

## WOMEN LIVED EXPERIENCES OF INTIMATE PARTNER VIOLENCE: NARRATIVES OF BASOTHO WOMEN SURVIVORS IN MASERU, LESOTHO

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### Abstract

Intimate Partner Violence is a critical global concern that undermines the rights and welfare of those experiencing it. Despite extensive international and national efforts to eradicate violence, intimate partner violence continues to persist. This study explored the lived experiences of women survivors of intimate partner violence in Maseru, Lesotho. A qualitative approach employing phenomenological design was used to cover the depth of participants' experiences. The study was conducted at a government-established shelter that provides refuge and support to women affected by violence. The study population was women residing in the shelter, from which twelve were selected through purposive and convenience sampling techniques. Data was collected through focus group discussions and analysed using thematic analysis. Findings revealed that participants were in relationships that were initially characterized by affection and care, but which gradually evolved into cycles of intimidation, control and escalating abuse. Participants reported experiencing multiple forms of intimate partner violence, such as psychological, physical, economic/financial and sexual abuse, which had profound effects on their physical, emotional and psychological wellbeing. Based on the findings, the study recommends enforcement of legal frameworks, strengthening public awareness on identification, prevention and response to intimate partner violence as well as an increased and decentralized services for victims and survivors of violence.

### Keywords

*Intimate Partner Violence, Lesotho, survivors, physical violence, psychological violence, economic violence, sexual violence.*

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## 1. Introduction

Intimate Partner Violence (IPV) is a widespread public health and social concern, affecting at least one-third of women globally (Heise, 2012; WHO, 2019). IPV happens in intimate relationships, perpetrated by either men or women (Howard-Bostic, 2014). According to the World Health Organisation (2019), IPV is “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion and psychological abuse and controlling behaviour”. While IPV can be perpetrated by either males or females, studies have shown high prevalence among women (Jung *et al.*, 2019; Laskey *et al.*, 2019; WHO, 2021). Gender-based violence including IPV remains a pervasive and deeply entrenched issue affecting many women in Lesotho (Mabetha, 2018; Tadesse *et al.*, 2025; Ndaule & Thabane, 2024).

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According to a study conducted by Gender Links (2015) 86% of women in Lesotho had experienced some form of violence in their lifetimes and 40% of men confirmed having perpetrated acts of violence. The persistence of Intimate Partner Violence is heavily influenced by entrenched cultural norms, beliefs and traditional practices that often normalize abuse within intimate relationships (Mabena *et al.*, 2025; Matela, 2020; Ndaule & Thabane, 2024). Lesotho's sociocultural context further complicates efforts to address IPV. Practices such as *bohali/lobola* (bride price), proverbs like '*mosali o ngalla mots'eo*' and entrenched gender roles often reinforce male dominance and female subordination within households. These practices have historically reinforced the expectation that women should endure abuse to preserve family unity and uphold societal reputation (Muche *et al.*, 2017; Moono *et al.*, 2020; Ndaule & Thabane, 2024). Lesotho Demographic Health Survey 2014 revealed that there are 33% of women and 40% of men who think it is justifiable for a husband to beat his wife without a specific reason (Ministry of Health Lesotho, 2016). Many women remain in abusive relationships due to economic dependency, social stigma and fear of community rejection (Lyons & Brewer, 2022; Kainazarova *et al.*, 2025; Mabunda *et al.*, 2025). While legislative measures such as the Sexual Offences Act, 2003, Counter Domestic Violence Act, 2022 and Legal Capacity of Married Persons Act, 2006, represent important steps towards eradication of violence, enforcement and survivor-centered interventions remain limited across the country.

