Exploring Intimate Partner Violence Survivors' Experiences of an Intervention Programme at the Mosaic Training, Service and Healing Centre

Wai'oca Gray

GRYWAI001

A dissertation submitted in partial fulfilment of the requirements for the award of the degree of Master of Social Science (MSocSci) in Psychology

Faculty of Humanities

University of Cape Town

2021

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signed by candidate

Signature: Date: December 2021

ACKNOWLEDGEMENTS

I would firstly like to thank the participants who took part in this study for their openness and eagerness to engage with the interviews conducted during this study.

I would also like to thank my supervisor, Dr. Floretta Boonzaier, for her ongoing guidance, patience and support during the course of this project. Without you, this thesis would never have come into fruition.

Furthermore, I would like to thank my parents and brother, for the never wavering support that they have provided me throughout the course of the production of this thesis.

TABLE OF CONTENTS

ABSTRACT

In the South African context, gender-based violence is related to a range of demographic characteristics such as ethnicity, gender, socio-economic status and sexuality, which contributes to varied forms of inequity. The lasting impact of Apartheid legislation, namely, the Group Areas Act, and the absence of fundamental resources in rural locations, has restricted the opportunities for black women from resource-poor rural areas to seek interventions for IPV. The aim of the study was to examine the way in which intimate partner violence (IPV) victim-survivors talk about their experiences of an IPV intervention programme at the *Mosaic, Training, Service and Healing Centre.* This study is qualitative and uses an intersectional feminist theoretical framework and narrative research methodology. The sample of the study was women who have or are currently participating in the *Earn to Survive* IPV intervention programme at the *Mosaic Training, Service and Healing Centre* in Cape Town, South Africa. Unstructured face-to-face narrative interviews were conducted, and included questions which aimed to explore the way in which participants construct forms of identity for themselves through the process of sharing their experiences of the programme, participants' perceptions of the empowerment oriented focus of the programme and whether participants felt that the services provided by the programme were delivered in a way that promoted equity. Narrative analysis, in conjunction with thematic analysis methods were utilised to analyse the data. This study found that the participants benefitted socially, psychologically and tangibly-such as through the provision of grocery vouchers and transport fees- from their participation in *Earn to Survive.* This finding demonstrates the profoundly positive impact that IPV interventions have on IPV victim-survivors, and thus the importance of these interventions.

Chapter One: Introduction

Context and Rationale of the Study

In South Africa, gender-based violence is related to a range of demographic factors such as ethnicity, gender, class and sexuality, which contributes to varied forms of inequity (Vetten, 2000, as cited in Boonzaier & De La Rey, 2003). The lasting impact of Apartheid legislation, namely, the Group Areas Act no. 41 of 1950, and the absence of fundamental resources in rural locations, has restricted the opportunities for black women from resource-poor rural areas to seek interventions for IPV (Vetten, 2005). In this thesis, Black African, Coloured and Indian women are included as 'black women'.

The Group Areas Act enabled the government to classify specific neighbourhoods as 'group areas' where only individuals of specific race were allowed to live. Further, when an area was classified as a group area, the Group Areas Act granted government the power to destroy all the houses in that area and remove everyone who was not a member of the group that was 'allowed' to live there under the act.

The results of studies conducted in rural, resource-poor locations in South Africa have indicated that a great number of women experience obstacles to obtaining IPV interventions, such as absence of forms of transport, insufficient responses time by police and medical providers and the absence of housing for women who have left their households due to an abusive relationship (Vetten, 2005). According to the World Health Organisation, intimate partner violence (IPV) is referred to as actions by a romantic partner or ex-partner that results in physical, sexual or psychological damage, and includes physical violence, sexually controlling behaviours, psychological abuse and dominating action patterns ("Violence Against Women, 2021).

Although gender-based violence can be perceived in an extensive range of forms, this research will concentrate predominantly on intimate partner violence perpetrated against women.

Intimate partner violence is a dominant crime in South Africa that is perpetrated against women in everyday life (Davhana- Maselesele, Myburgh & Poggenpoel, 2009). Further, the rate of IPV has risen, notwithstanding government legislation and policies aimed at reducing the incidence. Moreover, while statistics on IPV in South Africa are unreliable as a result of under-reporting of incidents, it is estimated that a South African woman experiences approximately 35 incidents of IPV prior to reporting her partner to the police (Seymour, 2002).

A national study which investigated the death rates of women from IPV in South Africa, found that the death rate due to intimate partner violence is 8.8 per 100, 000 women (Abrahams et al., 2009). This rate is significantly greater than IPV rates found in the United States, Australia, Canada and the United Kingdom. Demographic factors of age and race for both victims and perpetrators of IPV in the present study are comparable to those found in other studies based in South Africa related to prevalence and risk factors for IPV (Abrahams et al., 2009). Specifically, it was found that the second highest rate of IPV victimization was that of black women, with the highest rate of IPV experienced by women of colour, which in this thesis refers to Black African, Indian and Coloured women collectively (Abrahams et al., 2009). This finding is noteworthy, as it clearly indicates the way in which women's identity markers, and in particular race, impacts on the likelihood that they will experience intimate partner violence.

The differences in relation to race in the prevalence of IPV among South African women, indicate that psychosocial support needs of South African women will vary according to this demographic factor.

Studies have shown that IPV contributes to detrimental health issues in female IPV victim-survivors. Thus, the implementation of effective interventions is paramount. In addition, hardly any studies have examined the impact of intervention programmes on decreasing the detrimental outcomes of IPV (Hansen, Eriksen & Elklit, 2014). Thus, Hansen et al. (2014) investigated the impact of a three-stage intervention programme in Denmark for female victim-survivors of IPV on PTSD, anxiety and depression and perceived social support. The results of the study demonstrated that the intervention had a significant impact in decreasing the above symptoms and enhancing levels of subjective social support among women who had been in abusive relationships previously (Hansen et al., 2014). The findings of the present study reinforce the results of earlier studies which demonstrate that IPV interventions have a noteworthy impact on decreases in PTSD, depression and anxiety in female victim-survivors of IPV (Graham-Bermann & Miller, 2013).

Further, the effect sizes in this study were great, and in particular, the intervention programme had the greatest effect on the participant's anxiety and depression levels (Hansen et al., 2014). The intervention also had a great effect on PTSD symptoms. Thus, the results of this study demonstrate the value of not concentrating solely on PTSD symptoms when providing treatment for IPV, but also on anxiety and depression symptoms (Hansen et al., 2014). A distinct aspect of this study was its concentration on subjective social support. Studies have demonstrated that literal and subjective social support can function as a protective factor

against the detrimental impact of traumatic events (Gabert-Quillan, Irish, Sledjeski, Fallon, Spoonster & Delahanty, 2012). Therefore, enhancing social support may be a crucial goal for therapy for IPV. Thus, in the present study, how participants talked about their experiences of social support on their sense of self, in addition to their sense of isolation, was examined.

Further, the participants in the study disclosed an enhancement in subjective social support in the course of the programme, however this enhancement was statistically significant in the first stage of the programme, exclusively (Hansen et al., 2014). A study by Johnson, Zlotnick & Perez (2011) which focused on the impact of Cognitive Behavioural Therapy (CBT) treatment for IPV victim-survivors found that participants disclosed a noteworthy enhancement in degrees of social support subsequent to intervention, however this outcome was only evident a week after participation, and not 6 months after participation. Further, Johnson et al. (2011) assert that an enhancement in social support can be viewed as a bonus effect of the participants' increasing well-being, as opposed to a particular aim of the intervention programme. It could be argued that, in the study by Hansen et al. (2014), commencing involvement in the programme had a noteworthy effect on degrees of subjective social support, and that this benefit was sustained during the intervention, however did not continue to increase. Despite the enhancement in the participant's degrees of subjective social support, most of the women in the study were caring for their children on their own, which may reduce the levels of support that they received overall (Hansen et al., 2014). It is plausible that the absence of ongoing increases in perceived social support was due to the women's pragmatic assessment of the degree of support they had access to (Hansen et al., 2014).

Abel (2000 as cited in Eckhardt et al., 2013) implemented a systematic review of studies on IPV interventions for victim-survivors. The results of the review indicated that, for some interventions, benefits to victim-survivors were demonstrated, such as improvements in self-esteem, however in general the outcomes of the studies reviewed were mixed. In contrast, Wathen and MacMillan (2003) conducted a review on studies of interventions for both perpetrators and victim-survivors of IPV. With regard to post-shelter advocacy, the results indicated that women who stayed at least 1 night in a shelter, and obtained advocacy and counselling support, disclosed a reduced incidence of revictimization and an enhanced value of life (Wathen & Macmillan, 2003). The literature on interventions for IPV victim-survivors indicates that counselling and tailored therapy is effective in decreasing the detrimental impact of IPV, such as PTSD symptoms and depression. Furthermore, organized interventions such as cognitive-behavioural therapy programmes, have demonstrated positive outcomes for IPV victim-survivors (Kubany et al., 2003; 2004; Johnson et al., 2011 as cited in Eckhardt et al.,

2013). Therefore, the literature on IPV interventions has collectively shown that post-shelter advocacy interventions, interventions involving counselling and tailored therapy, and cognitive-behavioural therapy programmes, are effective.

In contrast, less researched intervention strategies, such as that of culturally informed empowerment groups and social support groups have also demonstrated positive outcomes in relation to social and emotional functioning. Nevertheless, more studies should be conducted to form conclusions about the effect of IPV interventions on revictimization. In general, studies have shown that IPV interventions have resulted in significant reductions in re-victimisation, however, this reduction in revictimization was not significant at follow-up. For example, the community-based post-shelter advocacy program formulated by Bybee and Sullivan (2002) in the United States, demonstrated a noteworthy reduction in revictimization in comparison to control groups. However, noteworthy differentiation in revictimization was not demonstrated in the years following 2 years post-participation (Bybee & Sullivan, 2005). Similarly, The Healthy Start home visitation program for mothers of newborns in Oahu, Hawaai, has also demonstrated a noteworthy reduction in revictimization during the 3-year duration of its course, however not during follow up (Bair-Merritt et al., 2010). Thus, the restricted range of studies and limited outcomes related to IPV revictimization, is problematic. Therefore, there is a need for studies which investigate the components of an IPV intervention which effectively reduces rates of revictimization.

Further, the current research frequently adopts a framework in which the intervention is anticipated to alter the action patterns of the IPV perpetrator, who is not undergoing the intervention, by altering the victim-survivor (Bair-Merritt et al., 2010). Thus, a nuanced, two-step process is required. Firstly, the intervention has to result in specific changes in the victim-survivor. Secondly, these alterations in the victim-survivor must stimulate changes in the action patterns of the perpetrator (Hansen et al., 2014). As a result, the effectiveness of the intervention can disintegrate at either or both of these stages, by ineffectively stimulating alterations in the victim-survivor or changing the victim-survivor in a manner which does not result in ideal changes in the abusive partner's action patterns (Bair-Merritt et al., 2010). For example, victim-survivors may do not apply safety plans, or these plans may not increase safety as desired. Further, exiting the relationship and residing in a confidential location may not be effective in preventing abusive partners from stalking and revictimizing the victim-survivor (Bair-Merritt et al., 2010).

Further, with regard to the effectiveness of interventions, a differentiation should be made between interventions that are 'one-off', and those that are ongoing, and include follow-

ups (Eckhardt et al., 2013). Although some studies have demonstrated the effectiveness of single session interventions, and multiple session interventions are not inherently beneficial, basic screening for IPV, or supplying victim-survivors with basic information and a referral list, has not demonstrated significant positive outcomes (Eckhardt et al., 2013). Although continuing contact in relation to IPV victimization can be complex, interventions should be formulated which supply many forms of contact and also the potential for a joint helping relationship, to decrease the isolation and absence of social support that is commonly experienced by IPV victim-survivors (Eckhardt et al., 2013). Thus, in this study, the ways in which IPV victim-survivors talk about their experiences of a one-off intervention, which supplied various forms of social support, and in-depth assistance with access to local support services, was analysed. Further research is necessary, to formulate interventions which supply a link between brief interventions such as screening, help seeking or contacting the police and longer term interventions.

Nevertheless, further research is required to ascertain the ideal environments that the aforementioned interventions should be applied, in addition to the most successful characteristics of intervention, and the most suitable participant groups (Eckhardt et al., 2013). Further, it is noteworthy that some of the more widely known interventions, such as brief crisis counselling and shelter interventions, have not been methodically examined in intervention studies. Thus, structured counselling programmes have been shown to decrease the reoccurrence of IPV, however rates of revictimization for some of these programmes are still significant (Eckhardt et al., 2013). Thus, further studies on the matter are required to achieve the aim of effective interventions to reduce IPV (Eckhardt et al., 2013).

IPV affects millions of adults annually, and can contribute to homicide, legal matters, the intervention of child social services and shelters for victim-survivors and their children (Arroyo, Lundahl, Butters, Vanderloo & Wood, 2017). Further, victim-survivors may display physical and psychological symptoms as a result of the trauma, such as anxiety and depression, in conjunction with financial and safety concerns. Thus, to ensure safety and wellbeing, interventions are required to respond to the problems experienced by victim-survivors (Arroyo et al., 2017). Thus, Arroyo et al. (2017) conducted a systematic review, in which the researchers summarized the findings of short-term IPV interventions. A variety of intervention frameworks have been provided using varying strategies with different aims (Arroyo et al., 2017). In general, the results of the meta-analysis demonstrate that there is a 34% benefit of obtaining

short term psychological interventions, in contrast with not obtaining the intervention (Arroyo et al., 2017).

Additionally, all of the interventions reviewed demonstrated improvements in symptoms in contrast with control groups (Arroyo et al., 2017). In particular, participants who received interventions experienced a 50% improvement in all targeted areas, in contrast to control groups. Participants also obtained the most benefits in relation to reduced PTSD symptoms, enhanced self-esteem, decreased symptoms of depression and overall anguish and enhancements in everyday coping mechanisms (Arroyo et al., 2017). These results were significant, as the benefit of receiving the intervention, versus not receiving the intervention, ranged from 27% to 30%. Moderate, however still significant outcomes were demonstrated with regard to the impact of the intervention on substance abuse, emotional well-being, safety and reoccurrence of IPV, at a range of 14% to 17% (Arroyo et al., 2017). Furthermore, some interventions were more effective than others. In particular, many intervention facilitators tailored established interventions to the issues faced by specific groups of IPV victim-survivors. The intervention facilitators that utilized these tailored interventions displayed notably more effective outcomes than those that use generalized, broad-based interventions (Arroyo et al., 2017). Next, the review by (Arroyo et al., 2017) found that IPV victim-survivors were equally positively impacted by interventions provided in shelter or in the community. The findings of this review indicate that treatment dosage is significant, and in general, the greater the dosage, the more effective the outcome (Arroyo et al., 2017). In particular, the greater the number of sessions and intervention time, the more effective the outcomes.

It is also important to note that the studies reviewed indicate that short-term interventions may not be as beneficial as long-term interventions. This finding makes sense, when one takes into account the nuanced reality of IPV, and the variety of needs and issues faced by victim-survivors (Arroyo et al., 2017). In addition, the results of the review indicate that individually provided interventions are more effective than group intervention. Although group interventions are effective, victim-survivors who obtained individual attention reaped greater benefits (Arroyo et al., 2017). This could be due to the fact that individual interventions enable more attention, and the opportunity to adapt interventions to the needs of victim-survivors, or that the issues faced by victim-survivors are better dealt with in individual therapy. This outcome is noteworthy, as many programs may advocate for group interventions as they are more cost-effective and there is a widely held belief that victim-survivors benefit from being exposed to other victim-survivors (Arroyo et al., 2017).

Although the "blanket" notion of making contact with other victim-survivors may be rewarding for some, a tailored framework may enable more targeted interventions that address the particular issues faced by the individual victim-survivor. This finding also demonstrates the varied nature of IPV victim-survivors. For example, not every victim-survivors experiences anxiety or substance abuse, and thus programmes that specifically address these issues, as opposed to the individual nature of the victim- survivor, are less likely to benefit the individual (Arroyo et al., 2017). Thus, in this study, the way in which IPV-victim survivors construct forms of identity for themselves through their stories about a group intervention programme, and the way in which their social identities influence their experiences of the programme, was examined.

Next, with regard to the benefits of treatment over time, (Arroyo et al. 2017) found that the benefits decreased over time. Effect sizes directly following treatment, to about 3 months following treatment, were great (Arroyo et al., 2017). However, effect sizes of outcomes 6 to 12 months following treatment were in the small range, despite being statistically significant. It could be suggested that this decrease in effect size may be due to the fact that IPV victim-survivors who initially obtain intervention are in a "crisis" mode, and that their state of being normalizes over time (Arroyo et al., 2017). Despite this, the findings of this study do not provide a direct explanation for the reasons that the intervention effects decrease over time. Thus, future studies should investigate this outcome, perhaps by examining the impact of "booster sessions" of an intervention, or which adaptations of various forms of therapy may encourage the preservation of improvements post-intervention (Arroyo et al., 2017). Lastly, with regard to generalizability of the results, replication of the study in different contexts should take into account demographic variations and factors such as ongoing exposure to IPV, threats of IPV, and consideration of returning to the abusive partner, which may affect the generalizability of intervention outcomes (Arroyo et al., 2017). Thus, as most of the literature on the impact of IPV interventions of revictimization, and on reducing psychological symptoms of IPV has taken place in the United States and Europe, there is a need for studies on this issue in South Africa. Thus, the present study examined the narratives that IPV victim-survivors share regarding their experience of an IPV intervention programme in Cape Town, South Africa.

Aim of the Study

The primary objective of this study was to examine how victim-survivors of intimate partner violence (IPV) experienced the IPV intervention program *Earn to Survive* at the Mosaic *Training, Service and Healing Centre* in Cape Town. *Mosaic* is a community-centered non-

governmental organisation which provides a host of healing and training services to survivors of domestic abuse and intimate partner violence ("About Us", 2020). Moreover, the services provided by *Mosaic* are designed with the knowledge that survivors of abuse experience significant trauma which can impede on their resources to provide for themselves and their offspring and sustain a livelihood. A primary focus of *Mosaic* is on training and empowering women and men from targeted, resource-poor township communities, in order to provide services to clients from these communities that are catered to the community environment, are culturally suitable and readily obtainable ("About Us", 2020). *Earn to Survive* is a program which focuses on providing skills enhancement and training victim-survivors of intimate partner violence, as a means of expanding their employment possibilities, or so that survivors can start a business or acquire further education ("Empower to Survive", 2020). *Earn to Survive* includes a number of courses, namely; NQF Level 4 FETC Counselling Training; Work Readiness Workshops; Basic Business Skills; Catering Skills Course; Hospitality; Hair, Nail and Beauty and Arts and Crafts ("Empower to Survive", 2020). Participants of a sub-programme of Earn to Survive, a sewing project, were included in this study. The sewing project taught the women basic sewing skills, such as making bags and skirts.

The research questions for this study included , 'How do IPV victim-survivors construct forms of identity through the process of sharing their experiences of intimate partner violence and of the *Earn to Survive* intervention program?', 'How do IPV-victim survivors talk about the empowerment-oriented focus of the *Earn to Survive* intervention program, through enhancing skills and employment opportunities?' and 'How do IPV victim-survivors social identities impact on the way in which they talk about their experience of the *Earn to Survive* intervention program?'

Perceived Value of the Study

This study will add value to *Mosaic* as an organisation, in that *Mosaic* can use the study's outcomes to potentially enhance the quality of the *Earn to Survive* intervention programme, through implementing changes to the format and duration of the programme, in order to better address the needs of IPV victim-survivors. However, the value of this study goes beyond providing feedback to *Mosaic*, as the findings of this study can be used by other, similar organisations to *Mosaic*, to improve their intervention programmes. Moreover, this study may have value to the participants, as it provided them with an opportunity to share their stories of their experiences of the intervention programme, which may have been empowering, for those

who had positive experiences of the programme, but also for those who were not satisfied with the structure of the programme, as they may have felt the need to provide constructive criticism, as this provided them with that opportunity.

