MAKERERE UNIVERSITY

EFFECTS OF INTIMATE PARTNER VIOLENCE ON WOMEN IN INFORMAL SETTLEMENTS: A CASE STUDY OF KATANGA, KAMPALA DISTRICT

BY

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A RESEARCH DISSERTATION SUBMITTED TO THE DEPARTMENT OF WOMEN AND GENDER STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF BACHELOR OF SOCIAL SCIENCES OF MAKERERE UNIVERSITY

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DECLARATION

DECLARATION

I, **NAMULONDO AISHA**, Registration Number **23/U/14864/EVE**, hereby declare that this research thesis entitled "Effects of Intimate Partner Violence on Women in Informal Settlements: A Case Study of Katanga, Kampala District" is my original work and has not been submitted to any other university or institution for the award of a degree or any other academic qualification.

I further declare that, to the best of my knowledge, this thesis does not contain any material previously published or written by another person, except where due acknowledgement has been made through proper citation and referencing in accordance with academic standards.

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I, the undersigned, certify that I have supervised the research thesis entitled "Effects of Intimate Partner Violence on Women in Informal Settlements: A Case Study of Katanga, Kampala District", prepared by **Namulondo Aisha**, Registration Number **23/U/14864/EVE**. I confirm that the thesis has been carried out under my guidance and is hereby submitted for examination with my approval.

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DEDICATION

I dedicate this dissertation to my beloved son, Faris Mulindwa Muwonge, whose presence has been a source of strength, hope and motivation throughout my academic journey. I also dedicate this work to my dear father, Hajji Musa Kawere, for his love, support and encouragement, which have greatly contributed to my growth and determination.

This dissertation is further dedicated to the students, the people of Katanga, and to the world at large. May this work contribute, in its own small way, to greater awareness, understanding and action toward addressing intimate partner violence and improving the wellbeing of women and communities.

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ABBREVIATIONS/ACRONYMS

Acronym	Meaning
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
CBOs	Community-Based Organisations
CFPU	Child and Family Protection Unit
FIDA	Federation of Women Lawyers
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
LC1	Local Council One
NGOs	Non-Governmental Organisations
PTSD	Post-Traumatic Stress Disorder
SAP	Slum Aid Project
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UBOS	Uganda Bureau of Statistics
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VHT	Village Health Team
WHO	World Health Organization

ABSTRACT

Intimate partner violence remains a major concern affecting women's wellbeing, safety and participation in everyday life, especially in informal settlements where poverty, overcrowding, stigma and limited support services may increase women's vulnerability. This study examined the effects of intimate partner violence on women in Katanga informal settlement, with specific focus on Kimwanyi Zone, Kampala.

The study was guided by six objectives: to explore the psychological effects of IPV, examine the social effects, analyse the economic effects, analyse the physical health effects, barriers that women face when seeking help and examine the coping mechanisms and support systems available to women experiencing IPV. A qualitative case study design was adopted. Data were collected from 14 participants, including 10 women survivors of intimate partner violence through in-depth interviews and 4 key informants through key informant interviews. The key informants included community and service providers knowledgeable about IPV in the study area. Thematic analysis was used to analyse the data according to the study objectives.

The findings revealed that IPV affected women in multiple and interconnected ways. Psychologically, women experienced fear, anxiety, trauma, sleeplessness, hopelessness, low self-esteem and loss of confidence. Socially, IPV led to isolation, withdrawal from friends and community activities, stigma, shame and weakened support networks. Economically, IPV reduced women's income, disrupted small businesses, increased financial dependence and limited opportunities for education, training and livelihood improvement. Physically, women experienced bruises, burns, swelling, chronic pain, reproductive health risks and delayed care-seeking. Women used coping mechanisms such as silence, endurance, avoidance, prayer, secret savings, continued work and support from trusted relatives, neighbours and friends, although help-seeking was limited by fear of retaliation, stigma, financial dependence, concern for children, lack of information, mistrust of institutions and lack of safe places to go after reporting.

The study concludes that intimate partner violence is a serious psychological, social, economic and public health problem affecting women in Katanga informal settlement. It recommends strengthened community sensitization, confidential support services, counselling, safe spaces, economic empowerment, improved referral systems, and coordinated responses by community

leaders, health workers, police, NGOs and government. It also recommends engaging men, families and the wider community in IPV prevention to reduce stigma, harmful gender norms and the normalization of violence within intimate relationships

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter introduces the study on the effects of IPV on women in Katanga informal settlement, Kampala. It presents the background to the study, outlines the problem being addressed, and states the main and specific objectives as well as the research questions. The chapter also highlights the significance of the study, defines its scope, and presents the conceptual framework guiding the research. Overall, it provides the foundation for understanding the context and purpose of the study.

1.2 Background of the Study

Intimate partner violence (IPV) is a pervasive global public health and human rights issue that disproportionately affects women and girls across diverse socio-economic contexts. The World Health Organization defines IPV as behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, emotional abuse, and controlling behaviours by a current or former partner (WHO, 2021). Globally, IPV represents the most common form of violence against women, with approximately 30% of women worldwide having experienced physical and/or sexual violence by an intimate partner in their lifetime (WHO, 2021). More recent global syntheses further estimate that over 640 million women aged 15 years and above have been affected by IPV, highlighting its scale and persistence (Sardinha et al., 2022). The consequences of IPV extend far beyond immediate physical injury, contributing significantly to mental health disorders such as depression, anxiety, and post-traumatic stress disorder, as well as adverse reproductive health outcomes and increased risk of HIV infection (Peterman et al., 2020; WHO, 2021). These impacts also translate into broader socio-economic costs, including reduced workforce participation, productivity losses, and increased healthcare expenditures, making IPV not only a social issue but also a major development challenge globally.

The persistence of IPV at the global level is strongly associated with structural gender inequalities, unequal power relations within households, and social norms that legitimize male control over women. Evidence indicates that in many settings, societal acceptance of wife-beating and normalization of controlling behaviours continue to sustain high levels of IPV (Heise et al., 2019; UN Women, 2020). Additionally, crises such as the COVID-19 pandemic further exacerbated IPV

globally, with reports indicating a surge in domestic violence cases during lockdown periods due to confinement, economic stress, and reduced access to support services (UN Women, 2021). These global trends underscore the urgent need for context-specific research that not only quantifies IPV but also examines its multidimensional effects on women's lives, particularly in vulnerable settings.

In Africa, the burden of intimate partner violence is significantly higher than the global average, driven by a combination of socio-cultural, economic, and institutional factors. Studies across Sub-Saharan Africa indicate that between 33% and 51% of ever-partnered women have experienced IPV in their lifetime (Coll et al., 2020). Patriarchal social structures, entrenched gender norms, and economic dependency of women on male partners contribute to the persistence of violence within intimate relationships. In many African contexts, IPV is often perceived as a private family matter, limiting external intervention and reinforcing silence among survivors (Muluneh et al., 2021). Furthermore, weak legal enforcement mechanisms, limited access to justice, and inadequate support systems such as shelters, counselling services, and legal aid further constrain women's ability to seek help or exit abusive relationships. The consequences of IPV in African settings are profound, affecting not only women's health and well-being but also child development, household stability, and broader community welfare. Children exposed to IPV are more likely to experience emotional and behavioural problems and are at increased risk of perpetuating or experiencing violence in adulthood (UNICEF, 2020).

In Uganda, intimate partner violence remains a widespread and deeply entrenched problem, reflecting broader patterns observed across the region. National data from the Uganda Bureau of Statistics indicate that 56% of women aged 15–49 have experienced physical violence, while 22% have experienced sexual violence, with intimate partners accounting for the majority of perpetrators (UBOS & ICF, 2018; UBOS, 2021). Cultural norms that justify wife-beating under certain circumstances, coupled with economic dependency and limited awareness of women's rights, continue to perpetuate intimate partner violence in Ugandan society (Kwagala et al., 2022). Additionally, underreporting remains a major challenge, as many women fear stigma, retaliation, or social exclusion if they disclose abuse. The health burden associated with intimate partner violence in Uganda is substantial, including injuries, reproductive health complications, mental

health disorders, and increased vulnerability to HIV infection, particularly among women in urban and peri-urban settings (Kwagala et al., 2022; Wamoyi et al., 2021).

The situation is particularly severe in informal urban settlements such as Katanga in Kampala City, where structural vulnerabilities amplify women's risk of experiencing intimate partner violence. Katanga is characterized by high population density, poverty, unemployment, inadequate housing, and limited access to essential services such as healthcare, policing, and social protection. These conditions create an environment of chronic stress and economic strain, which can exacerbate conflict within intimate relationships and increase the likelihood of violence. Women in such settings often face heightened dependency on male partners for financial survival, limiting their ability to leave abusive relationships. Moreover, the informal nature of these settlements weakens institutional oversight and law enforcement, resulting in limited protection for survivors and inadequate response to reported cases. Studies in urban informal settlements in East Africa have shown that women living in such environments are at a disproportionately higher risk of IPV due to overlapping vulnerabilities including poverty, social isolation, and lack of access to support services (Winter et al., 2020; Wamoyi et al., 2021).

Beyond immediate physical harm, the effects of intimate partner violence on women in informal settlements are multidimensional and long-lasting. Psychologically, survivors often experience chronic stress, depression, anxiety, and trauma-related disorders. Socially, IPV leads to isolation, breakdown of social networks, and reduced participation in community life. Economically, it undermines women's productivity, limits employment opportunities, and increases dependency on abusive partners. In addition, women experiencing IPV may face disruptions in education or skill development, further constraining their long-term socio-economic mobility. These interconnected effects highlight the need for a comprehensive understanding of IPV that goes beyond prevalence to examine its broader implications on women's lives.

Despite the high prevalence and severe consequences of intimate partner violence, there remains limited context-specific research focusing on its effects among women living in informal settlements such as Katanga. Most existing studies in Uganda provide national or regional estimates but do not adequately capture the lived experiences of women in highly vulnerable urban environments. This gap limits the development of targeted, evidence-based interventions that address the unique socio-economic and cultural dynamics of informal settlements.

Therefore, this study sought to examine the effects of intimate partner violence on women in Katanga informal settlement, Kampala, with the aim of generating contextually relevant evidence to inform policy, strengthen support systems, and contribute to efforts aimed at reducing violence against women in urban marginalized communities.

1.3 Problem Statement

Intimate partner violence (IPV) remains a persistent and significant public health and social problem globally, with women disproportionately affected across both developed and developing contexts. According to the World Health Organization, approximately 30% of women worldwide have experienced physical and/or sexual violence by an intimate partner, highlighting the widespread nature of the problem. In Sub-Saharan Africa, the burden is even higher, driven by entrenched gender inequalities, socio-cultural norms that tolerate violence, and limited access to justice and support systems. Despite increased global attention and policy efforts, IPV continues to undermine women's health, well-being, and socio-economic participation, particularly in low-income and marginalized communities.

In Uganda, intimate partner violence remains highly prevalent, with national statistics from the Uganda Bureau of Statistics indicating that more than half of women aged 15–49 have experienced physical violence, often perpetrated by a current or former partner. Although legal frameworks such as the Domestic Violence Act (2010) exist, implementation gaps, cultural acceptance of violence, economic dependency, and fear of stigma continue to limit reporting and access to justice. The consequences of IPV are extensive, including psychological trauma, physical injuries, reduced economic productivity, and disrupted social relationships. However, most existing studies in Uganda have largely focused on prevalence and general determinants of gender-based violence, with limited emphasis on the specific effects of IPV on women, particularly within high-risk urban informal settlements.

In informal settlements such as Katanga in Kampala City, the problem is further exacerbated by structural vulnerabilities including poverty, overcrowding, unemployment, and weak institutional presence. Women in these settings often face increased exposure to violence within intimate relationships while simultaneously lacking the economic independence and social support necessary to escape abusive situations. Despite the high-risk environment, there is a notable lack of context-specific empirical evidence examining how intimate partner violence affects women in

such settings, especially in relation to their psychological well-being, social functioning, economic stability, and physical health. This gap limits the development of targeted, evidence-based interventions and policies tailored to the realities of women in informal urban communities. Therefore, this study sought to examine the effects of intimate partner violence on women in Katanga informal settlement, Kampala, to generate evidence that can inform interventions, strengthen support systems, and contribute to efforts aimed at reducing violence against women in vulnerable urban contexts.

1.4 Objectives of the study

1.4.1 Main Objective

To examine the effects of intimate partner violence on women in Katanga informal settlement, Kampala.

1.4.2 Specific Objectives

i. To explore the psychological effects of intimate partner violence on women in Katanga informal settlement, Kampala.

ii. To examine the social effects of intimate partner violence on women in Katanga informal settlement, Kampala.

iii. To analyse the economic effects of intimate partner violence on women in Katanga informal settlement, Kampala.

iv. To analyse the physical health effects of intimate partner violence on women in Katanga informal settlement, Kampala.

v. To examine the coping mechanisms and support systems available to women experiencing intimate partner violence in Katanga informal settlement, Kampala.

vi. To investigate the barriers that women in the Katanga informal settlement of Kampala face when seeking help for intimate partner violence.

1.5 Research Questions

i. What are the psychological effects of intimate partner violence on women in Katanga informal settlement, Kampala?

ii. What are the social effects of intimate partner violence on women in Katanga informal settlement, Kampala?

iii. What are the economic effects of intimate partner violence on women in Katanga informal settlement, Kampala?

iv. How does intimate partner violence affect the physical health of women in Katanga informal settlement, Kampala?

v. What coping mechanisms and support systems are available to women experiencing intimate partner violence in Katanga informal settlement, Kampala?

vi. What are the barriers that women in the Katanga informal settlement of Kampala face when seeking help for intimate partner violence?

1.6 Significance of the study

This study is significant in that it provides context-specific evidence on the effects of intimate partner violence (IPV) on women living in Katanga informal settlement in Kampala. While IPV is widely recognized as a major public health and social issue, there is limited empirical research that captures the lived experiences of women in highly vulnerable urban informal settings. By examining the psychological, social, economic, and physical health effects of IPV, the study will contribute to filling this gap and deepen understanding of how violence within intimate relationships affects women in marginalized communities.

The findings of this study will be valuable to policymakers, development partners, and practitioners involved in gender and social protection programs. Evidence generated can inform the design and implementation of targeted interventions, including prevention strategies, survivor support services, and community-based awareness programs tailored to informal settlements. Institutions such as the Ministry of Gender, Labour and Social Development and the Uganda Police Force may utilize the findings to strengthen policy enforcement, improve response mechanisms, and enhance protection services for survivors of IPV.

In addition, the study will benefit non-governmental organizations and community-based organizations working within Katanga and similar settings by providing evidence to support advocacy, resource mobilization, and program development. It will also contribute to academic

literature by offering a localized perspective on IPV in urban informal settlements, which is often underrepresented in research. Furthermore, the study may serve as a reference for future researchers interested in gender-based violence, urban poverty, and women's health, thereby promoting further scholarly inquiry in this field. Ultimately, the study aims to support efforts toward improving the well-being, safety, and empowerment of women affected by intimate partner violence in vulnerable urban communities.

1.7 Scope of the Study

1.7.1 Content Scope

This study focused on examining the effects of intimate partner violence (IPV) on women in Katanga informal settlement, Kampala. Specifically, it will assess the psychological effects (such as anxiety, depression, and trauma), social effects (including isolation and disrupted relationships), economic effects (such as loss of income and financial dependency), and physical health effects (including injuries and reproductive health complications). In addition, the study explored the forms of IPV experienced physical, sexual, psychological, and economic abuse as well as the coping mechanisms adopted by survivors and the availability of support systems such as family, community networks, healthcare services, and legal institutions.

1.7.2 Geographical Scope

The study was conducted in Katanga informal settlement, located in Kampala, Uganda. Katanga is characterized by high population density, poverty, inadequate housing, and limited access to social services, making it a high-risk environment for intimate partner violence. The focus will be on women residing within this settlement.

1.7.3 Time Scope

The study focused on experiences of intimate partner violence that occurred within the recent post-pandemic period, specifically from 2022 to 2026, in order to capture current and more relevant experiences of women in Katanga informal settlement. This period was considered appropriate because it reflects the most recent social and economic realities influencing intimate partner violence. Data collection, analysis, and reporting for the study was conducted within a six-month period in 2026.