## 2. Literature review

Intimate Partner Violence (IPV) is recognized globally as both a major public health issue and a violation of human rights, deeply rooted in gendered power inequalities and reinforced by cultural and societal norms (Gupta, 2006; Mazza *et al.*, 2021; Meyer *et al.*, 2024; McCloskey *et al.*, 2016). While men can also be victims, women are reportedly experiencing IPV more compared to their male counterparts (Sangeetha *et al.*, 2022; Scheffer Lindgren & Renck, 2008). Intimate Partner Violence (IPV) manifests in multiple and overlapping forms that collectively undermine the physical, emotional and economic well-being of survivors (Wessells & Kostelny, 2022). Heise and Kotsadam (2015) and the World Health Organization (2021) categorize IPV into physical, emotional, psychological, financial (economic) and sexual violence. Survivors often experience co-occurring and cumulative abuse, where emotional degradation accompanies physical violence and financial restriction reinforces psychological control (Lin *et al.*, 2023). The coexistence of multiple forms intensify the trauma experienced by victims and complicate recovery (Ouellet *et al.*, 2022; Scott-Storey, 2011). In the Lesotho context, the normalization of male dominance and limited access to protective services further perpetuate these cycles, making it difficult for survivors to identify or articulate the abuse they endure (Gender Links, 2015; Mashiloane, 2005).

### 2.1. Psychological Intimate Partner Violence

Psychological Intimate Partner Violence is a constellation of verbal and non-verbal tactics such as coercive control, emotional manipulation, verbal degradation and persistent intimidation that gradually diminish a victim's autonomy and sense of worth (Clark & Carpenter, 2004; Hamel *et al.*, 2024; Lohmann *et al.*, 2024; Sanderson, 2018). These behaviors are deliberate efforts to assert dominance, manipulate the victim's reality and maintain power within the relationship (Babcock *et al.*, 2008; Hamberger *et al.*, 2017;

Johnson *et al.*, 2022; Straus & Graham, 2019). Through these tactics, perpetrators seek to dominate and control, leading to the erosion of victims' self-esteem and self-identity. Frequently, this extends to enforced isolation from family, friends and social networks, leaving victims increasingly dependent on the abuser (Khan & Akram, 2025; White, 2016). According to Slabbert and Green (2013), this form of abuse is particularly destructive because it is inflicted by individuals who are expected to provide love and protection, thereby creating deep emotional conflict and confusion. Victims often internalize feelings of inadequacy, guilt and worthlessness as the abuse progresses, resulting in severe emotional degradation and psychological dependency.

The consequences of psychological IPV are profound, severe, multifaceted and lasting. Survivors often experience anxiety, depression, chronic stress, diminished self-esteem, sleep disturbances and trauma-related symptoms, withdrawal, social detachment and difficulty forming or maintaining healthy relationships (Li *et al.*, 2025; Rowlands, 2024; Wessells & Kostelny, 2022). Feelings of incompetence, social phobia and a distorted self-image are common (Angel Soria-Verde *et al.*, 2019). The psychological damage may also manifest in self-destructive behaviors, including substance abuse, self-harm, suicidal ideation and other forms of emotional dysregulation (Stewart *et al.*, 2015). Importantly, psychological IPV frequently co-occurs with physical or sexual violence, compounding its effects and intensifying trauma (WHO, 2012; Joyner & Mash, 2012). The health repercussions are equally severe. Victims often report insomnia, depression, anxiety, loss of appetite, decreased libido and symptoms of post-traumatic stress disorder (Kapiga *et al.*, 2017; Wessells & Kostelny, 2022).

## ***2.2. Economic/Financial Intimate Partner Violence***

Economic or Financial Intimate Partner Violence involves behaviors that restrict a partner's access to financial resources, limit their economic autonomy or undermine their ability to achieve financial stability (Adams *et al.*, 2008; Khan & Akram, 2025; Mellar *et al.*, 2024; Johnson *et al.*, 2022). These acts become visible when perpetrators are limiting a partner's access to money or influence over financial choices, taking advantage of their finances through actions like theft or creating debt in their name and undermining their ability to work or pursue education by interfering with transportation, childcare or work-related responsibilities (Adams *et al.*, 2008; Kaittila *et al.*, 2024; Mellar *et al.*, 2024).

