in current relationships had spouses or significant others who were unemployed making it necessary for women to earn an income. Interestingly, when men had temporary jobs and/or collected a pension, they appeared to value their wives' contributions and support their participation in the workforce:

*There have been a lot of changes [in the way her treats me]. He can now ask me for some money if he does not have any. He knows that we are a strong team. He gets very excited when I give him the money because he sees that his wife is a hard worker. . . (Tau, age 56)*

*He is now good to me because he is unemployed now. I think that the problem was the fact that he was working at that time. . . I feel so much better, I am no longer abused by my husband, he now respects me. (Gomolemo, age 35)*

### **Significance of faith among participants**

An almost universal finding among the participants was a reference to monotheism, with faith emerging as a dominant theme in the study. Almost every participant ( $n=24$ , 92%) mentioned faith as an important aspect of their lives. Faith, church, and/or God were often mentioned generally, with very few participants who mentioned faith providing insight into the dimensionality of their belief. Of the participants who mentioned faith, one identified themselves as a Jehovah's Witness and two identified themselves as paritioners of the Zion Christian Church (ZCC), an Evangelical denomination. Each member of ZCC explained how their church has been incorporated into their lives:

*I have learnt to talk to my children because they were not willing to listen to me. I was always fighting with them but things changed at a later stage. My children are now listening to me and they are now going to church, they followed me to ZCC [Zion Christian Church]. My children have changed and their father has also changed, we are all happy now. (Sebate, age 60)*

Participants highlighted the positive effects of attending church, including how attendance has inspired their husbands to be better partners:

*I do not think they influence men to abuse us. I do not think so. A church is a place where they teach about abuse amongst other things. They teach our husbands how to hold on to marriage, how to treat their wives, all those things. The bible is against any type of violence. (Tlaleng, age 63)*

*My husband is from Dithakong, he was born and raised at Dithakong. He is fine now because he is a Zion; before that, he used to be a drunkard. I was a Zion before him, when I wanted to go to church he used to stop me, that never stopped me from going to church. I kept on praying for him and now he is a Pastor at church. (Sebate, age 60)*

Church provided a place where participants could feel a sense of community:

*Even at church we have to talk about [sex]. I had to preach about this, especially now that we have young children. I spoke about issues of sex and how they should protect themselves against such. Especially the younger girls who are now [going through puberty]. (Ntlhaile, age 76)*

*There is a lady that I go to church with, she once experienced [IPV]. We sat down and discussed on how to tackle that kind of problem. (Khumo, age 56)*

*At church they would pray for me [after marital verbal and sexual abuse]. . . They used to check up on me all the time [and] call me from time to time. (Johanna, age 39)*

*I overcame [difficult situations] because I am the kind of person who speaks out. I spoke about it in church meetings.. When you speak out you lift so much off your shoulders. (Khumo, age 56)*

Only one participant discussed a negative aspect of attending church:

*[My husband] is fine, he is very loving but his only problem is that he drinks alcohol, he is jealous and he doesn't like going to church. When I am going to church he once accused me that I am dating my pastor. He is very jealous. (Mapule, age 30)*

### **Role of faith as a coping strategy**

Participants felt both motivated and guided by their belief in a higher power and referred to it more often than motherhood, daily responsibilities or even contentment in their relationships. Most women in the sample mentioned God, the Bible, and/or attending a place of worship (i.e., church) during their interviews. Following and observing faith was often mentioned as providing clarity in their lives, as well as a source of motivation and the will of a higher being serving as the reason for their marriages, challenges and ultimate triumphs. The common thread of faith suggests that, regardless of experience with IPV women found solace in belief, yet it served as an additional support for women who identified it as the basis for coping with relationship-based violence.

