International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Exploring the Effects of Intimate Partner Killing Incidents of Women by Men on the Mental Health of Unafflicted Women in Namibia

Dr. Luise Utuhole Amadhila[1], Professor Magnolia Ngcobo-Sithole[2]

[1]PhD Faculty of Health Sciences, Department of Psychology, Nelson Mandela University
[2]Faculty of Health Sciences, Department of Psychology Nelson Mandela University

Abstract

This paper explores the effects of intimate partner killing incidents on the mental health of unafflicted women in Namibia, a country grappling with high rates of intimate partner killing (IPK). Unafflicted women cohabitate in similar social settings as the victims of IPK. Different media platforms makes it even more difficult for anyone to ignore the incidents of IPK as they report on how exactly the victims were murdered, thus leaving unforgettable images and scenes of such murder cases. Presently, there is a limited body of research into the effects of IPK on the mental health of unafflicted women in Namibia. Drawing on Trauma Theory, Social Learning Theory, and Gender Inequality Theory, the study examines how IPK incidents affect unafflicted women's psychological well-being, both directly and indirectly. Purposive sampling technique was used in the selection of the study's participants. Data of interview recordings of the 14 participants was verbatimly transcribed. Participants narrated IPK incidences, describing how they affect their relationships with their spouses, sisters, daughters, nieces and other females in their lives. Following the analysis of 14 unafflicted women's data, who were neither directly nor indirectly related to victims of IPK nor knew someone who had died as a result of IPK, the study found that women feel unsafe, traumatised, scared and live in fear as a result of media representations of IPK incidents. The analysis revealed that women are scared and live in fear which dictates how they should respond to and react to issues in their intimate relationships to avoid becoming the next victim on different media platforms. Therefore, IPK incidents meet all aspects of traumatic events and news that lead to post-traumatic stress (PTS). This analysis underscores the urgent need for trauma-informed care, community education, and gender equality initiatives to support the mental health of unafflicted women affected by IPK incidents. The findings aim to inform policymakers, mental health professionals, and advocacy groups on the importance of a multifaceted approach to addressing the lasting psychological impact of intimate partner killing incident s in Namibia.

Keywords: psychological effects; intimate partner; intimate partner killing; gender-based violence; post-traumatic stress; intimate relationship; mental health

1. INTRODUCTION

Intimate partner killing (IPK) is a grave concern in Namibia, as it is globally, with incidents of intimate partner killings drawing attention to the severe implications on society specifically the unafflicted women's well-being. In Namibia, IPK incidents are increasingly recognised not only as a critical legal

issue but also as a significant public health concern with lasting impacts on the mental health of women. This article explores the psychological consequences of intimate partner killings incidents on the mental health of unafflicted women, shedding light on the associated mental health effects in Namibia, a nation with unique socio-economic and cultural factors.

2. Literature Review

The Scope of Intimate Partner Killings in Namibia

Intimate partner killing (IPK) is one of the most under-researched concepts in academia which has a significant effect on the mental health of unafflicted women, affecting their relationships with their opposite sex intimate partners, fellow women's relationships- be it mother and daughter, sister and sister, nieces, cousins or any female relationship, including friendship. IPK, famously known as passion killing in Southern Africa, is the killing of a woman by a man or killing of a man by a woman with whom they are romantically involved in a relationship. Namibia has one of the highest rates of gender-based violence in Southern Africa, with IPK constituting a significant portion of reported cases. According to the Namibia Ministry of Gender Equality, Poverty Eradication, and Social Welfare, intimate partner violence affects women disproportionately, with psychological, economic, and physical dimensions deeply impacting victims' lives (MGEPESW, 2020). In extreme cases, this violence results in the death of one partner, usually the woman, and this has far-reaching effects on the mental health of the broader female population who may witness or hear about these incidents. Often times, the IPK perpetrators kill their victim and then end their own lives as well.

Intimate partner killing (IPK) incidents in Namibia

Namibia is a diverse country with people from diverse groups, and the age range of the victims varies too.