1.8 Theoretical Framework

This study was anchored on two complementary theories that explain the occurrence and persistence of intimate partner violence (IPV) and its effects on women: Gender Role Theory and Social Norms Theory. These theories collectively provide a multidimensional understanding of how power relations, societal expectations, and cultural norms shape women's vulnerability to IPV, particularly in informal settlements such as Katanga.

Gender Role Theory explains IPV as a consequence of socially constructed roles assigned to men and women. In many societies, men are expected to be dominant, assertive, and controlling, while women are expected to be submissive and dependent. These rigid gender roles create unequal power dynamics within intimate relationships, which may legitimize the use of violence as a means of control. In the context of Katanga informal settlement, where economic hardship and social pressures are prevalent, men may resort to violence to assert authority, while women may tolerate abuse due to socially reinforced expectations of obedience and endurance. This theory is relevant in explaining how gendered expectations contribute to the normalization and persistence of IPV.

Social Norms Theory further explains how community beliefs and shared expectations influence individual behaviour. In many communities, including informal settlements, violence within intimate relationships is often normalized or considered a private matter. Norms that justify wife-beating, discourage reporting, or stigmatize survivors create an environment where IPV is tolerated and perpetuated. Women may fear social exclusion, blame, or retaliation if they report abuse, while perpetrators may feel justified due to societal acceptance of such behaviour. In Katanga, where social cohesion is strong but institutional support may be weak, these norms play a critical role in sustaining IPV. This theory helps to explain why IPV persists despite legal frameworks and awareness efforts.

Together, these theories provided a comprehensive framework for understanding intimate partner violence as a product of individual behaviour, social expectations, and structural inequalities. They guide this study in examining not only the effects of IPV on women in Katanga informal settlement but also the underlying factors that sustain it, thereby informing more effective and context-specific interventions.

1.9 Conceptual framework

This study was guided by a conceptual framework that positions intimate partner violence (IPV) as the central issue influencing the well-being of women in Katanga informal settlement, Kampala. IPV is understood to occur in different forms, including physical, sexual, psychological/emotional, and economic abuse, all of which shape women's lived experiences within intimate relationships.

The framework shows that experiences of IPV are associated with a range of outcomes in women's lives. These include psychological effects such as anxiety, depression, and trauma; social effects such as isolation, stigma, and strained relationships; economic effects such as loss of income and financial dependency; and physical health effects including injuries and reproductive health challenges. These experiences are interconnected and often reinforce one another in complex ways.

The framework also recognizes the role of coping mechanisms and support systems, including family, community networks, healthcare services, counselling, and institutional responses from bodies such as the Uganda Police Force and the Ministry of Gender, Labour and Social Development. These factors shape how women respond to violence and the extent to which its effects are reduced or prolonged.

Overall, the framework highlights how intimate partner violence shapes women's experiences and well-being within the specific context of an informal urban settlement, while acknowledging the importance of social and institutional support in influencing these outcomes.

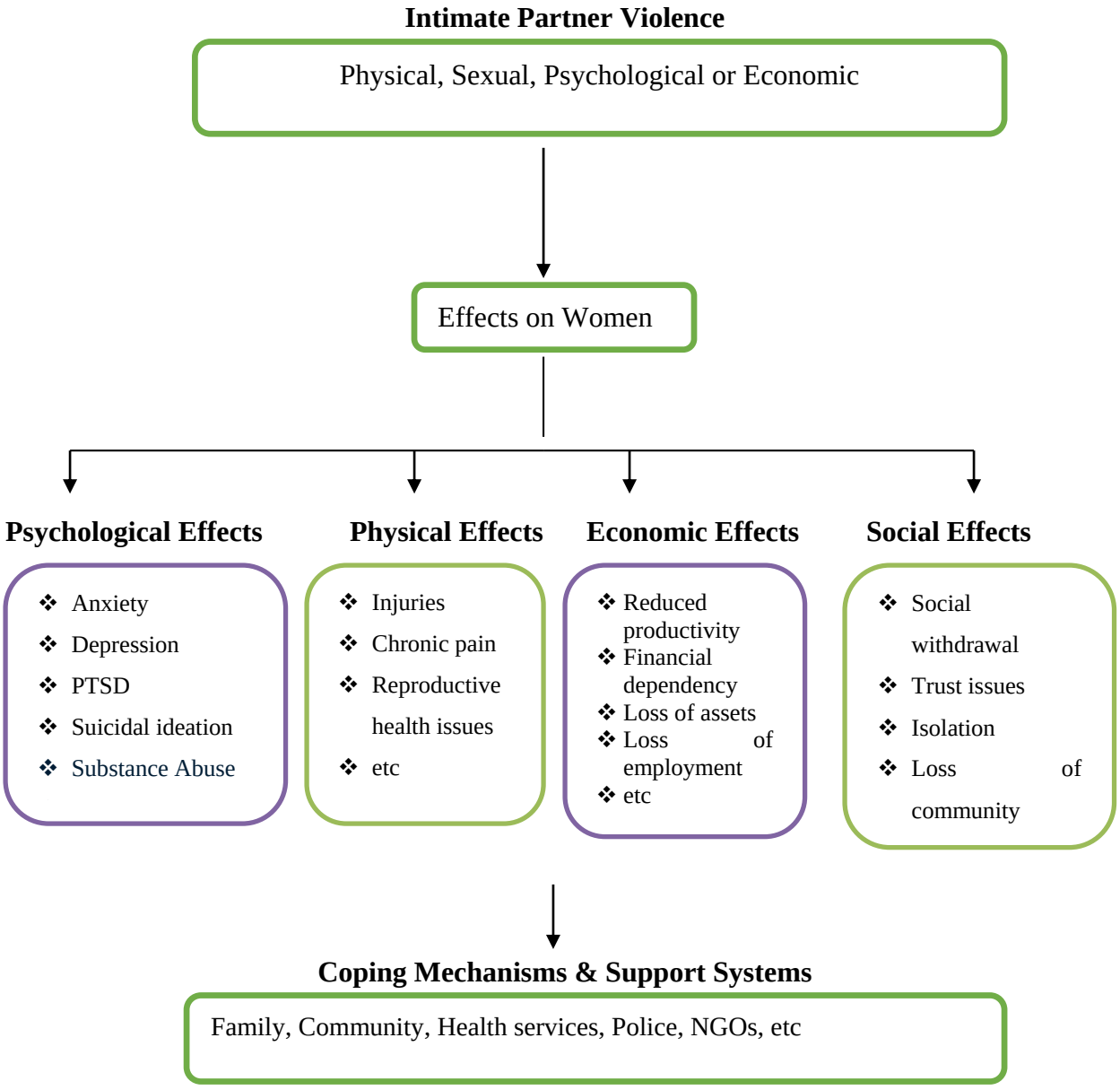

Figure 1: The Conceptual Framework

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews existing literature on intimate partner violence (IPV) and its effects on women, with particular attention to informal urban settings. It synthesizes empirical and theoretical studies to provide a comprehensive understanding of how IPV influences women's psychological well-being, social relationships, economic stability, and physical health. The chapter also examines prevailing theoretical perspectives and identifies key gaps in the literature, especially within the context of informal settlements such as Katanga in Kampala. This review provides the foundation for the current study by situating it within existing knowledge and highlighting the need for context-specific evidence on the lived experiences of women affected by IPV.

2.2 Psychological Effects of Intimate Partner Violence

A substantial body of recent empirical evidence demonstrates that intimate partner violence has profound and long-lasting psychological consequences for women. Survivors of IPV frequently experience a range of mental health disorders, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation. A large-scale global analysis by Sardinha et al. (2022) found that women exposed to IPV were significantly more likely to report symptoms of psychological distress compared to those who had not experienced such violence. These psychological effects are not only immediate but often persist long after the abusive relationship has ended, indicating the chronic nature of trauma associated with IPV.

In low-income and informal settings, the psychological burden is further exacerbated by limited access to mental health services and persistent social stigma surrounding both mental illness and domestic violence. Muluneh et al. (2021) highlight that in many Sub-Saharan African contexts, survivors often internalize their experiences due to fear of blame or social exclusion, which contributes to untreated mental health conditions. Similarly, Grose et al. (2023) found that adolescent girls and young women in informal settlements in Kenya who experienced IPV exhibited significantly higher levels of depression and PTSD, with limited access to psychosocial support services.

Moreover, psychological distress often affects women's cognitive functioning, decision-making ability, and overall capacity to engage in daily activities. Chronic exposure to violence can lead to feelings of helplessness, low self-esteem, and diminished agency, which in turn reduces the likelihood of seeking help or leaving abusive relationships. These findings underscore the importance of understanding IPV not only as a physical or social issue but also as a critical mental health concern.

Evidence from Uganda reflects similar patterns, particularly among women living in informal and resource-constrained urban settings. Studies in Kampala have shown that women exposed to intimate partner violence commonly report persistent emotional distress, fear, anxiety, and trauma-related symptoms, often worsened by poverty and limited access to psychosocial care. Falb et al. (2019), in a study among women and adolescent girls in urban informal communities in Kampala, found high levels of emotional distress and psychological vulnerability among survivors of violence, particularly where social and institutional support was weak. Likewise, Wamoyi et al. (2021) note that women in low-income urban settlements often endure violence in silence, resulting in prolonged psychological suffering, low self-worth, and reduced ability to make independent decisions. These findings suggest that in informal settlements such as Katanga, the psychological effects of IPV are not only severe but are also intensified by urban poverty, stigma, and limited access to mental health support.

2.3 Social Effects of Intimate Partner Violence

The social consequences of intimate partner violence are equally profound, often resulting in the erosion of women's social networks and community participation. Women who experience IPV frequently face stigma, victim-blaming, and social isolation, particularly in communities where violence is normalized or considered a private matter. According to UNICEF (2020), societal attitudes that justify or tolerate violence against women contribute significantly to the marginalization of survivors, discouraging them from disclosing abuse or seeking assistance.

Empirical studies indicate that IPV disrupts interpersonal relationships, leading to withdrawal from family, friends, and community structures. Makhado et al. (2023) found that many women in rural and peri-urban African settings reported feelings of shame and social exclusion following experiences of IPV, which led to reduced participation in social and economic activities. This

isolation is often reinforced by controlling behaviours from abusive partners, who may restrict women's movement, communication, and interaction with others.

In informal settlements, where social networks often serve as critical sources of support and survival, the breakdown of these relationships can have severe implications. Women may lose access to informal safety nets such as shared childcare, financial assistance, or emotional support, thereby increasing their vulnerability. Additionally, fear of retaliation and lack of trust in formal institutions further discourage reporting, allowing violence to persist within communities unchecked (Muluneh et al., 2021).

In Uganda, similar social consequences of IPV have been documented, particularly among women living in low-income urban communities. Women who experience IPV often face social withdrawal, strained family relationships, and reduced participation in community life due to fear, shame, and stigma. Kisaakye et al. (2023) note that IPV often disrupts women's ability to maintain social and economic roles, weakening their engagement in both household and community activities. In many cases, survivors are isolated not only by abusive partners but also by social norms that discourage disclosure of domestic violence. This often results in silence, reduced social support, and continued exposure to abuse. In informal settlements in Kampala, where social ties are central to everyday survival, such isolation can significantly deepen women's vulnerability by cutting them off from informal support networks that might otherwise provide emotional, social, or practical assistance.

2.4 Economic Effects of Intimate Partner Violence

Intimate partner violence has significant economic implications that extend beyond individual households to broader community and national development. Women experiencing IPV often face disruptions in their ability to engage in income-generating activities, resulting in loss of employment, reduced productivity, and increased financial dependency on abusive partners. Peterman et al. (2020) note that IPV is strongly associated with reduced labor force participation and lower earnings among women, particularly in low- and middle-income countries.

Economic abuse, a common but often underreported form of IPV, further exacerbates these challenges. Abusive partners may control financial resources, restrict women's access to employment, or confiscate earnings, thereby limiting their economic autonomy (Vyas et al., 2023).

This financial dependency creates a significant barrier for women seeking to leave abusive relationships, as they lack the resources necessary to support themselves independently.

In addition, IPV imposes substantial direct and indirect costs on survivors, including healthcare expenses, legal fees, and lost income due to absenteeism or reduced work capacity. In informal settlements, where livelihoods are typically unstable and based on daily income, even minor disruptions can have severe economic consequences. These financial strains not only affect individual women but also contribute to cycles of poverty and inequality within communities.

Evidence from Uganda reflects similar economic patterns, particularly among women in low-income and informal urban settings. Kisaakye et al. (2023) found that intimate partner violence significantly disrupts women's work and income-generating activities in Uganda, often reducing their ability to engage in paid labor and informal economic activities. Women exposed to IPV were more likely to miss work, perform poorly in income-generating roles, and experience reduced earnings due to physical injury, emotional distress, and partner control. In informal settlements such as those in Kampala, where many women depend on casual work, petty trade, or small-scale businesses for survival, such disruptions can have immediate and severe economic consequences. IPV therefore not only undermines women's financial independence but also reinforces poverty and dependency, making it more difficult for survivors to leave abusive relationships or rebuild stable livelihoods.

2.5 Physical Health Effects of Intimate Partner Violence

The physical health consequences of intimate partner violence are among the most visible and immediate effects, ranging from minor injuries to severe and life-threatening conditions. Women who experience IPV are at increased risk of sustaining injuries such as bruises, fractures, burns, and internal damage, as well as long-term health problems including chronic pain and disability (World Health Organization [WHO], 2021). These injuries may be immediate and visible, but repeated exposure to violence often results in prolonged physical suffering and reduced quality of life.

Beyond physical injuries, IPV is closely linked to adverse reproductive and sexual health outcomes. Women exposed to IPV are more likely to experience unintended pregnancies, sexually transmitted infections, and complications during pregnancy and childbirth (Sardinha et al., 2022).

Sexual violence within intimate relationships also increases women's vulnerability to HIV infection, particularly in Sub-Saharan Africa where women already face heightened sexual and reproductive health risks. Repeated abuse may further limit women's ability to negotiate safe sex or access timely medical care, thereby increasing the severity of health consequences.

In informal settlements, the physical impact of IPV is often worsened by delayed treatment seeking and limited access to healthcare services. Women may fail to seek care because of fear, financial constraints, stigma, or partner control, allowing injuries and health complications to worsen over time. Poor healthcare infrastructure in such settings further limits access to timely and adequate treatment, especially for women with chronic pain, reproductive complications, or untreated trauma-related conditions.

Evidence from Uganda shows similar patterns, particularly among women in vulnerable urban communities. Wamoyi et al. (2021) note that women experiencing violence in low-income urban settings often face significant physical and reproductive health burdens, including untreated injuries, chronic pain, and increased sexual health risks. Similarly, Kaye et al. (2016) found that women exposed to intimate partner violence in Uganda were more likely to report reproductive health complications, physical injury, and poor overall health outcomes compared to women not exposed to abuse. These findings suggest that in informal settlements such as Katanga, the physical health effects of IPV are often intensified by poverty, limited healthcare access, and delayed care-seeking, leaving many women to endure both immediate and long-term health consequences with minimal support.

2.6 Coping Mechanisms and Support Systems

Women experiencing intimate partner violence adopt a range of coping strategies depending on their personal circumstances, social environment, and access to available support systems. Common coping mechanisms include seeking help from family members, trusted friends, neighbors, and community leaders, while others may remain silent, endure abuse, or attempt to negotiate with their partners in order to maintain household stability. Some women seek temporary refuge with relatives or friends, while others turn to religious leaders or informal mediation within the community. However, the effectiveness of these coping strategies is often shaped by social norms, economic dependence, and the availability of practical support.

Formal support systems, including healthcare facilities, the Uganda Police Force, the Ministry of Gender, Labour and Social Development, and non-governmental organizations, play an important role in responding to IPV through medical care, legal support, counselling, and referrals. However, access to these services remains limited for many women, particularly in informal settlements where institutional support is often weak or difficult to access. Kwagala et al. (2022) note that although such services exist in Uganda, many women do not fully utilize them due to fear of stigma, limited awareness, financial constraints, and mistrust of formal institutions. In addition, legal processes may be slow, costly, and emotionally exhausting, which discourages many survivors from pursuing formal justice.

Informal support systems, especially family and community networks, are often the first and most accessible source of support for women experiencing IPV. These networks may provide emotional reassurance, temporary shelter, financial assistance, or mediation between partners. However, they can also reinforce silence and tolerance of abuse, particularly in settings where domestic violence is viewed as a private family matter. In many cases, women are encouraged to endure abuse for the sake of marriage, children, or family reputation, which limits meaningful intervention and prolongs exposure to violence.