Women drew strength from their faith and relied upon their beliefs to help them navigate their lives. The weight of spirituality was almost omnipresent in the interviews and the reason for everything that transpired. Marriages were perceived by several women to serve a higher purpose

beyond their own feelings and desires, a sense of destiny regarding with whom they will share their lives:

*Love is created by God, only he can get you a suitable suitor.* (Novolo, age 64)

Women who felt content in their marriages praised God for bringing their spouses into their lives:

*I just thank God for giving me such a loving and caring husband, I will forever be grateful to him.* (Modisane, age 63)

In the context of faith, women also expressed an acceptance of their perceived roles in both the relationship and household dynamics:

*A woman is very loving. She does everything to build her home. This is how God built a woman. A woman has been given to a man by God almighty.* (Seketema, age 49)

Notably, women saw their faith as the cause for both obstacles and achievements. Separate from their relationships, when women expressed independent motivation and strength, it was embedded in their beliefs and the power and influence of a higher being in helping to overcome adversity:

*. . . Life is not always good, there are some challenges that we have to go through in life, God will test us, and it would be up to us, how we are going to face or ignore that challenge.* (Makwati, age 24)

*You cannot do that [stand on your own two feet] without God. We have to put everything before God because he is the only person who has the power, not you because God won't help you if you do not give your life to him. Anything is possible with God.* (Sanna, age 65)

Participants remained optimistic about being blessed in spite of hardship and precarity in their lives. They appeared to believe that a higher power would enable them to have a prosperous future, as long as they remained faithful and patient:

*You have to stay in faith because at times even if you humble yourself, when the devil is here, there is absolutely nothing you can do about it. You humble yourself and stay in prayers; you will get through that situation . . . prayer is above everything.* (Seremo, age 58)

*I am putting my faith in God. He will fix everything for me in time* (Motlagodisa, age 60)

A sense of hope was clear in how women mentioned faith propelling them forward, guiding them to where they are meant to be:

*I always pray and ask God to help me see my wishes. When my wishes come true, I'll also pray to thank him for making my dreams a reality.* (Modisane, age 63)

Beyond faith itself, the church's teachings and a sense of community social support were found to have a positive influence on households, providing positive reinforcement for healthier relationships:

*[Regarding a possible repeat of her partner's past abusive behavior] If I decide on not calling his family members again, I could always call church elders or our pastor to come and talk some sense to him. They come to your house and resolve the issue you have with your husband.* (Tau, age 56)



*A church is a place where they teach about abuse amongst other things. They teach our husbands how to hold on to marriage, how to treat their wives, all those things. The bible is against any type of violence.* (Tlaleng, age 63)

Faith in women's lives helped them rationalize the difficulties they face. This in turn created an internal strength and sense of power and equilibrium that transcended other financial resources to serve as an important coping mechanism to accept their situation.

## Discussion

Our study revealed women's economic struggles, experiences of IPV, and a strong sense of faith among the cohort of rural South African women enrolled in the IMAGE program. The predominant theme of faith resonated with almost all participants. They relied on a higher power in times of struggle, just as in times of prosperity, and to compartmentalize facets of their day-to-day lives. From bearing children and marriage to the state of one's health and economic situation, participants suggested a higher purpose connected to God. Challenges were considered to be a spiritual test and ardent faith could see their dreams realized. The concept of belief, and specifically in a higher power whose will is seen in every aspect of life, was suggested as superseding all other resources in the midst of hardship. Although the IMAGE program helped change many women's lives, among the cohort, belief in God was affiliated with a sense of inner strength. As other studies have corroborated (Chadambuka, 2020; Shaw et al., 2020), having a sense of faith can be an invaluable method of managing trauma and stress.

In the Democratic Republic of Congo, a state with a higher prevalence of violence against women and girls (VAWG), local faith leaders promoted gender empowerment in conflict areas. The intervention, that coupled gender equality training with a faith perspective to reduce the acceptability of IPV among men and women, improved attitudes toward women's agency in their respective communities (Le Roux et al., 2020). The process of reciting prayers was also found to be an important coping mechanism for a cohort of Zimbabwean women who had experienced abuse (Chadambuka, 2020).

During the analysis of the study findings, an overarching query focused on the types of resources that women use to cope when they face a difficult situation. The interviews shed light onto the household dynamics of each participant, as well as how enrollment in SFL has impacted their lives, largely for the better. Faith was a consistent theme and its significance was evident in how participants navigated tribulation. Women also sought emotional support from their partners and peers, as well as perseverance and determination within themselves. As the women gained these elements, it led many to greater self-reliance.