The literature consistently demonstrates that economic IPV plays a central role in maintaining power imbalances and reinforcing dependency within abusive relationships (Mellar *et al.*, 2024). By restricting financial independence, perpetrators significantly reduce a partner's ability to leave the relationship or seek support, thereby prolonging exposure to other forms of IPV (Johnson *et al.*, 2022; Mellar *et al.*, 2024). The consequences of economic IPV are wide-ranging and long-term. Victims may experience chronic financial instability, damaged credit, job loss, educational disruption and persistent poverty (Johnson *et al.*, 2022). These economic hardships can exacerbate mental health issues such as anxiety, depression and trauma-related stress, creating a cycle in which reduced financial capacity limits access to medical care, psychological support and safe housing.

### 2.3. *Physical Intimate Partner Violence*

Physical Intimate Partner Violence (IPV) constitutes one of the most visible and widely studied forms of IPV. It encompasses a spectrum of behavior such as slapping, kicking, choking, stabbing and other assaults that may lead to serious or fatal injuries (Dicola & Spaar, 2016; Reich *et al.*, 2015; Johnson *et al.*, 2022). It often co-occurs with other forms of abuse, including economic, sexual and psychological violence, amplifying the survivor's trauma and reducing their ability to escape the relationship (Ayowole *et al.*, 2025; Wessells & Kostelny, 2022). Although its manifestations may appear episodic, research emphasizes that physical IPV often unfolds within broader patterns of dominance, coercive control and escalating aggression, rather than as isolated incidents of conflict (Dichter *et al.*, 2018; Jouriles & McDonald, 2015; Wesenberg *et al.*, 2025).

Extensive literature highlights the severe physical and health-related consequences associated with this form of violence (Blom *et al.*, 2024; Pate & Simonic, 2021). Survivors commonly experience acute injuries, bruises, fractures, lacerations, head trauma as well as chronic conditions such as persistent pain, gastrointestinal disorders, reproductive health problems and long-term disability (Blom *et al.*, 2024; Khan & Akram, 2025; Pate & Simonic, 2021; Sheridan & Nash, 2007). Physical IPV is also strongly linked to elevated risks of depression, anxiety, post-traumatic stress disorder, substance use and suicidal ideation (Blom *et al.*, 2024; Lagdon *et al.*, 2014; Pate & Simonič, 2021; White *et al.*, 2020). These impacts are not limited to the period of violence; many persist for years and can result in sustained healthcare needs, diminished quality of life and impaired socio-economic functioning (Johnson *et al.*, 2022).

### 2.4. *Sexual Intimate Partner Violence*

Sexual Intimate Partner Violence (IPV) is recognized as a deeply invasive and harmful form of intimate partner abuse that involves coercion, manipulation or force to engage in unwanted sexual activity (Bagwell-Gray, 2021; Sanchez *et al.*, 2024). The literature consistently demonstrates that sexual IPV often co-occurs with other forms of abuse, especially physical and psychological violence and is strongly associated with patterns of coercive control (Ayowole *et al.*, 2025; Dichter *et al.*, 2018; Khan & Akram, 2025; Wessells & Kostelny, 2022). Its impacts are profound and wide-ranging; survivors frequently experience physical consequences such as genital trauma, sexually transmitted infections, chronic pelvic pain and complications related to reproductive health with many long-term reporting difficulties in trust and intimacy (Costa & Botelho, 2020; Lagdon *et al.*, 2021; Shamu *et al.*, 2018; WHO, 2021). Social stigma surrounding sexual abuse within marriage often silences survivors and discourages help-seeking, thereby perpetuating continued victimization and emotional isolation (Abrahams *et al.*, 2014; Yakubovich *et al.*, 2023).