In this thesis, I will firstly provide a review of the literature on the consequences of intimate partner violence for women, including the physical, psychological, and economic consequences, followed by a review of the literature on IPV interventions. Secondly, in the methodological chapter, I will provide an outline of the theoretical orientation of the research, followed by an explanation of the research design, the research sampling process, procedures for data collection, procedures for data analysis, ethical considerations and reflexivity. Thirdly, in the analysis chapter of this thesis, I will present the findings of this study, including the themes and sub-themes that arose from the data, and the meanings that are associated with these themes and sub-themes, in addition to other studies which have demonstrated similar or comparable outcomes.

Chapter Two: A Critical Review of Intimate Partner Violence Effects and Intervention Studies

The main objective of this study was to explore how victim-survivors of intimate partner violence (IPV) experienced the IPV intervention program *Earn to Survive* at the Mosaic Training, Service and Healing Centre in Cape Town.

The research questions for this study included: How do IPV victim-survivors construct forms of identity through the process of sharing their experiences of the *Earn to Survive* intervention program?; How do IPV victim-survivors perceive the structure of the *Earn to Survive* intervention program with regard to equity and prevention of marginalisation? and How do IPV-victim survivors feel about the empowerment-oriented focus of the *Earn to Survive* intervention program, through enhancing skills and employment opportunities?"

The first part of this chapter will focus on the physical, psychological and economic consequences of intimate partner violence. Following this, a review of studies on IPV intervention programmes, both within South Africa and internationally, will be provided.

The Consequences of Intimate Partner Violence for Women

Physical Consequences of Intimate Partner Violence

Many studies have indicated that intimate partner violence has a dire impact on victim-survivor's physical wellbeing. Studies have shown that women IPV victim-survivors have a 50% to 70% exacerbation rate of gynecological, nervous system, and stress-associated problems (Campbell et al., 2002). A study which evaluated specific physical health issues of women IPV victim-survivors in comparison to women who had never experienced IPV, found that women IPV victim-survivors experienced headache, back pain, vaginal infection and digestive issues notably more often than women who had not experienced IPV (Campbell et al., 2002). In addition, sexually transmitted diseases, vaginal bleeding, painful intercourse, pelvic pain, urinary tract infection and abdominal pain were also disclosed notably more often by IPV victim-survivors (Campbell et al., 2002). In addition, research has indicated that women IPV victim-survivors may have a higher probability of experiencing traumatic brain injury (TBI) than women who have never experienced IPV (Gass et al., 2010). Campbell et al. (2002) found that noteworthy rates of head trauma and TBI symptoms experienced by residents in domestic violence shelters, appeared to be associated with the severity and incidence of violent acts aimed at the victim's head. Thus, it is evident that the physical consequences of IPV are greatly detrimental and that screening for IPV is a crucial aspect of intervention and protection of abused women.

Similarly, ongoing physical abuse may enhance the chance of obtaining injuries or chronic diseases, namely ongoing pain, osteoarthritis and migraines. Further, ongoing psychological stress related to IPV may also impact on other chronic health conditions (Coker et al., 2002). Coker et al. (2002) assessed the physical and psychological impact of IPV among women and men. The study examined responses from the US National Violence Against Women Survey (NVAWS) of women and men between the ages of 18 to 65. The researchers deduced that the way in which IPV impacts on physical health may vary according to the health outcome (Coker et al., 2002). Further, it is more probable that women who have experienced IPV will experience a variety of psychological and physical conditions, including depression, PTSD, anxiety, suicidal ideation, self-harm, pain, musculoskeletal conditions, cardiovascular disorders, diabetes, and gastrointestinal symptoms, than women who have not experienced IPV (Dillon, Hussain, Loxton & Rahman, 2013).Furthermore, studies have found that these symptoms worsen according to the severity and frequency of the IPV (Dillon et al., 2013).

Many studies have found that PTSD is a consequence of IPV, and in addition, functions as a mediator of physical health consequences of IPV. Dutton et al. (2006) examined the most pertinent research results from the past 20 years, regarding the physical and mental health consequences of IPV. The researchers concluded that although prevention of IPV is of crucial importance, there is a pressing need to enhance the knowledge on ways to alleviate the health consequences resulting from experiences of IPV. Further, the researchers asserted that gaining insights into the mediating factors between IPV and health outcomes may result in greater success in addressing health issues among women who have experienced IPV (Kendall-Tackett, 2003 as cited in Dutton et al., 2006).This insight into the pathways to negative health outcomes is necessary, as not all women who have experienced IPV display these negative health outcomes. Further, there is an abundance of evidence which has demonstrated the significant physical and psychological consequences of experiences of trauma, and specifically IPV (Dutton et al., 2006). Furthermore, many studies have found that PTSD is a known consequence of experiences of violence, and the health consequences related to IPV have been found to be impacted on by the manifestation of PTSD. Further, PTSD has been found to increase symptom disclosure, enhance morbidity rates, and impact on the process and effects of illness (Dutton et al., 2006).

Friedman and Schnurr (1995), Schnurr and Green (2004), and Schnurr and Jankowski (1999) as cited in Dutton et al. (2006) have suggested that PTSD is a significant mediating factor by which experiences of violence impacts on health, and many studies have reinforced

this argument. Moreover, PTSD and depression have been shown to result in destructive health patterns of action (Dutton et al., 2006). Further, as many IPV victim-survivors display posttraumatic stress and depression symptoms, it is crucial to develop insight into the impact of PTSD and depression on health outcomes. Moreover, the potential mediating role of PTSD between health behaviour pathways and negative health consequences, may be associated with themes such as adherence to medication, in addition to coping methods for managing PTSD (Dutton et al., 2006). Further, these issues may be especially important in relation to chronic illnesses, including diabetes, cancer, HIV/AIDS and heart disease (Dutton et al., 2006).

Domestic violence is universally acknowledged as a dire public health concern in addition to a human rights abuse (Hoque, Hoque & Kader, 2009). Domestic violence experienced by pregnant women is related to detrimental outcomes, namely, low birth weight, sudden abortion, bleeding, preterm labour, preterm birth and greater neonatal mortality (Hoque et al., 2009). Further, it has been shown that pregnant women who are victim-survivors of domestic violence commonly postpone obtaining prenatal care, are more likely to smoke and abuse substances during pregnancy, have sexually transmitted diseases (STD), and vaginal and cervical infections (Hoque et al., 2009). Studies from multiple countries have shown that occurrences of domestic violence during pregnancy is pervasive in third-world countries, with a prevalence of 32%, while in developed countries the prevalence is less than 12% (Hoque et al., 2009). The results of some studies based in South Africa have indicated that 55% of pregnant women experience physical or sexual abuse during the course of their life (Dunkle et. al., 2004 as cited in Hoque et al, 2009). Despite this, there is an absence of population-based estimates relating to the prevalence of domestic violence during pregnancy (Hoque et al., 2009).

Thus, Hoque et al. (2009) conducted a study in a rural health location of South Africa, in order to ascertain the pervasiveness, forms and contributors of domestic violence among pregnant women. The results indicated that the pervasiveness of domestic violence among pregnant women living in rural areas of South Africa is significant, at 31%, which has been demonstrated by other studies (Hoque et al., 2009). The prevalence was greater in the age category of 25 years or younger, at 64%, and also in single and multiparous pregnant women, at 80% and 68%, respectively. Further, more than 50% of the pregnant women who experienced domestic violence had low degrees of education, namely an absence of or only primary education (Hoque et al., 2009). In relation to the perpetrators of domestic violence, the results indicated that the predominant perpetrators were intimate partners, at 80%. In relation

to types of violence experienced, the outcomes indicated that 50% of the violence was psychological, namely, threat of physical violence, shouting and ignoring (Hoque et al., 2009).

In relation to physical violence, four of the 360 women sustained permanent injury. Ten of the women disclosed that they experienced IPV of an ongoing nature (Hoque et al., 2009). Further, the form of abuse was notably related to whether the women were employed or unemployed, parity, whether the women were married or unmarried, known HIV status and planned pregnancy (Hoque et al., 2009). The results showed that it was twice more probable that pregnant women who were aware of their HIV status would experience domestic violence. Furthermore, it was more probable that pregnant women who did not have employment and had a low degree of education, would experience abuse than women who had employment (Hoque et al., 2009). In Soweto, a rate of 30% physical or sexual abuse by men in intimate relationships, has been disclosed. Two studies conducted in South Africa have found that 25% of women experience IPV (Hoque et al., 2009). In the South African context, violence has become an accepted aspect of society. The results of a study among employed men in Cape Town indicated that 42% disclosed the perpetration of physical IPV, and 16% disclosed the perpetration of sexual IPV (Hoque et al., 2009). The results of The South African Demographic Health Survey showed that younger women (ranging from ages 15 to 19), were twice as likely as old women (ranging from ages 45 to 49) to disclose sexual abuse (Hoque et al., 2009).

This is noteworthy as this is also the age group at the highest risk of contracting HIV. A potential reason that it was twice more probable that pregnant women who were aware of their HIV status would experience domestic violence, is that male partners who feel that they are likely to contract HIV may be hesitant to have sexual intercourse with their partner, and thus may utilize physical violence or coercion in order to achieve this (Hoque et al., 2009). The interwoven association between known HIV status, sexual coercion and physical abuse seems to be significantly connected, and there is a need for further research on the issue (Hoque et al., 2009). There is also a gap in the research on possible risk factors for domestic violence, including experiences of violence between generations, poverty, alcohol usage, and gender roles and beliefs. Further, in this study, the women shared experiences of domestic violence that occurred until the day of the interview. Future studies should investigate violence that commenced further into the pregnancy, as studies have found greater rates of IPV during the third trimester (Hoque et al., 2009).

Moreover, reproductive health programmes and prenatal health services are crucial, in order to provide assistance to women experiencing IPV, and to ensure the wellbeing of pregnant women and their unborn child. Further, although IPV prevention programmes are

being incorporated into national health legislation, violence is increasing in South Africa (Hoque et al., 2009). Furthermore, studies which have examined IPV interventions have shown that health related interventions, should interact with other social sectors nationally and locally, to enhance the quality of government solutions to violence (Hoque et al., 2009). Lastly, as a means of obtaining sustainable societal change, there is a need for increased pressure to remove gender inequitable legislation and to critique societal conventions that condone men's dominance over women (Hoque et al., 2009).

Thus, the previous section has shown that there is notable evidence that IPV is related to a host of physical health issues, including headache, back pain, vaginal infection, digestive issues, sexually transmitted diseases, vaginal bleeding, urinary tract infection and abdominal pain. Further, the studies reviewed above have shown that PTSD is a noteworthy mediator by which IPV impacts on physical health behaviour pathways and thus contributes to negative health consequences. However, there is a need for further research on whether screening for IPV reduces the incidence of physical health consequences. Additional studies should also be conducted on the ways in which PTSD functions as a pathway by which IPV impacts on physical health behaviour.

In the next section, I will review the psychological consequences of intimate partner violence.

Psychological Consequences of Intimate Partner Violence

Intimate partner violence (IPV) has been related to a vast selection of psychological consequences, including depression and post- traumatic stress disorder (PTSD) (Warshaw et al., 2009). Peltzer, Pengpid, McFarlane and Banyini (2013) conducted a study with female participants who were currently receiving protective orders in the Vhembe district of South Africa, which investigated the impact of various forms of IPV on symptoms of posttraumatic stress disorder (PTSD) and depression. The results of the study indicated a significant severity of various types of IPV among participants, and further, a substantial number of participants who were experiencing IPV experienced PTSD and depression (Peltzer et al., 2013). Furthermore, the findings of random population studies and studies which have taken place in clinical contexts, have shown that experiences of IPV in women substantially enhance the probability of depression, anxiety, PTSD, somatization, substance abuse and suicide attempts (Warshaw et al., 2009).

Lagdon, Armour and Stringer (2014) conducted a systematic review in which they investigated the effects of every form of IPV on psychological wellbeing of IPV victim-survivors. The findings of the review indicated that experiences of IPV can lead to many

psychiatric morbidities (Lagdon et al., 2014). In particular, many of the studies reviewed found that IPV had a noteworthy relationship with depression, PTSD and anxiety. Further, the results of these studies showed that in accordance with depression, PTSD and anxiety, drug abuse, suicidality and sleep issues were displayed among IPV victim-survivors (Lagdon et al., 2014). Furthermore, studies have shown that abuse of substance by IPV victim-survivors is an effort to self-medicate in order to alleviate a sense of helplessness stemming from the IPV (Carbone Lopez, Kruttschnitt, & Macmillan, 2006 as cited in Lagdon et al., 2014). The studies included in the systematic review also demonstrated that the greater the severity of IPV, the more detrimental the symptoms of co-morbid disorders (O'Campo et al., 2006; Sabri et al., 2013 as cited in Lagdon et al., 2014). As a result, the victim-survivors coping strategies in the abusive environment are impeded (Lagdon et al., 2014).

Carbone-Lopez, Kruttschnit and Macmillan (2006) researched the impact of IPV on physical and mental health and substance use. In corroboration with other research, the study found a noteworthy relationship between health issues, psychological health issues and substance abuse among men and women IPV victim-survivors. Further, 3% of men experience interpersonal conflict violence, which is not multi-dimensional, and includes being pushed or shoved, slapped, kicked, choked, beaten up or sexually assaulted. In comparison, 11% of women disclose experiences of this type of IPV (Carbone-Lopez et al., 2006). Furthermore, the probability of physical aggression and systematic abuse among women is more than double the percentage than that of men. This finding is significant as it is associated with the finding that IPV has a more pervasive negative impact on the health of women (Carbone-Lopez et al., 2006). In particular, it is significantly more probable that women will experience negative physical and mental health consequences and drug use than men (Carbone-Lopez et al., 2006).

Lee, Pomeroy and Bohman (2007) investigated the possible mediating impact of social support and coping methods on the association between intimate partner violence (IPV) and psychological health. The results of the study showed that, for Asian women, the greater the extent of IPV experienced, the more dire the psychological health outcomes displayed, and further, neither social support nor coping mechanisms functioned as alleviators (Lee at al., 2007). Conversely, for Caucasian women, the impact of IPV on psychological outcomes was indirect, as subjective social support and coping mechanisms functioned as mediating factors. The results of the study provide crucial insights for mental health service providers and IPV agencies (Lee at al., 2007). In particular, the findings indicate the value of combining mental health services with IPV services. Further, beyond developing insight into the association between IPV and negative psychological outcomes, IPV intervention providers should

ascertain noteworthy risk and protective factors that contribute to variations in negative psychological outcomes (Lee at al., 2007).

Filson, Ulloa, Runfola and Hokoda (2010) carried out a study among university women in which they investigated whether relationship power could function as a pathway between the association between IPV and depression. Other studies have shown that a sense of powerlessness, due to an abusive relationship, have a more noteworthy association with long-term depression than the experience of violence (Campbell et al., 1995, as cited in Filson et al., 2010). This results demonstrates that the association between IPV and depression is related to power. The findings of the above study reinforce earlier research, by demonstrating that IPV results in detrimental psychological consequences for women (Filson et al., 2010). In particular, the researchers found that the more frequent the occurence of the violence experienced by women, the greater the depression experienced (Filson et al., 2010). Further, the greater the frequency of violence disclosed by women, the less power the women disclosed. Furthermore, the results of the study indicated a relationship between IPV victimization, feelings of powerlessness and depression (Filson et al., 2010). A mediational relationship between these factors was found, implying that the experience of abuse contributes to a sense of powerlessness, which results in depression. This finding is crucial for future intervention programmes focused on the prevention of IPV among women, as it highlights the potential value of empowerment as a means of reducing the likelihood that women will experience IPV and the related risk of depression (Filson et al., 2010).

Thus, treatment for the psychological impact of IPV should address the complexities of victim survivors' individual contexts, and should focus on creating flexible, multi-disciplinary strategies to address trauma in relation to ongoing IPV (Warshaw et al., 2009). Therefore, the above section of this chapter has highlighted that there is a significant relationship between IPV and depression, PTSD, anxiety, and co-morbid disorders such as substance abuse. Further, relationship power functions as a mediator between IPV and depression.

In the following section of this chapter, I will be reviewing the economic consequences of intimate partner violence.

Economic Consequences of Intimate Partner Violence

Financial resources and the ability to obtain employment during or subsequent to exiting an abusive relationship, is crucial for IPV victim-survivors. Women who have sufficient financial resources will be more equipped to obtain independence from their abusive partners economically, and potentially emotionally, socially and legally (Moe & Bell, 2004). Moe and Bell (2004) assessed the effect of IPV on employability of residents at a domestic violence

shelter, who were from a diverse range of employment ranks and contexts. The results of the study demonstrated that the participants were negatively impacted by the financial effects of being unable to go to work or maintain well-paying jobs due to the abuse, which added to their financial insecurity (Moe & Bell, 2004). Consequently, many of the women did not have certainty about how they would be able to provide for themselves and their children, acquire the education required for well-paid jobs and maintain their own safety upon leaving the shelter (Moe & Bell, 2004).

Kimerling et al. (2009) assessed the wider association between IPV and women's level of activity in the workforce. The researchers analysed IPV in the current year, by investigating the impact of physical abuse, emotional abuse, and posttraumatic stress disorder (PTSD) symptoms on unemployment (Kimerling et al.,2009). The results of the study demonstrated significant rates of unemployment among women who disclosed IPV. In particular, 20% of women who disclosed emotional abuse, 18% of women who disclosed physical abuse, and 19% of women with PTSD symptoms, were unemployed (Kimerling et al.,2009). This study adds to an expanding collection of research which demonstrates that IPV has a detrimental economic impact on women. Further, the results of this study support previous research which indicates that IPV has a profoundly negative effect on women's health and mental wellbeing (Kimerling et al.,2009). The finding that PTSD symptoms were closely associated with women's unemployment is significant, as individuals displaying PTSD experience a variety of symptoms, namely undesired traumatic recollections, physiological hyperarousal, and concentration issues, which may hinder the capability of securing and preserving employment (Kimerling et al.,2009). Thus, PTSD warrants more in-depth investigation as an obstacle to employment for IPV victim-survivors (Kimerling et al.,2009).

This chapter demonstrated that IPV negatively impacts on women's employment and thus financial security, due to the financial effects of being unable to go to work or maintain well-paying jobs as a result of the abuse. Further, it was shown that PTSD symptoms impede on the ability to secure and preserve employment, and thus contribute to women's unemployment.

In the next section of this chapter, I will review intimate partner violence interventions.

Review of Intimate Partner Violence Interventions

Individual treatment for IPV is the most frequently implemented strategy to address IPV in the U.S. and other western nations, however, is much less prominent in African countries (McCloskey, Boonzaier, Steinbrenner & Hunter, 2016). Consequently, there is only a small amount of research on the effect of individual treatment for IPV in African countries.

However, studies which have rsearched the impact of IPV intervention programmes in African countries, have found that these programmes have resulted in reductions in IPV (McCloskey et al., 2016).

Stepping Stones is a participatory programme that addresses themes related to gender, HIV and relationship skills (Jewkes et al., 2008 as cited in McCloskey et al., 2016). The programme is aimed at all genders, from the age of eleven and older. Further, participants utilize their own experiences to reflect on and interrogate topics such as gender inequity, violence, sexually transmitted infection and HIV prevention, and cultural norms. This process enables the development and administration of solutions appropriate to participant's contexts (McCloskey et al., 2016).