Evidence from Uganda shows that women in low-income urban communities often rely more heavily on informal support systems than formal ones when responding to IPV. Kaye et al. (2016) found that many women in Uganda first disclosed abuse to relatives, neighbors, or close friends rather than reporting to police or formal service providers. This preference was largely influenced by fear of public shame, distrust in formal systems, and concern about financial consequences if a partner was arrested or removed from the household. In informal settlements such as Katanga, where women's daily survival is closely tied to community relationships and limited social support, coping responses are often shaped by immediate social realities rather than formal protection structures.

2.7 Gaps in Literature

Despite the growing body of research on intimate partner violence, several important gaps remain in the existing literature. Much of the available research has focused on the prevalence, determinants, and risk factors associated with IPV, with comparatively less attention given to women's lived experiences and the multidimensional effects of violence on their daily lives. While

quantitative studies have been useful in demonstrating the scale of IPV, they often provide limited insight into how women experience, interpret, and respond to violence within their social realities. This creates a gap in understanding the deeper psychological, social, economic, and physical consequences of IPV from the perspective of survivors themselves.

A further gap lies in the limited attention given to informal urban settlements, where the conditions shaping women's experiences of IPV differ significantly from those in rural or formal urban settings. Factors such as overcrowding, poverty, weak institutional presence, insecure livelihoods, and dependence on informal social networks create a distinct environment in which IPV may be experienced and managed differently. However, much of the literature continues to treat women's experiences of IPV as relatively uniform across settings, with limited context-specific analysis of urban informal communities.

In Uganda, most studies on IPV rely heavily on national survey data such as the Uganda Demographic and Health Survey, which provide important national estimates but do not adequately capture the unique vulnerabilities of women living in densely populated informal settlements such as Katanga. In addition, there is limited qualitative research exploring how women in such settings experience the effects of IPV, cope with abuse, and navigate available support systems. This limits the development of interventions that are responsive to the realities of women in marginalized urban communities. Therefore, this study seeks to address this gap by examining the effects of intimate partner violence on women in Katanga informal settlement, Kampala, with a specific focus on women's lived experiences, coping responses, and access to support within an informal urban context.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter outlines the methodological approach that will be used to examine the effects of IPV on women in Katanga informal settlement, Kampala. It describes the research design, study area, study population, sampling procedures, data collection methods, and instruments to be used in gathering data. In addition, the chapter explains the procedures for ensuring data quality, including validity and reliability, as well as the methods of data analysis appropriate for a qualitative study. Ethical considerations and potential limitations of the study are also discussed. Overall, this chapter provides a clear framework for how the study will be conducted to ensure that the findings are credible, trustworthy, and grounded in participants' lived experiences.

3.2 Research Design

This study adopted a qualitative case study design to examine the effects of IPV on women in Katanga informal settlement, Kampala. The design was appropriate because it allowed for an in-depth understanding of women's lived experiences within their real-life context, especially given the complex social and economic conditions in informal settlements. A qualitative approach was suitable for exploring sensitive issues like IPV, as it enabled participants to share their experiences and coping strategies in their own words. Katanga was selected as a single case due to its high vulnerability to IPV, characterized by poverty, overcrowding, and limited access to support services. This design allowed the study to generate detailed, context-specific insights that are useful for informing interventions and policy.

3.3 Target Population

The target population for this study consisted of women aged 18 years and above residing in the Kimwanyi zone of Katanga informal settlement in Kampala. The study specifically focused on women who had experienced or were at risk of experiencing intimate partner violence (IPV), as they were best positioned to provide in-depth insights into its effects and coping mechanisms.

3.4 Sample Size Determination

The study purposively selected participants with relevant experiences or knowledge of intimate partner violence within the Kimwanyi zone of Katanga. A total of 10 women were included in the study, together with 4 key informants such as community leaders, healthcare workers, or

representatives from local support organizations. The 10 women were selected to reflect variation in key characteristics such as age, marital status, education level, employment status, and income-generating activities, so as to capture diverse experiences of IPV among women in the community. This means that the researcher included women from different age groups, women who were married, cohabiting, separated, or formerly partnered, and women engaged in different livelihood activities such as casual work, small-scale trade, or unemployment. These differences were important because women's experiences of IPV, coping mechanisms, and access to support varied depending on their social and economic circumstances. The final sample size was guided by data saturation, where data collection stopped when no new themes or meaningful insights were emerging from the interviews (Saunders et al., 2018).

3.5 Sampling Technique

This study used purposive sampling to select participants from the Kimwanyi zone of Katanga informal settlement. Purposive sampling was appropriate for qualitative research because it allowed the researcher to deliberately select individuals who had relevant knowledge, experiences, or exposure to intimate partner violence (IPV), which was central to the study. The study specifically targeted women aged 18 years and above who had experienced or were knowledgeable about IPV, as they were best positioned to provide rich and detailed insights into its effects and coping mechanisms. In addition, a small number of key informants, such as community leaders, healthcare workers, and representatives from local support organizations, were selected to provide a broader contextual understanding of IPV within the community.

To complement purposive sampling, snowball sampling was also used, where initial participants helped identify other potential participants who met the study criteria. This approach was particularly useful when studying sensitive issues such as IPV, where participants were difficult to identify or reluctant to come forward. The combination of purposive and snowball sampling ensured that the study captured relevant and information-rich cases while also facilitating access to participants within a sensitive research context.

3.6 Data Collection Instruments

The instruments used for data collection included an in-depth interview guide for women participants and a key informant interview guide for key informants. These guides consisted of open-ended questions designed to elicit comprehensive and meaningful responses while allowing

flexibility to probe for further clarification where necessary. This approach was appropriate for a qualitative study as it facilitated the collection of rich, detailed data and ensured that the findings were grounded in participants' experiences and perspectives.

3.7 Validity and Reliability of the Data Collection Instruments

Validity and reliability were ensured through strategies that enhanced the credibility, dependability, and trustworthiness of the findings. To ensure credibility, the study used well-developed interview guides with clear and relevant questions aligned to the study objectives, and these were reviewed by a supervisor before data collection. In addition, probing and follow-up questions were used during interviews to obtain deeper and more accurate responses, while member checking was applied by clarifying responses with participants during the interview process to ensure correct interpretation of their views.

To ensure reliability or dependability, the researcher maintained consistency in the data collection process by using the same interview guides across participants and documenting procedures clearly. Interviews were conducted in a systematic manner, and detailed notes or recordings (with participants' consent) were kept to ensure accurate capture of information. Furthermore, maintaining an audit trail of decisions made during data collection and analysis enhanced transparency and allowed the study process to be followed and evaluated. These measures ensured that the findings were credible, consistent, and reflective of participants' lived experiences.

3.8 Data Management and Analysis

All interviews were audio-recorded (with consent) and supplemented with field notes. Recordings were transcribed verbatim, and where interviews were conducted in a local language, they were translated into English and cross-checked for accuracy. Transcripts and notes were de-identified (using codes instead of names) and stored securely in password-protected files, with access limited to the researcher.

Data were analyzed using thematic analysis. The process involved familiarization with the data through repeated reading, followed by open coding to identify meaningful units of text. Codes were then grouped into categories and further developed into themes that reflected the psychological, social, economic, and physical effects of intimate partner violence, as well as coping mechanisms and support systems. Analysis was iterative, allowing refinement of codes and

themes as new insights emerged, and continued until data saturation was confirmed. To enhance rigor, the researcher maintained a clear coding framework, used consistent procedures across transcripts, and included illustrative quotations from participants to support the identified themes.

3.9 Ethical Considerations

This study was conducted in accordance with accepted ethical principles for research involving human participants. Participation in the study was voluntary, and informed consent was obtained from all participants before data collection. Participants were informed about the purpose of the study, the nature of their involvement, and their right to withdraw from the study at any stage without penalty.

Confidentiality and privacy were maintained throughout the study by using participant codes during data collection, transcription, analysis, and reporting. All interview data, including audio recordings and transcripts, were securely stored and accessed only for purposes of the study. Given the sensitive nature of intimate partner violence, interviews were conducted in a private setting to ensure participants' comfort and safety. The study was conducted with sensitivity, respect, and dignity, and participants who required further assistance were referred to appropriate support services within the community or nearby health facilities.

3.10 Limitations of the Study

This study faced several limitations. First, the sensitive nature of intimate partner violence (IPV) led to potential underreporting or reluctance to share information, as participants feared stigma, judgment, or retaliation. Second, since the study adopted a qualitative case study design focusing on the Kimwanyi zone of Katanga, the findings were context-specific and not automatically generalizable to other settings. Third, there was potential for recall bias, as participants had difficulty accurately remembering past experiences. In addition, access to participants was occasionally limited due to the private nature of IPV and the need to ensure safe and confidential interview settings. Despite these limitations, appropriate measures such as building trust with participants, ensuring confidentiality, and using probing techniques during interviews were employed to enhance the credibility and depth of the data collected.

CHAPTER FOUR: RESULTS, FINDINGS AND ANALYSIS

4.1 Introduction

This chapter presents, analyses, and interprets the findings of the study on the effects of intimate partner violence on women in Katanga informal settlement, with specific focus on Kimwanyi Zone, Kampala. The findings are based on qualitative data collected through in-depth interviews with women survivors of intimate partner violence and key informant interviews with selected community and service providers knowledgeable about IPV in the study area. The chapter is organized according to the specific objectives of the study, covering the psychological, social, economic, and physical health effects of intimate partner violence, as well as the coping mechanisms and support systems available to women experiencing IPV. Direct quotations from participants are used where appropriate to support the emerging themes and reflect the lived experiences of the respondents.

4.2 Background Characteristics of Participants

The study involved two categories of participants: women survivors of intimate partner violence and key informants. The first category comprised ten women survivors of intimate partner violence, coded IWS-01 to IWS-10. These women were selected because they had lived experiences of intimate partner violence and were therefore able to provide first-hand information on how IPV affected their psychological wellbeing, social relationships, economic stability, physical health, and coping strategies. The women were aged between 19 and 45 years, showing that IPV affected both younger and older women in the study area. Most of the women were cohabiting, while one participant was separated but continued to experience harassment and control from her former partner due to co-parenting responsibilities. The participants also had varied family responsibilities, with some having no children while others had up to six children. Their occupations included charcoal selling, roadside tailoring, hairdressing apprenticeship, vegetable vending, food vending, brewing and selling local gin, domestic work, casual construction work, salon business, and second-hand clothes trading. This variation in age, marital status, number of children, and livelihood activities provided rich and diverse insights into the different ways intimate partner violence affects women in Katanga informal settlement.

The second category comprised four key informants who were selected because of their knowledge and experience in handling or observing intimate partner violence cases within Kimwanyi Zone and the surrounding Katanga community. These included a local council/community leader, a health worker or VHT/nurse/counsellor, an NGO/social worker, and a senior nursing officer/midwife. The key informants provided broader community, institutional, health, and service-provider perspectives on intimate partner violence. Their responses helped to explain community attitudes toward IPV, common forms and causes of violence, reporting patterns, available support systems, barriers to help-seeking, and gaps in the response mechanisms. Together, the women survivors and key informants provided both lived experiences and professional/community-level perspectives, which strengthened the credibility and depth of the study findings.

Table 1: Background Characteristics of Study Participants

Category of participant	Number	Description
Women survivors of IPV	10	Women aged 19–45 years with direct experiences of intimate partner violence
Key informants	4	Local/community leader, health worker, NGO/social worker, and senior nursing officer/midwife
Study area	1	Kimwanyi Zone, Katanga informal settlement
Data collection methods	2	In-depth interviews and key informant interviews

4.3 General Understanding and Forms of IPV in Katanga

Findings from the study revealed that intimate partner violence was widely understood by participants as a common but hidden problem in Kimwanyi Zone, Katanga. Both women survivors and key informants described IPV as an issue that occurs frequently within households but is often not openly discussed because it is treated as a private family matter. Several women explained that because houses in Katanga are closely built, neighbours often hear quarrels, women crying, children screaming, or doors being slammed, especially at night. However, by morning, many people behave as if nothing happened. This suggests that although IPV is known within the

community, silence, fear, shame, and normalization of violence prevent open discussion and reporting.

Participants further explained that IPV in Katanga takes different forms and does not only involve physical beating. The most commonly reported forms included physical violence, emotional or psychological abuse, economic abuse, controlling behaviour, sexual violence, neglect, and post-separation harassment. Physical violence was reported through acts such as slapping, pushing, grabbing, beating, throwing objects, and causing injuries. Emotional abuse appeared in the form of insults, humiliation, threats, accusations, comparison with other women, and constant criticism. Economic abuse was also common, especially where male partners controlled women's earnings, took business money, destroyed stock, refused to provide for household needs, or stopped women from working. Some women also experienced controlling behaviour, including monitoring their phones, restricting their movement, preventing them from interacting with friends or customers, and discouraging participation in savings groups or community activities.

The findings also showed that some forms of IPV were less visible but equally harmful. For instance, some women experienced violence through neglect, rejection, humiliation, and comparison after their partners entered relationships with other women. Others experienced post-separation harassment, where former partners continued to control, threaten, or intimidate them under the excuse of co-parenting. In addition, some women described IPV in relation to lost opportunities, such as being discouraged or stopped from continuing education or skills training. These findings show that IPV in Katanga is multidimensional and affects women beyond physical injury.

Several factors were identified as contributing to IPV in the community. Poverty, unemployment, financial stress, alcohol abuse, jealousy, mistrust, overcrowding, and unequal gender power relations were repeatedly mentioned. Women and key informants explained that many households struggle to meet basic needs such as food, rent, school fees, and medical care, and this creates tension within relationships. Alcohol abuse, especially the consumption of cheap local alcohol, was also described as a major trigger of violence. In addition, some participants noted that community norms still support male control over women, making some men believe they have the right to discipline, control, or make decisions for their partners. These factors interact with the

conditions of informal settlement life, including poverty, limited privacy, and weak support systems, to increase women's vulnerability to intimate partner violence.

Overall, the findings indicate that IPV in Katanga is a common but underreported problem that occurs in different forms. While physical violence was the most visible form, emotional, economic, sexual, and controlling behaviours were also strongly present in women's experiences. The normalization of IPV as a private family issue, combined with poverty, alcohol abuse, economic dependence, and fear of community judgment, makes it difficult for many women to report or seek help.

4.4 Psychological Effects of Intimate Partner Violence

The first objective of the study was to explore the psychological effects of intimate partner violence on women in Katanga informal settlement, Kampala. Findings revealed that IPV had serious emotional and mental effects on women, including fear, anxiety, stress, sadness, hopelessness, low self-esteem, loss of confidence, trauma, sleeplessness and constant worry. The accounts from women survivors showed that the psychological effects of IPV were not limited to the actual moments of violence, but continued even when the abusive partner was absent. Many women lived in a state of emotional insecurity, where they constantly monitored their partners' moods, movements and reactions in order to avoid triggering further violence. This was also supported by the field social worker, who observed that many women experiencing IPV in Kimwanyi lived with deep fear, emotional exhaustion and a sense of helplessness.

4.4.1 Fear and Anxiety

Fear and anxiety were among the most common psychological effects of intimate partner violence reported by women in Katanga. Several participants described living in constant fear of their partners' return home, especially when the partner had been drinking, was frustrated by unemployment, or had previously reacted violently. A 24-year-old charcoal seller who was cohabiting with her partner explained that she lived in fear almost every day, even when her partner was away. She stated, *"I live with fear almost every day. Even when he is away, I find myself listening for the sound of a motorcycle stopping outside. If I hear footsteps near the door, my heart starts beating very fast because I don't know what mood he will be in."*

This finding suggests that IPV made women feel unsafe even within their own homes. Instead of viewing home as a place of comfort, some women experienced it as a place of uncertainty and possible harm. A 32-year-old roadside tailor and mother of four also described how she had become used to studying her partner's mood before speaking. She explained, *"Every day I am trying to read his mood before I speak. I watch how he walks, how he opens the door, even the expression on his face. If I think he is angry, I stay quiet."* This shows that women experiencing IPV developed a constant state of emotional alertness, where they carefully controlled their speech and behaviour in order to avoid violence.

Fear and anxiety were not only reported by women still living with their partners. A 28-year-old separated food kiosk owner explained that she still became anxious whenever someone knocked on her door late in the evening because her former partner continued to appear unexpectedly under the excuse of co-parenting. She stated, *"Whenever someone knocks on my door late in the evening, my heart starts racing. I still have nightmares about the night I packed my clothes and left with my daughter."* This indicates that even after leaving an abusive relationship, women may continue to live with fear, especially where the former partner continues to control, intimidate or harass them.

