

Exploring the perceptions of domestic violence interventions among women using MOSAIC services in Cape Town



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Abstract

This study was undertaken to explore perceptions of domestic violence interventions among women using the services of MOSAIC in Cape Town. The study sought to obtain the women's expectations of the services at MOSAIC, the perceived beneficial and non-beneficial aspects of the services at MOSAIC as well as the suggestions towards the improvement of services at MOSAIC. The findings of the study could facilitate prioritisation and implementation of services that meet the needs of the clients and the improvement of services at MOSAIC.

In this qualitative study, face-to-face interviews were conducted among 30 clients of MOSAIC who had attended four or more counselling sessions. The female victims of domestic violence from heterosexual relationships were aged between 19 to 70 years. The participants were selected using a non-probability, purposive sampling method. Data was collected using an interview schedule and recorded with a digital voice recorder. The interviews were conducted at a private venue in Parkwood and MOSAIC's satellite offices at Phillipi and Mitchells Plain. Tesch, (1990) eight steps of data analysis were used for analysing data.

The findings of the study indicated that receiving counselling was the women's main expectation of MOSAIC services. Other expectations included receiving emotional support and improved safety in the aftermath of the abuse. The perceived helpful aspects of MOSAIC services included; the availability of the social workers to offer support, the therapeutic relationship between the social workers and the clients, providing clarity and guidance through decision making, improved wellbeing, improved social relations, improved empowerment, supportive counselling and meeting safety needs. The unhelpful aspects of the services at MOSAIC including inconsistent working hours and a poor counselling environment were raised by participants who received assistance from one of the satellite offices.

The suggestions for improvement of services at MOSAIC included offering privacy during counselling, co-treatment of substance abuse and domestic violence as well as interventions for different client groups. Other suggestions included increased resources for DV interventions, increased awareness about services at MOSAIC and assisting DV victims to obtain employment. The final suggestions for disclosure of abuse and help-seeking were extended to women in abusive relationships.

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CHAPTER ONE: PROBLEM FORMULATION

1.1 Introduction

Violence against women exists in every country (Devries *et al.*, 2013) and traverses the borders of culture, class, education, income, ethnicity and age (United Nations International Children's Emergency Fund, 2000; Wong and Othman, 2008; Wellock, 2010; Kitara *et al.*, 2012). Since the 1993 World Conference on Human Rights and the Declaration on the Elimination of Violence against Women, the international community recognised violence against women as an important public health, social policy and human rights concern (Devries *et al.*, 2013). This qualitative study is focused on the female victims of domestic violence who had received assistance from MOSAIC centre. The aim of the study was to explore perceptions of domestic violence interventions among women using the services of MOSAIC in Cape Town. Chapter 1 presents the statement of the problem, rationale and significance of the study, research topic, main questions, objectives, main assumption and clarification of terms. Ethical considerations, reflexivity and an outline of the chapters are presented before the concluding remarks.

1.2 Statement of the problem

Domestic Violence (DV) against women manifests historically through unequal power relations between men and women. These have led to discrimination against and control over women by men as well as deterring of the full advancement of women (UNICEF, 2000). DV among women is on the rise across the world (Al-adayleh and Al Nabulsi, 2013) and exists in every social class although it does not prevail equally (Hamel and Nicholls, 2007; Al-adayleh and Al Nabulsi, 2013). According to Wong and Othman, (2008), DV largely happens within the family or between intimate partners and women or girls are the most common victims. DV takes many forms (Al-adayleh and Al Nabulsi, 2013) which may be physical, sexual or emotional (Devries *et al.*, 2013). It is regarded as a global epidemic that kills, tortures and damages; physically, psychologically, sexually and economically as well as being one of the most prevalent human rights violations that denys women equality, dignity, self-worth and the right to enjoy fundamental freedoms (UNICEF, 2000).

DV not only affects individuals, but it also causes a financial burden on the economy. According to Robinson and Spilsbury, (2008), DV services account for an annual expenditure of £3 billion for costs within criminal justice as well as healthcare systems and approximately £17 billion for additional human and emotional suffering related to DV in the United Kingdom. In Canada, the state expenditure for services such as police work on investigating crimes of DV, the criminal justice system, counselling as well as training of personnel is over one billion Canadian dollars annually. In the United States, the annual expenditure on DV ranges from 5 to 10 billion dollars (UNICEF, 2000).

The lifetime prevalence of DV among women ranges between 20 to 25 per cent (Howard Trevillion, Khalifeh and Woodall, 2010). Africa has the highest rate of DV in the world (Alio *et al.*, 2009) and in Sub Saharan countries like Zambia, Kenya, Uganda and South Africa, the lifetime prevalence ranges from 25 to 48 per cent (Kitara *et al.*, 2012). The high prevalence rates of DV in South Africa not only necessitate an understanding of the causes of DV but warrant the development and implementation of interventions that effectively respond to the problem. In South Africa, DV is rooted in the patriarchal nature of society in which men were regarded as superior and women as their possessions (Vogelman and Eagle, 1991; Jewkes, Dunkle, Nduna and Nwabisa, 2010). There are certain cultural and religious practices against women and girls which are considered to be violent against women and these include forced or early child marriages, practices associated with abduction of girls for marriage (ukuthwala), inspection of virginity (ukuhlolwa), alleged witchcraft, assaults, murder of elderly women and prejudiced practices linked with widowhood across various cultures (Gender Links and Medical Research Council, 2015). Other forms of violence against women may include harmful traditional practices such as dowry-related violence, sati (the act of burning a widow on the funeral pyre of her husband in India) and killings in the name of honour in India (World Health Organization, 2002; Kulwicki, Aswad, Carmona and Ballout, 2010).

Violence against women has remained one of the most significant features of Post-Apartheid South Africa (Vetten, 2005a) and the rising rates of DV (Ward *et al.*, 2012) are linked with homicide of women by intimate partners that is six times the global average rate (National Institute of Crime and Rehabilitation of Offenders, 2009; Seedat, Van Niekerk and Jewkes, 2009).

According to Mathews *et al.* (2004), 8.8 per 100, 000 females above 14 years of age are killed from DV in South Africa. Intimate Partner Violence (IPV) is the most common form of

DV that is experienced by South African women (Vetten, 2014). DV places a huge burden on the state's social development, health and criminal justice systems in South Africa where one in four women were survivors of DV (NICRO, 2009). These trends as indicated demonstrate the need for conducting further research on domestic violence among women. Arrests of perpetrators possibly escalate violence and may be inadequate responses to DV, therefore, it is important to obtain more effective interventions that could supplement a wide range of services for victims of DV (Hovell, Seid and Liles, 2006). The rationale and significance of the study are discussed in the subsequent section.

1.3 Rationale and significance of the study

Abused women seek assistance from various institutions, all of whose records can potentially provide additional understanding into the different aspects of domestic violence. For instance, the statistics from the Department of Justice and Constitutional Development gathered between 2009 and 2011 indicated that women were the majority of applicants for protection orders with over two-thirds of those seeking protection from their intimate male partners. Utilising the census figures for 2012 of the South African population of 52, 274, 945 people; it can be estimated that 417 people in every 100, 000 applied for protection orders in 2011 (Vetten, 2014). Although victims of DV seek help from a variety of DV service providers (Fugate *et al.*, 2005), literature suggests that there is still a great deal of work to be done to understand how to implement effective interventions to reduce DV and improve outcomes for families (Stover, 2005).

Previous studies showed the coping mechanisms of victims of DV who remain in abusive relationships, help-seeking strategies used by women to respond to violence and factors that influenced help-seeking (Zosky, 2011). However, due to the sampling strategies used, existing research is unclear and inconsistent about why and how women seek help. In another study by McNamara, Tamanini and Pelletier-Walker (2007), an evaluation was conducted among women

at a shelter in Ohio to determine the impact of counselling with measures of satisfaction and helpfulness of the service. The findings showed a major improvement in life functioning, coping ability and a sense of satisfaction among the women post counselling.

An evaluation of the women's perceptions to determine service helpfulness indicated that community agencies interactions were boosted by interaction with other community agencies and the legal system (Zweig and Burt, 2007). Nevertheless, the scope of both studies was limited as the former focused on only the helpfulness of counselling services while the latter focused on the helpfulness of community interventions of DV and for both studies, data was obtained using a quantitative approach, which limited the depth of the information obtained. Robinson and Stroshine, (2005) also investigated the expectations of victims of DV and how these, in turn, influenced their satisfaction. However, this study was limited to victim expectations of police behaviour that was dependant on their actions, response time and conduct. McFarlane *et al.*, (2014) evaluated the effect on the length of stay at a shelter and receipt as opposed to non-receipt of a protection order, as well as the outcomes of violence, functioning, and resiliency, among abused women. The results of the study indicated that women reported similar outcomes regardless of the length of stay in the shelter or receipt or no receipt of protection orders although contact with shelter and justice services resulted in positive outcomes for abused women.

Another study by McDermott and Garofalo, (2004), examined the types and sources of victim disempowerment as well as some macro issues linked to DV victim advocacy. In this study, the focus was limited to the effects of the criminal justice response to DV on the lives of victims. Literature noted the absence of adequate research details (Postmus, Severson, Berry and Jeong, 2009) for studies that investigated the women's perceptions of the helpfulness of intervention services (Zosky, 2011). Hovell, Seid and Liles, (2006) also determined that few studies have followed victims after services were rendered to ascertain the effectiveness of either of the programmes. Whereas Ward *et al.* (2012), acknowledged the absence of sufficient knowledge about how to effectively intervene to reduce DV, Robinson and Stroshine, (2005) recommended for more research that is dedicated towards the understanding of victims' experiences with interventions.

According to McDermott and Garofalo, (2004), interventions that are intended to change the life situations of individuals should be examined critically from the perspective of the subjects. Macmillan *et al.* (2009) further suggest that interventions are mainly informed by the meaning and truth of the situation as experienced from a client's position. Evaluation ascertains clients' satisfaction with these interventions (Fugate *et al.*, 2005) by providing evidence about aspects regarded to be most important (Stover, 2005). Further, a clear understanding of the links between negative aspects of DV intervention and victims' utilisation of services is key to improving support (Dobash and Dobash, 2001).

The findings of this study will be significant for MOSAIC, as these will inform the organisation of the women's expectations and aspects that clients considered beneficial for recovery as well as point to the gaps in the services provided. The unhelpful aspects will inform MOSAIC about the services that need to be improved and the suggestions towards the improvement of services at MOSAIC could facilitate planning, prioritisation and appropriate interventions through the implementation of services that meet the needs of the clients. Other organisations offering DV interventions may also find the findings useful for improving the services provided in the future. The findings from the study were compiled in a report to be shared with MOSAIC centre and the participants of the study.

1.3.1 Research setting: MOSAIC women's training, service and healing centre

The study was conducted at MOSAIC Women's Training, Service and Healing Centre, which is a non-profit community-based organisation operating in full partnership with government, community stakeholders mainly in the Western Cape and international partners. It provides a wide range of services to victims of domestic and sexual violence that include; awareness- raising activities, educational workshops, approaching courts to assist in offering services to victims, counselling for individuals, family and couples as well as educational support groups (MOSAIC, 2011). MOSAIC's goal is to assist clients to feel more empowered in order to make informed decisions about the plans of action (MOSAIC, 2011).

In the annual report of 2016/2017, MOSAIC offered counselling services to 2,895 survivors of DV out of which 1,726 who were women. In addition, through DV counselling and HIV testing programmes, counselling services were offered to 693 women (MOSAIC, 2017). MOSAIC opened the Simelela centre in Khayelitsha that provides counselling and appropriate referrals for other support services on 24 hours and seven days a week basis to female survivors of sexual violence and DV. The MOSAIC-Simelela centre was in 2011 offered an opportunity to provide counselling to survivors of sexual violence at the new Thuthuzela Care Centre in Khayelitsha. The centre offered counselling and appropriate referrals to 238 female survivors of DV in Khayelitsha community (MOSAIC, 2011). In 2011, MOSAIC facilitated six awareness-raising events that reached a total of nine hundred people. These events were facilitated in communities that have registered high levels of domestic and sexual violence including Mitchells Plain and Phillipi (MOSAIC, 2011). MOSAIC also held a series of workshops with young men from the communities of Phillipi, in an adopted International Programme that explicitly focuses on men and male youth with the aim of promoting the involvement of men as equitable non-violent fathers and caregivers (MOSAIC, 2017).

Additionally, MOSAIC has Court Support Desks at Wynberg, Good wood, Belville, Cape Town, Simons Town, Kuils River and Paarl courts that assist women applicants to complete applications for protection orders (Vetten, 2005b). This service has been mainly beneficial for Xhosa speaking clients who can speak neither English nor Afrikaans. According to the 2016/2017 annual report, MOSAIC's court workers and counsellors assisted 20,120 people at both the Western Cape and Gauteng courts and 77 per cent of these were women (MOSAIC, 2017). It is further estimated that 25, 000 cases of DV are handled annually (Artz, 2006). The Social Services Programme at MOSAIC through awareness-raising campaigns reached 14,719 people on community outreaches and education services (MOSAIC, 2017).

The total staff complement at MOSAIC's Mitchells plain, Phillipi and Wynberg offices is 14. The staff at the satellite office in Mitchells plain include one social worker, two court workers based at Mitchells Plain court and one social auxiliary worker at the facility. At the Wynberg office, clients are served by two social workers, seven social auxiliary workers and one court worker who is based at the Wynberg court (Vazidlule, personal email 2018, December, 18). At the Phillipi

satellite office, support is offered by one social worker, one social auxiliary worker and a court worker who is based at the Phillipi court (Mahlasela, personal communication 2018, December, 06).

1.4 Research topic

Exploring the perceptions of domestic violence interventions among women using MOSAIC services in Cape Town.

1.5 Research questions

15.1 What were the women's expectations of MOSAIC services?

15.2 What aspects of the DV intervention services were perceived to be beneficial to the women?

15.3 What aspects of the DV intervention services were considered non-beneficial to the women?

15.4 What recommendations would women suggest to MOSAIC for the improvement of intervention services?

1.6 Research objectives

16.1 To explore the women's expectations of MOSAIC services.

16.2 To determine the aspects of MOSAIC services which were perceived as beneficial to women.

16.3 To ascertain the aspects of MOSAIC services which were perceived non-beneficial to women.

16.4 To establish what recommendations women had for improving services at MOSAIC.

1.7 Main assumptions

It was anticipated that the women who were victims of DV would have a range of expectations of the services at MOSAIC centre and it was assumed these women would share both positive and negative experiences about services at MOSAIC. The researcher assumed that women would make suggestions towards the improvement of intervention services at MOSAIC.

1.8 Clarification of concepts

The key concepts of the study that are defined include;

1.8.1 Domestic Violence

According to the Domestic Violence Act, no. 116 of 1998, DV can be defined as physical, sexual, emotional, verbal, psychological and economic abuse. Other descriptions include intimidation, harassment, stalking, damage of property, entry into the complainant's residence without permission in case parties do not share the same residence and any other controlling or abusive behaviour towards a complainant (Domestic Violence Act no.116 of 1998). This will be discussed further in the literature review.

1.8.2 Intimate partner violence

IPV refers to a form of assault and coercive behaviours including physical injury, sexual assault, psychological abuse and intimidations that is committed by someone who was, is, or wishes to be involved in an intimate relationship with an adult (Ali and Naylor, 2013; De Koker *et al.*, 2014; Larsen, 2016).

1.8.3 Woman

Whereas the Choice on Termination of Pregnancy Act, no. 92 of 1996 defines a woman as any female person of any age (Choice on Termination of Pregnancy Act no. 92 of 1996 as amended 2004), the Criminal Law no. 32 of 2007 defines an adult to be as a person of or over the age of

eighteen years (Criminal Law (Sexual Offences Act and related matters) Amendment Act no. 32 of 2007). In this study, women were defined as females above eighteen years of age.

1.8.4 Intervention

Interventions entail effective services that enable victims to improve their lives. Interventions are based on theoretical foundations and are dependent on the victim's needs or situation (McClennen, 2010). Numerous forms of interventions are used to transform conditions, improve environments and respond to needs in organisations, groups or communities (Hepworth *et al.*, 2010) and these include counselling.

1.8.5 Perception

According to Given, (2008), perception is a way of capturing reality and experience by senses, thereby allowing one to judge a figure, form, language, behaviour and action.

1.8.6 Exploring

Exploration refers to a broad approach that involves an intentional, systematic way of collecting data intended to exploit the discovery of generalisations which are based on narratives and direct understanding of a part of social or psychological life (Given, 2008).

1.9 Ethical considerations

Ethics is a key concern in the design of any social research. Ethical guidelines serve as a standard that must be followed and upon which the researchers are required to evaluate their conduct (de Vos, Strydom, Fouché and Delport, 2011). The following ethical concerns were observed in the study;

1.9.1 Avoidance of harm

The essential ethical rule of social research is that it should not harm participants (Babbie, 2013). According to Creswell, (2014), the researcher is ethically obligated to protect the participants from any form of harm, for instance, emotional, physical harm within the reasonable limits and from any physical discomfort that may occur in the course of the study. However, Rubin and Babbie, (2010) emphasised that there is no possible way of guarding against all potential risks as participants may be harmed psychologically during the study, data analysis or after report writing. The researcher also needs to monitor the effect of the interview on the participants (de Vos *et al.*, 2011).

In this qualitative study, the harm could have been of an emotional nature. During the interviews, some participants were emotional while relating some of the experiences of DV and these participants were allowed to make choices to continue with the interviews or terminate the interviews. Furthermore, during the interviews, the researcher was able to observe the participants' emotional response for the necessary support. In this study, three participants who were emotional during the interviews opted to withdraw from the study. The researcher informed all the participants that she was available for debriefing at the end of each interview. The researcher also ensured that therapeutic support in form of counselling by MOSAIC's social workers was readily available to the participants who needed to see someone after the interview or later on. Three of the participants received counselling from MOSAIC's social workers after the interviews had been conducted. According to Creswell, (2014), an interview with sensitive questions may be stressful for the participants, therefore, disguising the names of participants is essential. Due to the sensitivity of the topic, the researcher handled the interviews in a sensitive manner and showed empathy appropriately. The researcher was also mindful of how questions were framed during the interviews. As recommended by Creswell, (2014), maintaining anonymity through the use of pseudonyms was used to protect the participants' identities.

Babbie, (2007), suggests that the research setting may have an effect on the participants' responses and consequently affect the findings. The researcher was concerned that conducting interviews at the venues offered by MOSAIC as opposed to offering the participants' a choice of venue would

bias the interviews. The researcher, however, was advised that the MOSAIC's site offices were a safer option compared to other alternative venues like the participants' homes, which would expose the participants to the risk of re-abuse and unnecessary disruptions from the perpetrators. During the data collection, interviews were held in private and the participants were informed that the venues were chosen for safety considerations.

1.9.2 Voluntary participation

According to Creswell, (2014), participation should be voluntary and participants should be entitled to withdraw from the interview at any time. The researcher explained to the participants that participation in the study was voluntary. As recommended, voluntary participation was ensured by giving the participants the assurance of being able to withdraw from the study at any time. As guided by Creswell, (2014), the researcher gave the participants instructions for the signing of the consent forms (see Appendix A) and an opportunity to sign or decline to participate in the study.

1.9.3 Deception of subjects and participants

Deception of subjects means deliberately misrepresenting facts in order to make another person believe what is not true (de Vos, Strydom, Fouché and Delpont, 2005). It includes withholding information or giving out incorrect information to ensure participation of subjects when they would otherwise have refused to (de Vos *et al.*, 2005; Creswell, 2014). There was no deception of participants during this study. The researcher introduced herself and her affiliation with the university. The participants were also informed that the findings of this study would be shared with MOSAIC centre as these might inform improvements towards DV interventions in the future. Further, the purpose, content of the study, the role of the participants and approximate interview duration were both written and verbally explained. In order to prevent deception of the subjects, the written consent was signed by each of the participants in agreement that these were clearly informed. The ethical concern of informed consent will be discussed next.

1.9.4 Informed consent

Informed consent is the most pertinent concern since it shows that the participant has received all the related information and has agreed to the role of a participant (Babbie, 2013). Informed consent ensures the full awareness and cooperation of participants whilst getting rid of any likely resistance or feeling of being insecure by participants (de Vos *et al.*, 2011). Further, Creswell, (2014), recommends the needs for the researcher to explain the consent form to participants. As recommended, a pre-formulated consent form (see Appendix A) introduced all the relevant aspects of the study and these were read out to each of the participants.

According to Babbie, (2013), obtaining the participant's verbal or written consent to participate in the study is an aspect of informed consent. Signed consent in research affirms that the involvement of participant is voluntary, not fraudulent, deceit free and not coerced or influenced (Berg, 2004). In this study, written consent to participate was obtained as stated above. At the beginning of each interview, the participants were requested to personally sign the consent forms since they were all over 18 years of age.

1.9.5 Violation of privacy/ anonymity and confidentiality

De Vos *et al.* (2011), emphasised the right of every individual to privacy and the right to decide when, where, to whom and the extent to which their attitude, behaviour and beliefs may be made known. These authors further explained that this principle can be violated in various ways and it is imperative that the researcher is reminded of the implication of protecting the privacy and identity of the participants. The protection of participants' identities is the strongest concern in protecting of their interests and wellbeing in research. Since the findings of the study may affect the participants, it is important to adhere to this norm by observing anonymity and confidentiality (de Vos *et al.*, 2011).

Anonymity is when the researcher cannot recognise a given participant with a given response while confidentiality is provided when the researcher has the ability to recognise a given person's responses but agrees not to do so publicly (Rubin and Babbie, 2010) and this is respected through

handling and transcribing of recorded conversations (Babbie, 2013). As recommended, the confidentiality of the participants was respected through handling of recorded conversations, transcribing was done by the researcher and the stored information was not shared with the public. As suggested by Babbie, (2013), participants do not remain anonymous to the researcher in a qualitative study and as guided by Creswell, (2014), pseudonyms were used to ensure anonymity of participants during data collection and report writing. The researcher in this study informed the participants that their real names would not be used, therefore, the participants were asked to choose preferred names to be used as pseudonyms to conceal their identities.

1.9.6 Debriefing of participants

According to Babbie, (2013), debriefing involves asking questions to ascertain problems generated by the study in order to get them corrected. Debriefing ensures that any problems generated by the research experience are corrected. During debriefing, the researcher rectifies any misunderstandings that might have arisen among participants (de Vos *et al.*, 2011). Due to the sensitivity of the questions asked during the interviews, the researcher informed all participants that she was available for necessary debriefing at the end of the interviews. At the end of each interview, the researcher asked participants to explain how they felt in order to ascertain their experiences during the interview.

1.9.7 Publication of Findings

The duty of the researcher is to ensure that the findings of the study are introduced to the public in written form. The researcher should mention shortcomings in the report such as errors in the questionnaire, the sampling procedure or the analysis of data. Participants should also be informed about the findings in an unbiased manner or compromising the principle of confidentiality and without much details (de Vos *et al.*, 2011). As suggested, the findings of the study were compiled in a report with the participants' identities concealed and limitations were mentioned. The participants were informed that the findings of the study would be shared with MOSAIC centre for purposes of facilitating the improvement of services provided and the findings and recommendations that arose from the study would be accessed through MOSAIC centre.

1.9.8 Actions and competences of the researcher

According to De Vos *et al.* (2011), researchers are ethically obligated to ensure that they are competent, honest and adequately skilled to undertake the proposed study. Actions and competence of that the researcher require the researcher is adequately skilled and experienced to conduct the research. This involves conducting research, collecting the data, analysing data and reporting on it, all of which must be done ethically and adequately by the researcher. The researcher had previous experience in data collection, analysis and reporting, therefore was confident in her ability to conduct the study. The researcher also received frequent supervision and was able to report the findings adequately.

1.10 Reflexivity

Reflexivity is used to refer to the researcher's ability to reflect on how their biases, values, culture, experiences and personal background potentially shape their interpretations during the study (Creswell, 2014). The researcher has not experienced DV and did not have previous working experience with DV victims. Despite these factors, the researcher had witnessed DV in many communities, had strong feelings about it and could relate to the participants' experiences. The researcher was aware that DV could happen to anyone and had a huge impact on family relationships, therefore, she strongly supported measures that address DV at all levels of society and believed that improved interventions could strengthen the victims' motivation to seek formal support. The researcher had to be aware of personal biases as someone who had not experienced DV, therefore remained non-judgemental and showed empathy appropriately.

The researcher anticipated that participants of the study would be selected across various racial groups. The researcher was mindful of the racial differences, therefore, remained inclusive and open-minded. As suggested by Greeff, (2005), the researcher used probing appropriately to clarify responses that were deemed unclear during the study. The researcher also had to be aware of her role as a researcher, she was being supervised and utilised supervision appropriately.

1.11 Structure of the research report

The structure of the research report is outlined below.

Chapter 1: The Problem Formulation gives an overview of the magnitude of the problem of DV at a global and local level. The main research questions that the study sought to answer, the key objectives of the study and rationale that justified the study are presented in this chapter. The chapter also clarified the key terms that were used in the study and discussed the main ethical considerations that guided the study.

Chapter 2: This chapter presents the theoretical frameworks that informed the analysis of the findings, a discussion of the South African legislation that addresses DV and previous literature that pertains to the current study.

Chapter 3: The Methodology chapter justifies the methodological approaches that were used to conduct the study.

Chapter 4: The findings of the study are presented in the penultimate chapter which begins by presenting the demographic profile of the participants, the framework of analysis and a detailed discussion of the key findings of the study. The main themes, categories and subcategories that formed the framework of analysis are also presented in this chapter.

Chapter 5: The final chapter presents a discussion of the main conclusions and recommendations derived from the study.

1.12 Conclusion

This chapter showed the extent of the problem of domestic violence both worldwide and in South Africa. Despite being under-reported, DV is indicated to be a major social problem that causes a financial burden to various countries across the world. It is also evident that IPV is the most common form of DV against women. The chapter introduced the research questions that the study sought to explore, objectives of the study and clarification of the key terms that were used in the study. The ethical considerations that were observed during the study were also discussed in this chapter. The reflexivity section discussed the researcher's awareness and reflection of biases, values, and personal background that shaped her interpretation during the study. The outline of

the different chapters contained in the report was presented before the conclusion. The next chapter presents the literature review.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a discussion of theoretical frameworks that informed the analysis of the findings of the study. The three theoretical frameworks are Feminist Theory, Ecological Theory and Social Exchange Theory. The policies and legislation in South Africa that were enacted in response to domestic violence are also discussed. The chapter also presents literature which addresses the key themes of the study including a discussion of domestic violence, its consequences, interventions of DV at various levels and women's motivation for using DV interventions. Clients' positive and negative perceptions of intervention services as well as recommendations for interventions of DV follow before the conclusion that summarises the chapter.

2.2 Theoretical frameworks

This section discusses the three theoretical frameworks that underpin the study. The discussion of the Feminist theory will be presented first.

2.2.1 Feminist Theory

The 18th and 19th centuries saw feminists like Mary Wollstonecraft as well as members of the women's suffrage movements contesting women's subordination to men. According to feminists, patriarchy is constructed out of practices which considered one by one, might seem neither significant nor oppressive but together they form an inflexible structure (Code, 2000). The legal tradition of 'wife punishment' laws that authorised a permissible level of abuse against women can be analysed as guided by this theory (Dobash and Dobash, 1979; Ali and Naylor, 2013). Violence is said to be reinforced by compliance of person being abused (Boonzaier and Rey, 2004; Anderson and Kras, 2007) as women have been socialised to believe that men are their guardians and are justified to beat them if they behave unacceptably (Jejeebhoy and Zeba, 2001; Boonzaier, 2008).

Feminist based interventions seek to empower women to get out of their pre-socialised roles, to teach women that they have a choice and to offer them with sufficient resources and feasible ways to overcome barriers (Dominelli, 2002; Bell and Naugle, 2008; Lorber, 2011). Further, the theory underscores power and control in relationships; social norms condoning wife beating and structural forces that keep women confined in abusive relationships (Bell and Naugle, 2008; Ali and Naylor, 2013; Larsen, 2016). Therefore, pro-feminist approaches generally attempt to change violent men's sense of rightful domination and control over women (Dobash and Dobash, 2001; Ali and Naylor, 2013).

Feminists point to institutionalised gender inequality (Ofei-aboagye, 1994; Lawson, 2012) and the macro level of patriarchy which is male domination reinforced through existing economic, social and political structures (Dobash and Dobash, 1979; Lawson, 2012). The theory offers a broad conceptualisation and examination of DV by considering how gender inequality influences power struggles within the family and the larger society (Lorber, 2011; De Koker *et al.*, 2014). Gender relations are viewed as problematic since they are linked to dominance, inequality and conflict (Alvesson and Skoldberg, 2000; Lawson, 2012). Under the feminist perspective, gender relations are seen as socially constructed, since they are an outcome of socio-cultural and historical conditions and can be changed by human action (Ollenburger and Moor, 1992; Alvesson and Skoldberg, 2000; Ali and Naylor, 2013). The theory seeks to understand violent relationships by investigating the socio-cultural context in which these relationships develop (Bell and Naugle, 2008). Therefore, feminist interventions call for social action in altering the existing social structures that dominate subordinate groups (Dobash and Dobash, 2001; Bell and Naugle, 2008).

