

COVID-19 AND THE RISK OF EXPERIENCING INTIMATE PARTNER VIOLENCE
AMONG COUPLES WITH DISABILITY IN KAWEMPE DIVISION, KAMPALA
DISTRICT

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DECLARATION

I, Mirembe Patrah Elizabeth, declare that this dissertation with a title about "Covid 19 and the risk of experiencing intimate partner violence among couples with disability in Kawempe division, Kampala district," is of my own and has not been submitted to any university.

Signature.......... Date 23rd. 12. 2022.....

Mirembe Patrah Elizabeth

APPROVAL

This dissertation is submitted for examination with the approval of my supervisor.

Signature..... *Paul Bukuluki* Date *23rd. dec. 2022*

Prof. Paul Bukuluki

SUPERVISOR

DATE

DEDICATION

It is with genuine gratitude and warm regard that we dedicate this research to my loving mother Miss Kobusingye Stella Esther because she has been there for me at all stages of my research and offered me a hand where needed. I also dedicate my research to Mugisha James Barret for he has helped me not only financially but also kept encouraging me throughout this whole process. Lastly, I dedicate this research to my son Mugisha Tyrone Kingsley for he has been a great centre of my strength and kept me going and pushing me harder.

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ABSTRACT

The purpose of the study was to explore COVID-19 and the risk of experiencing intimate partner violence among couples with disability in Kawempe division, Kampala District. The study was guided by three objectives namely; to establish risk factors of intimate partner violence among couples with disability during COVID-19, to find out the common forms of intimate partner violence among couples with disability and to understand how couples with disability dealt with IPV during COVID-19. The study was purely qualitative in nature and employed a purposive sampling strategy to identify the respondents. The sample size of the study was relatively small with a total number of ten primary respondents and three key informants.

Data was collected through in-depth interviews and analysed using thematic analysis method. The findings of the study were presented in narrative form so as to enhance quicker and better understanding of COVID-19 and the risk of experiencing intimate partner violence among couples with disability.

The findings of the study revealed that there were numerous risk factors of intimate partner violence including alcoholism, low self-esteem, and poverty. Additionally, the study revealed physical violence in form of beating, sexual violence which includes rape as the different forms of intimate partner violence. These were thoroughly discussed by the researcher.

The study concluded by highlighting the different forms of intimate partner violence including physical, sexual, and economic violence. All of these can happen in intimate relationships and can have severe risk factors which can take the form of alcoholism, sexual abuse, low self-esteem, poverty, and family disagreement which is common especially when victims tend to involve their relatives in the violence.

Finally, the study recommends the need to put in place domestic violence shelters where the abused are provided with food, shelter, and child care for the case of victims who have children. There should be a community-based support network with technology that will automatically alert the support network if there are danger-related cases of domestic violence.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study focuses on how COVID-19 increased the risk of experiencing intimate partner violence among couples with disability. It is specifically concerned with understanding the types and patterns of domestic violence experienced by couples with disability. This section is an introduction to the study. It provides a description of the study background to give context to the study. It also articulates the research problem, study objectives and research questions.

1.1 Background of the Study

Intimate partner violence is defined as any act of violence perpetrated or suffered in the context of an intimate relationship (Ditekemena et al., 2021). Intimate partner violence (IPV) is also seen as an act of physical and sexual including rape, emotional abuse and other types such as controlling behaviours, by an intimate partner. Intimate partner violence can have long lasting psychological and health effects for victims and their families including post-traumatic stress disorder (Coll et al., 2020).

People with disabilities include people who experience, at any given point in their lifespan, any mobility, intellectual, cognitive, developmental, or sensorial impairments which in interaction with environmental factors may hinder their daily functioning and social participation on an equal basis with others (Jesus et al., 2021).

The outbreak of the COVID-19 pandemic laid a fertile ground for the increase in the number of cases of intimate partner violence. For instance Amborski et al., (2021) indicate that before COVID-19 outbreak IPV was already on the increase in most countries especially in sub Saharan Africa where a demographic health survey indicate that 36 percent of women in urban areas had experience IPV at least once during their lives.

A growing evidence suggest that persons with disabilities are more likely to experience IPV at least one in their life span McNeil et al., (2022). This is even worsened by the COVID-19 restrictions which make it possible for perpetrators and victims of IPV to spend longer periods in the same confinement thus making it possible for women especially those with disabilities to experience violence perpetuated by their intimate partners.

Several researchers have described IPV as a critical and substantial public health issue with statistics indicating over 38-50 percent of the murder of women is committed by intimate partners globally (Sardinha et al., 2022). This clearly indicates the seriousness of the situation which if left unchecked will result into many more murders specifically caused by intimate partners.

Globally, 1 in 3 women have experience either physical or sexual intimate partner violence or non-partner violence in their lifetime this means that the occurrence of intimate partner violence is common especially for women while not so much for men (Ahmed et al., 2021). In sub-Sahara Africa however the prevalence of IPV is estimated to be 35.5 percent making the region one of the most fertile areas for the occurrence of IPV (Black et al., 2019).

In east Africa Uganda to be specific statistics indicates that over 56 percent of married women including couples with disability experienced IPV while 7.7 percent of adolescent girls experienced the same. Among the youths however there was a reported 32 percent increase in IPV as well as 44.4 percent among young girls and women (Anguzu et al., 2022). This grim picture of intimate partner violence is painted by the COVID-19 pandemic.

The COVID-19 pandemic and its associated control measures (i.e. lockdowns, mobility restrictions, and curfews) are further exacerbating the already heavy burden of intimate partner violence Amborski et al., (2021). Persons with disability on the other hand face a unique challenge of experiencing violence from either their spouse or someone they share an intimate relationship with.

Intimate partner violence can take different forms for instance Spencer et al., (2022) pointed that one of the most common forms of IPV experienced by couples with disability during the COVID-19 pandemic is sexual violence where some of them were forced to seek support away from their abusers. Similarly, Shakespeare et al., (2021) postulates that persons with disabilities especially women were at a great risk of experiencing physical and psychological violence from their partners. This is mostly because of the long-time confinement within the same place coupled with boring schedules as result perpetrators tend to unleash their frustrations on their victims.

Experiencing IPV is associated with greater risk including pregnancy complications, cognitive and behavioural problems, mental health problems and poor emotional well-being behaviours presenting health including alcohol and drugs misuse and eating as well as eating

disorders (Shitu et al., 2021). Reports from previous researchers indicates that women especially those with disabilities who experience IPV are at higher risk of developing complications related to mental health difficulties (Mailhot Amborski et al., 2021).

While either partner can experience IPV however Anguzu et al., (2022) postulates that women with disabilities are disproportionately affected IPV that is predominantly perpetrated by their male partners. This therefore is an indication that with the rapid increase in the cases of IPV women are mostly at risk of being abused by their intimate partners.

With the increase number of IPV among couples with disability and the COVID-19 related restrictions means that there was little efforts made to seek support however Ebert & Steinert, (2021) pointed that the common remedy used by couples with disability to seek support related to IPV was through calling hotlines which is put in place by state actors as well as non-government organizations. Some couples on the other hand were reported using support of neighbours to avoid the abusive environment.

A number literature has been published concerning intimate partner violence in Uganda however there are few reports on how the COVID-19 pandemic increased the risk of experiencing IPV among couples with disability especially considering the fact that little attention has been given to this special group.

1.2 Problem statement

The increasing number of intimate partner violence among women including couples with disability is attributed to the lockdown measures including social distancing, stay home as well as restriction of movement of person save for essential purpose imposed by the government (Anguzu et al., 2022). While the lockdown measures were intended to limit the spread of the COVID-19 virus they however led to an unprecedented increase in IPV especially among couples with disability.

Much as there have been numerous interventions to ensure that women are protected from perpetrators of IPV through putting in place programs and online services where victims can easily seek support these interventions however have not yielded the expected result. However, what is not known is whether these programs have achieved the intended purpose as more women especially those with disabilities have continued to experience violence during the pandemic in the hands of me some of which are in intimate relationships. To make it worse intimate partner violence resort to negative coping measures including alcohol

consumption to overcome the difficulties presented by the intimate partner violence. Therefore, it is important that we investigate how the pandemic increase the risk of experiencing IPV in Kawempe, Kampala District.

1.3 General Objective

The main objective of the study is to investigate how COVID-19 increased the risk of experiencing intimate partner violence among couples with disability in Kawempe, Kampala District

1.3.1 Specific Objectives

1. To establish the risk factors of intimate partner violence among couples with disability during COVID-19 period in Kawempe, Kampala District.
2. To find out the common forms of intimate partner violence among couples with disability during COVID-19
3. To understand how couples with disability dealt with IPV during COVID-19 in Kawempe, Kampala District.

1.4 Research Questions

1. What are some of the causes of intimate partner violence among couples with disability?
2. To what extent did COVID-19 perpetuate the risk of experiencing IPV?
3. What are the common forms of IPV experienced by couples with disability?
4. What are some of the ways PWDS employed to deal with IPV?

1.5 Scope of the study

The study seeks to investigate how COVID-19 increased the risk of experiencing intimate partner violence in Kawempe. In terms of content scope, the study will limit itself to how the pandemic increased the risk of experiencing intimate partner violence. There were numerous reports of soaring cases of intimate partner violence especially among couples with disabilities within Kawempe. In terms of time scope, the study will be conducted within the period of August and November since similar studies conducted within this field are limited and also, they were done in the last two or more years.

1.6 Significance of the study

The findings of this study might either support or counter previous findings on how the COVID-19 increased the risk of IPV among couples with disability. Understanding this will likely form a basis for proposing necessary interventions to address the gaps in information on intimate partner violence against couples with disability or within similar context. The study will likely address some of the existing research gaps as well as provide answers to those that were not answered by previous researchers.

The findings of this study may be an addition to the existing body of knowledge within the different disciplines of humanities. The findings of this study will put the researcher in position of sharing an understanding of the different patterns of intimate partner violence during the COVID-19 pandemic. The study will share evidence backed with content on violence experienced by couples with disability especially violence perpetuated by intimate partners while taking into consideration certain demographic profiles/characteristics of the intended respondents.

1.7 Definition of key terms

Intimate partner violence: in this study intimate partner violence is defined as the acts of engaging a person into activities that jeopardizes their right to consent or agree to such act. These acts can be physical, psychological, and sexual as well as denial of certain rights.

Corona virus: according to the World Health Organization the corona virus is a communicable respiratory disease caused by a new strain of corona virus that causes illness in human.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the review of related literature obtained from theoretical and empirical sources guided by the study objectives.

2.1 Conceptualization of Disability

According to the World Health Organization (2021) disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Similarly, Spencer et al., (2022) indicates that disabilities differ in terms of characteristics of mental, sensory ability, communication skills, and social behaviour and physical characteristics. Therefore, special consideration has to be given to persons with disabilities especially in the COVID-19 pandemic as they are extremely likely to experience intimate partner violence due to their confinement with perpetrators of such violence.

In the Ugandan context however, disability is defined as the permanent and substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation (Uganda National Policy on Disability, 2015). Disabilities vary from difficulty in hearing, difficulty in speaking and conveying messages, difficulty in moving around and using other body parts, difficulty in seeing, strange behaviour, epilepsy, difficulty in learning, leprosy, loss of feeling and multiple disabilities. The World Health Organization on the other hand defines disability as an umbrella term for impairments activity limitations or participation restrictions.