Table 1: Total population of Namibia 2020 by gender and women killed, O'Neill (2022)

Year	Total females killed	Total females (millions)	Total males (millions)	Percentage of women in Namibia	Percentage of women killed
2012	32	1.13	1.06	51%	0.0028%
2013	25	1.15	1.08	52%	0.0021%
2014	36	1.17	1.1	52%	0.0030%
2015	48	1.19	1.12	52%	0.0040%
2016	51	1.22	1.14	52%	0.0041%
2017	55	1.24	1.16	52%	0.0044%
2018	27	1.26	1.19	51%	0.0021%
Total number	274				0.0226%

Adapted from O'Neill is Table 1 which shows the total population of Namibia from 2012 to 2018 by sex; the percentage of each sex, and the percentage of women killed each year calculated using the estimated total population of 1.29 million females and 1.2 million males before 2019. Table 1 shows that, in Namibia, women outnumber men in the population which is a representation of IPK in Namibia for seven years from 2012 to 2018, and 274 women lost their lives due to IPK.

Below are highlights of November 2018 indicating the gravity of IPK in Namibia.

In just one month, November 2018, six (6) partners lost their lives due to IPK. These incidents left Namibia in distress as the women killed left children who needed to be put in the care of relatives. These are just one month's newspaper headlines in Namibia.

Hartman, A. (2018, November 3). A 39-year-old woman was found with her throat slit in her home in Swakopmund on Friday afternoon. The Namibian.

Hartman, A. (2018, November 5). Ivan Pitt's body was found hanging in the garage. The Namibian.

Haidula, T. (2018, November 14). A 46-year-old man shot and killed his wife before turning the gun on himself at Oshakati Thursday night. The Namibian.

Haidula, T. (2018, November 23). Missing teacher's body found near Tsintsabis. The Namibia.

Psychological effects on survivors and the broader female population

The mental health effects of IPK incidents on survivors and unafflicted women are profound and multifaceted. Women who witness or are indirectly affected by IPK are at a higher risk of developing psychological issues, including post-traumatic stress disorder (PTSD), depression, and anxiety (World Health Organization, 2019). For instance, the anticipation and fear of potential violence can lead women to experience hypervigilance, self-isolation, and other symptoms typically associated with trauma (WHO, 2019).

Research conducted in neighbouring South Africa highlights that women who are exposed to or aware of femicide are more likely to suffer from mental health problems, as the prevalent nature of such violence induces a pervasive sense of insecurity and hopelessness (Abrahams et al., 2021). This resonates within the Namibian context where similar studies indicate that many women experience a loss of control and dignity upon exposure to news of intimate partner killings, thus leading to an internalised sense of vulnerability (MGEPESW, 2020).

Cultural and societal influences on mental health repercussions

The traditional beliefs surrounding gender roles in Namibia often exacerbate the effects of IPK incidents on unafflicted women's mental health. Namibian society, deeply influenced by patriarchy, may sometimes normalise IPK especially in cases where the victim was, for example, supported by the perpetrator to get education and in an attempt of the victim to leave the perpetrator, the perpetrator kills the victim, reinforcing a power imbalance that contributes to psychological distress among unafflicted women. This cultural context can lead to self-blame and stigmatisation, making it difficult for women to seek psychological help (Uushona, 2021). Consequently, unafflicted women hearing and watching videos on how IPK victims have been murdered are often left to process trauma in isolation, resulting in intensified mental health struggles and limited access to supportive resources.

Moreover, Namibia's socio-economic landscape, characterised by high levels of poverty and unemployment, further limits women's ability to leave abusive relationships or access mental health services which are not in place after exposure to IPK incidents. The Namibian Women's Health Organisation has reported that a lack of economic independence among many Namibian women exacerbates their vulnerability to violence and limits their ability to recover from trauma (NWHO, 2021).

Barriers to mental health support for women in Namibia

In Namibia, mental health services remain under-resourced and stigmatised, creating significant barriers for unafflicted women affected by IPK incidents. A study conducted by the Ministry of Health and Social Services (MoHSS) revealed that often due to fear of social stigma or the unavailability of affordable mental health services, only a small percentage of women seek mental health support after experiencing trauma

related to IPK (MoHSS, 2020). This lack of access to mental health care exacerbates trauma and, over time, can result in chronic mental health conditions, contributing to the cycle of trauma and vulnerability.