## 3. Methodology

This article presents part of the study that was conducted between February and April 2022, as part of the first author's requirements for the award of Master of Social Work Degree at National University of Lesotho. Permission to conduct the study was granted by the National University of Lesotho and entry into the shelter was provided by the Department of Gender. The study employed a qualitative research approach along with phenomenological research design (Creswell, 2014; Flick, 2022). The study site was at a government-owned shelter that provides refuge and support to women affected by

violence in Lesotho. This site provided the firsthand opportunity to explore the lived experiences of women who experienced IPV. The population of the study was women residing and receiving support services at the shelter. Twelve female survivors of IPV were recruited for participation using purposive sampling methods (Gray, 2018, Polit & Beck, 2010).

Data was collected through focus group discussions (FDG) (Bryman, 2016; Kondowe & Booyens, 2014). All focus groups were conducted in Sesotho, audio-recorded, transcribed and translated to English language. Two FDG were formed, with each composed of 6 participants and lasted between one hour and one hour and forty-five minutes, with data saturation being reached in the second FDG. Thematic analysis was used to analyze data (Braun & Clarke, 2012); thus, the data analysis process was guided by the six steps as propounded by Braun and Clarke (2012). Ethical considerations were observed throughout the study. Thus, the study process and procedures were explained to the shelter management, as well as the participants (Brink, 2018). Participation was entirely voluntary and all participants were informed of their right to withdraw from participation at any time without consequences. Throughout the study confidentiality was maintained, interviews were conducted in a room where only the researcher and the participants had access. Furthermore, all audio-records and transcripts were kept securely with only the authors having access. Additionally, anonymity was maintained by labeling participants numerically as “*Participant 1 to Participant 12*”. Rigour in this qualitative study was ensured through the criteria of credibility, dependability, confirmability and transferability (Lincoln & Guba, 2013). Credibility was enhanced through prolonged engagement, data saturation and verbatim transcription and translation of focus group discussions (Polit & Beck, 2018). Dependability was maintained by keeping a detailed audit trail and applying a systematic thematic analysis process (Polit & Beck, 2018). Confirmability was strengthened through reflexivity and the use of participants’ verbatim quotations to ground findings in the data (Lim, 2024; Amin *et al.*, 2020). Transferability was supported through rich descriptions of the study context and research processes, allowing readers to assess the applicability of the findings to similar settings (Collis & Hussey, 2021; Polit & Beck, 2018).

#### **4. Findings**

Twelve participants took part in this study and they were all females. The youngest participant was 20 years old and the oldest was 60 years old. Half (6/12) of the participants were still married (although residing at the shelter), three divorced, two separated and one was single. Their educational backgrounds varied, with half (6/12) of the participants having attained tertiary education, three with secondary education, two with primary education and one with a high school qualification.

The section below presents themes that emerged during data analysis. The themes are categorized as physical IPV, psychological IPV, economic/financial IPV and sexual IPV.

##### **a) Physical intimate partner violence**

Physical violence emerged as a prominent and severe form of intimate partner abuse among participants, often escalating to the use of weapons and resulting in serious, life-threatening injuries. Participants’ narratives revealed repeated and deliberate acts of assault, including beatings with household and farming tools, threats of death and incidents of strangulation, underscoring the extreme nature of the violence and the vulnerability of those affected.

*“He would beat me with a spade. It was very painful and left bruises on my shoulder” (Participant 3).*

*“He took a metal rod and beat me with it. He broke my arm which is now dysfunctional. He continued to beat me until he grabbed a butcher knife from the drawer to stab me” (P5, FDG2).*

*“My ex-husband would severely beat me with ‘molamu’ and threaten to kill me if ever I can seek help” (Participant 9).*

*“At first, I thought he was just being playful, he threw a can of beer at me and I caught it, then he started taking off his belt and locked our bedroom door, pushed me to the wall and strangled my neck. I could not even shout or breathe” (Participant 7).*

Some participants experienced physical abuse by their intimate partners that did not involve weapons; however, the assaults still resulted in serious injuries, including bruising, internal trauma such as cracked ribs and long-term physical impairments.