Furthermore, a study conducted by Wickenden et al., (2021) points that disability can be grouped into physical disability which is defined as a condition that substantially restricts one or more basic physical (mobility) activities, such as walking, climbing stairs, reaching, lifting, or carrying simple objects. Another category of disabilities is intellectual disabilities. This includes mental retardation and autism spectrum disorders.

2.2.1 Risk factors of IPV among couples with disability

Previous studies have highlighted numerous causes of intimate partner violence among couples with disability during the COVID-19 pandemic these are discussed in sub themes below.

2.2.2 Stress and Anxiety

One of the causes of intimate partner violence among couples with disability during the pandemic is stress and anxiety. According to Bernardi & Steyn, (2021) anxiety and stress play an important role in intimate partner violence. Coll et al. (2020) concur that apart from self-defence motives, reasons for intimate partner violence perpetration among couples with disability negative emotions including depression and anxiety, stress and anger. This is according to Anguzu et al. (2022) is further worsened by the persistent lockdown that was put in place as a measure to prevent further spread of COVID-19.

Using a qualitative methodological approach Bernardi & Steyn, (2021) emphasized that the severity of intimate partner violence is highly correlated with an increased risk of depression for both unilateral and bidirectional aggression by a partner. During the peak of the pandemic cases of intimate partner violence become evident as couples especially couples with disability increasingly found it difficult to overcome life stressors resulting from the pandemic (Ditekemena et al., 2021).

According to Jesus et al., (2021) the persistent lockdown imposed by different countries forced a number of couples to spend longer period of time together some of which had taken long without being in the same environment something that caused friction that perpetuated intimate partner violence. Among couples with disability however Ditekemena et al., (2021) pointed that the failure of victims to move away from their perpetrators means that they continued facing violence related to physical as well as sexual in nature.

2.2.3 Sexual abuse a risk factor for IPV

Sexual according to Tu & Lou, (2017) is abusive behaviour by one person upon another. It is often perpetuated using force or by taking advantage of another. In the context of intimate partner violence sexual abuse one the risk factors experienced by women who have suffered intimate partner violence as indicate in the work of (Capaldi et al., 2012). The perpetrators tend to take advantage of their victims by use of force or coercing them into unconsented sexual activities.

According to Tu & Lou, (2017) one in three women in the world have experience sexual abuse this directly translate to approximately 30 percent of women globally who have had to put up with violent partners including having to endure unsolicited sexual advances from their partners this has caused the death of many women in such situations.

Sexual abuse can cause negative consequences on the victims some of these according to (Jahromi et al., 2015) include sexually transmitted diseases, drug abuse, sleep disorder, stress, anxiety, depression and suicide. These and many other consequences can have long term impact on the mental health of the victim including their ability to form useful attachment.

Numerous researchers such as Herbert et al. (2020) have indicated that sexual abuse is a common occurrence in intimate partner violence. Though most of the cases of such acts go unreported for fear of stigma and shaming most victims have to endure the pain of such experience with hope that the situation can change for the better.

2.2.4 Unhealthy family relationships and interaction

Intimate partner violence is a common norm especially in extended family setting. According to Medie, (2019) women who experience intimate partner violence are more likely to stay in isolation, live in fear and are always withdrawn from family associations for that their perpetrators will shift the blame on them as way of justifying their actions.

Additionally, Kebede et al. (2022) emphasized that the family especially in the African setting women are seen as people with low status in society as a result they are crated to be submissive and endure the difficulties presented in marital conflicts including intimate partner violence. Violence is so normalized that it is seen as a sign of love for a man to violate the right of the women regardless of the negative impact such actions can have on the health of the women.

In a study conducted by Muluneh et al. (2020) the family setting is described as a fertile ground for intimate partner violence. According to the authors most men take advantage of the fact that women are powerless and can endure most of the violence including physical and sexual violence based on grounds of being a wife or an intimate partner. The lack of reporting of intimate partner violence that happen in families has caused many people to especially women to endure both major and minor injuries inflicted on them.

2.2.5 Alcoholism as a risk factor of intimate partner violence

Alcohol use especially heavy drinking and drinking large amount per occasion is link to male-to-female partner violence. A study conducted by Simmons et al. (2020) emphasized that across different cultures intimate partner violence is more severe when one or both partners most often the male partner has been drinking. During the peak of the pandemic alcohol consumption became very common among couples with disability which in turn contribute to increase in the cases of intimate partner violence.

According to Peitzmeier et al. (2021) alcohol plays a causal contributing role in aggression generally however Wake & Kandula (2022) emphasize that the extent to which alcohol role in intimate partner violence is causal, contested and complex. Further still, the authors show that although alcohol increases aggression in both men and women the effects however is stronger for men and drinking by men has been shown to play a more important role in intimate partner violence perpetration than has drinking by women.

A number of studies have shown that in the context of intimate couple Ebert & Steinert, (2021) emphasized that when one of the partners has been drinking he or she will be less able to address conflict constructively because of the effects of alcohol on cognitive functioning and problem solving. This implies that drinking couples may have a disproportionate response to a perceived slight insult or other apparent wrong done by the other partner.

Vives-Cases et al. (2021) postulates that when a partner is drunk, they are more likely to engage in provocative behaviours without thinking about the consequences of their actions because of the effects of alcohol on risk taking. For men however Ebert & Steinert (2021) pointed that perceived slight of aggression may be interpreted as a threat to their masculinity or social identity therefore requires an aggressive responses to reasserts this identity.

2.3 Common forms of intimate partner violence

Intimate partner violence is the most common form of violence endured by women worldwide. The World Health Organization as cited by Shitu et al. (2021) indicates that 1 in 3 women have suffered violence from an intimate partner at least once in their lives.

IPV is common and mostly perpetuated by men against women and these can take different forms as pointed by a number of researchers. There are numerous forms of intimate partner violence including physical, sexual, psychological as well as economic violence. These are discussed in themes below.

2.3.1 Physical violence among couples with disability

According to Lacey et al. (2013) physical violence which mostly occur in intimate partner relationship is one of the most common form of violence towards women. It involves hitting, kicking or using another type of force to inflict pain on the victim. Similarly, Shaikh, (2022) pointed that during the COVID-19 pandemic there were rampant cases of intimate partner violence especially physical violence where couples mostly females endured difficulties in relation to fighting and hitting in the hands of their perpetrators. The experience of such violence is much more common in women including those with disabilities and in so many instances it has resulted into death of women.

A number of studies have shown that physical violence accounts for at least half of the hospitalization cases in recent times. For instance, Jatta et al. (2020) postulates that women have been reported to make more hospital visit due to violence suffered in the hands of their intimate partner than other causes such as sickness. Additionally, Gubi et al. (2020) assert that physical violence experience in intimate partner relationship can have negative consequences on both the physical and mental health of women.

The incidence of intimate partner violence is more severe in women than men and can have a long lasting impact on the mental health of the victims (Gubi et al., 2020). Women who suffer physical violence in intimate relationship are more likely to struggle with depression, anxiety, as well as develop sleeping difficulties. This clearly show that violence especially physical or any other form endured by the victims is can have long term consequences moreover negative in nature.

Studies have shown that women whose partners have controlling behaviours are more likely to experience all forms of intimate partner violence with dire consequences (Coll et al., 2020). The author further shows that exposure to intimate partner violence can have significant impacts on the health and well-being of women by increasing the risk of adverse outcomes and risk behaviours such as depressive symptoms, suicidal thoughts and attempts, alcohol and drug use among others.

Physical violence has been described by Black et al. (2019) as the worst form of violence experience by women in intimate partner relationships due it negative and psychological effects on the mental and physical health of women.

2.3.2 Sexual violence

According to Alkan & Tekmanlı, (2021) sexual violence is one of the most common form of IPV suffered by women who are classified as powerless and helpless in most societies. This suggest that the status of women in most societies placed them in a category where it is easier for them to be take advantage of and commit acts of sexual violence against them.

Using a qualitative lens Sifat, (2020) contends that 1 in 3 women in most parts of the world have experience sexual violence either from a former lover or a current intimate partner. The situation is worse for women with disabilities in low and middle income countries where such women suffer discrimination and segregation. Similarly, a study conducted by Kaur & Byard, (2021) contends that sexual violence is a cultural phenomenon enabled and fostered by social structures that creates and maintain gender inequality within a societal context. There are varying levels of sexual violence in different societies with some having minimal occurrences in some societies. This implies that it is possible to have a society where women are protected against perpetrators of sexual and intimate partner violence.

Studies have shown that women exposed to sexual violence are likely to receive adequate antenatal and skilled delivery care compared to women who has not experience such abuse (Coll et al., 2020). This further emphasized the dire consequences of engaging women into acts of sexual abuse.

Using the method of theory synthesis Sigurdardottir & Halldorsdottir, (2021) pointed that sexual violence against women can have a devastating impact on the victims as most of them struggle to overcome the traumatic events surrounding such act. Furthermore, Rahnavardi et al. (2017) indicate that psychological trauma, post-traumatic stress disorders are all associated with experiences of sexual violence suffered by victims in intimate relationships.

Sexual violence as shown in the work of Yari et al. (2021) is a strong factor for a number of women' failure to develop meaningful attachment with the opposite sex, engage in productive activities among others. Thus, is can be confirmed that sexual abuse affects a considerable proportion of women in a given population since women are in most cases considered to be easier targets and most times are defenceless.

The growing recognition of the high prevalence and significant health impact of sexual violence on women has contributed to the inclusion of the elimination of all forms of violence against women in the 2030 Agenda for Sustainable Development especially target 5.2 which urges governments to work towards the elimination of all forms of violence against women (Stöckl et al., 2021).

2.4 How couples with disability dealt with IPV during COVID-19

According to Martinez et al., (2021) the effectiveness of coping strategies depends on the risks as well as on the personal resources that women use to protect themselves and escape from the violent situation. Sere et al., (2021) pointed that intimate partner violence victims use mostly problem focused coping strategies not only to promote their safety but also to improve their mental health using such strategies they are able to deal with the negative consequences of abuse from intimate partners

Using a qualitative approach Bidmeshki et al., (2021) postulate that seeking refuge to avoid violence is another way of dealing intimate partner violence. According to their findings violence victims always seek to avoid violent situations especially at the onset of the abuse thus they are always protective and conscious of their environments.

Spirituality was also highlighted by Itimi et al., (2018) is a frequent strategy used to deal with situations of intimate partner violence. In their argument, victims of intimate partner violence have always resort to praying and fasting in hope that their perpetrators would change to become better people. However, there are negative consequences associated with such coping styles as victims tend to endure longer period of being in violent and abusive relations.

An increase in the functioning of religious coping strategy has been found to decrease anxiety, depression, hopelessness and stimulates psychological functions, adaptation to the healing process, life satisfaction, and quality of life in diabetic patients (Asadi-Bidmeshki et al., 2021).

A study conducted by Sere et al. (2021) highlighted resilience as an important strategy in dealing with intimate partner. Basing on their findings intimate partner violence victims has always show resilience in the way they respond to violent situations in their relationships. The authors further argue that most intimate partner violence victims engage in seeking support and opening up about their situation while others tend to confront the perpetrators themselves.