The role of advocacy and legal reforms in supporting women's mental health

Advocacy for stronger legal protections and public awareness around the consequences of IPK is growing in Namibia, albeit slowly. Organisations such as the Legal Assistance Centre (LAC) are pushing for reforms in the judicial system to improve the protection and support for women at risk of IPV (LAC, 2021). Furthermore, initiatives by NGOs like Sister Namibia have been crucial in breaking the silence around IPK incidents and educating women on the importance of mental health support after exposure to the incidents.

Incorporating trauma-informed care and mental health education into community health initiatives is essential for alleviating the mental health burden among unafflicted women affected by IPK incidents. Trauma-informed care provides a holistic approach that emphasises safety, empowerment, and support for individuals dealing with the repercussions of violence (Herman, 2015). Implementing these strategies within Namibian health services could foster a more supportive environment, encouraging women to seek help without fear of stigmatisation.

Theoretical Framework

This theoretical framework of trauma theory, social learning theory and gender inequality theory will examine the effects of IPK incidents on the mental health of unafflicted women in Namibia, drawing on theories of trauma, social learning, and gender inequality. These frameworks provide insights into how IPK incidents affect the psychological well-being of women and highlight the social structures that perpetuate gender-based violence and contribute to mental health challenges among women who are exposed to or affected by IPK. Trauma Theory highlights the severe mental health consequences, such as post-traumatic stress disorder (PTSD), anxiety, and depression that can arise from exposure to violence.

1. Trauma Theory

Trauma theory is foundational to understanding the psychological impact of IPK incidents on unafflicted women. Pioneered by Herman (1992), trauma theory suggests that exposure to violent or life-threatening situations, such as the media representation of IPK incidents, can produce intense psychological distress, including post-traumatic stress disorder (PTSD), depression, and anxiety. Herman (2015) expanded on this, emphasising that trauma from such violence as IPK often results in enduring psychological effects, especially when the violence is perpetrated by an intimate partner, as it disrupts a woman's sense of safety, trust, and self-worth. This is especially relevant in the context of IPK where fear and trauma can have a ripple effect on unafflicted women in society, thereby reinforcing their sense of vulnerability (Herman, 2015).

In Namibia, the pervasive nature of intimate partner violence (IPV) and killings has been documented as a significant contributor to mental health problems among unafflicted women who often internalise these traumatic events due to cultural stigmas (Ministry of Health and Social Services (MoHSS, 2020). The fear of IPV and potential IPK can lead to a hyper-vigilant state in unafflicted women, perpetuating symptoms associated with trauma such as sleeplessness, anxiety, and an avoidance of social interactions (World Health Organization, 2019).

2. Social Learning Theory

Social learning theory explains how witnessing or hearing about IPK incidents perpetuates fear and defensive behaviours among unafflicted women, potentially leading to learned helplessness. Social

learning theory, developed by Bandura (1977), posits that behaviours and attitudes are learned through observation, modelling, and reinforcement. This theory helps explain how witnessing or hearing about IPK incidents can influence unafflicted women's mental health. According to Bandura (1977), women who are repeatedly exposed to stories or instances of IPK may internalise fear and adopt avoidant or defensive behaviours. In the Namibian context, exposure to IPK incidents through news, social networks, and personal acquaintances may lead to normalised attitudes toward violence, reinforcing unafflicted women's perceptions of being at constant risk (Uushona, 2021).

Additionally, social learning theory suggests that unafflicted women may feel powerless in their relationships due to cultural reinforcements of gender hierarchies, which encourage submission and discourage independence. This learned helplessness can exacerbate the mental health effects of IPV-related trauma as women may perceive their social environment as reinforcing violence and control rather than empowering autonomy and safety (Abrahams et al., 2021). Hence, in a society where IPK is prevalent, women exposed to IPK may develop anxiety, depression or PTSD symptoms due to learned responses to their perceptions of systemic violence and oppression.

3. Gender Inequality Theory

Gender inequality theory contextualises the effects of IPK incidents within Namibia's patriarchal cultural norms and economic structures, which often reinforce gender-based power imbalances, trapping women in abusive relationships and limiting their access to mental health resources. Gender inequality theory provides a critical framework for understanding the socio-cultural factors that contribute to the mental health effects of IPK incidents on unafflicted women in Namibia. Gender inequality theory argues that structural inequalities based on gender create power imbalances in relationships, which contribute to IPK (Connell, 1987). Connell (1987) emphasised that gendered power imbalances are often reinforced by societal norms, policies, and cultural beliefs that devalue women and limit their access to resources and autonomy. In Namibia, such imbalances are deeply rooted in cultural norms that prioritise male dominance, often leaving women vulnerable to violence and restricting their avenues for seeking help (Uushona, 2021).

