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Intimate partner violence (IPV) poses a serious threat to the welfare of women. IPV against women has aroused intense interest amongst policymakers, practitioners and researchers. Despite this development, IPV against women remains rife but there is still a dearth of research on the linkages between IPV and social norms. This study is a critical review of the literature on IPV and social norms as well as its impact on social work practice and policy. The authors argue that social norms can either promote or prevent IPV intervention and therefore propose an integrated approach to addressing IPV against women.

HURT OR HELP? UNDERSTANDING INTIMATE PARTNER VIOLENCE IN THE CONTEXT OF SOCIAL NORMS AS PRACTISED IN RURAL AREAS

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INTRODUCTION

Globally, violence against women has been a serious threat to their wellbeing, with gender-based violence (GBV) being one of the most common forms of such violence. IPV, which has been singled out as the most pervasive form of GBV, has become a global socio-economic and socio-cultural crisis. IPV is physical aggression, sexual coercion, emotional and psychological oppression, economic abuse and controlling behaviour in relation to an individual by a current or past intimate partner (Edwards, 2015; Klugman, 2017; Ogundipe, Woollet, Ogunbanjo, Olashore & Thsitenge, 2018). This results in physical, sexual and psychological harm. Research has indicated that 30% of women aged 15 or older are experiencing lifetime physical and/or sexual violence (Klugman, Hanmer, Twigg, Hasan, McCleary-Sill & Santa-Mary, 2014; Clark, Ferguson, Shreshtha, Shreshtha, Oakes, Gupta, McGhee, Cheong & Yount, 2018). To put it another way, IPV is experienced by one in three women in their lifetimes (Giddens & Sutton, 2017). More women in Africa are subjected to IPV (46%) and sexual violence (12%) than women anywhere in the world (McCloskey, Boonzaier, Steinbrenner & Hunter, 2016). This is mainly because more women in Africa reside in rural areas and are more vulnerable to IPV, as traditional norms that condone such violence are strongly recognised and regarded with high esteem in rural communities (Chigwata, 2016; McCloskey *et al.*, 2016). The prevalence of IPV ranks higher in sub-Saharan Africa than in other regions, with the rate of 40%, and with 36% of the total population being affected by it (McCloskey *et al.*, 2016; Klugman, 2017).

Although various studies have attempted to unravel the influence of social norms on violence against women (Linos, Slopen, Subramanian, Berkman & Kawachi, 2013; Baldry & Pagliaro, 2014; Edwards, 2015; Strauss Gelles & Steinmetz, 2017; Clark *et al.*, 2018; Cislaghi & Heise, 2018), there has not been much clarity on the association between IPV and social norms and how this promotes or hinders IPV prevention, particularly in rural areas. The few studies conducted (Roberto, Brossole, McPherson, Pulsifier & Brow, 2013; Hatcher, Colvin, Ndlovu & Dworkin, 2015; McCloskey *et al.*, 2016) do not adequately focus on the influence of social norms in the perpetuation of IPV against women residing in rural areas. Furthermore, absent from the social work literature are studies that seek to elucidate the linkages between IPV and social norms and their consequences for social work practice and policy. Understanding social norms and their influence on the perpetuation of IPV is critical for social workers working with victims/survivors, particularly those residing in rural areas. Globally, much attention has been drawn to the need for better intervention strategies in ameliorating IPV. Most countries in Africa have ratified international legislation prescribing punitive measures for the perpetrators of IPV. However, the efficacy of this legislation in terms of tackling IPV remains doubtful (Ogundipe *et al.*, 2018). Although formal written norms (i.e. laws, policies and frameworks) prohibiting violence against

women have been in existence for many centuries, IPV remains a serious problem. This is mainly because IPV is viewed as a 'private tragedy' in different societies, especially in rural areas (Baldry & Pagliaro, 2014; Strauss *et al.*, 2017). Thus it is critical to also consider the role that social norms can play in informing intervention strategies against IPV, especially in rural areas.

Therefore, the aim of this article is to examine the linkages between social norms and IPV, particularly in rural areas, and how social norms can promote or prevent intervention strategies. The article also examines the implications of these linkages for social work practice and policy. The first section of the paper focuses on conceptualising IPV and social norms. The second section discusses social norms through the ecological and intersectional theoretical perspectives and examines how these norms facilitate IPV perpetuation and hinder IPV intervention. The last section focuses on the implications of social norms and IPV for social work practice and policy, with a focus on how social norms can also facilitate IPV prevention.