2.5 National Domestic Violence policy frameworks

The Ministry of Gender, Labour and Social Development (MGLSD) is the lead agency mandated to ensure that the rights of all women including children are promoted and upheld. Uganda has ratified a number of conventions on the rights of women including the elimination of all forms of abuse as well as violence against women. Some of these

instruments are entrenched in the Uganda constitution. The constitution of Uganda does not provide a number of options to women in the case of domestic or intimate partner violence for instance the domestic violence Act of 2010 enshrined in the 1995 constitution provides for women to be protected against all acts and forms of violence directed towards violating their constitutional rights.

Uganda has ratified a number of international conventions, including the Convention on the Elimination of All Forms of Discrimination against Women, 1985 and the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. This has been done with the intention of using these conventions as a platform to bolster the protection and promotion of the rights of women.

Article 5 of UDHR provides that 'no one shall be subject to torture or to cruel, in human or degrading treatment and punishment.

The Convention on the Elimination of All Forms of Discrimination against Women (1979); and the ILO

According to article 7 of ICCRPR also strive to eliminate violence against women (ICCRPR) adopted in 1966 and (ICESCR) also adopted in 1966 likewise prohibit violence against women. Both prohibit in Articles 2 of both discrimination on the basis of sex in a clause similar to that contained in Article of the Universal Declaration of Human Right guarantees 'the equal rights of men and women to the enjoyment of all rights set forth in the covenant.

Declares that all people are equal before law and entitled without any discrimination to equal protection of the law' which protects everyone from torture or cruel, inhuman or degrading treatment or punishment. Which protects the rights to liberty and security of person, the CCPR clearly prohibits violence against women

2.6 Gaps in the literature

Intimate partner violence has gain significant attention over time with many scholars focusing on different aspects including causes, effects, factors as well as causes however one of the most prevalent gaps in most of the available literatures is methodological gap. Most of the literatures used different methodological approach including cross sectional, descriptive as well as qualitative and quantitative methodologies to explain the different concepts within the domains of intimate partner violence something that is not enough to conceptualize new and emerging issues as far as intimate partner violence among couples with disability is concerned. Secondly, there is a regional and geographical gap. Most of the studies are

conducted in more developed countries with little exception to Uganda. It is possible that these authors are not well versed with the African including Uganda cultural setting as well as the people. Therefore, their findings might lack certain key facts in explaining how the pandemic increased the risks of experiencing intimate partner violence among couples with disability. By conducting this study, the researcher hoped to gain first-hand information into the coping strategies used by women survivors of intimate partner violence in a Ugandan context and setting.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter focused on the research design, description of the study, sample size and selection, how data will be collected, and data presentation, method of data analysis and limitations of the study.

3.2 Research design

The study used a case study as research design. Case study design according to (Kumar, 2015) is appropriate in enabling researchers to obtain detailed investigation of the subject matter such as a person, group, or phenomenon. In this study, case study design allowed me to explore the key characteristics of the respondents. One of the reasons for using a case study design is that it paved way for a quicker and through understanding of how COVID-19 pandemic increased the risk of experiencing intimate partner violence among couples with disability.

3.2.1 Research Approach

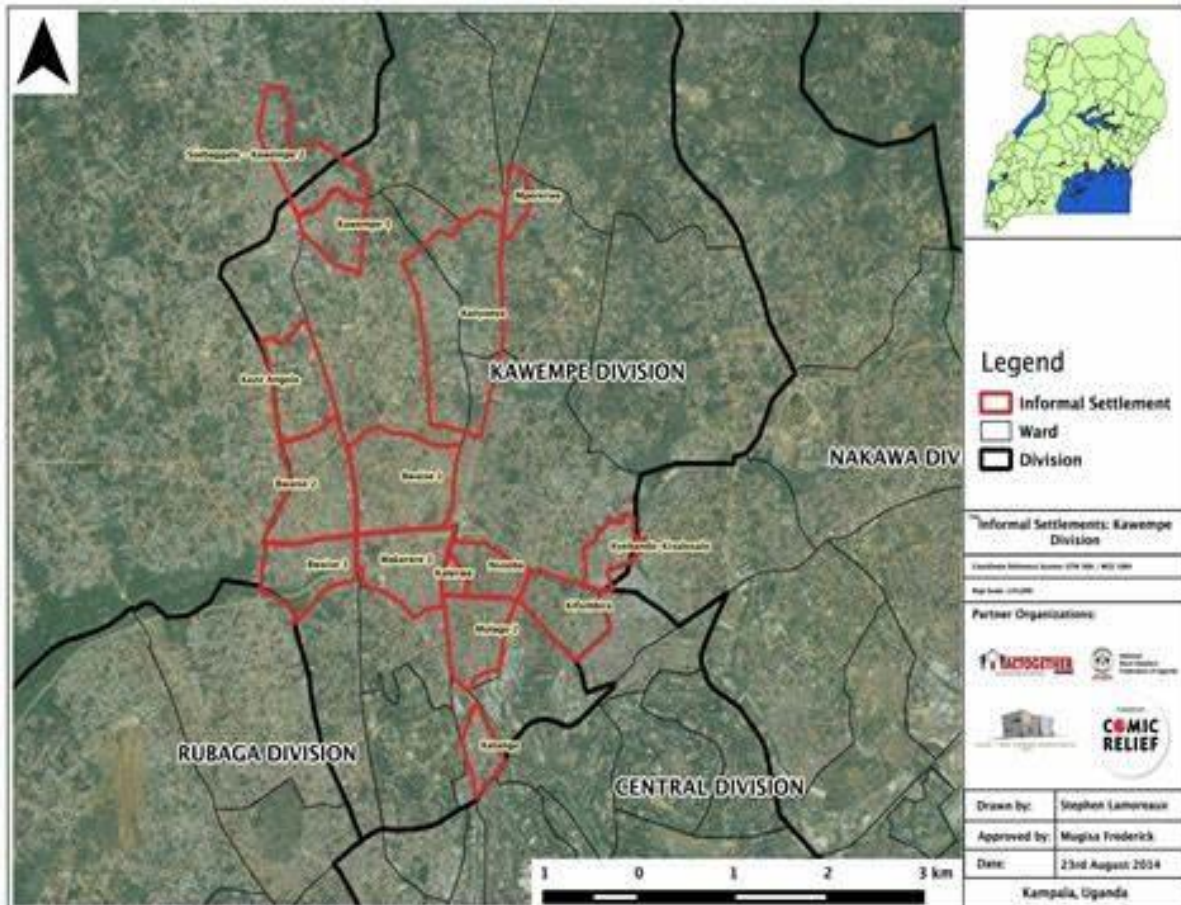
The study utilized a qualitative approach in the data collection and analysis process. Qualitative research is credited for being highly exhaustive and reliable in making exploration of experiences of individuals and communities (Kumar, 2015). Thus, it was suitable in this study to enable the researcher gained deeper understanding of how COVID-19 increased the risk of experiencing intimate partner violence. The reason for using this approach was to explore and understand the perspectives of individuals or groups concerning the occurrence intimate partner violence among couples with disability Creswell (2013). The researcher used qualitative approach to code the data as well as draw conclusion based on the findings of the study.

3.3 Study Area

The study was conducted in Kawempe which is located in the northern part of Kampala. It is one of the five divisions that make up Kampala city bordering Wakiso district to the west, north and east, Nakawa division to the southeast, Kampala central division to the south and Lubaga division to the southwest. The 2020 annual police report indicated that the central area of Kampala has a higher number of intimate partner violence reported during the

COVID-19 pandemic. This therefore makes a case for the study to be undertaken to understand the full extent of how COVID-19 increase the risk of intimate partner violence with specific focus on couples with disability.

Figure 1: Map of Kawempe division



3.3.1 Study Population

The primary study participants were male and female couples with disabilities who have been together for longer period of time in an intimate relationship. The study equally incorporated disabled individuals who are engaged in boy/girl intimate relationships. I considered couples with disability who reside within Kawempe division as these are the main focus of the study. It is believed that such groups have had a first-hand experience of intimate partner violence thus their knowledge was vital in this study. Furthermore, the study included five key informants which comprised the local council chairperson (LC1), a community development office and a police man. These were purposively selected because they had some knowledge/information about intimate partner violence during the lockdown.

3.4 Sampling Procedure

In this study the sample size consisted of 15 participants who included male and female individuals with disabilities and are in an intimate relationship. These were purposively selected since they have first-hand information on how COVID-19 increases the risk of experiencing intimate partner violence. They were selected based on the inclusion criteria that they have experience intimate partner violence during the COVID-19 pandemic.

I equally incorporated five key informants which incorporated the local council chairperson (LC1), a community development office and a police man. These will be purposively selected because they had some knowledge/information about intimate partner violence during the lockdown.

3.4.1 Sample Size

The sample size was determined by data saturation. According to Creswell (2013) theoretical saturation is defined as data satisfaction, a point where no new information was obtained for further data. The saturation point determined the sample size in qualitative research as it indicated that adequate data was collected for a detailed analysis. Therefore, a total of 18 participants selected to participate in the study however 15 of these were reached by the study. I used purposive sampling in selecting both primary respondents and key informants to participate in the study. This helped me collected information that is relevant only to the study focuses.

3.4.2 Selection of Key informant

Key informants were purposively selected to participate in the study based on their knowledge and expertise they had in relation to intimate partner violence within the study area. The information that was provided by key informants was vital in obtaining relevant information to back data provided by primary respondents.

3.5 Data Collection Methods

The collection methods included in-depth interviews and key informant interviews and focus group discussion as discussed below.

3.5.1 In-Depth Interviews

Fifteen (15) in-depth interviews were conducted with couples with disability to obtain their views in relation to how COVID-19 increased the risk of experiencing intimate partner violence. This method enabled me to achieve the objectives of the study. The advantage of

using in-depth interviews was that it placed the researcher in a unique position to obtain information relevant to the study. I made sure that the interview questions focused only on achieving the study objectives. Each interview lasted for at least sixty minutes (1 hour). Effort was made to create informality; so as not to raise any fear among the participants due to the sensitivity of the subject matter.

3.5.2 Key Informant interviews

Key informant interviews were conducted with five (5) participants. The key informants included the LC1, CDO and a police officer. The advantage of using key informant interviews was that the researcher was able to obtain different perspectives from individuals with better knowledge of the subject matter. Key informant interviews were considered useful in filling gaps and providing further explanations and information for the study. Every key informant was given an identifier in form of numbers so as to ease understanding of statements that arise in the findings.

3.5.3 Focus group discussion with couples with disability

Focus group discussions were conducted with two groups comprising of couples with disability who are married and those who are unmarried but in a long-term intimate partner relationship especially those who missed out in the in-depth interviews. These were done with the help of a focus group discussion guide. Furthermore, focus group discussion enabled participants to fully disclose the information related to experiences of intimate partner violence among couples with disability. One of the advantages of using focus group discussion was that it helped me to gain an in-depth understanding of the participants and the information related to the subject matter and also learn about aspects which otherwise cannot be disclosed in the in-depth interviews (Kumar, 2015).