The effects of these societal structures on mental health are profound. Gender inequality in Namibia manifests in both overt and subtle ways such as economic dependency and limited access to the scares mental health resources (MGEPESW, 2020). Women's economic dependency on their partners, compounded by high unemployment rates, can trap them in abusive relationships, thereby intensifying the psychological effects of IPK incidents and reinforcing feelings of helplessness and hopelessness (NWHO, 2021). The threat of femicide exacerbates this sense of vulnerability, making women feel that there are no safe exits from abusive situations, further affecting their mental health (Legal Assistance Centre (LAC), 2021).

Integrative approach to Theoretical Framework

This framework integrates trauma theory, social learning theory, and gender inequality theory to create a comprehensive understanding of the psychological effects of IPK incidents on unafflicted women in Namibia. Trauma theory provides insight into the direct psychological consequences, while social learning theory explains how women may internalise behaviours or attitudes based on their exposure to IPK incidents. Gender inequality theory contextualises these effects within the broader socio-cultural landscape, highlighting how societal structures sustain gendered violence and limit women's access to supportive resources.

Together, the three theories suggest that, in Namibia, IPK incidents create a psychological environment in

which women experience heightened fear, trauma, and helplessness due to both direct and indirect exposure to violence. This integrated approach underscores the need for interventions that address the psychological effects of IPK incidents by promoting trauma-informed care, challenging gender inequality, and educating communities to break the cycle of learned helplessness and violence. By applying these theories, policymakers and practitioners can develop more holistic strategies to support mental health by increasing facilities for unafflicted women to get services in Namibia.

3. Methods

Study site and population

The population of Namibia from where the sample was drawn at the time of data collection in 2021 was estimated at 2 540 905 million (World Population Review, 2022). The target population from which the study sample was drawn from was as follow, Walvis Bay Town, had a total population of 61 300, and of this total, 32 700 are female and 28 600 are male (World Population Review, 2022), and Windhoek, the capital city and largest city in Namibia, has a total population of 342 141, and of this total 172 469 are female and 169 672 are male (World Population Review, 2022). The study unit was 30 female volunteers.

Research design

Qualitative research design is the method used in the present study. Qualitative research differs from other designs because of its priority is devoted to representing the views and perspectives of a study's participants, such as this study which sought to establish how women feel about their relationship with their mothers, daughters, sisters, nieces and friends with the significant IPK incidents in Namibia. Thus, the events and ideas of how IPK incidents affect women's relationship with their intimate partners (IP) and fellow females emerging from qualitative research can represent the meanings given to real-world events by the people who live them, not the values, preconceptions or meanings held by the researcher(s). Qualitative research is driven by a desire to explain social behaviour (such as how does incidents of IPK affect your relationship with your sisters/ sisters-in-law/ daughters/ nieces etc. any woman in your life), through existing or emerging concepts of IPK incidents that participants are aware of in their communities. Participants were recruited through purposive sampling. The study's inclusion criteria were (a) female between ages of 18-65; (b) participants should not have direct or indirect experience of gender-based violence, domestic violence, intimate partner violence, and intimate partner killing; (c) participants should not have indirect or direct relationships or connection with an individual who died as a result of IPK, be it a family member, a close friend to the deceased or the deceased relative and (d) participants must be aware of IPK incidents in Namibia.

The study was exploratory-descriptive in nature as the researchers wished to explore how IPK incidents affect women's relationships. Exploratory design allows new ideas and assumptions to be generated in qualitative research as the approach implies that the researcher(s) would be willing to study participants' ideas and would not allow predetermined ideas to direct the research (Creswell, 2013). The purpose of the study was to establish how IPK incidents in Namibia affect female relationships. The authors aimed at examining women's feelings about IPK incidents and how they affect their relationships.

