

**Women Shelter Residents' Experiences of Intimate Partner Violence: A Digital
Storytelling Project**

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Abstract

Intimate partner violence and more generally gender-based violence (GBV) are worldwide issues that threaten the health of the public and people's rights, and South Africa is no exception. In the context of South Africa, IPV is especially prevalent in contexts of high levels of violence against women, shaped by intersectional factors such as race, class, and culture, and various forms of power that perpetrate and perpetuate inequality and dominance over women. Understanding the contextual factors behind IPV from the viewpoint of women survivors is critical to obtaining a thorough understanding of the various contexts in which it occurs. This is crucial for understanding the identities implicated in violent experiences. The purpose of this study was to examine the experiences of South African women in shelters who experienced violence. Using intersectionality theory as a lens, it examined how racial, cultural, and class-related identity markers influence and shape IPV. Participatory action research (PAR) methodologies and digital storytelling (DST) in visual and digital formats were used to explore the narratives and experiences of women exposed to IPV. Purposive sampling was used to recruit a sample of nine women residing at St Anne's Homes, a shelter for abused women and children situated in Cape Town. Semi-structured qualitative interviews were conducted with each participant. In addition, a half-day DST training workshop was conducted for the women where they were trained on DST. Thereafter, the women were asked to take images and videos that represented their narratives of violence. The interviews, images, and digital stories were transcribed and analysed through a thematic narrative analysis. Six themes around women's experiences of violence and the support received from the shelter were established. Themes covered: 'narratives of loneliness and feeling stuck'; 'narratives of control'; 'drugs and alcohol: a cause and response to IPV'; 'consequences of abuse'; 'narratives of escaping'; and 'shelter: refuge, empowerment, and independence'. A key contribution of this study was women's narration of the impact of structural inequalities on their experiences. Furthermore, the women constructed a variety of reasons for their experiences of abuse, notably with drug and alcohol abuse among them. Another key finding dealt with the women's identities as mothers and how this was central to their motivation to escape their abusive environments. By using DST to advance a social justice agenda, the method was able to create a space for particular narratives to emerge.

Keywords: *intimate partner violence, narrative, shelter, intersectionality, digital storytelling*

Chapter One: An Introduction to IPV in South Africa

1.1 Introduction

This introductory chapter sets the context for the present study, which examines women survivors' experiences of intimate partner violence (IPV) and their journey towards leaving abusive circumstances to seek support in a shelter in South Africa. The chapter begins by defining and discussing the various types of violence against women and outlines the impact of IPV against women in South Africa. This leads to a discussion on the factors responsible for the prevalence and persistence of IPV in South Africa. Thereafter, the chapter discusses shelters as potential support systems for survivors of IPV. The chapter concludes with an outline of the structure of this thesis.

1.2 Defining Gender-Based Violence

Gender-based violence is a prevalent, worldwide problem that is recognised as a threat to public health and human rights (Decker et al., 2015); South Africa is not excluded from its pervasiveness (Mazibuko & Umejesi, 2015). According to the United Nations General Assembly Declaration on the Elimination of Violence Against Women, GBV is defined as, “any act that results in or is likely to result in physical, sexual, or psychological harm or suffering, whether occurring in public or private life” (Decker et al., 2015, p. 188-189). Men, women, and children are all victims of GBV, but it is generally recognised that women and children are more likely to experience the most extreme forms of GBV (South African Human Rights Commission (SAHRC), 2018). According to the Centre for the Study of Violence and Reconciliation (CSVR), globally GBV refers to violence that occurs owing to unequal power relations and unrealistic role expectations for a certain gender (CSVR, 2017). Thus, the term refers to the specific experiences of harm and violence women are subjected to.

The UN further expands the definition of GBV to include any form of violence that prevents women from experiencing and enjoying equality and the same rights and freedoms as men (SAHRC), 2018). Global research on GBV traditionally focuses on the prevalence of sexual and physical violence in intimate relationships as well as its adverse health effects which include: unwanted pregnancies; sexually transmitted diseases such as Human Immunodeficiency Virus (HIV); substance addiction, and mental health issues (Decker et al., 2015). The issue of GBV is complex and multifaceted and includes acts such as domestic violence, intimate partner violence (physical, psychological, and sexual harm that occurs in

intimate relationships including marriage or dating relationships), and sexual violence (including sexual assault or abuse). Additionally, it includes physical abuse (i.e., acts or threats designed to cause physical injury or suffering), psychological abuse (i.e., humiliating behaviour such as name-calling, repeated insults, or compulsive jealousy, and possession of property), and economic abuse (i.e., withdrawal of financial resources including household requirements, or unauthorised use of household property)(Mpani & Nsibande, 2015).

1.3 The Prevalence of IPV Against Women in South Africa

IPV, as defined by the Centers for Disease Control and Prevention (CDC), is harmful behaviour that occurs in romantic relationships by either a former or current intimate partner, such as physical violence, sexual abuse, stalking, and emotional harm (Breiding et al., 2015). In many cases, IPV occurs within the home and as such it is a type of domestic violence (CSVR, 2017). In South Africa, domestic violence is defined by the Domestic Violence Act No. 116 of 1998 as actions involving physical, sexual, psychological, verbal, economic, stalking, or harassment. In addition, this definition covers damages to property as well as controlling behaviours.

Globally, the problem of IPV persists, despite the intense attention drawn to it by various governments such as via the signing of declarations. Thus, IPV results in endangering women's safety and causes them to live in fear. South Africa has been reported to have the highest level of violence against women, and women lead lives designed to avoid violence, even when no danger is imminent (Anon, 2020). According to a Gauteng survey from 2010, 51% of women reported experiencing IPV in some way, and 76% of men reported perpetrating it. Similarly, according to the 2019/2020 figures, a woman in South Africa dies every three hours at the hands of her intimate partner, and 21% of women report that they have been assaulted by their partners (Anon, 2020; StatsSA, 2020). Additionally, femicide rates in South Africa are five times higher than the global average (Segalo & Fine, 2020). An act of femicide is the intentional killing of women and girls for their gender (Garcia-Moreno, Guedes & Knerr, 2012). Also pertinent to note is the correlation between the coronavirus disease (COVID-19) pandemic and the rise in IPV cases in South Africa, owing to the forced confinement of women with their abusers; this has further exacerbated an existing problem (Anon, 2020; Segalo & Fine, 2020).

What is further known about violence against women in South Africa is that between three and nine women are raped daily, cementing the assertion of South Africa as the rape capital of the world (Anon, 2020). In fact, sexual violence is the most prominent form of

violence against women in South Africa and accounts for IPV and non-partner violence (CSVR, 2017). Furthermore, women in intimate relationships such as marriages are said to be the most at risk of experiencing extreme forms of IPV. Hence, South Africa's IPV rates are more than 2.5 times higher than the global average (CSVR, 2017). The statistics do not reflect the number of cases of IPV that are unreported, making it difficult to accurately report the prevalence of IPV in South Africa.

1.4 Explanations of IPV in South Africa

Women's deaths are not the only result of IPV, even though this is the most extreme outcome. Studies have been conducted to explore the lived effects of IPV as well as the potential causes and risk factors. In these studies, a variety of risk factors are presented that contribute to a complex understanding of IPV and the context in which it occurs (Mpani & Nsibande, 2015). In literature, there is widespread agreement that using an ecological model can assist in understanding the risk factors of violence against women in South Africa (Mpani & Nsibande, 2015). Notably, societal, and individual risk factors can be used to explain the pervasiveness of violence against women. Societal risk factors are concerned with factors such as poverty, and economic and social deprivation, and an unreliable criminal justice system (Boonzaier & Gordon, 2015; Gill, 2018; Mogale et al., 2012). Individual risk factors, in contrast, refer to intersectional factors such as gender, age, and educational level. The latter factors are also concerned with causes such as an early exposure to violence and the consumption of alcohol (Mpani & Nsibande, 2015). While the literature points to the use of this ecological model to understand the factors that contribute to violence against women, understanding how constructions of masculinity and femininity reinforce and support IPV in South Africa is just as important.

Recent feminist scholarship has established that the central tenets of masculinity are associated with gendered dominance, namely controlling and subordinating women and dominating men who possess subordinate masculinities (Langa, 2020); thus, violence is seen as an important precept of masculinity (Boonzaier et al., 2020; Van Niekerk & Boonzaier, 2016). In light of this, Moolman (2013) suggests that hegemonic masculinity as a dominant form of masculinity associated with power is implicated in the perpetration of gendered and sexual violence in South Africa. Although some scholars have argued that colonialism and apartheid established a culture of violence in South Africa that, in turn, produced violent masculinities (Boonzaier et al., 2020; Jewkes & Morrell, 2010; Van Niekerk & Boonzaier, 2016; Van Niekerk, 2019), both media and academic discourse problematise black bodies

positioning black women as inherently at risk of violence and black men as perpetrators. This discourse fails to consider how histories, communities, and cultural norms not only inform masculine and feminine identities but also underpin violence against women in South Africa (Gibbs et al., 2014; Gibbs et al., 2018; Graaff & Heinecken, 2017; Langa, 2020; Langa & Kiguwa, 2013; Van Niekerk & Boonzaier, 2016). The discussion of the construction of social identities that inform the perpetration above makes a case for understanding women's intersectional experiences of violence in South Africa. The causes of IPV in South Africa serve to highlight the consequences of IPV, which range from physical and reproductive health consequences such as sexually transmitted diseases, unwanted pregnancies, and adverse pregnancy outcomes, as well as adverse psychological outcomes such as depression, low self-esteem, and post-traumatic stress disorder (PTSD) (Crossman & Hardesty, 2018).

1.5 Support Systems for Victims of IPV in South Africa

South Africa is known for its progressive constitution (The Constitution of the Republic of South Africa, 1996), legal frameworks, and GBV bills (e.g., the Criminal and Related Matters Bill, the Domestic Violence Amendment Bill). These were put in place to address human rights violations, such as IPV (Anon, 2020). Yet the latter remains unaddressed in South Africa, despite efforts from law enforcement, health, and social services (CSVR, 2017); this is the case because victims are likely to feel trapped, especially if they feel unprotected by the criminal justice system (Kim & Gray, 2008; Seedat et al., 2009). Thus, there is a perception that reports of violence against women lead to very little justice (CSVR, 2017). Consequently, there remains a need for government-endorsed responses and interventions to adequately address the issue of IPV. Specifically, Seedat and colleagues (2009) argue that more resources should be allocated to social services like shelters, so as to adequately protect and provide services for women who experience IPV. The importance of this is because once a woman leaves an abusive relationship or environment, she often faces a difficult decision of where to seek safety. In this regard, shelters serve as a refuge where victims of violence may flee in search of safety.

Accordingly, it is important to consider the ways in which women who seek shelter services are supported. Shelters can act as spaces that provide women with psychological, legal, and medical support while helping women in a number of areas (Fernández-González et al., 2019; Wathen et al., 2011). Unfortunately, research into shelters in South Africa is limited mainly to exploring the circumstances that cause women to leave their abusive circumstances (Baholo et al., 2015). Missing from this research is an exploration of the contextual factors

which have contributed to abuse in the lives of the women which can help support providers such as shelters offer specific services and support.

1.6 Thesis Outline

This first chapter has contextualised IPV in the South African context and has briefly explored shelters as support systems available to women survivors, thus making a case for why the current study is of importance. Chapter Two reviews literature related to IPV in South Africa. A feminist lens is presented to understand and interpret the literature, that is, a perspective that takes an intersectional look at violence against women. Thereafter, the chapter reviews the literature focusing on how intersectional identities such as race, class, and culture shape women's experiences of violence. The chapter ends off by offering the rationale, aims, and research questions of the study. In Chapter Three, the research methodology employed in this study is outlined. The chapter details the theoretical framework and participatory action research (PAR) approaches, namely digital storytelling (DST) employed in the data collection process. Additionally, the chapter describes the study context, participants, and analysis procedure; it then ends with a discussion of ethical considerations and the researcher's reflections on the research process. Chapter Four presents the findings of the study and outlines the six main themes that emerged from the data. In concluding the dissertation, Chapter Five summarises the research findings and discusses the limitations of the study. The chapter then concludes with recommendations for future research on IPV.

Chapter Two: Research on IPV

2.1. Introduction

This chapter takes an intersectional perspective on women's experiences of violence. It reviews the literature on how race, class, and culture intersect with gender to shape women's experiences of intimate partner violence. The chapter reviews scholarship on the use and role of support systems such as shelters in assisting women who have experienced abuse. A rationale for investigating IPV-related factors follows, and the chapter concludes with the presentation of the research questions and study aims.

2.2. Understanding IPV through the Feminist Lens

International research highlights that women are vulnerable to experiencing IPV (Decker et al., 2015), emphasising the global relevance of this phenomenon. These findings are reiterated in the South African literature (Jewkes, 2002; Mazibuko & Umejesi, 2015; Mogale et al., 2012). In South Africa, violence against women is an endemic social problem (Boonzaier & De La Rey, 2003). The World Health Organization (WHO) has declared that South Africa has one of the highest rates of violence against women in the world (Mpani & Nsibandé, 2015), with one in four women being assaulted by their partners every week, and one woman being killed by her partner every six hours (Mazibuko & Umejesi, 2015). Femicide rates in South Africa are reported to be five times higher than the global average (Segalo & Fine, 2020). The manifestation of violence takes place against an interaction among race, gender, class, and various forms of power (i.e., patriarchy, state violence against oppressed individuals, and communities, etc.) that all work to inform the inequality of, and domination imposed on, women (Boonzaier & De La Rey, 2003; Gill, 2018).

2.3. Examining IPV from an Intersectional Perspective

IPV is a serious human rights issue and global health problem (Ellsberg et al., 2021). It is an inescapable and unfortunately constant dynamic of human existence (Segalo & Fine, 2020). Researchers have explored some of the causes, predictors, and contexts of IPV (Ellsberg et al., 2021; Navarro-Mantas et al., 2021; Segalo & Fine, 2020), attempting to explain some of the complexities of this phenomenon; even with the overabundance of research in this field, IPV persists, both globally and locally. A woman's experience of violence can be complicated

by a variety of factors. In South Africa, this is influenced by racial, class, spatial, and cultural factors (Boonzaier & De La Rey, 2003; Gill, 2018); as a result, an intersectional analysis of women's experiences of violence is necessary in understanding how it occurs and persists. Kimberlé Crenshaw coined the term intersectionality to describe the complex and cumulative ways that multiple forms of discrimination overlap, particularly in marginalized populations (Merriam-webster, 2022). In the sections that follow, literature is reviewed on South African women's experiences of violence from an intersectional perspective by examining how race, class, and culture intersect to impact intimate relationships and their experience with IPV. Intersectionality can be used to understand the complexities of social identities. It focuses on how identity is constructed through race, class, gender, and other dynamics. Here, what is crucial is how these social identities also work to inform the oppression of black women (Moolman, 2013).

2.3.1. Race and IPV

In the literature on IPV, women are positioned as 'vulnerable' and 'at risk' for experiencing violence across a variety of contexts, as such scholarship on IPV presumes that women are inherently at risk for experiencing this violence (Boonzaier, 2018; Boonzaier et al., 2020). Although there is extensive research on IPV, it has previously only focused on the experiences of white women and men. In response to this, researchers have begun to focus attention on the fact that women of colour face vulnerabilities that increase their vulnerability to violence (Duhaney, 2021); however, this literature has been complicit in homogenising the experiences of women of colour. This argument is consistent with how research on IPV erroneously assumes that women of colour are at greater risk of experiencing violence, while white women are protected (Segalo & Fine, 2020). Boonzaier (2018) argues that there exists an overarching discourse that frames marginalised and vulnerable groups (e.g., black women, young people, and LGBTQIA individuals) as inherently at risk of experiencing violence, making it seem that violence against these persons is inescapable. Although it is true that black women continue to be sidelined, brutalised, violated, and ignored in ways that make it seem that their existence does not matter. This calls into question black women's humanity; GBV, in its varying forms, is a persistent challenge confronting all women, girls, and transgendered people (Segalo & Fine, 2020). However, literature and media discourse demonstrate that black women are often the victims of violence, both in society and in intimate relationships (Steele et al., 2017). In their study, Steele et al. (2017) examined the intersectionality between perceptions of gender, race, socio-economic status, and IPV among women in the United

States. The aim of the study was to explore rates of IPV among non-heterosexual women using a diverse sample of women. In their study, the authors note how race and ethnicity are associated with higher rates of IPV victimisation. In other words, black women experience higher rates of IPV compared to white women. As a result, it is argued that multiple forms of oppression relate to experiences of IPV, including race, gender, class, and sexuality (Steele et al., 2017). Therefore, violence against women can be understood more comprehensively if we understand how race impacts and intersects with women's experiences of violence.

Scholarly work exploring black women's experiences of violence focuses on economic and structural marginalisation, as well as socially constructed processes such as poverty, punitive criminal justice systems, and violence (Duhaney, 2021; Segalo and Fine, 2020; Waltermauer et al. 2006). These factors shape their experience of violence (Duhaney, 2021), thereby positioning black women at the bottom of the social hierarchy. Much of what is known about black women's experiences of violence is that it is a result of cumulative and traumatic experiences occurring both in public and private domains. For example, in their work Segalo and Fine (2020) found that intimate relationships act as sites that mimic and enact structural and state violence, and that in all homes women are often left to bear the brunt of structural violence and intimate partner violence. In addition, black women's risk of victimisation is understood to be exacerbated by situational contexts, such as substance abuse (Duhaney, 2021) that are used as a precursor or a response to the violence. Waltermauer et al. (2006) explored the relationship between perceived racial discrimination, IPV and health outcomes of a group of women in the United States. The authors sought to measure perceived racial discrimination, IPV types, mental and physical health outcomes, and demographic information. The results of the study found black women particularly susceptible to IPV and adverse health outcomes. Although previous literature has argued that socio-economic class puts black women at higher risk for experiencing IPV instead of race; the results of the study showed the correlation between race, IPV and negative health outcomes amongst black women. The effect of IPV on women's health is important when considering factors that further compromise black women's health. Boonzaier (2018) suggests that women are more susceptible to violence in situations that involve drugs and alcohol (as is the case in black communities). Despite this, she claims that focusing on women's consumption of substances implies that they are implicitly producing violence through behaviours that make them more vulnerable to victimisation.

Furthermore, stereotypical images of black women portray them as aggressive, angry, and strong, compounding their experiences of violence (Rosenthal & Lobel, 2016). The fact that

these images are often juxtaposed with the imagery of the passive, battered, and helpless white woman – a trope associated with white women – is of particular importance here. In addition to minimising black women's experiences of violence, these images reinforce the narrative that they can overcome obstacles on their own, but they also question the credibility of their status as 'victims' (Duhaney, 2021). Black women who experience IPV must also deal with social, cultural, and familial barriers that hinder their ability to speak out. Duhaney (2021) and Waltermaurer et al. (2006) make the argument that combined experiences of racism and sexism may impede black women from leaving abusive relationships. In addition, women may be fearful of further discrimination, and as a consequence, they may not seek assistance or seek criminal justice services since police have traditionally brutally targeted black communities (Crenshaw, 1991; Waltermaurer et al., 2006). In addition to how race is implicated in women's experiences of violence, intersectionality argues that social class and race cannot be separated, because they are intertwined.

Socio-economic difficulties are seen to be one of the factors that explain violence against women. Violence can indeed be found at all class levels, but social factors such as poverty and economic difficulties are prevalent in black communities and make women more vulnerable (Steele et al., 2017). Low educational attainment and unemployment are also considered significant risk indicators for victimisation among women (Boonzaier & Van Schalkwyk, 2011; Ptacek, 2016). Because of this, IPV rates are higher in working-class areas and poorer households than in wealthier ones. In her study, Boonzaier (2005) found that women who were employed and the sole breadwinner while their partners struggled with chronic unemployment, were more vulnerable to experiencing IPV, as their male partners often were unable to provide for their families. This subsequently threatened their performance of successful masculinity and invoked feelings of powerlessness. These feelings consequently were employed in justifying violence against women. Boonzaier's (2005) study further demonstrates how men respond when feelings of emasculation are invoked, which are further echoed in that poverty and unemployment amongst men resulted in feelings of shame, humiliation, and a loss of self-respect. A study by Steele et al. (2017) located in Chicago found that abusive partners were more likely to prevent women from obtaining employment and furthering their education, which led to the victim staying in the relationship or returning due to financial worries. IPV adversely affects the economic stability of women and their ability to meet their basic needs because of job instability (Steele et al., 2017). Furthermore, survivors of IPV often lose their jobs as a direct result of the abuse they have been subjected to (Broaddus, 2020). A key factor associated with the economic insecurity of survivors of abuse is the notion

that black women are at higher risk for psychological consequences associated with IPV, because there is a greater chance they will be poor (Broaddus, 2020). In fact, according to Broaddus (2020) approximately 90% of patients that visit the emergency department in the US are African Americans from impoverished communities. In contrast, the disparaging inequality gap in South Africa which is characterised by extreme poverty and high rates of unemployment means that at times, women may be the only breadwinners in their homes, while their partners struggle to find employment (Seedat et al., 2009); this is often the case among poor and working-class communities (Ptacek, 2021).

Poor women are subject to severe forms of violence (Boonzaier & Van Schalkwyk, 2011). Ptacek (2021), in his study on women's experiences of abuse from male partners across all classes, found that working-class and poor women reported permanent injuries because of the violence endured in the relationships. In addition, poor women were likely to be threatened with physical violence to have sex or be forced to have sex. Likewise, Boonzaier and Van Schalkwyk (2011) in their study examining the dynamics of IPV among poor women of colour in South Africa, found that women described experiencing psychological, physical, and sexual violence in their relationships. According to Broaddus (2020) the survival of GBV of any kind is closely related to mental health issues. The fact that poor women are more likely to experience GBV in all its forms also means that they lack the resources necessary to access much-needed mental health services. Therefore, poor women are disadvantaged even further.

Mpani and Nsiband (2015) make a case for understanding risk factors that contribute to the pervasiveness of violence using an ecological model. According to the authors, these risk factors can be divided into four categories: societal, community, relationship, and individual factors. Of importance here are societal and individual risk factors. The former is concerned with elements such as poverty, societal, and economic deprivations, and a weak criminal justice system (Boonzaier & Gordon, 2015; Gill, 2018; Mogale et al., 2012); the latter refers to early exposure to violence, age, gender, and educational level. Individual risk factors are also associated with the overconsumption of alcohol and substances that are associated with increased levels of interpersonal violence (Mpani & Nsiband, 2015). Although an ecological model for explaining women's risk for victimisation is helpful to understanding the social circumstances that predict violence against women (Mpani & Nsiband, 2015), it can be argued that the model reinforces discourses of normalisation and inescapability of violence for women (Boonzaier, 2018). Moreover, it essentialises women's experiences of violence, thus making it seem that a certain group of people are vulnerable to experiencing violence. Although

scholarship on IPV does demonstrate a prevalence of violence among poorer communities, current literature does not sufficiently explain the relationship between IPV and socio-economic position, as middle- and upper-class communities also experience IPV (Kiss et al., 2012). In this regard, literature suggests that women with greater economic resources are less likely to remain in abusive relationships or to return to them due to their ability to meet their economic needs (Steele et al., 2017). However, across all class levels, class status is transient for women as many women's financial security and economic status are tied to a man (Ptacek, 2016). Therefore, financial stability or the lack thereof does not adequately explain the pervasiveness or the causes of IPV (Kiss et al., 2012; Mazibuko & Umejesi, 2015). Kiss et al. (2012) argue that the relationship between IPV and poverty is not linear or unidirectional but rather complex and nuanced. Thus, the contextual factors that shape women's experiences of violence such as culture can be used to better explain the ways in which South African women experience violence.