The findings of a study which evaluated the effectiveness of the program in 35 rural South African villages, indicated a reduction in perpetration of IPV among men (Jewkes et al., 2008). Further, men who took part in the program disclosed increased awareness of IPV and sexual violence and some shared that they had ceased using violent behaviour in their relationships with women (McCloskey et al., 2016). The Couples Health CoOp (CHC) and Women's Health CoOp (WHC)/Men's Health CoOp (MHC) program is a program designed for couples, which focuses on decreasing HIV and risk behaviors. The program utilises the WHC, a behavioural intervention with a feminist and empowerment oriented focus and aims to enhance gender equality and communication (Minnis, 2015 as cited in McCloskey et al., 2016). A study conducted in the Western Cape of South Africa found that, six months after participating in the program, couples in which each partner concurrently participated in the MHC/WHC were predominantly violence-free in comparison to couples in which participation in the intervention was individual or solely to the woman (McCloskey et al., 2016).

However, despite these promising results, many government organisations in Africa have ineffectively addressed IPV, which has hindered the opportunities for societal transformation (McCloskey et al., 2016). Although the IPV field has effectively implemented efforts to enhance the body of research on the effectiveness of psychosocial interventions, the majority of studies investigating IPV interventions do not provide adequate detail about the outcomes of the interventions, which would contribute to the formulation of a framework for conducting intervention programs (McCloskey et al., 2016).

Shai and Sikweyiya (2015) reviewed intervention programmes, that have been assessed and shown to produce positive outcomes and which are aimed at preventing sexual and intimate partner violence in South Africa. PREPARE is an HIV-prevention programme focused on decreasing sexual risk behaviour and IPV among school aged young adults. This invention

takes place at schools and includes sessions focused on enhancing adolescents skills, and is centered on topics such as gender and power, relationships, risky behaviour, violence, self-protection and support (Shai & Sikweyiya, 2015). Further, the programme is focused on building a nurturing school setting, by collaborating with students, teachers, parents and the police to formulate a safety strategy, and an environment in which violence is not tolerate, in addition to enhancing connections with local support services. An evaluation of the intervention was implemented in the Western Cape, and noteworthy decreases in IPV among adolescents was found (Shai & Sikweyiya, 2015). Next, Skhokho Supporting Success is a programme that focuses on preventing IPV among teenagers. The programme involves classroom and after school sessions with high school students, skills enhancing workshops with high school teachers and weekend sessions with caregivers of students (Shai & Sikweyiya, 2015). These varied aspects of the programme aim to collaboratively involve these groups of people in interventions which transform gender norms, enhance relationship forming skills (for example communication and disagreement solving and risk reducing plans) and promote stress management and mental health (Shai & Sikweyiya, 2015). Further, the programme has been pilot tested in Gauteng and Western Cape, and results have indicated that the programme has been received well among participant groups, and that attendance and interaction in the caregiver and teacher sessions was great. Further, caregivers disclosed that the strategies of positive discipline that they were taught in the programme resulted in a decrease in their stress levels, and also enhanced communication with and improved behaviour of their children (Shai & Sikweyiya, 2015). Furthermore, teenagers shared that they appreciated the open interactions with their parents and the less strict discipline. All of the programmes described above target the social causation factors of violence. Further, some of these programmes encourage communication, conflict resolution and parenting strategies, in addition to other factors which may prevent violence (Shai & Sikweyiya, 2015). Further, facilitators are commonly individuals with a high school education and a history of community service, and undergo training on the nature of the programme, facilitation techniques and community interactions. Thus, it is imperative that facilitators support the notion of primary prevention interventions, and receive consistent support during the facilitation process, to safeguard against burnout and to maintain the quality of facilitation (Shai & Sikweyiya, 2015). All of the interventions discussed utilize participatory workshop techniques, which enable individuals to critically examine and discuss their beliefs and ideologies, and thus promotes individual transformation and the receipt of new knowledge into their everyday lives.

Further, the outcome of these interventions, namely decreasing IPV perpetration and/or victimization, indicates that primary prevention- preventing the onset of violence- is the most effective method of responding to IPV in South Africa (Shai & Sikweyiya, 2015).

Kim et al. (2007) conducted a study in the rural province of Limpopo in South Africa, in which they investigated whether the implementation of a microfinance-based poverty reduction program, in conjunction with education related to HIV risk and prevention, gender conventions, intimate partner violence, and sexuality could enhance financial independence, empower women and contribute to decreasing IPV. Microfinance is a concept in which credit and savings services are given to resource-poor individuals, and specifically women living in rural areas, for projects which would contribute to the creation of income (Kim et al., 2007). The results demonstrated that after two years, the risk of IPV in the current year was decreased by more than 50% among the women in the group who took part in the microfinance intervention program (Kim et al., 2007). In particular, women adopted new attitudinal responses such as rejecting the tolerance of abuse, exiting abusive relationships, providing physical and emotional support to others experiencing IPV and creating community groups (Kim et al., 2007).

Thus, the findings supported the proposition that the financial and social upliftment of women can lead to decreases in IPV (Kim et al., 2007). It has also been suggested that microfinance programs can enhance women's empowerment and that the financial skills gained may contribute to increased autonomy, conflict solving skills and enhanced control in relation to making decisions within the woman's family (Kim et al., 2007). Nevertheless, the relationship between microfinance and the empowerment of women is nuanced (Kim et al., 2007). The provision of credit does not ensure that women will have agency with regard to its utilisation, and the duty to pay back loans can enhance the existing burdensome duties experienced by women of disadvantaged socio-economic statuses (Kim et al., 2007). Thus, there is a need for more research investigating whether IPV interventions which are centred around the empowerment of women, assist in reducing the risk of IPV.

Therefore, the above studies implemented in South Africa have indicated the effectiveness of individual treatment for IPV, however there is a need for further studies conducted in other African countries. In the next section, I will be discussing the value of assessment of IPV intervention programmes.

Intervention programmes for IPV victim-survivors are a key aspect of community models of prevention of IPV (Bennett, Riger, Schewe, Howard & Wasco, 2004). However, the value of assessment of these programmes has only recently been recognised and is limited in

its extent. Further, the provision of services is prioritized over the assessment of the effectiveness of those services. This is problematic, as there are a number of issues related to services for victim-survivors of IPV (Messing et al., 2015). Firstly, the nature of IPV support service use is inequitable. For example, heterosexism may prevent same-sex couples from obtaining support services for IPV. Heterosexism includes destructive, false gender-based notions, for example the 'lesbian utopia' which refers to the belief that women do not physically harm other women or hegemonic masculinity which includes the belief that men cannot be victims of abuse (Duke & Davidson, 2009 as cited in Messing et al., 2015). Further, other obstacles to accessing support among LGBTQ victim-survivors include fear of outing, homophobia and fear of re-victimisation (Duke & Davidson, 2009; McClennon, Summers, & Vaughan, 2008 as cited in Messing et al., 2015). Furthermore, victim-survivors who belong to an ethnic minority group frequently experience widespread marginalisation in the form of discrimination, cultural incompetency, language obstacles, and documentation status, which inhibit service use (Messing et al., 2015).

Due to the limited nature of evaluation of intervention programmes for IPV victim survivors, McCloskey, Boonzaier, Steinbrenner and Hunter (2016) conducted a review of IPV prevention and intervention programmes in Sub-Saharan Africa. Individual intervention for IPV is the general strategy for reducing IPV in the United States and Western countries, however this framework is less frequently used in African countries (McCloskey et al., 2016). Further, as there evidence that demonstrates IPV perpetrated by both women and men, interventions should be targeted toward all adults as possible perpetrators, to reduce the incidence of IPV. Further, there is a requirement for more studies which assess the context of IPV, such as who the perpetrators are, and the explanation (McCloskey et al., 2016). Furthermore, in the review by McCloskey et al. (2016), it was demonstrated that change is achievable and that attitudes and behaviour can be altered through training and community-accepted programmes. Further, each of the programmes assessed demonstrated constructive outcomes, however not for each measured component. The programmes had a number of common features, which should be noted: Almost all of the programmes were administered with the collobarative participation of local community leaders, they brought people together to examine and dissect stereotypes, action patterns and gender-associated problems related to violence and sexuality, and thus participants formed social bonds, they highlighted negative stereotypes and there was overt discourse around topics such as sex, HIV and IPV, each of which are themes that are traditionally taboo in African communities. Further, the overt acknowledgement of these topics in a public sphere deconstructs the secrecy that reinforces

these destructive practices. The programmes had different aims: IMAGE was focused on women solely, while the MNI or YMOT were focused on adolescent boys and young men. Further, programmes that were formulated for both men and women frequently produced varied results by gender. For example, SHARE demonstrated noteworthy improvements for women only, as less women disclosed revictimization at follow-up. In contrast, Stepping Stones resulted in significant change in men's self-disclosed sexual behaviour and IPV, however minimal or lack of change in women's reports. However, at follow-up, it was 15% less probable that women would receive positive HIV results, which indicates that the behaviour alterations disclosed by men may have resulted in reduced risk for women as they lived in the same village. Due to the obstacles of administering community-centered programmes, and stimulating cognitive-behavioural change, these findings are promising, particularly as they originate from various programmes in different African countries.

Fourthly, IPV victims feel a sense of security while residing in IPV shelters, and lastly, the impact of IPV counselling programs are small but noteworthy. Although these results related to the effects of IPV programs are positive, the quality of assessment of IPV programs can be enhanced by improving the measurement of outcomes and by utilising comparison groups (Bennett et al., 2004). This aspect of assessment is integral, as qualitative information would provide much greater insight into outcomes of these programs (Bennett et al., 2004). Although the assessment of IPV intervention programs in this study indicates that the programs results in positive outcomes, it also highlights what IPV intervention advocates have emphasized, that IPV service providers interact with women who have been involved with many more issues than IPV alone (Bennett et al., 2004). Many IPV victim-survivors who require intervention services are also faced with issues of homelessness and poverty, in addition to the multiple struggles that are related to these issues. Thus, the impact of IPV intervention services cannot be improved without a wide-spread government focus on addressing matters including childcare, employment, cost-effective housing and social equity (Bennett et al., 2004).

Further, evaluation of intervention programmes alone is not sufficient, to enhance their effectiveness. It is equally important to ascertain what IPV victim-survivors believe are necessary and helpful aspects of an intervention programme. Thus, Chang et al. (2004) interviewed women who previously experienced or are presently experiencing IPV in order to investigate what women believe are the necessary components for a useful IPV intervention. A dominant theme among all of the interviews was that IPV interventions should be catered to the particular requirements and degree of readiness (to access assistance) of individual women

(Chang et al., 2004). Further, as a result of the complex nature of IPV and thus the necessity of formulating context-specific interventions, the participants shared that they wanted the process of obtaining resources to be direct and confidential (Chang et al., 2004). Moreover, the women reported that they wanted a range of resource options and individual autonomy in relation to selecting resources and felt that health providers should be one of numerous sources of IPV information and support (Chang et al., 2004).

Numerous studies on the effect of a unified community IPV intervention approach have found that the majority of residents in IPV shelters and in behavioural intervention programmes for IPV perpetrators, belong to minority groups (Field and Caetano 2005; Hamberger and Guse 2002; Hampton et al. 2008, as cited in Barner & Carney, 2011). Further, the formation of the shelter movement arose from a mainly white demographic group, whose socioeconomic status (SES) formed part of the upper- to middle-class categories (Bograd, 1999). Furthermore, when particular groups are not considered "legitimate" victims, services may be minimal or absent and access to services may be significantly impacted on by social location. Hampton et al. (2008) asserted that, in relation to interventions for IPV victim survivors, a restorative justice perspective should be adopted, as opposed to a conventional criminal justice model, as means of encouraging increased individual empowerment and community resilience. Further, the researchers argued that a restorative justice approach is beneficial, as it promotes the process of the community forming solutions to IPV, that are inherently aligned to racially or culturally nuanced values (Hampton et al., 2008). In contrast, inflexible 'demonisation' of IPV perpetrators may unintentionally disable or undermine the community's response capabilities, by arresting and extracting perpetrators using a response strategy that may be viewed as marginalizing, or overtly racist, to the community (Barner & Carney, 2011).

Thus, there is a need for further studies and planning of intervention programmes, in order to formulate interventions that are culturally sensitive, and which promote an organic and independent community response (Barner & Carney, 2011).

The Impact of Trauma-Focused Interventions on Self-efficacy, Empowerment and Depression

Intimate partner violence has the potential to result in experiences of trauma, which has extremely detrimental psychological and physical outcomes (Sullivan, Goodman, Strom and Ramirez, 2017). As a result, intimate partner violence shelter programs have enhanced the focus of the program on assisting IPV survivors to comprehend and recover from this trauma. These trauma-focused principles include: displaying insight into trauma and its impact on wellbeing and action patterns, responding to both physical and emotional security fears,

utilizing a culturally sensitive strengths-based modality, assisting survivors to comprehend the impact of IPV on their everyday experience and helping survivors to harness agency over their lives (Sullivan et al., 2017). Although these principles have become increasingly widespread, there is minimal information about their impact on survivors. Thus, research on the impact of trauma focused principles on survivors is needed. However, this research should be wide in its scope, by investigating the effects of trauma focused practices on a range of IPV intervention programs, rather than shelter programs alone (Sullivan et al., 2017).

Sullivan et al. (2017) investigated the degree to which trauma-focused interventions, from shelter residents' perspectives, was associated with alterations in their feelings of self-capability, empowerment and symptoms of depression. The researchers issued a survey to shelter residents at two points in time: soon after they began their stay the shelter, and 30 days after, or when leaving the shelter if they had stayed in the shelter for a minimum of two weeks (Sullivan et al., 2017). The study found that survivors disclosed enhanced self-efficacy, greater safety-associated empowerment, and reduced symptoms of depression, during their stay at the shelter. In particular, trauma focused interventions were most significantly related to survivors' safety-associated empowerment (Sullivan et al., 2017). This outcome is consistent with shelter programs' significant focus on safety strategizing with survivors (Sullivan et al., 2017). Additionally, it may be indicative of shelter staffs' use of empowering modalities, aimed at enhancing survivors' sense of individual agency and control (Cattaneo & Goodman, 2015; McGirr & Sullivan, 2017 as cited in Sullivan et al., 2017).

This is highly probable as the survey utilized in the study concentrated on survivors' feelings related to their capability of implementing safety plans (Goodman et al., 2015 as cited in Sullivan et al., 2017). The implementation of a trauma focused framework also impacted on survivors' feelings of self-efficacy. It is highly likely that staff members' empathy and positive affirmation resulted in survivors acknowledging their unique strengths and abilities (Sullivan et al., 2017). Further, increases in self-efficacy may also be indicative of the trauma focused principle of psychoeducation, such as informing survivors about the physiological aspects associated with trauma that can impede on individual's capability to enact novel behaviours (Sullivan et al., 2017). Staff utilizing a psychoeducation approach may have assisted survivors to identify these factors (such as fear and trembling), accept them and find novel methods of self-regulation. Due to the short length of time between the first and second time points in the study, the use of a trauma focused framework was not associated with reduced depressive symptoms, however depression among the sample decreased during the stay in the shelter (Sullivan et al., 2017). This reduction in depression may be the outcome of the change from a

volatile environment into an environment which cultivated safety and harmony. This drastic change may have overshadowed more covert outcomes of particular trauma informed practices (Sullivan et al., 2017). These findings indicate a need for further research regarding whether a decreased in depressive symptoms continued over time, and whether a trauma focused framework ultimately resulted in additional reduction of survivors' depressive symptoms (Sullivan et al., 2017).

Nevertheless, the findings demonstrate that survivors who experience the practices during their stay in the shelter as more trauma focused, disclose increased progress in relation to self-efficacy and safety associated empowerment (Sullivan et al., 2017). These results are noteworthy, as they indicate that the trauma focused framework specifically results in positive outcomes, and supports the use of ongoing incorporation of trauma focused principles into IPV intervention programs (Sullivan et al., 2017).

A Review of IPV Services Provided to Women with Disabilities

Studies have shown that there are a number of obstacles for IPV programs, related to providing sufficient services to women with disabilities. A potential method of addressing these difficulties involves communicating with other community programs that serve women with disabilities (Chang et al., 2013). Professionals and advocates for people with disabilities have recommended this concept of networking with community disability organisations. The support provided by disability organisations could enable IPV program providers to improve their examination of a woman's functional abilities and following this, reform the catering of an intervention provided to her (Chang et al., 2013). For example, standard methods for safety strategizing to exit the abusive situation may not be attainable for women who are physically reliant on their abusive partners. Thus, safety strategizing may require novel forms of seeking help and disability-relevant plans, namely, packing extra equipment and medical resources (Chang et al., 2013). Both IPV and disability organisations would derive value from each other, through synchronization of services, sharing resources, increasing the parameters of service provision, and working together on financing applications. Thus, collaboration between IPV and disability organisations would enhance the quality of services provided to women with disabilities (Chang et al., 2013).

Chang et al. (2013) implemented a study in which they aimed to provide explanations of the forms of services received by women with disabilities at community-based IPV programs in North Carolina in the US, the difficulties experienced and plans utilised to provide the services**.** The researchers found that most of the IPV programs in North Carolina provided assistance to women with disabilities and were somewhat equipped to provide counselling and

other services to women with disabilities, regardless of restrictions related to venue, trained staff members and finances (Chang et al., 2013). A few of the programs were somewhat equipped to provide transportation services to women with physical impediments and to interact with women with hearing or speech impediments. These responses indicate that the programs applied effort to assist victim-survivors with disabilities, demonstrating the advocacy nature of community IPV programs which try to address the needs of victim-survivors through flexibility and ingenuity

(Chang et al., 2013). However, regardless of their resourceful approaches, the IPV programs acknowledged obstacles that restrict their capability to provide optimum services to women with disabilities (Chang et al., 2013). The fundamental obstacles disclosed were absence of funding to obtain extra equipment and implement structural alterations to facilities and providing education on disability matters to staff. As community IPV programs are frequently dependent on private donations and government grants, managing minimal resources is a continuous difficulty (Chang et al., 2013).Further, despite the fact that each of the programs demonstrated an eagerness to cater services for women with disabilities, it is highly probable that these programs experience difficulty with designating their budget, unless it is specially delineated for providing services to women with disabilities (Chang et al., 2013). Many of the programs incorporated in the study referred to greater funding, assistance with infrastructure and skills development of staff as factors that would enhance their capability to provide services to women with disabilities.

A Review of the Effectiveness of Various Forms of Intervention in Decreasing IPV Among Pregnant Women

In a study by Groves, Kagee, Maman, Moodley and Rouse (2012), it was shown that IPV during pregnancy is related to multiple health issues, including emotional distress during pregnancy. In their study, conducted in Durban, South Africa, pregnant women who participated in the South Africa HIV Antenatal and Posttest Support Study (SAHAPS), who filled out the basic survey, were incorporated in the analysis. Almost a quarter of the women whose responses were analysed in the study by Groves et al. (2012) were victim-survivors of some form of IPV during their pregnancy.

For some women, pregnancy is the sole period in their lives in which they have consistent interaction with health care providers. Therefore, pregnancy forms an opportunity for the detection of and intervention for IPV. Further, experts suggest that IPV can be decreased by up to 75% if detection and intervention was implemented in health care contexts (McFarlane et al., 2000). Thus, McFarlane et al. (2000) implemented a study in which they evaluated the

effectiveness of three forms of intervention in reducing IPV among pregnant women obtaining prenatal health care services in public health clinics. Each participant was randomly assigned to an intervention, namely, Brief, Counselling and Outreach (McFarlane et al., 2000). The Brief intervention included giving pregnant women a resource card which contained contact details of local agencies which provide help to victim-survivors of IPV, such as the police and legal aid. Further, the card contained information about organizing individual safety (McFarlane et al., 2000). The women were also provided with an information booklet, and asked whether it was possible for them to use the above resources and remain safe. The Counselling Intervention included the provision of unlimited counselling service by a professional counsellor trained to work with victim-survivors of IPV (McFarlane et al., 2000).