*“My husband used to slap, kick me and do whatever was possible, thereby leaving me with bruises. I had internal bleeding, which left me unable to conceive now. I would put on heavy make-up for my friends and colleagues to not see me and ask questions” (Participant 12).*

*“He would kick me so badly and step on me with his boots. Whenever I tried to get up, he would kick me again until I could not get up. I had internal bleeding and my whole body was bruised” (Participant 10).*

*“My ex-boyfriend abused me every chance he had. He would beat me together with my two-year-old child. I still have a twisted ankle from his merciless beatings; I cannot walk properly and now depend on crutches” (Participant 11).*

*“My partner once came back home very drunk, for no reason she started beating and he strangled me. I don’t know where I got the power to push him back, as he fell, I quickly unlocked the door and ran” (Participant 9).*

#### **b) Psychological intimate partner violence**

Participants narrated multiple experiences of psychological intimate partner violence (IPV), encompassing stalking, controlling behaviors, social isolation, humiliation, blackmail, the use of demeaning language and victim-blaming. Many participants perceived these forms of abuse as having a more enduring and damaging impact than physical or other forms of IPV, due to their persistent and intrusive nature.

*“My ex-husband did not allow me to be part of any social group claiming that they would make me corrupt. I had to come up with excuses to meet up with other people, he would track all my moves, so much that I realized later that he had installed a tracker on my phone” (Participant 1).*

*“I was not allowed to talk to anyone besides him not even women, because he claimed that they would connect me to ‘potential’ me. Although he worked far from home, he still had his own means of monitoring my movements” (Participant 12).*

*“My ex-husband was extremely controlling; he would call my workplace’s reception to check if I have knocked off, especially during the days when I knock off at 2pm. He calculated the time it takes me to travel from work to home and he always said by 2:30pm I should be home. It was so stressful that I was often forced to leave my work unfinished and rush home. If I failed to do so, he would insult me terribly and call me humiliating names” (Participant 1).*

*“He was so controlling and that affected me so much, he would choose what I should wear and what not to wear. He never wanted me to wear jewelry and tight clothes because he claimed that it exposed my body. The sad part is that he cheated on me with*

*several women who wore exactly those revealing clothes and make-up that he didn't want me to wear” (Participant 8).*

Participants reported experiencing humiliation perpetrated by their intimate partners. They described the inexplicable and degrading behaviors of their partners, caused deep embarrassment, undermined their self-esteem and negatively affected their relationships with others.

*“That man did not trust anyone around me, not even my colleagues. He repeatedly took my phone and called every male contact to ask how we were related and in the process, he insulted them terribly. This behavior caused people to avoid me and stop interacting with me because they did not want to be insulted. The only people he trusted me to be with were his mother and sister-in-law” (Participant 7).*

*“His behaviour was worsening so much that he even went to my workplace to ensure that indeed there was a work trip that I was assigned to lead. He just stormed into the office and started shouting and insulting me and my boss. My boss was so furious and called the security” (Participant 4).*

*“He once came to my workplace very drunk and started calling me letekatse [promiscuous women] me in front of my colleagues, when the security guards tried to stop him, it was like they opened a can of worms, he started insulting them, saying that they stop him because they get sex from me. I was so embarrassed” (Participant 12).*

Blackmail stood out as a form of psychological intimate partner violence (IPV), deliberately employed by partners to discourage participants from seeking help, with some partners resorting to threats of killing, bewitching or divorcing them should they attempt to disclose the abuse or seek external support.