2.3.2. Cultural beliefs related to IPV

Globally, violence against women is prevalent, and the staggering rates across certain countries suggest that cultural factors are closely related to it (Do et al., 2013). The role of culture is imperative to understanding men's violence against women, as well as the ways in which gender norms reinforce it (Boonzaier, 2005; Graaff & Heineken, 2017). While culturally endorsed gender roles are closely linked to violence against women, the links between gender roles and violence are in fact quite complex and culturally specific (Strebel et al., 2006). As discussed here, cultural beliefs refer to the customs, beliefs, social habits, and attitudes of a specific group that are passed on from generation to generation (Ross et al., 2021). It is thought that the prevalence of GBV both in society and within intimate relationships stems from ingrained attitudes that tolerate violence against women; such ideas include the notion that beating a woman is a sign of love or that men have the right to be abusive towards women (Abrahams & Jewkes, 2005; McCarthy et al., 2018; Ross et al., 2021; WHO, 2021). The issue with such beliefs is that they are widely held both by men and women. Ross et al. (2021) examined the perspectives of IPV among university students in Limpopo Province, South Africa. The authors conducted research with women university students to determine their perceptions of IPV on campus and to assess if there were any factors that could inform culturally tailored IPV interventions for university students in South Africa. In their analysis, Ross and colleagues found that women students believed that being physically abused by a

man was an expression of love. Furthermore, although some of the students recognised how attitudes and beliefs contribute to IPV, the women students could not agree that such attitudes needed to be addressed. The authors acknowledge that the students' perspectives of IPV were related to the province in which the study was carried out; Limpopo, one of South Africa's nine provinces, has traditional governance structures that shape culture and social practises that reinforce toxic masculinity and violence against women.

Similarly, attitudes about abuse were accessed in a survey conducted by Statistics South Africa (Stats SA) to determine the causes of crime against women in South Africa in 2018; results from this survey reveal that approximately 2.3% of women and 3.3% of men believe that it is acceptable for a man to beat a woman. These results illustrate some of the challenges that are posed in trying to completely eradicate IPV in South Africa. This is particularly the case if there are men and women that still believe that it is acceptable to be physically abused by a man (Stats SA, 2018). As such, such cultural beliefs have been theorised as risk factors for IPV (Do et al., 2013). Similarly, gender norms associated with male dominance and women's submissiveness further enforce the perpetration of violence against women (Ross et al., 2021). Marks et al. (2009) make the assertion that attitudes around IPV associated with intergenerational cultural beliefs work to keep women in abusive relationships because violence is normalised or because it has been witnessed in their homes or local communities. Due to the fact that they may have witnessed violence at home or in their communities, young women may continue in abusive relationships because they perceive it to be normal and acceptable (Ross et al., 2020). Another factor contributing to violence against women is historical sexism (Ross et al., 2021). This is primarily due to the fact that black women were not encouraged to work during apartheid. As a result, a man's role of providing for the family and their traditional gender roles when it comes to the home might be undermined. As a consequence, women were not considered equals when it came to decision-making, resulting in their passivity.

Contextual framing contributes to understanding the influences of violent behaviour, including the role of gender identities (Kiss et al., 2012). The importance of this contextual framing lies in understanding the factors that uphold the occurrence of IPV and the factors that contribute to women's experiences of violence. However, this contextualisation also demonstrates some of the obstacles that make it difficult for women who experience abuse to seek assistance in order to remain safe. Therefore, understanding how and under what circumstances women survivors use essential resources such as GBV shelters is equally crucial

to thinking about initiatives that target the pervasiveness of IPV (Galano et al., 2013; Perez-Trujillo & Quintane, 2017).

2.4. Shelters as Support Systems

Studies on GBV reveal that South Africa has a strong Constitution which includes legal frameworks and associated laws that seek to protect women from various kinds of harm and violations (e.g., Domestic Violence Act 116 of 1998 and the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007) (Boonzaier & Gordon, 2015; SAHRC, 2018). Despite this framework, the state's responses to GBV in its various forms are not only inadequate, but also punitive and predominately dealt with through the criminal justice system. The literature has criticised the responses as being weak and largely not in favour of the victim; these responses further act as a barrier that prevents abused women from seeking assistance (Carter, 2002; Boonzaier & Gordon, 2015). The alarmingly high rates of violence against women therefore persist in South Africa (Van Schalkwyk, 2014).

Thus, despite the state's efforts to thwart GBV in South Africa through the passing of laws specifically targeted at GBV and human rights, the violence remains ubiquitous (Mogale et al., 2012). In recent years, research on IPV has explored responses to violence; however, the burden of violence remains prevalent with victims both feeling trapped into staying in their respective abusive relationships and unprotected by the criminal justice system (Kim & Gray, 2008; Seedat et al., 2009). Women who experience abuse are less likely to leave an abusive relationship if they do not feel protected, pointing to the need to protect victims of IPV (Kim & Gray, 2008). Police serve either as barriers that prevent women from escaping or as catalysts to help them escape. Sadly, one of the biggest barriers to protecting victims of IPV lies in the inadequate police response to IPV.

Seedat and colleagues (2009) argue that there remains a need for adequate government-endorsed responses to IPV; this is because appropriate responses to violence against women largely depend on the state acknowledging that GBV more generally is an epidemic. Their interventions are not only necessary but in urgent need of attention. To this end, assessment and review of current initiatives aimed at reducing IPV need to be initiated and interventions should target the major causes of IPV such as poverty, unemployment, gender inequality, and the contribution of excessive alcohol and drug consumption to violence. Moreover, Seedat et al. (2009) argue that more resources should be allocated to social services including shelters to equip them to undertake protection functions for victims of IPV and their children. There is

also a need to adequately and efficiently train and equip police officers to deal with cases of IPV. This reveals a need to explore other interventions on IPV that go beyond the current conventional interventions such as legislative laws and entities. Thus, the current study's focus on a shelter and the programme it provides as a means both to interventions on IPV and empowerment of the survivors of IPV sought to explore the effectiveness of alternative interventions on IPV in South Africa.

A woman's decision to stay or leave an abusive relationship is contingent on a multiplicity of complex factors and reasons. Early research on IPV often portrayed abused women as deserving of the abuse and having no interest in leaving the abusive relationship. More recently, research has moved away from this discourse and has examined some of the micro and macro factors associated with staying in or leaving an abusive relationship (Kim & Gray, 2008). Where women are able to escape an abusive situation, this should be regarded as an illustration of their agency and resistance as opposed to their victimhood and powerlessness (Van Schalkwyk, 2014) as often portrayed in dominant discourses of IPV. Having made the decision to leave an abusive situation, women are often faced with the difficult and daunting decision of where to turn to that will guarantee not only their safety but that of their children as well. Shelters serve as spaces that survivors of IPV can flee to after leaving an abusive environment.

Globally, most of the research on the role of GBV shelters has primarily been carried out in North and South America. Likewise, there are a variety of terms – also originating in North America – that are used to describe shelters and they can be referred to as transition houses, safe homes, women's shelters, family violence shelters, violence against women (VAW) emergency shelters, domestic violence shelters, healing lodges, or first stage lodges (Maki, 2019). VAW shelters all provide residential services, but shelters are defined as facilities that provide short-term housing to women and children fleeing violence (Maki, 2019). The length of stay in these shelters can vary anywhere between days, weeks or months depending on the shelter, individual needs of the women and policies regulating length of stay. Typically these facilities provide women and their children with basic needs such as food, toiletries and clothing. Shelters for women who experience violence operate in a communal setting with residents sharing access to common areas such as a kitchen, living room, bathrooms. In addition, residents typically share bedrooms, however depending on the size and resources of the shelter there may be private bedrooms (Maki, 2019).

Literature on shelters has explored the circumstances that led women to flee to shelters (Fernández-González et al., 2019), and the best practises employed by shelter advocates and staff to assist survivors of IPV (Hughes, 2017). More recently, the COVID-19 pandemic has given rise to literature that is aimed at investigating the impact of the pandemic on services for women who experience violence (Wathen et al., 2022). Shelters for women experiencing violence from a partner are part of the services that serve these women, but even prior to the global pandemic, these services were underfunded and limited in their capacity to help women leaving abusive situations due to a lack of affordable and safe housing for them. The research on shelters has also covered the impact practises have had on the women residents stay at the shelter, as well as the experiences of residents. This body of research has also sought to examine the environmental factors that play a role in aiding the women's stay at the shelters (Galano et al., 2013; Glenn & Goodman, 2015; Hughes, 2017; Kasturirangan, 2008; Nnawulezi & Sullivan, 2013; Perez-Trujillo & Quintane, 2017). Shelters are essential places for survivors, and they provide women with a safe place to stay; they also serve as a key resource for addressing IPV by assisting survivors in several areas (e.g., psychological, medical, financial, and legal assistance) (Fernández-González et al., 2019; Wathen et al., 2011). As Wathen and colleagues (2022) point out, in some impoverished rural areas shelters may become homeless shelters even when women do not face immediate violence. Fernández-González et al. (2019) suggest that shelter interventions are successful in improving several outcomes, namely women's mental health and social outcomes – such as social support and obtaining resources. Interventions also decrease the likelihood of re-abuse. As such, a stay in the shelter has often been predicted as a positive outcome for women residents. However, there is conflicting evidence on whether the length of stay in a shelter predicts positive outcomes amongst survivors, with some research suggesting that staying in a shelter (regardless of the time spent), predicted positive outcomes overall for survivors (Fernández-González et al., 2019). In their study conducted in Colombia, Perez-Trujillo and Quintane (2017) found that the number of services residents used while staying at the shelter better predicted their length of stay. The authors also make the compelling argument that more research in this field is needed to better explain the factors that contribute to women's length of stay at a shelter and the benefits thereof. Therefore, within the body of research currently available on shelters, there is a great need for an in-depth appraisal of what shelters do and how they do it, and what the impact is for women and their children (Perez-Trujillo & Quintane, 2017; Wathen et al., 2011).

In their qualitative study conducted in Ontario, Canada, Wathen and colleagues (2022) explored the ways in which the public health rules implemented at an emergency shelter during the first 18 months of the COVID-19 pandemic impacted service delivery to women who had experienced violence. The findings of the study reveal how the rules of the pandemic had to be balanced against the context of providing residential care for traumatised women and children. As a consequence, shelter staff and residents of the shelter reported feelings of extreme frustration and exhaustion.

In South Africa, there has been some research conducted on shelters, with a specific focus on women's experiences of leaving abusive relationships and seeking support within shelters (Baholo et al., 2015); yet this research remains limited. An explanation for this may lie in the lack of knowledge of shelters among victims and their inability to access these shelters. Data from a 'victims of crime' survey conducted in 2016/2017 reveal that only 9% of South African households are aware of shelters or places of safety for victims of IPV; this is the case in both male-and female-headed households (Stats SA, 2018). Among these households, over 93% had access to the shelter (i.e., the shelter was located within less than an hour of the household). In a study by Baholo and associates' (2015), they sought to investigate the narratives of eleven abuse survivors who resided in a shelter in Gauteng, South Africa on leaving their abusive relationship. The study explored the changes that had occurred in the relationship that then finally resulted in their departure. The researchers noted that two central themes came up in their interviews, namely the phase of change and the process of leaving the relationship. In their study, the women survivors noted that a supportive environment with access to the shelter and having an opportunity to leave their abusive relationship played a pivotal role in facilitating their departure. These findings are supported by international research that explored the contextual factors that led to women staying in versus leaving abusive relationships. What these studies reveal is the complexities associated with staying or leaving such relationships (Kim & Gray, 2008). While Baholo et al. (2015) did not explore the contextual factors that resulted in violence, they emphasised the importance of understanding these contextual factors in addition to exploring the perspectives of survivors who seek support from informal structures such as religious and traditional type shelters or institutions.

What is currently known about the kinds of shelters

In light of the different contexts that have led to violence in the lives of women, the current study sought to explore how the women have experienced the support provided by the shelter, and how this support has spoken to or not spoken to the varying contexts of their lives.

In addition, the current study aimed to contribute to the body of literature on this aspect of IPV research. Based on the literature above, there is an indication for IPV research that focuses on the shelters and the effectiveness of shelter programmes in empowering women survivors to heal from their abusive pasts involving men's violence and their choice to use that violence. In addition to this, the reviewed literature indicates the need for continued research on IPV in South Africa. This is because it is afflicted with inconsistencies that act as obstacles to the eradication of violence against women in South Africa.

Problem Statement

Although there is extensive research on IPV, many of these studies have a tendency to discuss the factors that predict IPV in isolation, ignoring the various contextual and social factors that contribute to IPV. Therefore, these studies do not adequately account for the complexities associated with IPV in addition to the complexities associated with leaving an abusive relationship. In addition, there is limited research on the role of shelters in providing support to survivors of violence.

Research Aims

The primary aim of this study was to explore the ways in which women survivors have experienced the support provided by a women's shelter, and how this support has spoken to the varying contexts of their lives. Moreover, by using intersectionality theory, the study also aimed to explore the women's definitions and co-constructions of violence by drawing on multiple identities such as race, class, and culture. By exploring these multiple identities, the study sought to determine how these identities affect the women survivors' experiences as women.

Research questions

1. What narratives do women shelter survivors share about their experiences of IPV?
 - a. How are women's identities implicated in the ways that they talk about their experiences of violence?
2. What narratives do women share about leaving abusive relationships and what brought them to the shelter?
3. How do women talk about their experiences at the shelter and the support they received from the shelter?

- a. How are issues of healing and empowerment invoked in women's talk about their shelter experiences?
- b. How are women's identities implicated in the ways they talk about the support they received from the shelter?

Chapter Three: Research Methodology

3.1 Introduction

This chapter outlines the methodology employed in this study. It starts by outlining the qualitative methodologies used and the core tenets of intersectionality that shaped the current study. The theoretical framework is located in this chapter because it intends to outline the philosophical and theoretical traditions that influenced the research. It was deliberate for the researcher to reference the theoretical framework underpinning the study in this chapter specifically, as a thorough understanding of intersectionality theory was required for the analysis of the findings (Chapter 4) to be interpreted in this light. Likewise, the decolonial feminist perspective underpinning this study is presented in this chapter since it is directly

related to the theoretical framework. The rest of the chapter is followed by a description of the research context and participants' characteristics, data collection procedure, and analysis technique. In addition, the researcher's experience in conducting the research is discussed; this is combined with a discussion on reflexivity issues that arose from the study. Finally, an assessment of ethical considerations is presented.

3.2 Theoretical Framework: Intersectionality Theory

Although this research was qualitative and adopted a participatory action research (PAR) approach to the overall study design, feminist tools and principles guided the research. The central tenets of the approaches and methods of this research were grounded in Kimberlé Crenshaw's 1991 Intersectionality Theory. Thus, the findings of this study are analysed and interpreted through an intersectional lens. Intersectionality theory is a theoretical framework and feminist tool that is used to understand how multiple identities (i.e., political and social identities) might intersect to create unique experiences of oppression and privilege (Samuels & Ross-Sheriff, 2008). It has traditionally been used to understand multiple social identities and the challenges that women, in particular, experience as a result. Intersectionality theory avoids essentialising a single category of identity; instead, it pays attention to other intersecting categories. These identities and experiences are strongly associated with power and structural oppressions (Samuels & Ross-Sheriff, 2008).

Intersectionality calls on scholars to be more inclusive of a broader group of women in their analysis of gender and definitions of feminism and as such, specifically, it criticises the anti-racist and some feminist movements that ignore patriarchy and race as sources of women's oppression and discrimination (Crenshaw, 1991). Intersectionality specifically recognises that women of colour experience oppression and inequality as a result of the intersection between social identity categories such as race, class, gender, sexuality, and age amongst others (Collins, 1990; Crenshaw 1991), yet it also asserts that gender alone cannot be used and understood through a single frame without further exploring how other identities all inform one's experience of being a woman, as well as the interlocking systems of oppression that black women specifically experience (Collins, 1990). Intersectionality does not by nature isolate identities of race, class, and gender; however, in the current study, gender and class were the most prevalent identities; this is particularly relevant given the context and history of the country.

Intersectionality can further be used to understand violence against women. According to Crenshaw (1991), financial considerations, socio-economic status, housing, and access to employment corroborate the fact that class structures play an important role in defining the experience of women of colour as it relates to GBV. However, it would be inaccurate to conclude that poverty is the only issue at play during violence against women. Instead, intersectionality can be used to illustrate how different social identities intersect to maintain discrimination and uphold privilege. It is with this in mind that intersectionality can aid in understanding the role of violence against women. In explaining IPV, Crenshaw (1991) argues how intersectionality can be used to understand violence against black women. Women's experiences may limit their ability to report IPV when it occurs, and this is often the case for black¹ women whose intersectional identities (being raced and gendered) impacts their ability to report incidences of violence. Of note here, Crenshaw makes an example about the complex relationship that women of colour have with police.

Whereas it might be easy for white women to report incidents of abuse, unfortunately, the same is not true for black women who unfailingly bear the burden of reporting violence to the police. The latter in turn use that as a justification for brutality against black communities. Furthermore, Crenshaw (1991) points out how for black women, reporting violence is also met with the conflicting responsibility of safeguarding against reinforcing stereotypes about black communities, namely black men as unusually violent and black women as the frequent victims of IPV. Crenshaw (1991) argues that the physical abuse that leads women to shelters is the most instantaneous manifestation of the subordination they experience in the different aspects of their lives. Thus, shelters that seek to assist these women need to address both the violence they have experienced as well as the multifaceted and repetitive forms of domination that merge in the lives of these women that prevent them from creating alternatives to abusive relationships.

3.2.1 Decolonial Feminist Perspective

Given the various ways in which academic research has been considered a colonising undertaking, it was imperative to think about the implications of the study for the group of women who participated in it. Psychology has traditionally been complicit in marginalising women's issues and experiences in addition to silencing the experiences that challenge the norm (Kessi & Boonzaier, 2018). As such, little research has been conducted on phenomena

¹ The term 'black' in the South African context refers to African, Coloured and Indian people and more specifically women for the purposes of this study.

that affect oppressed and marginalised individuals. According to Kessi and Boonzaier (2018), knowledge production in psychology is historically preoccupied with Euro-American perspectives that often produce knowledge about colonised people in disparaging and defaming ways. Thus, in the context of the current study, it was necessary to consider the ways in which the research process may have continued to leave the individuals being researched at risk for continued marginalisation and oppression. Psychology emerging from post-colonial contexts (i.e., Latin American, African, and certain Australasian regions) take the experiences of the oppressed as the first step in the scientific inquiry and use it for a social justice agenda (Kessi & Boonzaier, 2018). This points to the necessity of producing psychological knowledge that counters the dominant knowledge produced in Euro-American contexts and instead produces knowledge that centres the voices and experiences of the oppressed; in the context of the study these voices are the women survivors of IPV. The current study was located within a decolonial and feminist paradigm in several ways. Dedicated to the integration of racial and gendered perspectives in decolonial theory, decolonial feminism has been emerging as a critical, reflexive theoretical concept as of recent. As part of its decolonial feminist theory, it engages with debates regarding colonialism/modernity, indigenous identity and gender, while offering a space for the voices and experiences of women that have been silenced, marginalised, or 'othered' by colonialism. (Manning, 2021). In so doing, it values all knowledge and lived experiences equally, particularly those of groups historically 'othered' by Western representations and knowledge.

In conducting a study on women survivors' experiences of IPV, the study centred the voices of a marginalised and often 'othered' group of women and sought to understand their experiences of womanhood in a country that has disproportionate levels of inequality and injustices against women. As a result, decolonial feminist theory provides a perspective on gender based on the experiences of marginalised women in the Global South. Often overlooked is the fact that women in the Global South live in an ambiguous, uncertain and contradictory world, according to Lugones (2007, 2008). To understand the everydayness and complexity of women's lived experiences a decolonial feminist framework can be used (Manning, 2021). This study aimed to challenge conventional academic research processes by privileging the voices of a marginalised population group – survivors of abuse – with the hopes that by so doing, it will contribute to psychological knowledge production about the experiences of this marginalised population group that has been historically ignored, erased, or defamed in academic research.

It is with this in mind that this research, albeit subtly, also had a social justice agenda – a characteristic of decolonial feminist research. In positioning the participants as co-researchers in the research process by involving them in the data collection process, the research relied on the perspectives and narratives of the participants. Therefore, without their input (i.e., narratives and capturing of images and digital stories) the study would have been compromised. Second, the current study was undertaken in partnership with St Anne’s Homes² that offers housing and services to abused women, mothers, and their children. The aim of this collaboration was to uncover the women survivors’ meanings of IPV while acknowledging and positioning them as experts regarding IPV. Finally, the qualitative methods (i.e., narrative research, PAR, and DST) employed in the study were intended to ask pertinent questions about IPV, while allowing for IPV to be understood within social, political, cultural, and historical contexts where it takes place. It was also aimed at simultaneously encouraging dialogue on IPV. These methodologies can also be used to engage and examine the power relations that exist between the researcher and the participants during the research process.

3.3 Research Design

This qualitative research study employed a PAR approach and digital storytelling (DST) methodology which allowed for the use of participant-generated data (Willig, 2001). This was possible because participants actively participated in the research process (Kessi, 2013). A PAR methodology is an inquiry-based approach to research (Ngwenya, 2018); consequently, it is a social inquiry undertaken by researchers and participants for the purpose of understanding and improving the practices they participate in and situations they may find themselves in (Baum et al., 2006). PAR consists of a reflective process in which participants gather, analyse and decide on actions regarding the social problems at the centre of their inquiry (Ngwenya, 2018). The use of a PAR approach focuses primarily on marginalised communities while seeking to examine their concerns and experiences with the aim of transforming that knowledge into social change (Brydon-Miller, 1997). Given that the study aims were to understand the women survivors’ personal experiences of violence, the use of PAR methodologies allowed for these narratives of experiences to be told from the respective perspectives of each of the participants. PAR assumes that the marginalised communities are experts of their own circumstances and needs (Kessi, 2013), thereby foregrounding the knowledge of the participants over that of the researcher. Thus, PAR approaches the research

²Also known as ‘St Anne’s’

differently, instead of viewing the individuals and communities to be studied as sources from which knowledge can be extracted, it involves them in the research as co-researchers (Ngwenya, 2018). Thus, the power relationship between a researcher and his or her research subject is deliberately disrupted and blurred, forcing power to be shared between them until they become the researchers themselves (Baum et al., 2006).

The nuanced and complex contextual factors that influence the participants' experiences of violence can be accurately expressed through this kind of qualitative research. Given the sensitivity of the subject matter, qualitative methods such as interviews – which are characterised by conversation between researcher and the participant – allow for comprehensive representations of participant experiences of violence to be expressed. PAR gives the participants agency to make meaning of their experiences of violence because they are active in some or all the stages research process, thus contradicting historical representations of participants as passive subjects (Parker, 2005; Ngwenya, 2018). Given that the study's aim was to understand personal experiences of violence, DST was employed.

DST is the activity of telling stories through a combination of various digital and multimedia tools. Developed by Joe Lambert and Dana Atchley in the 1980s, it aims to provide knowledge and training to individuals who are interested in creating and telling stories (Bernard, 2008; Lambert, 2013). The central tenets of DST allow for research to be conducted in ways that produce and facilitate knowledge production in a transformative way (Blanche et al., 2006; Lykes & Hershberg, 2012). PAR methodologies such as DST seek to criticise power systems of social inequality with the intention of achieving social justice by meaningfully contributing to the social, educational, and wellbeing of the participating community it is situated within (Blanche et al., 2006; Lykes & Hershberg, 2012). In addition, the study used face-to-face interviews as a qualitative tool to ask questions about the experiences of violence that will in turn allow for violence to be understood within particular social, cultural, and historical contexts.

As a qualitative PAR method, DST encourages user-created content in the form of visual and audio narratives that are compelling and emotionally engaging. Lambert (2013) suggests that DST allows individuals to provide a unique context about their lives and the meanings associated with it. The participants actively engage in the data collection process empowering them to construct their meanings of the subject matter (Robin, 2008). In the current study, DST consisted of a combination of videos, still images, voiceovers, and music

to encourage storytelling, thus allowing the participants to share narratives about their respective experiences of violence and living in the shelter.

The participants' active involvement was central to the creation of the digital story; it required them to be proactive in capturing images and videos that represented their narratives of violence. The use of DST in the study was also intended to advance a social justice agenda owing to its critical (i.e., women survivors' narratives of their experiences of violence) and creative (i.e., capturing images, videos, and narrations that are representative of the participants' experiences of violence) nature. In so doing, DST was used to engage communities about IPV – particularly those communities affected by IPV.

3.4 Research Context and Participants

The study took place at St Anne's situated in a suburb of Cape Town. The current study formed part of a larger project – 'The Unsettling Knowledge Production on Gendered and Sexual Violence in South Africa' – and the principal researcher had already established a working relationship with the shelter. The study focused on the women survivors' experiences of IPV prior to their stay at the shelter. Face-to-face interviews took place at the shelter, and purposive sampling was used to recruit an initial proposed sample of ten self-identifying women who had experienced violence. This included but was not limited to, physical, sexual and/or emotional violence prior to their stay at the shelter.