CONCEPTUALISING SOCIAL NORMS

Social norms are informal/unwritten rules and shared preferences derived from social systems that dictate the behaviour expected, allowed or sanctioned in particular situations (World Health Organisation (WHO), 2009; Baldry & Pagliaro, 2014; Guala, 2017; Clark *et al.*, 2018). People follow these prescribed rules because they i) perceive that other people are following and conforming to the rules, ii) perceive that other members of society expect the rules to be followed, and iii) recognise that failure to conform to the social norms results in social disapproval and punishment (Baldry & Pagliaro, 2014; Guala, 2017; Strauss *et al.*, 2017; Clark *et al.*, 2018). Similarly, an individual's perception of the expected behaviour also matters for adherence to the social norms of a particular society. In this regard, researchers have grouped social norms into two broad categories: descriptive norms and injunctive norms. Firstly, descriptive norms refer to perceptions about what members of social groups ought to do (e.g. in certain communities it is accepted practice for husbands to beat their wives). Injunctive norms refer to consensus about a prescribed or prohibited behaviour (e.g. in our community it is acceptable for men to beat their wives when they are deemed to have done wrong) (Linos *et al.*, 2013; Lilleston Goldmann & McCleary-Sills, 2017; Clark *et al.*, 2018). In addition to the issue of understanding social norms, Cislaghi and Heise (2018) provide four main compliance mechanisms that people use to conform to social norms. These are, firstly, coordination: to achieve a goal in a society, there is need for coordination; hence people comply with the rules of the society. Secondly, there is social pressure: anticipation of rewards or social punishment can force to people to comply with social norms even when they don't feel like doing so. The third compliance mechanism is signalling and symbolism, which entail showing membership of a society, or group that people belong to, and adhering to the rules/norms specific to it. Fourthly, there are reference points: people internalise norms that are considered normal so that they comply automatically. Research has indicated that in sub-Saharan Africa social norms are mostly acknowledged in rural areas, where they are regarded as mechanisms for maintaining social order and social coordination, as they reflect beliefs, attitudes, behaviours and moral judgements about what is right and wrong (Matavire, 2012; Conroy, 2014; McCloskey *et al.*, 2016; Chigwata, 2016). For example, they ensure social coherence, consensus regarding values and beliefs and less tolerance of diversity, which ultimately results in social order (Riddell, Ford-Gilboe & Leipert, 2009). In line with this, a study conducted in Muzarabani, a rural area in Zimbabwe, reported that among the Shona tribe social norms are premised on the principle of *unhu* (personhood and morality), and the community defines an individual as a person who adheres to the prescribed traditional values and ethics in order to maintain society's dignity and integrity (Matavire, 2012).

Personal attitudes, beliefs and moral judgements stem from a person's positive or negative evaluation of something (Linos *et al.*, 2013). Even when personal attitudes are not congruent with social norms, social norms can exert a great influence on how an individual behaves in particular circumstances and situations (Linos *et al.*, 2013; Baldry & Pagliaro, 2014; Lilleston *et al.*, 2017; Ogundipe *et al.*, 2018).

Therefore, for a social norm to be perpetuated, the majority of people do not have to believe it is true or not; rather, they simply perceive that society believes it to be right (Lilleston *et al*., 2017).