3.5.4 Document review/Analysis

Document analysis was done as a complementary method of data collection. This enabled the researcher to gain in-depth insight into the subject matter. Document review was vital in helping the researcher expand on the findings of the study across other data sources. One of the advantages of using document review was to enable the researcher reduce bias that arise in the study

3.6 Data Management and Analysis

In this study the researcher used thematic analysis. According Noble and Smith (2015) a thematic analysis is one that looks across all the data to identify the common issues that recur, and identify the main themes that summaries all the views that are collected by the researcher. The key stages in a thematic analysis are to read and annotate transcripts, in this stage the researcher does not provide an overview of the data but rather make preliminary observation. This stage is particularly useful with the first few transcripts. The second stage is to identify themes which involve looking in detail at the data to start identifying possible themes. The third stage is to develop a coding scheme. Here the researcher gathered initial themes to develop coding scheme. The final stage in thematic analysis is developing the actual coding. In this stage the researcher starts applying these codes to the whole set of data by either writing codes on the margin of transcripts.

The audio interviews were transcribed; the ones recorded in Luganda were translated into English. The researcher identified various repeated themes that were grouped together for analysis.

3.7 Ethical considerations

Before collection of data from any participant, relevant permission was sought from Makerere University College of Humanities and Social Sciences, Department of Social Work and Social Administration, and at the office of the LC1 in order to allow the researcher to collect data for this study. Verbal consent was obtained from every participant before participating in the study as I explained the purpose of the study to the respondents. Participants were given permission to end the interviews at any time they want or omit any question they don't wish to answer.

Interviews were conducted individually to allow participants to express themselves and guarantee confidentiality. Interviews were done in secure places during day time to minimize risks to the researcher and to the participants.

No individual participant was identified at the end of the final research report, the names that will be used in the presentation and discussions of the research findings were pseudonyms to ensure confidentiality of the participants. The information that was got from the study findings was only accessible only to the people who participated in the study and such information was used for the purpose of the study.

3.8 Challenges encountered and how they were overcome

During my research, I encountered the following challenges.

There was a challenge of language barrier since some couples with disabilities with in Kawempe Division were unable to speak English and Luganda as well hence a problem while collecting information. I managed to use a few translators who helped me to communicate with my participants.

I encountered a challenge with finances during this research and it was in terms of transport fees to the field based on the fact that I stay some good distance from Kawempe. I also had fewer funds while feeding and I at times interviewed my participants while on an empty stomach since I spent long hours looking for participants.

Some individuals where hostile which was also a great challenge and some of them refused to take part in my research process but the authorities of Kawempe Division helped me cope with the hostility from the individuals and secured me the individuals who I managed to engage with during my research.

CHAPTER FOUR

PRESENTATION OF STUDY FINDINGS AND THEIR DISCUSSION

4.0 Introduction

This chapter presents the findings of the study carried out according to the research design and methodology discussed in the previous chapter and their discussion. The research findings were based on the study objectives, research questions, and literature review. Data was analysed from the in-depth interview transcripts as they were the major tools of data collection. Each theme and sub-theme that emerged was considered below under the stated specific study objectives and research questions. The participants were given pseudonyms which are used throughout the study in order to protect their confidentiality

The background of the primary participants and their socio-demographic characteristics was considered vital. This was in terms of age, sex, marital status, religious affiliation, and occupation of the participants. The study covered a sample of 15 participants which comprised of ten (10) primary participants that is three (3) men and seven (7) women, five key informants including 1 Community Development Officer, 1 police officer, and 3 members of the office of the LC1. These were selected using purposive sampling technique

4.1 Socio-demographic characteristics of the participants

The study had fifteen (15) participants with a mean age of eighteen (18) and an average age of twenty (25). The study focused on both male and female couples with disability who encountered intimate partner violence during COVID-19 pandemic. Some of the participants professed a Christian religious affiliation; they were from relatively poor background affected by different forms of social problems such as poverty, lack of basic needs among others. Some of the study participants reported low education background. All of the participants interviewed had experience different forms of intimate partner violence during the lockdown. Most of the study participants especially the women had physical disabilities while the male participants had slight visual as well as walking difficulties. Joan who had been with her fiancée suffered from walking disability which prompted her to use a wheel chair for long distance movement, Gabriel had visual impairment while his girlfriend had similar condition. Jovita, Hannah, Carol, and Birungi were all staying with their husbands at the time of the study and all of them had similar disabilities their husbands on the other hand had deaf or heard of hearing disabilities. Prior to the study some of the participants had reported cases of

intimate partner violence their situation however was worsened by the subsequent lockdowns which led them to spend time with their perpetrators.

4.2 Risk factors of intimate partner violence among couples with disability

The study findings indicate that there are numerous risk factors of intimate partner violence in Kawempe division as indicated by the study participants. The participants identified several risk factors associated with intimate partner violence which they experience during the COVID-19 lockdown. These risk factors include stress and anxiety, unhealthy family relationships, low self-esteem, anti-social behaviours, anger and hostility, sexual abuse, alcoholism and drug use, depression and suicide attempts, young age, separation or divorce, lower levels of education, and low socio-economic status.

4.2.1 Stress and Anxiety

Some participants describe feelings of stress and anxiety as a result of intimate partner violence. Issues related to excessive worries, difficulties in sleeping were all reported by some of the participants. Birungi stated;

“Ever since I got beaten by my fiancée, I don’t think I have been able to get over that experience. I kept having fear and thinking that every time he comes home, he is going to fight me this has caused me sleepless nights the stress is just too much. There was a time my fiancée returned from wherever he was and out of nowhere he started quarrelling for no reason this kind of situation is so stressful” (In-depth interview, 2022)

This means that intimate partner violence is associated with psychological difficulties including stress and anxiety. The continued experience of violence has devastating impact on the victims as some will struggle to trust other people while others tend to develop hate towards others. In some instances, victims tend to put blame on other individuals especially if they are men these feelings are usually transferred to others.

Another participant cited that having experienced intimate partner violence it has been difficult to trust other people due to the constant stress and anxiety resulting from the violence. Jovita stated;

You think it is easy to trust someone after everything that has been happening you get beaten everyday by someone who claimed to be in love with me this has caused me to hate people around every day you get stress on the fact that you will be experience daily violence because the man could not understand and respect my right (In-depth interview, 2022)

Stress and anxiety is a common risk factor among intimate partner violence victims especially where the victims fail to avoid the abusive environment. Stress come as a result of victims failure to seek help or move away from the perpetrator of the violence this in most cases result into the individual failing to sleep, adopt abnormal eating behaviours and in some

cases they resort to excessive worries (Tu & Lou, 2017). Similarly, Gubi et al. (2020) revealed that stress and anxiety occur when the victims fail to access support away from their perpetrators especially after experiencing abuse. However, where support victims struggle to get the negative feelings and experiences of the abuse suffered as a result, it results into stress and anxiety disorders. Some available literature however revealed that stress and anxiety manifest in victims who in most cases struggle to open up about the abuse suffered due to fear of the perpetrator or inability to overcome the abusive experience. These findings are in agreement with those of Shaikh, (2022) who reported that individuals who experience intimate partner violence are more likely to experience stress and anxiety due to their failure to overcome the experience of the violence suffered.

4.2.2 Low self-esteem

Some participants reported feelings of low self-esteem as they are unable to open up about the violence they encountered as well as feeling of shame especially when with groups with other people. Phiona Stated:

I cannot stand being around people anymore I feel so embarrassed being around people especially when my husband has beaten because whenever this happen people come from within the area to separate me from him especially when he gets violence physically. This situation has caused me to sometimes isolate myself from people because I feel so shy and embarrassed to even associate with the people in the area as I feel they might remind me about whatever happened between me and my husband. (In-depth interview, 2022)

Another participant pointed that intimate partner violence is the reason as to why she has failed to engage into numerous activities as people tend to remind her about her previous experience with violence she suffered in the hands of her husband. Martha stated:

I feel so embarrassed talking and associating with my friends it's like everybody just sees you as some who has been battered by a man. Sometimes I look at myself and feel I cannot continue with this kind of living because I feel so low on esteem everything just seems to be against me including the people who were my immediate neighbours who also could not provide enough options to stop the violence I experience (In-depth interview, 2022).

This means that suffering intimate partner violence causes victims/survivors to suffer low self-esteem which is seen in the way the participants explained their experience as one of the participants stated that some of the neighbours could not offer options to escape the violence. This implies a blame attributed to the onlookers as the violence was happening. The issue of low self-esteem has been documented by some scholars including Alangea et al. (2018) who stated that low self-esteem is very common among intimate partner violence victims who often to fit into the society and sometimes tend to blame other people for the fate of violence they suffered in the hands of their perpetrators. There are also other researchers

such as (Asadi-Bidmeshki et al., 2021; Black et al., 2019) who cited that victims of intimate partner violence tend to see themselves as less fortunate and tend to question why they had to suffer such fate of violence. Low self-esteem is a very common issue among individuals who suffer intimate partner violence some tend to blame others for the violence they encountered. These findings are in line with those of Tu & Lou, (2017) who pointed that one of the risk factors of intimate partner violence is low self-esteem which in most cases is evident in the way the victims behaves and act around other people. This is evident in the above narratives of the respective participants.

4.2.3 Alcoholism

According to the participants excessive consumption of alcohol is an out comes of suffering intimate partner violence. It was revealed that individuals who have experience and those with history of intimate partner violence tend to engage in drinking alcohol as a way to overcome the traumatic experience of the abuse they suffer. Hannah stated;

Experiencing violence from the person I never expected to lay a hand on me was the turning point in my life. I struggle to understand why he started fighting me I could not believe it so in order to get over the experience I turn to alcohol thinking it might help me forget the violent encounter I had with my fiancée. Since then, I have been stuck in drinking it just difficult to stop now because I still get nightmares of the violent encounters during that lockdown period. Even at times the man himself buys alcohol and start drinking immediately after that he will start quarrelling with me and suddenly the fight will start (In-depth interview, 2022).

Another participant pointed the risk posed by intimate partner violence during the COVID19 pandemic as she had to turn to alcoholism in order to remove the bad experience encountered from her perpetrators. Carol state:

People used to say intimate partner violence is real but I never believed would ever encounter such experience until one day during the lockdown when my guy decided to show his “true colours” that fateful day he quarrels and abused me using all sort of bad words he even went to the extent of slapping me. That when I realized I was in danger as this guy could do worse to me even with my condition. Ever since that incidence he has continued to harass me even though I sought for support from my family since he could not stop, I decided to take a few drinks every once in a while, just to forget the painful experience of the abuse (In-depth interview, 2022).

This was further confirmed by one of the key informants who indicated that the rampant cases of intimate partner violence have caused many women including those with disabilities to engage in drinking excessive alcohol. The key informant stated that;

During the lockdown I received so many cases of intimate partner violence and these cut across by the way while disabled people were having the same problem those without disabilities were also having the same experience. It got to a point where these women started using alcohol as a way of overcoming the abuse the encounter on a daily basis

however some men also get carried away by alcohol sometimes when they get too drunk, they get to engage their partners into violent acts (key informant interview, 2022).