Men and women have different access to structural resources resulting from society assigning value to certain characteristics and considering them inferior or superior (Code, 2000; Lorber, 2011). Feminist theorists have questioned the uneven distribution of power and privilege, as they have observed ways that affect the lives of women and how the broader perspective of oppression interconnects with and is shaped by racial, class, religious and several other forms of oppression (Code, 2000; Dominelli, 2002; Nichols, 2013). According to Feminists, the power-relations that

are expressed in private and family-based relationships in daily life are comparable to those that occur in the public arenas (Dominelli, 2002). The Feminist perspective aims at identifying, empowering and providing opportunities to marginalised, powerless and oppressed groups (Zosky, 2011). For instance, changing hierarchical gender relations and eliminating violence against women in the feminist perspective calls for redistributing power discrepancies between men and women (Lorber, 2011).

In the Feminist analysis, the emphasis is put on how traditional ideas about marriage and gender roles defined by society and taught to individuals during childhood support patriarchy in the family including male domination and abuse (Boonzaier and Rey, 2004; Bell and Naugle, 2008). Certain gender norms are shown to be related to the risk of male to female DV (Koenig *et al.*, 2006). Feminists hence focus on how experiences are differentiated along sex-gender lines (Code, 2000). Women are socialised to believe that their identities are bounded as wives and mothers with pressure to maintain the family, hence they find it difficult to terminate abusive relationships (Lorber, 2011). Further, gender roles are coloured with moral nuances like being a good mother and stigma is linked to victims of partner abuse through cultural beliefs that create an impression that a victim is weak, dependent and to blame for the abuse in some way (Hayward, Steiner and Sproule, 2007).

Feminist Theory shapes the discourse of DV from victimisation to survival and empowerment whereby survivors are seen as the experts on their situations, resilient and responsible with full capability of changing their lives with adequate support from service providers. It encourages a strength perspective of women and rejects labels of “pathology” (Zosky, 2011). The Feminist perspective explains how women perceive DV and women’s full awareness of their needs. It was used as a framework for the understanding the women’s various anticipations of the services of DV as they were reflected to have the ability to identify their needs and the required services. The theory was used for appraising the women’s satisfaction with the services at MOSAIC in relation to their expectations.

Feminists advocate for changes in the policies of institutions, societies by making them more women-friendly (Ali and Naylor, 2013). The theory suggests the integration of theory and practice as a way of seeking to eliminate the twofold division between the ends being sought and the means by which these are achieved. Feminists have an aspiration of a different social order which is based on the notion that the wellbeing of people should be at the heart of social agenda (Dominelli, 2002). This study was informed by the Feminist theoretical framework in the exploration of the women's views of services at MOSAIC. The feminist point of view gives an overview of the type of interventions that women envision and was used for understanding the suggestions improvement of services at MOSAIC from the women's point of view which is an important consideration for approaching DV interventions. Feminist Theoretical framework explains how DV is perceived by women and the factors that need to be reflected upon for interventions in the women's perspective. The next subsection presents a detailed discussion of Ecological Theory which explains the interaction between several factors in the environment and individuals.

2.2.2 Ecological Theory

This model which originated from Biology makes a close theoretical fit with the person in environment perspective (Hepworth *et al.*, 2010). The ecological environment is broadly defined as a nested system with each structure enclosed within the next and these include the individual, the individual, micro, exo and macro systems (Bronfenbrenner, 1979). Bronfenbrenner, (1979), used these four subsystems to explain interactions with external environments. The individual level is comprised of personal history factors that the individual brings to a relationship (Eastman, Bunch, Williams and Carawan, 2007). The individual level includes the biological and personal factors which influence individual behaviour for instance factors like age, gender, education, income, psychological problems, personality disorders, aggressive tendencies and substance abuse (Ali and Naylor, 2013). The microsystem contains factors that relate directly to the individuals involved and represents the environment in which the abuse takes place (Eastman *et al.*, 2007). According to Ward *et al.*, (2012), the microsystem is where daily interactions shape behaviour. Examples include the immediate family including intimate partners, friends, and workplace relations (Ali and Naylor, 2013). The exosystem level is made up of the institutions and social structures including the immediate social context in which abuse takes place (Eastman *et al.*, 2007) and examples are contexts that affect the lives of families and their neighbourhoods

(Ward *et al.*, 2012). The last level is referred to as the macro system, which represents the general attitudes and views that reflect cultural values and belief systems (Eastman *et al.*, 2007). It comprises of the society, cultural beliefs and laws (Bronfenbrenner, 1979).

Bronfenbrenner, (1979), states that understanding the development of individuals involves moving outside the observation of behaviour in one place with one person. Rather, it is essential to study systems of interaction and give an explanation for environmental aspects beyond the immediate individual situation (Bronfenbrenner, 1979). DV against women is conceived to be a multidimensional aspect that is grounded in the interplay among personal situations and cultural factors (Heise, 1998; Fulu *et al.*, 2014). For instance, the victim's decisions for seeking services are highly influenced by individual, interpersonal and sociocultural factors (Zosky, 2011). Women's individual expectations of the intervention of DV cannot be studied in isolation; this theory offered a framework that explains the focus of interventions through explaining the risk factors of abuse at the various levels of the ecology and the interdependence of the different systems of the ecology. At the individual level, an individual's evaluation and definition of abuse may influence the victims' expectations as well as satisfaction or dissatisfaction with intervention services. Examining the ways in which abused women interpret their abusive situations necessitates the recognition of the overlapping influences of several factors (Liang, Goodman, Tummala-Narra and Weintraub, 2005).

Other factors at other levels of the ecology such as the role of community, the societal level and culture where the person lives which increase a person's vulnerability also may determine women's satisfaction or dissatisfaction with interventions of DV. The Ecological Theory is applied at both the individual and community levels to better understand factors that influence the occurrence of DV. Ecological Theory identifies individual protective and risk factors that can be targeted by intervention (Eastman *et al.*, 2007). Women's suggestions towards strategic targeting of the risk and protective factors at the different levels of the ecology are important for informing interventions as these factors, in turn, determine their satisfaction or dissatisfaction with interventions.

The theory offers a broad scope for assessing the source of the problem of DV (Hepworth *et al.*, 2010) through establishing factors that predict abuse at each level of the ecology (Heise, 1998; Ward *et al.*, 2012). The theory proposes that behaviour is shaped through interaction between individuals and their social environments (Ali and Naylor, 2013) and highlights the multifaceted interplay of factors across and between these levels and can specify key points for interventions (Heise, 1998). It explains that interventions that seek to have an influence at all the levels of the Ecological Theory (Fulu *et al.*, 2014) must take into account how people and the environmental systems influence one another (Hepworth *et al.*, 2010). The theory highlights an interdependence between the different factors in the ecological system in which individuals are always engaged in transition with others and influence each other (Hepworth *et al.*, 2010; Williams and Enns, 2012). From the explanation, interventions of DV need to reflect upon various factors at different levels of the ecology and how to simultaneously address these factors. The theory explains that violence, as embedded in the various personal and socio- cultural contexts, was used for understanding women's suggestions towards the improvement of interventions at all levels of the ecology such as suggestions for increasing community awareness about services offered at MOSAIC.

Women who experience systematic and often escalating levels of violence usually engage in a range of help-seeking efforts (Chatzifotiou and Dobash, 2001) including informal network members such as family, friends, and neighbours who offer emotional and material support, such as short-term accommodation for women seeking safety from violent men (Dobash and Dobash, 2001). Interventions should affect domains in which women have more control, such as a victims' decision regarding staying or leaving the relationship (DePrince, Labus, Belknap and Buckingham, 2012). Literature suggests that women who received emotional and tangible support were less vulnerable to the psychological impact of partner's abuse (Liang *et al.*, 2005). The Ecological Theory was applied in understanding the women's appraisal for the helpful aspects of interventions, for instance, the role of social support. The discussion of Social Exchange Theory that follows explains the causes and persistence of DV as well as the issues to consider while addressing DV.

2.2.3 Social Exchange Theory

Social Exchange Theory has been one of the main theoretical views in social psychology. This theoretical orientation was based on earlier philosophical and psychological orientations originating from utilitarianism and behaviourism (Cook, Cheshire, Rice and Nakagawa, 2013). Formulated in the 1920s, Social Exchange Theory bridges multiple disciplines (Cropanzano and Mitchell, 2005). Social exchange was defined as the exchange of activity either tangible or intangible and more or less rewarding or costly, between at least two people. The cost was seen primarily in terms of alternative activities or opportunities that are foregone by the actors involved and reinforcement principles resulting from the type of behaviourism explained the persistence of exchange relations (Cook *et al.*, 2013).

The theory that is applied in examining causes of family violence, (Lawson, 2012) argues that violence against women is directed by the principle of costs and benefits (Emerson, 1976; Anastasia and Hutchinson, 2006). Social Exchange Theory also known as Equity Theory argues that when social exchanges within couples are perceived to be inequitable, conflict arises. When one spouse feels exploited, the satisfaction of the relationship reduces and if the feeling of being exploited continues, the relationship may end (Hill, 1992). The theory contends that ending a relationship with violence is not always possible even when there is no reciprocity due to the potential imbalance of resources (Cropanzano and Mitchell, 2005; Lawson, 2012). It postulates that wives opt to stay in violent relationships when the rewards are bigger than the punishments and the relationship is terminated if there is no sustainability in reciprocity in the trade of benefits (Huberman and Miles, 2002).

According to Social Exchange Theory, the absence of social controls which bind people to social order and negatively sanction family members for acts of violence leads to family violence occurrences (Cropanzano and Mitchell, 2005; Lawson, 2012). Male dominated social and family structures are said to minimise social control in relationships and lessen the cost of violence against women (Cropanzano and Mitchell, 2005). The theory assumes that human beings seek to maximise reward and minimise their costs in personal relationships (Hill, 1992). In the context of DV, the theory suggests that the consequences of beating a wife are not high enough to offset the

rewards (Cropanzano and Mitchell, 2005; Anastasia and Hutchinson, 2006). Further, family and social structures like inequality in gender, status, economic resources or physical strength reduce the costs and thereby increase the rewards use of violence (Jewkes, Levin and Penn-Kekana, 2002; Lawson, 2012).

Using this theoretical underpinning for understanding abuse in relationships, it can be asserted that reducing the occurrence of violence in a family may include increasing its costs through imposing stricter legal or social consequences in an effort to prevent barterers from getting involved abuse (Lawson, 2012). Other punishing consequences may also include termination of the relationship, increased emotional distress and increased criticism from others (Bell and Naugle, 2008). Using the principle of costs and benefits, the theoretical framework was used to understand the women's suggestions towards the improvement of services at MOSAIC as these are anticipated to increase the benefits for abused women against the consequences of abuse.

This section discussed Feminist Theory that gave an overview of women's perception of DV, the source of the problem of DV and the type of interventions required by women. Ecological Theory which explains the interaction between several factors in the environment and individuals, therefore, highlights key points that interventions need to consider. Finally, Social Exchange Theory explained the causes and persistence of DV as well as the issues that need to be considered while addressing DV. The next section outlines the policies and legislation that the government has enacted to respond to the problem of DV in South Africa. The discussion also includes the implications and the challenges of implementation of these policies.

2.3 Policies and legislation linked to domestic violence

The policies and legislation linked to DV include.

2.3.1 The Constitution of the Republic of South Africa of 1996

The *Constitution of the Republic of South Africa of 1996* (Republic of South Africa, 1996) was the final constitution that brought forth significant change. The fundamental principle of

constitutionalism that had governed the previous constitutional order was replaced by the principle of constitutional supremacy (de Vos, 2001). The constitution directly compels the state to protect the rights of all persons against DV (Vetten, 2005b). The *Constitution of the Republic of South Africa of 1996* (Republic of South Africa, 1996) is a commitment to social justice that informs the interpretation of the Bill of Rights (Liebenberg, 2007).

The Bill of Rights, presented in chapter two of the *Constitution of the Republic of South Africa of 1996*, enshrines equality to the enjoyment of all rights and freedoms (Republic of South Africa, 1996). It is described as the cornerstone of democracy and applies exclusively to all laws in South Africa. The Bill of Rights ended centuries of abuse by the state and served to safeguard human rights (de Vos, 2001). Freedom and security stipulate that a person may not be treated or punished in a cruel, inhuman or degrading manner, tortured in any way. It offers freedom from all forms of violence in either public or private settings, provides equality before the law, right to equal protection and the benefit of the law. The Bill also upholds the attainment of equality, legislative and other means designed to protect categories of persons disadvantaged by unfair discrimination.

The state is obligated not to directly or indirectly unfairly discriminate against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth (Republic of South Africa, 1996). Section 36 of this Bill, stipulates that several constitutional rights and freedoms have boundaries set by the rights of others and by important social concerns including public order, safety as well as democratic values (Republic of South Africa, 1996). The restrictions were meant to achieve the purpose for which the Bill was designed, though these place the burden on to the party proclaiming legitimacy of rights of the bill to supply relevant evidence to implicate the offender (Currie and De Waal, 2013). Despite this, the Bill of Rights has been made real for women through litigation which is an emerging area of strength for a number of legal organisations. Several constitutional court cases have begun exploring and defining the duties imposed upon the police and courts in terms of the Bill of Rights (Vetten, 2005a).

2.3.2 Prevention of Family Violence Act No. 133 of 1993

The first attempt to deal with DV was through legislation like the Prevention of Family Violence Act of 1993 (Usidin, Christofides, Malepe and Maker, 2000; Vetten, 2005a). The Act was formulated to provide the granting of interdicts with regard to family violence and for a husband's conviction of rape of his wife that is punishable by fine, imprisonment for not more than three months or both (Prevention of Family Violence Act no.133 of 1993). With regard to family violence, the Act highlights the functions of the parties involved including the applicant or any party interested, the judge and magistrate. It provides legal protection for the applicant and or any party interested in the case. The judge or magistrate may, on the application of the applicant or by any other party with material interest in the matter on behalf of the applicant grant an interdict against the participant with instructions not to assault, threaten or commit any other act specified in the interdict (Prevention of Family Violence Act no.133 of 1993).

Nevertheless, the Act has been subjected to substantial criticism as women who have no access to transport, those who are held hostage in their own homes and rural women who may not easily access magistrates' courts often cannot secure an interdict (Bonthuys and Albertyn, 2007; Ellsberg *et al.*, 2015). Further, whilst South Africa has eleven official languages, the application forms for protection orders are only available in Afrikaans and English. This has made protection seeking a restrictive remedy that is dependent on women's personal circumstances and abilities. Depending on their literacy levels, women may be challenged in reading and completion of these forms and those who are not conversant with either language may also be limited (Vetten, 2005a; Buhlungu, Daniel, Southall and Lutchman, 2007). Courts furthermore, do not have sign interpreters for the deaf and neither are the application forms available in braille. This implies that the protection order may not be used by disabled women (Buhlungu *et al.*, 2007).

Whereas the law may be useful in some other cases, for a case of a battered woman whose problem is affected by socioeconomic and personal factors, to a greater extent, the law may be an unsuitable remedy for resolving her crisis. Therefore, based on the remedy that the law offers, the drafters of the law failed to recognise the characteristics of the abusive context. Further, the law is far from offering a solution for women who have been exposed to extreme levels of conflict

over longer periods of time. It rather aggravates conflict and creates new levels of stress in already embattled relationships (Fedler, 1995; Buhlungu *et al.*, 2007), as men's repeated encounters with police are perceived as betrayal by their partners (Boonzaier, 2008). Not only were most women unaware of the remedy, but little efforts were also made to educate the public about the availability of the interdict. More so, some magistrates were ignorant of the Act and therefore were not ready to issue the interdicts (Ellsberg *et al.*, 2015).

The Act makes provisions whereby a participant may be ordered not to enter the matrimonial home, a particular part of the home or a specified area in which such home is located (Prevention of Family Violence Act no.133 of 1993). Nevertheless, most actions of DV take place at home and under the individual right to privacy, both the site and the relationship of abuse are protected from the state intervention. Whereas the law aims at curbing interfamilial abuse in an effective manner, it must find its way into the intimate relationship between people and this may have effects on privacy (Fedler, 1995; Buhlungu *et al.*, 2007).

After the introduction Prevention of Family Violence Act no. 133 of 1993, attorneys who interpreted it to have violated men's right to fair hearings questioned certain provisions. In response, the Department of Justice, the Family Advocate and the South African Law Commission established a committee that comprised of a number of feminist lawyers and experts in the area of DV to review the legislation in February 1996. The outcomes of the committee led to the formulation of the Domestic Violence Act no. 116 of 1998 (Vetten, 2005a) which is discussed below.

2.3.3 Domestic Violence Act No. 116 of 1998

The Domestic Violence Act no. 116 of 1998 (Domestic Violence Act no. 116 of 1998) was enacted in 1998 and came into force on 15th December 1999 (Vetten, 2005a). It was by and large recognised as a major intervention that reinforced the Prevention of Family Violence Act of 1993 (Usidin *et al.*, 2000). The Act was formulated as an international obligation under the United Nations Convention on the elimination of all forms of discrimination and commitment of the state towards ending violence against women and children. It was a primary legal tool for responding

to DV and was considered as an advanced legislation, given its positive gender outlook, wide definition DV and its acknowledgment of a variety of domestic relationships as well as provisions that obligate various role players to act against DV (Artz and Smythe, 2005).

The Act also recognised DV as a serious social ill, the different forms of DV and the domestic relationships within which it may occur such as heterosexual, gay and lesbian relationships; marriage and cohabitation, dating relationships and relationships that have ended as well as parent-child relationships, sibling relationships and those between members of extended families (Domestic Violence Act no. 116 of 1998). It aimed at providing protection to the victims of DV and for protection orders to be issued against the abuser prohibiting both the abuser and anyone acting on their behalf from getting involved in acts of physical, sexual, emotional or psychological and economic abuse. It further criminalises and provides for the perpetrator's arrest in case of violation of any terms of the court order (Domestic Violence Act no. 116 of 1998). DV legislations have certainly successfully raised awareness about DV and have put a reflection on the issue on the national agenda in South Africa (Vetten, 2014). The legislation provided practical processes of handling DV cases and opened for South African feminist activists to influence the policy of criminal justice towards DV (Artz and Smythe, 2005).

Given the record of the police's unvigilant intervention in matters of DV, the Act sought to set up a number of obligations to compel their response (Vetten, 2014). Since 1996, addressing violence against women has been a policing priority coupled with efforts of combatting violence against women and commitment of police to dropping violent crimes such as rape that saw to a reduction of four to seven per cent in 2010 (Vetten, Le, Leisegang and Haken, 2010). The South African Police Service under the obligations of the National Instructions seven of 1999 is required to; help the victim to find appropriate shelter, acquire medical treatment and pick up personal items from her or his residence and serve protection orders. The police are obligated to carry out arrests for breached protection orders or committed crime and to keep DV record reports. The Act, however, obliges the police to find support services for women but no parallel responsibility has been put on either the Departments of Health or Social Development and this limits its purpose of providing maximum support to survivors of DV (Vetten, 2005a).

Further, Parenzee, Artz and Moul, (2001) argue that the protection order presents challenges to DV legislation in South Africa. In terms of the Domestic Violence Act, a civil order from the court bars the perpetrator from committing acts of violence, but it does not criminalise acts of DV (Parenzee, Artz and Moul, 2001; Artz and Smythe, 2005). Further, it is impossible to design one piece of legislation that addresses all needs of different categories of women for instance; women with disabilities experienced greater barriers to accessing legal protection compared to other women. The Bill is, therefore, a powerful but inadequate tool considering the many differences that exist between women. It further does not provide for who should be given priority as well as define the minimum acceptable assistance to be given to the women (Vetten, 2005a).

On the part of the government, no reasonable measures were put in place to guarantee that other support mechanisms for victims of DV were set up to make the law effective, hence this presents a potentially empty remedy with the inaccessibility of the state justice system to poor and vulnerable communities (Ellsberg *et al.*, 2015). There is evidence to suggest a dependence on non-state dispute resolution mechanisms, with disputes being referred to structures such as street committees, community courts, traditional leaders and self-appointed community dispute resolution ‘specialists’ (Artz and Smythe, 2005). Although the Government of South Africa in its 2015/2016 budget made an allocation to the Department of Women as financial support towards awareness creation and reduction of gender-based violence (Department of Women, 2015), however, laws enacted are often not accompanied by budget allocations (Ellsberg *et al.*, 2015). The implementation of legal interventions, therefore, remained a challenge evident in the overloaded and under-resourced criminal justice system (Vetten, 2005a).

Another challenge is that DV legislations often meet resistance from male-dominated judiciary and police that undermines effective implementation (Ellsberg *et al.*, 2015). Lack of effective implementation has effects such as worsening abusive men’s behaviour or inspiring a sense of impunity as the perpetrators come to realise that they are above the law. The progressive legislation, combined with conservative attitudes among law enforcement agents (Bonhuys and Albertyn, 2007) have led to negative attitudes towards complainants, withdrawal of charges,

secondary victimisation (Buhlungu *et al.*, 2007) and failure to act according to the legal requirements set out in the legislation (Vetten, 2005a).

DV legislations further presents a unique legal challenge for which the practitioners were not prepared in the course of legal training. Since DV is a social problem, it may be hard for lawmakers to formulate remedies to respond to the context or complexities of the problem (Fedler, 1995; Bonthuys and Albertyn, 2007). Although policies and legislation have been used to respond to violence against women, these have not made a significant impact on survivors of DV. Concerns still remain about the insufficient measures taken to guarantee the protection of women subjected to violence and the limited access to the mechanisms and processes of justice, including compensation (Modiba *et al.*, 2011). The next section presents an overview of DV, its various forms and a summary of the statistics of its prevalence.

2.4 Definition of domestic violence

DV includes various forms such as interpersonal violence against women (Anderson and Kras, 2007; Hayward, Steiner and Sproule, 2007), interpersonal victimisation (Hayward, Steiner and Sproule, 2007; Palm and Follette, 2011) and family violence or IPV (Hayward, Steiner and Sproule, 2007; Brosi and Rolling, 2010). IPV is one of the forms of DV (Hayward, Steiner and Sproule, 2007; Brosi and Rolling, 2010) against women that is perpetrated by male intimate partners (Ali and Naylor, 2013) and the leading type of violence against women (Stover, 2005; Devries *et al.*, 2013).

Worldwide, over 30 per cent of women have experienced IPV (McFarlane *et al.*, 2014) and high prevalence rates of IPV against women remain a challenge in the most gender equal countries in the world such as the Nordic countries (Enrique and Muan, 2016). IPV constitutes types of behaviour that include physical abuse (e.g. slapping, hitting, kicking, beating), psychological abuse (e.g. intimidation, humiliation), sexual abuse (e.g. sexual coercion, forced intercourse) or other controlling behaviours (e.g. isolating a partner from family and friends, restricted access to financial resources) (Larsen, 2016).

DV mainly impacts on the vulnerable members of the family (Al-adayleh and Al Nabulsi, 2013) and poor women for several reasons (Dobash and Dobash, 2001; Brown and Hampson, 2009; Boonzaier and van Schalkwyk, 2011; Ward *et al.*, 2012). Global statistics indicate that between four and 54 per cent of the women aged between 15 to 49 years reported physical or sexual abuse from their partners (De Koker *et al.*, 2014). An estimated 20 to 50 per cent of women worldwide have experienced physical violence through DV (UNICEF, 2000). Due to the lack of a standardised definition (Modiba *et al.*, 2011) and the stigma that is related to reporting of DV (Kitara *et al.*, 2012), obtaining an accurate measurement of the prevalence of DV remains a challenge (Alhabib, Nur and, Jones, 2010).

Findings from the Medical Research Council of South Africa indicate that young women are more subjected to assault ranging from slapping to beating with objects, stabbing and sexual compulsion by partners (NICRO, 2009). Psychological abuse was the most reported form of abuse experienced by 90 per cent of the women inform of intimidation, victimisation, and verbal insults. Sexual abuse was experienced by 71 per cent of the women while 58 per cent reported economic abuse and about 42.5 per cent of the women had experienced all forms of abuse (Vetten, 1999; NICRO, 2009).

Traditionally acknowledged to be a gender-explicit issue (Robinson and Spilsbury, 2008), DV against women is usually perpetrated by males (Wong and Othman, 2008; Seedat *et al.*, 2009; Wellock, 2010) often in positions of trust, intimacy and power and these may include husbands, boyfriends, fathers, fathers-in-law, stepfathers, brothers, uncles or sons (Al-adayleh and Al Nabulsi, 2013). Conflicts in intimate relations that usually leads to acts of violence revolve around numerous issues related to daily life, including inter alia; money, children, housekeeping, sex, loyalty, jealousy, possessiveness and authority (Gage and Hutchinson, 2005; Dobash, Dobash, Cavanagh and Medina-Ariza, 2007). However, there is limited research on men's experiences of partner violence (Overstreet and Quinn, 2014).

The cycle of abuse against women often manifests in many forms throughout their lives for instance, at birth through sex-discriminatory abortion or female infanticide in cultures where a

son is preferred. During childhood, abuse may include malnutrition, limited access to medical care and education, incest, Female Genital Mutilation, early marriage and forced prostitution (UNICEF, 2000; Kulwicky *et al.*, 2010; Ali and Naylor, 2013). During adulthood, abuse may consist of battering, rape or even murder by intimate partners. Widows and elderly women also experience abuse that may range from physical abuse to psychological abuse such as repeated humiliation, forced isolation, limited social mobility, threats of violence and denial of economic resources (UNICEF, 2000). The cyclical nature of DV is comprised of repetitive phases that include the pre-history of the violence, making headway through the violent incidents and ending with the aftermath (Boonzaier and Rey, 2004). The various consequences of DV are discussed below;

2.5 Consequences of domestic violence

DV against women negatively impacts on women for years, with effects that may continue throughout her life (Al-adayleh and Al Nabulsi, 2013). The discussion below includes the negative consequences of DV on the family, health and health care system as well as the psychological consequences.

2.5.1 Consequences of DV on the family

DV is a severe social problem that affects millions of women (Boonzaier and Rey, 2004) of various ages, ethnic and socioeconomic groups (Wong and Othman, 2008). It negatively impacts on the family through divorce which leads to family disintegration, misunderstandings and disordered relations between the husband and the wife's family (Al-adayleh and Al Nabulsi, 2013). It also affects a woman's ability to care for self and family, leads to reduced productivity as well as participation in social and community activities (Kulwicky *et al.*, 2010; Al-adayleh and Al Nabulsi, 2013). DV is also linked to high gender inequity in relationships (Jewkes, 2010), which is known to be the root cause of all forms of violence against women (Yick, 2001).

2.5.2 Consequences of DV on health and health care system

Violence against women is recognised as a key public health problem (Anderson and Kras, 2007; Hamel and Nicholls, 2007; Wong and Othman, 2008; Alhabib, Nur and Jones, 2010; Wellock, 2010) and a major health risk for women worldwide (Dunkle *et al.*, 2004) as it is linked to self-reported poor health of victims (Ellsberg *et al.*, 2008). DV is not only known to be one of a leading cause of injury among women (Kulwicki *et al.*, 2010), it also leads to disability (Alhabib, Nur and Jones, 2010). Physical disability like permanent disfigurement or damage to hearing and vision (Hyman *et al.*, 2006; Hamel and Nicholls, 2007), bruising of the face and body, fractures, internal injuries (Dobash *et al.*, 2007; Hamel and Nicholls, 2007) and chronic pain are among the long-term risks of health problems accelerated by DV among women (Alhabib, Nur and Jones, 2010).

DV affects maternal health significantly (Alhabib, Nur and Jones, 2010; Al-adayleh and Al Nabulsi, 2013) through minimising access to medical care (Modiba *et al.*, 2011). It leads to a range of reproductive health outcomes such as poor outcomes of pregnancy, birth and gynaecological morbidity (Dobash *et al.*, 2007; Al-adayleh and Al Nabulsi, 2013). Other poor reproductive health outcomes include non-use of contraception (Wong and Othman, 2008; Alio *et al.*, 2009; De Koker *et al.*, 2014; Pulerwitz *et al.*, 2015), prematurity of the new-born baby (Al-adayleh and Al Nabulsi, 2013, WHO, 2013) and increased risk of induced abortion (Al-adayleh and Al Nabulsi, 2013).

DV has a direct negative impact on several vital health issues, for instance HIV prevention, care and treatment programmes, as increased victim exposure to abuse increases the risk for Sexually Transmitted Diseases (STDs) (Wong and Othman, 2008; Devries *et al.*, 2013; De Koker *et al.*, 2014; Pulerwitz *et al.*, 2015) and Human Immune Virus (HIV) (Fuentes, 2008; Rountree, Pomeroy and Marsiglia, 2008; Modiba *et al.*, 2011). This is attributed to the perpetrator's unwillingness to use protection or from the victim's need to please the perpetrator (Fuentes, 2008; McClennen, 2010).