Social norms do not operate in isolation: they are influenced by other social forces such as culture and religion. In Malawi and South Asia social norms that relate to child marriages and the sexual abuse of young girls are reinforced by entrenched beliefs in the system of patriarchy that minimises women's and girls' rights to their own body (Malhotra, Warner, McGonagle, Lee-Rife, Powell, Cantrell. & Trasi, 2011; Mwambene & Mawodza, 2017). Similarly, in countries like Sierra Leone and Senegal, social norms that are related to female genital mutilation are deeply rooted in rural cultural and religious beliefs that view this practice as proof of female decency and fertility (Kandala & Komba, 2015; Lillestone *et al*., 2017). In Zimbabwe, virginity testing is highly valued in rural areas and regarded as a sign of honour to the husband, families and the community. A study conducted by Matswetu and Bhana (2018) in Shamva, a rural area in Mashonaland Central in Zimbabwe, indicated that women who get married as non-virgins are not respected and are often humiliated by their husbands, as they are regarded as incomplete This increases their vulnerability to IPV. Additionally, a study conducted in Mashonaland Central in Zimbabwe indicated that women in rural areas are regarded as carriers of culture and are tasked with the responsibility of ensuring that young girls and women adhere to the traditional norms of *kudhonza matinji* (labia elongation) (Venganai, 2016). As such women in urban areas rely on them for guidance on labia elongation. This is done to ensure that men get maximum pleasure during sexual intercourse and also to curb promiscuity. Thus, women who get married without undergoing the labia elongation process are regarded as incomplete and become vulnerable to IPV (Venganai, 2016).

SOCIAL NORMS AND IPV

Among the many possible explanations of the high prevalence of IPV globally, particularly in sub-Saharan Africa, are social norms that perpetuate and justify male dominance within families and societies. A number of social norms have been identified that singly or jointly increase the risk of women experiencing IPV. These include cultural and religious practices such as female genital mutilation (Kandala & Komba, 2015); male dominance and superiority over women within families and society (McCloskey *et al*., 2016); acceptance of wife-beating as a way of 'correcting a stray wife' and a sign of love (Oyediran & Feyisetan, 2017); family privacy and stigma associated with divorce or being unmarried (Matavire, 2012); women's responsibility to maintain a marriage and their reproductive role (Shamu, Abrahams, Zarowsky, Shefer & Temmerman, 2013); social norms surrounding *lobola* (bride-price) payment, which acts as a compromising factor in IPV tolerance (Mesatywa, 2014); and men's entitlement to sex (Mukanangana, Moyo, Zvoushe & Rusinga, 2014). These social norms have been ingrained in some women in rural areas to such an extent that there is a tolerance of abuse and thus a heightened vulnerability to IPV. Also, because their rights are violated, women's productivity diminishes and in some instances such violation can cause premature death, which has dire consequences for both the family and the welfare of children. In situations where they become unproductive, there is over-reliance on the partner because of the fear of being left destitute without a source of income. Thus, for women experiencing IPV, it becomes very difficult to leave abusive relationships, as they feel they will not be able to provide for their children.

Furthermore, attributes of masculinity are associated with dominance and aggression, with men holding the decision-making power in marriages (Mesatywa, 2014; Clark *et al*., 2018). Traditionally *lobola* (bride-price), referred to as *roora* in Zimbabwe, has always been regarded as a noble practice that gives status to both men and women. A study conducted in Zimbabwe on Christian women's experiences of IPV indicates that *lobola* has become the basis of oppression, which ultimately results in IPV (Chireshe, 2015). The social norms around *lobola* (such as entitlement to sex as a conjugal right and submission to the husband even when he is wrong) has a silencing effect on women and give males power over them. Consequently, women are forced to accept violence in their marriages, as they feel

that by virtue of the *lobola* payment IPV is normal and should not be questioned (Matavire, 2012; Chireshe, 2015).

Male dominance had been recorded as higher in rural than in urban areas because of the nature of rural communities and their strong adherence to social norms (Riddell *et al*., 2009). Accordingly, women who reside in rural areas are at a higher risk of IPV than their urban counterparts are. Patriarchal views and social norms are strongly upheld in rural communities, and this rural culture (common understandings, values, ideas and practices in a rural location) reinforces adherence to these norms and evinces less tolerance for non-conforming behaviour (Riddell *et al*., 2009; Conroy, 2014). Consequently, the fear of social sanctions and disapproval causes people to condone and accept violent behaviour (Lilleston *et al*., 2017). Hence, a population of both men and women still regard IPV perpetrated by the husband as a normal occurrence in marriages (Linos *et al*., 2013). A study conducted in 17 African countries revealed that more than half of the women surveyed justified and accepted IPV scenarios in their marriages and families (Linos *et al*., 2013; McCloskey et al., 2017).