*“I was horribly beaten, when I was planning to go to the hospital and report my husband. He told me that he had many friends who are police officers, so he is well connected. Even if I can report to him, I would not get any assistance and that reporting him would only make things worse between us. Because of his threats, I found no use in seeking help from the police station” (Participant 4).*

*“After a series of physical abuses, he told me that if ever I leave or report him, his traditional doctor would bewitch me” (Participant 7).*

*“He warned me that if I ever tell anyone about the abuse, he will make sure my family suffers, believe me, I was terrified and stayed silent” (Participant 3).*

*“Whenever I tried seeking help, he threatened to divorce me and take everything that I have, because he is well connected with Judges. I felt trapped in that relationship. Until I decide that I leave him, my life comes first” (Participant 10).*

### **c) Economic intimate partner violence**

Economic intimate partner violence emerged as a deliberate strategy by partners to control and limit participants' financial autonomy. Participants reported being denied access to bank accounts or cards, coerced into quitting their jobs and having loans taken out in their names, thereby restricting their independence and increasing their dependence on the abusive partner.

*“I was married to a man who never cared about finances, his drinking habit made us into several debts. He would go to an extent to take my bank cards and identity documents and make credits by my name” (Participant 9).*

*“He made me quit my job, because he claimed I was dating my supervisor. The sad part was that he was not working and I had to take care of the family. He had so many loans, which I had to settle” (Participant 12).*

*“Whenever he was angry, he would withhold all money and even take credit card, bank cards. I would beg him even for money to buy sanitary pads” (Participant 5).*

*“I had to quit my job; he would tell me that a woman must stay home and depend on a man. For anything I needed, I would have to beg him and he would just refuse to show that he has power over me” (Participant 3).*

*“One night he beat me so badly that I could not walk, eat or bathe myself. I called his boss to report him and his boss arranged a meeting to hear my story and intervene. He said that if I attended the meeting, he would stop supporting me and the children financially because I was ruining his relationship with his boss. I cancelled the appointment out of fear. Since I was unemployed and he was the only one working, I did not know how I would survive with the children without his support” (Participant 10).*

#### **d) Sexual violence**

Participants described experiences of sexual intimate partner violence characterized by coercion, forced sex and lack of consent. Their narratives reveal how abuse was often compounded by physical violence, emotional manipulation and exposure to sexually transmitted infections, highlighting the profound impact of sexual IPV on their autonomy, health and well-being. Some reported being subjected to acts that caused severe physical injury, trauma and illness, including conditions that required hospitalization.

*“He would watch pornography and tell me to do to him what those women on the videos were doing to their partners. It was so traumatizing because if I didn’t do it as he wanted, he would beat me and tie me up and force himself on me” (Participant 5).*

*“He always wanted sex, even when I was sick, he would just force me to have sex. I never enjoyed being intimate with him, because he never considered how I felt. It was so extreme that even when he was having STIs, he wanted sex” (Participant 4).*

*“My ex-husband cheated and he had STIs, but he always found a way to blame me for his mistakes. He accused me of cheating and claimed that I was the one who infected him” (Participant 6).*

*“He was very abusive and defensive. He would beat me and then blame me for his actions. I was unhappy about it, so much that I had to live with it, that I will always be blamed” (Participant 8).*

Participants described how their partners used sexual behavior both within and outside the relationship as a deliberate strategy to assert dominance, humiliate them and exert control. Through verbal degradation, infidelity and public or intentional displays of sexual activity with other women, partners reinforced power imbalances and inflicted emotional and psychological harm.

*“He would tell me directly that since I had children, he was no longer enjoying me. He would say awful things like, ‘I wonder if any man would enjoy your sex. I know where I am getting sexual pleasure, so I am leaving right now bye!’” (Participant 5).*

*“He brought his concubine to our house. My ex-boyfriend knew very well that I was there, yet they went into another room and had sexual intercourse. They moaned and screamed loudly so that I would feel jealous. I waited for them to finish, then I boiled five liters of water and threw it on the body of that concubine” (Participant 11).*

While some participants experienced sexual IPV through coercion and forced intercourse, others faced a contrasting form of abuse, denial of intimacy. Participants narrated that their husbands withheld sexual intercourse while engaging in extramarital relationships, leaving them humiliated, neglected and emotionally distressed.