The effects of DV spread into the public health system (Anderson and Kras, 2007) as victims make extensive use of health-care resources (Robinson and Spilsbury, 2008; García-Moreno *et*

al., 2015) six to eight times than women who are not abused (Dobash *et al.*, 2007). For instance, physically abused women utilised more mental health, emergency department, hospital outpatient, primary care, pharmacy and speciality services (García-Moreno *et al.*, 2015). Abused women visit gynaecologists more often than women who have not been abused (Francis, Loxton and James, 2016). The health costs of DV are similar both in industrialised and developing countries, although the overall burden is greater in developing countries (UNICEF, 2000; Kitara *et al.*, 2012).

2.5.3 Psychological consequences of domestic violence

Abused women are more susceptible to mental health symptoms that may include depression, anxiety (Al-adayleh and Al Nabulsi, 2013; Sommerfeld and Bitton, 2016) and Post-Traumatic Stress Disorder (PTSD) (Kelly and Johnson, 2008; Ward *et al.*, 2012; McFarlane *et al.*, 2014; De Koker *et al.*, 2014; Sullivan, 2017; Sukeri and Man, 2017). Women who have been sexually abused by their intimate partners (Weaver, Griffin, Mitchell, 2014) experience more PTSD symptoms and an estimated 31 to 84 per cent of the DV victims suffer from PTSD (Chronister, Chou, Frain and Cardoso, 2008; McClennen, 2010; McFarlane *et al.*, 2014).

Depression as an effect of DV among victims has been widely reported (Anderson and Kras, 2007; Kelly and Johnson, 2008; Wong and Othman, 2008; Seedat *et al.*, 2009; Alhabib, Nur and Jones, 2010; De Koker *et al.*, 2014; McFarlane *et al.*, 2014; Arroyo *et al.*, 2017) and its prevalence rate was 47.6 per cent (Robinson and Spilsbury, 2008). Women who have experienced sexual violence were 2.6 times more likely to experience anxiety or depression (Wong and Othman, 2008; WHO, 2013; Arroyo *et al.*, 2017) and women who have experienced emotional abuse manifest with symptoms like diminished self-esteem (Sommerfeld and Bitton, 2016), fear, loss of identity, despair, guilt and confusion among others (Kulwicki *et al.*, 2010; Matheson *et al.*, 2015).

DV is also linked to substance abuse patterns (Kelly and Johnson, 2008; Seedat *et al.*, 2009; Ward *et al.*, 2012) as victims often turn to substances or heavy drinking as a way of coping with abuse and escaping from the harsh reality of partner violence (Matheson *et al.*, 2015; Sullivan, 2017). Substance abuse leads to increased vulnerability to the development of both acute and chronic substance abuse problems among victims of DV (Hamel and Nicholls, 2007). According to the

World Health Organisation, (2013), report, women who experienced sexual violence were 2.3 times more likely to have Alcohol Use Disorders. DV may also be fatal as it is associated with suicide (Anderson and Kras, 2007; Kelly and Johnson, 2008; Wong and Othman, 2008; McClennen, 2010; Ward *et al.*, 2012; Sullivan, 2017) and self-harm (Robinson and Spilsbury, 2008). The need to offer support to the victims of DV (Sullivan, 2017) and the various negative effects of DV inform the formulation of interventions of DV (Matheson *et al.*, 2015). These are discussed in the following section.

2.6 Interventions of domestic violence

A variety of DV intervention programmes have been implemented in order to help victims recover from abuse (Hackett, McWhirter and Leshner, 2016). These interventions are based on theoretical foundations (McClennen, 2010) and their fundamental principle is victim protection (Hamel and Nicholls, 2007; Ali and Naylor, 2013). A single intervention approach is unlikely to be appropriate for different incident types (Hovell, Seid and Liles, 2006), therefore, depending on the victim's needs and situation, various approaches may prove necessary (McClennen, 2010). Individual, group interventions, family and community interventions of DV are explored below.

2.6.1 Individual and group interventions

Individual-level interventions are traced back to the Charity Organisations Society Movement that began in England in 1869 (McKendrick, 1990). While group interventions are effective, extra benefits of individual delivery allow for better individual attention and improved ability to exclusively tailor the interventions to the needs of clients (Arroyo *et al.*, 2017). Madhani *et al.* (2015), recommended for support groups as a helpful resource for abused women. Several studies reported benefits of support groups in recovery (Bennett *et al.*, 2004; Constantino, Kim and Crane, 2005; Postmus *et al.*, 2009; Ebenuwa-Okoh, 2012; Hansen, Eriksen and Elklit, 2014; Sullivan, 2017). Women who attended group sessions also reported reduced adverse effects of abuse (Eastman *et al.*, 2007; Sullivan, Warshaw and Rivera, 2013). However, McDermott and Garofalo, (2004) disagree as most victims in their study viewed support groups as unnecessary. Zink, Regan, Jacobson and Pabst, (2003) established that younger and older women had different life experiences, therefore, attending a support group together may be unhelpful as responses from

younger abusive couples may be inappropriate. Individual and group interventions include the following.

2.6.1.1 Counselling

Counselling is a broad term, defined by the American Counselling Association, as a professional relationship that empowers different individuals, families and groups to realise mental health, wellness, education and career goals (Mascari and Webber, 2013). Counselling decreases confusion and supports choice for change based on the principles of being non-judgemental and non-exploitative (Lindsay, McGinnis and Jayat, 2009). Counselling offered within DV programmes involves helping survivors improve their personal sense of power and control in order to minimise the distress that goes along with victimisation (Bennett *et al.*, 2004; Sullivan, Schroeder, Dudley and Dixon, 2010).

Counselling services for women are offered by licensed professionals and other staff (Bennett *et al.*, 2004). Through counselling, staff help victims to understand that they are not alone in their experience and are not responsible for their abuse (Sullivan, 2017). Some programmes offer individual counselling or group counselling, while others offer both (Lindsay, McGinnis and Jayat, 2009; Sullivan *et al.*, 2010). Counselling forms the basis of work with individuals, families, groups and communities and can inform work which is of a supportive or practical nature with people of various ages, culture, ethnicity or class (Lindsay, McGinnis and Jayat, 2009).

Diverse therapeutic approaches like Cognitive Behavioural Therapy (CBT) and Crisis Intervention are used although these are tailored towards the individual needs and desires of survivors (Bennett *et al.*, 2004; Sullivan *et al.*, 2010). CBT is a wide term that includes a variety of short-term treatments that may include both cognitive techniques, for instance, learning to think about something differently and behavioural elements such as education and skill building to put new thoughts into practice. It is provided in office settings, DV programmes, or other community-based agencies (Sullivan *et al.*, 2010). The British Association for Counselling and Psychotherapy (BACP), (2001), described this type of counselling as aimed at challenging faulty thinking and influencing the change of learned behaviour as educative rather than therapeutic.

According to McWhirter (2011), interventions for survivors which used motivational interviewing and CBT enhanced women's understanding of their goals and how to achieve them. Crisis intervention is an approach which is rooted in ego psychology but also draws from developmental psychology, cognitive behavioural approaches as well as systems theory in its most contemporary manifestation. It is a time-saving, cost-effective, short-term intervention that seeks to address the individual's priority needs at a critical point in their lives (Lindsay, McGinnis and Jayat, 2009). It is a framework that offers particular skills and techniques, based on an understanding of the nature of 'crisis' itself and focuses on 'where and how' to move forward, as opposed to a preoccupation with the 'why'. Identifying supports in the victim's networks, community and family are critical (Lindsay, McGinnis and Jayat, 2009). DV victims experience crises throughout their lives especially during episodes of abusive acts, therefore, crisis intervention is essential as it is mainly used to minimise anxiety and post- traumatic stress symptoms (Young, Fuller and Riley, 2008).

2.6.1.2 Advocacy support

Advocacy services were found to be useful especially for women who had actively sought help (Hegarty *et al.*, 2010). The role of advocates is to take part in dialogue and critical analysis with the victim to determine the costs and benefits of different approaches (McDermott and Garofalo, 2004; Sullivan, 2017). Women who receive advocacy support services are more likely to seek, follow through with legal remedies and report bigger success in obtaining resources and support (Bennett *et al.*, 2004; McDermott and Garofalo, 2004).

DV Advocates offer support services at the individual level by coordinating community responses of DV such as the criminal justice system to improve women's safety (McDermott and Garofalo, 2004; Postmus *et al.*, 2009; Morgan and Coombes, 2013). They also provide links to medical and social service systems like public housing agents among others (Hart, 1993; McDermott and Garofalo 2004; Postmus *et al.*, 2009). DV advocates improve victims' social support through counselling, support groups and advocacy (Postmus *et al.*, 2009).

2.6.1.3 Shelters

The first shelter dedicated to victims of DV was opened in Rural England in 1971 by Chiswick Women's Aid (Hamel and Nicholls, 2007; Glenn and Goodman, 2015). The following year, the United States followed with the opening of Haven House in Pasadena, California and the establishing of the nation's first DV hotline by the Women's Advocates in St. Paul, Minnesota (Hamel and Nicholls, 2007). The primary obligation of shelters is the provision of services to abused women and their children (Wathen *et al.*, 2015; Sommerfeld and Bitton, 2016). Other services offered by shelters include providing crisis telephone lines, short-term counselling, programmes for children and parenting support (Wathen *et al.*, 2015).

Shelters provide abused women with safety, assistance with tangible needs (Ham-Rowbottom, Gordon, Jarvis and Novaco, 2005), legal and medical assistance if required (Bennett *et al.*, 2004). Victims are helped to develop the necessary skills to live independent from their abusers (Hamel and Nicholls, 2007) and this is accomplished through a wide range of programmes that meet emotional, psychological needs (Ham-Rowbottom *et al.*, 2005), job training and education (Hamel and Nicholls, 2007).

In addition to providing service to women within the shelter, services are offered to women in the community who do not reside in the shelter as well as second-stage housing and all services are offered based on the clients' needs across different settings (Wathen *et al.*, 2015). Conversely, the use of shelters might increase vulnerability to re-abuse for some women (Wathen and MacMillan, 2003) for instance, some women experienced re-abuse in a period of six months after leaving the shelter (McFarlane *et al.*, 2014). Most victims who enter shelters have tried a range of coping options including appeasing the abusive partner, resisting, safety planning and seeking informal network support (Glenn and Goodman, 2015). Incidentally, women who experience more frequent and severe abuse often do not seek shelter services but rather those with greater lack of financial (McFarlane *et al.*, 2014) and social resources as well as those with mental health issues (Glenn and Goodman, 2015).

2.6.1.4 Group-based training interventions

Group-based training interventions empower women from similar backgrounds to get involved in group work to address underlying expectations about male, female roles and behaviour (Fulu *et al.*, 2014; Ellsberg *et al.*, 2015). Skills building is combined with awareness-raising about access to services and self-protection against violence (Fulu *et al.*, 2014). The programmes support the development of new skills for communication and conflict resolution through a process of critical reflection, discussion and practice (Ellsberg *et al.*, 2015). It may also include one-on-one support for particularly vulnerable individuals through home visits (Fulu *et al.*, 2014).

2.6.2 Family interventions of domestic violence

A family intervention approach is based on the effect of violence on the entire family. It employs theoretical principles and interventions of strategic therapy to better understand the conflicting compulsions driving family conflict (Hamel and Nicholls, 2007). Family interventions of DV include family therapy and couple counselling.

2.6.2.1 Family therapy

Family Therapy was built on three main schools of thought that include Strategic Family Therapy, Structural Family Therapy and Milan Systemic Family Therapy (Lindsay, McGinnis and Jayat, 2009). The main features of treatment include the perpetrator taking responsibility for the violence, solution-focused practices, challenging beliefs and cognitive alterations which justify violence, communication, problem-solving, anger management and skills training (Carr, 2009). Family therapy is used to treat the effects of DV such as anxiety and depression. It is used as a platform within which family interaction patterns and belief systems that often unconsciously maintain anxiety disorders can be changed and the family context offers support for recovery (Kessler, Chiu, Demler and Walters, 2005; Carr, 2009). From a feminist perspective, Family Therapy has been criticised for failing to address the family as the primary site for the oppression of women (Lindsay, McGinnis and Jayat, 2009). It may put the victims at risk of further abuse through either allowing the perpetrator to rationalise his violence or to intensify the violence (Hamel and Nicholls, 2007).

2.6.2.2 Couple counselling

Couple counselling is another service for couples faced with DV that suggests violence as an inter-relational problem within the family, hence the solutions need to be intended for the family (Hamel and Nicholls, 2007; Brown and Hampson, 2009). Although few studies on DV suggest couple counselling as an alternative to the perpetrator group programmes, to most studies, it is an unplanned service that is offered when a couple discloses DV during counselling for other relationship problems (Brown and Hampson, 2009). Initial assessment for treatment appropriateness is crucial before developing services for couples who have experienced DV (Stith and Rosen, 2003; Carr, 2009).

Couples therapy is not only effective in reducing DV and its depressive symptoms, but it is also considerably cost saving as it prevents a variety of legal and health care costs arising from divorce or divorce-related health problems (Carr, 2009). Couples therapy is also more likely to be used by better-advantaged groups with more education, income and those who would want to avoid exposure as well as the confrontation in a group with similar problems (Brown and Hampson, 2009). Nonetheless, couple therapy is only effective for cases of DV in which couples are dedicated to staying together and in which the violent partner is able to agree to a no-harm contract (Stith and Rosen, 2003; Carr, 2009).

2.6.3 Community interventions of domestic violence

Community response programmes may include legal advocacy programmes, the criminal justice system, for instance, prosecuting attorneys and police as well as agencies of victim advocacy (DePrince *et al.*, 2012). Community interventions of DV are presented in the section below;

2.6.3.1 Community mobilisation

Community mobilisation approaches are typically complex interventions that engage many stakeholders at diverse levels, for example, youth, religious leaders, police, teachers and political leaders. Many strategies used range from group training to public events and advocacy campaigns like such as the 16 Days of Activism Against Gender Violence (Ellsberg *et al.*, 2015). Many

advocates work outside shelter setting in police departments, courts, hospitals, outreach, counselling or transitional housing in community-based responses to DV (Nichols, 2013).

Community programmes involve outreaches directly to victims from community-based advocates intended to remove obstacles that impede women from seeking out community-based services to address psycho-social needs (DePrince *et al.*, 2012). They provide information about violence (Fulu *et al.*, 2014) and help women to report violence or receive emergency help. These interventions aim at reducing violence at the community level through changing public dialogue, practices, norms for gender and violence (Ellsberg *et al.*, 2015).

Institutional level advocacy like individual level advocacy involves activities that are related to the idea of empowerment for battered women and at both levels, the ultimate goal is empowerment (McDermott and Garofalo, 2004). Advocacy campaigns may be a regional or national coalition of individuals and organisations who to take action to influence policy change under the banner of a common campaign identity (McDermott and Garofalo, 2004; Fulu *et al.*, 2014). It also includes activities inter alia; lobbying legislatures, working with criminal justice agencies at a local level and may involve law enforcement training (McDermott and Garofalo, 2004).

2.6.3.2 Criminal justice system interventions

The legal system is considered as a force larger than the woman as it possesses power over the perpetrator that women lose due to abuse (McFarlane *et al.*, 2014). The law and judicial system hold the abusers accountable for their actions and ensure that they are appropriately dealt with (Ali and Naylor, 2013). The extent of effectiveness of the criminal justice system depends on several issues including; victim characteristics, type of perpetrators, training of law enforcement, as well as attitudes of the courts. Legal measures to DV may include;

Protection Orders are intended to prevent abusers from coming into contact with their victims (McClennen, 2010). For the women protection orders are “loudspeaker” that alert the abuser that the law is aware of their abusive behaviour (McFarlane *et al.*, 2014). A variety of people can apply

for protection, including those who are married, divorced, living together (presently or in the past), related by blood, have a child together and have reason to believe they are endangered by another. The stipulations in the order may include controlling contact, not being allowed near the victim or victim's family, possession of the house, financial support, court costs or custody (Hamel and Nicholls, 2007; Postmus *et al.*, 2009).

Mandatory arrest policies require that the police arrests suspects rather than counselling them or ordering them to leave the premises upon being called to a domestic dispute (McClennen, 2010). It protects the victim from avenging violence from her abuser by removing the decision to arrest or prosecute out of her hands and encourages the legal system to handle violence between partners in the same way as violence between strangers (Robinson and Stroshine, 2005). Arrest is often preferred when considered necessary to achieve a separation (Dobash and Dobash, 2001). Mandatory arrests can have negative consequences such as increased surveillance for abused women, subjection to legal proceedings, substituting husbands' control with state control over women's lives and decision-making. This results in increasing powerlessness among women and failure to meet their own and their children's needs (Ali and Naylor, 2013). Further, men's repeated encounters with the police were perceived to be disempowering (Boonzaier, 2008). On the other hand, most women do not utilise legal protection, as they only want the violence to end without necessarily imprisoning their partners. It is, therefore, crucial to introduce other forms of social sanctions that are not dependant on the women's willingness to press on the criminal charges against their partners (Buhlungu *et al.*, 2007). The next section explores the reasons why women seek intervention.

2.7 Reasons why women utilised domestic violence intervention services

Attempts by women to escape DV (Hahn and Postmus, 2014) were often delayed by numerous factors which included some social norms like patriarchy (Hamel and Nicholls, 2007; Madhani *et al.*, 2015), fear of stigma that is linked to separation (Ali and Naylor, 2013; Madhani *et al.*, 2015) and being a victim of DV (Modiba *et al.*, 2011; Kitara *et al.*, 2012). Other factors included some cultural beliefs (Eastman *et al.*, 2007; Wellock, 2010) that created an impression of a victim who

is weak and dependent (Hayward, Steiner and Sproule, 2007; Madhani *et al.*, 2015). Despite the greater reliance on informal support and low involvement of formal authorities by victims of DV (Gage and Hutchinson, 2005), some victims of DV sought out for formal interventions and below are some of their motivations for help-seeking.

2.7.1 Exhaustion with abuse

Women may face accumulated disappointments in several efforts to change the behaviour of the abuser which by and large can contribute to their exhaustion with abuse (Chang *et al.*, 2010). During the course of their relationships, women initially were hopeful that their partners would change from being abusive (Baholo *et al.*, 2015), but frequent instances of abuse overlapped with each other and resulted into an overload of stress (Sukeri and Man, 2017). The exhaustion was a loss of hope by the victims that the relationship was no longer beneficial and the recognition that the cost of remaining in the relationship was even greater (Chang *et al.*, 2010). Despite receiving threats of being abandoned for speaking out (Lorber, 2011; Evans and Feder, 2016), failure to disclose abuse implied that the victims would continue to suffer in silence amidst restricted access to supportive networks (Wellock, 2010) that were likely to relieve women from the effects of violence (Boonzaier and van Schalkwyk, 2011). Given the psychological consequences of abuse, the social isolation and emotional degradation caused by abuse, active help-seeking was recommended for abused women (Moe, 2007). Women thus sought help so as to heal emotionally from the effects of DV (Sullivan *et al.*, 2008; Catalozzi *et al.*, 2011).

2.7.2 Awareness about external resources and support

Both informal and formal support for women experiencing DV play an important role in improving safety (Madhani *et al.*, 2015; Evans and Feder, 2016). Informal support often facilitates the process of breaking free of abuse (Evans and Feder, 2016). For instance, families got involved in stopping the abuse in various ways such as directly confronting the abuser, supporting the victim's decision to leave the family, getting the abuser prosecuted (Kulwicki *et al.*, 2010) and helping victims to get a better perspective of their abusive situation or information about alternative places for shelter and counselling support (Baholo *et al.*, 2015). DV survivors rated formal support strategies to be more helpful than private strategies (Madhani *et al.*, 2015). Women

revealed the importance of agencies, unexpected encounters with individuals or the intervention of other victims of DV that facilitated help-seeking (Evans and Feder, 2016). For women who did not have adequate knowledge about available resources (Ahmad, Driver, McNally and Stewart, 2009) and those who had limited understanding of their legal rights (McCart, Smith and Sawyer, 2010), getting to know about the availability of help empowered them to take actions to interrupt the violence. (McFarlane *et al.*, 2014).

Disclosure of DV was regarded to be beneficial (McFarlane, 2007; Sylaska and Edwards, 2014; Madhani *et al.*, 2015; Francis, Loxton, and James, 2016) but recognising abuse by the victim is an essential element of the help-seeking process (Brosi and Rolling, 2010) as most victims at the start do not recognise the abuse as a problem (Sommerfeld and Bitton, 2016). Despite some negative impact of disclosure of abuse (Fanslow and Robinson, 2010; Francis, Loxton, and James, 2016), women recognised that they were unable to change their circumstances without help. These often had small networks with weak interconnections, partly due to coercion from the abusive partner which limited opportunities for disclosure. Women needed to reduce their own social isolation and to promote the understanding of DV to avoid it in the future (Evans and Feder, 2016).

Declaring abuse helps to name the abuse and opened the window of services or a larger network of providers to help women in decision making and seeking safety (McFarlane *et al.*, 2014). It is worth noting that victims of DV who actively sought help seekers and attempted to reach out to available services were able to identify what services they needed to help them make a transition to safe living (Zosky, 2011).

2.7.3 Increased severity of abuse

Abused women often seek professional help after a very long period despite suffering from multiple mental, physical, social and health consequences of partner abuse (Ahmad *et al.*, 2009; Sommerfeld and Bitton, 2016). Help-seeking among victims was due to the degree of dreadful conditions of the abuse especially when the violence became a threat to their lives. Women were forced to re-evaluate the danger of their circumstances against the risk of continuing in relationships (Chang *et al.*, 2010; Sukeri and Man, 2017). Literature suggests that those who

experienced escalating levels of violence often engaged in various help-seeking efforts (Dobash and Dobash, 1979; Chatzifotiou and Dobash, 2001; Chang *et al.*, 2010) such as the police, civil court and shelters (Glenn and Goodman, 2015). The fourth reason for help-seeking will be discussed below.

2.7.4 Fear of harm

The fear of being harmed by their partners and need to seek for safety pushed women to seek for intervention (Sukeri and Man, 2017). DV is difficult to cope with as it disrupts every aspect of the victims' well-being (Kulwicki, Aswad, Carmona, and Ballout, 2010). Help-seeking was embraced as a coping approach that led to lower levels of distress among abused women (Ahmad *et al.*, 2009). In some instances the fear of escalating the abuse and concerns about the impact of the violence on children (Madhani *et al.*, 2015; Sukeri and Man, 2017) either through exposing the children directly to violence or by losing custody of children affected the victim's ability to seek help from formal intervention systems (McCart, Smith and Sawyer, 2010).

However, women who sought help expressed fears that the violence was jeopardising the safety of other individuals, especially their children and family members (Baholo *et al.*, 2015; Evans and Feder, 2016). Mothers felt helpless against the abusive partners but felt even more powerless for failing to protect their children from the abuser (Baholo *et al.*, 2015). Very often men's violence towards their female partners happens concurrently with child abuse (Stover, 2005; Vetten, 2014; Sukeri and Man, 2017) and in homes where DV occurs, children experience more physical abuse and neglect (Stover, 2005).

2.7.5 Partner infidelity

Suspected infidelity among husbands led to wives' jealousy, which often resulted in their abuse. The use of violence among husbands was intended to sustain pursuit for extramarital sexual relationships (Stieglitz, Gurven, Kaplan and Winking, 2012). Discovering that their abusive partners had been unfaithful decreased women's willingness to tolerate abuse, as this made them question whether the benefits of remaining in abusive relationships were worth the suffering they were experiencing (Chang *et al.*, 2010).

2.7.6 Seeking financial independence

Economic abuse was another tactic used by abusive men to control their partners and this included hindering economic self-sufficiency or damaging a woman's economic self-efficacy, for instance, preventing her from working, disrupting her at work, demanding for accountability on her expenditure or making important financial decisions without seeking the partner's input (Postmus, Plummer and Stylianou, 2016). Both unemployment among men and financial decision making by women significantly led to violence in response to men's perceived powerlessness in financial decision-making (Gage and Hutchinson, 2005). In addition to the above, men's deviation of resources from the family became a key source of arguments as well as a cause of husbands' violence against their wives (Stieglitz *et al.*, 2012).

Women not only experienced violence but also were faced with poverty and this formed a reinforcing cycle where abuse led to poverty. Aggravated abuse hence undermined attempts to escape abuse (Hahn and Postmus, 2014). Whereas poverty and lack of economic autonomy for women explained women's tolerance of abuse (Fulu *et al.*, 2014; Madhani *et al.*, 2015), to most women who experienced financial abuse, staying in an abusive marriage for the sake of financial security was no longer important. Such women believed that divorce would instead offer them the required freedom to secure a better future for themselves and their children (Sukeri and Man, 2017). According to Zosky, (2011), seeking DV services has been helpful for women who seek to be independent of their abusers. The interventions that meet the needs of users are perceived in different ways and these are explained in the next section;

2.8 Clients' perception of intervention services

The clients' perceptions of intervention service include positive and negative aspects as discussed below.

2.8.1 Positive aspects of intervention services

The positive perceptions about interventions of DV include aspects that were perceived to be helpful to clients.

2.8.1.1 Meeting safety needs

The use of formal support boosts the physical safety of abused women (Liang *et al.*, 2005). Victims of DV were satisfied with the interventions that addressed safety issues for instance shelters ended re-victimisation (Bennett *et al.*, 2004; Zweig and Burt, 2007; Sullivan, 2017) and provided safe accommodation (Hamel and Nicholls, 2007; Wright, Kiguwa and Potter, 2007; Wathen *et al.*, 2015; Sommerfeld and Bitton, 2016). For most women, experiences in shelters were favourable (Glenn and Goodman, 2015) and victims reported feeling more hopeful and had more safety plans as a result of their stay in shelters (Few, 2005; Sullivan *et al.*, 2008; Sullivan, 2017). Since leaving the relationship may not guarantee safety, the resources provided facilitated independence and helped women to escape violent situations (Dichter and Rhodes, 2011).

McDermott and Garofalo, (2004), also noted that the notion of advocacy for individuals is extended to include helping victims obtain access to important resources such as housing among others. Sullivan, (2017) highlighted that the role of the DV programme was to participate in safety planning for survivors and their children. DV interventions had developed a common understanding of the importance of safety for victims (Stover, 2005; Hackett, McWhirter and Leshner, 2016) as this was considered paramount if any other form of intervention was to be implemented (Hackett, McWhirter and Leshner, 2016). Most recipients of protection orders reported receiving the necessary support thus increased safety unlike those who did not apply for protection orders who reported lack of support and unchanged behaviours among perpetrators (McFarlane *et al.*, 2014).

2.8.1.2 Social support and adjustment

Victims of abusive relationships are often faced with significant emotional and social obstacles that make the adjustment back into society difficult as well as both physical and mental isolation (Francis, Loxton and James, 2016). Madhani *et al.* (2015), recommended for the formation of

support groups as a resource for abused women for help-seeking and advice. Some studies underscored the benefits of support groups in improving social support among survivors of DV (Bennett *et al.*, 2004; Madhani *et al.*, 2015). These include enabling better sense of belonging (Constantino, Kim and Crane, 2005; Postmus *et al.*, 2009; Sullivan, 2017), helping survivors understand that they are not alone in the experience, learning the common responses to trauma (Sullivan, 2017) and the perceived helpfulness of victims hearing from each other (Arroyo *et al.*, 2017). Further, providing women with social support helps them to leave their abusive partners and to live independent lives (Baholo *et al.*, 2015; Sommerfeld and Bitton, 2016). Advocacy and counselling services of DV offered perceived social support to victims (Postmus *et al.*, 2009; DePrince *et al.*, 2012; Sullivan, 2017) and safeguarded them against harmful effects of traumatic experiences (Hansen, Eriksen and Elklit, 2014). Thus, studies by Sullivan *et al.* (2008) highlighted suggestions for making support groups more accessible.

According to Zosky, (2011) counselling was effective in improving assertiveness. Victims who received supportive responses were likely to have increased confidence (Sullivan *et al.*, 2008; Fanslow and Robinson, 2010). Not only were interventions of DV effective in facilitating social adjustment of victims (McNamara, Tamanini and Pelletier-Walker, 2007; McFarlane *et al.*, 2014), they led to improved family relations (Blodgett *et al.*, 2008; McWhirter, 2011; Hackett, McWhirter and Leshner, 2016) and improved relationship satisfaction (Murray and Graves, 2013). In contrast, McNamara, Tamanini and Pelletier-Walker (2007), found no substantial improvement in coping with family issues among victims after receiving DV interventions.

2.8.1.3 Improving social well-being

Social well-being is used to refer to the extent to which one has the material and interpersonal resources that are necessary for a healthy, safe and happy life (Sullivan, 2017). DV may be a causal factor but problems are compounded by the lack of knowledge of personal rights (Wellock, 2010). According to Sullivan, (2017), the main goal of DV programmes is to increase survivors' knowledge about a variety of issues that are important for their well-being including their rights and the skills to put knowledge into practice for promoting self-efficacy. Interventions improved victims' well-being (DePrince *et al.*, 2012) through improved access to resources and information about survivors' rights (Sullivan, 2017; Habigzang, Schneider, Frizzo and de Freitas, 2018).

Kulkarni, Bell and Rhodes, (2012), suggests that survivors found services that promoted their rights to be helpful as these were perceived to be empowering. McNamara, Tamanini and Pelletier-Walker (2007), determined that the degree of service satisfaction and perceived helpfulness was also associated with a better understanding of DV. In a study by Habigzang *et al.* (2018) psychoeducation helped the participants to understand the cycle of DV, its different forms of expression and with this the victims of DV were able to minimise their feelings of guilt as being responsible for their abuse.