The counsellor operated within the maternity clinic, and the women could either book appointments with the counsellor or arrive for unplanned sessions. The women were also able to contact the counsellor via telephone and pager (McFarlane et al., 2000). The counsellor provided counselling and information, referred clients to agencies assisting with IPV, and helped the women to obtain the assistance they requested. The Outreach intervention contained the same unrestricted provision of counselling, in addition to the services of a 'mentor mother' (McFarlane et al., 2000). The mentor provided support, referral and helped the women to obtain community services, through visits and phone calls with the women. The mentors also held prenatal education sessions in which they provided the women with knowledge on IPV. Mentors were non-professional women who were mothers and resided in the communities in which the prenatal clinics provided services to (McFarlane et al., 2000). The mentors had been trained on how to help pregnant to access assistance to end the violence experienced, and how to initiate contact with abused women. Further, the mentors were taught by the public health department's sexually transmitted diseases employees, on how to conduct standard procedures. All the interventions were ended at delivery, and the women were contacted for interviews two months after delivery (McFarlane et al., 2000).

The findings indicated that IPV rates two months after delivery were notably lower for women who had access to both counselling and mentoring, than women who had access to counselling alone (McFarlane et al., 2000). The results of the women who received counselling alone were not notably less than those of women who were provided with a referral sheet and information booklet. However, both threats of and experiences of IPV results were reduced over time for each group of women (McFarlane et al., 2000). The utilization of resources was minimal for each group of woman, and thus the utilisation of community agencies did not differ notably by intervention group. Further, the results indicated that women in every group

experienced a reduction in IPV two months post-delivery (McFarlane et al., 2000). However, this may be associated with the conduction of an IPV evaluation, which highlights the crucial role of an evaluation as an intervention. Evaluation may indicate to the woman that IPV is dire and worrying to the health care professional, and that support is accessible from them if required (McFarlane et al., 2000). There are many aspects which reduce the wide spread applicability of the results. Firstly, only one ethnic group was incorporated in the study, the clinics used in the study were not randomly selected, and the study was implemented in a sole, large, urban health area (McFarlane et al., 2000). Further, the data in the study was self-disclosed and thus could have resulted in recall bias. Future research is required, which utilizes the interventions from this study, with numerous ethnic groups, in rural public health centres and diverse clinical environments (McFarlane et al., 2000). Furthermore, linking self-disclosed data with alternative sources may reduce the influence of recall bias and provide confirmation of self-disclosed data. Moreover, the fact that the study concentrated on the period before delivery solely, may have restricted the impact of the interventions (McFarlane et al., 2000).

Thus, future studies should include intervention in the period after delivery, in order to evaluate the long-term impact of the interventions. Further, future studies should conduct interventions with the abusive partners, and assessment of these programmes is required (McFarlane et al., 2000).

Most Effective Forms of Intervention for Specific Groups of IPV Victim-Survivors and Perpetrators

Intimate partner violence is a pressing problem worldwide, and has detrimental effects on women's health (Trabold, McMahon, Alsobrooks, Whitney & Mittal, 2018). Although there is a significant number of studie on IPV and the way in which it affects various degrees of care, there is an insufficient amount of research on IPV intervention in relation to levels of care (Trabold et al., 2018). In particular, there is a need for research investigating which forms of intervention are most effective for specific groups of IPV victim-survivors. Thus, in this section, I will be discussing the effectiveness of IPV interventions in relation to levels of care, and further, which interventions have been shown to be effective for both victim-survivors and perpetrators of IPV, respectively.

Trabold et al. (2018) conducted a systematic review in which they assessed the effectiveness of IPV interventions for victim-survivors, with regard to physical and psychological health and reoccurrence of experiences of IPV. The findings of the studies reviewed demonstrated that both empowerment-centred advocacy and cognitively centred

clinical interventions have a constructive impact on women across a diverse range of contexts (Trabold et al., 2018).

The review produced a number of key findings. Firstly, clinical interventions that demonstrated efficacy and effectiveness contained aspects of problem resolving, encouraged decision making agency, and incorporated strategies for the adjustment of warped perceptions about the self (Trabold et al., 2018). Interventions that incorporated these aspects showed potential for contributing to enhanced physical and mental health and quality of life for IPV victim-survivors. Secondly, concentrated advocacy-centred interventions for women exiting shelters are helpful in order to enhance their security and quality of life (Trabold et al., 2018).

Thirdly, both individual and group cognitive and CBT interventions resulted in decreased depression, anxiety and trauma symptoms/PTSD. Numerous studies incorporated additional results that were organized into broad mental health evaluating system (Trabold et al., 2018).

Positive additional outcomes were found for every study, irrespective of the intervention form, and the advocacy-centred intervention post- shelter demonstrated lasting positive outcomes, which were sustained up to 2 years (Trabold et al., 2018).

The studies reviewed also demonstrated that addressing primary needs such as food, shelter and security are required in order for victim-survivors to concentrate on psychological health and mental wellbeing through various therapeutic interventions (Trabold et al., 2018). The above study also demonstrates the strengths of empowerment and trauma focused interventions, and thus indicates the potential benefits of the formation of a trauma focused framework to the provision of IPV interventions (Trabold et al., 2018).This includes forming a secure environment which entails taking note of the effect of the trauma and the victim-survivor's response to trauma, while assisting the individual to regain feelings of agency and empowerment (Trabold et al., 2018). Despite these useful findings, the studies incorporated in the avoe review had many methodological issues. Sample sizes were minimal, numerous studies were test studies and were not reproduced in alternative contexts, and attrition rates were significant in treatment conclusion (Trabold et al., 2018). Further, there was insufficient diversity among study participants, thus reducing the generalizability of results (Trabold et al., 2018).

These limitations, and the high attrition rates across studies, indicates the need for interventions that take into account readiness of change and desire/capability to receive services. Some research has recommended a psychosocial readiness to receive services framework for the provision of interventions, and further research should be conducted on the

feasibility of this framework (Cluss et al., 2006 as cited in Trabold et al., 2018). Further, persistent abuse has been demonstrated to impact on the effectiveness of interventions on mental health scores, therefore an awareness of the individual within the context of their current circumstances, may be helpful in relation to the provision of IPV intervention services (Trabold et al., 2018).

In the review by Trabold et al. (2018), it was discovered that women staying in the abusive relationship was a mediating factor, which should be taken in account when formulating interventions. Further, some interventions did not result in positive changes for each group of IPV victim-survivors. However, the results indicated that a variety of targeted intervention frameworks can positively impact on physical and psychological health and revictimization outcomes among IPV victim-survivors (Trabold et al., 2018). Future studies on IPV interventions should utilize greater, more diverse samples, use research principles that sustain participants in the intervention and study participation by implementing multisite randomized trials (Trabold et al., 2018). Moreover, the adoption of trauma-focused methods increased positive outcomes, and thus should be included in the focus of future intervention studies. Lastly, gaining insight into which interventions are effective, and for which groups of IPV victim-survivors, and in which context, is required to enhance the literature on IPV interventions (Trabold et al., 2018).

Stover, Meadows and Kaufman (2009) implemented a systematic review of IPV intervention studies, in which the studies were categorized into four group, according to the predominant emphasis of the treatment. These four groups included perpetrator, victim, couples or child-witness interventions. The findings of the review demonstrated that there is an absence of research on the long-term success of most of the well-known intervention models for victim-survivors and perpetrators of IPV, such as the Duluth model for perpetrators and shelter-advocacy programmes for victim-survivors (Stover et al., 2009). Further, the results indicated that the rates of reoccurrence of IPV in many perpetrator and partner-centred interventions are 20-30% within 6 months, irrespective of the intervention framework utilized. Thus, further research needs to be conducted into which forms of intervention are appropriate for which groups of IPV perpetrators and couples (Stover et al., 2009). Widespread policies which include particular intervention frameworks for all perpetrators are ineffective. The evaluation of individual intervention requirements would enable greater compatibility between perpetrators and their court-assigned intervention (Stover et al., 2009).

Behavioural couples therapy (BCT) which amalgamates substance abuse treatment modalities, couples therapy and cognitive behavioural therapy, seems to be a successful

intervention form for incidences of IPV in which one or both parties have a substance use problem. BCT demonstrated the lowest scores of reoccurrence of IPV (18%) and treatment dropout (14%) in contrast with other interventions for perpetrators (Stover et al., 2009). Due to the significant comorbidity between IPV and substance abuse issues, future studies should investigate combined intervention strategies. The findings of the review indicate that advocacy interventions for victim-survivors of IPV contribute to enhance sense of security and support and short-term decreases in abuse (Stover et al., 2009). Manualised dyadic or concurrent child-parent trauma-centred interventions result in a decrease in symptoms in both children and their parents. Therefore, organising advocacy and dyadic parent child trauma-centred interventions for victim-survivors, coinciding with perpetrator intervention, may result in the most promising outcomes for families (Stover et al., 2009). In contrast, families are frequently referred to a diverse range of service providers in varied contexts. For example, the courts may order that a perpetrator attends an IPV perpetrators intervention programme, substance abuse intervention and a parenting workshop (Stover et al., 2009). Further, child protective services may suggest that the victim-survivor mother attends counselling and a parenting workshop, while sending her children for individual counselling. Frequently, these services are delivered by a diverse range of service providers in various location, and are poorly aligned to each other

(Stover et al., 2009). Thus, an improvement in amalgamating treatment plans and delivery of these plans in one location, is required (Stover et al., 2009).

Studies on primary-care centered IPV interventions have not been methodically clustered, and thus it is challenging for policymakers and health care providers to formulate ways of responding to IPV in the primary care context (Bair-Merritt et al., 2014). Thus, Bair-Merritt et al. (2014) implemented a systematic review in which the researchers assessed primary care-centered interventions for IPV. Although the findings of the studies reviewed were varied, most of the studies indicated that interventions resulted in positive outcomes. Most of the interventions were provided in reproductive health contexts (Bair-Merritt et al., 2014).

This is necessary, as rates of IPV during pregnancy range from 3% to 9%, and studies have demonstrated that IPV during pregnancy has a dire impact on the pregnant woman and the fetus.

This is problematic, as the incidence of IPV is greatest among families with young children, and among mothers who take their child for an appointment with a pediatrician. Further, women experiencing IPV have disclosed that they believe that the pediatric environment is a crucial setting for IPV screening, and further, that they feel at ease sharing their experience with their child's pediatrician (Bair-Merritt et al., 2014).

Therefore, more studies should investigate the effectiveness of IPV interventions in the pediatric setting. However, it is also necessary to examine the obstacles experienced by healthcare providers in providing IPV screening and interventions (Bair-Merritt et al., 2014). In particular, studies have found that health care providers have reported an absence of comfort in screening, time restraints due to the responsibilities of primary care and an insufficient array of evidence-centred strategies for responding to IPV. However, the findings of the studies reviewed indicate that there are evidence-centred models of IPV intervention that are suitable for the primary care context (Bair-Merritt et al., 2014). Nonetheless, none of the interventions reviewed were predominantly provided by a physician, but rather were formulated to be provided by a multidisciplinary care team. This concept is affiliated to contemporary healthcare strategies to alter primary care systems into Patient- Centered Medical Homes (PCMHs) (Bair-Merritt et al., 2014). The PCMH model is based on a transformation from doctor-provided care to doctor supervised care. Doctor- provided care entails the formation of care groups where nurses, social workers and case managers activate and synchronise their unique skills to provide the most effective form of patient care. Thus, the findings of this review indicate that the formulation of medical teams that incorporate professionals who are trained in addressing IPV, is crucial (Bair-Merritt et al., 2014). Moreover, this review highlights that further research is required to evaluate which intervention aspects are most effective, and for which groups of IPV victim-survivors, ways in which interventions can be successfully duplicated and expanded to enhance positive outcomes and which other outcomes, such as health care costs should be ascertained (Bair-Merritt et al., 2014).

The Impact of Economic IPV Interventions on Reduction of IPV

Ahmed (2005) reviewed the effect of a credit-centered development intervention on IPV against married women in Matlab, Bangladesh. The intervention was a combined project of BRAC and ICDDR, B (International Centre for Diarrhoeal Disease Research, Bangladesh).

BRAC is a local NGO which focuses on poverty alleviation and ICDDR, B is an international Centre for Health and Population Research. BRAC's Development Programme (BDP) is aimed at households of a disadvantaged socio-economic status, and focuses on enhancing the heatlh and socioeconomic status of these households, through informal education, skill enhancement workshops and free loans for income accumulating activities (Ahmed, 2005). The outcomes of this study demonstrate the influence of BRAC membership on married women’s experiences of IPV. The data was analysed using logistic regression, and two models were tested (Ahmed, 2005). In the first model, the predictors of any form of

violence were those that were labelled as noteworthy in the bi-variate analysis, excluding household's reported assets, which was included due to its value as a self-rated poverty measure. Further, the women's BRAC membership status was included as a predictor of violence in the model (Ahmed, 2005).

In the second model, BRAC membership was substituted with 'form of membership' as a predictor. This predictor represents the quality and length of membership, since as membership duration increases, skill training is progressively included in the intervention (Ahmed, 2005).

The findings indicated that BRAC membership was related to a greater probability of IPV in the first model. Conversely, in the second model, the length of participation, including involvement in credit based income accumulating activities and skills training of women, was related to a reduction in the probability of IPV (Ahmed, 2005). There are a number of explanations for these results. Membership in a credit group creates numerous opportunities for women, including expanding their awareness as a result of group meetings, educational workshops and involvement in the public sphere (Ahmed, 2005). Further, membership enables women to be exposed to knowledge and information, which contributes to an increase in control and autonomy over their own lives. Furthermore, skills enhancement training exacerbates the occurrence of these outcomes, as it equips women to deal with conflict and avoid violence scenarios, with greater assertiveness and knowledge (Ahmed, 2005). Conversely, husbands may become accepting of the strengthened economic position of their wives, and early negative feelings toward this may be substituted with acceptance and gratitude.

Further, the enhanced presence of women in the public sphere, as a result of BRAC membership activities, and transforming societal beliefs through these activities, may mean that it less feasible for husbands to perpetrate IPV without experiencing social ostracization (Ahmed, 2005). The results of a study by Hussain et al. (1995 as cited in Ahmed, 2005) showed that, after four years, membership in BRAC resulted in independence and freedom of movement for women and IPV decreased. The aboves study enhances the research on the association between micro-credit and IPV, by highlighting the value of the length and quality of membership in microcredit programmes, for decreasing IPV perpetrated against women by their husbands (Ahmed, 2005).

IPV and HIV are both universal, pervasive issues, with comparable origins related to gender and economic inequity. Economic interventions have functioned as an integral strategy of preventing IPV and HIV (Gibbs, Jacobson & Kerr Wilson, 2017). Gibbs et al. (2017)

reviewed research literature on assessments of economic interventions which aimed to prevent IPV and/or HIV risk behaviours. The findings of this review indicated that interventions which only enhanced economic status, through cash transfers or participation in economic enhancing programmes such as microfinance, demonstrated varied findings (Gibbs et al., 2017). Specifically, studies disclosed increases, reductions and no effect on HIV risks behaviours and IPV. These varied outcomes can be attributed to a diverse range of reasons. For example, some research has shown that when women achieve enhanced financial freedom in a relationship, they may experience a negative response from their partner, as men believe that their position of 'superiority' is threatened (Gibbs et al., 2017).

In a study of married women conducted in India, it was more probable that women who obtained jobs during the course of the study would experience IPV than those that did not. Second, the studies which were reviewed indicated that the effect of financial enhancement interventions on IPV may be related to individual aspects such as whether the women live in urban or rural areas, and whether the community they reside in is liberal or conservative (Gibbs et al., 2017). For example, Heise and Kotsadam (2015, as cited in Gibbs et al., 2017) conducted an analysis of multiple countries, in which they found that women who are employed have a reduced risk of IPV in contexts where women's employment is widespread, however enhance the risk of IPV in contexts where few women are employed.

Conversely, the interventions which amalgamated financial and gender transformative interventions, demonstrated positive or neutral outcomes, and no negative results (Gibbs et al., 2017). This indicates that women's HIV and IPV-risk are frequently influenced by the interwoven nature of gender inequity and financial disempowerment, and that effectively addressing these issues requires an amalgamation of economic and gender empowerment focused interventions. Further, this review reflected the absence of studies around successful interventions for various groups of people, namely female adolescents and female sex workers (Gibbs et al., 2017). Interventions were commonly centered on adult women, and the absence of interventions for women and girls under the age of 18 has been highlighted in other reviews of economic interventions for women. This absence of interventions for women under the age of 18 can be attributed to a number of aspects, namely absence of acknowledgement of their risk of HIV and IPV, ethical obstacles related to young people's participation in research studies, and a denial of viewing adolescent girls as independent actors (Gibbs et al., 2017).

Merely three interventions were specifically centred on female sex workers, in spite of international studies indicating the significant impact of HIV and IPV on this population. However, the interventions that were focused on female sex workers, demonstrated positive

outcomes, and frequently formed part of greater sex worker moblisation intervention, as opposed to functioning as 'one-off' individual interventions (Gibbs et al., 2017). The possibility of greater societal and structural transformation through community mobilization should be investigated in future studies.

Further, the absence of studies around interventions for adolescent girls and female sex workers is deeply problematic, due to the great risk of HIV and IPV that these populations are exposed to, but additionally because it is probable that they experience particular intervention programme obstacles (Gibbs et al., 2017). For example, early interventions with women under the age of 18 demonstrated numerous issues, with flat results. However, as interventions have been improved, intervention programmes for girls under the age of 18 have progressively demonstrated positive findings (Gibbs et al., 2017). Comparably, a review by the Global Network of Sex Work Projects of financial interventions for female sex workers in Africa demonstrated the value of including sex workers in the formulation of intervention programmes, indicating that interventions should not be merely replicated among settings (Gibbs et al., 2017). Further, this review emphasizes the absence of studies on the outcomes of intervention on HIV and IPV collectively, as merely 6 out of 45 studies ascertained both HIV risk behaviours and IPV occurrences. Due to the fact that numerous studies have indicated that IPV and HIV have shared risk aspects, this is a noteworthy absence in the body of research on the subject (Gibbs et al., 2017). Furthermore, although some studies demonstrated that economic focused interventions can either enhance or reduce male controlling actions, a crucial aspect for HIV and IPV risk, this aspect was not included in numerous studies (Gibbs et al., 2017). Further, economic violence was only examined in a few studies, however this is a crucial gap in the literature, as the central objective of numerous economic interventions is to enhance women's financial freedom in association to male partners (Gibbs et al., 2017).

Thus, the previous section demonstrated that economic interventions for IPV, when combined with gender transformative interventions, can result in freedom and independence for women, and thus a reduction in IPV. Future studies should examine in more detail the impact of provision of credit to households of disadvantaged socio-economic status, the effect of skill training on the occurrence of IPV, and how these function conjointly in relation to micro-credit, to impact on the rates of IPV against women (Ahmed, 2005). Further, this review reflected the need for research around successful interventions for various populations, namely female adolescents and female sex workers (Gibbs et al., 2017).