The participants were recruited based on the following inclusion criteria. Participants needed to:

- self-identify as a woman
- be 18 years or older
- have experienced violence, including but not limited to, physical, sexual and/or emotional violence prior to their stay at the shelter
- be fluent in English³

³ In this case, I set the criterion due to my limitations as the researcher, rather than limitations of the participants. The participants were comfortable with the interview being conducted in English, even though I could have conducted it in another language if needed. In addition, in deciding to privilege the voices of persistently marginalised individuals, I acknowledge that this looks a particular way in South Africa as this typically means Black women and Black women typically speak an African language. However, the women of the study were predominately first language Afrikaans speakers and although I was able to understand them when they did speak Afrikaans during the interviews, my own limitation with the language would have been a significant obstacle in conducting all of the interviews in Afrikaans.

- be participating in a programme provided by the shelter.

An initial introductory meeting was held both with the director and social worker of the shelter in late 2019 for the purposes of establishing a partnership and collaborative relationship between the shelter and the research group of which the researcher is a part. This introductory meeting was subsequently followed up with another meeting in August 2020 where the proposal and aims of the study were shared.

St Anne's Homes is situated in a middle-class residential suburb, and it houses abused, pregnant, and destitute women and their children. The shelter offers a variety of services and programmes to the women who reside there. These include temporary shelter to 21 abused, pregnant, or destitute women and their children and a children's programme/creche that provides educational care, counselling, and therapy to the children of residents. The residents are also offered: counselling and group activities; skills training; a life skills training programme; spiritual guidance and support; and opportunities to participate in the running of the home. The latter opportunities are designed to empower the women by enabling them to be involved in the day-to-day matters of the home, form their own committees, and create duty rosters. However, the COVID-19 pandemic and social distancing laws led to only nine women staying at the shelter during the data collection period between September and November in 2020.

3.5 Sample Description

The demographics of the sample included nine self-identifying women between the ages of 26 and 50 years. Six of the women identified themselves as ⁴coloured, two as African, and one as white. Five of the participants had completed high school, and two of those five had obtained tertiary qualifications. The remaining four participants had completed grades 8, 9, 10, and 11, respectively. At the time of the study, four women were employed, while the rest of the women were unemployed. Although the socio-economic position of the women was not explicitly asked, the women described financial challenges such as relying on their abusive partner, and relying on grants, and soup kitchens to feed their children. Two participants described themselves as married, one as divorced, one as having a partner and the remaining five as single.

⁴ For the purposes of the current study, the race categories used to describe the participants were self-identified categories initially used by the women. Van Niekerk & Boonzaier (2019) describe 'coloured' as a racial term created by the apartheid government to describe individuals of "mixed-race" origin. Since apartheid ended, the term is still used as a social construct with political purposes.

3.6 Data Collection

Ethical clearance for the study was obtained from the University of Cape Town's Psychology Department Ethics Committee (Annexure A), as well as by the University of Cape Town's Humanities Faculty Ethics Board. Thereafter, the researcher contacted the women's shelter. A virtual meeting was held with the shelter to explain the aims of the study and served to introduce the researcher to the social worker who acted as a liaison between the residents of the shelter and the researcher. In addition, the meeting also served to obtain permission to be allowed to conduct the study at the shelter. The women were invited to participate in the study through an advertisement (Appendix B) that was displayed on the shelter's communication platform, ensuring that all residents of the shelter had the opportunity to read the notice. In addition, an information sheet (Appendix C) was distributed to all the women by the social worker. The social worker provided the researcher with the names of all the residents and proposed times to meet with each of the women. All the women residents were eligible to participate in the study and met the inclusion criteria.

Data collection in the current study was conducted using a phased approach. First, data was collected by means of semi-structured individual interviews. The interviews varied between 90 and 120 minutes long. The use of this method allows the researcher to gain insight on the representations of the participants' experiences of violence by encouraging a two-way conversation between the researcher and the participant. The use of open-ended questions guided the interview, yet also provided an opportunity for the participants to freely express themselves in unique ways while allowing for the topic at hand to be better understood (Cohen & Crabtree, 2006). The use of semi-structured interviews, the interview guide (Appendix D) and the DST aspect of the study allowed the researcher to obtain sufficient data to answer the research questions and address the research aims of the study (Willig, 2001). The interviews explored the women's individual experiences of IPV and the contexts in which the violence took place. Narratives of violence with abusive partners were explored, as well as any significant relationships with men (i.e., previous partners and family members) and other experiences of violence in the lives of the participants. The use of semi-structured interviews additionally allowed the researcher to maintain the structure of the interview (Corbin & Morse, 2003). Interview days were arranged twice a week (Monday and Wednesday) for three weeks. Owing to the ongoing daily activities that were taking place at the shelter throughout the course of the day, the availability of the women was limited; thus, interviews had to be conducted in

the mornings when the residents had fewer activities to attend. Thus, only two women could be interviewed a day⁵.

Second, data collection further included a DST component involving the participants developing a combination of still images, videos, and narration. The collection process was preceded by a half-day DST training workshop for the participants conducted by a qualified videographer. The workshop served to provide participants with practical guidelines for taking still images, videos, and providing narration for their images and videos. The women were provided with Canon digital single-lens reflex cameras during the training, which they subsequently used to capture their narratives of violence. The workshop was followed by a group discussion of the kinds of images and videos the participants could take.

Following the DST workshop, the women were given three weeks to take images and videos of what represented their narratives of violence. Some women opted to accompany their images with captions. Once all the participants had captured their narratives of violence, a final virtual focus group was held to discuss the significance and the meaning behind the images and videos they had taken. This focus group was 90 minutes long. All interviews and the focus group discussion were captured by means of voice recording equipment and this data was later transcribed. The interviews, focus group data, transcriptions, images, and digital stories formed part of the data that were analysed in this study. Finally, a short film of the digital story is in the process of being compiled to be showcased to the shelter and the participants of the study. The short film intends to allow participants to share their narratives of IPV and their experiences of participating in the study. It is hoped that the showcase will both be therapeutic and empowering to the women participants and that it will facilitate conversations about IPV.

3.7 Data Analysis

Following the participants' finalisation of their images and the virtual focus group discussion, the analyses of the interviews, focus group, images and digital stories began. I commenced the analysis by familiarising myself with the data which consisted of the recordings of individual interviews, focus groups discussion, transcriptions of these recordings and the images and digital stories captured by the participants. As I listened to the recordings,

⁵ Further, because of the sensitive nature of the study, as well as the fact that I had to engage with women's traumatic stories, it was deemed best to limit myself to only two interviews per day as a researcher. Further discussion of the implications of traumatic stories on my wellbeing can be found in Section 3.9 on Reflexivity of this chapter.

I reviewed the transcriptions word for word to ensure that the transcriptions accurately denoted the verbal accounts of the participants' narratives.

All of the data was analysed by employing a thematic narrative analysis. A thematic analysis is a commonly used qualitative research analytic tool (Riessman, 2008). A thematic narrative approach acknowledges that participants provide narratives to explain life events. In so doing, they impute meaning to these experiences (Riessman, 2008). The content, meaning and constructed identities are the focus of this analysis. This study utilised a thematic narrative analysis to interrogate the stories of the women's experiences of violence in their intimate relationships. The focus was on what the content of the narratives communicated. Riessman (2008a) points out that the process of analysing the narratives is methodical, detailed, and focused while keeping a sense of the whole story. The current study involves a component of "telling" the story - attention to the sequence of events, specific language, and emotional expression has been given - which contributes to the strength of the analysis.

From this approach, patterns and themes emerge and shape the overall story of the analysis (Braun & Clarke, 2013). This is the case for the dataset of the study; common themes and subthemes within and across the participants' narratives were identifiable. The analysis was guided by the thematic narrative analysis approach of Riessman (2008) and further aided by Braun and Clarke's (2013) guidelines for developing themes. Analysing the data for themes is one of the first steps to a thematic narrative analysis (Braun & Clarke, 2013). I familiarised myself with the data by initially listening to the recordings and ensuring that the recordings accurately matched the transcriptions. Thereafter, the transcriptions were read multiple times while inductively analysing and coding the data to create themes and sub-themes. These themes were then refined to allow for the capturing of variation and importance of the broad set of themes across the participants' narratives (Riessman, 2008). Each theme was interpreted through an intersectional framework, and focused on the use of language, co-construction of violence, identities, and social, cultural, and historical contexts. Considering this, the meaning frames referenced in the participants' interviews were used to determine the intersectional framework to interpret and analyse their data. This was considered a befitting means of interpreting and analysing the data given that a thematic narrative analysis focuses on what is said rather than how the narratives are expressed. In other words, the structure and the choice of language across the data are given minimal attention. However, a thematic narrative analysis does allow for interpretation of language, metaphors, and symbols if they assist in foregrounding underlying narratives (Riessman, 2008). In their interviews, the women

referenced race, class, gender as intersectional identities in their experiences of IPV. Thus, this framework was used to interpret their narratives.

3.8 Ethical Considerations

For any research, the ethical challenge that exists in researching marginalised groups is to consider and balance the potential harms and benefits of the study (Bold, 2012). This section discusses the ethical issues that were considered for the study. These include potential risk and benefits that were associated with participating in the study, informed consent, confidentiality, and concluding with reflexivity. There is an extensive body of research on IPV and the ethical considerations concerning this kind of research (Jewkes et al., 2000). The significant ethical considerations regarding this field of research include questions of safety (for both the participant and the researcher), and the need to protect the physical and mental wellbeing of the participant and researcher. Of note here is the potential impact that this research may have on the researcher and his/her relationships. Jewkes et al. (2000) argue that one of the consequences of conducting research on IPV is that it involuntarily forces the researcher to examine their own relationships. Thus, IPV research has the potential to cause distress to those who experience/witness it and those researching it. These ethical considerations are discussed further below. This study formed part of a larger study, 'The Unsettling Knowledge Production on Gendered and Sexual Violence in South Africa' that had already obtained ethical approval (see Appendix D).

3.8.1 Potential Risks and Benefits

The principle of nonmaleficence in research urges researchers to minimise any potential harm because of direct or indirect participation in the research (Blanche et al., 2006). Harm may include emotional, physical, and mental damage. The current study poses the risk of causing emotional and mental harm both to the participants and the researcher given the sensitive nature of IPV. The sensitivity of the subject matter called for the topic to be handled sensitively and with care. This ethical consideration was especially poignant given that the study asked women survivors to share experiences of IPV which had the potential to cause psychological and emotional distress to the participants who were then required to re-live painful experiences. Therefore, care was given to ask sensitive questions relating to experiences of violence.

The interviews were conducted in sensitive and supportive ways to minimise the potential for re-traumatisation. The participants voluntarily chose to participate in the study

and the risks associated with this kind of research were minimal; however, in instances where participants experienced noticeable psychological and emotional distress, the interviews were paused and only resumed when the participant was comfortable to do so. Participants were also given the option to withdraw. Furthermore, the shelter has a psychologist that it collaborates with and who could provide counselling and support to the women participants. A referral list of psychological counselling and support services was provided to each of the women after each interview, and more referral lists were left with the social worker at the shelter. Moreover, to further address the psychological and emotional distress that may have been caused by participation in the study, a debriefing session was conducted at the end of each interview, allowing participants to reflect on the interview.

Given the sensitive nature of the study, extreme care was given to building a rapport between the researcher and the participants and ensuring comfort between both parties. This was achieved through the phased approach of the data collection process that allowed for longer relationships to be built between the researcher and the participants. The data and the findings of this research were anticipated to be beneficial in contributing to the body of literature on IPV and the specific role that shelters play in supporting survivors of IPV through their offering of various services that aimed to empower the survivors. It was hoped that through their participation in the study, the women participants would engage in healing by narrating their experiences of violence but more importantly, how they managed to seek assistance from the shelter to overcome their experiences of abuse. There were no immediate and direct benefits to participating in the study. However, participants' contribution to knowledge surrounding the contexts wherein IPV takes place, what the process of leaving an abusive relationship entails, and the role the shelter has played to help empower the women both emotionally and via independent living cannot be overlooked.

The short film is intended to be beneficial by informing the participants and St Anne's of the general findings of the research. As a participatory token of appreciation, the women participants were given vouchers worth R150. This was done given the time-consuming nature of the research and how it called upon the participants to become co-researchers by actively participating in the various phases of the study.

3.8.2 Informed Consent

Prior to the start of each interview, the consent forms (see Appendix E) and the process of providing informed consent were read and explained to each participant. In addition, the

information sheet outlining the elements of the study was given to each participant in conjunction with the consent form. The consent forms indicated that the participants had given the researcher permission to tape record the interviews for sole use for academic purposes (and included sharing the data with the study supervisor), as well as permission to use their images and videos in the write up of the final research report and in the exhibition. Participants were informed about their right to refuse to answer any question, and the right to withdraw from the study at any point; they were also informed that their decision to participate or withdraw would not affect their relationship with the shelter in any way.

3.8.3 Confidentiality

Given that the study engaged in sensitive conversations about experiences of IPV, confidentiality needed to be maintained throughout the research process. According to Blanche et al. (2006), confidentiality refers to an oath undertaken by the researcher to protect the anonymity of the participant. The researcher established a rapport with the participants and discussed both the importance of confidentiality and the limitations of confidentiality as it related to the study. Given that some of the data collected consisted of individual interviews, the interviews took place in a private room at the shelter, and only the researcher and the supervisor could access audio-recorded and transcribed data.

Although a demographic sheet was given to participants to fill out at the beginning of each interview, that data was protected by providing each participant with a pseudonym and ensuring that any identifiable information was changed to ensure the anonymity of the participants. Given that some of the data from the research are quoted in the discussion of this report, it is difficult to fully preserve the confidentiality of the participants. To protect this limitation of the study, the anonymity of the participants was maintained at all times, by not providing too much detail about the participants' lives.

Additionally, the audio-recorded interviews, transcriptions, images, and digital stories were stored on a private device and stored on the cloud protected account which was protected using encryption and a password. The data was only accessible to the researcher and later shared with the supervisor through password- and encryption-protected files.

3.9 Reflexivity

Reflexivity refers to the researcher's ability to recognise and acknowledge how his/her background, identities, and experience inform the research encounter and outcome. Researchers often enter the research process with pre-existing ideas, attitudes, and beliefs about

the subject matter and the participants involved which may influence how the researcher's position and identities could cause them to conduct research in specific ways (Bold, 2012). Thus, reflexivity can be used to encourage self-awareness and self-criticism (Koro-Ljungberg, 2016). As a researcher, I am aware of how my embodied subjectivity, and multiple identities (i.e., race, class, sexual identity, and being a researcher) and presence were implicated in the research encounter, thereby emphasising the importance of acknowledging how presence may have affected my interaction with the participants.

The interrogation of the power dynamic that exists between the researcher and participants in the research encounter is important as it aids in conceptualising meanings of power and how these power dynamics can be addressed (Ramazanoğlu & Holland, 2002). Being a reflexive researcher throughout the research process was crucial to producing sound qualitative research and therefore I believe that unpacking the complex relationship between myself and the participants is central to understanding how this dynamic impacted the research process.

As a young, black, cisgender heterosexual woman from the University of Cape Town, I had to bear in mind how my intersecting identities and positionality may have influenced the kinds of narratives that were shared by the participants. I aimed to position the participants as both experts and co-researchers in the research encounter because they were the ones relating their experiences of IPV. The research design of the study (i.e., PAR methodologies) allowed for collaboration and co-construction of narratives between me as the researcher and the participants in the research process. This partnership sought to address the power dynamics between the researcher-researched relationship, while also minimising any possibility of altering the women's stories.

The nature of the study and the collaboration with the shelter wherein the study took place meant that I frequently visited the shelter before, during and after data collection. I did this for two reasons: first, the methodologies and phased data collection approach employed in the study meant that I had ongoing contact with the women, which made it easy to establish rapport with the women over time. Second, given that the study took place in a transient shelter – the women were allowed to live there for a period of four months – at the time the study took place many of the women had been living at the shelter for some time and were due to depart. By visiting the shelter frequently, I was able to determine which of the women were still present in the home and who were about to leave to expedite the data collection process where necessary (especially for women who were due to leave soon).

Although I have had my fair share of GBV encounters and experiences throughout my university career, I still mostly felt that I could not relate to the women's experiences of violence and yet I longed to be able to relate. I invalidated my own experiences by believing that because they were not as traumatic as my participants' experiences, they did not warrant validation and acknowledgement. I was intentional not to share my experiences with the women because I did not consider myself an 'insider' and thus, I dismissed my experiences of violence as futile and trivial compared to the participants' experiences. I recognised that I longed to relate to the participants on the basis that we were all women and that in South Africa, being a woman often means having experienced some sort of violence or harassment. Retrospectively, I realised that is a sad way to relate to someone. It is quite interesting doing this kind of research because it often leaves me with the pressure of needing to perform – to perform understanding, to perform empathy, to perform shock, and to perform concern. Upon further reflection, I recognised that this pressure to perform came from the gratitude I had that these women would even share such personal and violating experiences with me. Although the participants were sharing narratives that would make my analysis rich and impressive, I also questioned whether I was exploiting them and their narratives.

While I was often shocked and saddened by the narratives relayed to me, I could not help but feel that my shock came across as ignorance and naivety to the participants – many of whom were older than me. I believed that my emotional responses demonstrated my humanity, but I questioned whether it could have also revealed my position as an 'outsider'. During the data collection process, I had to reflect on whether my emotional responses to the stories shared with me influenced the kinds of narratives the women told. I questioned whether I unintentionally primed the women to share the most awful stories about their experiences because they believed that was what I was looking for (Grenz, 2005). This exposed the power I held in this research process; and despite trying to equalise the power dynamics between myself and the participants by positioning them as experts and co-researchers of the study, there still appeared to be a power dynamic no matter how much I connected and communicated with the women.

Although I struggled with equalising the power dynamic between myself and the participants, I acknowledge the benefit of the research methodologies employed in the study and the rapport it allowed me to establish with the participants. I became emotionally invested in the wellbeing of the participants because they had shared intimate stories with me, but that also meant when I learnt that certain women had left the shelter and returned to their abusive

partners, I felt disappointed. The disappointment stemmed from two places: first, after sharing personal tragedies and obstacles they had to overcome, it was disappointing to hear that the women had gone back to their partners after making so much progress while being at the shelter. This was particularly difficult as I did not want to judge the women and understood that leaving and/or returning to one's abusive circumstances is motivated by a myriad of factors and conditions – some of which I was not privy to. Second, the disappointment was also fuelled by the realisation that the women who had left the shelter would no longer be able to participate in my research and I worried about the implications this would have on the research going forward.

Bearing in mind the potential secondary trauma that this kind of research can cause on the researcher, I had to repeatedly debrief and reflect on how I was being affected by the research process. My experience of doing this study exposed my own vulnerabilities as a researcher. Because I was part of the research process, I was deeply affected by the stories that were shared with me. My reaction to the women's narratives, even post the data collection process, surprised me. Although I knew that data collection would not be easy, I did not anticipate that the process would evoke strong feelings of fear, paranoia, and heaviness. And while I acknowledge that these feelings would have surfaced regardless, I do believe that they were intensified by the speed at which the data collection took place. It may have been wiser to allow for more time between interviews to allow myself the time to debrief adequately from each interview. To deal with the secondary trauma that came with conducting the study, I had to actively debrief after a day's worth of interviews by journaling in my research journal, record a voice recording, or speak to my supervisor and/or colleagues about the impact the stories were having on my mental and emotional wellbeing. Moreover, I was fortunate to have access to informal support from family and friends.

The chapter outlined the theoretical framework that informed the study. In it, the research process was described as well as the participants who participated in the research on how their experiences of IPV impacted their lives. The chapter to follow discusses the themes that emerged from the interviews, images, and digital stories and relates them to the research questions and relevant literature.

Chapter Four: Narratives of Intimate Partner Violence

The analysis of the women participants' narratives will be analysed through a decolonial feminist and intersectional lens to argue that the women's experiences of violence can tell us about the impact of the legacy of colonialism and apartheid, how it is manifested, and how that can frame our understanding of sexual and gendered violence presently (Boonzaier, 2017). In addition, the women participants' experiences of violence take place against the intersection of race, class, culture, seeing them as intertwined instead of separate categories. This framing is important because it considers issues around centring the voices of these often-marginalised individuals and how they are represented in scholarship. A decolonial feminist lens calls for reflexivity in interrogating the power dynamics that exist in the research process and how this might affect the kinds of narratives the participants might tell. To this end, the women of this study are understood to be experts regarding experiences of IPV and their collaboration in producing images and videos that capture their experiences of violence through DST aptly positions them as co-researchers of this study. Although the study took place at a shelter for abused women and children, it is worth noting that the women's narratives precede their stay at the shelter and includes accounts of abuse in their respective homes and neighbourhoods throughout Cape Town, as such not all the women are from the same areas in Cape Town.

This chapter presents the results of the thematic narrative analysis of the IPV experiences of the women participants. The analysis set out to answer three questions: What narratives do women shelter survivors share about their experiences of IPV? What narratives do women share about leaving abusive relationships and what brought them to the shelter, and how do women talk about their experiences at the shelter and the support they received from the shelter? Some of these questions have sub-questions that this analysis will answer. As the narratives of violence were analysed, similarities between the social, cultural, political, and historical contexts that framed the women's narratives and experiences of IPV emerged. Six key narrative themes emerged from the analysis: 'narratives of loneliness and feeling stuck'; 'narratives of control'; 'drugs and alcohol: a cause and response to IPV'; 'consequences of abuse'; 'narratives of escaping'; and 'shelter: refuge, empowerment, and independence'.

4.1 Narratives of Loneliness and Feeling Stuck

In all interviews, certain kinds of stories about abuse caused a sense of loneliness among the women and a feeling of being stuck and unable to leave the abusive relationship. As the women described various experiences of violence including: physical beatings; rape;

emotional, verbal, and financial abuse; they also made mention of the duration of the abuse which varied from months to years for each woman. Resulting from the abuse that the women experienced, they also narrated how they were either isolated from family, friends, and neighbours. This was done by being physically locked in the house to prevent them from leaving and reporting the abuse. Being locked up inhibited the women either from seeking or receiving assistance. As such, the participants were forced to endure the abuse for extended periods of time. These experiences and narratives thus contribute to the theme of loneliness and feeling stuck. For Tshidi, a 36-year-old woman, this theme is especially salient in her narrative:

Interviewer: How long had you been planning to leave before you left?

Tshidi: Very long but I never had a chance because I was always locked up. I had a spare key but the spare key I saw that he started taking as well because when the key that I had he used to use another lock outside. So, the lock that was outside was not the same as the lock that I had in the inside. But the thing with me that was so irritating was the fact that no one helped because people would hear me scream inside the house, hear him hitting me and howls going on, but no one would think of coming in to help. That guy who was living on the same property as us, he did not do anything and that made me realise that sometimes I think people are scared to get involved in other people's things (Tshidi).

It is notable that while narrating her experience of being locked in the house and screaming whenever she was being physically assaulted, Tshidi mentions how neighbours and community members knew about the abuse. However, her efforts to alert outsiders for assistance were futile as no one came to assist her. This could be explained by the widely held perception that domestic violence is a private matter (Van Niekerk & Boonzaier, 2019); therefore, an outsider intervening to help a woman being abused could be viewed as a violation of privacy or uncertainty about appropriate ways to intervene. For example, Van Niekerk and Boonzaier's (2019) analysis of responses to IPV in Western Cape communities showed that there was a lack of consensus amongst community members about appropriate responses to IPV. This was largely associated with the frequency of IPV cases that worked to normalise the occurrence of violence in the community. Moreover, the location of the violence was also important in determining whether to intervene or not; violence that took place in public – in full view of everyone – was considered serious enough to intervene, while violence that took

place in private was met with contemplation about intervening and an assessment that the intervention would not result in harm for the potential intervener.



Tshidi: “Locked up 24/7. There was always a lock outside and he never let me out of the house.”