Data collection

The authors collected data through semi-structured, in-depth qualitative interviews among women from two regions in Namibia (Erongo and Khomas) to gain a clear understanding of their feelings and views regarding IPK incidents and the effect the incidents have on their relationship with fellow females. An audio tape recorder was used to record the interviews. The approximate duration of the interviews was 20

minutes (15-25 minutes). The interview questions concerned women's feelings and views of how IPK incidents reported by the media affect their relationship, e.g., "how do the incidents affect your relationship with your sisters/sisters-in-law/daughters/ nieces etc. any woman in your life?". Therefore, respondents were pre-selected based on their experiences and insight into the research topic. The interview guide focused on how IPK incidents reports by media affect their relationship among each other. Consistency was confirmed by an audit trail and notes taken during the pilot study. To ensure confirmability, participants had the opportunity to provide further details during the interviews, and no passages in the transcripts were taken out of context. The initial codes, themes, sub-themes and interpretation of results were developed under the guidance of the authors to assure credibility of data. Controlling the literature helped the authors focus on knowledge relevant to the objectives of the study.

Data analysis

All participants were interviewed in English. Entire interview transcripts were utilised in the analysis. The author first listened to and typed the interview recordings to obtain the data. The emerging themes were grouped into themes which were derived from the transcripts.

Data saturation

The study used code saturation where authors suggested that data saturation could be reached at nine (9) in-depth structured interviews (Aldiabat & Navenec, 2018). Since data was analysed after each participant was interviewed for the observation of data saturation, data saturation was reached after Participant Number 14 was interviewed.

4. Results

Table 2: Themes and sub-themes on unafflicted women's views on how IPK incidents affects their well-being

Theme	Sub-Theme
Effect of media representations of IPK on women's well-being	• Unsafe • Fear • Traumatised • Scared

The theme 'effect of media representations of IPK on women's well-being' emerged during the interviews with participants. The sub-themes: unsafe, fear, traumatised, and scared were created from the central theme from Table 2 and are discussed below.

Effect of media representations of IPK on women's well-being

Unsafe

Participant 6FNMU2020 noted, "[As I] said, we are not safe anymore... You cannot put your trust in your partner. You never know if that person might do the same to you if you do something wrong . . . I'm always scared. Who knows if this guy might kill me"?

Participant 7GNMU2020 stated, "It affects my daily life . . .." Similarly, participant 9INMU2020 said, "it extremely made me feel unsafe . . .."

Fear

12LMNU2020: "Sometimes what one has to do to make their relationship work is to be open, and if there is that assurance, what they [fear] might not happen . . .."

13MNMU2020: "It affected me in a way that I fear my partner and having more thoughts of how, why,

where and when IPK can happen."

10JNMU2020: "For me, I am out. The thing is, I had a relationship. I am actually afraid to get into one again. Because you don't know; is it you? After [all] you never know. That is my fear".

Traumatised

Participants stated how IPK incidents affect them by explaining how distressed and worried they were by the reported IPK incidents, leading to trauma as the sub- theme. In their comments, they said, "This affected me negatively because in that case, it involved trust, cheating, jealousy . . . At the back of my mind, I still have that [worry:] What if he beats me one day? What if he kills me one day? (8HNMU2020). Participant 11KNMU2020 noted, "For me, it's not to a chronic past state that I'm overly cautious with everybody".

Similarly, participant 14NNMU2020 stated, **"**I can't say this to this person because I know he might just feel triggered and just really hurt me in a violent way which will go to intimate partner killing".

Scared

A married participant expressed how the incidents affect her marriage and that she sometimes feels scared. Participant 1ANMU2020 stated, "It's like you are scared; you don't want to make him angry".

Three more participants brought forward their inputs as follows.

2BNMU2020: "Of course they are scared . . . ."

4DNMU2020: "As a woman, the incidents of IPK really affect as I take care of what to do with my partner and what not to do, [so that]; what I am doing should not affect his feelings, to protect my image to him and to protect his feelings also. If there is anything that is not in agreement in the discussion, I have to keep quiet, or I have to admit [it] so that life can go on happily [for] both of us."

8HNMU2020: "This affected me negatively because in that case, it involved trust, cheating, jealousy . . .; sometimes you get scared of trusting this person wholeheartedly. So, you're scared . . . ."