A number of authors (Bennett *et al.*, 2004; McWhirter, 2011; Zosky, 2011; Sullivan, Warshaw and Rivera, 2013; Hackett, McWhirter and Leshner, 2016; Sullivan, 2017) suggest increased self-esteem and self-efficacy among victims of DV who received psycho-education and counselling. Agencies that provided offered emotional support were regarded more helpful by victims of DV (Zweig and Burt, 2007; Sullivan *et al.*, 2008) as this helped victims to leave abusive partners and to live independent lives (Baholo *et al.*, 2015; Sommerfeld and Bitton, 2016). According to Hackett, McWhirter and Leshner, (2016) DV intervention programmes were effective in helping the victims to cope with traumatic experiences. Women who received supportive counselling had improved coping abilities (Bennett *et al.*, 2004; McNamara, Tamanini and Pelletier-Walker, 2007; Hackett, McWhirter and Leshner, 2016) and this was evident in the improved management of finances (Bennett *et al.*, 2004).

Victims were generally interested in counselling services as these assisted survivors in recovering from effects of violence (Bennett *et al.*, 2004) such as trauma (Dichter and Rhodes, 2011; Murray and Graves, 2013), depression (McWhirter, 2011; McFarlane *et al.*, 2014) and anxiety (Bennett *et al.*, 2004; Blasco-Ros, Sanchez-Lorente, and Martinez, 2010; Crespo and Arinero, 2010; Hansen, Eriksen, Elklit, 2014). Counselling (Sullivan, 2017) and other psychotherapeutic interventions (Habigzang *et al.*, 2018) not only led to reduction in depression, anxiety and PTSD symptoms, these interventions also influenced adjustment in the women's thinking patterns, embraced new roles and behaviours, inter alia; independence, assertiveness and personal strength (Sommerfeld and Bitton, 2016). DV interventions had a positive effect on external stress reduction

including anger reduction (Grip, Almqvist, and Broberg, 2011; McWhirter, 2011; Hackett, McWhirter and Leshner, 2016). Sullivan, (2017) suggests that interventions were valuable in decreasing fear among DV victims. Overcoming fear is crucial for psychological outcomes (DePrince, Zurbriggen, Chu, and Smart, 2010) and influences criminal justice participation (Belknap and Sullivan, 2003; DePrince *et al.*, 2012).

2.8.1.4 Useful community interventions

The use of community-based approaches has positive outcomes for abused women (Nichols, 2011). Community-based outreaches by victim advocates resulted in decreased distress levels (DePrince *et al.*, 2012). There was reported willingness of abused women to end victimisation and greater readiness to leave the abuser due to psychological benefits of legal interventions (Moe, 2007; McClennen, 2010), community-based outreaches (DePrince *et al.*, 2012) and perceived helpfulness of community intervention in facilitating women's readiness to end abuse (Crespo and Arinero, 2010; DePrince *et al.*, 2012). Through engaging with advocacy, victims learnt about financial abuse and became cognisant of the ways in which their access to material resources had been mixed up in their victimisation (Morgan and Coombes, 2013).

2.8.1.5 The positive attitude of professionals

The relationship between staff and victims was found to be an important aspect that determines positive outcomes for victims (Sullivan, 2017). According to Kulkarni, Bell and Rhodes, (2012) and Robinson and Strohline, (2005), survivors emphasised the strong desire to be treated with understanding and compassion while seeking help and advanced the importance of being treated with respect, empathy and encouragement. Women found services more helpful when they experienced positive staff behaviour or when women were more in control in their interactions with staff (Postmus *et al.*, 2009).

Survivors recommended for a non-judgmental attitude among service providers (Feder, Hutson, Ramsay and Taket, 2006; Kulkarni, Bell and Rhodes, 2012). According to Van Dyk, (2012) a non-judgemental attitude is crucial in growth and understanding as it inspires the clients to be more accepting of themselves. In addition, most women explained that staff had positive regard,

they were readily available to talk to the women and they were reliable hence, the victims felt helped, supported and safe (Glenn and Goodman, 2015). Increased availability and accessibility of DV service providers was linked to positive outcomes of the interventions for abused women (McFarlane *et al.*, 2014). There were some aspects of DV intervention services that were regarded as culturally sensitive to the victims, for instance, the ready availability of diverse multilingual staff as well as telephone translation services to assist clients to communicate better (Goodman and Latta, 2005).

Active listening among service providers was one way of showing empathy (Kulkarni, Bell and Rhodes, 2012) as the victims felt empowerment through this (Cattaneo and Goodman, 2005). According to Sullivan *et al.* (2008), abused women felt supported by being listened to. Zweig and Burt, (2007) and Ebeunuwa-Okoh, (2012), determined that listening was one of the psychological features that helped clients to relax, feel worthy and have a sense of belonging. Service providers who protected the victims' rights and recognised the capabilities for victims to making own choices were regarded as helpful (Nichols, 2013). Victims were more satisfied when they had the opportunity to express their concerns and when they felt that their wishes are not overlooked (Robinson and Stroshine, 2005), for instance, staff recognition of the victims' decisions to reconcile with their partners (Morgan and Coombes, 2013). Below are some factors that contributed to negative experiences of the users of DV intervention services.

2.8.2 Negative aspects of intervention services

The negative perceptions about interventions include aspects that were perceived as unhelpful to clients and these are discussed below.

2.8.2.1 Negative attitude of the staff

Although the aforementioned staff positive attitude yielded to positive benefits, to other women, some aspects of staff behaviour discouraged help-seeking. There was perceived racism and discrimination against victims in different agencies ranging from social service agencies to the courts (Goodman and Latta, 2005; Kulwicki *et al.*, 2010) which was attributed to a judgemental approach (Robinson and Spilsbury, 2008). Discrimination which was alleged to be linked to

demographic factors such as race and in some instances, bias about victims with a higher educational status by staff as well as those who had a longer work history than other shelter residents, as these women were perceived not to be in need of a shelter (Glenn and

Goodman, 2015). The scarcity of resources affected the staff interaction with survivors (Kulkarni, Bell and Rhodes, 2012) and selective decisions were made about who to admit to the shelters based on need, perceived vulnerability of the victims, the severity of abuse, the status of relationships, personal finances and other resources (Wathen *et al.*, 2015).

Glenn and Goodman, (2015) suggest that survivors linked the unavailability of staff to lack of care for the victims hence Robinson and Stroshine, (2005), suggested for the need to consider the aspect of time in the provision of DV services. Further, the lack of compassion among staff (Robinson and Spilsbury, 2008) and poor staff responses also discouraged victims' help-seeking attempts (Goodman and Latta, 2005; Brown and Hampson, 2009). The poor attitude among staff was compounded by the lack of culturally sensitive services (Sokoloff and Dupont, 2005; Robinson and Spilsbury, 2008) for instance, language barriers between police and the victims which affected communication and led to the inappropriate arrest or release of perpetrators (Kulwicki *et al.*, 2010; McCart, Smith and Sawyer, 2010). Women's negative experience to some extent was attributed to role confusion among police and social service professionals. According to the victims, there were no outreach programmes organised to sensitise the public about the difference in roles between police and social service professionals (Goodman and Latta, 2005).

2.8.2.2 Mistrust of service providers

Some women did not have confidence in the help of counsellor or an agency (Fugate *et al.*, 2005) while other victims considered that the quality of services delivered by social service providers did not sufficiently meet their needs (Kulwicki *et al.*, 2010). Women were hesitant about disclosing details concerning psychological needs or asking for support from the criminal justice personnel as the information was subject to disclosure to the defence (DePrince *et al.*, 2012).

2.8.2.3 Counselling environment

Riddell, Ford-Gilboe and Leipert, (2009), noted that issues of the geographical location of resources in rural settings with disadvantages such as isolation and accessibility affected the clients 'experiences of the intervention services. According to Eastman *et al.* (2007), the geographic isolation is a disadvantage with regard to obtaining services and may possibly be the major difficulty faced by victims of DV. For instance, a publicly visible location of services were also barriers to utilisation of services due to privacy concerns such as breached confidentiality or affecting clients' personal relationships with services providers (Eastman, Bunch, Williams and Carawan, 2007; Riddell, Ford-Gilboe and Leipert, 2009). Further, an environment where conversations could be heard was identified as a barrier to accessing formal help among abused women (Robinson and Spilsbury, 2008; Fugate *et al.*, 2005). Lack of privacy as a contributing factor to the victims' negative experience (Robinson and Stroshine, 2005; Riddell, Ford-Gilboe and Leipert, 2009) while lack of confidentiality created mistrust and was perceived as unprofessional to many victims (Kulwicksi *et al.*, 2010).

2.8.2.4 Shelter rules

Victims were uncomfortable with shelter rules; inter alia; confidentiality of the shelter's location and prohibiting contact with one's abuser, friends and family, prohibitions against substance use and violence (Glenn and Goodman, 2015). There were consequences for breaking rules depending on the severity or frequency that included leaving the shelter (Haj- Yahia and Cohen, 2009; Glenn and Goodman, 2015). Residents struggled with shelter rules for a variety of reasons, such as incompatibility with their cultural or ethnic backgrounds (Taylor, 2005). The rules created a sense of powerlessness or being controlled (Haj-Yahia and Cohen, 2009) and were seen as a replication of the abuse that the victims had escaped (Glenn and Goodman, 2015). Further, the over-crowding in many shelters led to a lack of social safety (Wathen *et al.*, 2015).

2.8.2.5 Unhelpful assistance

Not only had some victims received unhelpful responses from services providers such as being directed to leave their relationships without being offered safety advice (Morse *et al.*, 2012), they experienced victim blaming (Evans and Feder, 2016) and as such they were not sure of any option

but to remain with the abusive partner (Brown and Hampson, 2009). According to Nichols, (2013), when women's choices and needs are not taken into consideration or when women lack control over the services provided, they are more likely to experience re-abuse and unlikely to find services helpful. Through mandatory arrests (Hamel and Nicholls, 2007) and restraining orders, victims felt disempowered as they were not allowed to make decisions about what should be done to the perpetrators both at the time of the arrest and following the arrest (McClennen, 2010).

The police and prosecutors were assumed incapable of making decisions in the victims' interests and as such, there was lack of cooperation from the victims. Furthermore, some actions by police or prosecutors disregarded or conflicted with the victim's goals (Robinson and Stroshine, 2005). Due to poor enforcement, restraining orders were perceived by the recipients to be ineffective in reducing abuse (McClennen, 2010). Further, to women the justice system was not sensitive to the therapeutic needs of the victims (Hamel and Nicholls, 2007) and the criminal justice personnel had failed to link women to services that address psychosocial needs (De Prince *et al.*, 2012). Due to this, there were suggestions to promote the possibility of criminal justice officials offering victims of DV with effective and sensitive treatment (Robinson and Stroshine, 2005). Below are the various implications for interventions of DV.

2.9 Recommendations for domestic violence intervention services

Recommendations for DV interventions include suggestions from literature that were made towards the improvement of services to respond more effectively to the diverse needs of victims of DV as discussed below;

2.9.1 Increased awareness about available services

Wong and Othman, (2008) and Alhabib, Nur and Jones, (2010) recommended the need to incorporate sensitisation of DV into governmental, legal and judicial organisations. According to Sullivan, (2017), the primary goal of DV programmes is to increase victims' knowledge about a variety of issues such as options and available community resources. Whereas increased awareness about the availability of services for the community is an essential element of

intervention (Kulwicki *et al.*, 2010; Hackett, McWhirter and Lesher, 2016), sensitisation of the victims of DV about available services is equally important as many women were not aware of DV programmes (Reina, Lohman and Maldonado, 2014) or how these could be accessed (Goodman and Latta, 2005). Without awareness, the victims of DV are unable to navigate support services and consequently, they may give up the search for support (Kulwicki *et al.*, 2010).

Kulwicki *et al.* (2010) further reported an improvement in services for victims of DV after the introduction of DV awareness. There was an emphasis on the important role played by religious institutions in addressing DV (Sokoloff and Dupont, 2005). Although religious leaders act as conduits for a more supportive environment for victims (Goodman and Latta, 2005), their conservativeness to some extent hindered help-seeking among victims of DV. Training of religious leaders was further suggested as this would create a more supportive environment for the victims of DV (Kulwicki *et al.*, 2010).

2.9.1.1 Promoting more use of community approaches

Stover, (2005) emphasises that tackling DV more effectively should involve an elaborated framework that engages police, prosecutors, DV advocates and judges among others in developing policies to respond to DV cases, therefore, recommends the use of collective community responses to DV among different stakeholders. The increase of community resources and information availability are also recommended as vital elements of intervention (Few, 2005; Hyman *et al.*, 2006; Murray and Graves, 2013) and targeted distribution of information within communities with high prevalence rates of abuse (Ingram *et al.*, 2010). Communities are recognised as potential allies for change that could provide effective support for empowerment processes (Morgan and Coombes, 2013). Fugate *et al.* (2005) highlighted key areas of emphasis such as the impact of DV on communities, its impact on the quality of a woman's life as well as the common the experience of DV as to minimise stigma among victims.

2.9.1.2 Awareness raising through media advertisement

Madhani *et al.* (2015) highlighted the critical role played by the media in educating masses about women's rights. In a study by Robinson and Stroshine, (2005), dissemination of information about DV through advertisements, articles in newspapers and women's magazines, radio and television

was recommended. Few, (2005) suggested for improved visibility of services of DV through placing more pamphlets in faith-based organisations, grocery stores and places women frequent the most such as beauty parlours and women's restrooms among others. McDermott and Garofalo, (2004), however, noted that weekly advertising in the newspaper and the distribution of flyers did not achieve much in terms of getting to women who needed help.

2.9.2 Promoting peer support for DV victims

A number of studies (Tutty, Ogden and Wylie, 2006; Modiba *et al.*, 2011; Campbell, 2012), demonstrated the need for implementation of programmes that integrate those faced with DV together with women who had past lived experience as this would offer a nurturing environment for the change with a relationship similar to peer support models. Support from DV victims increased women's awareness of existing alternatives to their violent situations and the need to explore those options in order to boost their safety (Ward *et al.*, 2012). Models also empower women to improve their mental health status and support them to access various services that boost their wellbeing (Schmidt, 2014). Women involved in support groups with peers learn to be better equipped to take steps to address the abusive relationship. Providing support to one another minimises isolation and creates an environment where victims acquire new skills that contribute to their independence (Eastman *et al.*, 2007). These programmes have shown the potential success through enhancing personal resilience, self-esteem, reassuring women that their experiences are similar to those of other abused women, social connectedness, motivation building and self-belief to initiate and sustain positive behavioural change (Campbell, 2012).

2.9.3 Promoting culturally sensitive domestic violence interventions

Some cultural norms were a major barrier to the help-seeking among victims of DV (Eastman *et al.*, 2007; Wellock, 2010; Kulwicki *et al.*, 2010). Not only did victims emphasise the importance of improved culturally appropriate intervention programmes (Hyman *et al.*, 2006), the World Health Organisation guidelines for policy and clinical practice for partner violence as well, recommended for evidence-based interventions that are culturally sensitive (McFarlane *et al.*, 2014).

Cultural competency involves an understanding of the cultural differences among clients and particular cultural or structural needs of diverse communities (Sokoloff and Dupont, 2005), for instance, effective ways of increasing access such as addressing language barriers (Goodman and Latta, 2005) through availing ample interpreters and financial resources to facilitate the translation service (Wellock, 2010). According to Sokoloff and Dupont, (2005), solutions to DV should reflect the differences among victims with different religious backgrounds, sexual orientations and nations of origin as these may require different interventions. In addition to that, service providers especially counsellors should educate themselves about how cultural and ethnic differences affect the therapeutic process (Sokoloff and Dupont, 2005).

2.9.4 Providing a conducive counselling environment

Confidentiality was recognised as an essential element in the provision of quality service. This calls for organisations' need to sensitise their staff about mandatory maintenance of confidentiality and the need to offer privacy to clients who wait for office visits (Robinson and Stroshine, 2005; Riddell, Ford-Gilboe and Leipert, 2009; Kulwicki *et al.*, 2010). Ebenuwa- Okoh, (2012) noted that the physical environment for counselling consisted of the physical facilities, therefore, it is important to provide private counselling venues (Liang *et al.*, 2005). In a study by Sullivan *et al.* (2008), the participants felt supported when their privacy was respected. Robinson and Stroshine, (2005) recommended the need for careful consideration of the location of DV services while Few, (2005) suggested for improved visibility of intervention services.

2.9.5 Increased resources for interventions

Vetten, (2005b) recommended for adequate human and financial resources to effectively implement DV legislation. Lack of financial and legal resources was identified as barriers in the absence of free or low-cost services to victims (Kulwicki *et al.*, 2010). As such, it was difficult for women to exit violent relationships (Fulu *et al.*, 2014) or obtain assistance as these were financially dependent on their partners (Bornstein, 2006; Boonzaier and van Schalkwyk, 2011; Sommerfeld and Bitton, 2016). Since addressing the specific needs of victims of abuse requires more resources (Bennett *et al.*, 2004), improved funding and support for workers in the DV or related fields would facilitate appropriate interventions (Burman and Chantler, 2005). Zweig and

Burt, (2007) recommended for increased resources to provide more services and improve support for victims of DV. Hence, greater funding would facilitate the provision of more in-depth services that were lacking among agencies (Goodman and Latta, 2005; Hyman *et al.*, 2006). Ebeunuwa-Okoh, (2012) highlighted the need for a positive environment that offers a wide range of services for clients. However, Kulkarni, Bell and Rhodes, (2012) notes that service expansion should be done in careful consideration of resources adequacy for existing services.

2.9.6 Assistance to obtain employment

Various studies linked poverty with DV (Fulu *et al.*, 2014; Madhani *et al.*, 2015) for instance poverty and unemployment contribute to and aggravate victimisation. They both influence the victims' responses to abuse (Reina, Lohman and Maldonado, 2014) such as hindering women from escaping from the violence or gaining independence from their partners (Few, 2005; Eastman *et al.*, 2007; Fulu *et al.*, 2014; Dichter and Rhodes, 2011; Madhani *et al.*, 2015). Vetten, (2014) suggested for the development of programmes that address the economic drivers of DV through enhancing work skills (McNamara, Tamanini and Pelletier-Walker, 2007; Murray and Graves, 2013). According to Zink *et al.* (2003) and Madhani *et al.* (2015) skills and ability to earn a livelihood raises the self-esteem of victims and enables them to cope more confidently in the aftermath of violence especially for older women who had limited prospects of developing skills for autonomy. Programmes that promote employment promote the development of skills, job training and education to enable DV victims to live independent from their abusers (Hamel and Nicholls, 2007).

2.9.7 More frequent and longer counselling sessions

Although some women received a maximum personal benefit in a few sessions and no longer felt the need to continue seeking services (McNamara, Tamanini and Pelletier-Walker, 2007), Arroyo *et al.* (2017) linked more counselling sessions and more intervention time to better outcomes. According to Wathen *et al.* (2015), healing from trauma was an evolving process in which women had an ongoing need for various kinds of services across time. More counselling sessions were recommended for DV victims (Habigzang *et al.*, 2018) who had experienced sexual and physical abuse as these experienced more distress and self-blame (Sullivan, Warshaw and Rivera, 2013).

2.9.8 Interventions for different client groups

There were suggestions for individually tailored interventions that address the needs of each family member (Sokoloff and Dupont, 2005; Hovell, Seid and Liles, 2006). Wong and Othman, (2008) and Vetten, (2014) suggested the development of intervention programmes for children who have witnessed DV. Some authors (Bennett *et al.*, 2004; Goodman and Latta, 2005) specifically suggested counselling services for children to address the impact of violence on their lives. Hackett, McWhirter and Leshner, (2016) noted that interventions for children who were direct or indirect victims of DV had been implemented. Other studies (Zweig and Burt, 2007; Hackett, McWhirter and Leshner, 2016; Sullivan, 2017) justified for support services for both women and children as DV interventions had yielded a wide range of benefits for children.

Offering treatment for both the victim and perpetrator in the attempt to avert the persistence of DV was also recommended (Humphreys, Thiara and Regan, 2005; Kulwicki *et al.*, 2010; Hackett, McWhirter and Leshner, 2016). Intervention strategies also should prioritise marginalised women (Vetten, 2005a) who were more vulnerable to DV (Ward *et al.*, 2012) as these were likely to be in both dangerous intimate relationships and social positions (Sokoloff and Dupont, 2005). Programmes for women living in violent relationships should be flexible, to accommodate women within the various stages of readiness for change (Evans and Feder, 2016).

2.9.9 Co-treatment of substance abuse and DV

The shelter system was regarded as unsafe due to drug abuse among women. These women were violent towards each other and as such, they were considered to be dangerous (Goodman and Latta, 2005). Further, considering the increased vulnerability of DV victims to substance abuse (Ward *et al.*, 2012; Sullivan, 2017), recommendations were made for the assessment of problems that co-occur with DV including substance abuse (Humphreys, Thiara and Regan, 2005; Kulwicki *et al.*, 2010; McClennen, 2010).

Addressing the co-occurrence of DV and substance abuse among victims also calls for services to be more pro-active in responding to women who are victims of DV (Humphreys, Thiara and

Regan, 2005). Research showed the absence of significant substance abuse support despite the interest showed by most women in participating in such programmes (Humphreys, Thiara and Regan, 2005; Ward *et al.*, 2012). In the absence of co-treatment of DV and substance abuse, the opportunity to effectively address both problems is missed out (Humphreys, Thiara and Regan, 2005). It is imperative for policies and programmes to address the problems of the co- occurrence of DV and substance abuse in order to improve appropriate support for victims with a more holistic approach (Humphreys, Thiara and Regan, 2005; Kulwicki *et al.*, 2010; McClennen, 2010). Psychotherapeutic interventions that targeted substance abuse were found to be helpful in enabling victims to overcome the substance abuse problem and promoting their safety (McClennen, 2010).

2.10 Conclusion

Chapter two presented an overview of the three theoretical frameworks underpinning the study. The relevant policies and legislation that were put in place in South Africa to respond to the problem of DV as measures aimed at protecting women against violence as well as responding to the needs of the victims of DV were discussed. An in-depth discussion of DV followed in which IPV is reflected as the most common form of violence against women that is perpetrated by male partners at the expense of women. The consequences of DV indicated a significant threat to women's health and a huge impact on their social, psychological well-being. Some of the key themes that were relevant to the study included the interventions for victims of DV; women's motivation for using formal interventions of DV as well as the clients' appraisal of the negative and positive aspects of intervention services. The final section presented the various recommendations from literature that were advanced towards the improvement of intervention services. The third chapter discusses the methodology that was used in this study.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter discusses the various aspects of the methodology including the research design sampling, data collection approach, data analysis, potential limitations of the study and data verification. A conclusion completes the chapter.

3.2 Research design

A research design is defined as a plan or blueprint for conducting research (Babbie, 2007). An explorative qualitative research design was adopted for this study. According to Babbie, (2007), its main objective is to describe as well as understand phenomena. Babbie and Mouton, (2010), suggested some requirements considered in the selection of a qualitative design including the insider perspective, the research purpose, an inductive approach, naturalism and inter-subjectivity. A qualitative method as indicated by Babbie and Mouton, (2010), enabled the researcher to get a close encounter with participants in order to derive a genuine insider perspective for analysing the daily life of the participants. As recommended by Babbie, (2007), the design was appropriate based on the purpose of the study which is to understand human behaviour rather than to give explanation and replication thereof.

As Creswell, (2014) indicates, the methodology was deemed appropriate for this study as it enabled the researcher to focus on learning the meanings that the participants hold about the problem. As discussed, the approach was pertinent based on the type of research questions that sought to explore the views of the women. This study explored the perceptions of DV interventions among women using MOSAIC services in Cape Town and with a qualitative approach; the researcher was able to obtain the women's views about the services at MOSAIC. A qualitative approach was, therefore, selected as the most appropriate design for obtaining in- depth information about the views of women. As suggested above, the approach facilitated a better interpretation of meanings from participants.

Qualitative methods are based on the inductive logic where specific observations lead to general ideas and theories are derived from events (Babbie, 2007; Creswell, 2014). According to Mouton, (1996), the use of inductive inference in qualitative research can be used to generalise a small number of examined cases to a larger population of comparable cases. Mouton, (1996) further suggests that a qualitative exploratory research approach is more flexible as it uses open-ended inquiry that is aimed at developing new hypotheses. Instead of using existing theory and hypothesis as a point of departure, the researcher attempts to present and develop new syntheses and descriptions of data (Babbie and Mouton, 2010) and as such can then be used as a point of departure in successive studies (Babbie, 2007; de Vos *et al.*, 2011). As de Vos *et al.* (2011) described, qualitative studies do not control variables, the use of open-ended approaches in this study set up research opportunities for the researcher to discover unforeseen areas within the lives of the people being investigated. From the discussion, the methodology facilitated the generation of new descriptions of the views of the participants.

Qualitative research is also known as naturalistic research (Mouton, 1996). Qualitative methods involve a study of individuals in their natural settings and emphasise that a phenomenon should be understood in terms of the explicit setting in which it took place (de Vos *et al.*, 2011). These events are placed in the same framework that can be understood by the participants themselves (Babbie and Mouton, 2010). According to Babbie, (2007) and Creswell, (2014), in a qualitative study, the researcher is the key instrument who collects data through interviewing participants and has the duty of minimising biases in constructing findings. The approach enables the researcher to tell the story from the point of view of the participants rather than as an expert who passes judgement on participants (de Vos *et al.*, 2011). As guided by Babbie, (2007), the researcher recognised her own values, biases and position in relation to what was being researched and the data collection methods did not reflect the values and assumptions of the researcher.

One of the most useful purposes of social research is exploration (Babbie, 2007) and qualitative design is used for exploratory research (Creswell, 2014). According to Babbie, (2007), an exploratory design is appropriate for more persistent phenomena. As suggested above, an exploratory design was deemed appropriate due to the persistence of the problem of domestic violence under study. Exploratory studies are mostly conducted to test the possibility of

undertaking a more extensive study among other reasons (Babbie, 2007). As suggested by de Vos *et al.* (2011) an exploratory design was conducted to gain insight into the individuals. De Vos *et al.* (2011) further argue that an exploratory design is used to get answers to “what” questions. The approach generates rich descriptions from the participants by using their own words (Mouton, 1996; Creswell, 2014). With this data enhancing method, it is possible to see key aspects of cases more clearly, therefore, an exploratory design is appropriate for examining, interpreting meanings (de Vos *et al.*, 2011) and obtaining a deeper understanding (Creswell, 2014). In this study, it was important to obtain detailed information about women’s perceptions of DV interventions at MOSAIC and the use of exploratory design facilitated a better understanding of the women’s views of MOSAIC services.

3.3 Sampling

According to Babbie and Mouton, (2010), sampling in qualitative research is the selection of individuals to be studied, making use of individuals with characteristics that are relevant to the research questions. Krysik and Finn, (2010) define non-probability sampling as a technique in which the chance of all the elements in the population to be included in the study is unknown and commonly different. As guided by Krysik and Finn, (2010), a non-probability method was intentionally used to obtain a sample with specific characteristics. Purposive sampling is a method of non-probability sampling found in qualitative research (Babbie and Mouton, 2010; Strydom and Venter, 2011; Babbie, 2013) and therefore, pertinent to this study. Purposive sampling is a type of nonprobability sampling in which the units to be studied are selected on the basis of the researcher’s judgment about which ones will be the most representative (Babbie, 2013). As suggested by Babbie and Mouton, (2010), purposive sampling was used to enrich transferability, which refers to the extent to which the findings can be useful in other contexts or with other participants. According to Babbie, (2007), the use of purposive sampling enables the researcher to gather extensive information from the samples. As suggested by Babbie and Mouton, (2010), purposive sampling in this study facilitated the selection of the most representative participants and these provided the most informative responses in connection to the area under study. As recommended by Creswell, (2014), the use of purposive sampling enabled the researcher to understand the problem and to get answers to the research questions.

A sample is defined as the elements of the population to be included in the actual study (Strydom and Venter, 2011). Mouton, (1996) defines a population as a group of objects, events or individuals who have some common characteristic that the researcher is interested in studying. Krysik and Finn, (2010), suggest that defining a population includes; demographic characteristics or place among others and identifying the population enables the researcher to improve accuracy in reporting research outcomes as well as getting precision about the centre of the study. In this study, the sample was selected from a population of female victims of DV who utilised the services of MOSAIC centre in Cape Town. Since DV is mainly perpetrated by men against women in almost all developing countries (Koenig *et al.*, 2006), only female victims of DV were selected to participate in this study. The sample for this study comprised of female victims of DV over 18 years of age who were clients of MOSAIC centre, Cape Town within the last six months. Four of Erik Erikson's stages of psychosocial stages of development that included identity against role confusion, intimacy against isolation, generativity against stagnation and integrity against despair (McLeod, 2013) guided the classification of participants into various age groups. The selection of the sample with a wide age range enabled the researcher to obtain information from a cross-section of DV victims of diverse age groups.