The field social worker also confirmed that many women in Kimwanyi experience high levels of fear and hyper-vigilance. According to the key informant, some women become easily frightened by loud noises because such sounds remind them of violent incidents at home. This finding shows that fear and anxiety were not isolated emotional reactions, but part of a broader pattern of psychological distress among women experiencing IPV.

4.4.2 Stress, Sadness and Depression-like Feelings

The findings further showed that intimate partner violence caused emotional stress, sadness and depression-like feelings among women. Participants described crying privately, feeling emotionally tired, losing hope and feeling trapped in relationships. The 24-year-old charcoal seller reported that repeated violence made her feel hopeless about the future. She explained, *"There are days when I feel hopeless and wonder whether life will ever become peaceful."* This reflects the emotional exhaustion that comes from repeated exposure to violence, uncertainty and lack of safety within the relationship.

For some women, sadness was closely connected to loneliness and lack of someone to talk to. The 32-year-old roadside tailor explained that prayer was what kept her going because she often felt that there was nobody else to talk to. She stated, *"Prayer is what keeps me going. Whenever things become too much, I pray because sometimes it feels like there is nobody else to talk to."* This shows that women often carried emotional pain silently, especially where they feared shame, blame or retaliation if they disclosed their experiences to others.

Sadness and depression-like feelings were also evident among women who experienced emotional neglect, rejection and comparison. A 45-year-old vegetable vendor who had been cohabiting for 20 years described her emotional pain after her partner started another relationship. She stated, *"Sometimes I feel like I am grieving for a marriage that still exists but is no longer the same. After twenty years together, I never imagined I would feel like a stranger in my own marriage."* This finding shows that IPV can involve emotional abandonment and humiliation, which may be deeply painful even when physical violence is not frequent.

Similarly, a 30-year-old second-hand clothes trader who had been discouraged from continuing university education described the psychological pain of lost opportunities. She explained, *"The hardest part is grieving a future that almost happened. Sometimes I think about my former classmates who completed their degrees and wonder where I would be today if my studies had continued."* Her account shows that IPV can create long-term emotional distress when it blocks women's personal goals, education and future plans.

The field social worker also observed that some women experiencing IPV develop a sense of helplessness, where they begin to believe that change or escape is impossible. This supports the women's accounts and shows that IPV contributes to deep sadness, hopelessness and emotional exhaustion among women in Katanga.

4.4.3 Low Self-esteem and Loss of Confidence

Low self-esteem and loss of confidence also emerged strongly from the findings. Many women reported that repeated insults, humiliation, accusations and controlling behaviour made them begin to doubt themselves. Emotional abuse was especially damaging because it attacked women's sense of worth. The 24-year-old charcoal seller explained that her partner often insulted her and blamed her for poverty in the home. She stated, *"He tells me I am useless and that I have brought poverty*

into his life… Sometimes he tells me I am ugly and that no man would ever want me except him. Those words stay in my mind long after the argument has ended."

This finding shows that emotional violence can have lasting psychological effects even where physical injuries are not visible. Repeated verbal abuse made women question their value and internalize blame. The 32-year-old roadside tailor also reported that she had lost confidence in herself and had become afraid of making decisions. She explained, *"I have lost confidence in myself. Sometimes I feel as if I cannot make even simple decisions without fearing that they will lead to another fight."* This shows that IPV reduced women's ability to act independently and made them feel powerless within their relationships.

Younger women also experienced loss of confidence through control and jealousy. A 19-year-old hairdressing apprentice explained that because her partner constantly checked her phone, questioned her movements and accused her of wrongdoing, she had started questioning herself. She stated, *"I have started questioning myself all the time. Sometimes I ask myself whether I really did something wrong just by talking politely to another person."* This indicates that controlling behaviour can make women doubt normal social interactions and begin to regulate themselves according to the partner's expectations.

For women who were economically active, IPV also affected their confidence in their own achievements. A 26-year-old hair salon owner explained that her business success had become a source of conflict rather than pride. She stated, *"It has affected the way I feel about my own success. Something I worked so hard to build has become a source of conflict instead of happiness."* This shows that IPV can make women feel guilty or fearful about their progress, especially when their economic success threatens male authority within the relationship.

The field social worker's account supported these findings by explaining that IPV weakens women's sense of self and reduces their ability to make decisions. The key informant noted that some women become so emotionally broken that they begin to seek permission even for basic decisions. This suggests that IPV undermines women's self-worth, confidence and personal agency.

4.4.4 Trauma and Sleeplessness

The study also found that intimate partner violence caused trauma, sleeplessness and constant worry among women. Several participants reported poor sleep because they feared future violence or kept thinking about previous incidents. The 24-year-old charcoal seller stated, *"Sometimes I cannot sleep properly at night because I keep thinking about what might happen when he comes home."* This shows that the effects of IPV continued even during periods when violence was not actively occurring.

The 32-year-old roadside tailor similarly reported that she rarely slept properly and that even hearing footsteps outside made her anxious. She explained, *"At night I rarely sleep properly. Even when I hear footsteps outside, my heart starts beating fast because I don't know what mood he will be in when he enters."* This reflects trauma and hyper-vigilance, where women remained alert to possible danger even in ordinary situations. Such constant alertness can affect rest, emotional stability and overall wellbeing.

Trauma was also evident among women who had left or separated from abusive partners. The 28-year-old separated food kiosk owner explained that she still had nightmares about the night she left with her daughter. She stated, *"I still have nightmares about the night I packed my clothes and left with my daughter."* Although she had separated from the partner, the memories of violence continued to affect her. This shows that IPV can leave lasting psychological wounds that remain even after the woman physically leaves the abusive relationship.

The field social worker also described trauma among IPV survivors as profound, noting that some women in Katanga experience fear, hyper-vigilance and emotional shutdown after repeated abuse. This community-level observation supports the women's accounts and confirms that IPV has lasting mental health consequences.

4.5 Social Effects of Intimate Partner Violence

The second objective of the study was to examine the social effects of intimate partner violence on women in Katanga informal settlement, Kampala. Findings revealed that IPV affected women's social lives by causing isolation, withdrawal from neighbours and friends, shame, stigma, reduced community participation, strained family relationships, and loss of informal support networks. The women's experiences showed that IPV did not only affect them inside the household, but also

shaped how they interacted with neighbours, relatives, friends, savings groups, religious groups and the wider community. In many cases, women withdrew socially either because they feared gossip and judgment or because their partners restricted their movements and interactions. Key informants also confirmed that IPV often isolates women from the very social networks that could support them during times of distress.

4.5.1 Social Isolation and Withdrawal

Social isolation was one of the most common social effects reported by women experiencing IPV. Several participants explained that they had reduced contact with neighbours, friends and relatives because of shame, visible injuries, partner restrictions, or fear of being questioned. A 24-year-old charcoal seller explained that she used to interact freely with other women in the community but later withdrew because of the violence. She stated, *"I used to chat with other women when we collected water or waited at the communal tap, but now I avoid those places if I have visible bruises because I don't want people asking questions."*

This finding shows that IPV made women hide from public spaces where they previously interacted with others. The fear of being questioned about injuries or household problems pushed women into silence and isolation. The same participant further explained that her partner discouraged her from spending time with neighbours, claiming that women in the area gossiped too much. As a result, she gradually stopped visiting people and they also stopped visiting her. She added, *"Sometimes I spend the whole day speaking only to my child."* This reflects how IPV can cut women off from ordinary social interaction and leave them emotionally alone.

A 32-year-old roadside tailor also reported withdrawing from social spaces that had previously supported her. Before the violence worsened, she used to attend a women's savings group every Wednesday. However, her partner accused her of discussing family problems and embarrassing him in the community. She explained, *"After that, every Wednesday became another argument, so I stopped going. These days I hardly visit anyone. I greet neighbours quickly and return inside because I don't want more conflict."* This shows that IPV affected women's participation in informal groups that could have provided emotional support, financial advice and social connection.

4.5.2 Stigma, Gossip and Shame

Stigma and fear of gossip also emerged as major social effects of IPV. Many women avoided seeking help or interacting with others because they feared that their situation would become known in the community. Katanga was described as a closely connected settlement where people often hear or observe household conflicts, but public discussion of such matters can lead to gossip and judgment. A 45-year-old vegetable vendor whose partner had started another relationship explained how community gossip affected her social life. She stated, *"Some women gossip about my situation, especially when my partner comes to buy vegetables with the younger partner. Others sympathize with me, but I still feel embarrassed."*

This indicates that women experiencing IPV may feel exposed and humiliated when their private struggles become public knowledge. The fear of gossip made some women reduce their participation in community events. The same vegetable vendor explained, *"I have stopped attending some weddings, family gatherings, and funerals where I know both wives might be present because I don't want people watching us or discussing our family."* This shows that IPV can shrink women's social worlds and make them avoid important cultural and family gatherings.

A 28-year-old separated food kiosk owner also described how post-separation harassment affected her standing in the community. Because her former partner continued to visit her home and kiosk, some neighbours assumed they were getting back together and began asking questions or spreading rumours. She explained, *"People start asking questions or spreading rumors, and that makes me uncomfortable because I have worked very hard to rebuild my life."* This finding shows that even after separation, women may continue to face social discomfort and community misunderstanding when former partners remain controlling or intrusive.

4.5.3 Strained Family and Community Relationships

The findings further revealed that IPV strained women's relationships with family members, neighbours, children, and other community members. Some women reported losing friends because their partners controlled who they could talk to, while others withdrew from relatives because they felt ashamed or feared being blamed. A 19-year-old hairdressing apprentice explained that her partner's jealousy had affected her friendships and family connections. She stated, *"I have almost lost all my friends. Before I moved in with him, I used to spend time with*

girls from my neighborhood, but now he says they will encourage me to leave him or become 'disrespectful.'"

Her experience shows how controlling behaviour can isolate women from peer networks. She also explained that even when her aunt invited her, she had to explain where she was going, who would be there and how long she would stay. This reflects the loss of social freedom and the weakening of family support.

For some women, IPV also affected relationships within the household, especially where children witnessed violence or became emotionally involved. A 32-year-old tailor narrated how her child tried to protect her during a violent incident. She explained that when her partner pushed her and caused her lip to bleed, the children woke up crying, and her seven-year-old son tried to hold his father's arm and begged him to stop. She reflected that seeing her child trying to protect her hurt more than the injury itself. This shows that IPV disrupted not only the relationship between partners but also the emotional security of children within the family.

A 36-year-old brewer and seller of local gin also reported strained relations in a blended family. She explained that her partner sometimes told his children that she did not like sharing money, which made them see her as selfish. This created distance between her and the children. Her experience shows that IPV can create tension not only between intimate partners but also among children and stepfamily members, weakening family unity.

4.5.4 Reduced Participation in Community Life

Reduced participation in community activities was another major social effect of IPV. Women reported withdrawing from savings groups, religious fellowships, social gatherings, markets, family events and friendships. In some cases, this withdrawal was caused by shame or fear of gossip, while in others it resulted from direct restrictions by partners. A 40-year-old casual construction labourer who had no children explained that she avoided social gatherings because people repeatedly questioned her about childlessness. She stated, *"I avoid baby showers, naming ceremonies, and sometimes even family celebrations because people always ask the same questions or give advice I never asked for."* This shows that IPV and related social pressures pushed women away from community life and increased loneliness.

A 30-year-old second-hand clothes trader also described how IPV affected her relationship with former university friends. After being discouraged from continuing university education, she gradually withdrew from old friends who had completed their studies and moved on professionally. She stated, *"I rarely communicate with my old university friends anymore… I just feel embarrassed explaining why I never finished."* This finding shows that IPV can affect women's identity and social belonging by disconnecting them from previous networks and aspirations.

Key informants supported these findings by explaining that IPV reduces women's social participation and weakens their support systems. The field social worker observed that abusive partners often monitor who women talk to at water points, markets or savings groups, thereby cutting them off from people who could support them. The key informant further noted that some women stop attending savings groups or church functions because they cannot hide physical marks or because they are emotionally exhausted from conflict at home. This confirms that IPV limits women's ability to participate freely in social and community life.

Overall, the findings show that intimate partner violence had serious social effects on women in Katanga. It caused isolation, shame, withdrawal from friends and neighbours, reduced participation in savings groups and community gatherings, strained family relationships, and fear of community judgment. These social effects weakened women's support networks and made it more difficult for them to seek help. The findings therefore suggest that IPV does not only harm women privately within relationships, but also disconnects them from the social relationships and community structures that could support their safety and wellbeing.

Overall, the findings show that the psychological effects of intimate partner violence among women in Katanga were severe and interconnected. IPV caused fear, anxiety, sadness, hopelessness, low self-esteem, loss of confidence, trauma, sleeplessness and constant worry. These effects reduced women's emotional stability, weakened their ability to make independent decisions and limited their confidence to seek help or participate freely in everyday life. The findings therefore indicate that IPV is not only a physical or social problem, but also a serious mental and emotional health concern for women living in informal settlements.

4.6 Economic Effects of Intimate Partner Violence

The third objective of the study was to analyse the economic effects of intimate partner violence on women in Katanga informal settlement, Kampala. Findings revealed that IPV affected women's economic wellbeing in several ways, including loss of income, interruption of work, destruction of business property, financial control by partners, increased household responsibility, dependence on abusive partners, and loss of education or skill-development opportunities. Across the interviews, nearly all women linked IPV to their ability to earn, save, provide for children, or improve their livelihoods. The key informants also confirmed that IPV weakens women's economic independence and keeps many women trapped in abusive relationships because they fear failing to meet rent, food, school fees and medical costs without their partners' support.

4.6.1 Loss of Income and Missed Work

One of the major economic effects of IPV was loss of income. Several women explained that violence affected their ability to work consistently because they were either physically injured, emotionally distressed, afraid to leave home, or prevented by their partners from working freely. In Katanga, where many women survive on daily income, missing even one day of work directly affected food, rent and children's needs.

A 32-year-old roadside tailor and mother of four explained that physical violence directly affected her tailoring work because sewing required her to sit for long hours. After being beaten, she often experienced body pain, which affected her ability to meet customer deadlines. She stated, *"Violence affects my work directly. After he beats me, my body hurts so much that I cannot sit for long at the sewing machine. Customers expect their clothes on time, and when I delay, they take their business elsewhere."* This shows that IPV reduced her productivity and also affected her relationship with customers, making her lose business.

A 22-year-old domestic worker also reported that violence affected her ability to go to work. Since her income depended on daily attendance and trust from her employer, missing work placed her job and salary at risk. She explained that after being pushed against a wall, she missed work because of pain and fear, which led to loss of income. Similarly, a 40-year-old casual construction labourer reported that after being slapped or emotionally affected by abuse, she sometimes failed to report for construction work, yet casual labour only pays when one is physically present and able to work.

These experiences show that IPV reduced women's economic productivity by affecting their physical strength, emotional concentration and consistency at work. In an informal settlement context where income is already unstable, such interruptions deepened economic hardship.

4.6.2 Destruction of Business Property and Stock

The findings also showed that some women suffered direct economic losses when partners destroyed their business property, stock or work materials. This was particularly harmful because most participants were involved in small-scale livelihood activities that depended on limited capital.

A 24-year-old charcoal seller explained that her partner sometimes stopped her from selling charcoal because he was jealous of her interaction with customers. On one occasion, he destroyed her charcoal stock during an argument. She narrated, *"Once he kicked over my charcoal stove and scattered the charcoal everywhere. I lost almost everything I had bought that week. Since the business is our only reliable source of food on some days, losing it meant there was no money to buy food for my child."* This shows how IPV directly destroyed her small business capital and immediately affected household food security.

A 36-year-old woman who brewed and sold local gin also reported that her partner destroyed part of her business during conflict. Her business was the main source of school fees and household survival, but her partner resented her control over the income. She explained that when he kicked and damaged her brewing drum, she lost ingredients, customers and expected earnings. This demonstrates how economic abuse can take the form of sabotaging women's livelihood activities, especially where men feel threatened by women's income.

The field social worker also confirmed that destruction of women's stock was common in IPV cases in Katanga. The key informant observed that when a woman's stock is destroyed, she loses not only the items but also the capital needed to restart the business. This makes IPV a direct cause of poverty because it weakens women's ability to rebuild their livelihoods after each violent incident.