In the same vein, social norms do influence the responses of informal support systems and bystanders (neighbours, friends, community members) to IPV. These are important people, for they provide immediate informal support to victims of IPV. Their reaction to IPV cases is strongly influenced by the extent of the violation and the behavioural social scripts (patterns of behaviour learned and motivated by social norms that prescribe how a person should react in a particular situation) (Banyard, Edwards, Moschella & Seavey, 2018). In her study of a rural area in Zimbabwe Matavire (2012) argues that social norms do not allow disclosure of family matters to the public, as this destroys the dignity and integrity of the family – hence victims/survivors consign IPV to the private realm. Thus, moral judgements and beliefs are overridden by social norms (privacy concerns) and consequently individuals comply and do not intervene or offer help to IPV victims (Baldry & Pagliaro. 2014; Clark et al., 2018). Additionally, the police, who are often the first outside formal point of intervention for victims of IPV, often avoid dealing with such cases because of intrapersonal factors (beliefs and attitudes) and contextual factors (behavioural social scripts, characteristics of the situation) that are influenced by social norms that determine the decision to help or not (Baldry & Pagliaro, 2014). Most of the time police leniency to perpetrators and blaming victims for disobedience is are so ingrained in the social norms that they conform in a way that condones male dominance (Baldry & Pagliaro, 2014). A study conducted in the Western Cape in South Africa indicated that police officers also resort to victim blaming and upholding the patriarchal views and beliefs of the communities that they serve (Retief & Green, 2015). This then supports the patriarchal assumption that the women who are often victims of IPV must have provoked the perpetrator and they deserve the treatment they received (McCloskey *et al*., 2016). Therefore, help is limited, as the behavioural social scripts regard IPV as an acceptable way of dealing with conflicts in an intimate relationship (Riddell *et al*., 2009; Banyard *et al*., 2018).

The above discussion makes it clear that the acceptability of IPV and its perpetuation are not reliant only on social norms: different factors also come into play. No single social variable causes IPV: the phenomenon is a consequence of different factors operating at different levels of the social ecology that tend to influence each other. The ecology of factors contributing to IPV goes beyond one driver. Social norms have not been clearly examined jointly with other social variables (i.e. education, geographical location, class, patriarchy) that also influence the perpetuation of IPV, particularly in rural areas, although research on IPV prevalence and its consequences is growing. Understanding how social norms intersect with other factors is fundamental to unearthing the different pathways that cause people to conform to certain practices, IPV included.

Theoretical underpinnings

The scholarship on intersectional feminism examines the multiplicity and interactivity of different social variables and how they influence the realities and lived experiences of different population groups (Gopaldas, 2013; Hill-Collins & Bilge, 2016). Intersectionality gained currency when women of colour and feminists began to explain their experiences and struggles in society and movements for

change in the late 1980s and early 1990s. Crenshaw is credited for coining the term to explain how various systems of oppression converge to marginalise women of colour. According to Gopaldas, (2013) the concept of intersectionality has been expanded and moves beyond specific social identity structures (i.e. race, gender and class) to include other social variables such as age, ethnicity, religion, education, physical ability to mention but a few depending on the context. Thus, intersectionality has become applicable in different contexts and population groups and now integrates other marginalised groups of society (such as women residing in rural areas). Additionally, intersectionality brings to the fore the debate on homogeneity with regard to the perpetuation of IPV. There are differences in population groups that are often deemed homogeneous (in terms of their lived experiences) such as women and men. For instance, women residing in urban areas may find difficulties in reporting cases of IPV because of their gender and attitudes and the beliefs of police officers who condone the consigning of IPV cases to the realm of privacy within the family institution (Retief & Green, 2015). These urban women will have a relative advantage over women residing in a rural setting, where police stations and health services are not available and women are mostly unemployed, which makes escaping the abusive relationship difficult. In the same vein, a study conducted on IPV in Zimbabwe showed that women in rural areas experience IPV more than their urban counterparts because of their low employment status, weak access to resources, their geographical location and lower levels of education, which all constrain their decision-making powers in intimate relationships (Fidan & Bui, 2015). This makes it clear that the perpetration of IPV varies according to the politics of location.