5. Discussion

Effect of media representations of IPK on women's well-being

In response to the question regarding how IPK incidents affect unafflicted women, participants used words such as unsafe, fear, traumatised and scared. To understand how IPK incidents affect the well-being of unafflicted women, this theme had to consider all the answers that participants provided in the previous objective, which had to do with how participants narrated some of the IPK incidents they were aware of- if the well-being concept is to be accurately discussed.

Unsafe

Participants indicated that they felt unsafe at the significant news about IPK and constantly repeated the exact phrase regarding feeling unsafe. Statements by participants reflect a combination or complexity of anxiety-related mental ill-health, in which an individual – due to the adverse events – tends to focus on the possibility of uncontrollable danger or misfortune. Findings from the data show that anxiety is the main factor of positive well-being (PWB) in women, arising from the alarming cases of IPK. Evidence from the responses shows that IPK incidents cause generalised anxiety and specific phobia, trauma (vicarious trauma and acute trauma), post-traumatic stress, and paranoia. Post-traumatic stress (PTS) is a mental health condition triggered by terrifying events, like IPK, either primary or secondary. Primary PTS is experienced by a person who has experienced a traumatic event, while secondary PTS is experienced by a person who has witnessed or heard of that traumatic event, watched the event on social media platforms, read it in the newspaper or seen it on TV (Mayo, 2019). Based on the descriptions of incidents

of IPK during the interviews, non-verbal communication gestures were observed as the PI asked the question, "Describe one of the most painful incidents of IPK you have heard of in Namibia". The common gestures displayed by all participants were deep breaths, long pauses and folded arms. Facial expressions of worry and fear were also observed.

Fear

Participants' answers were analysed and assessed to identify signs of stress, anxiety, and fear in their responses. Participants in this study each referred to the future with the worry that they might be next. This is evidence that IPK has significant psychological effects on the well-being of women. In generalised anxiety disorder**,** the most common sign shown by all participants is difficulty controlling feelings of worry, restlessness and being wound-up and on edge. Participants develop stress and anxiety in sudden moments of intense fear each time there is fresh news of the latest IPK incident. Signs observed in participants were those of fear of being the next victim, which led to feelings of being out of control.

Social anxiety is a psychological disorder that involves irrational fear. It is argued that the anxiety caused by social anxiety can significantly influence an individual's life and make it difficult to function at school, university, work and other social settings, like getting into romantic relationships (Cherry & Block, 2022). Social anxiety symptoms are characterised by the individual's being extremely worried that he/she will be judged negatively and viewed as paranoid or will be killed by his/her romantic partner should they make a mistake in their relationship. IPK incidents cause signs of a specific phobia, which can lead to post-traumatic stress (PTS).

Traumatised

Participants explained and described how incidents of IPK made them feel. It was evident that**,** to a certain extent, IPK is a traumatic event and can cause anxiety-like fear, phobia attacks, and PTS in women who may be close to the victims, like parents, siblings, close relatives or friends and women who may learn of the incidents from different social media platforms. This is also called vicarious trauma. It can also be experienced by members of the general public who may be informed of the latest incidents through TV, newspapers, and social media platforms. Signs of anxiety may include depression and substance use disorders. Anxiety is a specific disorder in which an individual tries to avoid anything associated with the traumatic event. In this case, participants said they wished to avoid men. However, women need men; in this case, a particular man is associated with men who have killed their IPs. This brings to mind the images these women saw on social media, newspapers or television. Based on what the participants said, it is evident that precipitating causes of anxiety are present due to IPK incidents.

Vicarious trauma, commonly known as secondary trauma, occurs when a traumatic event of a primary victim is told to another individual (Hooft & Benuto, 2016). Participants in this study narrated traumatic events of primary victims (murdered women) told to them via media platforms or by friends, relatives or neighbours. Hooft and Benuto (2016) further stated that vicarious trauma is the second-hand collection of memories about traumatic experiences such as IPK that impacts multiple aspects of one's life. The scholars further argued that the primary exposure to the traumatic event is the first criterion for a diagnosis of PTS, meaning that a person should be directly exposed to or witnessed a traumatic event, learned of someone close who experienced a traumatic event or experienced extreme indirect exposure to a traumatic event, such as repeated exposure to picture images of incidents of IPK (Hooft & Benuto, 2016).