Chapter Three: Methodology

Theoretical Orientation of the Research

This study's perspective on IPV is aligned with that of intersectional feminism, which critiques anti-essentialism, and acknowledges that multiple aspects of one's identity impact on an individual's experience of a phenomenon (Lacey et al., 2013). For example, a gender essentialist perspective would categorise the experiences of White and Indian women under the label 'all women'. Thus, due to the sole category of gender, patriarchal conventions would oppress women as a group (Lacey et al., 2013). In contrast, an intersectional perspective highlights the relevance of additional forms of individual identity, such as sexual orientation, disability and socio-economic status (SES) (Lacey et al., 2013). Thus, for example, the experiences of White, heterosexual, able-bodied, middle-class women and Indian, lesbian, disabled, working class women could be analysed. Further, an intersectional perspective asserts that lived experiences of oppression, for example being oppressed as 'a Black person,' are inherently intertwined with other forms of identity of an individual, such as gender, SES, disability status, sexual orientation, age, nationality and geographical location (Yuval-Davis, 2006).

Intersectional feminism was originally formulated by black feminists in order to address the issues raised by groups of marginalized women and black women that were associated with the generalization of White, middle-class, Western women's experiences to that of all women's experiences, in feminist research (Damant et al., 2008). However, Crenshaw (1994 as cited in Damant et al., 2008) argues that a differentiation should be asserted between intersectionality and antiessentialism, which has postmodernist origins. Although the aim of postmodernism, in critiquing how meaning is socially constructed is important, one form of antiessentialism involves the argument that since every category is socially constructed, categories such as Black or Lesbian do not exist, and thus one should not form alliances around them (Damant et al., 2008). However, the assertion that categories such as race and sexual orientation is socially constructed does not imply that these categories bear no importance in society or to people's lived experiences.

Further, intersectional feminists highlight the importance of categories, as they enable the acknowledgement of diversity amongst women, and forms of identity such as race, gender, socio-economic status and sexual orientation form important categories for interpretation (Damant et al., 2008). Furthermore, intersectional feminists highlight these categories, as they depict current power dynamics in society, as power functions at various stages, such as

individual, systemic and structural. At a structural stage, intersectional feminists recognize many forms of oppression such as patriarchy, racism, capitalism and heterosexism (Damant et al., 2008).

An intersectional and structural perspective provides important appraisals of the IPV movement, which has historically provided an inadequate focus on the experiences of abused women from marginalised groups, such as black women, lesbian women, working class women, immigrant women and women with disabilities (Kanuha, 1994 as cited in Sokoloff & Dupont, 2005). Thus, intersectional feminists argue that intervention approaches for IPV that are developed with the understanding that all women experience IPV in the same way, is problematic(Crenshaw, 1994). Further, it is necessary that unique interventions are provided for abused women of diverse religions, sexual orientations and nationalities (Sokoloff & Dupont, 2005). For example, the main issues for unstably housed abused women may be to obtain safe housing and welfare grants (Josephson, 2002 as cited in Sokoloff & Dupont, 2005), while abused women who are immigrants may need access to bicultural and bilingual services and an understanding of the cultural contexts of their countries of origin (Rivera, 1997). Thus, an intersectional framework is suitable for the present study, as it enables the exploration of the ways in which IPV victim-survivors' individual identities intersect and as a result, influence the ways in which they construct forms of identity through the process of sharing their experiences of the *Earn to Survive* IPV intervention program.

According to George and Stith (2014), although understanding the role of patriarchy in relation to some forms of IPV is important, the patriarchal societal structure has been asserted as the dominant cause of IPV. Thus, George & Stith (2014) assert that should be a shift in studies on causes of IPV 'beyond patriarchy", and thus enhance perceptions of feminisms, through the application of a feminist, intersectional lens. Intersectional feminists argue that new plans should be implemented to address the multi-faceted roots of IPV and the diverse range of IPV victim-survivors (George & Stith, 2014). For example, when men report experiences of IPV, interventions services should be provided to them, as with any IPV victim-survivor. However, acknowledging that not every IPV victim-survivors is a woman does not imply that services catered to assist women IPV victim-survivors should be decreased or removed. Comparably, Merlis and Linville (2006 as cited in George & Stith, 2014) investigated lesbian women's experiences of IPV, and found that participants disclosed the attempts of the lesbian community to sustain its image as an idealized, 'utopian' existence.

With regard to the 'lesbian utopia' victims of IPV have reported dissatisfaction, due to being stigmatized and thus keeping their experience of IPV private, as they believe that sharing

their experience is forbidden (George & Stith, 2014). If their experience is revealed, they may believe that the lesbian community in its entirety is tarnished by an additional example of pathology. Thus, the 'lesbian utopia' is an example of an essentialist stalemate between gender and heteronormativity, where there is an expectation that women be nurturing figures in an intimate relationship, and who should solely have to rally against a heteronormative society

(George & Stith, 2014). As part of the process of applying an intersectional framework to the study, I will be aware of my power as the researcher, my own cultural history as they are represented during the interviews with participants, and how these experiences impact on my relationship with participants and the research process in its entirety (George & Stith, 2014).

Although the availability of intervention programs for IPV victim-survivors in the US has increased in the past 50 years, marginalized and vulnerable populations of victim-survivors still experience barriers to accessing services (Kulkarni, 2019). Thus, developing practice models highlight the need for reforming IPV services within an intersectional feminist, trauma-centered model. Kulkarni (2019) provides a summary of intersectional, trauma-centered IPV intervention strategies. These strategies can significantly improve IPV service delivery if organizations implement the core aspects into intervention program formulation, implementation and assessment stages (Kulkarni, 2019). An intersectional lens highlights the ways in which identity markers, such as race, socio-economic status, disability, gender and sexuality are interconnected, and thus impact on IPV experiences. Thus, individuals from marginalized populations experience multi-faceted forms of oppression and its related difficulties, which are not sufficiently responded to by mainstream IPV services (Kulkarni, 2019).

Applying an intersectional lens to IPV entails firstly assessing how structural inequalities perpetuate IPV and secondly assessing the impact of belonging to a marginalized population on the way in which women address IPV, which are contingent on the services provided by professionals to IPV victim-survivors (Kelly, 2011). An example of the second aspect is assessing the way in which disability (or any alternative marginalized identity) contributes to one's perspective on IPV and an IPV victim-survivors' means of responding to it. Further, one would assess the ways in which the same woman's position as an immigrant and unemployed impacts on her response to IPV (Kelly, 2011). Further, studies have shown that the impact of social agencies, such as child welfare, the police, court systems and health care systems on IPV victim-survivors' responses is frequently invasive and restrictive. Furthermore, these systems can prevent women, and specifically women from marginalized populations, from obtaining assistance (Kelly, 2011). Thus, women's ways of addressing IPV

are related and contingent on these restrictive and controlling systems. For example, mothers' responses to IPV may be reliant on their experiences of child welfare services (Kelly, 2011). Mothers may refrain from reporting their experiences due to fear that they will lose guardianship of their children, or that they will face repercussion for the perpetrator of the abuses' behaviour, due to their (the mother's) "inability to protect their children". Moreover, insufficient responses by police or legal services will result in women responding in an alternative manner than if they had obtained the help they were requesting, for example they may remain in the relationship and tolerate the abuse. Women with disabilities may experience services from legal and healthcare providers that are insufficient in relation to their specific needs (Kelly, 2011).

Research Design: Narrative Research

This study is qualitative and uses a narrative theoretical paradigm. Moreover, the form of narrative research for this study is experience-centred first-person storytelling (Squire, 2013). This approach views narratives as rich in meaning, human-centred, representing experience and indicating transformation (Squire, 2013). A narrative paradigm is appropriate for the present study for numerous reasons. Firstly, narrative accounts provide an in-depth perspective of lived experience (Carless & Douglas, 2017). Thus, the emphasis of narrative research, in which personal experience is shared in the form of stories, including the nature and outcome of the event, where and when it occurred, is on gaining insight into individual's unique responses to events, rather than solely focusing on the factual details of events (Carless & Douglas, 2017).

Hence, in this study, participants were asked broad questions about their current or past experience of the *Earn to Survive* intervention program at Mosaic. In particular, participants were asked about the factors that led them to participate in the programme, the ways in which the programme impacted on them, whether participants noticed changes in themselves as a result of the programme, the most helpful aspect of the programme and whether participants used the knowledge and skills from the programme in their everyday lives and relationships.

Secondly, as narrative accounts involve sharing stories about events in a person's life, they enable a perspective into the meaning of individual experience (Carless & Douglas, 2017). Moreover, a narrative research framework views participants as the centre of the research process, and in this study, the researcher prioritised the meanings that participants attributed to their stories (Anderson & Kirkpatrick, 2016). Thirdly, narrative research concentrates on both personal experience and the sociocultural context in which these experiences occur. Thus,

narrative research highlights how psychological processes are shaped by the sociocultural frameworks in which they occur, and as a result, the way in which individuals' identity, values and behaviour are shaped within their specific sociocultural context (Carless & Douglas, 2017).

Further, through the nuances of storytelling, participants may re-evaluate, review and construct forms of identity (Georgakopoulou, 2006). Moreover, the construction of identity in narrative research does not promote a clear, homogenous, independent and insightful 'self'. Rather, the process of identity construction in narrative research embraces changing, varied and numerous forms of identity, which is impacted on by interactions with others (Georgakopoulou, 2006). Thus, in this study, as the participants shared stories about themselves and their experiences of the IPV intervention program, and the ways in which the programme impacted on them, they constructed forms of identity and identification for themselves. This link between narrative research and identity was significant for the participants as they were victim-survivors of IPV, and thus the process of constructing forms of identity may have been both empowering and cathartic for participants. Thus, a narrative research framework was appropriate for this study as it enabled one of the research questions to be addressed, regarding the ways in which IPV-victim survivors construct forms of identity through the process of sharing their experiences of an IPV intervention program.

In narrative research, narrative accounts contain plots, which include a number of aspects, namely actors (people who are referred to in the story), environment (setting), complicating actions (frequently some of which occurred in the past), a climax or turning point, resolution, ending and in addition, but not always, coda or moral of the story (Daiute, 2014). These plots may occur in various orders, however a narrative account should contain some variation of these aspects, in order to present a culturally relevant plot format. Plot analysis entails ascertaining the fundamental format of a narrative, enabling comparison, and thus examining the ways in which the participant is utilizing plot (Daiute, 2014). Further, comparing stories by different participants in a study is also useful, as the participants are guided by cultural conventions which influence the ways in which they share stories and the aspects of the story they include. For example, plots will be shaped by the norms in a particular context about contentious subjects, such as war, gender roles, ethnicity or religion (Daiute, 2014).

In the interviews that I conducted, I asked the participants about the *Earn to Survive* programme that they had all participated in at *Mosaic*, and specifically the sewing project which formed part of this project. Thus, the common event that all of the women spoke about was their experience of the sewing project. In relation to people contained in the narratives, while describing their experience of the sewing project, most of the women referred to their

abusive partner or family member, their children and the other women in the programme whom they developed friendships with. Further, with regard to locations contained in the narratives, almost all of the women referred to their lives at home, in contrast to their experience of the programme.

The worlds that are formed in these narratives can be related to the speaker themselves or about others, and thus can represent many themes (Holstein & Gubrium, 2012). Further, narratives are frequently shared with a particular intention, commonly, to enhance the relevance of something inside the narrative world (people, experiences, morals or values) in relation to the current act of speaking. During the interviews, numerous women described feelings of loneliness, hopelessness and depression due to the experience of abuse and contrasted these experiences with both the stimulation and fulfilment they experienced due to their participation in the programme, and the friendships that they developed with the other women in the programme. Since the women were asked about their experience of the programme, this act of comparison increased the relevance of this experience to the present moment of speaking, by demonstrating the profoundly positive impact that participation in the programme had on their lives.

Further, some of the women's narratives contained indications of their morals and values, for example Fatimah describes the ways in which the programme taught her the value of self-respect, and of standing up for herself: "Some people just sit there and I used to it over the years and sit and you like feel sorry for yourself and that is not a way to go about life to feel sorry and here I learnt is to get up stand up and find your inner self where you have to learn that it is not right to be disrespected. It is not right to be treated like this, it's not right to… they just want to learnt in the workshop stand up and find your inner self and respect goes a long way and honor and things like that". Similarly, some of the women demonstrated their personal values, for example in the case of Eviwe, by asserting their belief that living under conditions of abuse is unjust, and that sustained solutions, as opposed to a 'one-off' intervention, are required to address this injustice: "Yes if they can if they can pay attention to the people because it is not easy to live and there is no justice to live under the condition of abuse and violence and there is no help in the law. So we need the programs that can assist women because they need to be called every day." "So if you can do counselling it must just happen until they are finished with you that is what I expect not just leaving you there and he is still doing what he did and there is no justice in the sight".

The functions of these narratives can vary from entertainment purposes to allocations of blame or stories of a personal misconduct or moral breakdown (Holstein & Gubrium, 2012).

Most importantly, when speakers make events from the past or present relevant to the present moment of sharing their account, they disclose components of their identity. When the women described their suffering under the conditions of abuse, and the way in which, despite this adversity, they underwent personal growth during the programme, through acquiring new skills and making friends, they demonstrated their innate strength and resilience. Moreover, the speaker inadvertently asserts the way in which they would like to be perceived, in addition to providing possible answers to the question of who they are. Thus, through sharing stories in which the women represented themselves as individuals who had undergone adversity and yet remained determined to enhance the quality of their lives, they inadvertently portrayed themselves as survivors, rather than victims.

In the previous section, it was demonstrated that plot analysis consists of a number of key components, and that the worlds that are formed in participant's narratives, which may relate to the speaker themselves or to others, contain many themes. Further, it was shown that narratives are shared with a specific intention, and depict the narrator's morals and values. In the next section, I will be discussing a number of the components of identity construction contained in narrative research.

One aspect of identity construction relates to constancy and change across time, referred to as diachronic identity navigation (Holstein & Gubrium, 2012). Speakers stories about their lives, presented as narratives, are a key function of Erikson's (1968 as cited in Holstein & Gubrium, 2012) ego identity. In terms of identity, narratives require speakers to form a sense of self that provides an equilibrium between no change and radical change between particular time periods. Thus, speakers address this issue by locating their identities in relation to some kind of change, against a framework of constancy (and vice versa) (Holstein & Gubrium, 2012). Further, specific discursive devices, such as temporality references, can be used to indicate that change was discontinuous, or conversely, rapid. In contrast, other devices can be utilised to provide an explanation of change as gradual and progressive over time (Holstein & Gubrium, 2012). All of the participant's stories, but for two, demonstrated that the women underwent significant changes in their sense of selves. Further, the women used temporality references to indicate that the change that they noticed in themselves was rapid, by mentioning that the change occurred during the two week programme. In contrast, some of the women shared that the coping mechanisms that they learnt from the programme, such as to control

one's temper, were values they already held, and thus they did not experience any change in themselves, as they had possessed these mechanisms already.

Further, applying a narrative lens to identity, substitutes the query of whether a person has remained the same or changed across a particular time period, with the examination of how individuals understand this dilemma in their narratives, specifically in the ways in which they combine past and present into a homogenous unit (Holstein & Gubrium, 2012).

Thus, the point of analysis relates more to the ways in which constancy and change are explored, rather than the actual event that occurred. Further, speakers enact discursive practices of diachronic identity maintenance, in addition to indicating, through their narratives, the ways in which they have changed (Holstein & Gubrium, 2012). It is through these practices in which identities are constructed and can be explored and analysed. In their narratives, the participants combined past and present into a homogenous unit, by elaborating on the ways in which they apply the values and skills they learnt from the programme, to their everyday lives and relationships. Further, many of the women disclosed that, after completion of the programme, they continue to share their experience of the programme, and its benefits to the people in their lives, including their family, friends and even customers. Thus, the women demonstrated the way in which they navigated the personal changes that the programme resulted in, in conjunction with the constancy of their home lives. Moreover, some of the women displayed diachronic identity maintenance, by sharing that, although they noticed changes in themselves due to participation in the programme, there were still many aspects of themselves and their lives that remained the same, as the duration of the programme was not long enough to cause significant change.

A second aspect along which identity is constructed is sameness versus difference. In particular, use of specific discursive devices frequently indicate a position of the speaker in relation to others (Holstein & Gubrium, 2012). Specifically, others whom the narrative is about, and also others who the story is being told to. Moreover, speakers indicate their affiliations to or differentiation from particular categories when they apply these categories to the people that they refer to in their narratives (Holstein & Gubrium, 2012). By associating with, or in contrast, positioning themselves against these categories, speakers formulate barriers around themselves, and others, and as a result, individual identities and group affiliations become evident. Thus, through the use of specific discursive devices, speakers delineate a view of themselves as different from others, or conversely, as belonging to specific groups of others (Holstein & Gubrium, 2012). Further, the category to which the speakers belongs is frequently indicated by the way in which they covertly position themselves and others in the narrative.

All of the participants, when describing the other women who they participated in the programme with, categorized the other women as individuals who had undergone significant adversity and suffering, and who, despite this adversity, were still surviving and functioning effectively in everyday life. Moreover, the participants described the other women as having similar experiences of abuse to their own, and thus associated themselves with these categories.

Therefore, associating oneself with the moral values of others necessitates the exploration of the ways in which, and to what extent, one is the same and concurrently different to others (Holstein & Gubrium, 2012). Further, through the process of describing self and others, or through character descriptions or action descriptions, and thus identifying similarity or difference between self and others, a sense of self is constructed. Although some of the participants shared that the other women in the programme had similar experiences of abuse to their own, others shared that the other women had more severe experiences of abuse, and as a result, positioned themselves against this category, and thus the group affiliation with the women who had similar experiences to their own, became evident. Through this process of identifying similarity, and in some cases difference, the women constructed a sense of identity for themselves.

Differentiating oneself with others, and adding oneself to groups with others through one's speech, is based on the perspective that other and self can be perceived as both same and different (Holstein & Gubrium, 2012). Nevertheless, which forms of sameness and difference are selected and referred to in one's speech, differs according to the context, and can be negotiated and altered between speakers in various scenarios. Some of the forms of sameness and difference are related to social identities, and are made sense of by allocating others and selves in membership groups, demonstrating affiliation to a specific group, contrasting one's own 'group' (the in-group) with other groups, and aspiring toward an identity that is unique in comparison to other groups (Holstein & Gubrium, 2012). Despite this, the difference between public and personal matters is disintegrated in narrative research viewpoints on identity formation, as the personal/individual is public and the public is personal/individual (Holstein & Gubrium, 2012). Thus, narrative research viewpoints perceive the person as under development. This perspective does not question where the personal begins and at what point it is social, and also does not question where the social (cultural/socio-historical) begins and the ways in which it affects the person (Holstein & Gubrium, 2012).

The third aspect of mapping out identity is agency. When speakers utilize discursive devices, they experience what is referred to as the agency dilemma (Bamberg, 2011). Speakers either

select narrative devices that adopt a person-to world stance, or they select devices that adopt a world-to person stance. On one end of this spectrum, speakers perceive themselves as recipient(Bamberg, 2011). In particular, speakers perceive themselves as placed at the receiving end of a world-to person dynamic. Further, selecting discursive devices that contribute to minimal agency adds to the formation of a victim role, or a position that is less influential and powerful, and if the result of the described action is negatively assessed, as less blame-worthy (Bamberg, 2011). Conversely, when speakers select discursive devices that adopt a person-to world stance, they place themselves in a role of self-constructing agents. Further, discursive devices which attribute the individual under construction with significant agency, result in the construction of a heroic self- an individual who is perceived as powerful, influential and self-determined (Bamberg, 2011). When the participants described themselves and their lives prior to participation in the programme, they chose discursive devices that adopted a world-to person stance, by describing themselves as individuals who were isolated at home with no sense of purpose, lonely, dependent on their partners, helpless and unfulfilled. However, when the participants described themselves during and after participation in the programme, they chose discursive devices that adopted a person-to world stance. They described themselves as individuals who were empowered, and motivated to improve the quality of their lives, by developing skills which would enhance their opportunity to start a business, and by increasing their social networks, through forging friendships with the other women in the programme. Thus, in their descriptions of themselves during and after participation, the women's developing sense of self as self-determined agents, became evident.