Tshidi’s narrative is also consistent with findings from a cross-sectional study conducted by Stern and colleagues (2019) in Rwanda and South Africa on emotional IPV; their study found that the women who participated in the study reported being locked in their boyfriends’ respective houses. While it can be argued that aggressive behaviour such as locking someone in a house/room can be viewed as a form of emotional IPV, Stern et al. (2019) makes the argument that men locking their girlfriends/wives in the house is associated with their desires to control women’s mobility and decision-making and ultimately violating their freedom and inflicting emotional pain. This control and assertion of power is also clearly consistent with a feminist understanding of IPV as a form of control and the assertion of male domination (Boonzaier, 2019; Stern et al., 2019; Van Niekerk & Boonzaier, 2019).



Lisa: “That is basically what our room door looked like outside, and it locked such ugliness and how many times it looks like it has been tried to be broken and break out and how my spirit tried to break away from that so many times. That is also how I felt like when I was with his father, he was a child so trapped behind a life I built for him and myself. Our life was dark.”

Lisa’s caption to the two images above echoes Tshidi’s narrative of being locked in the house/room, and subsequently being trapped inside. These images are a symbolic representation of how the women were forced to endure various forms of abuse by their partners. In analysing the women’s narratives, I was and continue to be careful to not portray them as passive and helpless because of their experiences of violence, as the theme ‘narratives of escape’ includes discussion on the women’s agency in leaving their abusive circumstances. Instead, in discussing their various experiences of violence, I hoped/hope to acknowledge the difficult and challenging nature of these experiences.

Julie, a 29-year-old woman, narrates how no one heeded her screams and commotion behind closed doors as she recounts her experiences:

Julie: So, I would scream. I always used to scream. Everybody would hear me scream where I was staying because they do not know what is really going on behind closed doors (Julie).

The lack of assistance received from neighbours is attributed to Julie's inability to know what was occurring behind closed doors, as was Tshidi’s experience. It appears that although these women would have liked to have received some form of assistance from anyone who heard their shouts and pleas, they seem to find new meanings to explain why no one chose to help them when they needed it the most. The meanings they ascribe to the lack of assistance

that they received appear to be deeply embedded in existing social norms and attitudes about IPV and marriage, and how it is viewed as a private matter (Boonzaier, 2018; Haylock et al., 2016). Research on IPV suggests that IPV persists because of societal acceptance of violence as a means of conflict resolution. In addition, violence against women is often known to be owing to women's status in relation to men (Haylock et al., 2016). Societal norms that normalise IPV and that view intervention as taking a risk are illustrated in neighbours and community members' reluctance to intervene by calling the police (Modiba et al., 2011; Van Niekerk & Boonzaier, 2019).

Van Niekerk and Boonzaier (2019) argue that notions of mutual respect for privacy are central to why community members do not intervene in other people's disputes. The notion that GBV, and more specifically IPV, is a private issue that should be dealt with within the family context is a narrative that persists in daily discourses around IPV. As such, IPV is heavily silenced and subsequently normalised, further perpetuating the notion that it is a private family issue (Boonzaier, 2018).



Jess: "Caution: wake to sleep. From the outside looking in."

However, in asserting bystanders' lack of intervention because of respect for privacy, it underestimates the negative effects of emotional IPV and how women experience reduced social support when they are in an abusive relationship (Stern et al., 2019). In addition, intervening has the potential to compromise bystanders' safety and make them targets for violence (Van Niekerk & Boonzaier, 2019). Further, assumptions that help is readily available to victims poses another reason why bystanders may not intervene in violent altercations between couples. Research suggests that fear deters bystanders from intervening, and it is met with conflict about being at odds as to how to appropriately intervene in domestic conflict (Van

Niekerk & Boonzaier, 2019). Equally important, Boonzaier (2018) makes the case that the manner in which society views abused women additionally plays a role as to why bystanders may not help victims. This is largely associated with the pervasive idea that women are somehow responsible for their own victimisation and is demonstrated in discourses that ask what women were doing when they were abused, where they were, and why they made the choices they made. Boonzaier (2018) argues that these kinds of questions place the responsibility of the abuse on women, as if they ‘invite’ the abuse.

Being in an abusive relationship isolates and marginalises women. The shared narratives of the participants in this study reveal the circumstances that contributed to their feelings of loneliness, isolation and feeling trapped in their abusive circumstances. The participants co-construct a narrative of abuse as one in which they were physically locked away by their partners, making it difficult for the women to escape and making it difficult for outsiders to help. As I examine some of the factors that contributed to the participants' feelings of loneliness and isolation, I must acknowledge how fear can serve as a mechanism for perpetuating the abuse, leaving the women feeling trapped and powerless. Further exploration of ‘narratives of fear’ continues in the next sub-theme.

4.1.1 Narratives of Fear

In the study, all the women described how the fear of retaliation from their partner had resulted in their decision not to seek help, in turn resulting in feelings of feeling trapped in the relationship. Because of their abuse history as well as their fear of mortality, the women expressed being afraid of the abuser. Mazibuko and Umejesi (2015) report that a woman is killed every six hours in South Africa by an intimate partner, so it is not surprising that the women were afraid of death and themselves becoming statistics of IPV, which hindered them from seeking help. The women convey this fear in similar ways:

Lisa: And there it started, the fear. Because I was scared. I still am . . . [that he will kill me](Lisa).

Angela: So, when he went physical, I was like no, this guy is going to kill me, let me get out. So, he even said he is going to kill me. So, the next day I said let me go, let me leave, because this one I do not trust. But I am happy actually that I left because I do not want to find out what is next. I might end up dead. If I stay here, he is going to kill me, because once you go physical . . . (Angela)

Jade: No, I normally used to see his ex-girlfriend when they had a little baby. He used to beat her, and the baby used to go that side . . . No, you cannot stop him, he was violent that one, really shame (Jade).

The women convey similar narratives of being afraid of their partners and ultimately being afraid that they would die. Interestingly, they express an awareness of the abuse going too far and yet not being able to stop the perpetrator. Unlike Lisa, Angela and Jade allude to the fact that they had prior knowledge of their partner's abusive ways and feared that their fate would be like that of their partners' previous girlfriends. They also express a mistrust towards the partners – particularly not trusting that that abuse would not escalate to death. These fears are not irrational as research shows that women are most vulnerable to extreme violence when they make plans to leave an abusive partner (Barrett et al., 2018). This was further exacerbated by the lack of assistance and support received from both bystanders and in some cases the police who were unwilling to provide necessary protection to some of the women. Additionally, denial of the abuse by family and friends of both the women and the partner reinforced the partner's behaviour and minimised the women's experiences of the abuse (Bostock et al., 2009). All the women recognised that the abuse was persistent, challenging, and unlikely to change, and that sequentially it had the potential to lead to death or severe loss (e.g., death of unborn children). Tshidi narrates her experience of loss because of the abuse:

Interviewer: Did you ever think you were going to die?

Tshidi: Yes. Quite a few times, especially when I was full of blood. And the time I went to the hospital I still had marks on my neck and the sister at the hospital asked me what happened to your neck, and I said my boyfriend hit me. And they said you probably know what I am going to say now; I said yes, you are going to tell me that my baby is dead . . . And I told my boyfriend at the time that maybe we weren't ready. I think he is in a better place because look at the situation we are in, we are arguing, we are fighting, you are hitting me, you say sorry, and you hit me again. How can we bring children in that kind of environment? (Tshidi)

For Tshidi, she knew that she had lost the baby before it was confirmed to her by the nurse at the hospital. Losing her unborn baby was coupled with the realisation that she too might die if the abuse continued. Upon reflection, Tshidi expresses relief and ascribes meaning to the loss of her baby by stating that the environment and the circumstances she was in at the time were not conducive to bringing a baby into the world. Ascribing meaning to such a

traumatic event is one of the benefits of a narrative approach as women survivors of IPV can attribute meaning to significant life events (Boonzaier & Van Schalkwyk, 2011). Moreover, any help-seeking behaviours that the women attempted threatened to further expose the women to increased violence and harassment which could also result in death. However, for Tshidi, the experience of the trauma of losing her unborn did not act as a deterrent for the abuse, instead her partner continued to abuse her upon her return from the hospital:

Tshidi: I had to give birth to a dead baby which is really hard for me. He blamed me, but he was the one that hit me. So, he would force himself that we have sex every day, four to five times a day. He wanted his child back. So even if I had my periods, he would still want to have sex. If I did not want to give him, he would hit me, or he will choke me or he will strangle me or bite me or whatever. So, he locked me inside the house, we live in an informal settlement (Tshidi).

Tshidi's excerpt detailing the sexual and physical abuse she experienced after losing a baby speaks to the ongoing nature of the violence and how loss and trauma – because of the violence – did not discourage her partner from further abusing her. Fear of retaliation by the perpetrator has been theorised as one of the barriers to seeking help that women survivors face (Barrett et al., 2018; Pugh et al., 2021); this fear enforces feelings of loneliness as the women feel alone and unable to speak up about their experiences of abuse because they are often afraid of the perpetrator and increased abuse that could result in death. This narrative of fear and terror is consistent with notions around intimate terrorism and coercive control. These terms were theorised by M.P Johnson in 1995 explaining the gender differences in IPV and developing a typology that distinguished the types of violence, in an intimate relationship, based on the purpose behind the use of violence. Intimate terrorism refers to violence that is used, in addition to a host of other strategies, to control a partner (Straus & Gozjolko, 2014). Coercive control, in contrast, refers to the use of nonviolent strategies – such as monitoring and isolation – and pervasive patterns with the intention of exerting and maintaining dominance over one's partner. These tactics are intended to restrict one's autonomy and freedom, but they are also associated with a “credible threatened negative consequence for non-compliance” (Crossman & Hardesty, 2018, p. 197).

Crossman and Hardesty (2018) make the case that coercive control violence is common, serious, and harmful, and has adverse effects associated with psychological consequences such as depression, low self-esteem, PTSD, extreme fear, and a sense of loss of identity. Accordingly, this typology describes more than an environment of fear, terror, and

control those victims of violence experience, but also explicates how coercive control in heterosexual relationships is gendered in nature and is made possible through the historical and current oppression of women (Crossman & Hardesty, 2018). The gendered nature and social context of this typology, as well as the feelings of fear and terror that it enacts, is consistent and present in the women participants' narratives in this study. Similarly, denial and lack of support from family, friends, and community members due to fear of the perpetrator can have an impact on the sense of loneliness and sense of being trapped in a relationship experienced by the women; this is discussed in the sub-theme 'denial and lack of support from bystanders'.

4.1.2 Denial and Lack of Support from Bystanders

In conjunction with the fear each of the women participants faced in their relationships, they also mentioned how family and friends would often deny the abuse. The women interpreted this as an illustration of a lack of support that reinforced feelings of loneliness, inadvertently causing the women to feel stuck in their abusive circumstances. Tshidi notes how her brothers did not support her enough because of how her partner would interact with them, which was significantly different to how he interacted with her:

Interviewer: And why could you not stay with your sister?

Tshidi: Because he knew I stayed there, and the thing is I got my brothers that are there. And as soon as he comes, he will speak nicely, or he will buy alcohol for them and that is over and done with . . . So, there was not enough support from my brothers. I had support from my sister, but she is a woman, what difference does it make? My brothers loved him; they did not think anything worse of him (Tshidi).

A similar narrative of denial and bystanders being afraid of the abuser is explained in Lisa and Jess's account:

Lisa: That is why in all the times that we have arguments and stuff, nobody would ever come help me no matter what he did or how escalated it would be or how – nobody was there, not even his mom because everybody is scared of him (Lisa).

Jess: *Ja*, 2017 I sent his dad an email that I wanted to divorce his son. And his dad told me I must remember the vows I made. Not the vows his son made but the vows I made, and I just gave up (Jess).

In the above extracts, the women narrate how a lack of support and denial of the abuse by family members and friends they confided in dissuaded them from seeking further

assistance or receiving assistance to leave the relationship. These commonalities appear similarly across the women's narratives in that they are characterised by fear of the abuser or inaction from family members who had the potential to intervene. The women express disappointment in the lack of support received from family members. This is aptly illustrated in Jess's experience whose attempt to seek assistance from her father-in-law was unsuccessful as he seemingly appeared to condone the abuse. Tshidi explicitly makes mention of the lack of support and assistance that she received from her brothers who were easily bought by the abuser with alcohol and how the lack of support further isolated her. Pugh et al. (2021) make the case that public perceptions regarding abuse and why women might stay in an abusive relationship both directly and indirectly affect the victims' help-seeking behaviour and interpretation of their situation. To this end, public perceptions influence the responses victims receive from those individuals whom they confide in. This is illustrated in the narratives of the participants of the study; the responses about the abuse received from family and friends the women confided in and sought assistance from – in the form of denial or refusal to believe that the violence was taking place – worked to isolate the victims and keep them in the abusive relationship subsequently rendering it difficult for the women to leave the relationship because of the amount of control the abuser exerts (Erdely, 2015).

Social support networks are important in IPV cases as they reduce the isolation enforced by the abuser and they help survivors escape the abuse. Jewkes (2002) argues that social support is known to function as a protective factor that is associated with reduced IPV and its adverse effects. In contrast, a non-supportive network neglects to protect women from abuse. These networks are characterised by a patriarchal support network that enforces male dominance and authority while also ignoring or condoning abusive behaviour and fails to intervene in order to stop the abuse (Bosch & Bergen, 2006; Pugh et al., 2021). In their study conducted in rural Kansas among women survivors of IPV who had sustained relationships with their abusive partners, Bosch and Bergen (2006) found that family and friends may not offer assistance to victims of IPV as they do not want to be burdened with abuse issues which not only put their safety at risk, but that are also perceived as embarrassing and awkward. These findings also indicate the patriarchal beliefs that underlie IPV. This suggests that abused women often have fewer sources of social support than women who are not abused (Beeble et al., 2009).

A closer look into Lisa's excerpt above subtly reveals her loneliness and isolation because of the abuse and bystanders' choice not to intervene and help because of their fear of

the perpetrator. The knowledge of her partner's violent reputation and his position in a renowned gang acted as tactics that served to isolate and ostracise her from her community. This may have made it difficult for outsiders to help, but it also served to dominate and control Lisa by isolating her from her community. In so doing, Lisa's partner ensures that he has the freedom to threaten and enact violence without fear of persecution.



Lisa: "I never trusted the police and my faith was never in them due to his father being a gangster, being corrupt, and connected."

The narratives that followed from experiencing violence and being isolated because of the abuse offered a way of understanding the complexities associated with the participants' experiences of abuse, especially how this provoked their feelings of loneliness and feeling stuck in abusive relationships. Responses from bystanders, family, and friends to the knowledge of the abuse further contributed to the women's isolation and acted as an obstacle to their departure from the relationship. Understanding the complex systems that contribute to women's oppression is vital to understanding their experiences of violence. In the lives of the women of this study, the abuse evoked feelings of loneliness and feeling trapped in their abusive circumstances. Responses to the abuse from outsiders – in the form of fear and lack of support – further contributed to this cycle of abuse. However, stories of control were at the centre of all the stories of the women and contributed to understanding how they experienced abuse. This led to the following theme: 'narratives of control'.

4.2 Narratives of Control

The participants described the contexts under which the abuse in their relationships took place and these accounts drew upon particular narratives of control sparked by jealousy and relationship insecurities. While analysing the data, it became apparent that jealousy and

the male partners' need for control triggered some of the abuse that the women experienced. In previous themes, the women alluded to jealousy and control, and some began to describe some of the ways in which this manifested in the relationship. Carmen, a 50-year-old woman, shares a narrative of what 'caused' the issue of jealousy in her marriage:

Carmen: But then two years ago I started focusing on the NPO⁶. And going to workshops, going to seminars, going to things like that. And my husband became, I don't know if you can use the word inferior, insecure, all of that kind of thing.

Interviewer: That you were doing these things and what was he doing at the time?

Carmen: He was working for [university] at the time. He was doing accounts administration at the time and also the problem at the time when I was an HR⁷ senior manager, I earned 45K⁸. I will bring home 35/36⁹ and he will bring home 19¹⁰. So, I think there was also a problem with that you know that man ego kind of thing. But that was never brought up, but I could see, and I did not want to bring it up either because I didn't want to insult him or make him feel inferior (Carmen).

Interestingly, Carmen provides context to what she thinks may have caused jealousy in her relationship. Although the issue of salaries was never explicitly brought up or addressed in the relationship to ensure that she does not make her husband feel inferior or insecure about his position and role as a man in the relationship, Carmen constructs a narrative of the salaries breeding jealousy from her husband. Boonzaier & De La Rey (2003) argues that income discrepancies between spouses increase the risk for violence in the relationship because it challenges conventional gender roles and threatens the men's position of power in the home. In tandem with the jealousy, Carmen describes how her husband would attempt to control her and her whereabouts:

Carmen: So, as time went on, like I said I became more involved, I became busier and he came more withdrawn and he became more aggressive and verbally started insulting me started swearing at me, started insulting me, and making me feel, belittle me... So, when I came back from those cell group meetings there was always a problem, where are you coming from? You said you were going to a cell group and you finish at half

⁶ non-profit organisation

⁷ human resources

⁸ 45K refers to R45 000

⁹ R35 000/R36 000

¹⁰ R19 000

past seven and now you are here at nine o'clock that kind of thing of verbal abuse. I am a very strong woman, so I would brush it off. And then it became more serious, and I started defending myself . . . (Carmen)

For Carmen, her husband's jealousy manifested into control and verbal and psychological abuse. She recalls him having an issue with her constantly being busy and would question her whereabouts. Carmen's narrative speaks to the perpetration of emotional abuse in intimate partner relationships by men to achieve dominance and control in the relationship, and how that operates as forms of hurt and punishment (Stern et al., 2019). This is particularly salient in Danie's narrative. The various excerpts in previous themes illustrate the controlling nature of the abuse she experienced as her narrative is overwhelmingly characterised by narratives of coercion. Of note here is her account of being tied to the train tracks by her abuser because he believed that she was having an affair:

Danie: That guy tied me up in the railway in the morning a half hour before the first train comes.

Interviewer: He did what, Danie?

Danie: Because he wanted me to go with him home and I did not want to go because I don't really have friends – girlfriends.

Interviewer: So, because you have a lot of guy friends, you work with a lot of guys he thinks that you are cheating?

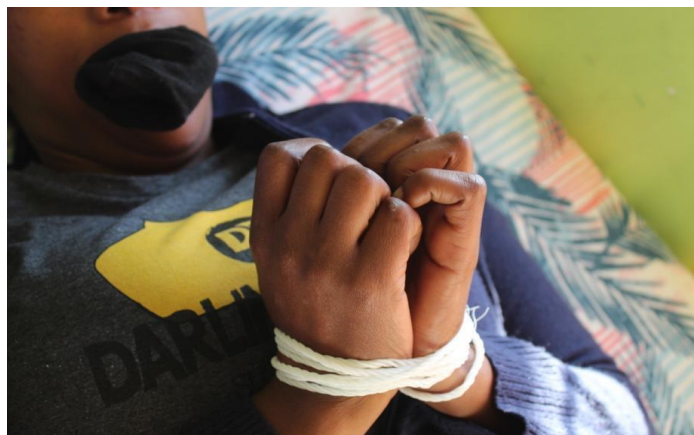
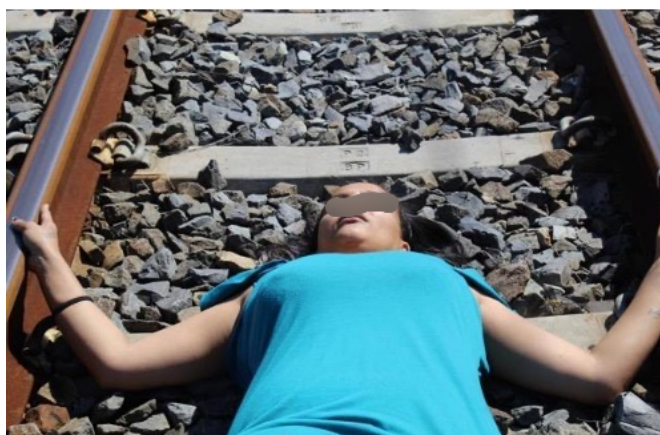
Danie: Yes, even if I am sitting with you now.

Interviewer: You are cheating?

Danie: Yes. Even with a woman, he thinks I did something with you. And so, he tied me. That day – that morning that event still sticks by me. He tied me with a rope, and the only thing I can remember was he took off his socks and he made it in a ball, and he put it in my mouth. That is the only thing I can remember (Danie).

Danie's extract illustrates the two key issues. Firstly, it demonstrates the jealousy and control exhibited by her partner by demanding her to accompany him, but it also depicts the punishment she endured because of defying him. This is consistent with Crossman and Hardesty's (2018) assertion that coercive control is characterised by behaviours such as isolation and surveillance to assert and maintain dominance over one's partner, as discussed in the first theme. What is more, is that coercive control can also be used to understand how

Danie's defiance resulted in her being constrained to the train tracks as a form of punishment for her non-compliance.



Danie: "Stuck in the tracks."

The images above taken by Danie powerfully capture the fear and sense of impending doom that underlies her extract above. Her narrative sadly reveals the extreme and inhumane forms of violence she endured.

Narratives of isolation were present in most of the women's stories about abuse. Likewise, these narratives also drew upon issues of jealousy and control to some extent. However, these narratives of isolation told by the women of the study reflected attitudes around monitoring and controlling by their male partners. For example, Angela and Tshidi share similar narratives regarding their partner's controlling behaviours in the relationship that restricted their whereabouts and denied their requests for freedom:

Angela: So, I asked him if I can go work because I am qualified in a lot of things and I can get work very quickly, but he is like no you are staying, you raise the kids, you look after as a housewife should, but I am not even married to him.

Angela constructs a narrative of control from her partner that prevented her from finding a job. Although she does not make explicit mention of it, it can be assumed that her desire to find a job was due to a combination of wanting to contribute financially to the household, and asserting and experiencing her freedom and independence.

Tshidi: I was working but he did not want me to work. I worked in Century City for a week and then he told me that it is too far, and I come back late, or I am *jolling*¹¹ with someone. And then I got another job in Durbanville which is close to where I was staying and there, he did not want me to work there because there was another – a guy, a Congolian,¹² Malawian guy that was working there. And he did not feel safe with me working there with this guy because he thinks there is something maybe between the two of us or whatever, he was very jealous. So, he was very obsessive.

Tshidi makes mention of the controlling behaviours her partner exhibited which prohibited her from keeping a job. In a study conducted by Stern et al. (2019) on IPV in Rwanda and South Africa, findings revealed that among women who experienced emotional IPV, the husband's/partners' jealousy and controlling behaviour – which restricted the women's movements and interactions – were interpreted as a form of violence and a violation of their freedom. By the same token, suspicions that the women were having an affair and the jealousy associated with this, revealed yet another attempt to isolate their wives/girlfriends from others (Stern et al., 2019). In both Angela and Tshidi's narratives, the attempt to isolate them and prevent them from interacting with outsiders – particularly men – is illustrated in how they either were forced to quit their jobs or were prohibited from applying for one.

It becomes apparent that the patterns of jealousy and control exhibited in the women's narratives de-valued them and caused them deep emotional pain. These behaviours are expressions of gender inequity and men's domination over women (Boyce et al., 2016). In their study of IPV in the relationships of young couples in South Africa, Wood et al. (2008) found that the men in the study often thought of women as undeniably inferior to them and that violence in intimate relationships was associated with masculinity and the need to maintain order. To this end, jealousy and controlling behaviours were seen as markers of love and “the need to protect was theirs” (p. 62). In the South African context, IPV is associated with instrumental and symbolic meanings which interpret men's violence against women as acts of discipline to punish real or imagined transgressions which may involve other men. Thus, IPV is an attempt to assert superiority over women through physical power – and in this case various forms of violence. Women's autonomy and agency poses a threat to masculinity and thus IPV

¹¹ 'Jolling' is a colloquial Afrikaans term which means having an affair.

¹² Congolese

can be seen as an “emotional response to a threatened loss of agency” (Wood et al., 2008, p. 63).

In Angela and Tshidi’s relationships, their partners’ control over whether and where they could work can also be construed to signify the men’s attempt to control the women’s financial independence, forcing them to become financially dependent on their male partners. According to Boonzaier and De La Rey (2003), for women who are working, their identification as working women is a central aspect of their identity and may act as a source of pride and self-worth. By forcing Tshidi to stop working and denying Angela’s request to work, their partners silence important aspects of these women’s identities – of being independent, responsible, and confident – thus forcing them to become financially dependent. This reflects norms around gender roles that associate men with being the breadwinner and women as recipients of the men’s provision. To this end, men may become violent towards women who they cannot support financially because they have relatively limited control.