This clearly show that alcohol plays a big role in causing intimate partner and it being a risk factor as victims tend to struggle with overcoming such experience as a result, they end up engaging into heavy drinking just to overcome the stress and the bad feeling of being violent situation such as intimate partner violence. While previous studies have associated drinking alcohol to be practiced by individuals with experiences of intimate partner violence for example Coll et al. (2020) this study revealed that drinking alcohol is just one of the risk factors that victims of intimate partner violence have to endure and this can happen to both men and women victims. Drinking alcohol is not only a cause of intimate partner it is also a risk factor which is exhibited by the victims who tend to use alcoholic substance to manoeuvre through the experience of violence.

Research findings from other literature have also shown that alcoholism is not the only risk factor caused by intimate partner violence explaining that many people have endured a number of terrible experiences including murder Krebs et al. (2011). Again, Gubi et al. (2020) contends that the complex patterns of coercive behaviours makes it difficult for victims to seek help or engage with other people this makes most of these intimate partner violence victims turn into consuming alcohol so as to get over the difficulties presented by the violence they encountered. Therefore, the two literatures are in support of these findings as most respondents indicate an alcohol consumption behaviour which they indicate is a behaviour they adopt to overcome the experiences of suffering abuse.

4.2.4 Family disagreement

Some participants also revealed that disagreement among families is a common risk factor presented by intimate partner violence. It was revealed that intimate partner violence suffered by victims has cause disagreements between families as some members believed that the victims on one hand are to blame while on the other hand the perpetrators are supported by some of the individuals who are described as families. For example, Ronnet argued;

During COVID-19 lockdown intimate partner violence is very common among couples and some of with disabilities it gets even worse. However, the violence situation is made difficult by the blame shifting that is evident in the family some of the members from my husband side blame me for the problems while others see the husband as the main perpetrator so this caused difficulties even to the point of fights between the two families. These disagreements made the violence worse as my husband continued to make life difficult for me. The whole lockdown period was just violence including abuse and disrespect for me and my family this really was not a good experience for me and the people involved (In-depth interview, 2022).

Another participant stated that intimate partner violence arises due to control of resources as couples tend to fight over who should have ultimate control over household resources. For instance, Brian stated;

I and my wife had numerous disagreements over who should have control over the resources especially after selling crops. I do the gardening work like digging and planting crops after harvest she is the one in charge of selling the crops! But believe me after selling she would just go and shop things without my consent this is where the fights always occur because I believe we should both sit and make proper plans on what we need since things were difficult during the lockdown (In-depth interview, 2022).

Family disagreement resulting from intimate partner violence was very common during the COVID-19 lockdown for instance one of the participants in the focus group discussion cited a similar experience of family disagreeing over violence that occur between couples. Sandra stated

“To be honest during lockdown there was intimate partner violence as I am one of the people who was affected by this “vice”. However, there is also the issue of disagreement among the families as some of the members tend to protect the man while blaming the woman this is mostly common when we seat to resolve the conflict. The disagreement also comes when the man tends to take control over the resources at home yet we both worked to acquire them” (Focus group discussion, 2022).

Partners failing to come to a consensus over who should take responsibility especially after a fight always trigger disagreement among members. However, another source of family disagreement is seen in the distribution of resources in the household sometimes the men think they should be consulted when making financial decisions in the home while women believe they are doing what is best for the household in terms of acquiring resources especially in the lockdown. Similarly, in existing literature, Waila et al. (2022) pointed that conflicts happens in the family when members have different views about different issues. For instance, in the discussion above it was revealed that families disagree over who is responsible for the violence perpetuated while others disagree over the control of household resources. Failure to peacefully resolve these conflicts is what in most cases generates intimate partner violence.

4.2.5 Poverty

The study findings revealed poverty is a risk factor for intimate partner violence among couples with disability in Kawempe division. There are some cases where men are abused by their wives for failing to provide for the household items including food, soap and others basic household needs. For instance, Joseph stated;

During the lock down I could not work because of the line of business I engage in as a result things got really difficult in terms of raising money for basic household needs. This situation

was misinterpreted by my fiancée who thought I had money yet in actual sense I don't have. Because of this should would everyday sometimes she would use bad words even to a point of locking me in the house. The fights were very common during the lockdown period except for now when I have tried to stabilize the situation as we no longer fight (In-depth interview, 2022).

Findings from the focus group discussion further confirmed that poverty was a risk factor of intimate partner violence. For instance, Patricia stated;

Poverty during the lockdown was in high rate sometimes men do not want to work you find that the lockdown is used as an excuse yet every day the household needs increase. Personally, I see that COVID-19 is just being used as an excuse because I see other people going out to look for what to do yet this guy I stay does not want to work when I complain about it, he would get physical with me. This was the source of conflict between men and my boyfriend during the lockdown (Focus group discussion, 2022)

One of the key informants suggests that poverty has a very strong risk factor for intimate partner violence. For instance, the key informant stated:

“When you beat your women, you are likely to take her to the hospital where you will spend money for her treatment. During the lockdown I used to advice couples especially those with disabilities that you will be the one to spend money either at the police or the hospital if you beat your wife’. So, if you beat your woman and you spend money to treat her after you become poor, on the other hand if you are arrested for intimate partner violence you will still spend money this will as result into poverty” (key informant interview, 2022)

While poverty is both a cause of intimate partner violence it however a risk factor in that when the needs of the household are not met couples tend to fight over failure of either the or woman to provide household resources. Women tend to insult men who fail to provide for household needs and this in the long run result in fighting with it associated consequences. Some literature contends that when household needs are not met in time this tend to create friction among couples. This friction in most times result into violence being committed by either the man or the women who perceive men as the sole providers of the family (Kebede et al., 2022). However, some literatures for instance Kaur & Byard, (2021) contradicts the findings of this study where it has been shown that some women have continued to stay in violent relationships because of the financial resources of the husband. Though in this study poverty is shown as an aftermath of intimate partner violence the fact remains that it can be a cause and a risk factor since resources tend to be lost in most cases.

4.2.6 Sexual abuse

According to some participants during the study, it was found that sexual abuse is one of the risk factors among couples with disability in Kawempe division. It was revealed that most of the participant had a sexual abuse encounter with their perpetrators as some of them struggle to build trust especially after their sexual violence experience. For instance, Lillian stated;

Personally, I have been struggling with this issue of sexual abuse for a long time now. When I was 15 one of my cousin forced me into sexual activities back then I did not understand the actual impact of his actions to make matters worse during the lock down I had a similar encounter with my boyfriend who I was staying with during the lockdown he was forcing me to have sex with him even though I was not interested in that but I had to do it because he threatened to kick me out of his house during that night (In-depth interview, 2022).

During the key informant interview, one of the key informant stated that there were numerous cases of intimate partner violence during the lockdown one of them being sexual violence. For one of the key informant from the family and children support unit stated;

During the lockdown there were cases of violence especially sexual violence many people especially women reported being forced into sexual activities against their will some even reported being kicked out of the house where they reside by their perpetrators. The issue was very serious we made some arrest others we settled with the community especially those who could not provide strong evidence of sexual abuse happening during that period (key informant interview, 2022).

It is important to understand that victims of sexual violence during the lockdown yielded to their perpetrators demands mostly because some of them were given little or no choice as the found themselves in between being dragged out of the house in the middle of the night or give in to the demands of the individual committing the act. This form of behaviour is most common among couples who were cohabiting during the COVID-19 lockdown. It has also been revealed in other studies conducted by researchers such as Miranda et al. (2021) who pointed that sexual violence is common among unmarried couples and in most cases they women are taken advantage of especially when the perpetrator is aware of the fact that the victim has little or no option but to give in to their demands. However, there is a slight contradiction owing to the fact that even married couples experience sexual violence even though they are married to the person taking advantage of them.

4.3 The common forms of intimate partner violence among couples with disability during COVID-19

According to some of the participants, it was revealed that their intimate partner violence can take numerous forms. The different forms of intimate partner violence include physical violence which participants describe as fighting, kicking, slapping and pushing. Sexual violence which was described by the participants as being taken advantage of as well as forcing one to consent to inappropriate sexual advances. Physiological and economic violence were also mentioned by the study participants these are discussed in details below.

4.3.1 Physical Violence

The study participants revealed that on several occasions they were beaten by their husbands/boyfriend. Some pointed that in the event of an argument the man is quick to engage them into physical battles something that has caused a lot of pain in their bodies. For instance, Phiona stated;

Every time I get into misunderstanding with my man, he gets so angry to the point of beating me the other time I passed out when he was beating it was the neighbours that rescued me and took me to the local health centre where I was treated. I think if there were no people, I would have died in the course of the beating I received from this man. Thankfully I no longer stay with him as I have moved on with my life (in-depth interview, 2022).

Another participant stated that physical was very common during lockdown as the man tend to use a lot force at the slightest mistake she would make. Barbra stated;

I remembered one incident during lockdown when I got back from the market I had delayed to cook because I had to first sell some produce, I had brought from our small garden even though he was aware of the fact that I had to first sell the stuff I had before I can come and cook. When I got home the guy started beating, I tried to plead he won't listen until when I opened the door and run. I think he would have killed me if had not escaped after the violence my whole body had bruises but thankfully, I am okay now (in-depth interview, 2022).

This was further revealed in the focus group discussion that physical violence during the lockdown as many people reported being physically abused by their partners. Joan stated;

Some of us who have partners with temper were less fortunate during the lockdown whatever little misunderstanding he will get physical it got to a point where I was forced to temporarily rent a room during the pandemic until after lockdown when I parents came from the village that when the issue was resolved. The violence was really too much the man was behaving like someone who was living with his enemy (focus group discussion, 2022).

There is a tendency of men misusing their power especially when dealing with women who are deemed as inferiors. Instead of use their authority and power to better their families they tend to unleash for on their spouses knowing very well that they cannot defend themselves. The cases of intimate partner violence especially physical violence were widely reported as most women suffered severe consequences in terms of bruises, bodily wounds among others. To some extent, this is in line with previous studies on intimate partner violence for instance Sardinha et al. (2022) showed that in most African cultures men tend to use their power and authority to inflict pain on their spouses simply because such behaviour are endorsed in some cultures which men permission to discipline their women even at the slightest misunderstanding. Also in a study conducted by Gubi et al. (2020) indicated that men are portrayed to have control over their female spouses as a result physical violence is often overlooked even though they atrocities they commit against their victims. In several countries

intimate partner violence is frequently viewed as the husband's right to correct an erring wife, in this study it was indicated that men feel like fighting their wives whenever they feel like because they know that women are supposed to be submissive as a result, they are reported to have used physical violence to overpower their victims.

4.3.2 Destruction of properties

Under physical violence one of the themes that arise was destruction of properties. Some of the participants indicated that in the course of misunderstandings their spouses out of anger throw away household properties including plates, cups, television sets as well as other household properties. Sandra stated;

During the lockdown I lost so many properties because I got engaged with a man who cannot control his anger. One time we had a misunderstanding the man started destroying things in the house he smashed the plates and sauce pans. The first time it happened I thought it was just out of anger the second time we quarrel he repeated the same behaviour so that when I realized that whatever he was doing is not out of anger it was intentional so I decided to move to my parents during the lockdown thankfully our family house was not far away (in-depth interview, 2022).

Findings from the focus group discussion further highlighted the issue of destruction of properties in the event of intimate partner violence especially physical violence. Joseph stated;

Women are very difficult people to deal with can you imagine we had some argument which turn out to be serious we did not fight the very moment she waited for me to leave the house that when the neighbour called me telling your wife is here destroying your properties. By the time I could reach home I found when she had destroyed the television set and some other things including my personal belongings. This was the worst I experienced during the lockdown (focus group discussion, 2022).