Research further shows that the problem of DV is more pronounced in heterosexual relationships due to the influence of patriarchal ideologies found in the bigger society (Boonzaier, 2008), therefore, female victims of DV in any form of heterosexual relationships were selected to participate in this study. Although qualitative research generally selects a small sampling group, the sample size is dependent on the purpose of the inquiry (de Vos *et al.*, 2011). The intent of data collection for a qualitative approach is to obtain information gather extensive information from the small sample (Creswell, 2014), therefore, thirty participants were selected to participate in this study. From the researcher's pre-established criteria, the most representative clients were those who had a fairly longer engagement with MOSAIC services and these were expected to share relevant views towards addressing the research questions. The participants who were selected for this study had attended a minimum of four counselling sessions.

3.4 Pilot study

A pilot study is important for clarifying the wording, ordering and layout and it helps to reduce the interview schedule to a convenient length, it thereby improves the success and effectiveness of the exploration. The pilot study must be implemented in the same manner as is planned for the main study as it provides an opportunity to test the interview schedule with the kind of participants who will be involved in the main study (Strydom, 2005). According to Strydom, (2005), the pilot study is a necessity to a successful study and a way through which the researcher gets orientated to the project. Strydom, (2005) recommends the testing of the data collection instrument with one or more of respondents to enable the researcher to practice before conducting the main study. As suggested, before the actual data collection, the interview schedule was pilot tested with two participants. These were female DV victims who had received assistance from MOSAIC within the last six months. As recommended by De Vos *et al.* (2011), the pilot study interviews were recorded using a digital voice recorder. The pilot study enabled the researcher to focus on previously unclear questions and to identify areas that were previously overlooked.

3.5 Data collection approach

The purpose of the study guides the choice of the most effective method of data collection (Strydom, 2005). The use of interviews is one of the forms of data collection used in qualitative research (Creswell, 2014). An interview is a data-collection meeting that involves an interviewer asking questions to a participant (Strydom, 2005). As suggested by Strydom, (2005), one on one interviews were used to obtain in-depth data. According to Mouton, (1996) and Creswell, (2014), in qualitative research, face-to-face interviews with open-ended questions are used in order to obtain views from the participants. As recommended by Babbie, (2013), interviews were used to allow the interviewer to engage with the participants. Qualitative interviews facilitate the understanding of the world from the participant's point of view and explain the meaning of people's experiences (Strydom, 2005). In this qualitative study, one on one interviews were used for data collection based on the purpose of the study which was to understand the women's perception of DV interventions. As guided above, the use of open-ended questions in qualitative interviews enabled the researcher to obtain in-depth data about the women's views of DV intervention services at MOSAIC.

A gatekeeper is defined as an individual or a group that is important in enabling contact with research participants (Krysiak and Finn, 2010). In this study, access to potential participants was gained through a gatekeeper. The researcher established contact with participants through MOSAIC centre. Creswell, (2014) underscores the importance of obtaining the authorisation of gatekeepers for access to the site and to allow the research to be carried out. The research proposal for this study was submitted to the University of Cape Town, Department of Social Development, Human Research Ethics Committee to ensure compliance with ethical standards and ethical clearance was obtained (see Appendix D). To obtain the authorisation of gatekeeper in this study, the researcher approached MOSAIC centre in Cape Town with a written request to conduct the study, a copy of the research proposal, ethical clearance (see Appendix D) and a letter of introduction from her supervisor (see Appendix C).

After gaining permission to conduct the study from MOSAIC centre management, MOSAIC's social workers provided the researcher with a list of clients from the databases of the respective facilities. The researcher with the help of the social workers then identified the potential participants of the study who met the researcher's pre-set requirements. The potential participants were initially contacted by MOSAIC's social workers as per the organisation's policy. These were telephonically contacted by the social workers and invited to participate in the study. Follow up calls by the social workers were made to confirm the participants' willingness to take part in the study and various interview dates fixed according to the availability of the participants. Upon arrival for interviews at the respective MOSAIC facilities, the researcher handed each of the participants a written invitation to participate in the study (see Appendix E). The letter of invitation to participate in the study explained the purpose of the study, the importance of participating in the study, the researcher's written commitment towards maintaining the confidentiality of information shared, aspects of voluntary participation in the study and the duration of each interview.

Upon accepting to participate in the study, each of the participants received a copy of the informed consent form (see Appendix A). The researcher verbally explained the informed consent form by reading out its contents and giving instructions for the signing of these forms. The researcher inquired about the participants' full understanding of the study and each participant was given an

opportunity to ask questions and clarification was given. The informed consent forms were signed by both the researcher and the participants. De Vos *et al.* (2011), recommended the selection of a location that is non-intimidating, comfortable, offers privacy and is easily reachable. A quiet environment, with minimal interruptions, is recommended to facilitate the process and this may include the participant's home, a more professional environment, or a location agreed upon by both parties (de Vos *et al.*, 2011). As recommended above, the interviews were held at MOSAIC site offices at Mitchells Plain and Phillipi in comfortable and private venues that offered privacy to the participants. Other interviews were conducted at a private venue that was most accessible for most of the participants who received support from MOSAIC's Wynberg office. MOSAIC site offices were selected as the most suitable venues to ensure the safety of the participants and the researcher. The participants were individually called by the researcher into the private rooms for interviewing. Each interview lasted between 60 to 90 minutes and ended with the debriefing of each participant. The data collection process that was conducted for four months commenced in May, 2018 and ended in August 2018.

3.5.1 Data collection tool

An interview schedule is a written guide used in the interview with a set of predetermined questions that are used by the researcher to engage the participants (de Vos *et al.*, 2011). De Vos *et al.* (2011), recommend that an interview schedule should be created beforehand as this compels the researcher to think explicitly about what is to be covered during the interview as well as the difficulties that might be encountered, for instance, wording or sensitive areas. The researcher has to think about a wide range of themes or questions to be asked during the interview (de Vos *et al.*, 2011). As recommended above, the researcher prepared an interview schedule (see Appendix B) in advance with the questions were generated from the main themes of the study. The interview schedule was pilot tested and reviewed before being used as a data collection instrument for the main study.

The interviews started with an introduction by the researcher. The contents of the letter of invitation (see appendix E), were briefly verbally explained. These included the duration of the interview, the role of the participants, an overview of the interview contents and the researcher's re-assurance of maintaining confidentiality for the participants' responses. The interview schedule

questions were divided into six sections. The interviews ended with debriefing to ascertain the interview experiences for each of the participants. In this study, open-ended questions were considered suitable as these enabled the researcher to discover what was important to the participant as suggested by De Vos *et al.* (2011), and as such, the researcher was able to obtain the women's views about MOSAIC services. To facilitate easy flow of the conversation, the researcher built rapport as recommended by Given, (2008) through her way of speaking to the participants. As Greeff, (2005) suggests, probing was used to get additional information or clarify meanings of particular responses that were deemed unclear. All the interviews were recorded and the data collection apparatus that was used for recording the interviews will be discussed next.

3.5.2 Data collection apparatus

According to De Vos *et al.* (2011), it is best that a digital voice recorder is used for recording verbatim responses. The use of a digital voice recorder facilitates analysis by giving a more detailed and accurate account of the recording, translation of responses into meaningful explanations hence improves the reliability and validity of data collected. The use of a recorder allows a much fuller record than notes taken during the interview and enables the researcher to concentrate on the on-going interview (de Vos *et al.*, 2011). When recording is impossible, De Vos *et al.* (2011), suggest that a comprehensive process notes of the interviews must be taken, clarified and elaborated after completion of the interviews. A digital voice recorder was used as the data collection apparatus for this study as this facilitated the translation of responses from participants into meaningful explanations and enabled the researcher to concentrate on the interviews. As De Vos *et al.* (2011), recommend, permission for recording the interviews was obtained from each of the participants at the beginning of each interview and the digital voice recorder was placed in unnoticeable positions to avoid distracting the participants.

3.6 Data analysis

In qualitative research, data analysis is a process that aggregates data into a small number of themes (Creswell, 2014). After reducing raw data, significant patterns are identified and a framework for communicating what is revealed by the data is constructed (de Vos *et al.*, 2011). Transcribing involves converting spoken words from the recorded interview into written words

(Tesch, 1990). Recorded interviews were transcribed and data analysed using the steps outlined below according to Tesch, (1990) as cited by Creswell, (2014).

- i. The researcher read all the data, got a general sense of the information and reflected on its overall meaning. Wrote notes in margins of transcripts or general thoughts about the data.
- ii. She picked one interview and read through it while thinking about its underlying meaning. Wrote thoughts in the margin.
- iii. She made a list of all topics and clustered together all similar topics. Formed the topics into columns arrayed as major, unique and leftover topics.
- iv. The researcher took the list and went back to the data. Abbreviated the topics as codes and wrote the codes next to the suitable segments of the text. Preliminary organised schemes to generate new categories and codes.
- v. She found a suitable descriptive word for the topics and turned them into categories. Reduced the total list of categories by grouping topics that related to each other.
- vi. She made a final decision on the abbreviation for each category and used alphabets for the codes. Coding is the process of organising the data by linking and writing a word representing a category in the margins.
- vii. The researcher assembled the data that belonged to each category and performed a preliminary analysis.
- viii. She re-coded the existing data

3.7 Limitations of the study

The limitations of the study mainly pertain to the methodology used and these will be discussed below.

3.7.1 Research design

Although a qualitative design does not promote generalisation of findings (Babbie, 2007), Mouton, (1996), argues that the use of inductive inference in qualitative research can be used to generalise from a small number of examined cases to a larger population of comparable cases. The design also attempts to get deeper meanings of particular human experiences and is intended to generate theoretically richer data which is not easily reduced to numbers (Rubin and Babbie, 2010; Babbie, 2013). As Babbie, (2007) suggests, a qualitative design enabled the researcher to solely understand specific situations clearly. A qualitative design was selected for this study since

it was necessary to obtain the subjective experiences of the women and suggestions towards the improvement of intervention services at MOSAIC. The findings of this study, therefore, do not reflect the general population but rather the subjective experiences of the participants.

3.7.2 Sampling method

The researcher had to be aware that qualitative data collection obtains data from a small sample. Despite this, Creswell, (2014), suggests that the use of qualitative data collection is intended to gather extensive information from a sample. As Babbie, (2007) further recommends, the use of non-probability purposive sampling method was intended to facilitate the selection of participants who met pre-established criteria and those who were relevant towards addressing the research questions. Further, the selection of participants from a wide age range offered a better understanding of the views of DV victims from diverse age groups.

3.7.3 Data collection approach

The researcher's presence during face to face interviews may bias the responses from participants (Creswell, 2014) and the participants may give the researcher an "official account" of the situation (de Vos *et al.*, 2005). The researcher had to be aware of the shortcomings above, however, as recommended by De Vos *et al.* 2005), face to face interviews were used as a quick way of obtaining large amounts of in-depth data. As De Vos *et al.* (2005), suggest, the researcher had to be aware that some participants would be unwilling to share information to some questions or some anticipated responses from participants would not be obtained and responses would be misconstrued. In order to obtain a clear meaning, the researcher used alternative explanations to clarify unclear or misinterpreted responses from the participants.

Another shortcoming of interviews is that it may affect data collection as all the participants may not be articulate (Creswell, 2014). The researcher as recommended by Creswell, (2014), used probes for follow up and asked participants to explain unclear responses in more details. Another limitation pertains to the participants' discomfort with being taped that may consequently lead to withdrawal from participation (de Vos *et al.*, 2011). The researcher as guided by De Vos *et al.*

(2011), obtained participants' consent for recording the interviews beforehand and tape recorders were placed in unnoticeable positions to avoid frightening the participants.

3.7.4 Data analysis

Qualitative approach generates data that is more time-consuming to analyse (Babbie, 2007). The researcher had to be aware of the factor above hence, transcribed the interviews as soon as they were completed and observed the steps of data analysis outlined by Tesch, (1990) as cited by Creswell, (2014). These enabled the researcher to ensure that the various themes were identified.

3.7.5 Researcher's bias

Researcher bias is a limitation in the researcher's potential to influence or change the outcomes of the research being conducted (de Vos *et al.*, 2011). The ethical challenge to the researcher is that the interviews may lead the participants to reveal information they may later regret and there is a risk that the interaction may become a quasi-therapeutic relationship (Given, 2008). According to Babbie, (2007), when a researcher is deeply involved in the lives of the participants, it is possible to be moved by the participants' personal problems and crises. Creswell, (2014) suggests that researchers need to avoid the risk of changing the interviewing relationship into a therapeutic one. Since the researcher is not a trained therapist, she liaised with MOSAIC centre to offer counselling services for participants who needed help. Further, the researcher received regular supervision and observed research ethics.

3.8 Data verification

Lincoln and Guba, (1985) propose credibility, transferability, dependability and conformability as the four key concepts that are used to conduct sound qualitative research. Credibility is used to refer to compatibility between the researcher's construction of the participants and the views of the participants (de Vos *et al.*, 2005). The credibility of the study is recommended through "prolonged engagement" with participants (Shenton, 2004). In this study, the researcher spent between 60 to 90 minutes for interviews with each participant to facilitate rapport building and adequate probing for unclear responses. Further, frequent supervision sessions helped the

researcher to identify and minimises personal biases towards the study. In order to promote credibility Shenton, (2004) suggested the provision of a detailed description of the findings. This helps to convey the actual situations under investigation and it becomes easier for the reader to determine the extent of credibility of the overall findings (Shenton, 2004). As recommended above, the credibility of the study was ensured by providing a detailed description of women's perceptions of MOSAIC services.

Transferability implies that the findings should not only fit the specific sample being studied but generally provide an understanding of similar individuals, groups and events (Babbie, 2007). Although the findings of a qualitative project are specific to particular environments and individuals (Shenton, 2004), the researcher provided a detailed description of findings, hence the reader will be able to determine if the descriptions are well detailed and findings transferable. Further, as Babbie, (2007) suggests, the use of purposive sampling was intended to enrich transferability.

Dependability is used to refer to the extent to which similar findings can be discovered in the same context or with the same participants if repeated (Babbie, 2007). The researcher should bear in mind existing literature on the subject that could be examined carefully and possibly utilised before new data is used (de Vos *et al.*, 2011). The researcher in chapter two explored literature about women's expectations of DV intervention services, the positive and negative aspects of DV interventions and suggestions towards the improvement of DV interventions. The literature suggests similar findings elsewhere, hence dependability of the current study.

Conformability refers to the extent to which the findings can be confirmed by someone else (de Vos *et al.*, 2011). There should be sufficient evidence to trace the findings and interpretation of the sources (Babbie, 2007). The researcher clearly spelt out data analysis steps that were followed to generate key themes from the data collected. The researcher further received supervision for clarification of the methodology and research findings which reduced the researcher's bias.

3.9 Conclusion

Chapter three presented the justification for using a qualitative methodological approach, the various aspects of sampling and the data collection approach as guided by theory. Other sections in the chapter discussed aspects of the methodology that include; the steps that were taken in data analysis, the limitations of the study and how these were addressed as well as a brief discussion of data verification. The findings of the study are discussed in the penultimate chapter.

CHAPTER FOUR: FINDINGS

4.1 Introduction

Chapter four presents the findings of the study in three sections. Section one presents the demographic profile of the participants, Section two includes the framework of analysis and Section three presents a detailed discussion of the findings. Concluding remarks are presented at the end of the chapter.

4.2 Demographic profile of participants

Table 1 represents the demographic profile of the thirty participants who took part in this study.

Table 1 Demographic profile of participants

	Pseudonym	Age	Marital Status	Education	Employment Status	Branch accessed
1	Sivu	19	Divorced	Grade 11	Unemployed	Phillipi
2	Manesa	22	Single	Grade 8	Employed	Mitchells Plain
3	Sanela	27	Single	Grade 11	Unemployed	Phillipi
4	Patience	27	Married	Grade 8	Unemployed	Wynberg
5	Angela	28	Single	Grade 12	Unemployed	Phillipi
6	Lolly	29	Single	Grade 11	Unemployed	Phillipi
7	Nicky	29	Single	Grade 10	Unemployed	Phillipi
8	Kendall	30	Divorced	Grade 12	Unemployed	Mitchells Plain
9	Veronica	30	Single	Diploma	Employed	Phillipi
10	Ziya	31	Single	Grade 12	Employed	Phillipi
11	Amanda	32	Married	Grade 11	Unemployed	Phillipi
12	Andy	32	Married	Grade 10	Employed	Phillipi
13	Tabisa	32	Single	Grade 12	Employed	Phillipi
14	Leila	33	Married	Grade 8	Unemployed	Mitchells Plain
15	Cutie	33	Single	Grade 11	Employed	Phillipi
16	Nandy	34	Married	Grade 12	Employed	Phillipi
17	Tami	36	Single	Grade 10	Unemployed	Phillipi
18	Flossy	39	Married	Grade 11	Unemployed	Wynberg
19	Charl	40	Divorced	Grade 12	Unemployed	Wynberg
20	Zinzi	41	Married	Grade 8	Employed	Phillipi
21	Linda	44	Single	Grade 12	Employed	Phillipi
22	Mimi	45	Married	Grade 9	Employed	Wynberg
23	Erica	47	Married	Diploma	Unemployed	Wynberg
24	Babe	54	Divorced	Grade 12	Unemployed	Wynberg
25	Perenis	56	Divorced	Grade 8	Unemployed	Mitchells Plain
26	Odwa	56	Married	Grade 11	Employed	Mitchells Plain
27	Tally	58	Married	Grade 8	Unemployed	Wynberg
28	Chantal	59	Married	Grade 8	Unemployed	Mitchells Plain
29	Nomava	60	Married	Grade 12	Employed	Phillipi
30	Lizzy	71	Divorced	Grade 6	Retired	Wynberg

As shown in the first column of Table 1, the participants were referred to by pseudonyms which were designated in order to conceal their identities. The ages of the participants are displayed in the second column with the youngest participant at 19 years and the oldest participant at 71 years. Erik Erikson's stages of psychosocial stages of development (McLeod, 2013) were used to classify the participants' age groups. One participant's age ranged between 18 to 21 years, 17 participants' ages ranged between 21 to 39 years, 11 participants' ages were classified in the age group of 40 to 65 years while only one participant was above 65 years of age. Most of the participants were aged between 21 to 39 years.

The marital status of each participant was presented in the third column with 13 married participants, 11 participants were single and only 6 participants who were divorced. In terms of the highest level of education attained, only two out of 30 participants had tertiary qualifications at diploma level while most of the participants' highest education levels ranged between grade 8 to 12 as displayed in column four above. As indicated in column five, only one participant was retired, 12 participants were employed and the majority of the participants were unemployed. The last column presents that various MOSAIC facilities from which participants of this study received assistance. Eight participants received help at the Wynberg facility, six participants were assisted at MOSAIC's satellite office in Mitchells Plain and the majority of the participants were assisted at the satellite office in Phillipi.

4.3 Framework of analysis

The framework of analysis that summarises the findings of this study is presented in Table 2.

Table 2 Framework of analysis

Objectives	Theme	Categories	Subcategories
To explore the women's expectations of MOSAIC services	Counselling		
	Emotional support		
	Improving safety	Support to meet basic needs	
To determine the aspects of MOSAIC services which were perceived as beneficial to women	Availability of social workers		
	The therapeutic relationship	Qualities of the social workers	Empathy
		The attitude of the social workers	Active listening Non-judgmental attitude
	Providing clarity and guidance through decision making		
	Improved well-being	Psychological adjustment	Healthier thought patterns
			Improved assertiveness Sharing emotional burden
		External stress reduction	Reduced anger
	Improved Self-concept	Self-esteem building	
		Improved coping abilities	
	Better social interactions	Improved family relations	
	Feeling more empowered	Understanding abuse and victims' rights	
		Improved confidence	
		Interpersonal skills building	
Supportive counselling	Benefits of support groups	Mutual social support Learning from each other	
Meeting safety needs			
To ascertain the aspects of MOSAIC services were perceived non-beneficial to women	Inconsistent working hours		
	Poor counselling environment	Unclear location of the center	
Lack of privacy during counselling			
To establish what recommendations women had for improving services at MOSAIC	Offering privacy during counselling		
	Substance abuse treatment		
	Interventions for different client groups	Counselling for children of DV victims	
	Increased resources for DV interventions	Expansion of facilities	
		Regular support groups	
		Increased counselling time and sessions	
	Improved public awareness about services at MOSAIC	Increased community awareness	
		Media advertisement	
		Peer support for DV victims	
	Assistance to obtain employment		
Recommendations for women in abusive relationships	Disclosure of abuse		
	Formal help-seeking		

4.4 Discussion of findings

The findings of the study are presented in relation to the research objectives as follows.

4.4.1 Objective One: To explore the women's expectations of MOSAIC services

This section discusses the participants' expectations of DV interventions at MOSAIC. The findings show that all the participants of the study had expectations of receiving specific assistance from MOSAIC based on their needs at the time of help-seeking. The expectations varied from receiving counselling, emotional support to improving their safety. These expectations are discussed below.

4.4.1.1 Counselling

The primary expectation of the majority of the participants was to receive therapeutic interventions such as counselling in the aftermath of abuse in order to minimise the long-term effects of DV on the victims. The participants described counselling as a long-term therapeutic intervention that would enable exploration and understanding of the participants' thoughts and feelings. According to the participants, counselling was also expected to facilitate coping and guide decision making about the way forward for the victims.

I expected that they can help me get that healing. Look at that thing, why it pained me so much, why am here. If it's not happening, why then? I expected that they can hear me and advise me (Angela, 28)

Like a counselling...looking for somebody that I can talk to, I can tell that person how I feel, what I feel (Manesa, 22)

Like sharing my story and they just give me advices...because they tell me everything, you have to put it away. And life is not the end, so you have...they just motivate me and I see that it helps me (Sivu, 19)

Previous studies (Postmus *et al.*, 2009; Evans and Feder, 2016) share similar findings that abused women sought for counselling to obtain support after victimisation. Consistently, victims were mostly interested in counselling services as these addressed the impacts of violence (Bennett *et al.*, 2004) such as recovering from trauma (Dichter and Rhodes, 2011). Emotional support was another expectation among the participants as discussed in the subsequent section.

4.4.1.2 Emotional support

Most of the participants expected to receive emotional support as short-term therapeutic support that would enable healing from abuse and coping with abusive experiences from intimate partners. The participants who were overwhelmed with emotions expected to share experiences and to receive empathy.

I wanted her to help me to get in the right mood, I didn't want to do something that I will regret, I didn't want to see things that are not existing, so I wanted my brains to be clear... (Zinzi, 41)

When I came here, I was...they could let me talk because I didn't know that I could talk to anyone but when I was sitting there, everything just came out. Even crying, crying, I thought... when I get there... really, I was so emotional, every word, I just want to speak (Leila, 33)

When he is drunk he like to abuse me. I expected to help me heal from that pain I had, yes... it heals me because I voice out all my pain... (Linda, 44)

Consistent with previous research, women sought help in order to heal emotionally from the abuse (Sullivan *et al.*, 2008; Catalozzi *et al.*, 2011) and women found agencies more helpful when the services provided offered emotional support (Zweig and Burt, 2007; Sullivan *et al.*, 2008). In alignment with this finding, help-seeking among abused women was regarded as a coping approach that led to lower levels of distress (Ahmad *et al.*, 2009). The participants of this study further expected to enhance their safety as discussed below.

4.4.1.3 Improving safety

Most of the participants in the study sought help from MOSAIC in order to increase personal safety and the safety of their children. The participants explained that they had previously sought for help from other informal sources including; friends and relatives but this assistance from informal sources was insufficient. They described a time of unease and uncertainty in their lives as increased abuse or threatening behaviour from their partners made them feel unsafe. These participants expected assistance by seeking protection from future abuse through assistance to obtain divorce or protection orders against their abusive partners. The expectation of improving safety was expressed through such statements as those below.

If I want to go outside and meet my friends, I can't go, my husband is beating me always, so am always angry. I start to fear, sometimes I don't want him to touch me (Amanda, 32)

There was a time when I feel that the night is too long...I was not sure sometimes if I will get to the next day...At times I was feeling that...I was expecting them to tell me... how to get the divorce but they said something different...But in my mind I thought they gonna say, we gonna help you with this divorce but they did help me now to fix things (Nandy, 34)

Mentally, am alert all the time, am scared all the time. If my husband just makes some... then I go. I don't trust him around me, or when my back is turned...am just scared around him...I had to divorce him to become free (Perenis, 56)

This finding concurs with previous studies where women sought intervention services due to the fear that DV was jeopardising their safety (Sukeri and Man, 2017) and the safety of other family members (Baholo *et al.*, 2015; Evans and Feder, 2016). A number of studies (Liang *et al.*, 2005; McFarlane *et al.*, 2014; Sullivan, 2017) also indicated the role of formal support in increasing the safety of DV survivors through ended re-victimisation (Bennett *et al.*, 2004; Zweig and Burt, 2007; Sullivan, 2017) and facilitating their independence (Dichter and Rhodes, 2011). Sullivan, (2017) highlighted the role of the DV programme in participating in safety planning for survivors and their children. From a Social Exchange Theoretical perspective, human beings seek to maximise reward and minimise their costs in personal relationships (Hill, 1992), thus the need for improving safety was a recognition that the cost of staying in abusive relationships was higher

than the reward. The previous studies and current research provide strong support for the contributions of formal support in increasing the safety of DV victims. From this theme, one category was derived and this will be discussed next.

4.4.1.3.1 Support to meet basic needs

The category of support to meet basic needs emerged from the theme of improving safety. The expectation of getting assistance from MOSAIC among most participants was in form of emergency food or linkages for accommodation in shelters. The participants who struggled financially explained that they sought safe accommodation, as they searched for employment and financial resources to secure affordable housing.

She even told me if you want to stay you can stay here, there is food to eat, you and your children, and they will go to school (Amanda, 32)

I came because I was desperate for help, I needed a place to stay... I have children, I needed food, clothing, help for the children... (Lolly, 29)

I was expect to give food to the children... she help me with food of babies and nappies.... I want the father of my children to maintain the children (Nicky, 29)

This finding and literature by Ham-Rowbottom *et al.* (2005) clearly indicate the role of DV interventions in providing tangible support to abused women. Dobash and Dobash, (2001) and Dichter and Rhodes, (2011) also indicated that many abused women were interested in using DV shelter services for short-term accommodation. McDermott and Garofalo, (2004), also noted that the notion of advocacy for individuals included helping victims obtain access to vital resources such as housing among others.

This first theme of this study discussed the participants' expectations of MOSAIC services. As indicated above, the participants' expected to receive assistance to meet their needs in the aftermath of the abuse. The main expectation was to receive counselling to deal with the effects of DV and to guide decision making about the way forward for the victims. Other expectations

included receiving emotional support to heal and cope with abusive experiences and enhancing their safety. The next theme presents the participants' perceptions of the helpfulness of the services received.

4.4.2 Objective Two: To determine the aspects of MOSAIC services which were perceived as beneficial to women

This section discusses the participants' appraisal of the helpful aspects of MOSAIC services. All the participants in this study expressed appreciation of the various services, discussed as follows.

4.4.2.1 Availability of the social workers

When asked about the helpfulness of the intervention services received at MOSAIC, most participants pointed to the availability of the social workers as a positive aspect of the services. The availability of the social workers at the facilities to offer support included the flexibility to meet clients without appointments and this was considered helpful to the participants.

I was lucky because most of the time I just walk in, it's only one day when there was no one here to see me and that I was that I turned around and then made an appointment. And all the other occasions I was helped the first time (Chantal, 59)

There would be times when am nearby and I would come in... and there would also be times when I would just walk in. but most of the time is where I would walk in by myself (Kendal, 30)

Consistently, previous research indicates that victims felt helped and supported with the ready availability of social service providers (Glenn and Goodman, 2015). Increased availability and accessibility of DV service providers were linked with positive results for abused women (McFarlane *et al.*, 2014). Both studies consider the availability of social workers as helpful to DV survivors. The various benefits of the therapeutic relationship between the participants and social workers were also regarded as helpful as explained below.

4.4.2.2 The therapeutic relationship

All the participants of the study highlighted several benefits of the therapeutic relationship with the social workers. The therapeutic relationship was regarded as helpful in terms of the attitudes and qualities of the social workers. The discussion of the qualities of the social workers is presented below.

4.4.2.2.1 The qualities of the social workers

Among most participants, the personal qualities of the social workers had a significant bearing on the perceptions of the quality of service received and the participants' satisfaction with the services. Empathy of the social worker was one of the personal qualities that was perceived to be helpful as discussed in the subsequent subsection.

a. Empathy

All the participants in the study commended MOSAIC for training the social workers to be empathetic. The participants explained that due to the abusive situations, they previously struggled to love and often felt denied and belittled. Empathy showed by the social workers was perceived to be supportive as seen in the following narratives.