*“I was a stay-at-home woman, faithful and loyal, never cheating. Do you know how he rewarded me? He infected me with STIs. My vagina smelled so bad that even he could not stand the odor and he decided to deny me sex for months. But trust me, he was still sleeping around. He made me feel that he was getting it somewhere else” (Participant 7).*

*“He deliberately denied me sexual intercourse with him, he would always complain that he is tired, our level of intimacy was so low. So, I really got worried and took it upon myself to investigate what the problem was. Surprisingly, I found that he was having an affair outside our marriage” (Participant 5).*

## 5. Discussion

This study explored the multifaceted experiences of intimate partner violence (IPV) among women in Lesotho, highlighting the physical, psychological, economic and sexual dimensions of abuse. Consistent with findings of previous studies such as DiCola and Spaar, (2016); Reich et al. (2015); Johnson et al. (2022); Mellar et al. (2024); Muche et al. (2017); Moono et al. (2020); Ndaule and Thabane (2024), the findings reveal the severity, persistence and interrelatedness of these forms of violence, underscoring the complex ways in which IPV undermines women’s autonomy, health and well-being. For some participants, there was a cyclical occurrence of IPV, with some participants experiencing all forms of IPV at different intervals (DiCola & Spaar, 2016; Fraga *et al.*, 2017; Gage & Thomas, 2017; Sanz-Barbero *et al.*, 2019). Often, these experiences started little and escalated to severe forms of violence by the partners.

Physical IPV emerged as a prominent and severe form of abuse, often involving the use of weapons and resulting in life-threatening injuries and long-term physical impairments. The use of household and farming tools, strangulation and threats of death reflects an extreme level of violence that aligns with existing literature identifying weapon use and choking as predictors of severe injury and femicide (WHO, 2013; Campbell *et al.*, 2016). The findings indicate that physical violence was frequently deliberate and repetitive, suggesting that it functioned not merely as impulsive aggression but as a method of asserting dominance and instilling fear (Dichter *et al.*, 2018; Jouriles & McDonald, 2015; Wesenberg & Tedeschini, & 2025). The long-term consequences of physical IPV reported by participants including infertility, chronic pain and disability highlight the enduring health impacts of abuse (Khan & Akram, 2025; White, 2016). Consistent with previous studies, women often concealed visible injuries through clothing or makeup to avoid stigma and questioning, which further delayed help-seeking and medical intervention (Ayowole *et al.*, 2025; Bradley *et al.*, 2020; Dichter *et al.*, 2018; Khan & Akram, 2025; Wessells & Kostelny, 2022; Henry *et al.*, 2023).

Psychological IPV emerged as pervasive and deeply damaging, with many participants describing it as more harmful than physical violence. Experiences of surveillance, isolation, humiliation emerged as coercive control tactics, used by participants’ partners to systematically restrict their autonomy and sense of self-worth (Li *et al.*, 2025; Rowlands, 2024; Wessells & Kostelny, 2025). Public humiliation, particularly in workplaces, further compounded participants’ distress by undermining their professional credibility and social support networks. Such behaviors have been shown to erode self-esteem and increase dependence on the abusive partner, thereby reducing the likelihood of disclosure or escape (Li *et al.*, 2025; Rowlands, 2024; Wessells & Kostelny, 2025; Clark & Carpenter, 2004; Hamel *et al.*, 2024; Lohmann *et al.*, 2024; Sanderson, 2018). The use of blackmail and threats ranging from violence and

bewitchment to legal manipulation demonstrates how fear was intentionally cultivated to silence victims and maintain control.