Situations wherein the woman is working but her partner is not working pose additional risks for IPV (Jewkes, 2002). Thus, violence against women is not only about power and men’s dominance over women, but it is also associated with male vulnerability that stems from social expectations around manhood that subsequently become unattainable when men do not work or when they live in poverty (Jewkes, 2002). Within the context of the present study, the women co-constructed narratives around the socio-economic difficulties they faced in their relationships which stemmed from their partners deep desire to control and minimise the power of the women:

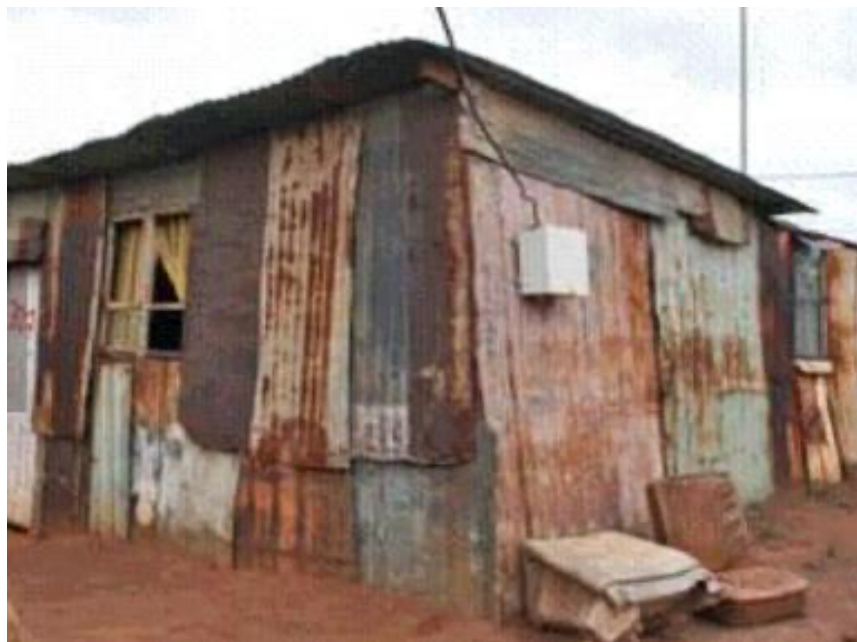
Julie: R4000 just like that he did not even pay the rent. And the woman could have put us out, but she did not. So, he gambles a lot. Gamble I do not mean gamble I mean he plays a lot. So, when I say financial, I mean like he, basically was the only one, he was the breadwinner. He was the only one working. So, it was very stressful for me, and I was always worried when it comes to the end of the month are, we going to have – because we would always have no food literally and no electricity. And then I would have to ask friends of mine for electricity and stuff because we need the electricity for the food, for the kids, and for the baby.

Naledi: That side I did not work and then I was always depending on him and sometimes I would ask him for money for certain things for the baby but then he

wouldn't, some lame excuses, I do not have money, not answer the phone, things like that. So, for me it was I must get a job.

Jess: He never actually gave me cash either. He went from giving me R500 a month to giving me R200 a month. That was myself, so I had to make that money to buy toiletries, clothing, whatever I needed. So, I looked like shit. He was a graphic designer. So, he is the breadwinner, and the house was on his name and the father's name. But *ja* . . . I do not think anyone will understand what it is like to be poor.

A narrative of financial dependency and socio-economic difficulties shapes the women's experiences of violence. Julie's husband's actions are an illustration of an attempt to control her economically and assert his position of power but ultimately failing to provide for her and their children as Julie would be the one to ask friends and neighbours for financial assistance at the month-end. In so doing, Julie subverts conventional culturally scripted feminine traits such as nurturance, submissiveness, and passivity to assume responsibility for the family and take control of the household finances owing to her husband's irresponsible behaviour (Boonzaier & De La Rey, 2003). Unemployed women are entirely dependent on their partners for financial support, thus allowing the men to exert economic and control over the women. As such the women's requests for basic personal items are denied or overlooked (Boonzaier & De La Rey, 2003); this is aptly demonstrated in Jess's account, whose husband exploited his economic power by giving her a limited amount of money for personal items. For Naledi on the other hand, her financial dependency on her partner motivated her to look for a job as he would inconsistently and sporadically purchase items for the baby.



Naledi: “This picture of an ugly shack is how the shacks in Philippi look like – not all of them but almost every shack. So, this represented where we were staying myself and Lesedi, [my daughter] before we came to the shelter – when we moved to Cape Town.”

High levels of poverty and unemployment underlie most of the women’s narratives in the study and meant that the women’s partners would steal household and baby items to support a drug habit. Although Naledi’s narrative does not speak to the issue of theft and subsequently sustaining a drug habit, instead her narrative and accompanying image speak to the socio-economic difficulties she experienced. Her unemployment and move to Cape Town left her financially dependent on her daughter’s father and is exhibited by her stay in Philippi – a large township forming part of Cape Town’s Cape Flats.

In Angela’s case, although her partner was the sole breadwinner, he would often steal baby items such as nappies and teats to purchase drugs or to pay off a debt he owed:

Angela: So, to him, because he was working at the time, he never gave me money. He used to do shopping for himself, the toiletries, by the child nappies. Everything, he did not come home and say here is money, go buy food, go do the shopping. No, he prefers to do everything himself . . . He used to steal nappies and sell them because he was on drugs. He only takes the sealed stuff that I have not used yet. When he gets back at night and I say that it is gone, and I know where I put it and I am like so where is it? You took it and what did you do with it? What can you possibly be doing with it and then he says, no you see I was in debt with . . . (Angela)

Angela depicts the difficulties of living with a partner that was the sole breadwinner in the household and who exerted economic control by refusing to give her money to purchase household items. It is noteworthy that Angela subtly associates activities such as buying food and other household items with the role of a woman. Nonetheless, the participants in the study had to suffer through difficult socio-economic challenges as well as their partners' abuse which all work to burden the women with the responsibility of maintaining the household and their children in conjunction with dealing with their partner's abuse (Boonzaier & De La Rey, 2003).

In this theme, narratives of control and jealousy underscore the participants' experiences of abuse. They describe how jealousy and control in their relationships exhibited through economic control and socio-economic difficulties further makes it difficult for women to leave abusive relationships as they do not have the means or the resources to seek refuge elsewhere. In addition to pointing to how their experiences of violence intersect with the structural inequalities they face, women also constructed a further range of reasons for the abuse they experience, a notable one being drug and alcohol abuse. In addition, women also talk about the abuse of drugs and alcohol as a consequence of the violence they experience.

4.3 Drugs and Alcohol – a Cause and Response to IPV

In light of the different contexts that the women of the study experienced IPV in, participants made mention of the causal link between drug and alcohol use and how this often predicted the abuse. As such, the participants in this study offer their perspectives on some of the causes of IPV from their experience, and they primarily place drugs and alcohol at the centre of this abuse. The women also narrate how their own relationship with drugs and alcohol – as coping mechanisms – framed their experiences of violence. Drugs and alcohol use were present in almost all the women's narratives, either as a catalyst to the abuse or as a response to coping with the abuse and numbing the pain and trauma associated with violence. The women narrated how the violence became more serious when their partner was inebriated and how their own relationship with drugs and alcohol was enabled by being forced to consume drugs with their partner or feeling the need to stay with the perpetrator because he could afford to buy drugs and alcohol; and this was their only way of forgetting about their circumstances. Danie, a 32-year-old woman, narrates a tumultuous personal relationship with drugs and how this relationship was further complicated by her relationship with her children's father and his history with drug abuse:

Interviewer: Was he already doing drugs?

Danie: Yes.

Interviewer: And then did he influence you to do the drugs?

Danie: No. I stopped with the drugs for years, and when my son was one my granny passed on. So that was a little hard for me. But I kept myself for another three-four years after my granny passed on but, in that period, because everybody knew my granny was my rock, everybody knew – anybody can attack me now because my rock is no more there. And in that period my children's father started abusing me. But in that period, he also stopped smoking but then in that period I did not know that he went back on drugs again. So, I also started smoking again but I did not want to smoke (Danie).

Danie recounts her struggles with drug addiction and how, despite her desire to stay clean following a personal tragedy – the loss of her grandmother – her children's father forced her to use drugs. Combined with this is the fact that the drug usage also led to crimes she committed with her partner, and she spent time in jail as a consequence:

Interviewer: What kind of drugs are we talking about?

Danie: Mandrax and tik. I only smoked tik. I can remember I was still working and one morning he thought I had a boyfriend because I have lot of guy friends at work and then he decided no you are not going to work, and you are going to smoke with me, and I told him no. And then he beat me. So, I did not have a choice. I only smoked because he wanted me to smoke. And then it made me do crime with him.

Interviewer: What now?

Danie: At first his brother was smuggling at home. At first, it was smuggling drugs and guns and then we ended up doing shoplifting, me and him. And he was like a *moffie*¹³. He is a mummy's boy, he was a *moffie*. So, whenever we got caught, he always used to run away and then I would always be the person going to prison.

Interviewer: No, he made you take the fall?

Danie: Yes, nevertheless I was in and out of prison a lot (Danie).

¹³ 'Moffie' is a derogatory Afrikaans term used to describe a feminine masculinity or behaviour that is considered outside the category of respected heterosexual masculinity (Van Niekerk & Boonzaier, 2015).

Unfortunately, Danie's relationship with her children's father was marked by obsessive jealousy and control which resulted in her being forced to smoke drugs – namely 'tik'¹⁴ (crystal methamphetamine) and taking the sole responsibility for the crimes they committed together, as her abuser ran away and left her to face the consequences alone. The force that is often exhibited through unsolicited authority over women is a characteristic of IPV. Irfan et al. (2021) argue that various forms of GBV such as physical and psychological violence are associated with coercive behaviour by abusers towards women who consume drugs and alcohol. This behaviour jeopardises women's wellbeing and makes it increasingly difficult for them to escape the abuse. The literature acknowledges that women in romantic relationships such as marriages are subject to social obligations and adhering to social constructs around partnership and marriage that demand they obey their male partners – even if he wants to engage in risky recreational activities such as consuming drugs; women may feel that they cannot object and need to oblige (Irfan et al., 2021). Another aspect to consider is the derogatory attitudes towards women who consume drugs and alcohol and how this may increase their risk of experiencing IPV.

In their study on the prevalence of IPV among South African methamphetamine users in a township in Cape Town, Watt et al. (2017) acknowledge the negative attitudes towards women methamphetamine users. These attitudes included labelling the women as worthless, untrustworthy while also blaming and objectifying them. As a consequence of Danie's intoxication while committing the crime and while she was caught, she was vulnerable to being used as the abuser's scapegoat and blamed for the crime. Similarly, Watt et al. (2017) argue that the long-term use of drugs, such as methamphetamine, impairs cognitive functioning in users, making them vulnerable to victimisation; thus, women who consume drugs are vulnerable to IPV and exploitation and are often socially marginalised (Irfan et al., 2021). For Danie, her life in and out of prison can be associated with the complex relationship she had with drugs. Danie's narrative of drugs further highlights a relationship dynamic that is rooted in drug use and coercive power. Forceful behaviour not only sparked some of the women's drug use, but it also contributed to the women's risky drug use behaviour to deal or forget about their circumstances (Irfan et al., 2021). Danie, Jade, and Jess all construct narratives about their experiences with drugs as coping mechanisms and means of survival, as they all had to cope with individual circumstances:

¹⁴ 'Tik' is a local name for crystal methamphetamine derived from the sound it creates when smoked.

Danie: I do not want people to know what I am going through, I never opened up, I never reached out and that made me go back to stealing. And you know what I only took... I took tablets and those tablets, only once, I got caught and I got a sentence for four years.

Danie describes her drug use in the form of pills to cope with the stress she was experiencing in another relationship. Although she was first introduced to drugs in her first abusive relationship, her bond with drugs transcended the relationship and she maintained her addiction by using drugs to deal with high-stress scenarios.

Jade: Because I was on drugs, I was on crystal, I was on Mandrax and he did not like that I must do that. It depends on what kind of people we meet along . . . And also, to be part of them, made me feel safe. So, I decided let me join them before something happens to me not doing these things.

For Jade, her drug use was dictated by the need to survive. She was concerned about her safety while being homeless and narrates about the safety net that the drugs provided for her because of the people she was associating with at the time.

Jess: But I was also a stoner. I quit smoking when I was pregnant, but I started again I think when my baby was four months old. Weed was just like my husband, my new husband. and I fucking loved the stuff and I tell people that I would be stoned before the sun came up, I was already stoned, the sun would set, and I was stoned. I was stoned the whole day, that was the kind of person I was. It meant everything to me. In 2017 when I got saved, I wanted to quit. I tried many times to quit smoking weed but I just could not. My ex and I both smoked weed. So, it was not just me. At one point he was growing his own weed in the garage, and I needed money for clothing and underwear, and he would tell me that there is no money, but there was money for weed. He would make sure I was always stoned. And I was like, when I was high, I could put up with it. When I was sober I just could not. So, I needed the weed to just get me through (Jess).

Jess speaks about a love affair with cannabis (weed) and how she used it to cope with the circumstances in her marriage. It becomes quite apparent that apart from being coerced to consume drugs by their partners, the women have their own relationship with drugs that is a response to the various forms of violence they had experienced. Like Danie, Jess's marriage was grounded in drug use, and it was used by her ex-husband to silence, control, and keep her

in the relationship for as long as she was high. However, it was also a source of contention in the relationship as there were incongruities over the appropriateness of the drug use as Jess wanted to stop using drugs and her husband did not. Wechsberg et al. (2013) contend that such relationship issues act as predictors of conflict and violence especially in cases where one partner wants to stop drinking alcohol or using drugs and the other does not.

Conflict also arises owing to the gender inequities that exist in relationships where the woman has very little say and financial contribution over household income causing her to be dependent on the abuser (Wechsberg et al., 2013). This is true in Jess's case who did not have the financial means to purchase basic items of clothing such as underwear and had to rely on her ex-husband to give her the money to purchase these items. The collective narrative that the women constructed about their relationship with drugs was that it assisted in dealing with the turbulent, traumatic, and unresolved circumstances of their experiences; and these narratives are echoed in literature.

Research cites that victims of IPV may turn to substance use as a way to cope. Such individuals are also susceptible to developing a dependency on substances; this ultimately leads to substance use disorders and PTSD symptoms (Hobkirk et al., 2014; Kennedy et al., 2020). To this end women who experience violence may use drugs and alcohol as a self-medication strategy in instances where there is limited access to mental health services (Ndungu et al., 2020). Furthermore, substance use increases the risk of individuals experiencing various forms of interpersonal violence. Watt and colleagues (2017) maintain that the addictive properties of any drug contribute to a culture of violence in an intimate relationship, as the drug use often takes priority over a healthy functioning relationship.

It is also worth noting how the neurophysiological effects of certain drugs, such as methamphetamine, are often manifested in the form of aggression that men users' channel towards their women partners. Of importance here is the COVID-19 pandemic and South Africa's lockdown regulations that banned the sale of alcohol and tobacco products and the stay-home order that instructed individuals to stay in their respective homes to curb the spread of COVID-19. During this time, there was an increase in trauma cases, many of which involved interpersonal violence (Dahal et al., 2020; Dlamini, 2020).

The altered state caused by drugs and alcohol also functions as a catalyst to the violence in the narratives of the women of the study. This is consistent with the high prevalence of violence associated with substance use in South Africa. Research asserts that women who use

substances are susceptible to experiencing interpersonal violence (Carney et al., 2017; Davis et al., 2017; Devries et al., 2013; Klostermann & Fals-Stewart, 2006; Watt et al., 2017). The women participants in the study describe the use of drugs and alcohol as a precursor to the violence. Angela and Lisa, for example construct a narrative where the violence they experienced would be exacerbated if their abusive partners were high on drugs, describing how they would ‘pick fights’ or threaten their safety:

Interviewer: What kind of drugs does he take?

Angela: It’s tik and Mandrax.

Interviewer: And when he is on drugs, when he is high...

Angela: But the thing is, I don’t see him doing it. He doesn’t do it in front of me or the kids. He would go to the friends, or he would do it in the backyard but then he would say to me you don’t come out. I am like *ja*¹⁵ whatever, I don’t have any say to this. I don’t.

Interviewer: And when he would do the drugs how would he behave afterwards?

Angela: He would be irritated. He would be bitchy. He is looking for something to start an argument. I make a cup of tea; the tea is too cold or its not sweet enough.

Interviewer: And how would you know that the abuse is about to start, the verbal abuse, the mental abuse? Would you know that okay he is going to start now or was it all the time constantly, 24/7?

Angela: There was always a thing that said no this going to start now, if he starts to tell me the food is not properly cooked, but it was fine yesterday and today the same food. So, his moods was like this . . .but I can always see it coming (Angela).

Angela constructs a narrative of being subjected to experiencing abuse if her partner was inebriated and how the initiation of arguments by her partner would act as a precursor to the abuse. Angela constructs a narrative whereby she views the drugs as a disruption from the norm which is characterised by nonviolence. A picture is painted of the abuser as one who only becomes difficult and abusive when he is intoxicated. Framing the use of drugs as a precursor to the violence may allow the women to make sense of a traumatic, painful, and seemingly inexplicable experience (Boonzaier & Van Schalkwyk, 2011). Furthermore, in her narrative,

¹⁵ ‘Ja’ is an Afrikaans word meaning ‘yes’

Angela describes her partner's irritability and initiating of arguments, after consuming Mandrax (methaqualone) and tik as prompts that the abuse would soon ensue; this is consistent with the findings of Watt et al. (2017) that illustrate the close link between methamphetamine use to various forms of violence and aggression – including the perpetration of IPV. The authors also assert that polysubstance use is common among drug users, which may further contribute to high rates of IPV.

Besides threats of violence and experienced by Angela, participants of the study describe being humiliated by their partners when they are intoxicated. Jade, a 32-year-old woman, speaks about the challenges the consumption of alcohol presented in her relationship:

Jade: On the streets, I was abused when I was staying on the streets with my boyfriend. He normally used to beat me up purple and blue, but I never went to the police and opened a case . . . Especially when he has alcohol in his system, then he beat me up. He throws me with anything in front of his friends, a bucket of water. Maybe he finished washing himself and then we had a family friend, and we sit under the bridge and then he busy with himself and then we start drinking and the friend starts talking with me and then he take the whole bucket with dirty water, and he throw it on me.

Interviewer: In front of the friend?

Jade: Yes, in front of his friends.

Interviewer: And then what does he say after he has thrown you with the bucket of water?

Jade: He says to me I am a bitch, maybe me and the friend already have something on. He was really jealous that one.

Interviewer: Was he always like that?

Jade: No, only when he has had alcohol in his system.

Interviewer: So, would he only hit you when he was drunk?

Jade: And when he is around his friends, yes (Jade).

Jade's excerpt conveys a similar narrative to that of Angela's in which she describes the alcohol as a catalyst that disrupts the normalcy of nonviolence in the relationship. According to Davis et al. (2017), alcohol consumption influences the likelihood of interpersonal violence as it disinhibits violent behaviour. As such, Jewkes (2002) makes the

case that alcohol affords individuals with a ‘cultural timeout’ for antisocial behaviour, as excessive drinking reduces an individual’s ability to read social cues, which in turn may increase the possibility of arguments escalating to violence (Devries et al., 2013). Men who drink alcohol are more likely to act violently toward women when they are drunk because their use of alcohol may cause them to take more risks, and because risk-taking is strongly associated with IPV. The men think they can get away with it because they do not have to answer for their actions. In the extract above, Jade narrates how the abuse and humiliation she suffered when her partner was drunk took place in front of friends. Literature acknowledges that verbal and psychological abuse involves a pattern of humiliating and demeaning behaviours that are associated with other forms of abuse – such as physical abuse – and ultimately degrades the women’s sense of integrity (Boonzaier & Van Schalkwyk, 2011).

In Jade’s narrative, her sense of integrity was completely degraded seeing that she was humiliated by having a bucket of dirty water thrown on her in front of the partner’s friends. Her narrative of humiliation reinforces existing discourse portraying women as responsible for their victimisation (Boonzaier, 2018) by engaging in activities and behaviours that ‘invite’ the abuse. Thus, Jade’s narrative could also be interpreted as reinforcing discourse around women who consume drugs and alcohol as rebelling against traditional gender norms and are therefore deserving of the abuse (Boonzaier, 2018; Davis et al., 2017).

The betrayal of trust that violence evokes in the relationship is made evident in Jade’s narrative; instead of being protected and defended in her relationship, Jade’s narrative exhibits her partner’s use of emotional and physical violence to assert his domination over her and the relationship. The literature cites public and private humiliation as one of the most common forms of IPV experienced by women in South Africa and Rwanda (Stern et al., 2019). Moreover, Jade’s account of being homeless sheds light on the reality of the impoverished conditions that poor women of colour experience. Poor women of colour signify a vulnerable group when it comes to IPV. By the same token, women of colour are subjected to experiencing various social challenges such as lack of access to shelter, food, and health care, to name but a few; they may represent the poorest population group in South Africa (Boonzaier & Van Schalkwyk, 2011). Jade’s narrative exemplifies abuse that is associated with low socio-economic status and gender inequalities, which pose as additional barriers to leaving the abusive relationship because she is dependent on her partner financially and for protection (given that they were homeless). The framing of the social context surrounding Jade’s experiences of violence is important here as it demonstrates the risk associated with her life on

the streets which may have increased her chances of victimisation; however, it could also be used to explain how to survive, she has the need for physical protection on the streets afforded to her by the partner, this may have made it difficult to leave her abusive circumstances.

Watson (2016) argues that IPV is a threat faced by young homeless women; thus, these women may engage in intimate relationships and bodily alliances with men as a strategy for physical protection. To this end, Jade's relationship could be viewed as a demonstration of securing physical protection and a sense of belonging in an environment that is often antagonistic to women. Men's bodies and their masculine physicality may be favoured by the homeless as social power, entitlement, and dominance are attributed to them, while women in this same space tend to experience diminished social status and vulnerability. Watson (2016) develops the argument further by asserting that homeless women's decision to engage in intimate relationships to secure physical protection in the space does not mean that the women in these relationships are passive, but instead these intimate relationships are multidimensional and shift according to complex dynamics associated with the homeless space. Finally, Jade's account also highlights some of the causes of IPV in relationships such as jealousy and control, owing to relationship insecurities.

To summarise, this theme illustrated the effect of substance use on the women participants' experiences of violence in that they used drugs and alcohol to cope with the ramifications of the abuse. Consistent with existing literature, this study found that substance use exacerbated the women's experiences of violence and disrupted the normalcy of nonviolence in their respective relationships. Moreover, the study participants' echo current research whereby the women used drugs and alcohol to cope with the negative effects of the abuse. In some cases, the participants of the study had a pre-existing relationship with drugs and alcohol which was exacerbated by the violence. The most common consequences of the abuse were associated with long-term psychological and emotional effects in which the women had to deal with PTSD, depression, anxiety, and feelings of worthlessness and self-blame. This highlights the severity of the effects of IPV on the women's wellbeing and is discussed in the following theme: 'consequences of abuse'.

4.4 Consequences of Abuse

Several of the participants discussed the effects of experiencing different types of abuse in conjunction with using substances to cope with violence during the study. The previous theme briefly made mention of these implications, namely how the abuse evoked feelings of

shame and unworthiness. For the participants in this study, the experiences of abuse were spoken about as leading to a deterioration of their mental health/wellbeing. These catalysed some participants to resist the abuse (i.e., planning to leave, saving money in secret) and ultimately leaving the abusive relationship. The women spoke about how they suffered depression, anxiety, PTSD, and low self-esteem because of the abuse. The narratives that form this theme describe the psychological and emotional consequences of violence in intimate relationships. In the narratives below, the women participants describe feeling unworthy due to abuse:

Carmen: Now, there was a time in my life when the abuse would become too much for me. I didn't have a support system. And I just felt alone, and I felt I have no one to turn to. And I thought, just end this whole thing you have no one to support you and your husband knows that and he is using that to his advantage. I did not see my worth anymore, especially as a wife (Carmen).