Further findings from the key informant interviews revealed most intimate partner violence that occur has always involved in people destroying their properties. The local council chairperson stated;

In most of these fights between couples there is always that element of people destroying their own properties. If you investigate properly, you will see that sometimes women destroy properties to get revenge on the men since they cannot fight. I have had many cases here where both men and women reported about properties being destroyed sometimes, we had to involve the police (key informant interview, 2022).

There are numerous instances where violence between couples has resulted into destruction of properties especially in the household. One of the arguments that were put forward for this behaviour was revenge while others view as violent from the man just to show power and dominion over their victims. Destruction of properties cases have been reported by another researcher such as Waila et al. (2022) who in their findings showed that misunderstandings

among couples is a common phenomenon which can escalate into destruction of properties there are even instances where men carry out violent acts to punish their spouses. Studies conducted by (Medie, 2019; Otolu, 2020) further confirm that in intimate partner violence couples tend to engage in fights which in most cases result into damaging properties and to some extent loss of life. Therefore, the same issue of destroying properties has been revealed by this study.

4.3.3 Lack of Sleep

One of the participants reported lack of sleep as her perpetrator used to attack her during the night as they could engage into argument until early hours of the morning this caused her failure to get enough sleep. Carol stated;

The time he (the husband) normally attacks me is around mid-night despite the curfew hours he would drink the whole day and start attacking me at night. The only thing is he doesn't fight but the whole time he would abuse and say all sort of bad words and if I respond he would just push me on the bed with threats of beating. I had to endure all of that during the lockdown until when I decided to leave that is when he promised never to abuse me again. But the whole time there was no sleep for me (in-depth interview, 2022).

Another form of intimate partner violence under physical violence is lack of sleep as one of the victims reported that the perpetrators would always attack in the night when she is asleep and that would cause her to fail to get enough sleep. While there is no literature that confirms this however this study discovered the fact that the constant violence suffered by intimate partner violence victims has caused them inability to sleep. Therefore, these findings are a testament to the fact that violence victims especially those in intimate relationships are sometimes denied the opportunity to sleep something that is important for the proper functioning of the body.

4.3.4 Sexual violence

Another form of intimate partner violence highlighted by the study participants is sexual violence. According to some of the participants some of them were coerced to engage into inappropriate sexual encounters against their will. Birungi stated;

One of the worst things I have ever encountered in my life was sexual abuse from my fiancée. During the lockdown he would force me to sleep with him even though I told him I am not in the moods for sexual activities if I refuse, he would threaten to throw me out of the house sometimes I had no choice but to just give in to his demands I tried to speak to his mom about it she just played it down thinking that it was just a minor issue. This was a very traumatic experience for me during the lockdown I never expected him to force me into doing something I don't want to do (in-depth interview, 2022).

In the focus group discussion participants revealed that sexual violence was a common scenario among intimate partners as many of them had experience the sexual assault from their partners. Ronnet pointed;

You know during the lockdown there were many incidences of men forcing women to sleep with them. I think it was because of the boredom you find that most of these men were staying home so the only way to avoid boredom was through sexual encounters. Even me I had similar experience as my husband found him-self forcing me into intercourse against my will even though he apologized but the experience left a huge scar in my life (focus group discussion, 2022).

Findings from the key informants further showed that sexual violence in intimate relationships was very common especially during the second COVID-19 lockdown. The police officer stated;

We had several cases of women reporting their husbands some of them had disabilities the reports were mostly on the issue of men forcing their wives/girlfriends into unwanted sexual encounters some which arrests were made while others were settled amicably in the communities (key informant interview, 2022).

Another key informant the LC1 stated;

Women were frequently visiting my office to report their husbands some of them stay with their boyfriends. The reports of forced sex were common we had to set up a team to investigate these issues sometimes we would go around talking to people about the dangers of forcing women into sexual activities against their will (key informant interview, 2022).

The issue of sexual violence is frequently experienced by married couples. While women may deny their husbands sex, they end up being raped and when men fail to satisfy their wives, they end up cheating which result into intimate partner violence. The findings of this study are in line with existing literature (sexual violence) and contradicts with other literatures such as Waila et al. (2022) which in most cases depicts women as perpetrators of sexual violence. It was revealed that women were more vulnerable to sexual violence as they are seen as vulnerable by men who tend to take advantage of this vulnerability to force women into unwanted sexual encounters (Chan et al., 2019). The issue of sexual violence has been attributed men having the desire to impose their dominance on women who they presume to be subordinate and should always listen and fulfil their wants and desires.

4.3.5 Attempted rape

Participants described experiences of being in a compromising situation with their male perpetrators who forced them into unwarranted sexual attempts. Phiona stated;

So, I had gone to visit my friend who we had known each other for some time now we actually dated before I met my current man. During the lockdown I went to his place it was just nearby so after reaching the guy asked me to sit and I got comfortable after a few moments he started telling me weird things and even played weird movies that when he

started making these weird advances at me till he started bad touching me hahahaha but I was lucky I escaped and run for my life (In-depth interview, 2022).

In the key informant interview attempted rape was signalled among couples with disability some of them reported being into compromising situations with men others were raped. The LC1 stated;

I got some complaints about men trying to rape their women some were reportedly raped which led to the arrest of the individual though he was later released because they had a child with the man so we could not allow him to go to prison. Who would take care of his family we just negotiated with the woman and her family of course it was a bad thing but sometimes you just have to find ways of solving problems without creating other problems (key informant interview, 2022)

Attempted rape between couples and individuals in intimate relationship was a regular occurrence especially during the lockdown where these people tend to spend so much time together as a result most of them got into compromising situations where rape can easily take place. Some literatures have suggested that men tend to use enticements to lure women into forcing them to engage in sexual encounters. Studies conducted by Abramsky et al. (2018) pointed that in the event before an attempted rape men are reportedly using gifts, to lure women into sexual activities others were even reported using other economic benefits to force women into sexually harassing them.

Similarly, the findings of the study corresponds with those of Shaikh, (2022) who illustrated that rape/attempted among people in intimate relationships were common especially where these category of people find themselves confined in one place. Such incident is bound to happen considering the stress and boredom that comes with being confined in one place for a long period of time.

4.3.6 Economic violence

Some respondents cited economic violence as very common during the lockdown as victims narrated their experience of being denied certain economic rights by their partners. For instance, Sandra stated;

During the lockdown things were very difficult for me as my man would hide so many things from me including money to take care of basic house necessities. The situation was really bad because I had nowhere to get money whenever I could ask for money of anything he you decline with the excuse that he has no money yet he has because he gets money from his boda boda transport which he gave to someone to work for him (In-depth interview, 2022).

This was further stated in the key informant interview where the LC1 chairman stated;

“women would come looking for support stating that their husbands denied money for their needs. Sometimes I would help where necessary while other days I could do nothing

because me myself things were difficult for me but I always try to help where I can but it was hard for everyone during the lockdown.

Economic has been reported as another form of intimate partner violence. In the discussion with the participants, it was revealed that some men deliberately refused their wives/girlfriends access to resources even when their (women) intentions was to take care of household needs. The study revealed that women were more vulnerable to economic shocks especially those who are not engaged in income generating activities. The issue of economic violence has been document by some researchers for instance Ditekemena et al. (2021) pointed that in intimate relations economic violence though hardly reported but it is a common that is mostly occur among women. Men tend to take advantage of the fact that most women especially those with disabilities are economically powerless thus they mostly relied on the provision of the man they are living with.

There is also other studies such as Coll et al. (2020) that highlighted economic violence in rampant especially in the African continent when men tend to have control over most of the resources being produce in the household.

4.4 How couples with disability dealt with IPV during COVID-19 in Kawempe

This section explains the ways in which couples with disability used to cope with intimate partner violence during COVID-19 lockdown in Kawempe. The different ways include spirituality, support from families, avoidance, counselling from friends and police support.

4.4.1 Spirituality

Some participants during the study said that one way they dealt with intimate partner violence in Kawempe was through spirituality as some of them decide to pray to God as they believed he has the power to change any human being including their perpetrator of the violence. Sandra stated;

With the efforts of talking to my fiancée he could not listen even when my family threatened to take him to the police still there was no change. It was at that point that I decided to turn to God because I am a born again Christian and I believe that all humans are under the watchful eye of God therefore prayer can change anyone including my man. During that lockdown period I trusted God for a change and I was able to survive the violence because it got to a point the guy actually stopped abusing me (In-depth interview, 2022)

Another participant mentioned that praying would hold her overcome the fights and violence thrown at her during the lockdown. For instance, Carol commented;

Some times when you tell people about praying especially in difficult periods they tend to take lightly, well I have seen it back then in the lockdown I and my husband used to quarrel over small issues even though I hated it because people would gather around to just watch when things started getting out of hands, I opted to turn to God that is how I managed to

overcome the issues of violence that was affecting my relationship with my boyfriend (In-depth interview, 2022).

Intimate partner violence victims sometimes lacked options and ways through which they can use to overcome violence suffered in intimate relations. Some of them in many instances resort into praying and fasting for solutions to the violence. Much as this is seen as good step from a spiritual perspective however many scholars have questioned the effectiveness of this measure to overcome violence. In fact some literatures such as Stöckl et al. (2021) indicate that using spirituality to as a measure to overcome intimate partner violence will rather put the victim into severe danger because in the process of waiting for spiritual solutions one's life could be at risk especially in situations where violence is persistent. However, other literatures seem to advocate in favour of spirituality as a strong measure against intimate partner violence for instance Sere et al. (2021) emphasize that using spirituality to mitigate against intimate partner violence can have its own benefits since victims tend to go into state of meditation while avoiding the perpetrator of the violence in this way according to the authors such individual can be in a better position to make conscious decisions regarding what they are experiencing including intimate partner violence.

These findings are in agreement with those of Bidmeshki et al. (2021) which emphasized that using spirituality as a measure against intimate partner violence can have both positive and negative outcomes however the outcomes in most cases is highly dependent on the individuals expectations.

4.4.2 Support from family

Some participants expounded that in some situations especially as that they have encounter intimate partner violence, they tend to use family as a support system which they described as very effective in overcoming such issues as intimate partner violence. Hannah stated;

In some situations, especially when you have problems with the man, I think the best support you can get is from the family. In my case when I get into a fight with my man I have always used the family as a source of support especially in the lockdown when certain services were not available because I would say let me go hang out in order to forget but that is not the case in the lock I was able to exploit the support given to me by my family to my advantage and that is how I was able to overcome the fights between me and my husband (In-depth interview, 2022).

Findings from the focus group discussion further pointed that the family is a very strong and ever-present support system in terms of difficulties such as intimate partner violence. Birungi stated;

Sometimes we ignore the family but all of here know that when something befalls us the first, we do is to run to the family and this was the case with staying with someone who

knows nothing but to beat a woman. In the first instance when I was beaten by this man it was my family that took care of the medical bills all the time, I get a misunderstanding with this man I always seek support from my mum and my brothers who always console and provide tangible support to me now imagine if I had no one what could have happened to me maybe I would be dead (Focus group discussion, 2022)

Some members in the key informant interview further stated that family support was vital for victims of intimate partner violence during the COVID-19 lockdown. The LC1 stated;

At times when people start fighting especially the couples it is only their families that can help them many cases I have handled here they have always opted to resolve them within the family. This means that there something that the family offers which cannot be provided by me that is why I don't normally insist on sending them to police because if the two families are involve what more should I do obviously nothing but to let the family play it role (key informant interview, 2022).