In either scenario, describing events which relate to a self, and categorising this self as agent or recipient, in comparison to others, involves a selection of positioning (Holstein & Gubrium, 2012). Further, the examination of identity formation in narrative research focuses on this selection, as representing the ways in which the agency issue is being managed and a sense of self as an agent or recipient becomes apparent (Holstein & Gubrium, 2012).

In the above section, the various components of identity construction in narrative research were discussed. It was shown that diachronic identity navigation is demonstrated by narrators by locating their identities in relation to some kind of change, against a framework of constancy (and vice versa), and that change can be rapid or gradual. Secondly, a second aspect along which identity is constructed is sameness versus difference. It was shown that, through the use of specific discursive devices, speakers delineate a view of themselves as different from others, or conversely, as belonging to specific groups of others. The third aspect of identity construction that was discussed was agency. Speakers either select narrative devices that adopt

a person-to world stance, or they select devices that adopt a world-to person stance. In the next section, I will be providing an explanation of data interpretation, and the way in which it is an integral aspect of the data analysis process.

Data analysis entails interpretation, and each step of narrative research involves interpretation (Kim, 2015). Although analysis is associated with objectivity and interpretation with subjectivity, narrative researchers do not adopt a neutral, objective stance, by solely analysing speech. Rather, narrative analysis and interpretation work together, as the narrative researcher analyses narrative data as a means of perceiving the meanings the narrator attributes to themselves and their lived experiences through their stories (Kim, 2015). Thus, narrative analysis can be viewed as a group of methods for interpreting stories. Further, the concurrent processes of narrative analysis and interpretation involve searching for narrative meaning (Kim, 2015). Furthermore, narrative meaning relates to varied forms of experience that pertain to human behaviour or events that impact on human beings. Furthermore, meaning is not concrete, nor constant, and therefore it cannot be perceived in a straight-forward manner (Kim, 2015). As the listener, we do not have unobstructed access to the sphere of meaning of others. We are reliant on the story tellers memories and reflections.

Moreover, the sphere of meaning is found in various forms, including musings, memories and imagination (Kim, 2015). Knowledge about other's spheres of meaning can obtained through narratives and stories, which are context-specific, and thus cannot be examined on their own. Due to these nuanced associations between images and notions, the sphere of meaning is complex to explore (Kim, 2015). Further, the sphere of meaning is most adequately found in the nuances of everyday speech, and thus this includes the colloquial language that participants may use when sharing their stories. However, there are also a number of difficulties that the narrative researcher faces when analysing meaning (Kim, 2015). In particular, narrative data analysis is not a simple, one-dimensional process, and thus presents many obstacles (Kim, 2015). Further, as narrative data analysis utilizes interpretative reasoning, the analysis processes are not as meticulous as quantitative methods. Nevertheless, narrative meaning serves a number of purposes. Firstly, it collates everyday actions and occurrences into 'episodes' (Kim, 2015). Secondly, it presents a base for comprehending past experiences, and for mapping out future decisions. Thirdly, narrative meaning is the fundamental concept which contributes to making human existence meaningful (Kim, 2015). Thus, comprehending narrative meaning, and its obstacles and purpose, was an important step for me to undertake, prior to unpacking the data, during the data analysis and interpretation phase.

Next, I will be discussing the process of narrative interpretation that I undertook in the present study. In addition, I will be providing an explanation of the two types of data interpretation, and the stance that I adopted. Firstly, there are two potential purposes for interpreting data. The first is to comprehend the phenomenon that is being researched, and the second is enhance the comprehension of the phenomenon that is being researched, for the reader (Kim, 2015). In this study, I conducted data interpretation with a focus on achieving both of these aims.

However, there are a few challenges that one faces when undergoing interpretation. Firstly, interpretation inherently involves arbitrary subjectivity, which poses an issue (Hendry, 2007). The utilization of arbitrary interpretation, particularly when the researcher attempts to align the data with a specific philosophical framework, or to 'swop' the data from one scenario to another, frequently becomes a tool for the researcher to hear what they hope to hear or articulate rather than truly listening to what the participant is saying (Hendry, 2007). Moreover, during the process of interpreting narrative data, the researcher may be faced with a conflictual situation, in which they realise that an authentic presentation of the data (that presents what the participant said) is not strictly speaking going to be an "ideal" narrative that the researcher hopes to share, or that an "ideal" narrative may not be an authentic account (Kim, 2015).

I experienced this dilemma during two of the interviews I conducted. The "ideal narrative" that I had expected would be shared, was one in which the participant described the positive impact that the programme had had on their life and relationships and the ways in which it had empowered them. Instead, the participants shared that the programme had no impact on them whatsoever, and that they did not use the skills learnt from the programme in their everyday life and relationships, and even more disturbingly, that they were still living under a condition of abuse. Moreover, these participants, and many others, reported that they felt that the duration of the programme was not long enough to contribute to meaningful changes in themselves.

Further, researchers frequently tend to present an "ideal" narrative rather than an authentic account, when undergoing subjective interpretation. Moreover, Spence (1986), refers to this phenomenon as narrative smoothing, which is utilized to conceal the researcher's subjective interpretation, and to share an "ideal" story that is not inherently an authentic account. Nevertheless, narrative smoothing is a useful tool which narrative researchers can utilize to enhance the coherence of the participant's account, and to make it more stimulating to the reader. Further, narrative smoothing can be compared to the act of 'smoothing' the irregular edges of fragmented raw data (Spence, 1986). However, narrative smoothing also has

its faults, namely the selective sharing of certain aspects of a narrative (while neglecting other aspects), or the absence of context, as a result of the researcher's belief that their interpretation of the data will inherently be apparent to the reader. Thus, by not presenting the background information and context of a specific event, and providing an analysis of the event in a manner in which its outcomes become clear, the researcher may present an account that varies significantly from the actual experience of the participant (Spence, 1986).

After the interviews, and during the analysis process, I was conscious of this potential for narrative smoothing on my part, and thus attempted to counteract this. Firstly, in my analysis, I prioritised sharing all of the aspects of the narrative that pertained to the research questions, including data that may not have formed part of an "ideal" story, such as negative experiences of the programme. Further, I focused on providing background information and context of the event that the women spoke about, that of the sewing project, which formed part of the Earn to Survive programme. I did this by presenting the information about the women's lives prior to participation in the programme, and the nature of their participation, including what the programme entailed. Further, in the event that the researcher does not present a faithful interpretation, and thus does not focus on the nuances of the interpretation procedure, it poses an ethical problem (Mishler, 1986).

Thus, it is imperative that the ethics of interpretation are adequately examined. Furthermore, the ethics of interpretation can be enhanced in a number of ways. The researcher should be more nuanced and sensitive, acknowledge that the accounts are not one-dimensional and the references they contain may have multiple meanings, ensure confidentiality even if this means sacrificing certain aspects of the data, and lastly, consider the participant and the reader when interpreting and presenting the story (Spence, 1986). When interpreting the data, I was aware that although the majority of the women shared stories which portrayed what I initially viewed as definitively positive experiences of the programme, there may have been aspects of their experience which they did not share, or which were shared, but were covert. Moreover, although the women shared that the programme empowered them in many ways, I recognised that these accounts were not one-dimensional. Thus, I was aware that this does not inherently imply that the women believed this empowerment would have a lasting impact, and that their previous circumstances of isolation and dependence on their husbands, and the conditions of abuse, had improved.

Moreover, the researcher must consider whether they are prioritizing the participant's perspective, and thus attempting to present the meanings contained in the participant's

narrative, or whether they are attempting to search for hidden meanings in the participant's narrative, that are either unconscious or immersed in cultural realities and thus are not easily seen (Josselson, 2006). The first is referred to as an interpretation of faith in the narratives shared by the participants (Josselson, 2004). This approach is framed around the view that what the participants are sharing is a narrative that is authentic and relevant to their particular individual experience. Thus, the objective of this perspective is to demonstrate, investigate and comprehend the individual experience of the participants and the social and historical environment they believe they are existing in (Josselson, 2004). Further, the researcher shares the participant's stories with belief in these stories, which is the outcome of an authentic one-on-one, human interaction with the participant. As a result, the meaning of the narratives presented by the researcher is the outcome of a process of empathic understanding between the researcher and participant (Josselson, 2004). Most narrative researchers utilize this perspective when they first conduct narrative research, and it is generally effective to address the research aims of most narrative studies.

Conversely, another perspective the researcher can adopt is the interpretation of suspicion, in conjunction with the interpretation of faith (Josselson, 2004). An interpretation of suspicion, in addition to the interpretation of faith, will enable the researcher to conduct a richer, more in-depth analysis, as the objective is to search for concealed narrative meaning that may be contained in the data. Further, the interpretation encourages the researcher to re-examine the assumptions they had about the data when applying the interpretation of faith (Josselson, 2004). This approach is less preferred by researchers, as it may appear to detract from the research relationships with the participants, by being "suspicious" of their stories (Josselson, 2004). However, an interpretation of suspicion does not imply that the researcher should doubt the truth of what the participants have shared, but instead it involves examining the covert meaning that may not be recognized in the interpretation of faith. An example of an interpretation of suspicion involves focusing on any play on words or contradictions (Josselson, 2004).

After completing the interpretation process, I realized that I had been searching for hidden meanings, or attempting to "make meaning" from the participants' narratives, by consciously trying to ascertain the ways in which the participants constructed forms of identity for themselves through their narratives, and whether their social identities impacted the degree to which they were empowered by participation in the programme. Further, when interpreting the narratives of participants who shared that they did not benefit from participation, I

attempted to search for hidden, unconscious meaning in their words, which "explained" the reasons that they felt that they did not experience benefits.

The participants may utilize their own form of "narrative smoothing" when sharing their stories, by leaving out aspects of the story they do not want to share for a particular reason, or assuming that the researcher is aware of the background to the story they are sharing, and thus failing to give adequate context for the narrative (Josselson, 2004). Therefore, with an interpretation of faith in conjunction with an interpretation of suspicion, the researcher aims to access the unshared story that the shared story hides (Josselson, 2004). A good narrative analysis encourages the reader to consider the story presented at more than just a surface level, and attempt to perceive the broader commentary that is being presented by the researcher (Riessman, 2008). Further, the researcher can provide this broader commentary by presenting the narratives of the participants in a form that is authentic to the way in which it was told, while also searching for anything noteworthy, particularly if the research topic is related to social justice, and uses a theoretical framework of critical theory or a poststructuralist perspective (Riessman, 2008).

In my analysis, I adopted an interpretation of suspicion in conjunction with an interpretation of faith, by believing that the stories the participants shared were true to their experience, while also searching for the story contained beyond the surface level. Further, as the study used an intersectional feminist framework, I searched for "red flags" in the narrative, relating to the ways in which the participants social identities impacted on the events that they described. In particular, I noted that participants who belonged to a less privileged socio-economic group, described more severe experiences of loneliness, hopelessness and despair. These participants were all unemployed, and dependent on their husbands financially. Further, they described the way in which unemployment increased their sense of hopelessness, as they did not have an activity to fill their day and provide them with stimulation and a sense of purpose. Moreover, all of the women who belonged to a less privileged socio-economic group were also all black women. These women's narratives also contained themes of social justice, as they described how the legal and court system did not provide adequate protection and assistance to women experiencing intimate partner violence.

However, it was also this group of women whose narratives indicated that they experienced the greatest benefits from participation in the programme. For example, the women described how *Mosaic* funded the legal costs of laying a charge against their husbands, or of obtaining a restraining order. Moreover, the organization funded the transport costs of obtaining this legal assistance. However, although participation in the programme had a

positive impact on these women, the socio-economic groups they belonged to, limited the extent to which they benefitted from the programme. For example, some of the women shared that, although the programme taught them sewing skills, they did not have the financial resources required to buy their own sewing machine and thus start their own business.

Furthermore, the researcher's interpretations are not stable and may be altered over time (Kim, 2015). As a result, the qualitative researcher cannot assert that there is one valid interpretation, and although the researcher is encouraged to have their own viewpoint on the data, focused inquiry is not a process which allows researcher to present any view that they would like (Kim, 2015). Thus, in my analysis, I have attempted to clarify that my perspective is only one of many possible interpretations of the data.

In the previous section, I discussed narrative interpretation, and the particular challenges it involves. Firstly, I discussed arbitrary subjectivity, and the challenges it entails, namely, that during intepretation, the researcher may realise that an authentic presentation of the data is not an "ideal" narrative that the researcher hopes to share, or that an "ideal" narrative may not be an authentic account. Secondly, I provided an explanation of narrative smoothing, in which an "ideal" story is shared by the researcher, rather than an authentic account. It was shown that narrative smoothing involves the selective sharing of certain data or the absence of context. Thirdly, I outlined the two stances to narrative interpretation, namely an interpretation of faith, and an interpretation of suspicion in conjunction with an interpretation of faith. In the following section, I will be providing an explanation of narrative interaction, and the ways in which it is evident in this study.

Firstly, an analysis of narrative interaction focuses on the ways in which narrators navigate their association with each other, to the external world, and to the occurrences and individuals referred to the in the story that they share (Young, 1987 as cited in Holstein & Gubrium, 2016). Further, narrative is a tool for navigating meaning in these relationships in personal and also wider cultural, historical and social contexts. However, this does not imply that narrative effectively navigates meaning, but instead that it contains the potential to do so (Shuman, 2012). Narrative interaction refers to the association between the narrator and the audience, and also to other relationships external to the act of sharing the narrative. In this explanation of narrative interaction, I will firstly discuss the concept of tellability, and secondly the concept of footing, followed by the use of reported speech in narratives.

Tellability refers to the reasons a particular narrative is perceived as tellable, specifically, the reasons that the occurrences in a particular narrative account are worth disclosing (Labov, 1997). In this study, I felt that the stories that were shared were tellable, as

they indicate the aspects of the IPV intervention programme that are effective, and which aspects can be improved, from the perspective of the participants of the programme. This information is crucial, as it indicates whether participants have actually benefitted from the programme, and can be used by the organization, *Mosaic*, and possibly other IPV support organisations, to re-evaluate the structure of the programme, and enhance its effectiveness. Labov (1997) asserted that certain events are inherently worth disclosing, such as death or physical injury. Thus, he associated tellability with certain types of experience. Comparably, Sacks (1992) associates tellability with whether certain experiences are considered interesting to the listener. From my perspective, the participants stories were tellable, and I found them interesting, particularly as they indicated the impact that the programme had in relation to empowerment of the women, and how the women constructed forms of identity for themselves through sharing their experiences.

Further, what contributes to a narrative being tellable is associated with the nature of the narrative and the situation that the narrative is shared in (Holstein & Gubrium, 2016). This concept of tellability is frequently relevant to the accounts of victim-survivors of violence and trauma. Moreover, I hoped that the process of sharing their experiences would enable the participants to feel that they had agency over the experience of recalling their participation in the programme, and possibly aspects of the abuse experienced, and the feelings affiliated to it (Foa & Rothbaum, 1998 as cited in Holstein & Gubrium, 2016). Lastly, tellability refers to the association between the narrator and the people who the narrative is being shared with, which focuses on what is reportable and of which narrators can share particular narratives with which listeners in which contexts (Ochs & Capps, 2009; Shuman, 2012).

Next, I will be discussing the concept of ownership and footing in narrative interaction. It can be argued that when narrators share their stories, they transfer ownership of the story to the listener (Holstein & Gubrium, 2016). This is supported by the fact that, during the story telling process, the listener utilizes the narrators' story to analyse their credibility. Whenever an individual shares someone else's story, the ownership of the story is transferred (Holstein & Gubrium, 2016). For this reason, trauma narrative is fragile, and is heavily contingent on the association between the narrator and listener. A positive outcome is that the person who the narrative is being shared with is a "true witness", an individual who exudes empathy and adopts the duties necessary for listeners (Holstein & Gubrium, 2016). A negative outcome is that the narrator feels taken advantage of by the listener who takes ownership of the story. An example of this exploitation is if the story that is shared is utilized to induce pity, to function as a representative of tragedy or to contribute to the pretence of compassion, in which other

individual's accounts function as symbols of trauma, at the expense of transferring the individual who experienced the trauma into an 'exotic other' (Holstein & Gubrium, 2016).

When listening to the participants' stories, I strived to embody the qualities of a true witness, by indicating my compassion for the participants and their experiences, and the trauma they had suffered. Further, during the analysis process, I was conscious of not presenting the participants' stories with the aim of eliciting pity from the reader, or to depict the participant's stories as a "metaphor" for trauma, with the consequence of marginalizing the participants.

Thus, by analysing storytelling in interaction, one can comprehend other's experiences, but also, critically, to comprehend the ways in which narrative is utilized in interaction to remove individual's accounts from them.

Narrative is a method for asserting one's footing, or association with others in narrative interaction and with specific groups of individuals (Holstein & Gubrium, 2016). Thus, alignment is used by the narrator to formulate a link between themselves and their experiences. By utilising alignment, a narrator asserts that they are the sort of individual who does a particular type of action, and not another kind of action. When the narrator uses the word "you" while still referring to themselves, this serves multiple purposes (Holstein & Gubrium, 2016).

Firstly, the narrator is distancing themself from the thing that is being described by removing the "I" and utilizing "you" which implies that they are comparable to others in that scenario. Secondly, the listener becomes a part of the narrative, as they are allocated as another character in the scenario that is widely experienced, or as a character in the scenario that they have never experienced (Holstein & Gubrium, 2016). Thirdly, by utilizing "you" the narrator may be referring to themselves in the past, and may also be reducing the gap between the past act and the present perspective of the act. When asked whether she noticed any changes in herself as a result of the programme, Hannah responded "For me not yet. If you go to a place three times not much. You have to go more and more so that you can see. I attended one of them but…" This quote indicates the way in which the participant indicates that they are 'like others' in this situation, in order to justify the statement that she did not notice changes in herself as a result of attending the programme only three times.

"You see the workshop was good to be there they invited me once because we would talk how to control your temper and your anger because men they can provoke you"

Similarly, by using "you" in her speech, Bettina is distancing herself from the notion that she is the only one who gets provoked by her male partner, and emphasizes that she was similar to others in that context. Further, she uses "you" to justify her anger in reponse to being provoked by her partner.

"So if you can do counselling it must just happen until they are finished with you that is what I expect not just leaving you there and he is still doing what he did and there is no justice in the sight."

By using "you" in this part of the narrative, Ella is recruiting me to that position of being "left with no justice in sight".

"And sometimes I thought to myself that my situation was bad, but when you are amongst other women and they tell their story and you hear other stories it's touching and then you sit there and think that at the end of the day your situation is sometimes not as bad as other peoples' situation"

In this part of the narrative, Fatimah uses "you" to create a link between her situation and that of anyone who has experienced IPV and hears other peoples' experiences of IPV, and as a result, feels that their situation is not as severe as others.

"… you have this thing where you sit alone sometimes and sometimes you just must have a way to find yourself. Some people just sit there and I used to it over the years and sit and you like feel sorry for yourself and that is not a way to go about life to feel sorry and here I learnt is to get up stand up and find your inner self where you have to learn that it is not right to be disrespected" In this quote, Fatimah uses "you" to distance herself from the past, and the way in which she shared that she used to be alone and feel sorry for herself. However, Fatimah is concurrently using "you" to reduce the distance between the past and present, by reinforcing her belief that it important to stand up for yourself and not allow yourself to be disrespected.