When I come here, we feel happy...You feel like that mother you talking to is like your mother, she help you with that pain. You go out, that pain is gone... yeah (Amanda, 32)

She tried to do it and for me it felt like there was somebody now who cared. Because when I go to somebody like most of my friends, they don't help me because they are also in the same situation (Manesa, 22)

So I was seeing, they are good counsellors...they don't have attitude and they are honest people and they are respectable people (Sanela, 27)

Studies by Robinson and Stroshine, (2005) and Kulkarni, Bell and Rhodes, (2012) concur with the above finding and they posit that survivors emphasised the strong desire to be treated with

empathy and encouragement. Ebebuwa-Okoh, (2012) goes further and indicates that empathy was among the emotional or psychological aspects of the counselling relationship, which made the clients feel worthy, relaxed and have a sense of belonging.

4.4.2.2.2 The attitude of the social workers

To most participants, the perceived helpfulness of the social workers' attitude included open listening and a non-judgemental approach discussed as follows.

a. Active listening

According to most participants, active listening by the social workers was described as attentive listening and full understanding of the experiences of the participants. This was an important aspect that reflected that the social workers had a keen interest in understanding their experiences and offering help as reported below.

The way she is listening to give you a good listen first, she listens out first and then she speaks... the understanding, the listening is fancy. You can speak, speak, speak, speak, she listens to you first and then she speaks, that I like (Erica, 47)

The way she would give up all for the ladies. She's got time, she doesn't think oh am tired for listening to all the ladies, she's got time for all the ladies. You know she's not getting tired for nobody, she will listen to the person (Tally, 58)

The way she listens, the way she answer you, the way she advises on certain things, that actually drew me to come more to sit down and have more sessions with her (Odwa, 56)

This finding is consistent with many studies that reported the benefits of active listening among service providers such as helping clients to relax, feel worthy and have a sense of belonging (Zweig and Burt, 2007; Ebebuwa-Okoh, 2012), showing empathy (Kulkarni, Bell and Rhodes, 2012), feeling supported (Sullivan *et al.*, 2008) and empowering victims (Cattaneo and Goodman, 2005). The second helpful aspect of the social workers' attitude follows.

b. Non-judgemental attitude

The majority of the participants regarded the non-judgemental attitude of the social workers as a positive attribute. The participants described that with the non-judgemental attitude, they felt accepted unconditionally by the social workers regardless of approval or disapproval for their behaviour.

I can take out everything to the counsellor; I can say whatever I want to say because I know she doesn't know me. She won't tell anyone, she won't judge me. (Nandy, 34)

Just to encourage me and not to judge me. After the counselling I felt like, yes, it wasn't my fault because you she showed me that it wasn't my fault. After I did, so that it wasn't my fault. (Ziya, 31)

Like the current finding, previous studies (Feder *et al.*, 2006; Kulkarni, Bell and Rhodes, 2012; Glenn and Goodman, 2015) specified that survivors felt helped and supported due to a non-judgmental approach from social service providers. Van Dyk, (2012) further emphasised the benefits of a non-judgemental attitude to clients during counselling. Participants in previous research also recommended a non-judgmental attitude among service providers (Kulkarni, Bell and Rhodes, 2012). In addition to a non-judgemental attitude, providing clarity and guidance through decision making were helpful aspects of the services at MOSAIC as discussed below.

4.4.2.3 Providing clarity and guidance through decision making

The third beneficial aspects of the services at MOSAIC was the clarity provided and guidance through decision making. Most participants explained the social workers' thorough exploration of their problems and clear guidance through the decision-making process by the social workers.

Then the counsellor is giving you, explaining to you exactly what is happening if you explain what's happening in your life so she can guide you... if the abuse goes on, you get to step in

it... I will say very helpful; in a matter it gives me more clarity of where, what decision I must take on the long run. (Erica, 47)

My experience with the counsellor is that she is an excellent counsellor, it's like she make you understand what happened, she makes everything clear to you so if you leave, you can make a decision of what you got there. (Babe, 54)

Lindsay, McGinnis and Jayat, (2009) concur that the role of counselling was to decrease confusion and supporting choice for change. McWhirter, (2011) suggests that several types of counselling approaches have provided have been helpful to abused women. Considering that confusion was a common symptom experienced by abused women (Kulwicki *et al.*, 2010; Matheson *et al.*, 2015), providing clarity and guiding victims through decision making were helpful in this regard. The benefits of the therapeutic relationships as indicated above and findings by Sullivan, (2017) highlight the importance of the relationship between professionals and victims of DV. The services provided at MOSAIC led to improved wellbeing among participants as explained below.

4.4.2.4 Improved well-being

Most of the benefits of MOSAIC services for DV victims were those that were linked to improved well-being. Improved well-being was perceived as the most helpful benefit of the counselling services to most participants. Within the theme of improved well-being, the several categories that emerged included psychological adjustments, external stress reduction, and improved self-concept and better social interactions as discussed in the subsequent subsections.

4.4.2.4.1 Psychological adjustment

For most of the participants, psychological adjustment was perceived to be a positive effect of the intervention services received at MOSAIC. Several sub-categories derived from this category included; healthier thought patterns, improved assertiveness and sharing emotional burdens as discussed below.

a. Healthier thought patterns

The majority of the participants who experienced psychological adjustment due to counselling realised a change to healthier thought patterns. The impact of counselling was significant in reconciling the thoughts of the participants as the negative ways of thinking were replaced with healthier and more positive thought patterns. Some of the narratives that pointed to healthier thought patterns are stated below.

Because there is a point when I told her that I feel like to hurt my own husband...it's like if he hits me, I will hurt him very badly...I would hurt him badly back but because I came here it helped me a lot. It made me change in that way, the change that I don't need to be like that, if he hits me I don't need to be that person because that is not who I am. (Leila, 33)

It actually changed my mind-set. It changed my mind-set completely. And every day, I try to be this person that I was before...day by day am getting to that person that I was.... I didn't think of anybody but myself, and I just changed completely. Now my mind-set, it's different. It's like am getting there. (Kendal, 30)

The way am thinking, the way am seeing things and it made me realise that if you keep locking up, you don't speak out, you are making more damage. (Tami, 36)

In alignment with previous research, Sommerfeld and Bitton, (2016) linked adjustment in thinking patterns among victims of DV to counselling. Sullivan *et al.* (2010) confirms that Cognitive techniques helped survivors in learning to think differently about somethings. According to BACP, (2001) educative counselling aimed at challenging faulty thinking and changing of learned behaviour. Both previous and current findings point to changed thought patterns as a positive attribute of counselling among DV victims. The healthier thought patterns that came along with a change of behaviour led to improved assertiveness as explained in the next discussion.

b. Improved assertiveness

The second beneficial aspect of psychological adjustment among most participants was improved assertiveness. For most of the participants who struggled with emotions that prevented assertive reactions to their violent partners, counselling was perceived to be helpful in dealing with

emotions like fear and anger. In addition to that, understanding victims' rights also enabled assertive reactions from the participants.

I can stand up for myself, it's not like the way I used to handle abuse by crying alone, I have to speak up against the abuser. I feel more at peace with myself and I really thank God for this place. (Flossy, 39)

I got stronger to stand up to him and to tell him, no man! Don't bring here these ladies here...and I never used to talk to him about stuff like that. I just got stronger to step down and approach him...and you know am talking to him now and am telling you about what I want and what am thinking there and how I want things to be done, you see. Am in that level now... (Perenis, 56)

When I come here I feel like am encouraged, am a better person, because they always say, good things that you mustn't allow that and the last time I came here I think that was like aah...am more confident now. (Chantal, 59)

Similar findings in literature concur that counselling led to improved assertiveness among DV survivors (Zosky, 2011; Sommerfeld and Bitton, 2016). Both the previous studies and current findings suggest that the improved assertiveness of participants was a form of empowerment that was acquired through counselling. The beneficial aspects linked to psychological adjustment also included sharing the emotional burden as indicated below.

c. Sharing the emotional burden

Sharing the emotional burden was the last sub-category that was derived from psychological adjustment. Most of the participants described feeling emotionally overwhelmed due to the insults or the actions of their abusers. Sharing the emotional burden was regarded as a beneficial aspect that fulfilled the participants' expectation of receiving emotional support as discussed in objective one. Most of the participants reported that they only disclosed the abuse to close friends and family members but were uncomfortable sharing abusive experiences with other people. Counselling offered a platform for speaking out about the abusive experiences, being listened to and hope for professional help as the victims felt less overwhelmed after the counselling sessions.

It helped me because after that counselling I feel better than before...because I take everything out and feel comfortable... (Cutie, 33)

It was painful I can say because it was opening up the wound. But after all I was feeling lighter, I was feeling like something has been removed off me, I was heavy, heavy even to myself. And am always feeling light after the sessions. (Nandy, 34)

I feel like you know, on my back, on my shoulders, it's loose now. Because when you are hurt, those things become heavy. (Sanela, 27)

Similar findings by Robinson and Stroshine, (2005) also determined that DV victims were more satisfied with the opportunity to express concerns. Like the current finding, other studies suggest that the disclosure of abuse was associated with fewer symptoms of abuse (McFarlane, 2007; Sylaska and Edwards, 2014; Madhani *et al.*, 2015; Francis, Loxton and James, 2016) including lower distress levels (Ahmad *et al.*, 2009). Corresponding benefits of emotional support among DV victims were further indicated in studies by Baholo *et al.* (2015) and Sommerfeld and Bitton, (2016).

4.4.2.4.2 External stress reduction

External stress reduction is the second category that was derived from the theme of improved well-being. A significant finding was that all the participants regarded improvement of well-being in terms of reduced external stress. Reduced anger was the subcategory derived from external stress reduction as discussed.

a. Reduced anger

All the participants described that due to the abuse, they struggled to rise above some of the emotions including excessive anger towards their abusers. The reduction in anger was attributed to the counselling intervention as this helped participants to gain a sense of self-control.

He was beating me, swearing me...calling me names.... he made me to get anger, so I get anger, I get hurt. I was the first one person to fight because when I look at him, I was saying, he is challenging me or he want to make me a person that am not supposed to be. If am angry just, I must go out and get some fresh air... Am feel free, no stress...no anger anymore. (Sanela, 27)

They teach me like, aah...lots of things, what must I do when am feeling angry and self-control. Whatever things to do, and self... I forgot, like to know what you want... (Nandy, 34).

I don't have anger, even if you come, you talk to me I don't feel angry. You can see me now, I can smile. (Lolly, 29)

A number of authors confirm this finding and consistently, these found positive effects of DV interventions on external stress reduction including reduced anger (Grip, Almqvist, and Broberg, 2011; McWhirter, 2011; Hackett, McWhirter and Leshner, 2016). It can be deduced that reduced anger is a positive aspect of DV interventions among abused women. Improved self-concept was another category that was derived from improved wellbeing and will be discussed next.

4.4.2.4.3 Improved self-concept

The last category that was derived from improved wellbeing was improved self-concept. All the participants had formulated views of low self-worth based on the negative responses from abusers and own pre-conceived ideas. The two subcategories including self-esteem building and improved coping ability were generated from improved self-concept. The participants explained that the perceived change in self-concept after counselling which enhanced self-esteem and improved coping ability.

a. Self-esteem building

Self-esteem building was a subcategory derived from improved self-concept. All the participants described their experiences with violence as devastating to their self-esteem and manifested feelings of isolation, sadness, humiliation and despair. There was perceived self-esteem building

along with reformulation of self-identity among the participants which was attributed to counselling.

I feel good by myself. I always say God first and then myself. I must tell myself, yes am still good, yes am special. (Lizzy, 71)

Yoho! I don't know even how to explain! I have just realised that am more important and then am beautiful, see. Yeah, I don't know how to explain but they helped me a lot... (Sivu, 19)

They comfort me and then they help me because I was stressed and then that social worker, he help me that I was rest, neh. They make me to breathe because I was telling me, yes am living but am not useless, they gave me the power. (Nicky, 29)

This finding is in line with several studies (Bennett *et al.*, 2004; McWhirter, 2011; Zosky, 2011; Sullivan, Warshaw and Rivera, 2013; Hackett, McWhirter and Leshner, 2016; Sullivan, 2017) which identified increased self-esteem as a beneficial aspect among women who received counselling. Considering that battered women often had low self-esteem (Kulwicki *et al.*, 2010; Matheson *et al.*, 2015; Sommerfeld and Bitton, 2016), restoring broken self-esteem among DV victims was both helpful and appropriate. Improved self-concept after counselling was also realised through improved coping abilities.

b. Improved coping abilities

The second subcategory under improved self-concept was improved coping abilities. To most of the participants, counselling facilitated improvement in coping abilities through an improved personal sense of power and control over the abuse. The participants explained the acquired personal resilience to stay with the abusive partners whilst developing the ability to minimise the effects of the abuse by reacting differently to the abuser and setting achievable boundaries.

If he is the abuser, I must know what I must do and to find myself out of it or to do it a bit different ways. If he doesn't want to go for counselling or he wants it. It's like you put your boundaries.... (Erica, 47)

I think am learning here at MOSAIC how to react towards him, after him being like that. I hope he comes to his senses but for now, for my part, I think am doing the healing that I need. To learn how to react, to speak with him, communicate with him even though he doesn't communicate at least from my side I know what to take home. (Patience, 28)

By working on certain things when it comes to myself, by changing the atmosphere in the house, changing my attitude towards certain things and aah, because as a woman you can just be a homemaker, don't be abusive, don't be part of the game...trying to push yourself by being advised...put a step into what you want to be. (Odwa, 56)

In support of this finding, previous studies (Bennett *et al.*, 2004; Eastman *et al.*, 2007; McNamara, Tamanini and Pelletier-Walker, 2007; Hackett, McWhirter and Leshner, 2016) argue that interventions provided a significant improvement in coping abilities for abused women. From the above finding and previous studies, interventions led to improved coping abilities among DV victims. The next discussion explains the impact of interventions at MOSAIC on the social context of the participants.

4.4.2.5 Better social interactions

The fifth helpful aspect of the services at MOSAIC was the positive impact of counselling on improving the social interactions of participants. After receiving counselling, the majority of the participants experienced improvement in social interactions through improved family relations.

4.4.2.5.1 Improved family relations

Most participants reported regular fights or receiving verbally abusive responses from their partners. After counselling, the participants experienced changed behaviour in regard to minimised abuse and more cooperation from partners, which led to improvements in the family relations.

He went for the counselling and do you know, things really changed... I think since last year, for more than a year, he changed his ways, he stopped taking drugs, he served the Lord, going together to church, all we do, we do it together... I think that MOSAIC was a great help for me, for my family, for my husband. (Tally, 58)

My life is not perfect but I feel better. The only thing is that am very glad. I just hope it stays so. No more fighting. (Leila, 33)

In line with previous research, DV interventions led to improved family relations (Blodgett *et al.*, 2008; McWhirter, 2011; Hackett, McWhirter and Leshner, 2016) and improved relationship satisfaction among survivors (Sullivan, Warshaw and Rivera, 2013; Murray and Graves, 2013). Although, McNamara, Tamanini and Pelletier-Walker, (2007) found no substantial improvement in coping with family issues among victims after receiving DV interventions, both current and previous studies linked counselling to improvement in family relationships and decreased abuse. The next category discusses the several benefits of MOSAIC services towards empowering the participants.

4.4.2.6 Feeling more empowered

The sixth beneficial aspect of the services at MOSAIC was that most of the participants felt more empowered through understanding abuse and their rights, improved confidence as well as interpersonal skills training that led the development of skills to make lasting changes in their relationships and to cope independently. Support through empowerment implied that the social workers had a genuine intention of helping according to the participants.

4.4.2.6.1 Understanding abuse and victims' rights

The majority of the participants felt more empowered and satisfied with the services enabled the understanding of abusive situations and the victims' rights as shown in the following narratives.

I didn't know about all the different labels of abuse again. I didn't know that I walk in MOSAIC and abuse is different. I spoke to the social worker and then I learn... and they are empowering yourself and teach you a lot of things I didn't know... she explained to me and I realise, this man is manipulative. (Erica, 47)

I never knew that my husband abuse me, the social worker opened my eyes... She said to me, you know what; He is abusing you but I never know that he was abusing me. (Lizzy, 71)

Consistently, previous studies also determined that the victims' perceived as helpful the DV services that promoted survivors' rights (Kulkarni, Bell and Rhodes, 2012; Sullivan, 2017; Habigzang *et al.*, 2018) and those that facilitated better understanding of DV (Liang *et al.*, 2005; McNamara, Tamanini and Pelletier-Walker, 2007). In alignment with previous studies, psychoeducation enabled the victims of DV to understand of the cycle of DV, its different forms of expression and led to minimised feelings of guilt as being responsible for their abuse (Habigzang *et al.*, 2018). As suggested by Zosky, (2011), the benefit above is aligned to the Feminist perspective that aims at identifying, empowering and providing opportunities to marginalised, powerless and oppressed groups. Both current and previous findings endorse the helpfulness of services that improve the understanding of abuse and promote rights among abused women.

4.4.2.6.2 Improved confidence

Improved confidence was the second subcategory that was derived from the category of feeling more empowered. For most participants, counselling was perceived to be helpful in dealing with emotions such as fear and diminished confidence. With counselling and support from the social workers, the participants received the necessary support to rebuild their confidence.

She can embrace the confidence, the self-confidence into you; you have to be a strong woman. (Babe, 54)

Confidence, you deal with your situations because you stay calm, because the social worker really, she instils that in everyone, by just being calm, you can deal with just about everything, by not being violent. (Mimi, 45)

Sullivan *et al.* (2008) and Fanslow and Robinson, (2010), concur that DV interventions led to increased confidence among victims. Consistently, Sullivan, (2017), determined that interventions were also valuable in decreasing fear among victims of DV. Several studies have highlighted the benefits of overcoming fear among abused women (Belknap and Sullivan, 2003; DePrince *et al.*, 2010; DePrince *et al.*, 2012). Considering that women who were emotionally abused presented with symptoms like fear (Kulwicki *et al.*, 2010; Matheson *et al.*, 2015), overcoming fear among DV survivors is a helpful aspect towards improving confidence.

4.4.2.6.3 Interpersonal skills training

Interpersonal skills training was the last subcategory that was generated from the theme of improved empowerment. Most participants gained the necessary skills to engage in behaviour that facilitated healing during the relationship. Below are some of the narratives that indicate the acquired skills.

They are helping me a lot...I must not talk in front of the children, you see. It's gonna affect, especially at school. Or i learn I must talk not with fire because that thing is eating me, I mustn't fight... (Andy, 32)

I really learn a lot about myself...For a woman, how to treat your husband, how to respect your husband, and I learnt a lot. (Tally, 58)

Atleast I can limit myself, I learnt to listen, I used not to listen to him, If I say no, it's no and I draw a line. So I also listen, I give him attention, I give him space... (Veronica, 30)

This finding is aligned with previous studies in which DV programmes increased survivors' knowledge about a range of issues important for their well-being as well as the development of

skills for promoting self-efficacy (Sullivan, Warshaw and Rivera, 2013; Sullivan, 2017). Sullivan, Warshaw and Rivera, (2013) and Ellsberg *et al.* (2015) further identified the various benefits of skills development among abused women. Both previous and current findings point to the benefit of interpersonal skills training in dealing with poor interpersonal skills among abused women. Supportive counselling is the eighth theme that emerged from the second objective of the study as discussed below.

4.4.2.7 Supportive Counselling

The majority of the participants found supportive counselling to be helpful. The participants explained that the classifications into various support groups were based on the types of challenges faced by the victims. The participants were able to engage in supportive counselling and were satisfied with the benefits linked to support groups discussed as follows.

4.4.2.7.1 Benefits of support groups

Most participants explained that support groups offered another platform for speaking out about the abuse and sharing coping strategies with each other. The two subcategories derived from this category included mutual social support and learning from each other.

a. Mutual social support

Due to the support group sessions, most participants in this study reported an increase in levels of perceived social support from one another, which facilitated healing and coping. Most participants compared the social support received from the support groups with the social isolation from friends and family that they had experienced due to the abusive relationships.

Participating in the women functions that happen is really healthy. And to speaking about it and to hear that I was never alone. (Kendal, 30)

But coming together as women basically is very useful. Hearing what everyone is going through, basically help you as a whole... But when you hear what the next person got to say about what they are dealing with, it tells that yours is small, you thought it was bad...hearing

that actually helps you in that manner that I can help her by hearing what she's got to say, she may hear what I've got to say so we basically become like sisters because we can be there for each other, like a supporting system. (Mimi, 45)

Similar findings in previous research underscored the benefits of support groups in improving social support (Bennett *et al.*, 2004; Madhani *et al.*, 2015; Sullivan, 2017) through providing a greater sense of belonging among survivors (Constantino, Kim and Crane, 2005; Postmus *et al.*, 2009; Sullivan, 2017) and improving coping abilities (Bennett *et al.*, 2004; McNamara, Tamanini and Pelletier-Walker, 2007; Eastman *et al.*, 2007). Further, considering the significant emotional and social obstacles to adjustment among victims of abusive relationships as well as both physical and mental isolation experienced (Francis, Loxton and James, 2016), support significantly boosted the social support among victims of DV. Based on the Ecological Theory, behaviour is shaped through interaction between individuals and their social environments (Ali and Naylor, 2013), it is evident the interaction between participants and the group counselling setting impacted on the participants' social support and coping abilities.

b. Learning from each other

Most of the participants described sharing experiences of the abuse as well as learning helpful coping strategies from each other as explained by some participants below.

I think the most helpful was aah... I learn, every time I learn more and more... I learn from each lady that come here with her experience. (Tally, 58)

Each and everybody, each individual comes there with stories and then you can compare with what you are going through, work out things. Say like you are listening, somebody comes and says this is how they work it out. (Babe, 54)

When all the women were being put in groups with MOSAIC you get to speak to other women, they helped know maybe, something that I didn't know. So, you say to yourself oh, it's like that. They encourage me... So we as women need to speak to one another. (Charl, 40)

Similar benefits of support groups have been reported such as learning the responses to trauma for victims (Sullivan, 2017), hearing from each other (Arroyo *et al.*, 2017) and acquiring new skills (Eastman *et al.*, 2007). On the contrary, McDermott and Garofalo, (2004) found that most victims viewed support groups as unnecessary. Individually delivered interventions were regarded as superior to group interventions (Arroyo *et al.*, 2017). For example, attending a support group with younger women may be unhelpful to older women (Zink *et al.*, 2003). Support groups for victims of DV enable learning of helpful ways of coping as discussed above.

The Ecological Theory explains the interdependence between the different systems at the different levels of the ecological system (Hepworth *et al.*, 2010; Williams and Enns, 2012). The benefit of learning from each other in support groups reflects the simultaneous influence of the various factors at different levels of the ecology. The final theme under the second objective was the benefit that MOSAIC services offered towards meeting the safety needs of the participants as presented in the next subsection.

4.4.2.8 Meeting safety needs

Most participants expressed appreciation for the services they received in the aftermath of the abuse. This aspect highlights the role of the services at MOSAIC in fulfilling the participants' expectation of improving safety as discussed in objective one. The safety needs of participants were mainly met through assistance with legal intervention and assistance with linkages to shelters.

It was helpful because he was kicking me out and I don't have a home where to stay. I got help to receive protection order and a shelter to stay. (Cutie, 33)

The most help was to get me and my children out of the abusive situation, we were very much abused and their father is still abusing us. If it wasn't for MOSAIC we would be dead... (Charl, 40)

When I got home that night and he was a changed person. He actually thinks, it looks like he is thinking that am here for an interdict and since last week he is like. (Chantal, 59)

Several studies suggest victims' satisfaction with the interventions that addressed safety needs of abused women (Zweig and Burt, 2007; Sullivan *et al.*, 2008; Dichter and Rhodes, 2011; Arroyo *et al.*, 2017), such as shelters that provided safe accommodation (Hamel and Nicholls, 2007; Wright, Kiguwa and Potter, 2007; Wathen *et al.*, 2015; Sommerfeld and Bitton, 2016) and protection orders that ended re-victimisation (Bennett *et al.*, 2004; McFarlane *et al.*, 2014; Sullivan, 2017). Studies by Stover, (2005) and Hackett, McWhirter and Leshner, (2016) further emphasised the importance of the provision of safety for victims. It can thus be concluded that assistance with linkages to shelters and legal interventions was helpful through improving the safety of participants.

The several helpful aspects of the services at MOSAIC discussed in the theme above demonstrated the positive effects on DV interventions from the participants' perspective. Most of the helpful aspects of the services at MOSAIC were those that met the psychological needs of the participants and these included the availability of the social workers, the therapeutic relationship between the social workers and the participants, providing clarity and guidance through decision making. Other helpful aspects were improved wellbeing, improved social interactions, feeling more empowered, the benefits linked to supportive counselling and the role of the services at MOSAIC towards meeting the victims 'safety needs. The unhelpful aspects of MOSAIC services will be discussed under objective three below.

4.4.3 Objective three: To ascertain the aspects of MOSAIC services were perceived non-beneficial to women

Some participants had concerns about some aspects of services at MOSAIC as these were regarded as unhelpful. It is interesting to note that only the participants who received help from one of the satellite offices found aspects of the services at MOSAIC unhelpful. These will be discussed.

4.4.3.1 Inconsistent working hours

Although the participants were happy with the availability of the social workers in the previous objective, most of the participants who received assistance from one of the satellite offices were overwhelmingly concerned about the inconsistency in working hours and more specifically the late opening time of the office.

So then the problem, the social worker they arrive at half-past 10; at least they come at half past eight... (Andy, 32)

They must come early in the morning or they tell me or say from now people must be here 11 o'clock, we will be open. Not like they come here early and sit there outside and then you are panicking, are they coming today. (Angela, 28)

They open late, 10:00, then you come here to stay. No, its fine but when you are passing, you have the patience... (Nicky, 29)

Similarly, research by Glenn and Goodman, (2015), suggests that survivors linked the unavailability of staff to lack of care for the victims. Another study by Robinson and Stroshine, (2005), concurs with the need for providers to consider the aspect of time in the provision of DV services. Apart from inconsistent working hours, the participants were also concerned about the poor counselling environment.

4.4.3.2 Poor counselling environment

Another main concern among participants who received assistance from one of the satellite offices was the uncondusive counselling environment. Two categories were derived from the theme and these included; the unclear location of the facility and lack of privacy during counselling.

4.4.3.2.1 Unclear location of the centre

Most of the participants who accessed services at MOSAIC's satellite offices considered the location of one of the offices to be unclear which minimised accessibility and contributed to

dissatisfaction with the services. The participants explained that they had to rely on verbal directions by the people along the streets, which at times were more confusing. The participants spent more time trying to locate the centre in the absence of a MOSAIC branded signage at the entrance of the facility to indicate its location.

There is nothing that I didn't like, it's just that this place is hidden, I can't see the place from the corner, they pointed me this side. I used to pass here all the time, I didn't know there is also social workers here, even though I live here...but I didn't know there is offices here. (Tami, 36)

So I was looking for this place from that side, going up and down there, you see. It wasn't easy because I get lost there and asking, asking till I asked the security guys who were standing there, they showed me this side... (Ziya, 31)

If they can put banners that there is help here, so that people know that there is help here because even me I live here but I didn't know there is some help here. When they directed me that is when i came. But even me I was coming around but I didn't know that is the place. (Angela, 28)

Although previous studies discussed the issues of the geographical location of resources in rural settings (Riddell, Ford-Gilboe and Leipert, 2009), it should be noted that township areas to some extent share similar disadvantages. In support of this finding, Riddell, Ford-Gilboe and Leipert, (2009) and Eastman *et al.* (2007) indicated that the geographical location affected the clients' experiences with the intervention services. As suggested above, the participants in a study by Few, (2005), suggested for greater visibility of intervention services. On the contrary, publicly visible location of services can also be considered as barriers to service utilisation (Riddell, Ford-Gilboe and Leipert, 2009). Despite this, Robinson and Stroshine, (2005) recommended the need for careful consideration of the location of DV services.

4.4.3.2.2 Lack of privacy during counselling

Most of the participants, who received counselling services at one of MOSAIC's site offices, expressed dissatisfaction with the lack of privacy during counselling. The participants described

the frequent interruptions from casual passers-by or other clients who often walked into the counselling venues unannounced and this affected the victims' experiences of the sessions. According to the participants, the counselling venues were used for other purposes and were not ideal for conducting conversations that were very personal and the participants were often uncomfortable to reveal emotional issues because of the lack of privacy.

Although there is distractions of people going there by the door but such things are not within your power. So you cannot fight someone with the fact that they are coming in. they actually know and she goes outside to talk to them but it's the same as anyone interfering... (Zinzi, 41)

I can see the environment in which they are, I can say it's very distractive because they are using its quite noisy.... because outside there are a lot of people, car crushing, it's got a lot that's happening around, you can hear a lot. (Veronica, 30)

This finding correlates with research by Riddell, Ford-Gilboe and Leipert, (2009), in which the lack of privacy was a contributing factor to the negative experience of DV victims. An environment where conversations could be heard has previously been identified as a barrier to accessing formal help among abused women (Fugate *et al.*, 2005; Robinson and Spilsbury, 2008).

Under this theme, the participants were mainly concerned about the inconsistent working hours and poor counselling environment at one of MOSAIC's satellite offices. Although the discussion above was limited to unhelpful aspects of MOSAIC services that emerged from the participants who had received assistance from one of the site offices, a few participants were unsatisfied with the directive approach of the social worker during counselling. However, only two participants who had been assisted from another site office raised this concern, it was, therefore, regarded as insignificant. The participants made several recommendations towards the improvement of services at MOSAIC and these will be discussed next.