The intersection of social norms with other social variables impacts on the struggles and experiences that are linked to the marginalisation of poor women, particularly those residing in rural areas. A study conducted in South Africa with Xhosa women residing in rural areas revealed that the intersection of social norms relating to *lobola* payment, their poor family background, unemployment because of lack of education and their geographical location means that they have limited access to opportunities and resources contributed to their vulnerability to IPV and limited their ability to escape violent relationships (Mesatywa, 2014). Similarly, a study conducted in Zimbabwe indicated that social norms relating to patriarchy and a husband's conjugal rights following payment of *lobola*, limited access to knowledge and adherence to a religion that promotes forced marriage heightened women's risk of IPV and limited their chances of leaving abusive relationships (Mukanangana *et al*., 2014). Thus focusing on social norms alone is inadequate in as far as IPV against women, especially those residing in rural areas, is concerned.

Similarly, Bronfenbrenner's (1979) ecological model also explains the various social systems in which human beings live as a series of layers. The ecological model posits that throughout the development of humans there is a reciprocal interaction of objects, humans and their environment (Salihu, Wilson, King, Marty & Whiteman, 2015). The interactions of different factors on the four levels (individual, relationship, political and societal) of social ecology could contribute to IPV. This interaction determines the behaviour of a person, including perpetrators' and victims' reactions to IPV. Hence the environment and the norms associated with it play a significant role in the perpetuation of IPV. A recent study by Eriksson and Mazerolle (2015) on child abuse, which observed IPV by male perpetrators, indicates how the influence of the environment can explain the transmission of violence across groups and generations through children learning from the family and the society at large. The results of the study indicate that violence is also transmitted through the acquisition of beliefs, norms and attitudes that individuals conform to that are considered as appropriate behaviour in society (Eriksson & Mazerolle, 2015). This speaks to the internalisation of social norms that condone the abuse of women, which in turn reinforces the acceptability of IPV against women.

The systems theory further explains the interaction of social norms and other elements in perpetuating IPV. According to systems theory, any system consists of subordinate subsystems that are interrelated to make up a whole. It focuses on social homeostasis (the system maintaining a relatively stable state of balance) which, when disturbed, can readjust itself and regain social stability (Zastrow-Kirst Ashman, 2010). This then means that through social norms the 'system' maintains its stability and, if disturbed,

in readjusting itself it applies 'social sanctions and social rejection' to those who do not comply with the social norms of the system. Therefore, the subsystems (families, individuals) feel compelled to conform to rules that keep the system (society) together through adhering to social norms. Hence, male perpetrators of IPV are deemed right by society for exercising their masculine authority over women, particularly in rural areas where patriarchy is strongly recognised and regarded as a sign of power and dominance, which in turn maintains order and stability (McCloskey et al., 2016).

IMPLICATIONS FOR SOCIAL WORK PRACTICE AND POLICY

The existence of IPV and its consequences for the wellbeing of women, especially those residing in rural communities, cannot be ignored. Individuals are part of the ecosystem of society; hence the ability to solve social problems, IPV included, also enhances their wellbeing and functioning. IPV is deeply rooted in traditional social norms and ideologies. The role of these social norms and traditional values and beliefs cannot be ignored. It has been argued that social work practice in Africa fails to tackle social problems because it deploys skills and strategies that are deeply rooted in European standards and principles. Baffoe and Dako-Gyeke (2013) argue that social work education that also incorporates gender studies in Africa is largely embedded in the dictates and principles of the European community. Thus, it fails to have the desired impact in addressing social problems such as poverty and IPV. For example, social work practice in Zimbabwe dates back to the colonial era, and the fact that present-day social work still uses the dictates and principles of the Global North tends to make communities unreceptive of the social work skills and intervention strategies (Baffoe & Dako-Gyeke 2013; Dziro, 2013). This is largely due to the incongruence of the social workers' ethical principles and the social norms of the clients or communities. Yan (2008) argues that social work ethical principles (such as self-determination and respect for an individual) are incompatible with various social norms that prescribe male domination and put much emphasis on the subordination of women. Thus, social work practice in rural areas becomes a mammoth task, given the nature and extent of the influence of social norms on behaviour and limited access to resources (Chiwara & Lombard, 2017).