The family in this case is portrayed as a conflict resolution entity and also a source of support for many victims of intimate partner violence. Family members provide support that is non-judgmental and, in most times, they are familiar with the conflicting groups so they are better equipped to offer solutions and support needed to overcome violent environment. This seems to be in line with many literatures which show that victims of intimate partner violence use family as a strong support system which in most cases both tangible and psychosocial support to help victims overcome certain difficulties including intimate partner violence (Simmons et al., 2020). In the discussion above Birungi and Hannah provided a clear picture of the family being an ever present support in cases such as intimate partner violence this has been further indicated by some researchers including (Black et al. (2019) who described the family as the only support system that can provide unconditional social support to victims of intimate partner violence.

4.4.3 Counselling

Some participants mentioned counselling as another way to deal with intimate partner violence during the COVID-19 lockdown. Carol stated;

I have to admit being battered by someone you least expect is a traumatic experience which can have a toll on the way you see things. For me to be able to overcome the experience of intimate partner violence I had to seek for counselling from different individuals including one of the old women in our community and also, I talked to one police office (female) who offered me vital advice on how to deal with such experience. It was these people who helped be overcome the traumatic experience of violence (In-depth interview, 2022).

Findings from the focus group discussion further indicated that counselling especially from the right people can be effective in dealing with intimate partner violence. Joseph stated;

Counselling when received from the right source can be helpful. During the lockdown I remember seeing a counsellor for a number of issues including intimate partner violence. I found myself quarrelling with my wife everyday yet this before the lockdown was a rare

occurrence. It was the counsellor gave me ideas on how to overcome such issues now just imagine if I had asked friends, they could probably suggest I drink alcohol which could have escalated the situation (Focus group discussion, 2022).

Seeking professional help can be vital in dealing with intimate partner violence since most of the in most cases suffer the violence in silence without opening out about what is taking place in their lives. In this study victims applauded the counselling support from different people as helpful in understanding why they were engaging in violence against their spouses while others were given solutions on how to overcome/avoid violent environments. It is important to understand that engaging in intimate partner violence whether as a perpetrator or as the victim has its consequences either way it is best to seek for counselling so as to overcome such situations (Lokhmatkina et al., 2015). On another note Sere et al. (2021) pointed that counselling is all but important service for intimate partner violence victims since they have to endure the psychological and emotional traumas that comes alongside with the violence it is therefore vital that victims and perpetrators seek counselling services as a way of dealing with intimate partner violence.

4.4.4 Avoidance

According to the study some participants use avoidance to deal with intimate partner violence as some of them move out of the house/surrounding especially during the event when violence is taking place. Joseph stated;

Sometimes the best way to prevent conflict is to avoid the conflict itself that what I always do it with my wife every time I get angry and I know I have difficulties controlling my anger so I always walk away so as to avoid hitting my wife as you may know women are hard to deal with that is the reason why I most times just walk away to prevent fighting between us (In-depth interview, 2022).

Another participant pointed that avoidance is a strong escape route to prevent conflict between couples in intimate partner relationships. Lillian stated;

In this business of boyfriend/girlfriend the more you avoid conflicts the better because there are times when the only option you have is to 'run' as in run in the sense that avoid the conflict by going to a place where you don't have to fight with some or quarrel in the name of staying in a relationship with a man that might not even marry me (In-depth interview, 2022).

Avoidance is a common strategy used by partners to avoid conflicts in relationships as some couples including couples with disability who use such strategies to enhance peace in their respective relations. As seen in the discussion above the participants would walk away in the event that a conflict is about to take place thus they prevent violence from taking place Martinez et al. (2021). Similarly, Bidmeshki et al. (2021) revealed that intimate partners tend to use avoidance as a method of preventing conflict in the relationship by walking out of a

conflict situation. Such scenarios according other literatures such as Shaikh, (2022) has consequences as victims tend to suffer in silence at the hands of their perpetrators all in favour of enhancing peaceful living in such relationship.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

The concluding chapter summarizes the key findings of the study. It also evaluates the relevance of the study to social work practice, academic research and policy formulation. The chapter concludes with some recommendations.

5.1 Summary of the findings

The main objective of the study was to explore how COVID-19 increased the risk of experiencing intimate partner violence among couples with disability in Kawempe. This then leads to the establishment of the following research question: what are some of the causes of intimate partner violence among couples with disability; to what extent did COVID-19 perpetuated the risk of experiencing IPV; what are the common forms of IPV experienced by couples with disability; and what are some of the coping mechanisms used to avoid IPV. The main research objective has been met and the main research question answered during this study.

The study has shown that the COVID-19 pandemic accelerated the risk of experiencing intimate partner violence among couples with disability in Kawempe. The narratives make reference to intimate partner violence having variety of risk factors. It should be noted that these findings are not mutually exclusive and have links between and amongst them. For emphasis the findings of this study indicate that intimate partner violence can result into numerous risk factors others which is a combination of different factors.

5.2 Risk factors of intimate partner violence among couples with disability during COVID-19

The first narrative mix reactions of participants in relation to the risk factors of intimate partner violence among couples with disability especially during the lockdown. For instance, stress and anxiety, as well as alcoholism, this involves participants feeling a sense of fear and the desire of wanting to put certain things right especially the experience of intimate partner violence which the study described as something participants reject having to face especially in the hands of a trusted loved one. In the context of alcoholism, participants described the feeling of engaging into taking alcohol in order to forget about the experience of violence

faced. Secondly, the study participants mentioned family disagreement, sexual abuse and poverty. According to these themes, participants mentioned having family fights including one family blaming the other for violence committed mostly by men who the study described as perpetrators. Sexual abuse was mentioned as a risk factor in the narratives with the participants. In this theme, the study participants cited having experience sexual abuse during the lockdown in the hands of their perpetrators which some believed that is a result long term experience which occurred in the age of 15 years as narrated by one participant and current experience which occurred during the COVID-19 lockdown. Poverty was mentioned as another risk factor of intimate partner violence some of the participants mentioned having to incur expenses in relation to treatment of wounds, bodily pain as well as expenses related to reporting to authorities this according the participants causes poverty.

Existing literature suggest that intimate partner violence can result into numerous risk factors some of which can have a lasting impact on the physical, mental, psychological as well as emotional related impact. As shown by scholars cited in the narratives above when people including those with disabilities there are certain chances that the risk can result into the victims being vulnerable to not only future violence but also losing interest in relating with other individuals especially the sex of the perpetrator of the violence suffered by that particular victim.

5.3 Common forms of intimate partner violence among couples with disability during COVID-19

This narrative indicates that while intimate partner violence can happen to any individual regarding their physical and mental state of mind however such violence (IPV) can take different patterns and forms. For instance, physical violence was indicated to be one of the different forms of intimate partner violence. In this theme participants narrated their experience of physical fights with their loved ones including husbands and fiancées which left them with bodily pain, as well as difficulties in their general body performance all as a result of intimate partner violence. The findings further reported destruction of properties, lack of sleep as another form of intimate partner violence under physical violence. The participants narrated their properties being destroyed by their intimate partners while others mentioned lack of sleep because of the manner in which they were being attacked by their partners.

Another form of intimate partner violence that was highlighted by the study participants was sexual abuse. In this narrative, participants mentioned that some of them were forced into engaging in intimacy against their will. This, according to the study, cause emotional and psychological pain in the victims. Additionally, there were some instances where participants reported being raped by their loved ones especially their husbands/boyfriends during the lockdown. In intimate relationships, rape is common encounter for women partly because of their inability to defend themselves or because they are seen as inferior in the relationship. Although men can also be victims of rape or sexual abuse in intimate relationship the incidences of women being sexually abused is the most frequent in intimate partner relationships.

A number of literatures have highlighted sexual abuse in form of rape as the most frequent violence in intimate partner relationships where by the men tend to take advantage of women by subjecting them into coerced sexual activities without putting into consideration the likely consequences of such actions.

5.4 How couples with disability dealt with intimate partner violence during COVID-19

The final narrative of the study was how couples with disability dealt with intimate partner violence during COVID-19. According to the study, couples with disability adopted various strategies to deal with intimate partner violence for instance the study participants highlighted spirituality as one of the ways they dealt with intimate partner violence. It should be noted that some participants mentioned that in the events of violence or after having experience violence some of them tend to seek God who they described as almighty and has the power to change situations whether good or bad.

Secondly, under this narrative, the study findings revealed support provided mostly by family members was used by couples with disability to deal with intimate partner violence. According to the study, the participant described the family as a strong support system which can be called upon even in short notice. The support provided by the family was described as non-judgmental and has no strings attached to it this explains why it was easier for participants to call upon family members in the event of intimate partner as this is the avenue through which they can access the necessary resources needed to cope with intimate partner violence. Apart from family support, the participants also used avoidance to deal with intimate partner violence during COVID-19. The study indicated that in the wake of violence some of them (participants) tend to avoid the situation by moving to another place that is free

from violence. Finally, counselling according to the study was another way to deal with intimate partner violence among couples with disability. Participants reported receiving counselling from friends and older adults while others used counsellors to try to understand some of the reasons as to why their partners are constantly using violence amidst issues that can be resolved. In this study counselling was portrayed as a much-needed service that proved to be helpful to those who seek to understand and overcome violent behaviours of intimate partners in intimate relationships.

Overall, the study findings seem to be in agreement with previous literatures which emphasized that one can overcome or deal with intimate partner violence by seeking support in form of counselling, or avoiding the toxic environment something that was discovered in this study.

5.5 Conclusion

The findings revealed that the COVID-19 pandemic can accelerate the occurrence of intimate partner violence among couples with disability and this can take numerous forms including physical sexual, economic violence all of this can happen in intimate relationships and can have severe risk factor which can take the form of alcoholism, sexual abuse, low self-esteem, poverty and family disagreement which is common especially when victims tend to involved their relatives into the violence. Finally, the study highlighted spirituality, avoidance, and support from family as possible ways to deal with intimate partner violence among couples with disability.

Overall, the study findings were in line with previous literature thus the research questions were answered as well as the objective of the study was met.

5.5.1 Relevance of the study to social work practice

The study will provide additional insight to social workers especially those involved with disability issues within and out of Makerere University using a more holistic approach in providing services, designing programs that suit the needs of persons with disabilities in institutional settings while incorporating measures that prevent and offers protection against situations such as intimate partner violence. The findings of this study will support the development of new tools for supporting couples with disabilities who suffer violence in the hands of an intimate partner in overcoming the bad experiences of intimate partner violence.

From the point of view of undertaking research, this study is relevant in as far as it demonstrates the possibilities of gaining new insight into intimate partner violence among persons with disabilities in intimate relationships especially in the context of the pandemic without relying on the conventional way of viewing some of these issues as mere violence that can be experienced by anyone. The study also demonstrates the possibility of using a strength perspective approach in understanding intimate partner violence among couples with disability especially in difficult periods. This is because this study highlighted that at some point couples used avoidance and support from family to deal with intimate partner violence.