4.4.4 Objective Four: To establish what recommendations women had for improving services at MOSAIC

This section presents the last objective about the recommendations for improvement of services at MOSAIC. The derived categories include seven areas:

4.4.4.1 Offering privacy during counselling

When asked about suggestions for improving services at MOSAIC, most participants who received counselling at one of the satellite offices, suggested for better confidentiality through availing a private venue for counselling purposes. Below are some of the statements that point to this suggestion.

I want to be with social worker only, not with many of them... they was three... yes...to be with social worker only... (Cutie, 33)

If they can get another place or anything in terms of environmental. Where no one will disturb sometimes you don't feel like privacy, confidence to say what you want to say. (Veronica, 30)

In support of this finding, recommendations are made in the literature towards the improvement of DV intervention services including offering privacy to clients (Robinson and Stroshine, 2005; Riddell, Ford-Gilboe and Leipert, 2009) and the provision of private counselling venues (Liang *et al.*, 2005). Further, Sullivan *et al.* (2008), recognised that women felt supported when their privacy was respected. Additional suggestions were made towards addressing the problems that co-occur with DV as indicated in the next recommendation.

4.4.4.2 Substance abuse treatment

Most participants suggested for substance abuse treatment among DV victims at MOSAIC. These participants were aware of the increased vulnerability of DV victims to substance abuse as a way of coping with abuse. To the participants, recovery especially for those struggling with addiction is not a linear process, hence the need for comprehensive substance abuse treatment and support for DV victims.

Let me start with, just to have rehab or something like that, man...would actually like MOSAIC to have facilitators like Rehabs or something. (Kendal, 30)

Whether you are on drugs or whether you aren't. It's not just for women that's just being abused Anyone that have any problem...you are on drugs and you are this... they are there to help you because that is what I experienced. (Leila, 33)

Some authors (Humphreys, Thiara and Regan, 2005; Kulwicki *et al.*, 2010; McClennen, 2010) concur with the need for assessment of co-occurrence of DV and substance abuse as well as concurrent treatment for both. Not only has the correlation between DV and substance abuse been widely reported (Goodman and Latta, 2005; Ward *et al.*, 2012; Sullivan, 2017), the increased vulnerability of DV victims to substance abuse and the absence of substantial support for substance abuse have been recognised (Humphreys, Thiara and Regan, 2005; Ward *et al.*, 2012). With the absence of substantial support for substance abuse, the opportunity to effectively address both problems is missed out (Humphreys, Thiara and Regan, 2005). McClennen, (2010) also indicated the helpfulness of interventions that targeted substance abuse among DV. The suggestion for the introduction of interventions that target various client groups follows below.

4.4.4.3 Intervention for different client groups

Most of the participants were aware of the effects of DV on the different family members. The third suggestion was advanced towards the provision of a wide range of services for various client groups and specifically the provision of DV intervention services with a component that focusses on children of DV victims.

4.4.4.3.1 Interventions for children of DV victims

Most participants expressed their awareness about the effects of DV on children whose parents were involved in abusive relationships. The narratives below point to the suggestion of including interventions for children in order to address the negative impacts of DV on their lives.

To reach out more because they are helping the parents but I think the kids are more traumatised.... So I feel like they should go more into the family for the children especially...That will be very, very helpful and for our kids as well, to involve our kids... (Patience, 27)

I think MOSAIC must organise something for our kids. Like in my case, I have sons that got a wrong example from their father, they saw him hit me and do all sorts of thing to me, so if MOSAIC can have something like counselling for such children, it will be helpful ... (Flossy, 39)

There should be more help for women and children because there is also child abuse. They should be more people that's professional to assist women and children... (Charl, 40)

In line with this finding, Wong and Othman, (2008) and Vetten, (2014) suggested for the development of intervention programmes for children who have witnessed DV. In alignment with this finding, suggestions specifically were made for counselling services for children so as to address the impact of violence on their lives (Bennett *et al.*, 2004; Goodman and Latta, 2005; McNamara, Tamanini and Pelletier-Walker, 2007; Dichter and Rhodes, 2011; Hackett, McWhirter and Leshner, 2016). Mutual abuse of women and children has been acknowledged through provisions for both parties made in sections of the legal interventions to DV in South Africa (Prevention of Family Violence Act no.133 of 1993; Domestic Violence Act no. 116 of 1998) and the provision of services for both abused women and their children has been recognised as the primary obligation of interventions (Wathen *et al.*, 2015).

Not only have the negative impact of DV on children been extensively reported (Stover, 2005; Evans, Davies and Dilillo, 2008; Al-adayleh and Al Nabulsi, 2013; Vetten, 2014; Madhani *et al.*, 2015; Baholo *et al.*, 2015; Evans and Feder, 2016; Sukeri and Man, 2017), a wide range of benefits for children have been realised from DV interventions (Zweig and Burt, 2007; Hackett, McWhirter and Leshner, 2016; Sullivan, 2017). In order to improve the effectiveness of DV interventions, the participants of this study also suggested for increased resources for DV interventions as specified below.

4.4.4.4 Increased resources for DV interventions

The fourth suggestion among most participants was made towards increased resources for DV interventions in order to offer more support and sustain the victims of DV longer while rebuilding their lives. Suggestions about increased resources for DV interventions included expansion of facilities, regular support group sessions and offering more counselling time. The discussion for expansion of facilities is presented first.

4.4.4.4.1 Expansion of facilities

Most participants suggested for expansion of the physical buildings at MOSAIC site offices in order to accommodate and offer support to more abused women as stated below.

Maybe if they could organise a building, make it big...This building may be if it can be big. Maybe if the government can build in this place, a bigger place. (Tami, 36)

Maybe they can have a bigger place to accommodate more women because definitely am sure there is a lot of abuse going on here and I... I think a bigger place so that they can accommodate more women. (Chantal, 59)

A number of studies recommended for improved funding for DV interventions (Goodman and Latta, 2005; Hyman *et al.*, 2006; Burman and Chantler, 2005; Zweig and Burt, (2007) as inadequate resources affected decisions about the allocation of resources (Wathen *et al.*, 2015) and staff interaction with survivors (Kulkarni, Bell and Rhodes, 2012). Ebenuwa-Okoh, (2012) indicated that the physical environment for counselling consisted of the physical facilities. Ebenuwa-Okoh, (2012) and Zweig and Burt, (2007) also recommended the provision of a wide range of services for clients. Therefore, greater funding would facilitate the provision of more in-depth services that were lacking among agencies (Goodman and Latta, 2005; Hyman *et al.*, 2006). However, Kulkarni, Bell and Rhodes, (2012) noted that service expansion should be done in careful consideration of resources adequacy for existing services. The participants' suggestion for increased support for DV victims included the suggestion for regular support groups.

4.4.4.4.2 Regular support groups

The second subcategory under the category of increased resources for DV interventions was the facilitation of regular support groups. The majority of the participants strongly supported the need for facilitating frequent support group sessions, which according to the participants were not being held as frequently as required due to resource constraints. The participants suggested for regular support groups to ensure maximum benefits from the support groups as displayed in the narratives below.

I would love that MOSAIC may be also they can have more support groups not once a month or every two months to come together... so that we can just talk because the more you find yourself in a support group the more it help you really to get that healing and get more stronger because you hear what other women is going through. (Erica, 47)

Maybe there must be more, more, come together with the ladies. They should be more, not only once a month. it's important because you hear different abuse... it helps a lot... (Lizzy, 71)

I think all the ladies can agree that we miss, we feel that we miss the workshops even if it's a month... we do miss the workshop... if they can make it at least twice a month. That will be very, very helpful... (Patience, 27)

In line with this finding, Sullivan *et al.* (2008) and Madhani *et al.* (2015), recommended for support groups as a helpful resource for abused women. This was in consideration that victims of DV needed ongoing support for various kinds of services across time to heal from trauma (Wathen *et al.*, 2015). The several benefits of support groups in recovery have been reported widely (Bennett *et al.*, 2004; Constantino, Kim and Crane, 2005; Postmus *et al.*, 2009; Ebenuwa-Okoh, 2012; Sullivan, Warshaw and Rivera, 2013; Sullivan, 2017). The need for increased support for DV victims was not only expressed in the suggestion for regular support groups above, but the participants also preferred to have the counselling time and sessions increased as per discussed below.

4.4.4.3 Increased counselling time and sessions

Most participants who struggled to overcome emotions like anger, fear and shame indicated that it takes time for victims of DV to fully recover. These suggested for more support through increased counselling time and sessions in which the participants would be able to deal better with emotions hence improve recovery as expressed in the quotes below.

You are not coming here with a cup of your life, you've got a bucket to share and you feel like you only came with a spoon with the 30 minutes and the time is gone. And still when You come for the next appointment you feel you are still in that cup, and you are dishing a spoon, your bucket is still full, so if it can be say an hour, an hour and a half and you offload everything, that will be helpful. (Zinzi, 41)

You can't put something now and expect it to heal, that's why am saying more counselling sessions... if you can go for more counselling, maybe more dates closer to each other, maybe once every week, until you feel that you are back on your feet again... (Charl, 40)

This finding is aligned with findings by Sullivan, Warshaw and Rivera, (2012) and Habigzang *et al.*, (2018) in which recommendations for more counselling sessions for abused women were made. Like the current findings, Arroyo *et al.* (2017), linked more counselling sessions and more intervention time to better outcomes. However, some victims of DV received a maximum personal benefit in a few sessions and no longer felt the need to continue seeking services (McNamara, Tamanini and Pelletier-Walker, 2007). As this finding suggests, counselling over time was linked to meaningful changes among DV victims. Increased awareness about the available services at MOSAIC centre was another suggestion that emerged from this study and this will be discussed.

4.4.4.5 Improved public awareness about services at MOSAIC centre

When asked about what MOSAIC should do to increase the number of DV victims using its services, most participants explained that many DV victims in the community were not aware of the range of services offered at MOSAIC and limited victims' utilisation of the services. These overwhelmingly suggested for improved public awareness-raising about the full range of services that MOSAIC offers. Three categories were derived from the fifth theme under the last objective

including; increasing community awareness, media advertisement and peer support for DV victims.

4.4.4.5.1 Increased community awareness

The majority of the participants were aware of the high prevalence of DV across communities and lack of awareness among victims about available services. These recommended for increased community awareness by providing information about available services at MOSAIC centre.

When people are going there by the community, they must give the people the information... Like call, they call the women, like there is a show and talk, talk, talk about abuse. ...it will help because there are some people with the problem. (Tabisa, 32)

Yes, they must go out to then communities, there are so many women who need help but they don't know about this place, just as I was desperately searching but I didn't know this place. So, if more women are aware... I think they can go to community hall, have workshops with women and speak about abuse. (Flossy, 39)

They must go into the community.... not stay there in the offices. They must go into the community or found 4 or 5 people to go in the community... There are so many people who's got a problem but they are not talking, they are keep quiet. (Andy, 32)

This finding correlates with several authors (Few, 2005; Goodman and Latta, 2005; Hyman *et al.*, 2006; Kulwicki *et al.*, 2010; Nichols, 2011; Murray and Graves, 2013; Morgan and Coombes, 2013; Hackett, McWhirter and Leshner, 2016) who suggested for information availability and awareness of the available DV services. Like the current findings, Goodman and Latta, (2005) and Reina, Lohman and Maldonado, (2014) also identified the lack of awareness of existing resources for victims of DV. Consistently, in a previous study by Ingram *et al.*, (2010), the targeted distribution of information in communities with high prevalence rates of abuse was emphasised. The benefits of creating awareness in communities have been widely reported (Goodman and Latta, 2005; Kulwicki *et al.*, 2010; Crespo and Arinero, 2010; DePrince *et al.*, 2012). In line with the Ecological Theory, the suggestion above recognises of the role of community and the

influence between individuals and their environments. This suggestion as derived from the study and previous findings may be relevant towards the improvement of DV services at MOSAIC.

4.4.4.5.2 Media advertisement

The majority of the participants overwhelmingly suggested for media advertisement as a strategy for creating awareness about the availability of support services for victims of DV at MOSAIC. The second category about media advertisement included suggestions for the use of print media such as the distribution of pamphlets, newspaper advertisements and broadcast media, for instance, radio and television advertisement.

The other way is getting practical ways of how they get advertised, to get this thing more open, they have to advertise in the area. may be have more flyers go out or may be put up more banners, may be have walk in the area to advertise... (Odwa, 56)

So the advertisement is good so maybe they put it on TV, I don't know, because everyone is listening, is watching TV... (Chantal, 59)

Consistently, the provision of information about DV through advertisements, articles in newspapers and women's magazines, radio and television has been suggested previously (Robinson and Stroshine, 2005; Few, 2005) and the critical role of the media in educating masses about women's rights recognised by Madhani *et al.* (2015). However, McDermott and Garofalo, (2004) noted that the use of media did not yield much in terms of getting to women who needed help. Considering the wider coverage and the broader audience, the use of media is highly recommended as one of the best avenues for information dissemination about the available services at MOSAIC. The last recommendation under improving awareness about the available services at MOSAIC will be presented next.

4.4.4.5.3 Peer support for DV victims

Most of the participants highlighted the need for the involvement of MOSAIC's DV clients in awareness campaigns as these would promote awareness and motivate help-seeking among other DV victims in the community.

I want to help the too, like to tell them not to be embarrassed. yeah they are social workers but they have not gone through this thing. We are the one who know this thing, how hard it is to go through it...So if we are ready to go to talk with them, it would be good... (Lolly, 29)

After now, I feel like I can help more women. I feel empowered. I feel I can be part of helping others... Because at least I know better now... so I can make the women who doesn't notice that to know that your husband is gonna start now if you see those signs... (Nandy, 34).

We can reach to other people. So like our day we can come to go and advise them to come to MOSAIC and get some help here... may be like a daily job and people will know about our families, our neighbours in the street and we too can go and encourage other people... to reach out to them. (Perenis, 56)

In alignment with several studies (Tutty, Ogden and Wyllie, 2006; Modiba *et al.*, 2011; Campbell, 2012), the implementation of programmes for peer support for DV victims was recommended. Various benefits of receiving peer support from DV victims have been reported (Ward *et al.*, 2012; Campbell, 2012; Schmidt, 2014). As reflected in the Feminist perspective, survivors are seen as the experts in their situations, resilient and with full capability of changing their lives with adequate support (Zosky, 2011). Receiving peer support from DV victims as suggested above recognises the victims of DV as experts in their situations in the Feminist perspective. Based on previous literature and the findings of this study, promoting peer support may enhance resilience, motivation for help-seeking and improve victims' access to various services. The participants also recognised the relationship between poverty and DV hence suggested for interventions in this regard as explained.

4.4.4.6 Assistance to obtain employment

The most significant feature of the participants of the study was that the majority were unemployed. Most of the participants realised that lack of employment opportunities or an income for sustainability was partly responsible for keeping them in abusive relationships. Most of the participants overwhelmingly suggested the need to foster interventions that promote financial stability for DV survivors. The following expressions point to this suggestion.

Most of the woman are not working. There are some projects like the hands project, even the wool to make some scarfs, hats, blankets they can make it if the know how to make it, then sell it. ...a lot of things that are happening in our houses is because the only person who is working is the man... (Nomava, 60)

I think like creating jobs for us ladies like us who are very insecure with my level of education... I think maybe it is my dream and I think even other ladies have the same dream... If maybe they can create jobs for these women. (Patience, 27)

They must be like a network here or somewhere that we can go and do something because many of us is not working and we go through this abuse. Where we can come to this network or just be together and do something with our hands and just motivate each other... (Perenis, 56)

This finding is supported by several studies (Few, 2005; Eastman *et al.*, 2007; Dichter and Rhodes, 2011; Fulu *et al.*, 2014; Reina, Lohman and Maldonado, 2014; Madhani *et al.*, 2015) that indicated a correlation between poverty and DV. Like the current finding, Vetten, (2014) suggested for the development of programmes to address the economic drivers DV such as enhancing work skills (McNamara, Tamanini and Pelletier-Walker, 2007; Murray and Graves, 2013). As Zosky, (2011) notes that the Feminist perspective aims at identifying and providing opportunities to marginalised, powerless and oppressed groups. The benefits of such programmes include promoting skills development (Zink *et al.*, 2003; Hamel and Nicholls, 2007; Madhani *et al.*, 2015), promoting employment, job training and education (Hamel and Nicholls, 2007).

Like the current findings, previous studies, for example; Bornstein, (2006), Boonzaier and van Schalkwyk, (2011) and Sommerfeld and Bitton, (2016), indicate that most victims of DV were financially dependent on their partners. From a Social Exchange perspective that explains abuse in terms of the principle of costs and benefits (Emerson, 1976; Anastasia and Hutchinson, 2006), the suggestion above postulates that improved financial sustainability through the employment of DV victims may minimise the feeling of being exploited by their partners that results into abuse. The theory also contends that ending a relationship with violence is not always possible due to the potential imbalance of resources (Cropanzano and Mitchell, 2005; Lawson, 2012). Obtaining employment as suggested above may enable abused women to leave abusive relationships.

Based on the Ecological theoretical viewpoint, effective interventions to DV cannot be implemented while ignoring the social structural influences like poverty that are obstacles to both help-seeking and leaving abusive relationships. Considering and the notable similarity of the socioeconomic status of most of the participants inter alia, unemployment and lack of tertiary qualifications, interventions for skills development among the DV victims at MOSAIC may be warranted. Due to the awareness of the devastating effects of abusive relationships on the victims, the participants made recommendations for women who were still experiencing DV as shown below.

4.4.4.7 Recommendations for women in abusive relationships

The final suggestions were made towards DV victims who were still being victimised and these included disclosure of abuse and formal help-seeking as explained in the subsequent sections:

4.4.4.7.1 Disclosure of abuse

Most participants were aware that a significant proportion of women who were experiencing DV did not disclose about their partner's abusive behaviours for fear of the consequences of speaking out while others were hopeful that their partner's abusive behaviours would change. The participants encouraged the need for disclosure about abuse as this would enable the victims to obtain information about available resources for help.

My advice is don't stay with your boyfriend who is abusing you... You must talk out; speak out with your violence. You must talk out, then you get information about that. (Amanda, 32)

She must put a stop to it... there is a lot of young women that's abused but then they do nothing about it...you must do something for yourself. (Manesa, 22).

Previous studies concur that the disclosure of DV was beneficial (McFarlane, 2007; Madhani *et al.*, 2015; Francis, Loxton, and James, 2016) as it empowered abused women to take action against abuse (McFarlane, 2007; Madhani *et al.*, 2015) and to obtain help (McFarlane *et al.*, 2014). Although, some studies reported about the negative impacts of disclosure of abuse (Fanslow and Robinson, 2010; Francis, Loxton, and James, 2016). Madhani *et al.* (2015) highlighted the disadvantages of staying silent in response to abuse. The second suggestion to the women in abusive relationships was the need for formal help-seeking as discussed below.

4.4.4.7.2 Formal help-seeking

As indicated in objective one, most of the participants who had previously sought help from other informal sources regarded it as insufficient. These strongly recommended for formal help-seeking among abused women and linked this to ending abuse and minimal effects of abuse. The descriptions below point to this suggestion.

Go to the counsellor, go get a counselling. There is a lot of abuse in a woman... so they need to go for counselling. (Lizzy, 71).

Reach out for help, know your rights, go to organisations like MOSAICs, people opposing human abuse and these places... stand up for your rights because we all got right. (Chantal, 59).

Similar findings from other studies (Postmus *et al.*, 2009; Zosky, 2011; Madhani *et al.*, 2015) highlighted the helpfulness of seeking help from formal support networks among victims of DV.

Brosi and Rolling, (2010) indicated that the recognition of abuse by the victim was an essential element of the help-seeking process. Considering the psychological consequences of abuse, the social isolation and emotional degradation caused by abuse, it is recommended that abused women engage in active help-seeking (Moe, 2007).

The recommendations made by participants towards the improvement of services at MOSAIC as presented in the last theme of this study mainly comprised of provisions towards improving privacy during counselling, the introduction of co-treatment of substance abuse and DV. Other suggestions focused on the need for interventions that cater for different client groups, increased resource allocation for DV interventions, increased public awareness about the services offered at MOSAIC, assisting DV victims to obtain employment and suggestions for women in abusive relationships.

4.5 Conclusion

This chapter presented the findings of the study that were discussed in line with the research objectives. In summary, the findings indicated that the major expectation of the participants was to receive counselling in the aftermath of the abuse. Most of the helpful aspects of the services at MOSAIC were those that were linked to improved well-being among the participants. While the main concern among participants was the poor counselling environment at one of MOSAIC's satellite offices. The majority of the participants suggested for increased awareness to increase the number of DV victims using service at MOSAIC. Other suggestions included offering privacy during counselling, assistance to obtain employment, co-treatment of substance abuse and DV, interventions for children affected by DV and increased resources for DV interventions. The final suggestions for disclosure of abuse and help-seeking among were extended to DV victims who were still being victimised. The final chapter presents the conclusions and recommendations pertaining to the study and for future research.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusions and recommendations from the study. The conclusions are presented in line with the research objectives. The recommendations provided for considerations by MOSAIC and proposals for future research are also discussed.

5.2 Conclusions

The conclusions are discussed in line with the study objectives.

5.2.1 To explore the women's expectations of MOSAIC services

Most of the participants experienced emotional distress because of abuse from their intimate partners and they were often uncertain about the next course of action. The participants' major expectation of MOASIC was to receive therapeutic interventions such as counselling in the aftermath of abuse. From the findings, it is clear that DV experiences are traumatic and the victims of DV experience psychological effects like confusion that after abuse. The findings point to that participants' awareness of the need for therapeutic interventions after experiencing abuse. Counselling was described by the participants as a long-term therapeutic intervention that would enable exploration and understanding of the participants' thoughts and feelings. Counselling was expected to enable healing and to guide decision making among the participants. Through counselling the participants expected to share their experiences and to receive empathy from the social workers. The findings indicate that counselling is perceived as long-term relationship through which the victims get to share the experiences and receive compassion to minimise the impact of DV the victims. The therapists are expected to obtain a thorough understanding of the victims' situations and guide decisions about the plan of action.

Emotional support was another form of therapeutic intervention that was described by the participants as a short-term therapeutic intervention that would facilitate healing from abuse and coping with abusive experiences. From the findings, it can be determined that when seeking

therapeutic interventions, the victims of DV anticipate receiving emotional support to deal with their challenges and minimise the impact of DV. The expectations of short term or long-term support therapeutic interventions vary depending therapeutic needs of the victim. There were other expectations of MOSAIC services including inter alia improving safety through assistance to obtain protection orders, assistance with obtaining a divorce, emergency food and referral for accommodation in shelters. The participants' expectations highlight the significance of obtaining safety for DV victims. Based on the findings, it can be concluded that measures that promote safety must be individualised to each survivor's need and context. The findings also indicate that expectations of the participants are based on their needs at the time of seeking help.

5.2.2 To determine the aspects of MOSAIC services which were perceived as beneficial to women

The findings indicate that there were more helpful aspects of the services at MOSAIC than those that were regarded as helpful to the participants. This implies that the services at MOSAIC were more supportive to the victims of DV. The positive aspects of the services at MOSAIC impacted on a range of areas in the personal and interpersonal arenas. Firstly, the availability of the social workers was perceived as a positive aspect especially where participants attended sessions without prior scheduled appointments. The availability of the social workers highlights their dedication towards assisting victims of DV. The participants positively evaluated their interactions with social workers through describing the type of the therapeutic relationship. As reported above, the participants described the therapeutic relationship in terms of the attitudes and qualities of the social workers as the core positive aspects. This highlighted once again the importance of the relationship between client and practitioner.

The helpful attitudes of the social workers included active listening, which reflected the social workers' keen interest in understanding the participants' experiences and offering help. With the social workers' non-judgemental attitude, the participants felt unconditionally accepted regardless of the personal views of the social workers. The findings emphasise that a non-judgemental attitude of a practitioner instils trust and confidence among the victims of DV. The participants' perceptions highlight the significance of the attitudes of practitioners and how these determine the experiences of victims of DV during counselling.

The participants who struggled to love, often felt denied and demeaned by their partners regarded the empathetic quality of the social workers as supportive. The findings clearly demonstrate that victims of DV derive comfort from sympathetic, caring practitioners and providing empathy meets the DV victims' needs for social acceptance. Other beneficial aspects included the social worker's ability to provide clarity through exploration and understanding of the participants' experiences as well as guiding the participants in decision-making. The study demonstrates the significance of providing clarity about unclear issues by the practitioner as an important opportunity for the victims of DV to develop an insight into their experiences and receive guidance to make feasible decisions.

Improved well-being was perceived as the most helpful benefit of the counselling services with positive effects in psychological adjustment, external stress reduction and improved self-concept. Psychological adjustment led to healthier thought patterns and improved the participants' assertiveness. Counselling offered a platform that enabled the participants to share the emotional burden through speaking about abuse and obtaining help from social workers. This study provides evidence of the benefits of counselling towards promoting the emotional well-being of DV victims. From the findings, counselling is reflected as a platform that enables abused women to communicate their anxieties or fears and derive comfort.

Counselling services at MOSAIC minimised the participants' external stress through reduced anger, which enabled the victims to gain a sense of self-control. Counselling was also helpful in influencing a change in self-concept through improving the participants' self-esteem and improved coping abilities, which was described by the participants as having perceived control over the abuse. The findings further underscore the benefits of counselling in improving the cognitive abilities of DV victims and increasing the ability to control emotions in the interpersonal arenas.

Counselling services led to improved social interactions especially improved family relations, which were manifested in changed behaviour, a decrease in abuse and more cooperation from the

participants' abusive partners. From this finding, it is apparent that the benefits of counselling influence changes in the social lives of abused women. Further, the participants felt more empowered through understanding abuse, as this enabled the recognition of abusive behaviour and understanding victims' rights, which led to assertive responses to abuse. The findings reflect counselling as not only educative to victims of DV but also transforms abused women from powerlessness to being more assertive.

Through counselling, the participants received the necessary support for rebuilding confidence and responding to violence by dealing with emotions such as fear and diminished confidence. Interventions also enabled interpersonal skills building for the acquisition of the necessary skills to engage in behaviour that facilitated healing, lasting changes in relationships and enabled the participants to cope independently. From this finding, counselling enables victims of DV to obtain the necessary skills to deal with emotional issues and is instrumental in the instilling hope. It can also be concluded that counselling recognises the victims' ability to engage in new behaviour.

Through getting involved in support group activities, the participants were satisfied with the various benefits of supportive counselling including mutual social support and learning from each other. Mutual social support facilitated healing and coping for most participants who had experiences of social isolation from friends and family because of their abusive relationships. Support groups also provided a platform for sharing experiences of the abuse as well as learning helpful coping strategies from other members. From these perspectives, support groups offer potent opportunities to maximise the positive benefits for abused women through breaking the isolation. Mutual social support is further described as helpful in creating a cohesive sense of belonging that is linked to less distress. From the findings, it can be determined that receiving social support from other victims of DV contributes to overcoming the impact of DV and improves coping.

MOSAIC improved the participants' safety through assistance with legal interventions and with linkages to shelters in the aftermath of the abuse. This finding links obtaining help from interventions of DV to reduced risk of experiencing abuse among DV victims.

5.2.3 To ascertain the aspects of MOSAIC services were perceived non-beneficial to women

It is remarkable to note that only the participants who received help from one of the satellite offices found some aspects of the services at MOSAIC unhelpful. The perceived unhelpful aspects of MOSAIC services included inconsistent working hours especially the late opening time of the office. This finding suggests that the inconsistencies in working hours are perceived as unreliability and unavailability of help. The counselling environment at this particular satellite office was also described as not conducive due to lack of privacy. According to the participants, frequent interruptions affected the victims' willingness to express emotional issues because of the lack of privacy. The finding points out the factors that contribute to the unpleasant experiences for victims of DV during counselling and how necessary a private setting is towards stimulating the entire counselling process.

The location of one of MOSAIC's satellite offices was also unclear to most participants. This not only minimised accessibility to the centre but also contributed to dissatisfaction with the services as the participants spent more time trying to find the centre in the absence of a MOSAIC branded signage at the entrance of the facility. The participants' concerns about the location of one of the site offices specify the obstacles to service utilisation by the victims of DV and emphasise the significance of a clear location as well as improved the visibility of facilities.

Although unhelpful aspects of MOSAIC services were limited to the participants who had received assistance from the one of the site offices, the directive approach of the social worker during counselling was unhelpful to two participants who had been assisted from another site office. However, this was not a significant finding. No unhelpful aspects were identified by the participants who received assistance from the Wynberg office.

5.2.4 To establish what recommendations women had for improving services at MOSAIC

The suggestions made by the participants included several recommendations for the improvement of services at MOSAIC. These suggested for counselling venues at one of the satellite offices needed to be more private through availing private counselling venues. This suggestion emphasises the importance of privacy during counselling for victims of DV and victims' strong desire for confidentiality and privacy. The comorbidity between DV and substance abuse also featured in the recommendations in that participants were aware of the increased vulnerability of DV victims to substance abuse. The participants made recommendations for boosting support for DV victims through a comprehensive intervention for treatment of both DV and substance abuse. This finding reflects the awareness of the participants of a range of factors that may impact recovery for victims of DV. Substance abuse treatment was identified among social service needs which were unmet. This suggests that the co-treatment of DV and substance abuse requires consideration.