Economic IPV played a critical role in reinforcing women's dependence on abusive partners. Participants' experiences of restricted access to finances, coerced unemployment and debt incurred in their names reflect patterns documented in prior research, where financial abuse serves as a powerful mechanism of entrapment (Adams *et al.*, 2008; Khan & Akram, 2025; Mellar *et al.*, 2024; Johnson *et al.*, 2022). The deliberate denial of basic necessities, such as sanitary products, highlights the extent to which economic abuse was used to degrade and dehumanize women. The intersection of economic abuse with childcare responsibilities further constrained women's ability to leave abusive relationships, thereby prolonging their exposure to violence (Johnson *et al.*, 2022; Mellar *et al.*, 2024). Fear of financial abandonment emerged as a significant barrier to help-seeking, particularly among unemployed participants. These findings emphasize that economic IPV is not merely a secondary form of abuse but a central strategy that sustains other forms of violence.

Sexual IPV was characterized by coercion, forced intercourse, denial of consent, exposure to sexually transmitted infections and sexual humiliation (Costa & Botelho, 2020; Lagdon *et al.*, 2021; Shamu *et al.*, 2018; WHO, 2021). Participants' narratives reveal a profound disregard for women's bodily autonomy, often justified through cultural beliefs surrounding marital entitlement and bride price. Such justifications have been widely documented in patriarchal contexts, where women's sexual consent within marriage is often negated (Jewkes *et al.*, 2019). The intentional transmission of STIs, coupled with victim-blaming and denial of medical care, underscores the intersection of sexual violence with psychological and economic abuse. Sexual IPV extended beyond physical acts to include deliberate infidelity, public sexual humiliation and denial of intimacy, reinforcing power imbalances and emotional suffering. These findings align with literature that conceptualizes sexual violence within IPV as a tool for control, punishment and degradation rather than solely sexual gratification (Ayouwole *et al.*, 2025; Dichter *et al.*, 2018; Khan & Akram, 2025; Wessells & Kostelny, 2022; WHO, 2019; Joyner & Mash, 2014).

## **6. Implications for practice and policy in Lesotho**

The findings have significant implications for policy, intervention and support services in Lesotho. The severity and multidimensional nature of intimate partner violence (IPV) highlight the need for comprehensive, integrated support systems that address all forms of IPV concurrently. The key service providers such as health professionals, social workers, law enforcement officers and village chiefs, need to be continuously capacitated to recognize and respond effectively to overlapping physical, psychological and sexual violence. There is a need for economic empowerment programs for women that can reduce vulnerability and enhance their ability to leave abusive relationships. Awareness campaigns should be done continuously to educate the public on violence, with emphasis on the psychological and sexual dimensions of IPV, which are often less visible but equally damaging. Temporary shelters and safety homes should be established across all ten districts of Lesotho, providing not only immediate protection but also longer-term transitional support that allows survivors time to heal, plan and rebuild their lives safely. Structured, evidence-based perpetrator rehabilitation programs within Lesotho Correctional Services should be strengthened and standardized, incorporating behavior change interventions and counseling.

## 7. Conclusion

This study underscores the profound and multifaceted nature of intimate partner violence, demonstrating that physical, psychological, economic and sexual abuse are deeply interconnected and collectively undermine women's autonomy, health and well-being. Interventions must be comprehensive, addressing not only immediate physical injuries but also the enduring psychological, economic and sexual harm caused by IPV. Recognizing and responding to all forms of abuse is essential for promoting survivors' safety, empowerment and recovery. Beyond supporting survivors, interventions must also focus on rehabilitating perpetrators, as many survivors return to their homes after receiving postviolence care. Without addressing the behavior of perpetrators, survivors remain at risk of repeated abuse, making rehabilitation a critical step toward breaking cycles of violence and fostering safer family and community environments.

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### **Ethical approval and informed consent statement**

Approval to conduct this study was provided by the National University of Lesotho and access to the study site was approved by the Department of Gender Lesotho. Participants provided written consent, with consent forms written both in Sesotho and English language.

### **Data availability statement**

The data that support the findings of this study are available from the authors, but restrictions apply to their availability.

### **Author contributions**

All authors contributed to the drafting, write up and approval of the final version of this manuscript prior to submission.

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