It is important then for social workers to ensure that their skills and intervention strategies address the foundation of IPV, which is the traditional belief system that prevails in different contexts. As social workers strive to ensure sustainable intervention strategies in dealing with IPV, it is critical that they understand the social norms that can perpetuate or change attitudes relating to IPV. Additionally, social workers are encouraged to establish a close and engaging relationship with victims/survivors of IPV. In creating rapport, they will be able to identify the problems emanating from different social norms and provide the necessary professional assistance. Research conducted by Keeling and Van Wormer (2012) revealed that women affected by IPV are usually scared of social workers, because to them social workers do not consider their plight but are instead more concerned with the removal of the child(ren) from the abusive environment. These women indicated that they are in conflict with the system that is meant to help them and regard social work as a professional way of abusing them and taking away their children. Thus, instead of helping the victims/survivors of IPV, the social workers actually hurt them by taking away their children, which is traumatising and painful for them.

Changing attitudes, beliefs and behaviour influenced by social norms is critical in IPV intervention. Social norms can either emphasise continuity of beliefs and attitudes, or they can actively promote change (Giddens & Sutton, 2017). Marx and Delport (2017) argue that sustainable change implies transformation in attitudes and the self, which points to behavioural changes. Such shifts in attitude and beliefs can best be informed by health behaviour change models such as the Health Belief Model (HBM). HBM is a psychological model which explains health behaviours by focusing on individuals' attitudes and beliefs (Jones, Jensen, Scherr, Brown, Christy & Weaver, 2015). Such an intervention model can assist in changing injunctive norms that support IPV (Lilleston et al., 2017). Moreover, Clark et al. (2018) and Ogundipe et al. (2018) argue that if a large number of people shift their attitudes and beliefs and change their behaviour, injunctive norms become less effective. A good example is the SASA! (KiSwahili word meaning 'now') programme in Uganda which seeks to reassess the norms

around the acceptability of violence and gender inequality (McCloskey et al., 2016). Lilleston *et al.* (2017) further argue that shifting social norms also entails directly challenging descriptive norms and injunctive norms. It is critical for social workers practising within IPV-tolerant spaces, especially those who work in rural communities, to engage not only with victims, but also with different stakeholders (such as chiefs, headmen) who are responsible for ensuring that social norms are being adhered to in their communities (Ogundipe *et al.*, 2018). Hence a comprehensive approach to social work practice within the IPV space should address the co-existing adversities and the way that they interconnect in perpetuating IPV (Etherington & Baker, 2018).

Behaviour change in shifting norms that condone IPV also requires structural changes. Therefore, policy formulation on violence against women, IPV included, should incorporate an intersectional approach that seeks to address the way different groups of society experience inequality and oppression. Policies that target a single aspect of identity (e.g. gender or class) fail to respond to the multifaceted problems that shape women's experiences of IPV. Etherington and Baker (2018) concur and argue that policies that do not adequately address the different levels of inequalities and how they intersect in perpetuating IPV become ineffective. For instance, a policy that addresses gender issues in relation to IPV without taking into consideration the influence of class, literacy, ethnicity, religion and geographical location becomes ineffective. Thus, social workers who work within different IPV spaces and consult such policies face difficulties in serving the communities, as the policies fail to speak to the actual practical situations. Hence, policy analysts can use the notion of intersectionality to identify disparities in the existing policies and programmes, and thus determine how they can eliminate the unwanted consequences (Etherington & Baker, 2018). Additionally, formal laws and policies may be less desirable than the social sanctions imposed on individuals who violate social norms (Lilleston *et al.*, 2017). Such a move has been witnessed in Zimbabwe through the enactment of the Domestic Violence Act (2007), which criminalises violence against women.

CONCLUSION

This article provided an overview of the linkages between IPV and social norms. A detailed conceptualisation of social norms was presented and the key elements of these norms were discussed. The discussion went on to provide linkages between IPV and social norms and considered how these facilitate IPV and hinder IPV prevention. The article also focused on the implications of these linkages on social work practice and how social norms can be adapted to also facilitate the prevention of IPV against women. Based on the discussion it is recommended that social workers working within IPV spaces, especially in rural areas, ensure that the intervention strategies that they use to deal with IPV also take into consideration the role that social norms play. Also, further research on the intervention strategies that social workers working in rural areas use and their efficacy in ameliorating IPV should be undertaken. This could also include the influence of bystanders and how social workers can actually empower them, as they are often the first point of contact for IPV victims.

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