Scared

Participants reported an inability to control their worry employing coping strategies when it came to IPK incidents, which made them scared. Being scared interferes directly with their ability to engage in daily

social and occupational tasks (Cackovic, 2022). Specific phobia disorder is distinguished by fear or anxiety specific to an object or a situation and the amount of fear or anxiety related to the specific object or situation, like incidents of IPK. It varies among individuals. It also varies related to the proximity of the object or situation (Cackovic, 2022). Cackovic (2022) argued that these fears are excessive and irrational, often severely affecting one's daily functioning. Participants showed signs of specific phobias and trauma- and stressor-related signs, which involve individuals' constant exposure to stressful or traumatic events that make them scared, whether in reality or an imaginary world. Trauma stress-related is stress when an individual has difficulty coping with or adjusting to a recent stressor. In this study, the stressor is IPK incidents.

When one is very scared due to something constantly happening that triggers them to be scared, it may lead to acute stress. The emergence of severe anxiety characterises acute stress. Acute stress signs include, but are not limited to, reduced emotional responsiveness, distressing memories of the trauma and difficulty experiencing positive emotions (Cherry & Block, 2022). Cackovic (2022) stated that post-traumatic stress is identified by developing physiological, and emotional symptoms following exposure to a traumatic event.

In the case of this study, IPK incidents reported in Namibia caused participants to develop anxiety, fear, and stress. This study is of the view that how people react to similar traumatic experiences may vary from one person to another depending on environmental, social and cultural factors and individual biological vulnerabilities.

Conclusion

The study concludes that IPK incidents affect participants' well-being as it makes them feel unsafe; participants mentioned that they live in fear, are traumatised, and are scared. Therefore, the study concludes that IPK incidents cause generalised anxiety, including social anxiety, specific phobia, trauma and stress, and PTS among women. Anxiety is characterised by excessive and persistent fear, worry and behavioural disturbances. Fear involves an emotional response to a threat, whether real or perceived. Participants showed signs of anxiety in their responses**.**

Based on the answers provided in the present study, the study concludes that IPK incidents leads to women having symptoms of PTS resulting from the need to be hyper-vigilant, as participants reported that they often felt the need to be extra careful so that they do not end up offending their IPs so as not to become victims of IPK incidents. This thesis concludes based on the participants' views, that IPK incidents affect women's well-being and pose a severe mental health threat to their overall well-being. Each time a woman hears of an IPK incidents, she becomes terrified at the thought of starting a new week with further fresh news of the latest victim of IPK. The rate at which incidents take place influences women; they are traumatic events. This study concludes that IPK incidents fit with all kinds of traumatic events and reports of them, and that led to PST. All participants explained the phobia attached to IPK and its link with GBV. Women worry about their safety, as Namibian citizens, as they felt that the communities they lived in were no longer safe and that policymakers were not doing enough to protect them from perpetrators of GBV.

Therefore, IPK incidents have a profound impact on the mental health of women in Namibia, reflecting a broader need for addressing IPK through both cultural and systemic reforms. The mental health repercussions of such violence extend beyond the direct victims, influencing the well-being of women across the country. Improving mental health resources, promoting trauma-informed care, and advocating for legal reforms are essential steps toward creating a safer environment for women in Namibia. Reducing

barriers to mental health support, alongside ongoing public education on the risks of intimate partner violence, could significantly mitigate the negative psychological impacts and support the healing of affected women.

Acknowledgment

I would like to express my gratitude to my supervisor Prof Magnolia Ngcobo-Sithole and all the participants in this study for availing themselves and sharing their views/data.

Ethical considerations

Ethical approval for this study was obtained from Nelson Mandela University' Faculty Postgraduate Studies Committee (EPGSC) and the Research Ethics Committee (Human) (REC-H). The permit to collect data in Namibia valid for a period of one year was issued to the researcher by National Commission on Research, Science and Technology (NCRST); clearance to conduct research by relevant authorities was also obtained from gatekeepers of Walvis Bay town and Windhoek City where participants were invited to part take in the study. Informed consent was obtained from the participants before the commencement of interviews. Participants were informed that should they start feeling uncomfortable during the interviews, they could withdraw from the study at any time without explanation. Anonymity and confidentiality were guaranteed to participants as they were given codes which represented their identities in the study. Participants were informed that recording the interviews was confidential, and with their permission, they were asked to sign consent forms in order for interviews to be audio-recorded. As the study was of a sensitive nature, care was taken during the interviews to affirm the process and not to cause distress. A psychologist and social worker were at the participants' disposal for participants who wished to seek emotional and mental assistance after the interviews.