Further, she establishes her positioning by forming a connection between her situation and that of any women who experiences IPV and is lonely, and who is later taught to stand up for themselves. Furthermore, she was recruiting me, as the listener, to that role (Holstein & Gubrium, 2016). Thus, according to Goffman (1981), a shift in footing represents a shift in the association the narrator makes to their past and present and actions, and to the listener (by recruiting the listener to their position). Further, this shift is demonstrated by the manner in which the narrator controls their speech and the way that is perceived, for example, through the use of "you" (Goffman, 1981). Tschuggnall (1999 as cited in Holstein & Gubrium, 2016) promotes an intertextual framework to the notion of footing, by indicating that individuals are positioned in many roles in the accounts others share about them, and also in an individual's multiple depictions of themselves. In the above quotes, the participants portray themselves in multiple positions, such as struggling to manage their anger, and later learning to manage it

despite being provoked by their partners, and in the other participants' case as thinking her experience of abuse was severe, and later perceiving it as less severe.

Michael Bamberg (2012) proposed three ways of comprehending positioning. The first is the ways in which the people contained in the story are placed in relation to each other within the story. The second is the way in which the narrator places themselves in relation to the audience. The third is the way in which the narrator places themselves in relation to themselves. Bamberg (2012) promoted the notion of a concept of positioning that focuses on self-reflection and control over one's own narrative, and contains the potential for alterations in self-concept through the process of sharing the narrative. In the above quotes, during the process of positioning, the participants experienced alterations in self-concept, for example, in the case of the one participant, by viewing herself as someone who felt sorry for herself and was passive, to someone who took an active stance against the abuse and had enhanced self-respect. Thus, Bamberg (2012) argues that there should be a clear distinction between the notion of 'being positioned', which results in a lack of agency on the behalf of the narrator, and a more self-determining concept of the narrator as positioning themselves. The notion of an available narrative implies that the narrative exists, regardless of whether it is shared or not. In contrast, the notion of positioning, or footing, is that it a narrative exists if it is shared, and thus is interactive (Bamberg, 2012). Thus, the process of managing positioning, tellability and ownership takes places at the juncture between narratives as texts and narratives as interactions.

Narrative can surface in conversation in reference to a subject, can be provided as a response to a query, can function as news or is provided as an additional story, in response to another story (Sacks, 1992). In this study, the narratives were responses to the query of the way in which the participants perceived the programme. Narrators have a number of methods of demonstrating the authenticity of their narratives (Sacks, 1992). Reported speech, due to the fact that it attempts to provide the precise words used during an event, is one of these methods. Further, reported speech recounts an event, but also transfers authority from the narrator to the individual that is quoted, including if the individual that is quoted is the narrator themselves (Sacks, 1992). Further, utilizing reported speech, by quoting words from a different context, allocates authority and relevance to the present recount of that context. Further, reported speech is a method of recategorising an idea and of providing a covert perspective on the event that is being reported (Shuman, 2012).

Bettina: "And I think sometimes that is important even if I have to phone [social worker]…she told me anytime when I need I can speak you know my number phone me"

Fatimah: “When the trainer was busy then he would say thank you because it was a lot of work to work with six ladies. So I said it is fine I will help where I can and if I don’t know something I will ask you this and that”

By using reported speech in the above examples, Bettina allocates relevance to the present recount of the events. For example, in the first quote, Bettina indicates the profound impact that having the freedom to call a counsellor at Mosaic, at any time, had on her, and in particular, the comfort that this counsellor provided her. Further, Bettina, as the narrator, allocates authority to the counsellor. Moreover, instead of describing the outcome of the counselling, such as enhanced emotional coping skills, the Bettina described the counselling session itself. However, although Bettina quotes the counsellor’s precise words, she only refers to the counselling session in general terms, “If I feel a bit depressed I can phone [social worker] now and she will say to me fine do you want a session with me you can come in and I say no… and what is the problem and then she will talk to me on the phone and she will say okay my dear”. Thus, reported speech enables Bettina to indicate the significance of the conversation without explicitly describing the conversation. Further, the Bettina refers to the counselling session with the social worker without telling me, the listener, the content of what she said to her, as the crucial point for her was that she was able to speak to the social worker whenever she needed to. Thus, reported speech enhances the tellability of this point.

Similarly, in the second quote, Fatimah does not share what she did not know and had to ask the teacher for assistance with, what was important for her, and the point that she is attempting to make relevant to the present moment of speaking, is that she was able to use her existing skills to assist the other women in the programme, and that the instructor appreciated this. Further, by quoting the instructor’s response, Fatimah attempts to enhance the authenticity of her account of providing assistance to the other women.

Frequently, the events or occurrences that the narrator considers life-changing, differ from the assumptions of the audience (Holstein & Gubrium, 2016). In the participants’ narratives, I expected that the participants would consider the way in which the programme enhanced their skillset, by teaching them sewing skills, and thus empowering them and enhancing their employment possibilities, the most significant outcome. Instead, the majority of the participants emphasized that one of the the most life-changing aspects of the programme were the friendships they developed with the other women in the programme, due to the comfort and support it provided them, the fact that it reduced their loneliness and isolation, and the way in which it put their own experiences of abuse into perspective. The other significant aspect of the programme that participants highlighted, which I did not expect, was the way in

which the programme taught them emotional coping skills such as emotional regulation, self-respect and how to stand up for themselves.

In the previous section, I discussed three components of narrative interaction. Firstly, it was shown that tellability refers to the reasons that the occurrences in a particular narrative account are worth disclosing. Secondly, the concept of ownership and footing in narrative interaction was discussed. With regard to ownership, it was shown that when narrators share their stories, they transfer ownership of the story to the listener. With regard to footing, it was explained that, by utilising alignment, a narrator asserts that they are the sort of individual who does a particular type of action, and not another kind of action. Thirdly, it was demonstrated that reported speech is one of the methods which narrators use to demonstrate the authenticity of their narratives. Further, it was shown that reported speech transfers authority from the narrator to the individual that is quoted, and, by quoting from a different context, enhances the relevance of present moment of speaking.

Research Sampling

The sample of this study was women who have or are currently participating in the *Earn to Survive* IPV intervention program at the *Mosaic Training, Service and Healing Centre* in Cape Town, South Africa. These women are all Black, working class women, between the ages of 30 to 60, some of whom are married with children and some of whom are single parents. The sampling procedure used for this study was that of purposive sampling, as only individuals with specific characteristics were selected (Koerber & McMichael, 2008).

The inclusion criteria for the sample was individuals who are presently or were in a physically abusive relationship in the past, who are currently undergoing or have undergone a form of therapeutic process at *Mosaic*, who were over the age of eighteen and who were proficient in English. The justification for sampling participants who have or are currently participating in the *Earn to Survive* program, is that the focus of this study was on intimate partner violence intervention programs, rather than gender-based violence intervention programs broadly, and *Earn to Survive* is specifically designed for victim-survivors of intimate partner violence. The reason for including individuals into the sample who are currently in an abusive relationship, was that many of the individuals currently participating in intervention programs at *Mosaic* were likely also currently in an abusive relationship. Thus, rather than solely including individuals in the sample who were in a physically abusive relationship in the past, including individuals who were presently in an abusive relationship in the sample ensured that a greater number of individuals would meet the inclusion criteria.

The justification for only incorporating individuals into the sample who are proficient in English, is that the researcher is a first language English speaker and although an interpreter is frequently used by researchers to address language barriers, as narrative research involves a process of sharing in-depth stories that are rich in detail, the nuanced nature of these stories may have been lost through the process of translation into English. Further, participants could assess their own level of proficiency or comfort with regard to answering the interview questions in English (Squire, 2009). However, I acknowledge this as a limitation of the study and this limitation will be discussed again in the Conclusion chapter of this thesis.

This project is part of the larger Unsettling Knowledge Production Project on Gendered and Sexual Violence in South Africa, and further, the project already had an established relationship with *Mosaic.* Twelve participants were recruited into the study. With regard to the sampling procedure, I contacted a social worker at *Mosaic*, in order to obtain the contact details of women who had recently participated in the *Earn to Survive* programme. Further, I emailed the social worker a recruitment flyer, advertising the study, to mount at the *Mosaic* premises (see Appendix A).

Following this, I phoned each woman and provided them with an explanation of the nature of the study, the reason that the study was being conducted and what the study would entail. Further, I stated the inclusion criteria for the study and explained that I am an independent researcher from the Department of Psychology at the University of Cape Town, and thus I do not work for *Mosaic*, and therefore participation in the study would not impact on the services that participants received from *Mosaic*. Following this, I asked potential participants whether they would like to participate in the study. Overall, I contacted twelve women, as this was the number of women who had completed the sewing project in the previous month, and thus these were the women whose contact details the social worker at *Mosaic* provided me with.

Furthermore, I scheduled a date, time and venue for the interview, with women who were interested in participating.

Procedures for Data Collection

Data collection was undertaken using individual narrative interviews, which were conducted at the *Mosaic* premises. Moreover, the interview format was aligned to that of experience-centred narrative research, and was unstructured (Squire, 2013). Due to the unique nature of the verbal symbolism found in the stories that are shared in narrative interviews, most narrative researchers attempt to capture a written, audio and/or visual record of participant's

accounts during the process of data collection (Squire, 2013). Thus, the interviews were audio-recorded, using the audio recorder application on an Iphone. Further, as the study was aligned to a larger research project that had already been granted ethical approval, *Unsettling Knowledge Production on Gendered and Sexual Violence in South Africa,* the data for this study was transcribed by a transcription service. Moreover, once the transcriptions were received from the transcription service, the researcher listened to the digital recordings and compared the data from the recordings to the transcriptions, to ensure that the transcribed data was correct. Further, the transcriber was asked to sign a confidentiality agreement.

In the study, although the researcher did not impose a specific agenda on the interview, narrative methods were used in conjunction with unstructured interview strategies. The reason for using unstructured interview methods was to enable the participants to formulate their own narratives, rather than being restricted by a structured interview schedule. Further, if the researcher wanted to pursue a specific topic that arose during the interview, an unstructured interview enabled a flexible approach, in which the researcher could digress from the prepared format while retaining a focus on the objective of the research (Bold, 2012). Thus, the researcher used a 'topic guide' (see Appendix B) rather than preparing detailed questions, which contained themes that were affiliated to the subject matter of interest, related to the literature on IPV intervention programs (Anderson & Kirkpatrick, 2016).

The narrative interview for this study contained four main stages. First, I provided an explanation of the interview process, which included informing the interviewee that the interview will be audio-recorded (Anderson & Kirkpatrick, 2016). I also provided participants with an information sheet (see Appendix C), which contained an explanation of the study and included the contact details of the researcher and the Ethics Committee. Further, I provided an introduction to the interview by informing the interviewee that I would like the interviewee to share their story, in whichever manner they would prefer, about their experience of the *Earn to Survive* IPV intervention program. In the second stage of the interview, the interviewee commenced sharing their account and I refrained from interrupting the interviewee until they had completed their story. In the third stage, I asked the interviewee questions that had arisen based on the account that they had shared (Anderson & Kirkpatrick, 2016). Further, I used the interviewee's language in order to enquire in more depth about a specific issue. I asked questions such as 'What occurred prior to/following?', or 'Could you elaborate on…?' (Anderson & Kirkpatrick, 2016). In the final stage of the interview, I completed the interview by debriefing the interviewee, in order to ascertain whether the participants had any questions

or concerns regarding the topics discussed in the interview. Moreover, I provided the interviewee with an explanation of the procedures that would follow, including transcription of the interview by the appointed transcription service.

Procedures for Data Analysis

Narrative analysis incorporates a diverse range of approaches (Flick, 2013). In this study, Crossley's (2000 as cited in Lyons & Coyle, 2007) approach to narrative analysis, in conjunction with thematic analysis methods, was utilised. This approach to narrative analysis requires the development of insight into the nuanced meanings in which narratives are formulated. Thus, I underwent a procedure of engaging with and examining the data, which involves multiple stages. The justification for using both narrative analysis and thematic analysis methods, is that both forms on analysis are suitable for a narrative study, as they involve a process of searching for themes in the data, which later form a wider story about the data. This is appropriate for narrative research, as narrative research involves the presentation of participant's lived experiences, in the form of the stories that they share.

First, I enhanced my understanding of the data by reading the entire transcript five to six times (Lyons & Coyle, 2007).

Second, I created preliminary codes, which refers to features of the transcribed data that can be examined in relation to the phenomenon (Braun & Clarke, 2006). In this study, computer software was used to code the transcribed interview data, by highlighting and labelling sections of text within each transcription (Braun & Clarke, 2006). The coding process was contingent on the fact that the themes are 'data-driven' and thus the themes stemmed directly from the data, as opposed to coding the data with particular questions that I intended to base the codes upon. During the coding process, I worked methodically through the data set, providing adequate focus on each data item, in order to recognise interesting characteristics of the data items which may have contributed to themes spanning the whole data set (Braun & Clarke, 2006).

The third stage of Crossley's (2000 as cited in Lyons & Coyle, 2007) approach to narrative analysis involves developing insight into the narrative tone, by analysing the interviewee's account of their past experiences and the manner in which it is shared (Lyons & Coyle, 2007). These features include narrative tone, imagery and themes. Narrative tone is evident in the content of the narrative and the way in which it is shared (Lyons & Coyle, 2007).

With regard to imagery, all personal narratives include a definitive array of images. For example, an individual's personal imagery could be affiliated to the wider, prevailing societal discourses, which includes morals and belief systems (Lyons & Coyle, 2007).

At this stage, I searched for themes in the data. By this stage, all of the data had been coded, and I had created a long list of the various codes that I had formulated from the data set (See Appendix D) (Braun & Clarke, 2006). This stage entails allocating the various codes into preliminary themes and sorting the specific data extracts for each code within the themes. In a Microsoft Word document, I typed the label of each code and a short description, and following this, organised each code into theme-piles (Braun & Clarke, 2006). I used an initial mind-map to organise the codes into theme-piles (See Appendix E). During this stage, I examined the association between codes, between themes and between various types of themes, such as dominant broad themes and sub-themes within the broad themes.

In the fourth stage of the analysis, I reviewed and refined the themes (Braun & Clarke, 2006). During this stage, I searched for both imagery and themes in the data (Lyons & Coyle, 2007). The reason for this is because imagery and themes intersect and particular images frequently indicate specific themes. Further, imagery and themes should be ascertained in association with each interview question (Lyons & Coyle, 2007).

This stage entails the refinement of candidate themes, and during this stage, it may become clear that some candidate themes are not legitimate themes, as there is insufficient data to contribute to them or the data is too varied (Braun & Clarke, 2006). Some candidate themes which may initially appear to be separate themes may be combined into one theme, while other singular themes may be separated into different themes. This stage also entails two steps of re-examining and refining the themes (Braun & Clarke, 2006). Firstly, I read all of the combined extracts for each theme, and examined whether they contributed to a clear pattern. If the candidate themes did not form a clear pattern, I proceeded to the second step of reviewing and refining the themes (Braun & Clarke, 2006). If the candidate themes did not form a clear pattern, I assessed whether there was an issue with the theme itself, or whether some of the extracts that were allocated to the particular theme were not suitable. If a particular extract was not suitable, I revised the themes, formulating a new theme, and allocated the extracts that were not suitable for the current theme to a new theme, or I removed the extract from the analysis

(Braun & Clarke, 2006). Once this process was completed, I created a developed thematic map (See Appendix F).

Secondly, I examined the validity of each theme in association with the data set, and also whether the thematic map adequately captured the meaning which was present in the entire data set (Braun & Clarke, 2006). Thus, during this step, I re-read the data set, in order to ascertain whether the themes were suitable in association with the data set, and also to code any extra data that was overlooked during the initial coding process. The thematic map did not yet reflect the entire data set, and thus I continued to review and refine themes, and following this, created a revised, final thematic map (See Appendix G) (Braun & Clarke, 2006).

During the fifth stage, I defined and refined the themes, and analysed the data for each theme (Braun & Clarke, 2006). Thus, I ascertained the key aspect of each theme and which part of the data each theme represented. Following this, I wrote an in-depth analysis of each theme, and the way in which each theme related to the greater overall 'story' about the ways in which IPV survivors experience the *Earn to Survive* IPV intervention program at Mosaic (Braun & Clarke, 2006). I also ascertained whether a theme possessed any sub-themes, which are themes within a theme.

The final stage entailed writing up the research report for the study, and I continued to analyse the data while writing the report (Lyons & Coyle, 2007). This stage requires the researcher to share the complex story of the data in a manner which communicates to the reader both the value and validity of the analysis (Braun & Clarke, 2006). Thus, the report provided a coherent, non-monotonous, cohesive and engaging version of the story that the data represented. Further, the report did not merely provide a description of the data, but also asserted an argument in association with the research question (Braun & Clarke, 2006).

Ethical Considerations

This research was affiliated to a larger research project, *Unsettling Knowledge Production on Gendered and Sexual Violence in South Africa*, which had already obtained ethical approval (the approval letter is attached to this thesis- See Appendix H). Participants should not be exposed to harm during the course of the research, unless the risks of harm have been described to them and they have provided voluntary and informed consent to participate in the study regardless of these risks (Byrne, 2016). In this study, as intimate partner violence was a sensitive topic, the participants may have experienced psychological distress while sharing their experiences of intervention programs. Thus, the researcher informed the participants of the possible negative psychological impact of sharing these experiences (Byrne, 2016). Hyden, (2008 as cited in Bold, 2012) argues that discussing a sensitive event, such as experiences of violence, does not inherently imply that the topic is sensitive in an interview context, if the individual who experienced the violence is willing to share their experience.

However, measures were implemented to address the possibility that participants experienced harm during the interview process.

First, the researcher requested that the director of *Mosaic* arranged for the *Mosaic* social workers and a counsellor to be on standby during the interview process, in case participants experienced psychological distress (Byrne, 2016). However, Mosaic was unable to provide extra resources to have a counsellor on standby, and thus participants who experienced distress were referred, with their permission, to an appropriate referral source, which was discussed with the participant. Second, at the end of each interview, during the debriefing process, all interviewees were provided with a referral list (see Appendix H), which contained the contact details of a broad range of support services, including *The National Institute for Crime Prevention and Reintegration of Offenders, Family and Marriage Society of South Africa (FAMSA), Saartjie Baartman Centre for Women and Children, Rape Crisis, Childline* and *The Parent Centre.*

With regard to informed consent, at the interview, the researcher provided potential participants with both an information sheet (see Appendix I) and a consent form (see Appendix J). The information sheet contained an explanation of the study and included the contact details of the researcher and the Ethics Committee, in the event that the participant had queries or concerns about the study. The consent form explained that I am an independent researcher from the Department of Psychology at the University of Cape Town and thus I do not work for *Mosaic*, and that participation in the study would not impact on the services that participants obtain from *Mosaic*. The consent form also contained an explanation of the study and its purpose. Further, the consent form informed participants about the processes for data collection, and that the interviews would be tape-recorded and that participants had the right to access and withdraw the recording if they wish to. The consent form also provided information on the duration of the interviews, and that a short debriefing session would be held. Further, the benefits of participation and the ways in which participants' confidentiality would be protected, was explained.

In addition, participants were informed that the findings of the study would be presented in the form of a research thesis and that the research may be used in conference presentations or published in an academic journal, in which case the participants' identity would be kept confidential. Furthermore, the participants were informed that they would be reimbursed for the cost of transportation to and from the interview venue, and would also be given a token of appreciation for their time, in the form of a grocery voucher. Lastly, the consent form provided the contact details of the researcher and the Ethics Committee, in the

event that the participant had questions, concerns or complaints about the study. The consent form contained a section with a general agreement to participate, in which participants should acknowledge that they had been provided with an explanation of the study and understood its purpose, possible benefits and risks and that they were aware that they were free to exit the study at any time, without penalties. Furthermore, the consent form contained a section for participants to indicate whether they consented to the interview being audio-recorded.