4.6.3 Financial Control and Taking Women's Earnings

Another major economic effect of IPV was financial control. Several participants explained that their partners controlled, took or misused their earnings. This reduced women's ability to save, invest in business, buy food, pay school requirements, or meet personal needs.

The 32-year-old roadside tailor reported that her partner sometimes took money from the tin where she kept her sewing earnings. She stated, *"Sometimes he also takes money from the small tin where I keep my sewing earnings. He says all money in the house belongs to him because he is the partner. After he takes it, I have nothing left to buy food, pay school requirements, or even rent the sewing machine the next day."* This quote shows how financial control undermined her independence and disrupted her ability to continue working.

A 26-year-old hair salon owner also described how her partner demanded money from her business because he felt threatened by her income. Instead of allowing her to reinvest in the salon, he pressured her to give him money to avoid conflict. She explained, *"Sometimes I give him money just to avoid arguments, but afterward I remain with little to buy products for the salon."* This affected business growth because she could not save for equipment, mirrors, a dryer or further training.

A 36-year-old local gin seller also reported hiding some money separately because her partner wanted control over her business income. She feared that if he accessed all the money, the children's needs and business survival would be affected. These findings show that financial control was not only about taking money but also about limiting women's power to make decisions over their own earnings.

4.6.4 Increased Household Burden and Failure to Provide for Children

The findings further revealed that IPV increased women's household responsibilities, especially where male partners neglected financial duties, divided income between multiple households, or used money irresponsibly. In such situations, women carried the burden of feeding children, paying school fees, rent, medical bills and other household needs.

A 45-year-old vegetable vendor explained that after her partner started another relationship, his financial support reduced because his income was divided between two households. She stated, *"Before, my partner contributed regularly toward food, rent, and school fees. Now his income is*

divided between two homes, so there are many excuses whenever I ask for money. My vegetable business has become the main source of survival for this household." This shows that economic neglect pushed her into carrying responsibilities that had previously been shared.

The same participant further explained that she sometimes had to choose between buying vegetables to keep her business running and paying school requirements for her children. This illustrates how IPV-related neglect created difficult economic choices for women. Instead of business income being used for growth, it was consumed by urgent household needs.

A 28-year-old separated food kiosk owner also reported inconsistent child support from her former partner. Although he continued to claim authority over the child, he did not consistently contribute to the child's needs. She explained that when he came to her kiosk and caused conflict, customers became uncomfortable and left. This affected her sales and made it harder to provide for her daughter.

The NGO/field social worker also observed that IPV affects children economically because when women's businesses collapse or income becomes unstable, children may miss school or lack basic needs. Therefore, the economic effects of IPV extended beyond the women themselves and affected the welfare of children.

4.6.5 Economic Dependence and Difficulty Leaving Abusive Relationships

Economic dependence emerged as one of the main reasons women remained in abusive relationships. Some women explained that even when they wanted to leave or report violence, they feared failing to survive without their partners' contribution to rent, food, transport, medical care or children's needs.

A 19-year-old hairdressing apprentice explained that because she was still training and not earning, she depended on her partner for transport, food and baby care. She stated, *"Since I don't earn an income yet, I depend completely on him for transport, food, and the baby's needs. Whenever we argue, he sometimes refuses to give me transport money to reach the salon. I end up missing training for several days, which slows my learning."* This shows that dependence exposed young women to further control and limited their ability to complete skills training.

A 24-year-old charcoal seller also explained that she had never reported her partner partly because of financial fears. She worried that if he was arrested, there would be no one to help with rent, even though he was also violent. This reflects the difficult position of women who rely partly on abusive partners for survival. The fear of deeper poverty made some women remain silent.

Key informants confirmed that economic dependence was a major barrier to leaving violent relationships. A community leader noted that some women tolerate violence because they fear failing to feed children or pay rent alone. Similarly, the field social worker explained that IPV creates a cycle of dependency where women remain with abusive partners because those partners are sometimes the only source of survival money, even when that support comes with violence and control.

4.6.6 Lost Education, Training and Future Opportunities

The economic effects of IPV were also seen in lost education, delayed skills development and reduced future opportunities. Some participants explained that partners controlled their movement, discouraged education, or withheld transport money, making it difficult for them to improve their skills or income prospects.

The 19-year-old hairdressing apprentice reported that when her partner refused to give her transport money after arguments, she missed salon training. She feared that if she failed to complete the apprenticeship, she would remain dependent on him. This shows how IPV affected not only current income but also future earning potential.

A 30-year-old second-hand clothes trader gave another example of lost opportunity. She explained that her partner discouraged her from continuing university education because he felt threatened by her education. She stated, *"The hardest part is grieving a future that almost happened. Sometimes I think about my former classmates who completed their degrees and wonder where I would be today if my studies had continued."* Although this quote reflects psychological pain, it also shows an economic effect because failure to complete university limited her chances of getting more stable employment.

For this participant, IPV contributed to long-term economic insecurity because she remained in unstable informal trading instead of progressing into the professional opportunities she had hoped

for. This finding shows that IPV can affect women's economic futures by blocking education, training and career advancement.

4.6.7 Business Stagnation and Reduced Economic Growth

The study also found that IPV limited women's ability to grow their businesses. Some women continued working, but violence prevented them from saving, reinvesting or expanding. Money that could have been used for business growth was instead lost through destroyed stock, stolen earnings, medical costs, missed work or conflict management.

A 26-year-old salon owner explained that her business had failed to grow because conflict with her partner affected her ability to reinvest. She wanted to buy salon equipment and improve the business, but her partner's demands and jealousy limited her progress. She stated, *"Something I worked so hard to build has become a source of conflict instead of happiness."* This shows that IPV turned women's economic progress into a source of tension.

A 45-year-old vegetable vendor also experienced business stagnation because profits from her stall had to cover household needs that her partner no longer supported consistently. Similarly, the charcoal seller lost business capital when her charcoal was scattered, while the tailor lost income when her partner took her sewing money. These examples show that IPV weakened women's ability to move beyond daily survival.

The senior nursing officer/midwife also noted that economic abuse sometimes appeared through women's inability to afford even small medical costs because partners had taken or controlled their earnings. This shows that economic abuse affected both livelihood and access to health care.

Overall, the findings show that intimate partner violence had serious and wide-ranging economic effects on women in Katanga. It caused loss of income, missed work, destruction of business stock, financial control, increased household burden, business stagnation, economic dependence and lost education or training opportunities. These effects were reported across different categories of women, including petty traders, tailors, apprentices, vendors, domestic workers, casual labourers, salon owners and separated mothers. The findings further show that IPV and poverty reinforce each other: violence reduces women's ability to earn and save, while lack of economic independence makes it harder for women to leave or seek help. Therefore, IPV should be

understood not only as a private relationship problem, but also as a factor that weakens women's livelihoods, children's welfare and household economic stability in informal settlements.

4.7 Physical Health Effects of Intimate Partner Violence

The fourth objective of the study was to analyse the physical health effects of intimate partner violence on women in Katanga informal settlement, Kampala. Findings revealed that IPV had both immediate and long-term physical health effects on women. These included bruises, burns, swelling, cuts, body pain, back pain, shoulder pain, wrist injuries, headaches, dizziness, fatigue, reproductive health concerns, and untreated injuries. The interviews also showed that many women did not seek formal medical care after violence because of fear, shame, lack of money, lack of time, or the belief that the injuries were not serious enough to report. Instead, several women relied on home remedies, painkillers, ointments, drug shops, or simply waited for the pain to reduce. Key informants also confirmed that women experiencing IPV often present with physical injuries and stress-related health complaints, but many delay reporting or avoid disclosing the real cause of their injuries.

4.7.1 Physical Injuries and Body Pain

Physical injuries were among the most visible health effects of intimate partner violence reported by women. The injuries included bruises, burns, swelling, scars, wrist pain, back pain, shoulder pain and other forms of body pain caused by slapping, pushing, grabbing, falling, or being hit with objects. A 24-year-old charcoal seller explained that one violent incident left her with a burn on her hand after her partner pushed her near a charcoal stove. She stated, *"One time he pushed me and I fell near the charcoal stove. My hand got burnt as I tried to support myself. I treated it at home with herbs and cooking oil because I feared going to the clinic and explaining what had happened."*

This finding shows that IPV directly caused bodily harm and also placed women at risk of further health complications when injuries were not properly treated. The same participant's experience also shows how fear and shame discouraged women from seeking professional care, even when the injury was serious enough to leave a scar.

A 32-year-old roadside tailor and mother of four also reported physical injuries after being attacked by her partner. She explained that during one incident, her partner threw a wooden stool, which

left a scar above her eyebrow. She also reported back and shoulder pain after repeated physical violence. She stated, *"I still have a small scar above my eyebrow from the stool he threw. Sometimes my back and shoulder pain come back, especially when I sit for long hours sewing."* This shows that IPV affected not only women's immediate physical wellbeing but also their ability to continue with livelihood activities that required physical strength and concentration.

A 19-year-old hairdressing apprentice also reported bruising after her partner grabbed her arm during an argument. She explained that she wore long sleeves to hide the marks because she did not want people at the salon to ask questions. This shows that physical injuries were often accompanied by shame and secrecy, leading women to hide evidence of violence rather than seek help.

4.7.2 Untreated Injuries and Delayed Care-Seeking

The findings further revealed that many women delayed or avoided seeking medical treatment after experiencing violence. Some treated injuries at home, while others bought painkillers or ointments from drug shops. This was mainly due to lack of money, fear of questions from health workers, fear of retaliation from the partner, or shame about disclosing domestic violence.

A 28-year-old separated food kiosk owner reported that her former partner once grabbed her wrist during a confrontation, leaving it swollen. Instead of going to a health facility, she used ointment at home. She stated, *"My wrist became swollen after he grabbed me, but I just used ointment at home. I did not want to go somewhere and start explaining what had happened."* Her experience shows that even after separation, women continued to suffer physical harm from former partners, yet still avoided formal care because of shame and fear of public exposure.

A 36-year-old woman who brewed and sold local gin also reported an ankle injury after her partner pushed her while she was trying to protect her brewing equipment. She explained that the ankle remained painful for about two weeks, but she treated it at home because she had to continue working and looking after the children. This shows that women often prioritized survival and household responsibilities over seeking medical attention.

A 40-year-old casual construction labourer also reported experiencing ear ringing and headaches after being slapped. However, she did not go to hospital because she lacked transport and could not afford to miss work. She stated, *"After he slapped me, my ear kept ringing and I had*

headaches, but I just bought painkillers because going to the hospital would mean losing a day's work." This finding shows how poverty and daily survival pressures contributed to delayed care-seeking among women experiencing IPV.

Key informants supported these findings. The senior nursing officer/midwife observed that many women first treat injuries at home or visit drug shops before coming to health facilities. She noted that some women only seek medical care when the pain becomes severe or when injuries begin to interfere with work. This suggests that many IPV-related injuries remain hidden within the community and are not properly documented by formal health systems.

4.7.3 Stress-Related Physical Health Problems

Beyond visible injuries, the study also found that IPV caused stress-related physical health problems. Several women described headaches, dizziness, fatigue, loss of appetite, sleeplessness, body weakness and general exhaustion. These symptoms were often linked to constant worry, emotional distress, poor sleep and fear of further violence.

A 45-year-old vegetable vendor who had experienced emotional neglect and humiliation from her partner reported that the stress had affected her body. She explained that she often experienced headaches, dizziness and a fast heartbeat whenever conflict intensified. She stated, *"These days I get headaches and sometimes I feel dizzy when I think too much. There are times my heart beats very fast, especially after arguments."* This shows that even where IPV was not always physical, emotional abuse and neglect could still affect women's physical health.

The same participant also reported fatigue and loss of appetite, especially when she worried about her children, household needs and her partner's divided attention. Her experience demonstrates how emotional and economic abuse can translate into physical health problems through prolonged stress.

A 30-year-old second-hand clothes trader also reported body pain after being pushed and bruised by her partner during conflict over her education. Although the injury healed, she continued to experience emotional stress whenever she thought about the opportunity she had lost. This suggests that the physical and psychological effects of IPV often occur together and reinforce each other.

The health-related key informants also confirmed that women experiencing IPV may present with headaches, body pains, stomach pain, chest pain, sleep problems and other stress-related complaints. The senior nursing officer/midwife explained that some women come to the health facility complaining of general body weakness or repeated headaches, yet the underlying cause may be violence or emotional distress at home. This finding shows that IPV has hidden physical health effects that may not always appear as direct injuries.

4.7.4 Reproductive and Sexual Health Concerns

Reproductive and sexual health concerns were also identified as important physical health effects of IPV, especially from the key informant interviews. While many women survivors spoke more openly about physical, emotional and economic abuse, key informants explained that sexual violence and reproductive control were often underreported because many women considered sexual matters within relationships or cohabitation difficult to discuss.

The senior nursing officer/midwife explained that some women experiencing IPV face reproductive health risks such as forced sex, inability to negotiate condom use, unwanted pregnancies, sexually transmitted infections, pelvic pain and delayed treatment. She noted that some women fear suggesting condom use or family planning because their partners may accuse them of infidelity. This shows that IPV affects women's control over their own bodies and reproductive choices.

The health worker/VHT also reported that some women experiencing IPV come with reproductive health complaints but do not immediately disclose violence. According to the key informant, forced sex, fear of refusing sex, and inability to negotiate safer sex may expose women to unwanted pregnancies and sexually transmitted infections. This finding indicates that IPV affects women's sexual and reproductive health, even when such experiences remain hidden due to shame and fear.

The field social worker also noted that sexual violence is one of the least reported forms of IPV in the community because some women believe that sex within marriage or cohabitation cannot be reported as abuse. This suggests that social norms around intimate relationships make it difficult for women to recognize or disclose sexual violence, thereby increasing their health risks.

4.7.5 Long-Term Pain, Scars and Reduced Physical Functioning

The findings also showed that some women experienced longer-term physical effects from IPV, including scars, recurring pain and reduced ability to perform daily activities. These effects were particularly harmful because many women depended on their bodies for survival through informal work such as vending, tailoring, domestic work, construction labour, salon work and food preparation.

A 32-year-old roadside tailor reported that her back and shoulder pain affected her ability to sit at the sewing machine for long hours. This directly affected her productivity and income. A 22-year-old domestic worker also experienced shoulder and back pain after being pushed against a wall. Since domestic work requires physical strength, the injury affected her ability to perform household tasks at her workplace. She explained that even when she was in pain, she still had to work because she needed the salary to support her child.

A 40-year-old casual construction labourer also explained that physical injuries were especially difficult for her because construction work requires strength and body movement. When she experienced headaches, ear ringing or body pain after violence, it became difficult to lift materials or continue working. This shows that IPV reduced women's physical functioning and threatened their livelihoods.

A 26-year-old hair salon owner also reported shoulder pain and bruising after being grabbed and shaken by her partner. Although the injury was not treated at hospital, it affected her comfort at work and forced her to hide the bruises from customers. This shows that physical injuries from IPV affected both women's health and their public presentation in business spaces.

4.7.6 Fear, Shame and Barriers to Medical Care

The study further found that fear and shame were major barriers to seeking medical care after IPV-related injuries. Women feared that health workers, neighbours or relatives would ask questions. Others feared that their partners would become more violent if they discovered that the women had reported or disclosed the abuse.

The 24-year-old charcoal seller explained that she treated her burn at home because she feared explaining the injury at the clinic. The 28-year-old separated food kiosk owner also avoided seeking care for her swollen wrist because she did not want to explain that her former partner had

caused the injury. Similarly, the 40-year-old casual labourer used painkillers rather than going to hospital because of transport costs and fear of losing work time.

Key informants confirmed that many women delay seeking medical help because of stigma, cost, fear of partner retaliation and lack of knowledge about available support services. The senior nursing officer/midwife also noted that some women avoid formal medical care because they do not want injuries to be documented or reported. This shows that IPV-related health effects are worsened by barriers to timely and appropriate care.

4.7.7 Physical Health Effects on Daily Life and Household Responsibilities

The physical effects of IPV also affected women's daily responsibilities. Many participants were responsible for childcare, cooking, work, rent, food and other household needs. When they were injured or physically weak, these responsibilities became harder to manage. For example, the 24-year-old charcoal seller had to continue caring for her young child even after being burnt. The 32-year-old tailor had to continue sewing and caring for four children despite pain. The 36-year-old local gin seller continued brewing and managing the household even after injuring her ankle.