Feelings of worthlessness are common in narratives of abuse, particularly as consequences of the abuse (Ali et al., 2013; Bdier & Mahamid, 2021; Haj-Yahia, 2002). Of importance here is how Carmen speaks of her suicide ideation, which is unfortunately common in women's narratives of abuse and is associated with lowered self-esteem among those who experience abuse (Ali et al., 2013; Bdier & Mahamid, 2021; Ellsberg et al., 2008). In a study conducted via survey by Haj-Yahia (2002) dealing with abuse experienced by married Palestinian women, it was found that lower self-esteem was associated with increased experiences of abuse, which in turn resulted in higher levels of anxiety and depression among these women. It is worth noting, however, that the aforementioned study interprets the findings of the research in light of several dimensions (such as the family structure, and the role and status of women in relation to men in Palestinian society); the same can be said for the findings of the current study. The participants' narratives of abuse are understood to take place against the social, cultural, and political dimensions that exist in South African society. With that being said, the results of the current study reveal how the participants who experienced abuse struggled with a range of emotions such as fear, sadness, helplessness, self-blame, and anger (Baholo et al., 2015; Bdier & Mahamid, 2021). In most cases, these feelings prevented them from confronting the abusive behaviour and reduced their ability to leave the relationship. This struggle of emotions in response to the abuse is present in the accounts of Naledi, Jade, and Angela:

Naledi: I felt not worthy. I think somehow, I started to isolate myself.

Jade: It made me feel I am useless. Sometimes I feel like I must disrespect also him when I think about the things, he did to me.

Angela: At the time I felt so helpless... it made me feel like not worthy.

The participants speak about how the feelings invoked by the escalating abuse and living with a negative self-image because of the abuse, contributed to the deterioration of their psychological wellbeing. All nine women of this study courageously admitted to experiencing a deterioration of their mental health because of the violence. Research suggests that women who experience IPV are likely to be depressed, and suffer from PTSD symptoms, suicidal ideation, and substance abuse (Ellsberg et al., 2008; Galano et al., 2013). Many of the participants who reported experiencing violence shared narratives about feeling lonely or isolated from their loved ones and experiencing overwhelming sadness because of their experiences with abuse. Julie, Tshidi, Danie, and Jess each shared their perspectives:

Julie: I am not the same person. I am sad. I am miserable. I am really really – and I am not even a miserable person but being with him it changed, my personality changed, and I am not happy about it . . . And eventually I got fed up because I am a very anxious person. Already, naturally and I panic. I am very anxious. I am very nervous; I am a very nervous person. So, doing the things that he did . . . (Julie)

Tshidi: So, he practically hid me away from the outside world. He knew that I am a person that I am on antidepressants, got high blood, and I have got anxiety. I have got anxiety meds and I also have sleeping pills because I cannot sleep at night otherwise, I am awake the whole night (Tshidi).

Danie: It made me sit with an anger problem (Danie).

Jess: I got back into weed in 2012, that was the year I was diagnosed with generalised anxiety disorder. And I was put on these antidepressants, and it made me completely fucking crazy, I was just fucking happy all the time (Jess).

Throughout these narratives, the participants juxtapose their current mental state with that of before the abuse began; each of these narratives records the deterioration of their mental health and the subsequent onset of mental health problems, as well as the exacerbation of their pre-existing conditions owing to the abuse. Galano et al. (2013) cite that mental health symptoms among women who experience IPV are a cause for concern as it may further lead to negative social consequences resulting in the women becoming more socially withdrawn

(Navarro-Mantas et al., 2021) and having trouble with day-to-day functioning. In addition, poor mental health further puts women at risk for experiencing victimisation (Schafer & Koyiet, 2018). Ellsberg and colleagues (2008) further argue that experiences of physical and sexual violence are linked to mental health problems including substance use – which is consistent with findings from the previous theme. This is because individuals with mental health problems use substances such as alcohol as a coping mechanism which only acts to worsen their mental health, thus indicating the cyclic nature of violence, substance use, and mental health problems as substance use is often comorbid with mental health disorders and known to exacerbate violence and poverty (Schafer & Koyiet, 2018). Ultimately, mental health problems experienced by women who have experienced abuse results in a loss of social relationships (Moulding et al., 2021; Navarro-Mantas et al., 2021) and an inability to maintain employment (Galano et al., 2013). Women who experience abuse usually live in fear of being attacked and of experiencing physical violence; this fear is linked to various mental disorders, including PTSD (Golding, 1999).

Mental health instability is narrated by the participants in this study as being triggered by the experiences of abuse in their relationships. This is a noteworthy outcome and is the case for all the women in the study. Moreover, in cases where women had pre-existing mental health disorders prior to experiencing abuse, the violence they suffered exacerbated these pre-existing conditions (Moulding et al., 2021). This appears to be the case for Tshidi and Julie who had pre-existing mental health problems. In Tshidi's case, she had been taking a combination of antidepressants, anti-anxiety, and sleeping medications before the abuse started and the onset of the abuse aggravated her mental state. The findings on the mental health consequences of abuse are consistent with the literature. In the analysis of the women's narratives, one could not ignore the various strategies employed by the participants to deal with their abusive circumstances. Their accounts offer alternative strategies that range from compliance to strategies of resistance. These strategies are discussed in the sub-theme that follows: 'strategies to deal with abuse'.

4.4.1 Strategies to Deal with Abuse

Strategies to deal with the abuse were employed by some of the women in the study and were an attempt to reduce the frequency of violence in their relationships. Although placating strategies may be effective in reducing incidences of violence in a relationship, Goodkind et al. (2004) argue that women who utilise these strategies do so at the risk of their psychological wellbeing. Carmen's strategies – to keep quiet and remove her sons from the

abusive environment – supports the argument made by Goodkind et al. (2004) that women continue to experience abuse despite the numerous strategies they may employ to keep themselves safe. In fact, for Carmen, employing pacifying strategies resulted in an escalation of the abuse from strictly verbal and psychological to physical, resulting in a deterioration of her mental health as previously highlighted. This reiterates findings in the literature that assert how women's wellbeing is further compromised by their attempts to keep themselves and their children safe. In fact, research demonstrates how women who employ placating strategies suffer from high rates of depression and tend to report a lower quality of life (Goodkind et al., 2004). Angela also shared a similar narrative of utilising placating strategies to reduce the risk of abuse in her relationship:

Angela: He would go to the friends, or he would do it in the back yard but then he would say to me you do not come out, I am going to sit outside with the friends by the fire. So, we will be busy there, doing our thing. I am like *ja* whatever, I do not have any say to this. I do not.

Interviewer: And how would you know that the abuse is about to start? The verbal abuse, the psychological abuse? Would you know that he is going to start now or was it like that all the time?

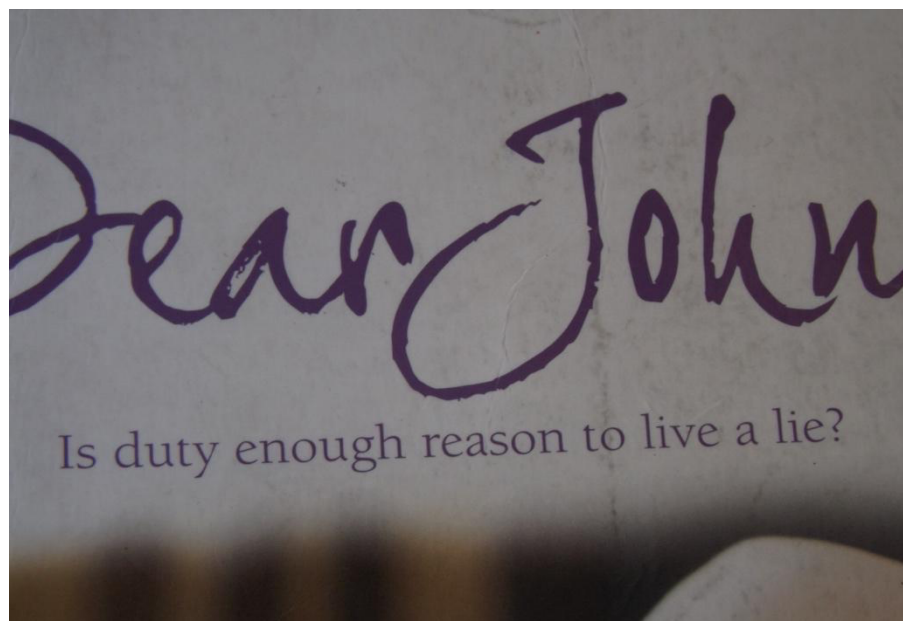
Angela: There was always no this is going to start now, if he starts to tell me the food is not properly cooked, but it was fine yesterday and today the same food. Now all of a sudden it is not properly cooked. The meat is too much, or the food is too cold, or you did not warm it enough. But you were eating it cold yesterday and you did not mind to, because I asked if I must warm it up for you and you said no. So today it is a different thing. So, his moods was like this, but I can always see it coming. So sometimes I just keep quiet. And when he gets really pissed off is when I would tell him where he is really wrong now. He is a person that does not like to apologise. He hates that. And he would turn this whole argument around and say you were wrong Angela; you say this to me and then you do not like to say sorry. I am like but I was not wrong on this. I'm telling you where you are wrong but now you are telling me I am the one that is wrong (Angela).

In this extract, Angela narrates her partner's control regarding her movements and behaviours. In her narration, she consciously chooses not to resist her partner's demands and instead complies in the hopes that it would maintain peace and nonviolence. This is further

demonstrated in her narration when she speaks about how she kept quiet when her partner would try to initiate arguments. However, her narrative of compliance as a pacifying strategy quickly changes to one of overt resistance when she narrates how she would challenge her partner when he was being unreasonable, particularly about minor inconveniences, by telling him that he is wrong and demanding that he apologise to her (putting her at risk of escalated abuse). The idea that abused women are passive agents in abusive relationships is further challenged by Angela's narrative. She demonstrates her defiance by consciously deciding when to keep quiet and when to challenge her partner – both of which are demonstrations of resistance and a strategy to deal with the abuse.



Angela: "The word 'yes' in our relationship I would say yes to anything even though I knew at times that what he was doing is wrong. I was putting my feelings aside for him."



Angela: “The word ‘Dear John’ is because his name is John actually. I started to write him letters to put my feelings into it and to tell him how I felt, whenever he was wrong. I would rather write down for him than telling him because if I would tell him, he would hit the roof. So, I was trying to not step on his toes.”

In conjunction with her narrated extracts above, the two accompanying pictures visually represent the lengths Angela would go to enable peace and nonviolence in her relationship. While the captions aptly narrate how she resisted the abuse while battling the fear that by resisting she may provoke her abuser into further abusing her, the contextual issues surrounding the participants’ abuse are foregrounded in this theme because coping and resistance strategies are dependent on factors such as the severity of the abuse, and the women’s relationship with the abuser. Carmen, for example, narrates how she utilised placating strategies to reduce the risk of the abuse recurring in her marriage:

Carmen: And so *ja* then I started defending myself, but I could see it is useless, it does not bring a change within the situation. So, I just let it go and went on with my stuff. And eventually he started accusing me of marital affairs, accusing me of lying, accusing me of a lot of things.

Interviewer: About what?

Carmen: My whereabouts.

Interviewer: About where you are going?

Carmen: Yes, and even if I prove to him, you know you have to bring a signed copy of the report, you know the attendance register, when you attend a workshop or you attend something then I have to make a copy, so I take a picture with all the other people's signatures of who was attending. So, it became worse, I had to do that just to protect myself and my husband became worse and worse and more inferior and more withdrawn. So, he started *klapping*¹⁶ me around. And I always – when I see the argument started or he will just get something very stupid to start an argument, I will let the boys to go play outside or I will tell them to go to their friends because I know something is going to happen here now (Carmen).

A strategy successfully employed by one woman to resist and reduce the risk of abuse may increase it for another (Goodkind et al., 2004); such as seen in how the same strategy employed by Angela and Carmen yielded different results. In the first case, placating strategies had some effect in defusing violent behaviour. In contrast, the coping strategies for the latter were ineffective and often resulted in Carmen being beaten up. Placating strategies include strategies such as doing whatever the abuser wants, controlling children's behaviour by keeping them quiet and trying not to resist the abuse.

In summary, the participants' narratives in this theme describe the severity of the abuse they suffered during their relationships and provide a way for one to understand some of the complex and intersectional factors affecting the women during their relationships. However, within these narratives, the participants' narratives of IPV offer alternative discourses to dominant ideas that deem abused women as weak, passive, and responsible for the violence they experience. This theme demonstrates the study participants' agency by focusing on the various ways they employed to deal with the abuse. This theme has also illustrated that placating strategies can be important strategies as they have the potential to reduce incidences of violence. Unfortunately, this was not true for all the study participants because placating strategies escalated the violence for some of the women in the study. Nonetheless, the narratives in this theme begin to illustrate the participants' pursuit of refuge and freedom, amplified below in the theme: 'narratives of escaping'.

4.5 Narratives of Escaping

In analysing the data, it was difficult to ignore how the participants also resisted the abuse – which ultimately caused some of them to leave their abusive circumstances. In focusing

¹⁶ 'Klapping' is the Afrikaans colloquial term for 'slap'

on the participants' narratives of resistance and escaping, the study echoes the arguments made by feminist research that resists portraying abused women as passive victims without a sense of agency. Instead, feminist research on IPV focuses on abused women as survivors and active agents (Bermea et al., 2020). In support of feminist research and literature on the strategies abused women employ to keep themselves and their children safe (Bermea et al., 2020; Goodkind et al., 2004), the current study acknowledges that leaving an abusive relationship is not always a viable option for women who experience abuse; instead, it also brings attention to strategies that women may employ to resist abuse and bring about reprieve while staying in the relationship. Tshidi narrates how she resisted the abuse in her relationship:

Tshidi: And when he was sleeping, I would take a rand or two and I would keep trying to save money for the day that I would be able to get out. And the one day, it was a Wednesday, and I will not forget there is a clinic in Fisanterkraal, and I was standing in the line there and he actually forgot his cigarettes at home . . .but I already told my sister my plan that if I got a chance to get out, I was going to run and try to get to Belville and then in Belville get to a social worker or something like that. And while I was waiting in the line, he forgot his cigarettes at home. And then he went up and he said is coming back now and he went up. And that was the first time that he actually left me alone. And now this was my chance because I only had my small little black bag that only had my clinic cards, my important stuff, it was a clinic card and a CV. When I saw him go that side, I then started running that way which was on the gravel road to Kraaifontein and on road as well I was raped as well.

Tshidi's resistance, illustrated by saving money, hiding important documents, and strategising on what to do if presented with an opportunity to escape, speaks to the feminist discourse that positions abused women as active agents instead of passive victims (Goodkind et al., 2004). This is consistent with research that shows that having an opportunity to escape is important in enabling women to leave an abusive relationship (Baholo et al., 2015). Similarly, Tshidi's narrative exemplifies the complexities associated with the process of leaving and resisting the abuse, because leaving is an extensive process that requires meticulous planning (Lacey et al., 2011). For Tshidi, the process of leaving entailed her ensuring she had the necessary resources (i.e., money) and documents (such as her CV and clinic card) that would ensure that she would not need a reason to return to her abuser. Tshidi's resistance supports Goodkind and colleagues' (2004) assertion that safety planning strategies such as hiding the keys of a car in a safe place and having important documents hidden are ways of

ensuring abused women's safety, while also demonstrating a form of resistance to the abuse. Further, some of the participants in the study may not have planned their escape from the relationship; rather, there may have been escalating abuse or an incident that threatened their life and caused them to leave. After being physically attacked by her partner, Angela explains how she decided to leave the following day as a way of ensuring her safety:

Interviewer: What had happened for you to move out? To go and live in the location by yourself?

Angela: Because of his verbal abuse, emotionally. So, I said this is not going to work, you stay here – because he does not like the location. He hates it. Me, I was staying there for five months in the location when he came. I was angry. After a few days, he became physical.

Interviewer: After a few days of you being back with him?

Angela: Yes.

Interviewer: He went physical. So then after he went physical what did you do?

Angela: I left. The next day because that happened in the evening. So, I left the next morning early (Angela).

The circumstances under which each of the women in the study left the relationship, as well as the timing of their departure, was different for each participant. Some left after a few months after the abuse started, while others left after many years of suffering through the abuse. The common narrative among all the women's accounts is how their process of leaving the abusive relationship was significantly persuaded by their toxic and abusive environment, and the support received from friends and family. Baholo and colleagues (2015) argue that family, friends, and even the police play a vital role in helping women who experience abuse with finding a way out. In addition, the collective narrative that is constructed by the participants is that although the circumstances under which each of them left the abusive circumstances were different, this process of leaving was mostly organised and presented in a consistent manner characterised by three main stages. These are: denying the abuse and not considering leaving yet; recognising the abuse and considering leaving; and finally making the decision to leave and ensuring ways to remain separated from the abusive partner (Bermea et al., 2020; Bonomi et al., 2007). Although different, the women of this study's narrative shed light on their process of escaping their abusive relationships. Carmen and Julie, for example, narrate their departures from their relationships below:

Interviewer: So how did you leave? So talk me through the day you decided to leave and to go to the divorce attorney, how did all of that happen?

Julie: I got in contact with a friend of mine from high school. Then I told her can you help me with money, we need money for electricity and for nappies. And then she is the one because she is a Christian, she is a newborn believer. So, she started helping me then I started opening up to her, telling her about my situation, what is going on. And I made the decision eventually because she told me she has a lawyer who is pro bono who can help me. So that is when eventually I decided okay enough is enough, I am going to leave you. So, I got in contact. She spoke to a lawyer and the lawyer got in contact with me. Then I told him [husband] we are going to go. I am going to take the kids and we are leaving. But I did not say when but that day I did mention to him that I am going to leave. I got the pram ready and everything and then I left (Julie).

In this story, Julie describes how she planned an escape plan with the aid of a friend and a lawyer. Julie's narrative is contrasted against Carmen's who had no intentions of leaving her husband but was forced to do so when a seemingly mundane conversation turned violent:

Carmen: I was standing by the bed folding the clothes. And then he pushed me, and I fell on the bed, and he came on top of me, and he started choking me and he has long straight hair. And then he choked me, and I pushed his hair down to me I let it come be next to me and then he lost his grip and then I pushed him with my feet, and I got up. Even when I got up, he still slapped me. And then luckily at the time God intervened because that Saturday he was supposed to go cut his hair and his friend who got a barber shop called him and said he must come now. So, he went to the barber to cut his hair and that was the moment I started packing. I called my friend, the only friend I know. So, I called her and luckily for me, she was at the time in Athlone with her mother-in-law and I said to her please can you come and pick up the kids and my husband is starting to do his things again. So, she came, and we packed as much as we could (Carmen).

Carmen and Julie's account of the circumstances that led to their departure from the relationship brings attention to the challenges that married women and/or women who live with their respective abusive partners face when trying to leave their partners (Lacey et al., 2011). Carmen's spontaneous departure from her husband demonstrates how for some women who experience abuse, leaving the abusive partner is spontaneous and triggered by increased abuse

that becomes life-threatening and further degrades the women making them feel less secure in their homes (Baholo et al., 2015; Bermea et al., 2020; Chang et al., 2010). The women in the study drew on particular ways of talking about how they eventually left their abusive relationships; these drew upon narratives about receiving support from friends and demonstrating resistance that ultimately gave them the courage to leave (Bermea et al., 2020; Lacey et al., 2011). This theme draws attention to the contextual features in the lives of the participants of this study that uniquely shaped their experiences of leaving their abusive partners.

Smye et al. (2021) aptly note how leaving an abusive relationship is not always the most viable option for women who experience abuse because this presents a risk for the escalation of violence (even after the woman has left the relationship). As such, leaving abusive circumstances are different for each woman, depending on factors such as their life circumstances, locations, and other intersecting contexts (Smye et al., 2021). This theme emerges from narratives that demonstrate the participants' courage because the risk of leaving the abusive relationship presents challenges such as the possibility of having no stable alternative to go to, or not having enough finances to be able to support themselves and their children. The women shared accounts of leaving their abusive relationships facilitated by receiving support from friends. This demonstrated resistance that ultimately gave the participants the courage to leave. However, within these narratives, the participants also described realising that despite their best efforts, they could no longer stay in the abusive circumstances they were in, consequently triggering their departure from their respective relationships. This decision is not without consequence, because the process of leaving could further endanger abused women, resulting in death. This is a consequence of their departure being seen as a defiance of the abuser's power (Krug et al., 2002 as cited in Galano et al., 2013). This in turn may cause him to do anything in an attempt to regain that power (i.e., become more violent) (Galano et al., 2013).

There are also commonalities in the participants' narratives regarding the formal and informal assistance they received that enabled them to safely leave the relationship and find refuge. Social and institutional support are an integral part of assisting women to leave their abusive circumstances (Bermea et al., 2020). Interactions with family and friends expose the women to sources of support that reassure the women they are not alone and give them the courage to leave their circumstances (Baholo et al., 2015; Chang et al., 2010). Lisa narrates the

support received from a friend and a social worker that allowed her to think about alternatives for safety for both her and her son:

Interviewer: So, the day you left, how did-

Lisa: He just knew that I was going to go to social services to go see the social worker.

Interviewer: Is this now?

Lisa: Ja

Interviewer: Like the last time?

Lisa: Ja

Interviewer: Tell me about that day, like what happened that day?

Lisa: So, we got a letter. She [the social worker] wanted to see me, him, and my son. But I knew that he was not going to go.

Interviewer: Is this after your friend from America has helped with this?

Lisa: Yes, yes. That is why the social worker came. So, I got my son dressed that morning because I knew she wanted to see him, to see what condition he is in and all of that. So, I said, "Okay bye, say bye to daddy" because I didn't – it wasn't planned. But you see, that's how God's time works. And then we left (Lisa).

In Lisa's description of how she left her partner, she notes the assistance she received from a friend and a social worker who was put into contact with Lisa through the friend. Lisa had previously left the relationship twice before her third attempt. While research acknowledges that multiple exits are customary in the leaving process for women who experience abuse (Bermea et al., 2020), Lisa's narrative demonstrates the important role social support has in allowing abused women to leave the relationship. Additional sources of support for abused women can also be community assistance from the police and social workers. Almost all the women in the study mentioned receiving assistance from the police or social workers who either called various shelters and/or dropped the women off at a shelter for abused women in Paarl before later being transferred to the shelter where I interviewed them. It has been found that police can also offer temporary respite for the women from their abusive partners (Few, 2005). This is described by Carmen:

Carmen: And so, I had to go to Mowbray police station. I said to my friend just drop me at Mowbray, do not take me at Woodstock because this people is not going to tell me to do anything they are going to tell me to go home. Drop me at Mowbray.

Interviewer: So, you got to the police in Mowbray . . .

Carmen: And explained my situation. When I walked in there, they already knew this is a GBV this one, because my face shows it, my whole-body language shows it, my bags show it. And luckily there was a colonel or officer – she was so nice to me. She made me feel at ease. She spoke to me and they gave me lunch to eat, calling around to find a place for me. I was sitting there for hours and eventually I got a place in Paarl (Carmen).

Likewise, other participants in the study spoke about the assistance and support received from social workers and government institutions – which facilitated their process of leaving:

Angela: I went to social development and then they phoned around and then they got a place for me in Paarl for two weeks. Then the social worker said do you want to press charges and I said yes, we can go. And then we went to the police station, and she said, the line was too long, and she said rather do it when you are in Cape Town because you can still lay charges but now, we have to go now. So, they took me to Paarl (Angela).

Naledi: So, I had to go to the police and from the police they called the CCID¹⁷ people, the CCID people put me to a shelter, a night shelter and then the next day because it was the weekend, the next Monday I came here to the shelter (Naledi).

¹⁷ Cape Town Central City Improvement District



Tshidi: "Road to freedom"

The picture above, aptly captioned "road to freedom" by Tshidi represents some of the ways in which the women in the study managed to escape from their abusive circumstances. For a lot of the participants, the police helped them get to safety and provided the women with relief and freedom from their abusers. Although not all participants' narratives endorse this view, for the majority, the police helped initiate the process of seeking refuge and escaping the "clutch" of their abusive partner as described by Tshidi.