We also need to consider that faith may have negative outcomes, though among study participants it was almost unanimously presented as a positive influence in their lives and marriages. In Ghana, certain denominations' teachings are perceived to promote IPV and tolerated abuse among women (Takyi & Lamptey, 2020). A study on IPV in the context of Judeo-Christian religions noted how patriarchal religious scriptures perpetuate violence against women as they constrict women to roles of subservience (Ross, 2020). We recognize that the duality of faith exists and can be leveraged to both promote and erode female autonomy (Istratii & Ali, 2023). Yet in this context, the women interviewed predominantly attributed faith and church as essential and positive to their emotional and psychological health. It appears that the aspect of faith around feelings of support and a surrendering of oneself to their destiny offered the women comfort and strength when managing their lives.

For many women, religion or faith in God may also serve as a coping method when experiencing or having experienced IPV (Moss-Racusin, 2017). This is due to a strong belief that faith would provide unconditional support during hardships (Itimi et al., 2014). Evidence suggests faith or spirituality has helped with processing of psychological trauma associated with abuse and helps

tackle depression (Mitchell et al., 2006). The notion that underpins this is that women tend to be more resilient when faith is of significance in their lives (de la Rosa et al., 2016), suggesting a constant and personal connection with a power they feel is greater than their circumstances. Spirituality and religion are considered important resources in recovering from trauma (Bryant-Davis & Wong, 2013), allowing women to draw strength and become resilient (Hassouneh-Phillips, 2003). The private relationship between “powerful entity” and “worshipper” allows for vulnerability and reflection, free of societal stigma and/or victimization. Women employ faith as a coping mechanism for the strength to process their situation, find hope, and reclaim their personal identity.

Study strengths include an in-depth understanding of women’s lives and their daily challenges. As SFL provided gender training, many participants expressed how their lives have evolved since they enrolled in the program. Limitations include a lack of male perspectives among the participants and a lack of a direct focus on the dimensions of the participants’ respective faith during the interview. The predominant theme of belief emerged during coding and analysis. In addition, participants may have feared that their interview responses would influence their receipt of programmatic benefits, though the researchers/interviewers reassured the women that this was a separate study from the program.

## **Conclusion**

Interviews with rural South African women enrolled in the IMAGE program illuminated a strong sense of faith for women in search of kinship and strengthened identity. Participants employed coping mechanisms to navigate hardship and were optimistic for a future with more autonomy. They were stronger than their circumstances and when empowered they appeared to show more resilience to any adversity. The findings also suggest that faith is a key coping strategy for many women facing hardship within their households, whether in their relationships or economically.

Adversity was met with religion, as women remained ever focused on what they felt was the larger perspective—their relationship with God. The concept of faith was unwavering among the women and served as fulfillment where they may have felt a void. Faith was important for all women involved in the study, yet it served as an additionally paramount coping mechanism for those who experienced IPV. When coupled with the SFL program which encompassed economic support by way of microfinance loans, gender empowerment, and peer networks, women were more holistically affirmed which translated to how they navigated abusive relationships. Findings suggest that internal and external mechanisms are necessary for women coping with IPV and that a multidimensional approach that highlights women’s personal journeys (e.g., faith) and the positive impact of community can contribute to promoting their empowerment in adversarial realities.

Faith was not an expected finding from the study as interview questions were not focused on spirituality or belief, yet it appears to offer feelings of social support and fulfillment and was an important coping mechanism in difficult circumstances.

Future research could focus on interventions that engage local faith leaders who may play an important role in influencing norms and expectations around male and female behaviors toward each other. They may be an important channel for encouraging behavior change to improve household relationship dynamics and prevent IPV. Additional qualitative research identifying the dimensions and nuances of faith among South African women who have experienced IPV could inform effective gender empowerment initiatives.

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Meghna Ranganathan, PhD, is an Associate Professor of Social Epidemiology and Deputy co-Director of the Center for Evaluation at the London School of Hygiene and Tropical Medicine (LSHTM). She has experience in the design, measurement, and evaluation of interventions to address the economic drivers of HIV/AIDS and intimate partner violence (IPV). She is affiliated with the Gender Violence Health Center at the LSHTM and the cash transfers and IPV collaborative, an international multidisciplinary group of researchers.