This shows that women experiencing IPV often continued with daily responsibilities despite pain and injury. Their physical suffering was therefore not only a health issue but also a household survival issue. Injuries reduced their ability to work, care for children, prepare food, attend to customers, and participate in community life.

Key informants also observed that children are indirectly affected when mothers are physically injured or emotionally distressed. The field social worker noted that when women are unable to work due to injuries, children may lack food, school requirements or proper care. The senior nursing officer/midwife similarly explained that IPV-related injuries can affect women's capacity to breastfeed, attend antenatal care, seek treatment or maintain household hygiene. This indicates that the physical health effects of IPV extend beyond individual women and affect family wellbeing.

Overall, the findings show that intimate partner violence had serious physical health effects on women in Katanga. These included bruises, burns, swelling, scars, back pain, shoulder pain, wrist injuries, headaches, dizziness, fatigue, reproductive health risks and untreated injuries. The findings also show that many women delayed or avoided medical care because of fear, shame,

cost, lack of time and fear of retaliation. Physical injuries affected women's ability to work, care for children and manage household responsibilities. Therefore, IPV should be understood not only as a cause of visible injury, but also as a broader health problem that affects women's physical functioning, reproductive health, daily survival and access to timely medical care.

4.8 Coping Mechanisms Used by Women Experiencing IPV

This section addresses part of the fifth objective of the study, which sought to examine the coping mechanisms used by women experiencing intimate partner violence in Katanga informal settlement, Kampala. Findings revealed that women used different coping strategies to survive violence and reduce immediate harm. These included silence and endurance, avoiding arguments, adjusting their behaviour, prayer and faith, secret savings, continuing to work despite pain, and seeking support from children, relatives, neighbours, friends and trusted community members. However, although these coping mechanisms helped women manage daily survival, they did not always stop the violence or address the deeper causes of IPV. The findings show that most women coped within conditions of fear, poverty, stigma and limited formal support.

4.8.1 Silence and Endurance

Silence and endurance emerged as one of the most common coping mechanisms used by women experiencing IPV. Many women reported that they kept quiet during arguments because responding to their partners could worsen the violence. Silence was therefore used as a protective strategy, especially when the partner was drunk, angry, jealous or already violent. A 32-year-old roadside tailor and mother of four explained that she had learnt to study her partner's mood before speaking. She stated, *"Every day I am trying to read his mood before I speak. I watch how he walks, how he opens the door, even the expression on his face. If I think he is angry, I stay quiet."*

This shows that silence was not necessarily acceptance of violence, but a way of reducing immediate danger. Women used silence to avoid escalation, especially in small crowded homes where children and neighbours could hear conflicts. A 24-year-old charcoal seller also explained that when her partner became aggressive, she often kept quiet and focused on protecting her child

rather than arguing back. Her experience shows that women sometimes endured abuse because they feared that open resistance would increase the violence.

Key informants also confirmed that many women in Kimwanyi cope by remaining silent or enduring violence. The community leader noted that some women avoid reporting because they fear retaliation, losing household support, or being blamed by relatives and neighbours. The field social worker similarly observed that silence is common because IPV is often treated as a private family matter. This means that endurance becomes a survival strategy, although it may also allow violence to continue hidden within the household.

4.8.2 Avoidance and Behaviour Adjustment

Another common coping mechanism was avoidance and behaviour adjustment. Women reported changing their behaviour, routines, communication patterns and social interactions in order to avoid conflict with their partners. These adjustments included avoiding arguments, deleting phone messages, hiding information, reducing visits to friends, staying longer at work to calm down, avoiding social gatherings, and carefully managing what they said at home.

A 19-year-old hairdressing apprentice explained that because her partner monitored her phone and questioned her movements, she had started deleting messages and controlling how she communicated with others. She explained, *"I delete messages, even innocent ones, because I fear he will misunderstand them. Sometimes I avoid picking calls when he is around because I know he will start asking questions."* This shows that young women experiencing controlling behaviour may adjust even normal communication in order to avoid accusations and violence.

A 28-year-old separated food kiosk owner also used avoidance as a safety strategy when dealing with her former partner. Since he continued to visit her under the excuse of co-parenting, she avoided meeting him alone and preferred having a trusted neighbour nearby when he came to see the child. She stated, *"I try not to meet him alone. When he says he is coming to see the child, I make sure a neighbour is nearby because I do not trust his mood."* This shows that avoidance was also used after separation, especially where former partners continued to intimidate or control women.

Other women adjusted their social lives to avoid conflict. A 32-year-old tailor stopped attending a women's savings group because her partner accused her of discussing family problems with other

women. A 45-year-old vegetable vendor avoided family gatherings where her partner and the other woman might be present because she did not want public humiliation or gossip. These examples show that women adjusted their movements and relationships as a way of coping, although such adjustments often increased isolation.

4.8.3 Prayer and Faith

Prayer and faith were also important coping mechanisms among women experiencing IPV. Several women reported that they turned to prayer when they felt emotionally overwhelmed, lonely or hopeless. Prayer gave them comfort, patience and strength to continue caring for their children and managing daily responsibilities. A 32-year-old roadside tailor explained, *"Prayer is what keeps me going. Whenever things become too much, I pray because sometimes it feels like there is nobody else to talk to."*

This quote shows that prayer was used not only as a religious practice but also as emotional support where women lacked safe people to talk to. For some women, faith provided hope that their situation would improve. A 45-year-old vegetable vendor also reported that she sometimes spoke to and prayed with a women's fellowship leader, which helped her emotionally even though it did not change her partner's behaviour. Her experience shows that religious support may offer comfort and encouragement, but it may not always provide practical protection from violence.

Key informants also noted that women often turn to religious leaders, church groups and prayer when experiencing IPV. The community leader and field social worker explained that women may first seek help from religious spaces because they are more accessible and less intimidating than police or formal offices. However, the field social worker also cautioned that faith-based coping may sometimes encourage endurance if women are advised to remain patient without being linked to safety, counselling or legal support. Therefore, prayer and faith helped women cope emotionally, but they needed to be supported by practical services.

4.8.4 Secret Savings and Economic Survival

Secret savings and economic survival strategies were another important coping mechanism. Some women saved money secretly, hid part of their income, protected business money, continued working despite injuries, or kept small emergency funds in case they needed food, transport or a

temporary place to go. These strategies were especially important because economic dependence made it difficult for many women to leave abusive relationships or report violence.

A 36-year-old woman who brewed and sold local gin explained that she hid some of her earnings because her partner wanted control over the business money. She did this to protect school fees, household needs and business capital. She stated, *"I try to hide some money separately because if he gets everything, the children will suffer and the business will collapse."* This shows that secret savings were used to protect both the woman and the household from the economic effects of IPV.

A 26-year-old hair salon owner also reported using savings and support from her sister to protect her business income. Since her partner demanded money and became angry when she succeeded, she found ways of keeping some earnings away from him. Similarly, a 22-year-old domestic worker saved small amounts secretly because she feared that one day she might need to move away from the relationship. These strategies show that women used economic planning as a form of quiet resistance and survival.

A 24-year-old charcoal seller and a 32-year-old tailor also continued working despite pain and emotional distress because their businesses were important for feeding children and sustaining the household. This shows that economic survival was not only about saving money, but also about continuing livelihood activities even under difficult conditions. Key informants confirmed that women often maintain small hidden savings or rely on savings groups as emergency support, especially when they fear sudden violence or abandonment.

4.8.5 Support from Children, Relatives and Neighbours

The findings also showed that some women coped by relying on support from children, relatives, neighbours, friends, workmates and women's groups. These informal support systems provided emotional comfort, temporary safety, advice, childcare support, and sometimes practical help. Although many women were isolated, some still had trusted people they turned to during difficult moments.

A 45-year-old vegetable vendor reported that her eldest daughter was one of the people she talked to when the emotional burden became too much. She explained, *"Sometimes I talk to my eldest daughter when I feel I can no longer carry everything alone. She listens to me and encourages me to remain strong."* This shows that children, especially older daughters, sometimes became

emotional support systems for their mothers, although this could also place emotional pressure on the children.

A 40-year-old casual construction labourer said that her younger sister was an important source of comfort, especially on Sundays when they could talk privately. She explained, *"My younger sister is the one person I can speak to without feeling judged. When I visit her, I feel like I can breathe for a while."* This shows that relatives helped women cope by providing non-judgmental listening and emotional relief.

Neighbours also played an important role in some cases. A 28-year-old separated food kiosk owner kept a trusted neighbour nearby whenever her former partner came to visit the child. A 24-year-old charcoal seller sometimes moved her child to a neighbour's place when conflict increased, showing that neighbours could provide temporary safety for children. In addition, a 19-year-old hairdressing apprentice found some support from the salon supervisor, who noticed her distress and offered encouragement. This suggests that informal support could come from different social spaces, including family, neighbours and workplaces.

Women's fellowship members and savings groups also appeared as possible coping spaces. A 45-year-old vegetable vendor received emotional support from a women's fellowship leader, while other women mentioned savings groups or women's groups as places where they could receive encouragement or advice. However, some women were prevented from attending these groups by controlling partners, which limited their usefulness.

Overall, the findings show that women experiencing IPV in Katanga used several coping mechanisms, including silence, endurance, avoidance, behaviour adjustment, prayer, secret savings, continued work and support from trusted people. These strategies helped women survive immediate violence, protect children, maintain some income and manage emotional distress. However, most coping mechanisms were short-term and individual rather than permanent solutions. Silence could reduce conflict temporarily but also kept violence hidden. Avoidance helped women prevent some confrontations but increased isolation. Prayer provided comfort but did not always stop abuse. Secret savings improved survival but could not fully remove women from danger. Therefore, while coping mechanisms helped women manage IPV, they did not necessarily end the violence. The findings suggest the need for stronger formal support systems,

safe spaces, counselling, economic empowerment and community-based protection mechanisms to help women move beyond survival toward safety and recovery.

4.9 Barriers to Help-Seeking

Although women experiencing intimate partner violence in Katanga used different coping mechanisms and were aware of some formal and informal support systems, the findings revealed that many of them still faced serious barriers to help-seeking. These barriers explain why many women remained silent or delayed reporting violence despite experiencing psychological, social, economic and physical harm. The main barriers included fear of retaliation, shame and stigma, fear of being blamed, financial dependence, concern for children, lack of money for transport or treatment, lack of information about available services, mistrust of police and formal institutions, pressure from relatives to endure, fear that reporting would worsen the violence, and lack of safe places to go after reporting. These barriers were reported by both women survivors and key informants, showing that help-seeking was not only an individual decision but was also shaped by social, economic and institutional challenges within the community.

4.9.1 Fear of Retaliation and Worsening Violence

Fear of retaliation was one of the strongest barriers to help-seeking. Many women feared that if they reported their partners to the LC1, police, relatives or other support structures, the violence would become worse after the partner returned home. For some women, reporting was seen as risky because they still lived in the same house with the abusive partner and had nowhere else to go. A 24-year-old charcoal seller explained that she had never reported the violence because she feared that her partner would become more violent if he discovered that she had exposed family matters. She noted, *"I fear that if I report him and he comes back home, the violence may become worse. I also fear that people will start talking about our problems."*

This shows that women's silence was often linked to safety concerns. Reporting did not guarantee protection, especially where the woman would still return to the same home. A 28-year-old separated food kiosk owner also feared that seeking formal help against her former partner could increase harassment, especially because he still used the child as a reason to come to her home or workplace. Her situation shows that retaliation can continue even after separation, particularly where co-parenting responsibilities keep women connected to abusive former partners.

Key informants also confirmed that fear of retaliation prevented many women from reporting. The community leader explained that some women first come for help but later withdraw complaints because they fear what will happen when the partner is informed. Similarly, the field social worker noted that many women calculate the risks of reporting and sometimes choose silence because they do not trust that the system will protect them after disclosure.

4.9.2 Shame, Stigma and Fear of Being Blamed

Shame and stigma also prevented women from seeking help. Many participants feared being judged, blamed or discussed by neighbours, relatives and community members. In Katanga, where houses are close to each other and people often know one another's affairs, women feared that reporting IPV would expose their private lives to gossip. A 45-year-old vegetable vendor explained that community gossip made her uncomfortable, especially after her partner started another relationship. She stated, *"Some women gossip about my situation… Others sympathize with me, but I still feel embarrassed."*

This shows that even when people sympathized with survivors, women still felt exposed and humiliated. Shame was also reported by women who had visible injuries. Some avoided clinics, neighbours or public places because they did not want to explain what had happened. A 19-year-old hairdressing apprentice, for example, wore long sleeves to hide bruises because she feared questions from people at the salon. Such experiences show that stigma made women hide violence rather than seek help.

Fear of being blamed was also common. Some women feared that relatives or community members would ask what they had done to provoke the violence. Others feared being told to be patient, submissive or more respectful to their partners. The field social worker noted that victim-blaming attitudes remain common in the community, especially where people treat IPV as a private family issue. This discourages women from opening up because they fear being judged instead of being supported.

4.9.3 Financial Dependence and Concern for Children

Financial dependence was another major barrier to help-seeking. Several women explained that they depended fully or partly on their partners for rent, food, transport, school requirements, medical care or children's needs. As a result, they feared that reporting the partner could lead to

abandonment, loss of support or deeper poverty. A 19-year-old hairdressing apprentice explained that she depended on her partner for transport, food and the baby's needs because she was still in training and not yet earning. She stated, *"Since I don't earn an income yet, I depend completely on him for transport, food, and the baby's needs."*

This dependence made it difficult for her to challenge the partner's control or seek help. A 24-year-old charcoal seller also feared that if her partner was arrested or chased away, she might struggle to pay rent and provide for the child. This shows that even when women wanted safety, they also had to think about survival.

Concern for children also made help-seeking difficult. Some women feared that reporting violence would break the family, leave children without support, or expose children to further hardship. A 32-year-old roadside tailor and mother of four carried much of the burden of protecting her children from violence, but she also feared the economic consequences of reporting. This finding shows that women's decisions were shaped by both personal safety and children's welfare.

Key informants also confirmed that many women stay in abusive relationships because of children. The community leader explained that some women tolerate violence because they fear raising children alone, while the field social worker observed that lack of economic independence traps women in abusive relationships. Therefore, financial dependence and concern for children were closely connected barriers to help-seeking.

4.9.4 Lack of Money for Transport, Treatment and Reporting

The findings also revealed that poverty limited women's ability to seek help. Some women lacked money for transport to police stations, health facilities, counselling centres or legal aid offices. Others avoided medical treatment because they could not afford clinic costs or feared losing income by missing work. A 40-year-old casual construction labourer explained that after being slapped and experiencing ear ringing and headaches, she bought painkillers instead of going to hospital because seeking treatment would mean losing a day's work. She stated, *"After he slapped me, my ear kept ringing and I had headaches, but I just bought painkillers because going to the hospital would mean losing a day's work."*

This shows that help-seeking had economic costs that many women could not afford. Even when services existed, women still needed transport, time and sometimes money for medical forms,

treatment or follow-up visits. A 36-year-old local gin seller also treated her ankle injury at home because she had to continue working and caring for children. Such examples show that daily survival often took priority over formal help-seeking.

The senior nursing officer/midwife also confirmed that many women delay medical care because of transport costs, lack of time and fear of losing income. This indicates that poverty is not only a cause of stress within relationships, but also a barrier that prevents women from accessing support after violence.

4.9.5 Lack of Information about Services

Lack of information about available support services was another barrier. Some women had heard of the LC1, police, health facilities or organisations, but they did not know exactly where to go, what to expect, or whether the services would help them confidentially. A 22-year-old domestic worker explained that she had heard radio messages about gender-based violence but did not know where to seek help in the community. This shows that general awareness of IPV is not enough if women do not have clear information about accessible services.

A 19-year-old hairdressing apprentice also mentioned that she had heard of young mothers' groups and police family protection services, but partner control and lack of information made it difficult for her to attend. Similarly, some women knew about women's groups, church leaders or local organisations but were unsure whether those spaces could handle IPV safely.

Key informants also observed that referral pathways were weak. The field social worker noted that women often move from one person to another without clear guidance, which can discourage them from continuing to seek help. Therefore, lack of clear and accessible information limited women's ability to move from silence to formal support.

4.9.6 Mistrust of Police and Formal Institutions

Mistrust of police and formal institutions also emerged as a barrier to help-seeking. Some women feared that police or formal offices would not handle their cases seriously, would expose their information, or would require money to proceed. Others feared being told to reconcile and return home without real protection. A 32-year-old roadside tailor had once reported to the LC1 after a violent incident, but although her partner apologized, the violence later continued. This shows that mediation without follow-up did not always protect women from repeated abuse.