In summary, the assistance the women received from social workers and government institutions played a significant role in assisting them to find a place of safety. This finding suggests that the collective narrative the participants shared in leaving their abusive relationships was facilitated by (but not limited to) the police, social workers, and other governmental institutions assisting in finding a place of refuge and successfully leaving their abusive circumstances, contributing to some forms of empowerment and independence for participants. These narratives emerge in the final theme of this analysis: 'shelter: refuge, empowerment, and independence'. The theme of 'strategies to deal with abuse' emphasises the process of departing from an abusive relationship and the challenges related to the post-separation period. This theme also illustrates the agency of the women in this study by showing how they managed to escape abusive situations. An even more important point is that the theme highlights the circumstances that led to the women leaving abusive situations and it is further elaborated on in the following sub-theme: 'the motivations behind escaping'.

4.5.1 *The Motivations Behind Escaping*

In analysing the data related to participants' narratives of escaping, causes behind escape were closely linked to the women's identities as mothers, as well as the wellbeing of their children. The women's concern for their children's wellbeing and the implications of witnessing the abuse featured prominently in almost all the study participants' narratives. Danie, Jess, Carmen, and Lisa share a similar style of narration regarding concern for their children's safety and wellbeing based on the children witnessing the abuse and/or being in the same environment as the abuse:

Danie: All this fighting and between the two of us, it is getting too much for me because my child is also seeing this, and I do not want her to see or grow up in an environment like that (Danie).

In the extract above, Danie expresses a desire to remove her daughter from the abusive environment they were both in. In expressing contempt for the toxic environment her daughter was exposed to because of the arguments between herself and her partner, Danie unintentionally juxtaposes this with the desire for a peaceful and nonviolent environment for her daughter when she says, "I do not want her to see or grow up in an environment like that..."

Jess: One morning, we had this moerse fucking disagreement, he called me a moron and I just fucking lost it. And I just started throwing things at him. And he ran, our daughter was sitting on the couch eating breakfast and he ran to the couch to pick up our daughter and started running for the door and I picked up the ceramic bowl and I hit him at the back of the head, and it fell and cut my daughter right here. And there was just blood all over and I was just fucking screaming and I was oh my God, I bust her eye because there was blood streaming down. But he used our daughter as a human shield (Jess).

For Jess, the image of her ex-husband using their daughter as a human shield in a heated argument meant that she would do anything to protect her daughter from him even if it meant mistakenly striking her daughter with a ceramic bowl intended for her ex-husband. In narrating this event, Jess positions her ex-husband as a villain who needed to be stopped from harming their daughter – who became a casualty of the verbal and psychological abuse that characterised her marriage.

Carmen: He witnessed it all the time. For the three years that it happened he witnessed it once. But before the one time he witnessed it, he already saw before that because I

had bruises. And one thing about my eldest son, he is turning 17 now in September, he is very mature for his age and one thing I did was never lie to my kids. I could not say to him I walked into the wall, or I fell. I was honest with him, and I said your father hit me, we had an argument, we had a misunderstanding, so he hit me. And he was aware that he was also fearful of me getting hurt.

Carmen's narration that her son witnessed her abuse meant that Carmen would need to be honest with him about it. As a result, her son was afraid for her – especially since she was continuously abused. This was also something Lisa reported with regards to her son witnessing her being abused:

Lisa: . . . And seeing my son grow up and the things that happened in front of him because a lot of the time when he did hit me in the past and stuff, it was in front of my son. So, that is why my son is so protective of me . . . I was feeling always guilty, worthless, scared, not sure, paranoid. It's just so many years of that so utterly wasted. And the biggest victim in the end is my children and me. My soul, my heart that is so tarnished and abused and broken for what? (Lisa).

The protective nature and role of the boy child in response to his mother being hurt is demonstrated in Carmen and Lisa's narratives. In both narratives, the women co-construct an account whereby their sons assume the role of a protector. Thus, in analysing these two extracts it becomes difficult to ignore how the abuse Carmen and Lisa's sons witnessed also meant that these children were exchanging their boyhood and the innocence that comes with it, to prematurely assume the role of men needing to protect their mothers. The burdensome consequence of this is that it reinforces ideas about hegemonic masculinity that associates a man with the role of a strong protector, thereby priming these young boys into assuming and embodying this kind of masculinity (Langa, 2020). Lisa's extracts also speak to the psychological and mental health implications related to experiencing IPV as discussed in the previous theme – 'consequences of abuse'. In their study on women's experiences of leaving an abusive relationship, Baholo, and colleagues (2015) found that for participants with children, concern for their children's emotional and physical wellbeing influenced their decision to leave.

All the women in this study are mothers and invariably expressed a desire to protect their children from witnessing, experiencing, and growing up in an abusive environment signifying an understanding of the serious impact this exposure could have on their children's



Lisa: “This just shows that he is not alone anymore, and he has a community and friends as any child should. He is safe and he is okay.”

wellbeing. Consequently, the participants expressed a concern for the implications this would have on their children. These concerns are warranted as research suggests that children who grow up in violent homes may normalise violent behaviour and reproduce attitudes and beliefs that favour violence in their relationships (Carlson et al., 2019; Herrenkohl & Jung, 2016; Mbilinyi et al., 2012). Moreover, because of the neurological and psychological effects associated with exposure to violence, children exposed to IPV may be primed for perpetration and victimisation. This is worsened by the length and frequency of the exposure because children exposed to repetitive, cumulative, and prolonged violence experience worse outcomes than non-exposed children (Carlson et al., 2019). Women’s accounts and concerns about their children’s exposure to violence have significance because of the potential this has for perpetuating a cycle of abuse or causing behavioural problems (Galano et al., 2013). Carlson et al. (2019) contend that children’s exposure to violence in their respective homes may lead to externalising behaviours, the onset of PTSD symptoms, academic difficulties, and reduced social competencies compared to non-exposed children. Coupled with this is the notion of learnt behaviour – children who are exposed to violence may view it as an appropriate means to address conflict – and it may lead to children adopting these behaviours in their adult relationships (Carlson et al., 2019; Mbilinyi et al., 2012).



Lisa: “This picture represents for me that he is close to my heart obviously because he is my son, but now he is in a protected closed area and the sun is shining and he is happy, and he is just secure and safe”.

Lisa’s pictures and accompanying captions express how much of a priority her son’s safety was to her, and how significant it is that she can protect her son and expose him to a safe and nonviolent environment. However, within these captions, Lisa fittingly notes how the picture of her son surrounded by kids is the kind of environment that befits a child instead of the abusive one he had been exposed to – invariably reiterating the idea that IPV rids children of an innocent childhood. What the narratives of the mothers in this study bring attention to are the lengths they were willing to go to ensure their children’s safety, even if it meant being separated from them. This was reflected by Tshidi’s account of her decision to put her children in foster care as soon as the abuse started:

Interviewer: Where are your kids Tshidi?

Tshidi: They are in Khayelitsha and Masiphumelele

Interviewer: Okay.

Tshidi: Yes, because when the abuse started, I did not want them seeing . . .

Interviewer: So they did live with you?

Tshidi: Yes, I did not want them seeing . . .yes.

Interviewer: And how long has it been since you have last seen them?

Tshidi: I have not seen them actually at all this year. Before the Coronavirus, just before the Coronavirus I saw them. I phone but phoning is not the same as seeing your children. Because I know the fact that especially my son who is twelve years old, he is the one who prefers to see me face-to-face and say okay mom you are alright, because he is very protective of me. He does not want a man next to me; he does not want me hugging a man friend. And there is this I am your man kind of thing and I will protect you and I will work for you (Tshidi).

Although Tshidi's extract reinforces the idea of the boy child assuming the role of a protector in response to his mother's abuse as illustrated in Lisa and Carmen's narrative above, it also emphasises Tshidi's gallantry in making the decision to remove her children from the abusive atmosphere that now typified their home.



Naledi: "My kids represent my 'why' as in why I am doing these things, it is for them. Every time I think of giving up, I think of them."

For the participants of this study, their children served as catalysts that motivated them to leave their relationships in search for refuge. Danie's narrative of departure was not a casual

matter and can be understood as a sacrificial act, since she was inadvertently protecting her son by escaping:

Danie: So eventually me and my son because he is my heart because he took punches for me also.

Interviewer: Your son?

Danie: Yes. So, I informed him what is going to happen. I told him you see what is going on now and I don't want to live like this anymore. And then I told him that I have contacted one of my friends and my friend stayed in Ottery and then at the same time she also has family in Stellenbosch. So, at the time, she came and stayed in Stellenbosch waiting for me to tell her to come pick me up and then we go. So, it did not happen and the one night my girl was three/four months old. So, he [abuser] came back, he went to go smoke Mandrax and he came back and cut out and then my son found the key to the door. My bag was already packed, and I told my son, this is my time now. It was the middle of the night, and I did not want to take the children with. So that night I told him you need to close the door, the back door because I went out the back and then he locked.

Interviewer: How old was your son at this point?

Danie: Now he is fourteen, so this was seven years ago. Yes, he was seven. So, I went and never came back. So, my son, they were all staying together, and I think for me to run away also made him realise what he is busy doing is wrong (Danie).

Danie's escape was largely facilitated by her seven-year-old son. A powerful example of how the scourge of IPV robs children of their innocence is depicted in the narrative in which Danie's son had to assist his mother in fleeing, even if that meant staying behind to bear the consequences of protecting her. Furthermore, Danie describes how her son was also subjected to abuse on her behalf, and thus her decision to leave can also be viewed as an attempt to protect herself and her children (Chang et al., 2010).

This sub-theme narrates women's motivations behind escaping. It is clear from the narratives in this theme that the mothers were willing to go to great lengths to protect and safeguard their children. Consequently, for the women, the children served to motivate them to leave the abusive situation. Moreover, in these narratives the effect of violence on the children can be observed in that sons had to assume the role of a protector to honour their mothers – thus robbing the sons of their childhood innocence. The women's identities as

mothers are central to the narratives of this theme because it also serves to illustrate the complexities of IPV since some mothers felt they had to leave their children behind or place them in foster care for their safety, owing to IPV. Again, the narratives of this theme underscore the strength, agency, and courage of the participants. Further elaboration of these ideas is found in the following theme: ‘shelter: refuge, empowerment, and independence’.

4.6 Shelter: Refuge, Empowerment, and Independence

Leaving an abusive relationship is marked by a series of transitions, and when women survivors arrive at a shelter, they continue to undergo these transitions. All the participants described the supportive context they experienced during their stay at the shelter. The theme above made mention of the participants’ courageous efforts taken to leave their abusive circumstances motivated by a myriad of contextual factors. For the participants of this study, the shelter environment offered them a space to reflect on their experiences, begin to heal, and start planning the next steps. The women reflected on how the shelter services personally empowered them to achieve small tasks that were previously not possible while still confined in the abuse. This theme emerges out of narratives that reflect the strength, bravery, resilience, and hope of the participants. While analysing the data for this theme, the participants’ expectancy of a better future and confident assurance that their circumstances would improve stood out. This was primarily owing to the encouraging environment and collection of services offered by the shelter. Individual and group counselling, job training, legal support, children’s programs, mental health and addiction services, immigration and refugee support, and men’s support programs (for those who have abused) are among the services offered by shelters to assist women transitioning from abuse to safety (Perez-Trujillo & Quintane, 2017; Maki, 2019). However it is worth noting that shelters serve different groups of women with varying complex needs and thus shelters may not necessarily have the capacity (i.e., staff, resources, space and training) to serve these needs adequately (Maki, 2019). By the same token, shelters also afford survivors the space to reflect on their experiences while also providing psychological support, and a peaceful environment for survivors and their children, as well as providing an atmosphere of encouragement, growth, warmth, and security (Baholo et al., 2015). This finding was described in Naledi’s narrative that described how St Anne’s helped her conceptualise non-toxic life post the abuse:

Naledi: Being here for me it is a blessing in disguise if I must put it that way. I learnt a lot here. Like how I gained . . .getting the skills here, the home-based care. With that there was a family that sponsored us with that home-based care, and I was doing

practical and got a job by a home. I managed to get a job through the shelter and the people who sponsored us with they are the ones who are willing to pay for, to further my studies. That is why this shelter is a blessing in disguise. If it wasn't for this shelter, maybe I would have given up my daughter for adoption. The shelter just put things into perspective for me somehow.



Naledi: "Living...again."

Naledi: "I look at these pictures and they represent my ability to dream again. Dreaming is good and I dream about the things I want to achieve. I left my work because of my pregnancy, and we got a sponsorship here – 11 ladies here at the shelter to do home-based care. And I did my practical at Eleanor Murray residence and immediately after the practical I heard that they were looking for someone and I went for an interview and the following week I got the job. And this is the man that showed me the ropes, and that taught me everything and I also worked with him."

What immediately stands out from Naledi's accompanying narrative to the pictures she captured above is the sense of hope she possesses. Despite the difficulties she has endured, her stay at St Anne's also meant that she had access to opportunities she otherwise would not have had and/or had not received up to this point in her life. As the youngest resident at the shelter,

her narrative is one that embodies the ability to start over but also illustrates the enabling environment offered by the shelter to its residents by giving survivors of IPV access to opportunities that encourage independence away from their abusive pasts.

The enabling environment of the shelter is contrasted against the controlling and often dependent circumstances of the participants' abuse. Thus, in providing the participants with a space that encourages practical skills development intending to empower women to live independent lives and support themselves through these learned skills, shelters are positioned as places that not only provide abused women with immediate shelter and safety, but utilise interventions that are effective in decreasing abuse, improving social support and health outcomes, increasing self-esteem, and creating connections with other survivors (Hughes, 2017; Perez-Trujillo & Quintane, 2017). This is clear in Tshidi and Jade's narratives:

Tshidi: Everyone is very nice, they are supportive. We speak almost like a psychologist we speak to. The social workers are very supportive, even the director as well in a manner. So, when one feels you need to speak to someone you are always welcome to speak to them. They motivate you. You do not get put down or anything like that. They understand you.

Jade: For me it was the women know each other but must not go into each other's details. For me it was the first time you come here, I was bored because you cannot go to the shop. You must wait till the time is over your one month. So, you have to wait. Take your child to school. Sit outside and do your duties. Join the skills class. You learn different types of things to do with your hands like making albums, making jewellery. We make candles also.

Shelter programmes are intended to help victims of IPV, and their children find safety. And while abused women turn to such structures for assistance, their stay at a shelter is not without its challenges. Thomas et al. (2015) make the argument that although well-intentioned, shelters may be traumatising as survivors have to abide by a certain set of rules that may feel restrictive and evocative of the dynamics of the women's abusive circumstances. This was described by a few participants who spoke of the restrictive nature of the shelter rules and often juxtaposed their stay at St Anne's to a previous shelter they resided in, in Paarl. It is worth noting that owing to the COVID-19 pandemic and regulations around social distancing, six of the nine participants stayed in an interim shelter located in Paarl (which is considered a phase one shelter) for two weeks prior to being transferred to St Anne's (phase two shelter) where

they could stay for up to four months. Although this study focuses on the role St Anne's played in providing the women participants with refuge, empowerment, and independence, participants did make comparisons between the two shelters offering their perspectives on what they liked and disliked about the environment and services of the two shelters. Carmen narrates on the differences between the two shelters and the implications:

Carmen: I always compare, I'm used to St Anne's and [Paarl shelter] because that is where I started. And [Paarl shelter] is such a beautiful place and there are such beautiful people. The social worker, the manager, the director, I don't know who is the director at Blackenberg. And the way they treat you, they interact with you. So, I will be in the room the whole time just knitting not having breakfast, they come and check on me. Yolanda why are you in bed? Are you not hungry? Do you not want to eat? They are concerned. They show their love, they show their support. And St Anne is a little bit different. I understand also why, because there is more requirements. There is more women here, there is different rules. There is kind of the same rules in [Paarl shelter] but there is just more with St Anne's because I think they are like a company, every company has different rules, or their own rules. But you have to accept . . .

Interviewer: How are the rules different? Because you are not the first person to tell me about rules. You are not the first person to say the rules here are a bit different. So what is it that is different about the rules from [Paarl shelter] to here? What is it about the rules here that is different?

Carmen: I think before I answer your question, I think the head of the safe house, the director, or the manager, I think they implement the rules by themselves.

Interviewer: So they draw it up?

Carmen: Yes. I am just speaking under correction now. I think they would say [Paarl shelter] would say we do not have . . .TV for instance, we can watch from six o' clock till we go to sleep. That is [Paarl shelter] and if you feel hungry you say I am hungry can I have tea, can I have a sandwich. You are free to make your own sandwich, your own coffee at any time. And [Paarl shelter] does not have, because it is only two weeks, they do not have a skills programme there. Yes, so the rules are different in that way, and you have more freedom. When I was there, the very next day the social worker took me to town because I needed to buy me some things. I need money for data and

that kind of things and because of the NPO thing also they did not have a skills programme thing, so they did not have computers like here (Carmen).

Upon reflecting on her journey and having lived in a temporary shelter prior, Carmen intuitively draws a comparison between the two shelters. Notably, her description of the transitional shelter located in Paarl is associated with kind people, a caring environment, and more freedom. St Anne's, on the other hand, is described as rigid and restrictive in terms of rules. The notion of freedom and being able to make their own decisions – albeit with small tasks – is understandably important to the participants who come from relationships that sought to control their agency and deny their freedom. Danie offered a similar experience in her narrative:

Interviewer: And you were in Paarl for two weeks?

Danie: One thing I can say is a lot of rules but what do you expect being in a government environment, there must be rules.

Interviewer: Like what are the rules?

Danie: Like normal house rules.

Interviewer: Okay.

Danie: It is normal. So, I am fine. I am on my own mission (Danie).

Although Danie points out the number of rules that exist within St Anne's, like Carmen, she too notes the necessity of the rules. Danie and Carmen's narratives offer a way to understand some of the challenges that come with living in a transitional shelter with multiple people. Because of this dynamic, the need for structure, routine and rules become necessary – and the participants acknowledge this necessity – to effectively assist the residents of the shelter, outline rules regarding how residents should behave and establish predictability (Glenn & Goodman, 2015). In studies that have been conducted exploring the role of shelters, little has been studied on how women who access shelters experience shelter life. Glenn and Goodman (2015) note that this gap in the literature is problematic, given the significant role shelters play in survivors' recovery. Thus, understanding the impact of shelter rules on participants is crucial as it offers a means of understanding how survivors of IPV experience shelter life and what this means for their identities.

Despite the challenges that come with living in a shelter, a narrative of being in a supportive environment with other survivors and receiving skills training shapes the women

participants' experiences of the shelter. Furthermore, the effectiveness of these services is largely contingent on the extent to which these interventions meet the participants' needs (Perez-Trujillo & Quintane, 2017). In trying to understand how St Anne's supported the participants during their stay, it became apparent that one universal definition of support did not exist for all the participants. Instead, support received from the shelter was defined according to each participant's perception of support and how they benefitted from this. To this end, participants offered similar and differing narratives to describe how they felt supported by the shelter and how they benefitted from this support. Carmen and Julie share a similar style of narration regarding their experiences of the support offered by the shelter and what this meant to them:

Carmen: It really helped me a lot emotionally Dr Smith it really helped, my spiritual being, my spiritual development, me being here, and it helped me a lot. And I always said to Aunty Joy if there is one thing I am going to take with me and that has benefitted me was the counsellor sessions with Smith.

Carmen narrates the value of psychological services offered by an in-house psychologist at the shelter. The benefit of the counselling sessions also allowed her to work on her spiritual development.

Julie: I enjoyed the emotional support because we do programmes with Dr Smith who is also a psychologist. We do it with her on Skype sessions. And with the social worker. So, I was able to offload, and some people bring us stuff, nice stuff. Women's day was a nice month. On Women's Day we had a function where we got . . .

Julie's depiction of the support she received from the shelter draws on the emotional support received. But her narrative also touches on the value of community and the receiving of gifts. However, in reflecting on their supportive experiences while residing at the shelter, not all the participants benefitted equally from the psychological sessions. Reiterating the idea that the participants' perception of support is dependent on their needs at the time. This was reflected by Lisa and Jade who offered a different perspective on the ways in which they felt supported and how this support empowered them:

Lisa: This shelter has really done more than any other place has ever done for me by computer skills, I have an email address now. I have got a SARS¹⁸ number now. I see

¹⁸ A SARS (South African Revenue Services) number is a tax number that an individual receives signifying their registration as a taxpayer.

a doctor, I get Ubered¹⁹. So, they have empowered you so much in small things, but it is things that on the outside world, here it is obtainable. When you are outside and you are in that environment, it is so hard because now he is in creche, I can sit here and talk to you. Whereas in the outside he would not be. So, they empower you to get these things. I am changed and I am empowered.



Lisa: "Shelter, rehabilitation, and empowerment is everything this place has done for me. This represents my life."

Jade: I did not have a job, but [the director] let me go and do the nursing. The home-based care. So, I did that and then I passed my marks in class and now I am a nurse, a home-based carer. I am working in the old age home now.

The benefit of the support received by the women is related to their utilisation of services that empowered them to independent living. Empowerment of women is a major goal within GBV movements and subsequent research. Current literature on shelters does not adequately explain what empowerment for survivors of violence entails, but it importantly highlights how empowerment may look different for everyone (Kasturirangan, 2008). The results of the current study agree with Kasturirangan (2008) who argues that existing literature on empowerment programmes in shelters often lists services as being empowering to women. In the context of this study, women utilised the services provided by the shelter as a tool to help them set and accomplish goals – which epitomises empowerment for the participants.

¹⁹ Being driven by an Uber taxi

Conversely, it could also be argued that women's stay at a shelter and the impact of services and support received is driven by the extent to which the shelter provides survivors with opportunities that they would otherwise not have access to if they were not residing at the shelter. To this end, not all who access shelters and utilise its services do so because of their need for refuge and security; instead, occupancy in a shelter by women who have experienced abuse can also be determined by factors such as access to legal services, chances of securing employment and receiving access to free housing (Perez-Trujillo & Quintane, 2017). Accordingly, research on GBV shelters claims that residents are often unemployed, experiencing financial and housing instability, and hold lower education qualifications (Perez-Trujillo & Quintane, 2017). On the contrary, it can also be argued that not all women who reside in a shelter are suffering from the same disadvantages as the participants in the study varied from being highly educated and living in permanent residences. For example, Carmen and Jess held degrees in human resources and art, respectively. While the financial difficulties experienced by most victims of IPV cannot be ignored and was true in the sample of women in this study, for the women to be able to remain in the shelter they needed to pay a small fee toward daycare and toiletries. In fact, for women who had jobs (five out of the nine women) and lived at St Anne's second-stage housing system, they were expected to pay rent for their accommodation as an illustration of their financial independence and empowerment.

In the above excerpts, the women speak to being empowered in different ways. Julie and Jess speak to finding happiness and restoring trust in people again through being at the shelter. Both Julie and Jess's experiences left them with unwanted feelings of mistrust and misery which were highlighted in previous themes. However, by being at the shelter the two women referred to having their faith restored in humanity and being able to hope about their future. This suggests that despite all the challenges survivors of IPV face, they are determined to overcome their experiences of abuse – and to hope again (Boonzaier & Da La Rey, 2003). Lisa, on the other hand, speaks to being empowered in practical ways by mentioning acquiring computer skills, an email address, a tax number, and access to Uber, which she constructs as a luxury. It is interesting that Lisa's perspective on empowerment entails her mentioning what might be deemed as the attainment of basic skills which further highlights the demeaning and restrictive nature of the abuse, that prevented her from achieving all that she has been able to do while being at the shelter. She constructs a narrative illustrating the difficulty associated with being in an abusive relationship and how this made basic skills and experiences seem unattainable. For each of the women, empowerment is a process they engaged in themselves

and through engaging in this process they managed to gain a sense of control and mastery over their lives and affairs (Kasturirangan, 2008).