Another suggestion made towards the improvement of services at MOSAIC was the introduction of intervention for various client groups considering the negative effects of DV on the entire family. Most of these suggestions pointed to interventions like counselling for children to DV victims to minimise the effect of DV on the lives of children. This finding confirms the adverse effects of DV on the family and underscores the importance of therapeutic interventions for children who have been exposed to DV.

Participants recommended an increase in resources for DV interventions including expansion of facilities to accommodate and offer support to more women. The participants' suggestion above highlight the limited resources and inadequate funding faced by interventions as well as the need for improved financial support for interventions to enhance the services to survivors. Facilitating frequent support group sessions was also recommended as these were perceived to be helpful in supporting the healing process. Most participants suggested for improved support through increased counselling time and frequent sessions as these were associated with better treatment outcomes. The study confirmed the long-term process that DV victims have to go through while

rebuilding their lives. It is evident that frequent counselling and time sessions are regarded to be effective in promoting change among abused women.

The findings of this study established a high prevalence of DV across communities and the lack of awareness among victims in the community about the services offered at MOSAIC centre which limited the utilisation of services. The participants suggested for increased public awareness about the range of services offered at MOSAIC through increased community awareness about the availability of support services. The use of both print and broadcast media advertisement was also recommended as avenues for increasing public awareness. The findings link inadequate awareness to the limited utilisation of services. It is also clear that DV awareness-raising campaigns require the use of various avenues so as to convey information about the availability of support services for abused women. Participants also expressed interest in participating in awareness-raising campaigns as peer mentors to motivate help-seeking among other DV victims in the community. This suggestion indicates the recognition of obstacles to help-seeking among DV victims in the community. In line with this, obtaining support from survivors of DV facilitates disclosure of DV and increases help-seeking among DV victims.

The most significant feature among most of the participants was the lack of tertiary qualifications and unemployment hence financial dependence on their partners. These overwhelmingly suggested for assistance to obtain employment through interventions for skills development to promote financial sustainability among survivors. This suggestion acknowledges that abuse is reinforced by the lack of sustainable incomes and highlights the need for interventions that promote employment for victims of DV. The findings postulate that if unemployment is addressed, it may reduce the likelihood of abuse.

Lastly, the recommendation for disclosure of abuse clearly reflects the participants' awareness of low levels of reporting DV and the reluctance to expose abuse among victims of DV. The participants further recommended for formal help-seeking among women in abusive victims to enhance the women's safety and to minimise the impact of abuse among DV victims. This

suggestion recognises the negative impact of DV and links formal help-seeking among is associated with positive benefits among DV victims.

5.3 Recommendations

The recommendations for MOSAIC and proposals for future studies are presented as follows.

5.3.1 Recommendations to MOSAIC centre

Based on the findings, below are some recommendations for MOSAIC.

5.3.1.1 Increased community awareness

Although Mosaic engages in awareness-raising campaigns around communities with high levels of domestic and sexual violence, the findings of this study indicate that the lack of awareness among victims in the community about the services offered at MOSAIC centre has remained. This suggests that awareness-raising activities require greater attention. To supplement the existing awareness campaigns in the community, MOSAIC may have to engage in fundraising activities including marathons, car wash drives among others that create awareness with communities whilst generating funds to finance these awareness activities.

MOSAIC may consider raising awareness through organising events like open days at its facilities where members of the public can receive information about the range of services offered. This would be a suitable avenue for increasing awareness among various groups of people as these may be instrumental in ensuring that the appropriate assistance is offered when women communicate about the violence.

The participants suggested for the use of broadcast media for awareness-raising. In support of this suggestion, the researcher strongly recommends for awareness-raising through the use of broadcast media as this may go a long way in increasing awareness considering its wide coverage of audiences in both rural and urban communities. MOSAIC may achieve this by obtaining airtime on radio stations or community radios to hold talk shows that sensitise the public about DV and

the services offered at MOSAIC. Another way may be through building media partnerships with other organisations or media houses. With this, MOSAIC may request for radio or television programmes devoted to its awareness campaigns or place advertisement materials on the media partner organisation's website.

Another suggestion that emerged was the use of print media for awareness-raising through newspaper advertisements and the distribution of pamphlets. In line with the use of print media, MOSAIC may adopt a more effective approach of delivering the necessary information to the women by the distributing pamphlets in public places that are most visited by women including shopping malls, libraries, medical facilities, beauty parlours and faith-based organisations especially for women who need to get the permission of intimate partners to participate in DV training. Pamphlets with information on DV can also be conveniently placed in the women's bathrooms. To complement the existing awareness campaigns, the pamphlets with information about DV may be sold to other non-governmental organisations at a reasonable price to raise more funds for awareness activities. Engaging skilled volunteers to offer assistance with graphic designs may be one way through which MOSAIC could minimise the costs of preparing pamphlets for awareness-raising. MOSAIC may consider partnering with local restaurants or supermarkets where people purchase some items and a percentage of the proceeds goes towards the cost of printing the pamphlets for awareness.

MOSAIC can also embrace the use of preventive measures by incorporating awareness through existing institutions like schools and churches. Awareness-raising in schools at primary and secondary school for both girls and boys may be focused on basic issues such as gender equity, women's rights and family violence. Improved awareness may also be achieved through organising routine educational workshops in the public places for instance community halls. Campaigns in communities with high prevalence rates of DV may need to emphasise on sensitisation about victim rights and justifying the appropriateness of help-seeking awareness, challenging the undesirable stigma, the cultural norms and expectations that relate to DV in the community such as the societal normalisation of violence among others.

To enhance MOSAIC's adopted International Programme that promotes the involvement of men as equitable non-violent fathers and caregivers, community interventions could educate men about DV as well as the types of violence as a strategy for perpetrator interventions and accountability that may change cultural norms around violence against women in the long run. The researcher is aware of the cost implications and therefore recommends for partnerships between MOSAIC and other organisations offering similar services.

5.3.1.1.1 Involving peer mentors in community awareness campaigns

Based on the keen interest shown by most participants in taking part in awareness-raising campaigns, it would be appropriate for MOSAIC to involve DV survivors as peer mentors in awareness campaigns and motivating help-seeking among other DV victims as this would address stigma in communities. MOSAIC may supplement the existing support system by employing and training DV survivors to empower other abused women. Establishing partnerships with other Non- Governmental Organisations offering similar services may be necessary for MOSAIC as these may be called upon to contribute towards monthly payments of peer mentors or facilitate the provision of fringe benefits such as meals or educational assistance that may motivate or maintain their commitment to work. The employment of peer mentors would enable them to gain financial security

From the MOSAIC report, the organisation makes referrals for appropriate services to other agencies and co-ordinates different areas of service provision and support when unable to provide services to abused women (MOSAIC, 2011). Although victims of DV may be referred to a number of agencies for assistance, this may be difficult as relationships need to be built and trust gained through several exposures to the person concerned. The researcher recommends the need for extra support through the referral process to minimise the number of steps it takes for victims to receive help. One approach may be through identifying peer mentors who are familiar with the available services to accompany the abused women to the agency to which they have been referred. This may be supplemented through a comprehensive follow-up by MOSAIC's social workers after referrals.

5.3.1.2 Empowering DV victims through employment and skills development

The findings indicate that the majority of the participants lacked qualifications from tertiary institutions and were unemployed hence were financially dependent on their partners. It may be appropriate for MOSAIC to implement interventions that empower abused women by providing the skills necessary for employment. To implement this, MOSAIC may consider adopting interventions for both skills development and vocational counselling with activities such as identifying possible careers of interest and exploring vocational training options. In cases where survivors have a significant level of education, but with no work experience to match their credentials, the victims of DV could be assisted with resume and cover letter writing as well as interview preparations. Computers and basic computer training can be made available at MOSAIC facilities to aid the search for jobs and to improve clerical skills to increase the probability of getting higher paid jobs for victims of DV. A combination of these programmes may be key in increasing employment and decreasing the victims' economic dependence on their partners. MOSAIC can consider partnering with other organisations that impart skills. MOSAIC could also invite volunteers with skills and talents to facilitate these programmes.

MOSAIC could also assist the victims of DV in the search for employment through requesting local bulletins to post job advertisements at its facilities for increased accessibility to survivors. Further for victims who are employed, MOSAIC may work with employers, workers unions and employee assistance programmes to lobby for flexible and favourable employment terms for victims of DV, for instance, offering paid leave for employees faced with DV or transferring an employee to another branch for safety if the victim of DV feels threatened by the perpetrator at the current duty station. MOSAIC can consider embracing other ways of supplementing the victims' access to resources and opportunities through establishing corporate partnerships with financial institutions as these may offer training in financial literacy and services such as obtaining loans and making savings among others.

5.3.1.3 Interventions for children to DV victims

The participants were aware of the negative effects of DV on the children and these suggested for intervention programmes for children who have witnessed DV. MOSAIC could consider recruiting more staff to facilitate a programme that offers trauma counselling for children who

have been exposed to DV and education about methods of risk assessment or strategies for safety planning. With such a programme, MOSAIC may accept voluntary referrals of children from Child Welfare agencies and invite referring agencies to contribute financial resources to facilitate the programme. To supplement this programme, MOSAIC may consider linking victims of DV to organisations like Parent Centre to impart healthy parenting skills where necessary. With additional programmes, it would be justifiable for MOSAIC to lobby for more funding by identifying a bigger network of potential donors whose interests or priorities are aligned with MOSAIC's needs or additional programmes.

5.3.1.4 Increasing social support for DV victims

The findings indicate that the participants had experienced abuser-imposed isolation from friends and family and the existing social support was insufficient. MOSAIC could enhance the existing social support through facilitating regular support groups as a resource for DV victims who reside in the same areas to ensure maximum benefits from support groups. The researcher is aware that this may have staffing implications, but it is important to consider the positive contribution of support groups towards the recovery of DV victims. MOSAIC may recruit and train interns to supplement the facilitation of support groups.

5.3.1.5 Offering privacy during counselling

The findings pointed to the problem of limited space at the facilities which affected privacy during counselling as the counselling venues were jointly used for other purposes. Limited space also affected the facilitation of frequent support groups. It is imperative for MOSAIC to consider allocating more resources to facilitate the expansion of facilities as this would offer better confidentiality through availing private counselling venues, accommodate more women in abusive relationships and provide venues for frequent support group sessions. Improving privacy during counselling would improve the experiences of DV victims. To facilitate the expansion of facilities, it may be necessary for MOSAIC to present proposals for assistance to organisations that participate in community projects and promote social welfare, for instance, the Rotary club.

5.3.1.6 Co-treatment of DV and substance abuse

The findings demonstrated the participants' awareness of the comorbidity of DV and substance abuse. The participants noted that substance abuse treatment was among the variety of social service needs which were unmet. These recommended for interventions for both DV and substance abuse as the two issues are interlinked. MOSAIC could lobby for improved funding support to facilitate the provision of substance abuse treatment at its facilities and employ relevant staff to specifically handle substance abuse treatment more appropriately. Administering and facilitating substance abuse services through MOSAIC would be more convenient as referrals to drug treatment centres may also have significant implications for DV victims. For instance, the good therapeutic relationship between the social workers and the participants of this study may enable them to open up and discuss other psychosocial problems that they may be experiencing, but this does not guarantee that all abused women will be able to open up to referred agencies. This implies that some victims of DV may not obtain treatment due to challenges of disclosing existing behaviours to social workers in drug treatment centres.

5.3.1.7 Increased counselling time and sessions

The participants recognised the long-term process that DV victims had to go through while rebuilding their lives. MOSAIC, therefore, needs to consider offering prolonged support for DV victims including increased counselling time and frequent sessions as these were associated with better treatment outcomes. Interventions at MOSAIC may need to embrace more flexibility by providing counselling sessions during flexible hours to enable participation of women who need to reconcile work and childcare activities. MOSAIC may recruit, train a reasonable number of interns and introduce a schedule for counselling sessions during weekends. Although weekend schedules may have cost implications for MOSAIC, it is important to reflect upon the benefits of increased counselling time and sessions for abused women.

5.3.1.8 Improved visibility of one of the satellite offices

Considering the participants' dissatisfaction with the unclear location of one of the facilities, improving accessibility and visibility of one of MOSAIC's satellite offices would be prioritised. MOSAIC may consider implementing suggested measures of improving the visibility of the centre

such as by putting up a MOSAIC branded signage at the facility. To raise funds for the branded signage, special events such as advocacy campaigns during the 16 Days of Activism Against Gender Violence could include MOSAIC mobilising a team that seeks out for donations among community members while explaining the good cause the organisation is aiming at.

5.3.2 Recommendations for future research

The recommendations of research areas for future studies include;

Future studies on DV interventions should consider investigating the unique situations of vulnerable populations of women such as DV victims who are HIV positive and disabled women as these experienced more stigmatisation and their expectations, challenges or experiences differ due to the special needs. The vulnerable populations of women are often more challenged with the impact of DV and typically lack appropriate resources to cope with the situation.

It may be necessary to conduct regular research about the expectation and perceptions of victims of DV as this evaluation would guide both the focus of interventions towards addressing the evolving needs of victims of DV over time.

DV is known to be mostly perpetrated by males against females (Wong and Othman, 2008; Seedat *et al.*, 2009), however, a review on IPV prevalence suggests that men also experience partner abuse at a comparable rate to women (Nowinski and Bowen, 2012). Despite this, there is limited research on men's experiences of partner violence (Overstreet and Quinn, 2014). The researcher recommends for more research on experiences and perceptions of men as perpetrators or victims of abuse, as this may inform DV intervention approaches.

Although this study reports on expectations and perceptions of female victims of DV, the conclusions are limited as the participants were mainly from an urban area. Findings indicate that although the rates of DV are similar across rural and urban areas, the factors contributing to the incidence and response to DV are different for the two areas (Eastman *et al.*, 2007). Thus, research

in rural areas of South Africa would provide a better understanding of the differences between urban and rural areas with this regard. Future research should also focus on making a comparison between women from different socioeconomic backgrounds living in urban and rural areas, as the expectation and perceptions of DV interventions may vary.

MOSAIC should monitor and conduct follow-up research to evaluate the effectiveness of any of the recommendations of this study that will be implemented. For instance, an assessment of the impact of employment and skills development interventions towards minimising abuse among DV survivors. Monitoring and follow-up research may guide appropriate adjustment and continuous improvements for MOSAIC.

A number of eligible participants did not participate due to the inability to express themselves in the English language. The researcher recommends for future studies to be conducted in the South African local languages as this will improve on under-reported expectations and perceptions of victims of DV.

5.4 Conclusion

The main conclusions that were drawn from this study were summarised in line with the research objectives in the first section of this chapter. The findings of this study concluded that the major expectation of the participants was to receive counselling in the aftermath of the abuse. Most of the helpful aspects of the services at MOSAIC were those that met the emotional needs of the participants, while the most unhelpful aspect among participants was the poor counselling environment at one of the satellite offices. The majority of the participants suggested for increased awareness about the services offered at MOSAIC. Other suggestions included offering privacy during counselling, assistance to obtain employment, co-treatment of substance abuse and DV, interventions for children affected by DV and increased resources for DV interventions. The last suggestions were for disclosure of abuse and help-seeking among DV victims who were still being victimised.

The recommendations for MOSAIC included improving accessibility by increasing community awareness about the services available at MOSAIC, empowering DV victims through employment and skills development. Facilitating the recovery of victims of DV through boosting social support and increasing counselling time and sessions. There were other recommendations such as improving the counselling environment through offering privacy during counselling and improving the visibility of one of the site offices, facilitating extra support services for the victims' unmet needs through co-treatment of DV and substance abuse and providing therapeutic intervention for children to DV victims

The implications for future studies that are discussed in the last section include the need for research among vulnerable populations, frequent research about the expectation and perceptions of victims of DV, investigating about the perceptions of male perpetrators and victims of DV, conducting research in rural areas of South Africa, conducting research in the local South African languages as well as carrying out evaluative research in future about the recommendations that will be implemented by MOSAIC.

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APPENDIX A: Informed consent form

University of Cape Town
Department of Social Development
¹**CONSENT FORM** Number.....

TITLE OF PROJECT:

Exploring the perceptions of domestic violence interventions among women using MOSAIC services in Cape Town.

NAME OF PRINCIPAL RESEARCHER(S):

Sarah Birungi

DEPARTMENT/RESEARCH GROUP:

Social Development

ADDRESS:

University of Cape Town
 Private Bag
 Rondebosch
 7701

TELEPHONE:

+277 40575117

EMAIL:

Sarahbto2009@yahoo.com

NATURE OF THE RESEARCH:

The researcher is a student of University of Cape Town and the study is carried out as for fulfilment of Maters degree in Social Development

The study is carried out among clients of MOSAIC to understand:

- What were your expectations of MOSAIC services?
 - The aspects of MOSAIC services are perceived as beneficial to women.
 - The aspects of MOSAIC services are perceived non beneficial to women.
 - What recommendations would women suggest to MOSAIC for the improvement of intervention services?
- **PARTICIPANT’S INVOLVEMENT:**

- Your participation in this study is voluntary. You can opt out at any time you feel uncomfortable about the questions.
- You do not have to respond to any questions that they regard uncomfortable responding to.
- Your role in the study is to answer questions regarding experiences with MOSAIC services.
- Your responses about the experiences and recommendations will facilitate improvements towards services at MOSAIC centre.
- The information given will not be shared with anyone else and it will only be used for research purposes.
- Your name or identities will not be mentioned anywhere in the research report. Your information will be referred to by your chosen pseudonym.
- The interview will last between one to one and a half hours and will be recorded to allow the researcher retrieve the information. However, the recordings will not be shared with the public.
- If you are not happy about the way the research was conducted. Please discuss the issue with researcher at the end of the interview or directly inform the research supervisor on email: Fatima.williams@uct.ac.za.

Do you have any questions?

- I agree to participate in this project.
- I have read this consent form and had the opportunity to ask questions.
- I agree to these results being used for education and research on condition my privacy is respected.

- I understand that I am under no obligation to take part in this project and that a decision not to participate.
- I have the right to withdraw from this project at any stage.

Name of Participant

Signature of Participant:.....

Name of person who sought consent:

Sarah Birungi

Signature of person who sought consent:.....

Date:.....

APPENDIX B: Interview schedule

Topic: Exploring the perceptions of domestic violence interventions among women using MOSAIC services in Cape Town (Interview schedule)

Is it okay to have this interview recorded? **If YES**, Are you ready? I would like to thank you for taking the time to meet with me today. My name is Sarah Birungi and I would like to get your views about MOSAIC services. At the end of the interview, I will request for suggestions that MOSAIC can put in place to improve its services in your view. The interview will last between 60 to 90 minutes. I would like to assure you that all information shared during this interview will not be shared with anyone else. Do you have any questions about what I have just explained? Can you tell me about yourself?

Demographical Information

How old are you?

What is your highest level of education?

Are you working?

(IF YES). Describe the kind of work you do.

How long have you worked there?

(IF NO). How long have you been out of work?

Home ENVIRONMENT and experiences of DV

I would like to know about where you stay.

Where do you live?

Do you have children?

How many family members are you living with?

Have you been in any relationship before?

If YES, What type of relationship are you in?

(If NO), what type of relationship were you in?)

If YES, How long have you been with your partner?

(If NO, How long were you together with your partner?)

How did you meet your partner the first time?

- Can you tell me about your relationship then?
- How is the relationship now?
- When did the problems with your partner start?
- How long has this continued?
- Are there times when this has improved, or gotten worse?
- Did you tell anyone about this abuse when it first happened?
- If YES, who?*
- If YES, in what ways was telling someone helpful or not?
- If NO, what were the reasons for not telling anyone?
- How long did it take you to disclose that you were experiencing violence?
- Did you feel that your life, your children or relatives were unsafe? If YES, in what ways?
- Do you think violence has affected your physical well-being? If YES, in what ways?
- Do you think violence has affected the way you feel about yourself? If YES, in what ways?
- Do you think violence has affected your ability to take care of the family or go to work? If YES, in what ways?
- Has the relationship made it difficult for you to see friends or relatives? How?
- How did you get to learn about MOSAIC?
- How did you make up your mind to contact MOSAIC?
- What kind of help did you expect to get from MOSAIC?
- What services of MOSAIC did you use?
- How long did you use MOSAIC services? (refer to name of the service)
- How many sessions did you attend?
- What was your experience with these services? (refer to name of the service)
- In what ways did you find this help useful?
- What was most helpful about this service?
- In what way were your expectations fulfilled?
- What changes have you experienced after using MOSAIC services? (refer to name of the service)
- What challenges did you face in accessing services at MOSAIC?

What advice would you give another woman who has just started to have these sorts of problems with her partner?

Is there anything that you found was unhelpful with the service you received?

In what ways were these unhelpful?

What did you not like about the services?

How would you like things to be done differently?

Is there anything else that you think can be done by MOSAIC to serve their clients better?

What else should MOSAIC be doing that is not being done?

In what ways should this be done?

In what ways would you like to see changes in services provided at MOSAIC?

Is there anything you think MOSAIC can do to make sure that more women use their services?

CLOSING

We have come to the end of the interview

How has this interview been for you?

Do you have anything else you might want to share with me?

Do you have any questions for me?

Would you like to meet with the social worker after the interview?

If no: I have arranged for counselling sessions with MOSAIC should you need to talk to them now or later.

I would like to reassure you that the information you have shared with me will remain confidential.

Thanks for spending time with me.

APPENDIX C: Letter of introduction

Department of Social Development
Private Bag, Rondebosch 7701,
South Africa
Telephone: 27-21-650-3485
Fax No: 27-21-689-5203
Email: Fatima.williams@uct.ac.za

30 November 2017

To Whom It May Concern

This letter serves to confirm that Ms Sarah Okedi Birungi is a registered student in this department. She is undertaking a Masters by Research degree and is proposing to conduct a research study as part of fulfilling the requirements of the degree. Her topic is: **Exploring the perceptions of Domestic Violence interventions among women using MOSAIC services in Cape Town.**

She will be applying for ethics clearance from the departmental ethics committee and she will be supervised by me during the research. If you have any queries please do not hesitate to contact me.

Yours faithfully

Signature Removed

F.WILLIAMS
Research supervisor

APPENDIX D: Ethical Clearance

UNIVERSITY OF CAPE TOWN

Department of Social Development

**RESEARCH ETHICS: STUDENT/SUPERVISOR
JOINT STATEMENT**

This form should be completed by the research student and then co-signed by student and supervisor: Tick the YES or NO box, and write in details where appropriate. Please read the UCT Code for Research involving Human Subjects before completing the form. Ask your supervisor for clarification and help if needed.

Student researcher: Name: Sarah Okedi Birungi

Title of research project: **Exploring the perceptions of Domestic Violence interventions among women using MOSAIC services in Cape Town.**

Course detail: Masters in Social development by dissertation

Supervisor: Name: Ms. Fatima Williams.

1. Have you read the UCT Code for Research involving Human Subjects? (available from supervisor or at the UCT web-site - go to Research/ go to Standards and Procedures)	YES X	NO
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2. Is your research making use of human subjects as sources of data?	YES X	NO
--	----------	----

Research focus

In the space below state what your research question/focus is, and give a brief outline of your plans for data collection.

Research questions

1. What were the reasons among women for using MOSAIC's intervention services?
2. What aspects of the DV intervention services were perceived to be beneficial to the women?
3. What aspects of the DV intervention services were considered non beneficial to women?
4. What recommendations would women suggest to MOSAIC for the improvement of intervention services?

Data Collection plan.

The research will be conducted at MOSAIC, a non-profit community-based organisation in Cape Town that provides a wide range of services to victims of domestic and sexual violence. Thirty female respondents will be purposefully selected among victims of domestic violence aged between 35 to 44 years who have utilised services of MOSAIC in the last 6 months. The researcher will obtain permission and will establish contact with respondents through MOSAIC, Cape Town.

An interview schedule with a set of predetermined questions will be used for data collection. The face-to-face interviews will be scheduled to last between 60 to 90 minutes. The researcher will request for permission from respondents to record the interviews by use of a digital tape recorder. Interviews will be held at MOSAIC facilitation centre or any other preferred place that will be comfortable for the respondents. A pilot study will be conducted with three respondents before the actual data collection to help the researcher clarifying the wording, ordering, and layout of the semi structured interview. Data collection period is estimated to last between 3 to 4 months.

<p>3. Will participants (research subjects) in the research have reasonable and sufficient knowledge about you, your background and location, and your research intentions? Describe briefly below how such information will be given to them. If there is any reason for withholding any information from participants about your identity and your research purpose, explain this in detail below.</p>	<p>YES</p>	<p>NO X</p>
<ul style="list-style-type: none"> • Before signing of the consent form, the researcher will introduce herself and her affiliation with the University of Cape Town. • The purpose of the study, importance of participation, the likely harm, interview and its approximate duration will also be explained. • The email address of the researcher's supervisor will be provided for verification purposes. 		

Consent

<p>4. Will you secure the informed consent of all participants in the research? Describe how you will do this in the space below. If your answer is NO, give reasons below.</p>	<p>YES X</p>	<p>NO</p>
<ul style="list-style-type: none"> • Participants will be informed about voluntary participation through explaining aspects of the consent form. • Assurance of withdrawing from the study at any time of will be given. • The participants' roles during the study and reasons for signing the consent forms will be explained. Permission to record the interview will also be gained. • Written consent will be obtained from respondents since all will be over 18 years of age. 		

<p>5. In the case of research involving children, will you have the consent of their guardians, parents or caretakers? If your answer is NO, give reasons below. If your answer is YES, describe briefly how this consent will be got from the participants.</p>	<p>YES</p>	<p>NO</p>
<p style="text-align: center;">N/A</p>		

6. In the case of research involving children, will you have the consent of the children as much as that is possible? If your answer is YES, describe briefly how this consent will be got from the children. If your answer is NO, give reasons below.	YES	NO
N/A		

Confidentiality

7. Are you able to offer privacy and confidentiality to participants if they wish to remain anonymous? If you answer YES then give details below as to what steps you will take to ensure participants' confidentiality. If there are any aspects of your research where there might be difficulties or problems with regard to protecting the confidentiality and rights of participants and honouring their trust, explain this in detail below,	YES X	NO
<p>During the study, respondents will not remain anonymous to the researcher, however, during report writing, unique identification numbers will be allocated to respondents and no identifiable information will be included in the report. Confidentiality will be provided through handling and transcribing of recorded conversations. All recordings will be securely kept and will be personally transcribed by the researcher.</p> <p>Interviews will be held at MOSAIC facilitation centre or any other preferred place that will be comfortable for the respondents. A private place with minimum interruption and where the conversation cannot easily be heard will be selected for the interviews.</p>		

Potential for harm to participants

8. Are there any foreseeable risks of physical, psychological or social harm to participants that might result from or occur in the course of the research? If your answer is YES, outline below what these risks might be and what preventative steps you plan to take to prevent such harm from being suffered.	YES X	NO
---	---------------------	----

- Respondents may be harmed psychologically during the study however; they will be allowed to withdraw from the study at any time.
- The researcher will be mindful of how questions will be framed during the interviews.
- At the end of each interview, respondents will be asked questions regarding their experiences with the interview. The researcher will request for counselling sessions to be organised by MOSAIC for any participant who may need to see someone after the research interview.
- During report writing, unique identification numbers will be used to mask the identities of respondents.

Potential for harm to UCT or other institutions

9. Are there any foreseeable risks of harm to UCT or to other institutions that might result from or occur in the course of the research? e.g., legal action resulting from the research, the image of the university being affected by association with the research project, or a school being compromised in the eyes of the Education Ministry. If your answer is YES, give details and state below why you think the research is nonetheless worthwhile.	YES	NO
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10. Are there any other ethical issues that you think might arise during the course of the research? (e.g., with regard to conflicts of interests amongst participants and/or institutions) If your answer is YES, give details and say what you plan to do about it.	YES	NO X
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Signed: Student:

Signatures Removed

Co-signed:

Supervisor: F Williams

proved By
Dr. Khosi Kubeka
20/2/2018

APPENDIX E: Invitation for an interview

University of Cape Town Private Bag

Rondebosch 7701

Dear Madam,

Re: Request for an interview

My name is Sarah Birungi and I am conducting a study among survivors of domestic violence who have previously utilised services of MOSAIC. The study will be carried out among female survivors of domestic violence who have utilised services of MOSAIC in the last 6 months. You have been selected to take part in this study because you meet this description. The interviews will last between 60 to 90 minutes and will be held with one person at a time in a private location at MOSAIC centre. The date and time will be based on your preference. Your participation in this study is voluntary and you will be allowed to opt out at any time you feel uncomfortable with the questions. Your responses about the experiences and recommendations will facilitate improvements towards services at MOSAIC centre.

All information given out will not be shared with anyone else and it will only be used for research purposes. Your name or identifiable information will not be mentioned anywhere in the research report. You will have access to the findings of the study, which will be compiled in a report to MOSAIC centre.

If you are available to participate in this project, kindly email me at sarahbto2009@yahoo.com or call me on 0740575117.

Kind regards,

Sarah Birungi