The study is relevant to policy formulation and implementation process with regards to disability issues. The study shows that it is not enough to put policy in place to prevent violence especial intimate partner violence that involved couples with disability because of preconceived notions of some of the issues surrounding persons with disabilities. Besides there has been a paradigm shift in that some of these issues has been made worse by the existence of the pandemic therefore there is need to look at intimate partner violence from the lens of the pandemic.

5.5.2 Programming Implication of the findings

The study findings revealed counselling as a coping strategy used by the participant this implies that there is need to strengthen professional services as they are vital for victims of intimate partner violence to be able to access support from professional sources.

The study has strong implication with regards to intimate partner violence in general and physical violence in particular. The study shows that physical violence is the order of the day among couples with disability as some are abused with no clear reasons as a result, they use spirituality especially prayers in hope that the situation could change however it is not enough to rely on spirituality alone measure and programmes are required to ensure that victims open up about violence as well as receiving the necessary support to overcome trauma resulted from intimate partner violence.

Participants reported being sexually abused by their male partners this implies that programmes should target sexual violence victims especially those resulting from intimate partner violence. Encouraging should individuals to engage in productive activities like raising awareness will minimize issues of violence especially intimate partner violence against disabled women.

5.4 Recommendations

Based on the knowledge the study has generated in regards to intimate partner violence during COVID-19 the study therefore recommends the following to be put into consideration.

There is a need to create awareness a community awareness regarding violence especially intimate partner violence this can be through dialogues and negotiations with individuals who are trapped in conflicts with their spouses. This will enhance an understanding of the issues causing violence and possibly put in place measures to stop such violence.

There should be domestic violence shelters where the abused are provided with food, shelter, and child care for the case of victims who have children. There should be a community boost support network with technology that will automatically alert the support network if there are danger-related cases of domestic violence.

Local leaders like the LC1 and community leaders should be trained and sensitized on how to intervene safely on matters related to intimate partner violence cases among couples with disability. This will help victims of such violence to leave their abusers safely and provide a communal support structure for survivors.

5.5 Limitation of the study and suggestion for further research

One key limitation is that this study was purely qualitative, thus missed out on aspects that could have best come out quantitatively. Future researchers should therefore try out on a mixed method.

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APPENDICES

Appendix i: In-depth interview guide for primary respondents

COVID-19 and the risk of experiencing intimate partner violence among couples with disabilities in Kawempe division, Kampala district

(In-depth interview guide for primary respondents)

INTRODUCTION AND INFORMED CONSENT

Good day to you. My name Mirembe Patrah Elizabeth I am a third-year student at Makerere University pursuing a Bachelors of Social Work and Social Administration Degree. I would like to request you to engage in an interview with reference to my dissertation titled “COVID-19 and the risk of experiencing intimate partner violence among couples with disabilities in Kawempe division, Kampala district”. You have been selected to participate in this study because you have indicated that you have ever experience intimate partner violence in the hands of your lover. Please note that this is an entirely voluntary process and you are free to stop the interview at any moment. I will be using an interview guide that has been approved by my dissertation supervisor at Makerere University.

Please answer the questions as best as you can.

The interview is expected to last 30 minutes. However, feel free to take your time to answer the questions. I am here for as long as you need to answer the questions in this interview.

Here is a tape recorder that will record all our conversations. I will transcribe these conversations later on and use them for research purposes. All the information you give in this interview will be used for my research project only. It will not be shared with other parties. All the transcripts and the recording will be destroyed once the information of this interview is transcribed. Details about you and your family will be kept in the strictest confidence. I may use quotes from the interview but your name or any other identifying details will not be given to anyone. Please sign or put your fingerprint here to confirm that:

- (i) You are older than 18 years of age on this day
- (ii) You fully understand everything I have said about this study and interview
- (iii) You freely agree to participate in this interview

..... [SIGNATURE OR FINGERPRINT AND DATE]

BACKGROUND INFORMATION

1. Gender
2. Age
3. Marital status.....
4. Occupation
5. Religious affiliation

Risk factors of intimate partner violence among couples with disabilities

1. In the past 12 months have you or your partner argue or fought about anything? Probe to understand whether the argument leads to a fight?
2. During the past 12 months, does your male partner force you to have sex when you did not want?
3. What were the consequences of the actions of your male partner based on your answer above?
4. During the past 12 months have you been asked to have sex in exchange for food, gifts, or money?
5. If yes! What is your relationship with that person?
6. Can you explain to me how you have been affected by the different form of violence?

Common forms of intimate partner violence among couples with disabilities

7. Did you experience any form of violence during the lockdown?
8. Which form of violence did you experience during lockdown? Probe for physical, sexual, psychological, economic, and emotional violence
9. What brought about the violence during the lockdown?
10. Has it always been like this since you came together/got married?
11. If no! When did it start and what trigger the violence during lockdown?
12. What are the common problems you experience as a result of intimate partner violence?

How couples with disabilities dealt with IPV during COVID-19 in Kawempe

13. The last time you experienced violence from your partner, what did you do? Did you tell anyone about it? Who? Why? Why not?

14. Have you ever reported a case of violence to a formal authority? What case was this?
Where did you report? Do you often report to authorities? Do you feel you get help when you report? If you do not report often, why not?
15. Besides reporting, what other assistance have you received from individuals, groups or organizations to deal with the violence and its effects during lockdown?
16. What measures have you undertaken to try and stop the violence during lockdown?
17. Are there resources available for survivors of intimate partner violence during lockdown?
18. How would you describe the available resources to cope with IPV during lockdown?
19. How do you cope with intimate partner violence during lockdown?

Thank you for your time

Appendix ii: Focus group discussion guide

COVID-19 and the risk of experiencing intimate partner violence among couples with disability in Kawempe division

(To be administered to selected primary participants)

INTRODUCTION AND INFORMED CONSENT

Good day to you. My name Mirembe Patrah Elizabeth I am a third-year student at Makerere University pursuing a Bachelors of Social Work and Social Administration Degree. I would like to request you to engage in an interview with reference to my dissertation titled “COVID-19 and the risk of experiencing intimate partner violence among couples with disabilities in Kawempe division, Kampala district”. You have been selected to participate in this study because you have indicated that you have ever experience intimate partner violence in the hands of your lover. Please note that this is an entirely voluntary process and you are free to stop the interview at any moment. I will be using an interview guide that has been approved by my dissertation supervisor at Makerere University.

Please answer the questions as best as you can.

The interview is expected to last 30 minutes. However, feel free to take your time to answer the questions. I am here for as long as you need to answer the questions in this interview.

Here is a tape recorder that will record all our conversations. I will transcribe these conversations later on and use them for research purposes. All the information you give in this interview will be used for my research project only. It will not be shared with other parties. All the transcripts and the recording will be destroyed once the information of this interview is transcribed. Details about you and your family will be kept in the strictest confidence. I may use quotes from the interview but your name or any other identifying details will not be given to anyone. Please sign or put your fingerprint here to confirm that:

- (i) You are older than 18 years of age on this day
- (ii) You fully understand everything I have said about this study and interview
- (iii) You freely agree to participate in this interview

..... [SIGNATURE OR FINGERPRINT AND DATE]

Consent Process.

As a group, we are going to go over the informed consent form before we start our focus group to be sure that you understand why we are having this focus group discussion and to be sure that you voluntarily want to participate.

- I hope to learn from you the issues related to intimate partner violence among couples with disability especially during the pandemic. Similarly, most of us here have one way or the other experience IPV so I hope to learn more about the different forms and risk factors involved.
- In this discussion, we are not trying to get everyone to agree or achieve consensus, rather, we are gathering information. It is okay if you have different opinions and ideas than the person in the group.

Focus group ground rules

- The focus group discussion will last for about one and half hours. (60-90 minutes)
- Feel at home.
- Refreshments are available.

Focus Group questions

1. Explain what intimate partner violence means to you?
2. Comment on the consequences of intimate partner violence?
3. Explain the common forms of intimate partner violence?
4. Comment on the acts that are described as intimate partner violence?
5. Comment on the type of intimate partner violence faced by couples with disabilities?
6. What are some of the resources available to couples who have experienced IPV?
7. How do couples with disability couple with intimate partner violence?

This brings to an end of our discussion. Please feel free to contact me should you have any further information about this study.

Thank you for your time

Appendix iii: Key informant guide

COVID-19 and the risk of experiencing intimate partner violence among couples with disabilities in Kawempe division, Kampala District

(To be administered to selected primary participants)

INTRODUCTION AND INFORMED CONSENT

Good day to you. My name Mirembe Patrah Elizabeth I am a third-year student at Makerere University pursuing a Bachelors of Social Work and Social Administration Degree. I would like to request you to engage in an interview with reference to my dissertation titled “COVID-19 and the risk of experiencing intimate partner violence among couples with disabilities in Kawempe division, Kampala district.” You have been selected to participate in this study because you have indicated that you have an expert knowledge regarding intimate partner violence. Please note that this is an entirely voluntary process and you are free to stop the interview at any moment. I will be using an interview guide that has been approved by my dissertation supervisor at Makerere University.

Please answer the questions as best as you can.

The interview is expected to last 30 minutes. However, feel free to take your time to answer the questions. I am here for as long as you need to answer the questions in this interview.

Here is a tape recorder that will record all our conversations. I will transcribe these conversations later on and use them for research purposes. All the information you give in this interview will be used for my research project only. It will not be shared with other parties. All the transcripts and the recording will be destroyed once the information of this interview is transcribed. Details about you and your family will be kept in the strictest confidence. I may use quotes from the interview but your name or any other identifying details will not be given to anyone. Please sign or put your fingerprint here to confirm that:

- (i) You are older than 18 years of age on this day
- (ii) You fully understand everything I have said about this study and interview
- (iii) You freely agree to participate in this interview

..... [SIGNATURE OR FINGERPRINT AND DATE]

Questions

1. Explain what intimate partner violence means to you?
2. Comment on the consequences of intimate partner violence?
3. Explain the common forms of intimate partner violence?
4. Comment on the acts that are described as intimate partner violence?
5. Comment on the type of intimate partner violence faced by couples with disabilities?
6. What are some of the resources available to couples who have experienced IPV?
7. How do couples with disabilities deal with intimate partner violence?

Thank you for your time

Appendix iv: Field Permission Letter

MAKERERE UNIVERSITY
P.O. Box 7062
KAMPALA, UGANDA
11th October, 2022

TO THE OFFICE OF THE TOWN CLERK
KAWEMPE DIVISION

Dear Sir / Madam,

Rc: Undergraduate Research

My name is Mirembe Patrah Elizabeth a student of Makerere University Kampala offering a Bachelors of Social Work and Social Administration under the registration number 19101267101ps. As part of my completion of the Social work and Social Administration course, I humbly request for your approval in regards to carrying out of research in Kawempe. Carrying out of research is a requirement of the Social work and Social Administration course and my topic upon which I am to carryout this research is "Covid 19 and the risk of experiencing intimate partner violence among couples with disability in Kawempe division, Kampala district". My research is to last for only a period of one week. Please put my request under your consideration.

Yours faithfully,
MIREMBE PATRAH ELIZABETH.