The shelter environment was also seen as empowering for some of the women who discussed feeling like they had obtained a new family and they had access to services that were unobtainable prior to their stay at the shelter. In her study on abused women's experiences of their stay at a shelter, Few (2005) found that many of the women living in shelters end up feeling like the other residents of the shelter were their family. This bond was facilitated by the notion that all residents share a common experience – abuse. The same is true in the context of the current study; Jess narrates feeling at home with the residents and the staff:

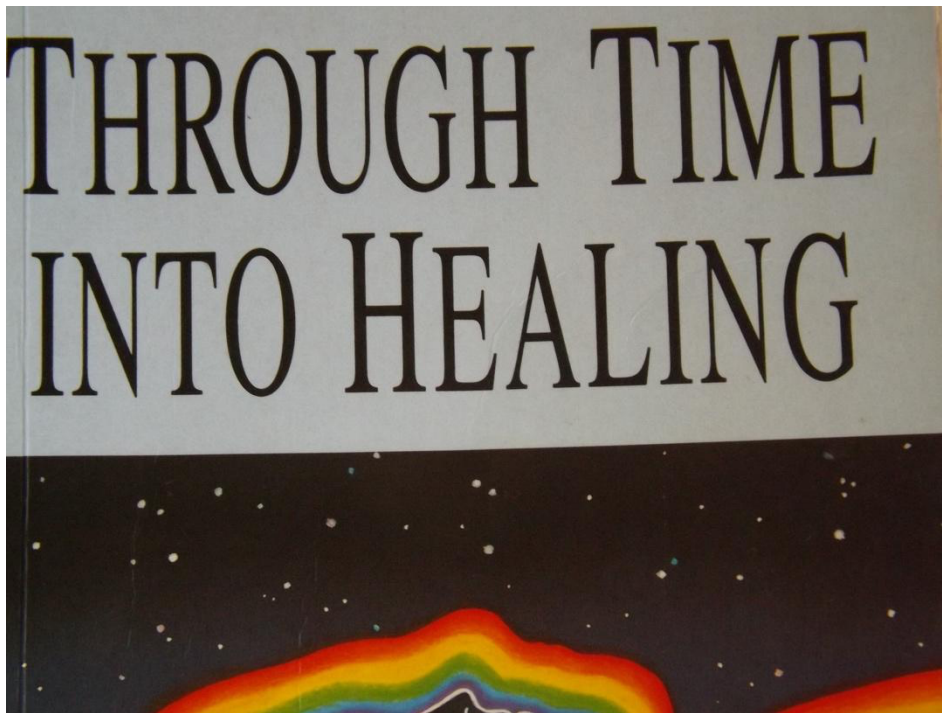
Jess: But my daughter seeing her happy and seeing how compassionate she is. She sees herself as a big sister. Now my housemates, Naledi and Jade, and now Jade's son, is her baby brother and Naledi's daughters are her baby sisters. So, she sees herself as the big sister and I dig that. And about working at the shelter, it is like I am working at home with my family and that really gets me. I lost all this other shit, but I found family.



Lisa: "This is what community and family looks like."

Jess's account of how she has found a home for herself, and her daughter echoes the finding of Few (2005). Being at the shelter has provided her with a sense of family, community, and

belonging she had not experienced prior to staying at the shelter. She has further been provided with a support network (Glenn & Goodman, 2015).



Angela: "Through time into healing"

The image above captures the essence of the women at the time of the study. Despite the heartache, trauma, and difficulties endured throughout their lives, all of them ended their interviews hopeful about the future and proud of how far they had come. They all noted and celebrated their growth and process of healing, and this was evident throughout the interviews. The interviews also reflected how this transitional period while staying at the shelter was accompanied by the realisation that they wanted to begin enjoying life.

This theme served to illustrate the support the women of the study received from the shelter. Despite the diversity of their experience of support, the women identified the emotional support sessions and psychology sessions as important services that enabled them to feel supported and think positively about what to do next. Furthermore, the women expressed their

appreciation for the sense of community they found at the shelter, both for themselves and their children. Women at the shelter also benefitted from empowerment initiatives; as many noted, the shelter's skills workshop and facilities helped them gain the skills needed to secure a job and access additional state resources and services. More importantly, the narratives in this theme reflect healing and hope.

The study met the participants where they had left their abusive relationships. The women's narratives of IPV take place at the intersection of their race, class, gender, and socio-economic status, as well as at an interplay of various contextual factors such as a lack of support, drug and alcohol use, and challenges to their mental health. Their narratives shed light on their difficult experiences of IPV and the contexts wherein this violence takes place. IPV against the women in this study can be viewed as significantly difficult, traumatic, and confusing. Through using a narrative theme approach, multiple narratives emerged about the difficulties associated with leaving abusive circumstances and the effects of suffering through the abuse.

A summary of the study findings, limitations, and recommendations for future research on IPV are provided in the concluding chapter.

Chapter Five: Conclusion

5.1 Introduction

This final chapter provides a summary of the research findings of the study which explored women shelter residents' narratives of IPV and the support they had received from St Anne's Homes. A discussion of the research limitations is set out below, followed by an outline of future research recommendations and a conclusion.

5.2 Summary of Findings

This study was conducted through a decolonial feminist and intersectional approach and used a thematic narrative analysis as the analytical tool for interviews with nine women survivors of IPV living at St Anne's in Cape Town. Using DST, a PAR method, the study further explored the narratives of violence against the participating women, based on captured images and videos. Few studies have used a DST approach to study IPV. In this way, the study offers a distinctive methodological contribution to the understanding of IPV in South Africa. Using a feminist, intersectional, and decolonial approach along with PAR methodologies, it explored the experiences of survivors of IPV in South Africa. The findings of the study aimed to answer three main research questions, namely (1) What narratives do women shelter survivors share about their experiences of IPV? (2) What narratives do women share about leaving abusive relationships and what brought them to the shelter? And finally (3) How do women talk about their experiences at the shelter and the support they received from the shelter?

The findings of the study were presented in six main thematic narratives. The themes described the women's experiences of IPV which were characterised by moments of loneliness and being controlled by their partner – resulting in feeling stuck in the abusive relationship. Other themes included struggles with drug and alcohol use in the women's relationships, the consequences of abuse they endured, and the journey they took to escape and end up in a women's shelter. A few contextual factors associated with IPV emerged from the narratives and analyses of women's experiences of violence in their relationships. Among these factors were the fear of the perpetrator, being isolated from family and friends, lack of support, and drug and alcohol misuse. Participants were isolated by their respective perpetrators for varying periods, and they were often physically locked in the house without any way to alert others. As

a result, they were subjected to abuse for varying lengths of time. In places where assistance was available and women were able to tell family members and friends about the abuse, they were met with denial of the abuse, reflecting societal perceptions that IPV is a private matter (Boonzaier, 2018; Haylock et al., 2016; Van Niekerk & Boonzaier, 2019). This brought to reality feelings of loneliness and caused the participants to feel unable to leave their abusive circumstances. Despite the lack of assistance received from bystanders, this finding is significant because it further illustrates how society views abused women, particularly how blame is placed on them and how it is assumed that help is readily available for these women (Boonzaier, 2018). More importantly, it demonstrates how abused women have fewer sources of support.

The first two themes highlighted how fear of their perpetrator by both the participants and family, friends, and bystanders led to the women staying in their abusive relationships and deterred bystanders from helping. This is significant, as fear is one of those invisible things that abusive men use to further try and keep women under their control. However, it also prohibits bystanders from offering assistance to abused women because they might fear retaliation from the perpetrator (Bostock et al., 2009). This is a significant finding because as has been narrated by the women, bystander intervention and support may have reduced the isolation enforced by the abuser – thereby allowing the participants to escape much earlier. Even more importantly, it demonstrates how support in its various forms is a crucial point of intervention for abused women. Control served to ensure that the participants were further isolated by their abuser by dictating the women's movements and thus restricting their freedom. The women in the study reported being policed by their partners. Further analysis of this finding revealed the socio-economic restrictions enforced on the women, further making it difficult for them to leave their abusive relationships (Boonzaier & De La Rey, 2003).

One of the most significant findings of the research is the role drugs and alcohol played in the lives and relationships of the participants. The women in the study reported being in relationships with men who abused drugs and alcohol and how these substances served as catalysts for the abuse. Moreover, the theme of drug and alcohol use revealed two distinct findings: first, the participants saw drugs and alcohol as disruptors of nonviolence and as mechanisms that triggered the abuse. Second, the women battled with their own struggles with substance use, some of which was triggered by being forced to partake in drugs or alcohol by their abusive partner. As such, for some of the participants their drug and alcohol use was dictated by their need to cope with their abusive circumstances or the need to survive but

neither was without consequence as their intoxicated state allowed them to be exploited by their abusers (Irfan et al., 2021; Watt et al., 2017). Furthermore, as some of the participants pointed out and as previous research has alluded to, women who use substances are more vulnerable to experiencing violence (Carney et al., 2017; Davis et al., 2017; Devries et al., 2013; Klostermann & Fals-Stewart, 2006; Watt et al., 2017).

Another significant finding of the research was the demonstration of the participants' agency and autonomy illustrated in the strategies to escape their abusive relationships. Within these narrations, the women's motivations for escaping were foreground, notably the safety and wellbeing of their children. IPV robs children that are exposed to abuse of an innocent childhood, while potentially priming them to mimic abusive behaviours in their own relationships (Carlson et al., 2019; Herrenkohl & Jung, 2016; Mbilinyi et al., 2012). Although some participants escaped spontaneously, others planned their departure by waiting for an opportune moment to escape. Both are depictions of the participants' agency, thereby challenging the common perception that abused women are passive individuals. Moreover, the women's departure from their abusive circumstances was facilitated by the assistance received from social workers and government institutions that helped the participants to find a place of safety. This finding is juxtaposed against the first three themes ('narratives of loneliness and feeling stuck'; 'narratives of control' 'drugs and alcohol'); of the findings discussed above. This finding is important because it also demonstrates how support and assistance given to abused women can aid them in leaving abusive circumstances (Few, 2005). Thus, prevention strategies in this light could focus on the awareness of community-based, governmental, and non-governmental organisations aimed at assisting victims of IPV.

After leaving their respective abusive relationships, the women in this study went through a series of transitions before reaching St Anne's. Despite this, the supportive environment within St Anne's made this process easier. The shelter offered the women a space of safety, allowed them to reflect on their experiences and think about their future plans. Through this, the women were also able to start healing and becoming empowered by taking on mundane and seemingly small tasks around the shelter. This was closely related to the idea of empowerment. The concept of empowerment meant different things to different people (Kasturirangan, 2008); for some, it meant having the ability to do things that were previously thought impossible, while for others, it meant being able to take advantage of the support available at the shelter. A significant finding related to the final theme is the range of opportunities afforded to the participants as a result of their stay at the shelter. During their

stay at St Anne's, some of the women had the opportunity to learn skills that enabled them to find work – something they needed at the time (Perez-Trujillo & Quintane, 2017). Furthermore, the shelter environment in itself had an important role to play in facilitating the women's healing and empowerment. In response to COVID-19, most participants spent time in a transit shelter before they got to St Anne's. Owing to this transition, they were exposed to two different shelters as they sought protection and instinctively drew comparisons between the two. In comparison to the transitional shelter, St Anne's was described as rigid, with many rules and regulations. The significance of this is that it demonstrated the value they placed on freedom, something they longed for while in their respective abusive relationships. Therefore, in understanding the impact of shelter rules on participants, it is important to realise how this affects survivors of IPV during their stay at St Anne's; this study has thereby added to current literature on shelters for abused women (Glenn & Goodman, 2015). This study has made further meaningful contributions; one of the main contributions of this study was women's narratives about structural inequalities and their experiences thereof. The narratives have enhanced understanding of some of the contextual factors related to women's experiences of violence. Additionally, the study highlights some of the ways in which St Anne's has supported the women. Also discussed are how this support relates to the various contexts of the residents' lives. Moreover, using DST as a PAR methodology allowed the emergence of particular narratives. Consequently, DST was used to engage the community at St Anne's about IPV, promoting a social justice agenda that contrasts with previous IPV studies.

5.3 Limitations

This study had significant limitations due in large part to the fact that participants could only stay at St Anne's for up to four months. At the time of the study, the respective length of stay of participants differed; some had just arrived at the shelter, while others were due to leave during the week data collection began. This presented several challenges to the research. First, the phased approach to data collection meant that each participant had to attend each stage. As a result, not all the participants participated in each phase (particularly the DST aspects of the study). Second, analysing the data presented challenges in trying to include the narratives of all participants in the thesis as not all participants took part in the DST workshop and production. Third, the duration of the study had to be balanced against the activities and events at the shelter. In other words, as part of their stay at the shelter, the participants had to participate in shelter activities which for some made it difficult for them to collect their digital stories.

Another limitation of the study is the quantity and quality of the digital stories produced by the participants. My initial plans for all the data collected from the participants were vague, and this ultimately influenced how the data was collected. Therefore, in deciding to turn the participants' narratives into a short documentary I was confronted with the reality that I might not have had enough data to do so and could not use all of the data collected by the participants. To remedy this, I returned to the shelter to ask participants to take additional digital stories and images, only to find that most of the women had left the shelter. I contacted those women who had departed from the shelter, but unfortunately, not all of them wanted to revisit painful memories and experiences. Moreover, some of the women had returned to their abuser and did not want to risk their safety by taking additional images and videos of their narratives of violence. Further, I was unable to hold an exhibition of the participants' work. There were numerous reasons for this, including the COVID-19 pandemic, restrictions on public gatherings, and finding a suitable venue for the exhibit. In addition to showing the director and stakeholders of St Anne's what the residents had been working on, the exhibition was intended to show the participants and fellow residents of St Anne's what their work had culminated into. Nevertheless, the project is still in progress. Therefore, a documentary is currently being prepared for St. Anne's to showcase the participants' work, as well as to use for advocacy work in the future.

A final limitation was the sample size of the study. Because of the COVID-19 pandemic, only nine women were staying across the three stages of housing available at the shelter. This presented a barrier to recruiting more participants. In this case, a larger sample size might have been beneficial as it would have enabled a more substantial amount of data to be collected and would also have ensured that the study was not noticeably affected by participants leaving the shelter or opting out of participating in the study.

5.4 Recommendations for Future Research

This study was able to capture the narratives of violence of women survivors of IPV staying at St Anne's Homes - a shelter in Cape Town. This provided insight into some of the contextual factors associated with IPV and the identities implicated in women's experiences of violence. However, the review of the literature around shelters and the support provided to abused women highlights that further research is needed to fully understand the ways shelters can support survivors of IPV. Research has shown that the services provided by shelters are

often generic and may not meet the individual needs of the women (Perez-Trujillo & Quintane, 2017).

Subsequently, concerning this study and the small sample size from the shelter, further research should involve larger samples of women to accurately determine how support and services can be provided to survivors of violence to facilitate healing and empowerment. As such, shelters – including St Anne’s Homes – often cite empowerment as one of their goals for abused women. However, as has been illustrated by the narratives of the participants and within the literature, empowerment is an individual experience and looks different from person to person. Therefore, more qualitative research is required to determine what empowerment entails for each woman and what methods, services, and skills shelters can provide to ensure that residents are empowered in practical ways.

The nature of the study and the use of PAR methodologies allowed the researcher to establish rapport and relationships with the participants of the study. This also meant that the researcher was made aware when some participants left and returned to their abusers. Although I was not privy to the reasons behind some of the women’s decisions to return to their abusers, I was curious to find out if there were any services and opportunities provided by the shelter that would have discouraged the participants from returning to the perpetrators. Thus, future research on IPV and the relative importance of shelter can be conducted to explore whether there is anything shelters or other community-based organisations can do to assist women in permanently leaving their abusers. As a result, we may be able to think more critically about interventions, and indeed, refine current interventions, in order to help solve violence against women.

5.5 Final Thoughts

This study explored the IPV experiences of residents of St Anne’s Homes through their telling of their stories using digital technology. By using a decolonial, intersectional feminist approach, the participants of the study were positioned as experts regarding the subject matter of IPV; they were allowed to reflect on the identities and factors implicated in their respective experiences of abuse. For the participants, narrating using digital stories allowed for renewed consciousness and insight to be drawn, which may have allowed them to make sense and ascribe meaning to their experiences – a benefit of narrative research (Boonzaier & Van Schalkwyk, 2011). Thus, this research has provided benefit to IPV research in South Africa and the survivors of IPV as it has allowed an understanding of the context and reasons for the

persistence of IPV in the lives of South African women. By utilising an under-employed data collection tool, namely DST, the study has made unique contributions to IPV research; this was done by providing an alternative way of exploring IPV research.

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Appendix A: Departmental Ethical Clearance

UNIVERSITY OF CAPE TOWN



Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

07 September 2020

Karabo Mabaso
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Karabo

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Womxn shelter residents' experiences of gender-based violence: A digital storytelling project*. The reference number is PSY2020-041,

I wish you all the best for your study.

Yours sincerely

Catherine Ward
Professor
Chair: Ethics Review Committee

Appendix B: Participate in women survivors' research on intimate partner violence



Department of Psychology

Are you a self-identifying woman? Are you 18 years and above? Are you participating in one of the programs provided by the shelter? Have you experienced physical, sexual and/or emotional violence prior to your stay at the shelter? We are looking for you to participate in our study on:

Women shelter residents' experiences of intimate partner violence: A digital storytelling project

WHAT THE STUDY ENTAILS: Women survivors' of IPV will be interviewed about their experiences of IPV as well as the support that they have received from the shelter they currently reside at.

Participation will involve one confidential face-to face interview with the researcher, which will last 60-90 minutes. You will also be asked to participate in a day-long digital story workshop that will equip you to take images and videos that will be used in a digital story representing your stories of violence.

BENEFITS: You will be allowed to share your narratives of experiences of violence which will contribute to knowledge production on IPV research.

PAYMENT: You will be given a voucher as a token of appreciation of your time.

PARTICIPATE: If you wish to participate in the study or have any questions, concerns or complaints about the study, please contact the **Karabo Mabaso (Researcher)** Email:

MBSKAR001@myuct.ac.za or **Cell: 082 326 6349**

OR

Contact for the Ethics Committee: Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

Appendix C: English information sheet for women survivors of intimate partner violence



UNIVERSITY OF CAPE TOWN

Department of Psychology

Women shelter residents' experiences of intimate partner violence: A digital storytelling project

You are invited to take part in a research study about violence against women.

If you decide to take part in this study, you will be asked to do the following:

A one-on-one interview about your stories of violence.

Participate in a day-long digital story workshop.

Take photos and videos to be included in the digital story.

This research will give you an opportunity to share your stories to improve our understandings of intimate partner violence.

Any questions, concerns or complaints about the study?

Please contact:

Researchers: Karabo Mabaso - mbskar001@myuct.ac.za

OR

Contact for the Ethics Committee: Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

Appendix D: Interview Questions

Interview Questions

1. Can you tell me a little bit about yourself? Probing question: Tell me about what brought you to St Anne's?
2. Tell me about the types violence that you have personally experienced?
3. In what ways, do you think, has your background and where you come potentially shaped how you think about IPV and being a woman?
4. Can you tell me about some of the experiences that led you to leave your abusive environment?
5. In what ways have you received support that assisted you in leaving your abusive environment?
6. Tell me about your experiences at the shelter? Probing question: What have you found good (or liked) and what hasn't been good (or disliked)?
7. Is there anything you would like to add before we end off?

Appendix E: Ethical approval of Unsettling Knowledge Production Project

UNIVERSITY OF CAPE TOWN



Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

25 July 2019

Prof. F. Boonzaier and Dr T. van Niekerk
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Prof. Boonzaier and Dr van Niekerk

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Unsettling knowledge production on gendered and sexual violence in South Africa*. The reference number is PSY2019-045.

I wish you all the best for your study.

Yours sincerely,

Lauren Wild (PhD)
Associate Professor
Chair: Ethics Review Committee

Appendix F: Consent forms for interviews with women survivors of intimate partner violence

UNIVERSITY OF CAPE TOWN



Department of Psychology

Women shelter residents' experiences of intimate partner violence: A digital storytelling project

1. Invitation and purpose

You are invited to take part in a research study about violence against women. I am a researcher from the Department of Psychology at University of Cape Town.

2. Procedures

If you decide to take part in this study, I will ask you to participate in a five-phase process outlined below:

Phase 1: Introduction to the study and information. In this first session, you will be introduced to the study and the aims of the study will be explained. You will also be asked to fill in a demographic form. This phase will be combined with Phase 2.

Phase 2: Face-to-face interviews. This will consist of an interview where you will be asked to share your stories about violence with me. The interview should last between 60-90 minutes.

Phase 3: Digital story workshop. In this session, you will attend a day long workshop where you will be taught on how to utilise a camera and capture images and videos that will feature in the digital story.

Phase 4: Digital story production. You will be given two-three weeks to capture images and videos and narrations that represent your narratives and experiences of intimate partner violence.

Phase 5: Exhibition. An exhibition of the digital story will be held at the shelter where you will have an opportunity to showcase the digital stories you captured to fellow participants, residents, and shelter staff.

3. Inconveniences

If at any point of the interview or group discussion you feel anxious or distressed, you can choose to stop at any point without any negative consequences. Your association with the shelter will not be affected by your participation in the study. The interviews will be conducted at the organisation you attend or at a convenient meeting place. The most convenient time for you and the researcher will be arranged.

4. Benefits

You are given an opportunity to share your views and experiences and your information will contribute to the larger purpose of understanding violence against women.

5. Privacy and confidentiality

The interviews will be tape-recorded. The researcher will take strict precautions to safeguard your personal information throughout the study. Your information will be kept in a locked file cabinet without your name and other personal identifiers. Once the study is complete, your tape-recorded information will be stored for a further 5 years and after this period it will

be destroyed. While this research will be used for educational purposes, there is a chance that this work might be published in an academic journal. In this case, your identity will still be kept confidential. The organisation will receive a report with summarised details of your opinions and experiences, however, there will be no identifiable details on the forms and in the report, which can be linked back to you individually. Interviews will be conducted in a private room to ensure confidentiality.

6. Money matters

There is no remuneration for your participation in the study, however, you will be given a voucher as a token of appreciation for your time.

7. Contact details

If you have questions, concerns or complaints about the study, please contact the

Researcher: Karabo Mabaso, email: mbskar001@myuct.ac.za

Supervisor: Floretta Boonzaier on 021 650 3429 or email at Floretta.Boonzaier@uct.ac.za

OR Contact for the Ethics Committee: Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

8. Signatures

The participant has been informed of the nature and purpose of the procedures described above including any risks involved in its performance. He/she has been given time to ask any questions and these questions have been answered to the best of the researcher's ability.

Researcher's Signature

Date

I (participant) have been informed about this research study and understand its purpose, possible benefits, risks, and inconveniences. I agree to take part in this research as a

participant. I know that I am free to withdraw this consent and quit this project at any time, and that doing so will not cause me any penalty.

Participant's Signature

Date

PERMISSION TO TAPE-RECORD

I consent to the interview/focus group being audio-recorded. I understand that the interview and group discussion will be tape-recorded and that the researcher will take strict precautions to safeguard my personal information throughout the study.

Participant's Signature

Appendix G: Demographic sheet for women survivors of intimate partner violence

UNIVERSITY OF CAPE TOWN



Department of Psychology

Women shelter residents' experiences of intimate partner violence: A digital storytelling project

1. What is your name and surname?
2. How old are you?
- 3: How do you identify in terms of race?
4. What is your highest level of education?
5. How long have you been at the shelter?
6. What is your employment status? If employed, what kinds of work do you do?
7. Where is your home? Where did you live before you came to the shelter?
8. What is your current relationship status? E.g., single, married, living together but not married, partner but not living together.

9. Do you have any children, if so, how many?

Appendix H: Faculty Ethics Approval



**Faculty of Humanities
Postgraduate Administration
University of Cape Town**

Room 110, Beattie Building
Private Bag X3, Rondebosch 7701
Tel: +27 (0) 21 650 2067
E-mail: ibtishaam.jacobs@uct.ac.za
Website: <http://www.humanities.uct.ac.za/hum/postgraduate/studies/aboutus/overview>

16 September 2020

Miss Karabo Mabaso
E-mail: MBSKAR001@MYUCT.AC.ZA
Student no: MBSKAR001

Dear Miss Karabo Mabaso

ACCEPTANCE OF MASTERS PROPOSAL BY HUMANITIES FACULTY BOARD

I have pleasure in advising that your research proposal as detailed below has been approved by the department, and the Faculty of Humanities in the Dean's Circular HUM 06/2020.

Kind regards
ibtishaam.jacobs@uct.ac.za
Miss Ibtishaam Jacobs
Faculty of Humanities: Postgraduate office

cc Supervisor: Prof F Boonzaier

| CANDIDATE | STUDENT NO. | DEPT | SUPERVISOR | CO-SUPERVISOR | TITLE |
|-----------|-------------|------|------------------|---------------|--|
| Mabaso, K | MBSKAR001 | PSY | Prof F Boonzaier | | Womxn shelter residents' experiences of gender-based violence: A digital storytelling project. |