References

1. Abrahams, N., Mathews, S., Martin, L. J., & Lombard, C. (2021). Psychological effects of femicide on women's mental health in South Africa: An overview. Journal of Public Health, 13(2), 122-135.
2. Aldiabat, K. M., & Le Navenec, C. L. (2018). Data saturation: The mysterious step in grounded theory methodology. The qualitative report, 23(1), 245-261. https://nsuworks.nova.edu/cgi/viewcontent.cgi?
3. Bandura, A. (1977). Social learning theory. Prentice Hall.
4. Cackovic, C., Nazir. S., & Marwaha, R. (2022). Panic disorder. https://www.ncbi.nlm.nih.gov/books/NBK430973/
5. Cherry, K., & Block, D. B. (2022). List of psychological disorders. https://www.verywellmind.com/a-list-of-psychological-disorders- 2794776
6. Creswell, J. W. (2013). Research design: Qualitative, qualitative and mixed methods approaches. Sage.
7. Connell, R. W. (1987). Gender and power: Society, the person and sexual politics. Stanford University Press.
8. Haidula, T. (2018a, November 14). A 46-year-old man shot and killed his wife before turning the gun on himself at Oshakati Thursday night. The Namibian. https://www.namibian.com.na/
9. Haidula, T. (2018b, November 23). Missing Teacher's body found near Tsintsabis. The Namibian. https://www.namibian.com.na/
10. Hartman, A. (2018a, November 3). 39-year-old woman was found with her throat slit in her home

at Swakopmund on Friday afternoon. The Namibian. https://www.namibian.com.na/
11. Hartman, A. (2018b, November 5). Ivan Pitt's body found hanging in garage. The Namibian. https://www.namibian.com.na/
12. Herman, J. L. (1992). Trauma and recovery: The aftermath of violence—from domestic abuse to political terror. Basic Books.
13. Herman, J. L. (2015). Trauma and recovery: The aftermath of violence—from domestic abuse to political terror. Basic Books.
14. Hooft, S., & Benuto, L. (2016). Secondary traumatic stress, vicarious trauma, and compassion fatigue among victim advocates ([Doctoral thesis, University of Nevada, Reno]. https://scholarworks.unr.edu/bitstream/handle/11714/3285/
15. Legal Assistance Centre (LAC). (2021). Gender-based violence in Namibia: Legislative and advocacy efforts. Legal Assistance Centre.
16. Mayo Clinic. (2019). Post-traumatic stress disorders. https://www.mayoclinic.org/medical-professionals/trauma/news/beyond-the- physical-injury-acute-stress-reaction/mac-20518604
17. Ministry of Gender Equality, Poverty Eradication, and Social Welfare (MGEPESW). (2020). Gender-based violence report. Ministry of Gender Equality, Poverty Eradication, and Social Welfare.
18. Ministry of Health and Social Services (MoHSS). (2020). Mental health and intimate partner violence in Namibia: A national survey. Ministry of Health and Social Services.
19. Namibia Women's Health Organisation (NWHO). (2021). Economic dependency and vulnerability to intimate partner violence in Namibia: Annual report. Namibia Women's Health Organisation.
20. O'Neill, A. (2022). Total population of Namibia 2020 by gender. https://www.statista.com/statistics/967893/total-population-of- namibia-by-gender/
21. Uushona, R. (2021). Traditional gender roles and the impact on IPV-related trauma in Namibia. African Journal of Gender and Development, 9(4), 78-92.
22. World Health Organization (WHO). (2019). Violence against women prevalence estimates, 2018: Global, regional and national estimates for intimate partner violence against women and global and regional estimates for non-partner sexual violence against women. World Health Organization.
23. World Population Review. (2022). Namibia population. https://worldpopulationreview.com/countries/namibia population