The field social worker also reported that some women fear secondary victimization when they seek formal help. They may be asked insensitive questions, blamed for the violence, or told to resolve the matter privately. The senior nursing officer/midwife similarly observed that some women avoid formal reporting because they believe the process may be costly, slow or ineffective. These findings show that weak trust in institutions discourages women from seeking formal assistance.

4.9.7 Pressure from Relatives and Community Members to Endure

Pressure from relatives, in-laws and community members to endure violence was another important barrier. Some women feared that if they reported IPV or left the relationship, relatives would blame them for failing to keep the family together. Older women especially feared being judged after spending many years in a relationship. A 45-year-old vegetable vendor explained that older women are often encouraged to remain patient because they have already spent many years with their partners. This pressure made help-seeking difficult because women feared being seen as responsible for family breakdown.

Younger women also faced pressure. A 19-year-old hairdressing apprentice feared that her family would judge her because they had warned her about entering the relationship. This shows that both younger and older women experienced social pressure, although in different ways. Younger women feared being told that they had made a wrong choice, while older women feared being told to endure because they had invested many years in the relationship.

Key informants confirmed that community norms often encourage women to remain in relationships for the sake of children, marriage or family reputation. This pressure reinforces silence and makes women feel guilty for seeking help.

4.9.8 Lack of Safe Places to Go After Reporting

Lack of safe places to go after reporting was one of the most serious barriers. Some women feared reporting because they would still have to return to the same home or same neighbourhood where the abusive partner could find them. Without temporary shelter, emergency housing or safe relocation options, reporting could expose women to greater danger. A 28-year-old separated food kiosk owner avoided meeting her former partner alone because she knew he could still come to

her home or workplace. Her experience shows that safety remained a concern even outside the relationship.

The field social worker emphasized that the absence of safe houses in the area limits effective response to IPV. Even when women are referred to police, health facilities or organisations, they may still return to the same violent environment. The senior nursing officer/midwife also noted that some women delay disclosure because they have nowhere to go if the violence worsens after reporting. This shows that help-seeking requires not only reporting channels, but also practical safety options.

Overall, the findings show that women experiencing intimate partner violence in Katanga faced multiple barriers to help-seeking. These included fear of retaliation, shame, stigma, fear of blame, financial dependence, concern for children, poverty, lack of transport, lack of information, mistrust of police and formal institutions, pressure from relatives to endure, fear that reporting would worsen violence, and lack of safe places to go after reporting. These barriers explain why many women remained silent despite experiencing serious psychological, social, economic and physical harm. The findings suggest that improving help-seeking requires more than encouraging women to report; it requires confidential services, economic support, safe spaces, stronger referral systems, community sensitization, trustworthy institutions and practical protection for women after disclosure.

4.10 Discussion of Findings

This section discusses the major findings of the study in relation to the specific objectives and compares them with existing literature. The discussion focuses on the psychological, social, economic and physical health effects of intimate partner violence on women in Katanga informal settlement, as well as the coping mechanisms and support systems available to women experiencing IPV. The findings showed that IPV affected women in multiple and interconnected ways, where psychological distress contributed to social withdrawal, physical injuries affected women's ability to work, and economic dependence limited women's ability to seek help or leave abusive relationships. This confirms that IPV is not only a private relationship problem, but also a broader social, economic, health and human rights concern.

4.10.1 Psychological Effects of Intimate Partner Violence

The first objective of the study was to explore the psychological effects of intimate partner violence on women in Katanga informal settlement. The findings revealed that IPV caused fear, anxiety, trauma, sleeplessness, hopelessness, low self-esteem and loss of confidence among women. These findings are consistent with global and regional evidence showing that IPV is strongly associated with psychological distress, depression, anxiety, post-traumatic stress symptoms and reduced emotional wellbeing among women (World Health Organization [WHO], 2021; Sardinha et al., 2022; Peterman et al., 2020). Similarly, Muluneh et al. (2021) observed that women exposed to gender-based violence in Sub-Saharan Africa often experience emotional distress, fear and untreated mental health challenges, especially where stigma and weak support systems limit disclosure. In Katanga, fear was not only experienced during violent incidents but became part of women's daily lives. For example, a young charcoal seller explained, *"I live with fear almost every day. Even when he is away, I find myself listening for the sound of a motorcycle stopping outside."* This indicates that IPV created continuous emotional insecurity and made women remain alert to possible danger even when violence was not actively taking place.

The findings further showed that emotional abuse, insults, humiliation, accusations and controlling behaviour weakened women's self-esteem and confidence. This agrees with Heise and Kotsadam (2019), who link IPV to unequal gender power relations and social acceptance of male control over women's behaviour and decision-making. Grose et al. (2023) also found that survivors of IPV in informal settlement contexts often experience depression, low self-worth and trauma-related symptoms, particularly where social support and mental health services are limited. In the present findings, women reported being afraid to make decisions, speak freely or interact with others because such actions could trigger conflict. A roadside tailor stated, *"I have lost confidence in myself. Sometimes I feel as if I cannot make even simple decisions without fearing that they will lead to another fight."* This suggests that psychological abuse gradually reduced women's personal agency and made them internalize fear, blame and self-doubt.

These findings are also consistent with Gender Role Theory and Social Norms Theory. Gender Role Theory is reflected in the way women's psychological suffering was linked to male control over movement, income, friendships, education and decision-making. Social Norms Theory is reflected in the normalization of IPV as a private family matter, which made women fear gossip,

blame and community judgment. Wamoyi et al. (2021) similarly note that women in low-income urban settings may endure violence silently because poverty, stigma and weak institutional support limit their options. Therefore, the psychological effects found in Katanga support existing literature, but also show that such effects are intensified by informal settlement conditions such as overcrowding, poverty, alcohol use, financial dependence, community silence and lack of safe support systems.

4.10.2 Social Effects of Intimate Partner Violence

The second objective was to examine the social effects of intimate partner violence on women in Katanga informal settlement. The findings revealed that IPV led to social isolation, stigma, withdrawal from community life, strained family relationships and loss of support networks. These findings are consistent with literature showing that IPV limits women's participation in social life by creating fear, shame, emotional dependence and reduced access to supportive relationships (WHO, 2021; UNICEF, 2020; Muluneh et al., 2021). Makhado et al. (2023) also found that women experiencing gender-based violence often withdraw from social and community activities due to shame, fear of judgment and emotional distress. In Katanga, some women avoided neighbours, communal water points, markets, savings groups, church gatherings and family events because they feared being questioned about injuries or being discussed by community members. A young charcoal seller explained, *"I used to chat with other women when we collected water or waited at the communal tap, but now I avoid those places if I have visible bruises because I don't want people asking questions."* This shows that IPV pushed women away from ordinary social spaces that could have provided emotional support.

The findings further revealed that stigma and fear of gossip contributed to silence and withdrawal. This is consistent with Sardinha et al. (2022), who observed that IPV remains underreported partly because many survivors fear blame, shame and social judgment. UN Women (2020) also notes that harmful social norms and community silence often discourage women from disclosing violence or seeking support. In Katanga, the close physical arrangement of houses made privacy difficult, as neighbours could hear quarrels or observe injuries, yet this did not necessarily translate into meaningful support. Instead, women feared public discussion, gossip or being blamed for family problems. Some women also withdrew because their partners directly restricted their movement or accused them of discussing household matters with friends, neighbours or savings

groups. This finding is similar to Kisaakye et al. (2023), who noted that IPV disrupts women's social and economic roles and reduces their participation in both household and community life.

The social effects of IPV in Katanga were therefore shaped by both partner control and community attitudes. While abusive partners restricted women's movements and relationships, the wider community environment also discouraged disclosure through gossip, blame and the treatment of IPV as a private family matter. This supports Social Norms Theory, which explains how shared community beliefs can normalize violence and silence survivors. The findings further show that social isolation weakened women's access to informal support systems such as relatives, neighbours, friends, religious groups and women's savings groups. This is important because in informal settlements, social networks often serve as survival systems through emotional support, childcare, small loans, advice and temporary safety. Therefore, IPV did not only harm women within intimate relationships; it also disconnected them from community networks that could have supported safety, recovery and resilience.

4.10.3 Economic Effects of Intimate Partner Violence

The third objective was to analyse the economic effects of intimate partner violence on women in Katanga informal settlement. The findings revealed that IPV affected women's economic wellbeing through income loss, missed work, business disruption, destruction of stock, financial control, increased dependence on abusive partners and loss of future opportunities. These findings are consistent with literature showing that IPV reduces women's productivity, limits participation in income-generating activities and increases economic insecurity (Peterman et al., 2020; WHO, 2021; Vyas et al., 2023). Kisaakye et al. (2023) similarly found that IPV in Uganda disrupts women's work and income-generating activities by causing absenteeism, reduced productivity and lower earnings. In Katanga, most women relied on informal daily-income activities such as tailoring, charcoal selling, food vending, salon work, domestic work, construction labour and second-hand clothes trading. This means that any interruption caused by violence directly affected their ability to meet basic needs such as food, rent, school requirements and medical care.

The findings also showed that economic abuse was a major form of IPV. Some partners took women's earnings, controlled business money, refused to provide for household needs, destroyed stock or discouraged women from working. This finding is consistent with Vyas et al. (2023), who

describe economic abuse as a form of control that restricts women's access to money, employment and productive resources. It also agrees with Peterman et al. (2020), who show that IPV can reduce women's economic participation and deepen household poverty. In Katanga, a roadside tailor explained, *"Sometimes he also takes money from the small tin where I keep my sewing earnings."* Women involved in charcoal selling, brewing, vending and salon work also reported that violence interrupted their businesses and reduced their ability to reinvest. This shows that IPV weakened both immediate income and long-term economic independence.

The study further found that financial dependence made it difficult for women to report violence, leave abusive relationships or seek formal help. Some women feared that reporting their partners would lead to loss of support for rent, food, transport, school fees or children's needs. This finding is consistent with Kwagala et al. (2022), who note that women's economic dependence and partner behaviour influence vulnerability to IPV in Uganda. It also supports Winter et al. (2020), who argue that women in informal settlements face overlapping vulnerabilities, including poverty, insecure livelihoods and limited access to institutional support. In Katanga, IPV and poverty reinforced one another: violence reduced women's ability to earn and save, while lack of income made it harder for them to challenge or leave abusive relationships. This suggests that IPV interventions should not focus only on counselling and legal support, but should also include livelihood support, savings groups, vocational training, emergency financial assistance and economic empowerment.

4.10.4 Physical Health Effects of Intimate Partner Violence

The fourth objective was to analyse the physical health effects of intimate partner violence on women in Katanga informal settlement. The findings revealed that IPV caused physical injuries such as bruises, burns, swelling, scars, wrist injuries, back pain, shoulder pain, headaches, dizziness and general body pain. These findings are consistent with existing evidence that IPV is associated with immediate and long-term physical health consequences, including injuries, chronic pain, disability and poor general health (WHO, 2021; Sardinha et al., 2022; Kaye et al., 2016). Wamoyi et al. (2021) also observed that women experiencing violence in low-income urban settings often face untreated injuries, chronic pain and reproductive health burdens. In Katanga, physical violence affected women's ability to work, care for children and perform household responsibilities. For example, a young charcoal seller reported, *"One time he pushed me and I fell*

near the charcoal stove. My hand got burnt as I tried to support myself." This shows that IPV exposed women to direct bodily harm within the household environment.

The findings further showed that many women delayed or avoided formal medical care after violence. Instead, they used home remedies, painkillers, ointments or drug shops because of shame, lack of money, fear of explaining the cause of injuries, fear of losing work time and fear of retaliation. This is consistent with WHO (2021), which notes that survivors of IPV often face barriers to health care, including stigma, fear and lack of supportive services. Kaye et al. (2016) also found that women exposed to IPV in Uganda were more likely to report physical injury and poor health outcomes, yet care-seeking could be limited by social and economic barriers. In Katanga, these barriers were intensified by poverty and reliance on daily income, since some women could not afford transport or could not miss work to seek treatment. As a result, injuries that required medical attention were often hidden or treated informally.

The study also found that IPV had reproductive and sexual health implications, especially as reported by key informants. These included forced sex, inability to negotiate condom use, fear of using family planning, unwanted pregnancies, sexually transmitted infections and delayed reproductive health care. These findings are consistent with literature showing that IPV limits women's control over their sexual and reproductive health and increases vulnerability to unintended pregnancies, sexually transmitted infections and HIV infection (WHO, 2021; Sardinha et al., 2022; Wamoyi et al., 2021). In Katanga, sexual and reproductive health effects were less openly discussed by women survivors, which may reflect shame, fear and cultural norms around sexuality within intimate relationships. This suggests that the physical health effects of IPV were not limited to visible injuries but also included hidden and longer-term health risks. Health facilities serving informal settlements therefore need confidential IPV screening, survivor-centred treatment, counselling and referral services for women presenting with injuries, chronic pain or reproductive health concerns.

4.10.5 Coping Mechanisms and Support Systems

The fifth objective was to examine the coping mechanisms and support systems available to women experiencing intimate partner violence in Katanga informal settlement. The findings revealed that women used several coping strategies, including silence, endurance, avoidance of

arguments, behaviour adjustment, prayer, secret savings, continued work and seeking support from trusted children, relatives, neighbours, friends, workmates and women's groups. These findings are consistent with literature showing that survivors often rely on informal and survival-based coping strategies before approaching formal institutions, particularly where fear, stigma, poverty and financial dependence are high (Kaye et al., 2016; Kwagala et al., 2022; WHO, 2021). In Katanga, silence and endurance were commonly used to prevent violence from escalating, while avoidance and behaviour adjustment helped women reduce immediate conflict. However, these strategies mainly helped women survive temporarily and did not necessarily end the violence.

The findings also showed that informal support systems were more accessible to women than formal services. Women relied on daughters, sisters, neighbours, salon supervisors, women's fellowship members and trusted friends for emotional comfort, advice, childcare support or temporary safety. Prayer and faith also appeared as important coping mechanisms, particularly where women felt lonely, hopeless or unable to disclose abuse openly. This agrees with UN Women (2020), which notes that women often rely on family, community and religious networks when formal support systems are weak or difficult to access. Kaye et al. (2016) similarly found that many women in Uganda first disclose abuse to relatives, neighbours or close friends before approaching police or formal services. These findings are also consistent with Social Support Theory, which emphasizes that emotional, practical and informational support can help individuals cope with stressful experiences. However, the study also found that informal support could be limited where relatives or religious actors encouraged women to endure abuse for the sake of marriage, children or family reputation.

Formal support systems such as LC1 leaders, police, health workers, NGOs, religious leaders and legal support services were known by some participants, but their use was limited by fear of retaliation, shame, lack of transport, financial dependence, concern for children, mistrust of institutions and lack of safe places to go after reporting. This is consistent with Muluneh et al. (2021), who observed that weak institutional support and fear of stigma discourage help-seeking among survivors in Sub-Saharan Africa. It also agrees with Winter et al. (2020), who found that women in informal settlements face multiple barriers to accessing protection and support services. The findings further reflect the Ecological Model, which views IPV and responses to it as shaped by individual, relationship, community and societal factors. In Katanga, coping and help-seeking

were affected by poverty, partner control, community gossip, weak referral systems and limited shelter options. Therefore, while women had coping mechanisms and some support systems, these were not sufficient to ensure long-term safety. Effective response to IPV requires strengthening informal support networks while also improving confidential formal services, referral pathways, economic empowerment and safe spaces for women experiencing violence.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations of the study on the effects of intimate partner violence on women in Katanga informal settlement, with specific focus on Kimwanyi Zone, Kampala. The chapter is based on the findings presented in Chapter Four and is organized according to the study objectives, which focused on the psychological, social, economic and physical health effects of IPV, as well as the coping mechanisms and support systems available to women experiencing IPV. The chapter begins with a summary of the major findings, followed by conclusions drawn from the study, recommendations for addressing IPV in the community, and suggestions for further research.

5.2 Summary of Findings

The study examined the effects of intimate partner violence on women in Katanga informal settlement, with specific focus on Kimwanyi Zone, Kampala. The findings revealed that intimate partner violence affected women in several interconnected ways, including their psychological wellbeing, social relationships, economic stability, physical health, coping strategies and access to support systems. The experiences of women were shaped by the broader conditions of the informal settlement, particularly poverty, overcrowding, unemployment, limited privacy, weak institutional support and fear of community judgment.

Regarding psychological effects, the findings showed that women experienced fear, anxiety, trauma, sleeplessness, hopelessness, low self-esteem and loss of confidence. Many women lived in constant fear of their partners' moods and reactions, especially when partners returned home drunk, angry or financially frustrated. Some participants became anxious when they heard footsteps, motorcycles, knocks at the door or other sounds associated with their partners' return. Repeated insults, humiliation, accusations, threats and controlling behaviour also affected women's self-worth and confidence. Consequently, some women became afraid of speaking freely, making independent decisions or interacting with others because they feared that ordinary actions could lead to conflict or further violence.

The findings also revealed that intimate partner violence had significant social effects on women. IPV contributed to isolation, withdrawal from friends and community activities, stigma, shame, strained family relationships and weakened support networks. Some women avoided communal water points, markets, savings groups, church gatherings, family events and neighbours because they feared being questioned about injuries or being discussed by community members. Others withdrew because their partners restricted their movement, monitored their interactions or accused them of sharing family issues with other people. IPV also affected relationships within families, especially where children witnessed violence or attempted to protect their mothers. This weakened women's social support systems and reduced their opportunities to disclose violence or seek help.

Economically, the findings showed that IPV reduced women's income, disrupted small businesses, destroyed stock, increased financial dependence and limited opportunities for education, training and livelihood improvement. Many participants depended on informal daily-income activities such as charcoal selling, food vending, tailoring, salon work, domestic work, construction labour, brewing and second-hand clothes trading. When violence caused injuries, emotional distress or fear, women missed work, delayed customer orders or failed to operate their businesses consistently. Some women also reported that their partners took business money, controlled earnings, destroyed stock, refused to provide for household needs or stopped them from working freely. These experiences reduced women's ability to save, reinvest in business, pay rent, buy food, meet children's needs and plan for the future.

The physical health effects of intimate partner violence were also evident in the findings. Women reported bruises, burns, swelling, scars, wrist injuries, back pain, shoulder pain, headaches, dizziness, chronic pain and other forms of body pain. Some injuries resulted from being slapped, pushed, grabbed, hit with objects or thrown near dangerous household items such as charcoal stoves. The findings further showed that many women delayed or avoided seeking formal medical care after violence. Instead, they used home remedies, painkillers, ointments or drug shops because of shame, lack of money, fear of explaining the cause of injuries, fear of retaliation or inability to miss work. Key informants also highlighted reproductive and sexual health risks, including forced sex, inability to negotiate condom use, unwanted pregnancies, sexually transmitted infections and delayed reproductive health care.

The study further established that women used different coping mechanisms to manage and survive intimate partner violence. These included silence, endurance, avoidance of arguments, behaviour adjustment, prayer, secret savings, continued work and support from trusted relatives, neighbours, children, friends, workmates and women's groups. Some women kept quiet during conflict to avoid worsening the violence, while others changed their routines, deleted phone messages, avoided social contact, hid earnings or avoided meeting former partners alone. Prayer and faith provided emotional strength for some women, especially where they felt lonely or unable to disclose their experiences openly. Secret savings and continued work also helped some women protect business money, provide for children and prepare for emergencies.

However, the findings showed that these coping mechanisms mainly supported immediate survival and did not always stop the violence. Silence sometimes reduced confrontation but also kept abuse hidden. Avoidance helped women prevent some conflicts but increased isolation. Prayer offered emotional comfort but did not always provide practical protection. Secret savings improved women's ability to survive economically but could not fully remove them from danger. Although informal support from relatives, neighbours, friends and women's groups was helpful, it was often limited by fear, stigma, family pressure and lack of resources. Formal support systems such as LC1 leaders, police, health workers, NGOs, religious leaders and legal support services existed, but many women did not fully use them.

The findings finally revealed that help-seeking was limited by several barriers. This included fear of retaliation, shame, stigma, fear of being blamed, financial dependence, concern for children, lack of information, mistrust of formal institutions, lack of money for transport or treatment, pressure from relatives to endure and lack of safe places to go after reporting. Many women feared that reporting violence would worsen the abuse, expose them to gossip or leave them without support for rent, food and children's needs. The absence of safe shelters or temporary protection also made reporting difficult because some women would still have to return to the same abusive environment. These findings demonstrate that IPV in Katanga is a serious psychological, social, economic and health problem that requires stronger community awareness, confidential support services, economic empowerment, safe spaces, counselling and improved referral systems.

5.3 Conclusions

The study concludes that intimate partner violence has serious and interconnected effects on women in Katanga informal settlement. Psychologically, IPV exposed women to fear, anxiety, trauma, sleeplessness, hopelessness, low self-esteem and loss of confidence. Socially, it isolated women from friends, neighbours, relatives, savings groups, religious spaces and other community support networks. Economically, IPV reduced women's income, disrupted small businesses, increased financial dependence and limited opportunities for education, training and livelihood improvement. Physically, it caused injuries, chronic pain, reproductive health risks and delayed care-seeking, especially where women feared shame, retaliation or lacked money for treatment.

The study further concludes that although women used different coping mechanisms such as silence, endurance, avoidance, prayer, secret savings, continued work and support from trusted relatives, neighbours and friends, these strategies mainly helped them survive rather than end the violence. Formal support systems such as LC1 leaders, police, health workers, religious leaders and NGOs were available, but their use was limited by stigma, fear of retaliation, financial dependence, concern for children, lack of information, mistrust of institutions and lack of safe places to go after reporting. Therefore, IPV in Katanga should be understood as a serious social, economic, psychological and public health problem that requires coordinated community, institutional and policy-level responses.

5.4 Recommendations

Based on the findings of the study, the following recommendations are made to different stakeholders involved in preventing and responding to intimate partner violence among women in Katanga informal settlement.

5.4.1 Community Leaders

Community leaders, including LC1 leaders, women representatives and local council structures, should strengthen community-level awareness on intimate partner violence. They should organize regular sensitization meetings in Kimwanyi Zone to educate men and women that IPV is not a private family matter but a serious issue that affects women's mental health, social wellbeing, income, physical health and children's welfare. Community leaders should also promote

confidential reporting mechanisms so that women can seek help without fear of gossip, blame or exposure.

Community leaders should also improve follow-up after reported IPV cases. The findings showed that some cases are handled through mediation, but violence may continue after the partner apologizes. Therefore, local leaders should not only settle cases once, but should follow up with affected women, refer serious cases to police, health workers or NGOs, and ensure that survivors are linked to appropriate services. Leaders should also involve men in community dialogues on alcohol abuse, jealousy, financial stress, communication and non-violent conflict resolution.

5.4.2 Health Workers and Health Facilities

Health workers and health facilities serving Katanga and surrounding communities should strengthen confidential screening and support for women experiencing IPV. Since some women present with bruises, burns, headaches, chronic pain, reproductive health problems or stress-related complaints without openly disclosing violence, health workers should be trained to identify possible signs of IPV and provide sensitive, non-judgmental care. Health facilities should also ensure privacy during consultations so that women can speak freely and safely.

Health facilities should also improve referral systems for IPV survivors. Women who report violence should be linked to counselling, police services, legal aid, social workers and community-based support organizations. Health workers should provide clear information on where survivors can get help, including emergency care, reproductive health services, psychosocial support and legal documentation where necessary. This would reduce delayed care-seeking and help women receive timely medical and emotional support.

5.4.3 NGOs and Civil Society Organizations

NGOs and civil society organizations should expand community-based IPV prevention and response programmes in Katanga informal settlement. These programmes should include counselling, legal awareness, emergency referral support, women's support groups, and safe spaces where survivors can receive confidential help. NGOs should also conduct outreach activities in places where women can easily be reached, such as markets, churches, water points, savings groups, salons and community centres.

NGOs should also support women's economic empowerment. The findings showed that many women remained in abusive relationships because of financial dependence, children's needs, rent, food and lack of alternative support. Therefore, NGOs should provide livelihood training, small business support, savings group strengthening, financial literacy and emergency economic support for women experiencing IPV. Economic empowerment should be linked with psychosocial support so that women are helped not only to earn income but also to recover emotionally and make safer decisions.

5.4.4 Police and Legal Support Institutions

Police and legal support institutions should improve survivor-friendly reporting and response mechanisms. Officers handling IPV cases should treat survivors with respect, confidentiality and urgency. Women should not be blamed, discouraged or forced into unsafe reconciliation where violence is severe or repeated. Police should also strengthen collaboration with LC1 leaders, health facilities and NGOs to ensure that survivors are protected and referred for medical, legal and psychosocial support.

Legal support institutions should increase community awareness on women's rights, available legal options and procedures for reporting IPV. Many women feared reporting because they did not understand the process or lacked trust in formal institutions. Therefore, legal aid services should be brought closer to the community through mobile legal clinics, community paralegals and regular sensitization sessions. This would help women understand their rights and reduce fear of seeking formal support.

5.4.5 Government and Policy Makers

Government and policy makers should strengthen IPV prevention and response services in informal settlements such as Katanga. This should include funding community-based GBV desks, counselling services, safe spaces, referral systems and temporary shelters for women at risk. The findings showed that lack of safe places to go after reporting was a major barrier to help-seeking. Therefore, government should prioritize accessible shelters or emergency protection options for women experiencing severe or repeated violence.

Government should also integrate IPV response into health, social protection and poverty-reduction programmes. Since IPV in Katanga was linked to poverty, unemployment, alcohol abuse

and financial dependence, interventions should go beyond reporting and punishment. Policy makers should support women's livelihood programmes, affordable health services, alcohol control measures, community education and stronger coordination between police, health workers, local leaders and NGOs.

5.4.6 To the Community and Families

The wider community and families should stop treating intimate partner violence as a private family matter. Community members should support survivors instead of blaming, gossiping or pressuring them to endure abuse. Families should listen to women who disclose violence, help them access support services and avoid forcing them to remain in unsafe relationships for the sake of marriage, children or family reputation.

Men and boys in the community should also be engaged in preventing IPV. Community members should promote respectful relationships, shared decision-making, non-violent communication and responsible family support. Families should teach both boys and girls that violence, control, humiliation and economic abuse are unacceptable in intimate relationships. Strengthening positive family and community attitudes can reduce stigma, encourage reporting and improve protection for women experiencing IPV.

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APPENDIX

APPENDIX I: Interview Guide for Key Informants

Study Title:

Effects of Intimate Partner Violence on Women in Katanga Informal Settlement: A Case Study of Kimwanyi Zone, Kampala

Target Respondents:

Community leaders, healthcare workers, NGO staff, social workers, and local authorities

Introduction (to be read by the researcher)

Good morning/afternoon. I am Namulondo Aisha, a Social Sciences student at Makerere University. I am conducting a study on the effects of intimate partner violence on women in the Kimwanyi zone of Katanga informal settlement. I would like to request your participation in this interview to share your knowledge and experiences regarding this issue in the community. Your participation is voluntary, and all information provided will be treated with strict confidentiality and used only for academic purposes. You are free to decline to answer any question or withdraw from the interview at any time. Thank you for your time and willingness to participate.

Section B: Background Information

1) What is your role in this community/organization?
2) How long have you worked in or with the Katanga/Kimwanyi community?
3) In what ways does your role involve working with women or addressing social issues such as violence?

Section C: Understanding of IPV in the Community

4) How would you describe the situation of intimate partner violence in Kimwanyi/Katanga?
5) What forms of IPV are most common in this community?
   (Probe: physical, sexual, emotional, economic)
6) In your view, what are the main causes or contributing factors to IPV in this area?

Section D: Effects of IPV on Women

7) What psychological effects have you observed among women experiencing IPV?
   (Probe: anxiety, depression, trauma)

8) How does IPV affect women's social lives and relationships within the community?

9) What economic challenges do women face as a result of IPV?

10) What physical health effects have you observed among survivors of IPV?

Section E: Coping Mechanisms and Support Systems

11) From your experience, how do women in this community usually respond when they experience intimate partner violence?

    (*Probe: remain silent, seek help, leave temporarily, report, negotiate, endure*)

12) What coping strategies do women commonly use to manage or survive intimate partner violence?

    (*Probe: seeking refuge, relying on relatives/friends, prayer, silence, informal mediation, financial dependence) How effective are these services in addressing IPV*?

13) What formal support services are available for women experiencing IPV in this community?

    (Probe: police, health centres, NGOs, counselling services, legal support)

14) How effective are these support services in helping women who experience IPV?
15) What challenges do women face when trying to access support or seek help?

Section F: Institutional and Community Response

16) How does the community generally respond to cases of IPV?

17) What role do local leaders or institutions play in addressing IPV?

18) What gaps exist in the current response to IPV in this community?

Section G: Recommendations

19) In your opinion, what should be done to reduce IPV in this community?

20) What improvements would you suggest for support services for women experiencing IPV?

Closing

Thank you very much for your time and valuable insights. Your contribution is highly appreciated.

APPENDIX II: In-Depth Interview Guide for Women Survivors of IPV

Study Title:

Effects of Intimate Partner Violence on Women in Katanga Informal Settlement: A Case Study of Kimwanyi Zone, Kampala

Target Respondents:

Women aged 18 years and above residing in Kimwanyi zone, Katanga, who have experienced intimate partner violence

Introduction (To be read by the researcher)

Good morning/afternoon. I am **Namulondo Aisha**, a Social Sciences student at Makerere University. I am conducting a study on the effects of intimate partner violence on women in the Kimwanyi zone of Katanga informal settlement. I would like to request your participation in this interview to share your experiences and views regarding this issue. Your participation is voluntary, and all information you provide will be treated with strict confidentiality and used only for academic purposes. You are free to decline to answer any question or stop the interview at any time. Thank you for your time and willingness to participate.

Section A: Background Information

1. How old are you?
2. What is your marital or relationship status?
   (Probe: married, cohabiting, separated, divorced, widowed)
3. What is your highest level of education?
4. What kind of work or income-generating activity do you do?
5. How long have you lived in Kimwanyi/Katanga?

Section B: Experience of Intimate Partner Violence

6. Can you tell me about your experience with intimate partner violence?

7. What forms of violence have you experienced from your partner?
   (Probe: physical, sexual, emotional/psychological, economic)
8. How often did these experiences occur?
9. What usually triggered or led to these incidents?
10. How did your partner behave during these situations?
11. How did these experiences affect your daily life?

Section C: Psychological Effects

12. How has this experience affected you emotionally or mentally?
13. Have you experienced fear, stress, sadness, anxiety, or depression as a result? Please explain.
14. How has the violence affected your confidence or sense of self-worth?
15. Have these experiences affected your ability to make decisions or trust others? How?

Section D: Social Effects

16. How has intimate partner violence affected your relationship with family members?
17. How has it affected your friendships or relationships with other people in the community?
18. Have you ever felt isolated, ashamed, or withdrawn because of these experiences? Please explain.
19. How has the violence affected your participation in community or social activities?

Section E: Economic Effects

20. Has intimate partner violence affected your ability to work or earn an income? How?
21. Have you ever lost work, missed work, or earned less because of these experiences?
22. Has your partner ever controlled money, stopped you from working, or taken your earnings? Please explain.

23. How has the violence affected your financial independence or ability to support yourself and your family?

Section F: Physical Health Effects

24. Have you experienced any physical injuries because of the violence? Please explain.

25. Did you seek medical care after these incidents? Why or why not?

26. Have you experienced any long-term health problems as a result of the violence?
(Probe: chronic pain, reproductive health problems, sleep difficulties, physical weakness)

Section G: Coping Mechanisms

27. How did you usually respond when the violence happened?

28. What did you do to cope with or manage the situation?

29. Did you ever leave temporarily, remain silent, seek help, or try to negotiate? Please explain.

30. What helped you endure or survive these experiences?

Section H: Support Systems and Help-Seeking

31. Did you ever tell anyone about what you were experiencing? Why or why not?

32. Who did you first turn to for help?
(Probe: family, friend, neighbour, community leader, police, health worker, NGO)

33. What kind of support did you receive?

34. How helpful was the support you received?

35. What challenges did you face when trying to seek help or support?

Section I: Reflections and Recommendations

36. In your view, what should be done to reduce intimate partner violence in this community?

37. What kinds of support would help women experiencing intimate partner violence?

38. Is there anything else you would like to share about your experience?

Closing

Thank you very much for sharing your experiences. Your time, openness, and contribution are highly appreciated.