In order to ensure confidentiality, the data obtained from participants during the individual interviews was anonymised, by using pseudonyms, in order to conceal the participants' identity, and only the researcher, transcriber and the researcher's supervisor had access to the data (Farrugia, 2019). Further, all identifying information was extracted from the data and participants were requested to approve any direct quotations that were utilised in the research report (Farrugia, 2019). Moreover, the researcher contained anonymised data securely and identifiers that had been extracted from the data were contained independently of the rest of the data. Further, the transcribers were required to sign a confidentiality agreement (see Appendix K). Furthermore, the consent form informed participants that when the study was complete, their tape-recorded information would be stored for a further 5 years and after this period it would be destroyed. A debriefing session was held immediately after each interview, in order to ascertain whether the participants had any concerns or feelings of discomfort in relation to the topics discussed in the interview, and if so, the researcher addressed these concerns accordingly (Given, 2008).

Beneficence means that the overall benefits to participants and the value of the insight obtained from the research should be greater than the potential for harm to the participant and thus justifies the research (Willig & Stainton-Rogers, 2008). In the proposed study, the individual interviews may have been cathartic for participants, and may have resulted in enhanced self-awareness, empowerment and provided an opportunity for individuals from marginalised groups to share their experiences (Hutchinson, Wilson & Wilson, 1994 as cited in Orb, Eisenhauer & Wynaden, 2001). Further, this study focused on the promotion of participants' autonomy. Rather than assuming that as the participants were individuals who were IPV victim-survivors, and thus were vulnerable and should be protected by refraining from concentrating on their perspective, this study provided these individuals with control over the aspects of their experiences they chose to share (Orb, Eisenhauer & Wynaden, 2001).

Reflexivity

Reflexivity refers to an ongoing process in which qualitative researchers' assess and describe the ways in which they have impacted on a research project. I focused on being aware

of the ways in which my personal beliefs and values may have impacted on each stage of the research process. As the researcher and participants' beliefs frequently differ, I was sensitive to these differences, particularly in the case of cultural differences (Farrugia, 2019). Further, I aimed to conduct the research in ways that did not contain prejudice, and which respected the participants' lived experiences, particularly as the research was conducted with a diverse group of participants (Farrugia, 2019). Ethical principles indicate issues of conduct of the researcher, which includes the importance of ongoing reflection throughout the study, however, ethical principles are frequently only utilised in relation to meeting the standards of research ethics committees. Conversely, it has been argued that virtue ethics, which incorporates ongoing reflection, is the most appropriate guiding concept for the researcher (Iphofen & Tolich, 2018).

Reflexivity highlights the need for the researcher to acknowledge their own position in the research process, in order to enhance the quality of the study. Further, it has been argued that a researcher's social position, identity, views, ethnicity and gender are characteristics which will impact on the selection of the research subject, data collection, data analysis and research report

(Weiner-Levy and Popper-Giveon, 2013). Further, Borg (2001) asserts that emotions are a paramount aspect of the research process. In the literature, reflexivity is frequently described as an individual process. Moreover, reflexivity is depicted a minor aspect of the data analysis process, which is undertaken after the data has been collected and the findings have been presented (Browne, 2013). However, data that has been reflected on may display findings that would have been neglected had reflexivity not been undertaken (Weiner-Levy and Popper-Giveon, 2013). Further, reflexivity involves the research critically examining themselves and thus enables the researcher to critique their own role in the research process, and that of the participants. Furthermore, it provides the researcher with a perspective that they can distance themselves from and objectively take note of, and then distance themselves a second time, to reflect on what they have taken note of.

Trustworthiness

Trustworthiness refers to the extent to which readers can have confidence in the quality of the study, in particular its methods, data and interpretation (Connelly, 2016). To provide trustworthiness in a qualitative study, five criteria have been posited: credibility,

dependability, confirmability, transferability and authenticity. Firstly, credibility refers to confidence in the truth of the study and its findings. Methods of ensuring credibility include lengthy interaction with participants, peer-debriefing, member-checking and reflective journaling. Secondly, dependability refers to the constancy of the data over comparable contexts. To enhance dependability, the research should conduct an audit trail of process logs, and peer-debriefings with a fellow researcher. Process logs are researcher notes of each stage of the study, and decisions about various parts of the study, for example which individuals to interview and what to assess (Connelly, 2016). Thirdly, confirmability refers to the extent to which the research shows that the data represents the participants' viewpoints, as opposed to the researcher's perspective and personal beliefs (Cope, 2014). To ensure confirmability, the researcher can explain, through in-depth notes, how analyses and conclusions were formulated, through an audit trail. Fourthly, transferability refers to the extent to which the findings of the study can be applied to other contexts or groups of people. To enhance transferability, the researcher can provide detailed descriptions of the context, location and participants, and by fully disclosing the data analysis process (Cope, 2014).

Lastly, authenticity refers to the degree to which the researcher demonstrates the feelings and emotions of the participant's experiences, in an honest manner. To enable authenticity, the researcher should choose appropriate individuals for the study sample, and provide in-depth explanations of the sample, in addition to using participants quotes in the write-up of the study.

In this chapter, firstly, the theoretical framework of the study, that of intersectional feminism, was discussed. A definition of intersectional feminism was provided and the contributions that intersectional research on IPV has made was discussed. Further, the reasons that this framework is important for this study, was explained. Following this, the research paradigm of this study, that of narrative research, was discussed. An explanation of narrative research was provided, and it was demonstrated that this is an appropriate research framework for this study, as narrative research provides an in-depth perspective of lived experience, involves sharing stories about events in an individual's life, and thus provides insight into the meaning of individual experience and lastly, focuses on both personal experience and the sociocultural context in which these experiences occur. Following this, the sampling procedure for this study was discussed. Thirdly, the data collection process of the study, that of individual narrative interview, was explained. Further, it was explained that the interview format was

aligned to that of experience-centred narrative research, and was unstructured. Fourthly, the data analysis process was discussed, and it was shown that narrative analysis, in conjunction with thematic analysis methods, were used. Fifthly, the ethical principles that were adhered to in this study were outlined, namely, prevention of harm, informed consent, confidentiality and beneficence. Lastly, an explanation of reflexivity, and the way in which it was applied in this study, was provided. In the following chapter, the analysis chapter, I will be providing an explanation of narrative analysis methods, and the way in which I applied narrative and thematic analysis methods to the data. Further, I will be discussing the main themes that arose from the data, in addition to presenting studies which have demonstrated similar findings.

Chapter Four: An Analysis of IPV Victim-Survivor's Talk of their Experience of the *Earn to Survive* Intervention Programme

This study aimed to address three research questions, namely, 'How do IPV victim-survivors construct forms of identity through the process of sharing their experiences of intimate partner violence and of the *Earn to Survive* intervention program?', 'How do IPV-victim survivors talk about the empowerment-oriented focus of the *Earn to Survive* intervention program, through enhancing skills and employment opportunities?' and 'How do IPV victim-survivors social identities impact on the way in which they talk about their experience of the *Earn to Survive* intervention program?' In this chapter, I discuss three main themes which are associated with the research questions, in addition to the literature which relates to these themes. The first theme that I will discuss is 'Construction of a valued sense of self' which contains two subthemes; 'The impact of social support on IPV victim-survivors', and 'The impact of community on IPV victim-survivors sense of isolation.' The second theme that I will discuss is 'IPV victim-survivors' perception of empowerment' with the sub-theme of 'The role of facilitators of an IPV intervention in empowering participants'. The third theme that I will interrogate is 'The impact of social identities on experiences of an IPV intervention programme'.

Construction of a Valued Sense of Self

The first theme that arose from the narratives was 'Construction of a valued sense of self'. Through the process of sharing their experiences of the programme, it was clear that the women experienced a number of positive changes in their sense of self. Firstly, participants shared that they were empowered specifically by the independence that participation in the programme granted them. Many shared that prior to participation, they were isolated and lonely at home, and in some cases depressed, which is used in this context as a descriptor, and thus felt dependent on their husbands. As Annalize describes below:

> Annalize: "In your relationship you think to yourself you think you are stuck with this man you depend on him but where you can do something for yourself this really helps".

However, participation gave them a sense of purpose, and in doing so, a sense of independence. Moreover, many of the women shared that they gained inner strength through participation in the programme, as it provided them with an activity away from home, which in turn, prevented them from ruminating about the abusive situation.

Bettina: “For me it is to be out of the house it was helpful for me because it took my mind off things not to think too much”

Carin: “The time I was at Mosaic I kind of found myself again being amongst other people and the workshops they had were like away from home. You know when you are out of an environment where there is depression, where the depression is involved and you are in an environment with other people. Like here at Mosaic we had workshops we interacted with other women with more or less the same situation as I was and even worse”.

Thus, through discussing the ways in which the programme positively impacted on their sense of self, women also indicated the ways in which their experiences of abuse had negatively impacted on their sense of self. For example, Deborah’s narrative indicates the negative impact that the verbal aspect of the abuse had on her self-esteem, and contrasts the abusive, violent environment of her home life with the programme’s environment:

“I used to sit at home doing nothing where you only hear the scolding you only hear shouting, but when you are here you feel nothing you don’t hear all that violence and aggressive things”.

Further, the women shared that the programme was liberating, as it enabled them to express their feelings. For example, Ella shares that it was highly beneficial, from the point of view of working and sharing her feelings, to be surrounded by other women with similar experiences:

“But, when you are amongst other women, and amongst other people it takes you up to a different level. It takes you to a different level where you can work and speak you can express yourself all these things are available”.

Prior to participation in the programme, many women were in an environment which contributed to a negative sense of self, due to the verbal and physical abuse they experienced from their partners. Further, this negative sense of self was exacerbated by a number of factors related to isolation and dependency, which was alleviated by participation in the programme. Firstly, the fact that they were dependent on their partners financially, made the women feel that they were unable to escape the abusive situation. Thus, participation in the programme provided the women with a feeling of agency over their own lives, and their circumstances, and also provided them with a sense of purpose, which in turn, made them feel that their lives had value. Secondly, as the women were isolated at home, this enhanced the opportunity to ruminate on the verbal and emotional abuse perpetrated by their partners, and may have

resulted in negative self-talk, which, consequently, would have contributed to a negative sense of self.

The finding of the present study, that the experiences of IPV had positively impacted on the the women's sense of self, is supported by a few other studies, which demonstrate the detrimental influence of IPV on victim-survivor's sense of self. Studies on the effects of IPV on victim-survivor's mental wellbeing has centered on depression, substance use, anxiety and PTSD, while neglecting issues of decreased self-esteem and diminished self-identity in the context of IPV (Smith et al., 1995).

Moreover, the literature on IPV generally centers around physical violence, neglecting emotional and sexual abuse, and oppressive actions (Matheson, Daoud, Hamilton-Wright, Borenstein, Pedersen & O'Campo, 2015). Further, the harmful impact of diverse varieties of IPV on mental well-being in a more general sense, have hardly been investigated, and in particular, among working class women. Thus, Matheson et al. (2015) investigated the views of low-income IPV victim-survivors on their mental well-being, by focusing on a broader concept of mental health which incorporates self-esteem and self-identity as key aspects. Although most of the research on IPV concentrates on physical abuse, there is an increasing understanding of the dire effect of emotional abuse on women's mental well-being (Matheson et al., 2015). Further, the consequences of emotional abuse, such as overt or covert control and manipulation can be evident in the forms of loneliness, hopelessness, guilt, fear and decreased self-esteem and identity (Lammers, Ritchie & Robertson, 2005). In the present study, all of the women described feelings of loneliness, isolation and hopelessness, as a result of the abusive relationship.

Childress (2013 as cited in Matheson et al., 2015) implemented a systematic review, with the outcome that women who had experienced IPV disclosed that these experiences were extremely harmful to their self-esteem and self-identity. Further, these experiences resulted in sadness, isolation, humiliation and hopelessness. Moreover, the association between identity, IPV and poverty warrants further investigation, as little research has been conducted on the subject. Goodman, Smyth, Borges, and Singer (2009) argue that this is a crucial topic of research, as the co-morbidity of poverty and IPV, and their respective detrimental impact- such as stress, powerlessness and social isolation, exacerbate each other. Moreover, when other forms of women's identities, such as ethnicity, gender, disability status are marginalized, these effects may be further damaging. Thus, Matheson et al. (2015) interviewed IPV victim-survivors, most of whom had incomes of less than $18990, 90 (R290 150) a year-which is slightly greater than the average annual salary of South Africans (R282 312) (Business Tech,

2021) and significantly more than the national poverty line of R7488 annual salary (Statista, 2021). Further, the women shared their experiences of mental health and self-esteem. Moreover, the participants shared their experiences of identity deconstruction due to the experiences of abuse, the ways in which they felt disconnected from their sense of self, their self-esteem and their sense of their own capability (Matheson et al., 2015). Further, in addition to this disconnection from sense of self, the women experienced mental illness such as depression and a loss of ability to undergo self-healing behaviour for the duration of the relationship. Similarly, in the present study, the women shared that, prior to participation in *Earn to Survive*, they were isolated at home, and experienced symptoms of depression. Further, in relation to a disconnection from their sense of their own capability, the women in this study described the ways in which their dependency on their husbands financially and socially resulted in feelings of helplessness and hopelessness. In the study by Matheson et al. (2015), some of the participants used alcohol and drugs as a coping mechanism, while others demonstrated disordered eating patterns, such as binge eating or conversely, restricting their food intake below that which is needed to sustain everyday functioning. However, the women also shared the ways in which they underwent a process of transformation and recovery subsequent to exiting the abusive relationship (Matheson et al., 2015). In the present study, although not all of the women had exited the abusive relationship, most described the ways in which participation in the sewing project improved their sense of self-worth and enhanced their feelings of independence.

Moreover, in the study by Matheson et al. (2015), the women experienced a diverse range of abuse, including physical, sexual, emotional, psychological, social isolation and controlling behaviours. However, the damage stemming from physical violence was perceived differently to that of emotional and psychological abuse. The women shared that they recovered quicker from physical injuries, however the detrimental impact on their self-esteem and identity lasted remained. Furthermore, the damage caused by diminished self-esteem and identity are latent and thus are not detected by mental health professionals, and the victim-survivors themselves (Matheson et al., 2015). Thus, it is evident that the process of recovery is lengthy, and requires ongoing services to assist women while they reconstruct their lives and their self worth.

In the current study, many of the women shared that one of the most beneficial aspects of the programme was the way in which it prevented them from ruminating about the abuse, as it provided them with an activity away from home, in which they interacted with others, and thus were not socially isolated. Ruminative thinking is defined as passive and persistent

concentration on negative emotions in addition to their causes and outcomes (Nolen-Hoeksema, 2000). Further, ruminations result in a negative mood. However, there are two main types of ruminations. Intrusive ruminations, which occur automatically and the individual has no control over, are maladaptive, as they cause the posttraumatic stress symptoms to remain (Cann et al., 2011; Ehring & Ehlers, 2014). The type of ruminations that the women in the current study described were aligned with that of intrusive ruminations, as the women described the way in which ruminative thinking contributed to symptoms of depression. Conversely, deliberate/reflective ruminations are adaptive, as their objective is to examine the traumatic event, as a means of coping with it (Cann et al., 2011). Deliberate ruminations promote "trauma processing" and growth procedures (Cann et al., 2011). However, many studies have shown that there is an associtation between ruminations, and particularly intrusive ruminations, with Post-traumatic Stress Disorder (PTSD) symptoms in individuals who have experienced violence (Michael, Halligan, Clark, & Ehlers, 2007). Thus, a positive association between ruminations and both PTSD and Post-traumatic Growth (PTG) was demonstrated in a study in which students who had experienced a host of traumatic events (Calhoun et al., 2010) and also in a study of paramedics, who were exposed to trauma due to their occupation (Ogińska-Bulik & Kobylarczyk, 2015). In the study of paramedics, predominantly intrusive ruminations were positively related to PTSD, while both intrusive and deliberate ruminations were positively associated to the degree of posttraumatic growth, with deliberate ruminations having a stronger relation to PTG (Ogińska-Bulik & Kobylarczyk, 2015). Similarly, the study by Cann et al. (2011) aimed to ascertain the association between ruminations and the degree of positive and negative outcomes of the traumatic event. PTSD symptoms were representative of negative outcomes, while PTG was representative of positive outcomes. The results showed that the participants displayed predominantly negative outcomes of the traumatic events, and almost 90% of the women displayed a moderate or high degree of PTSD (Cann et al., 2011). Further, both intrusive and deliberate ruminations were associated predominantly with PTSD symptoms, however the relationship was more significant between intrusive ruminations and PTSD. Conversely, post-traumatic growth was related solely with deliberate ruminations (Cann et al., 2011). The findings that deliberate ruminations had a more significant relationship with PTSD than PTG can be attributed to the fact that the participants experienced numerous, nuanced trauma related to violence (predominantly physical and psychological violence) (Cann et al., 2011). Further, the women were still in abusive relationships, thus they were still in contact with their abusive partners, and likely continued to experience trauma. Therefore, the negative emotions they felt in association with the past and future, persisted (Cann et al., 2011).

This was also evident in the present study, as the women were still in the abusive relationship, and some shared that they continued to experience abuse. In these circumstances, examining and dissecting the traumatic events (deliberate rumination), although it may be in order to search for methods to cope with the issue, may prioritise the persistence of negative outcomes, as opposed to encouraging positive outcomes (Cann et al., 2011). Consequently, the women in the present study experienced depression and feelings of hopelessness.

In the previous section, it was shown that the women experienced positive changes in self-identity due to participation in the programme, which addressed the research question regarding the ways in which IPV victim-survivors construct forms of identity through the process of sharing their experiences of intimate partner violence and of the *Earn to Survive* intervention program. Many of the women were isolated at home prior to participation, and in some cases depressed, and thus felt dependent on their husbands for social stimulation. It was demonstrated that studies on the impact of IPV on victim-survivor's mental wellbeing has neglected issues of decreased self-esteem and diminished self-identity in the context of IPV, however, some studies have shown that experiences of IPV is extremely damaging to victim-survivor's self-identity and self-esteem.

Further, it was shown that participation in the programme benefitted the women, by occupying their time and preventing them from ruminating about the abusive situation. Lastly, a study of students who had experienced a host of traumatic events, was discussed, and it was shown that both deliberate and intrusive ruminations were associated with PTSD symptoms.

The Impact of Social Support on IPV Victim-Survivors

Next, it will be shown that the sub-theme of 'The impact of social support on IPV victim-survivors', relates to the main theme of 'Construction of a valued sense of self', due to the positive and affirming impact that social support had on the women's sense of self. It became clear as the women spoke about their interactions with the other women in the programme, that the friendships that they developed were affirming, cathartic and empowering and thus also resulted in positive changes in self-identity. Many of the women shared that they were lonely and did not have friends of their own (separate from their husbands) prior to participation in the programme. Some of the women felt that these friendships enhanced their self-assurance and self-respect, and in turn, allowed them to share their experiences of adversity. Further, the women found the experience of both providing and receiving empathy, through sharing their experiences of abuse with the other women, and consoling other women who shared their experiences, rewarding and healing. Thus, when the women described the

friendships that were formed with the other women in the programme, the profoundly positive effect of social support on their self-worth, became clear.

> Carin: "And the thing to be amongst other people with more or less the same story we became friends you meet other people at home it was like you've got no one it's just the same old story and your husband is just doing what he wants to do and treating you like… you never go out, he never takes you out now"

Thus, for Carin, it is clear that, prior to the programme, she felt isolated from others, and her only source of social stimulation was a negative source, as it was that of her husband, who was abusing her and devaluing her, and cutting her off socially by not taking her out. Thus, the programme enabled her to meet other women with similar experiences, and develop a social life of her own, which enhanced her sense of independence, and as a result, her sense of her own value.

Further, all of the women were socially isolated prior to participation, and thus they did not have sources of social support which could contribute to a positive sense of self, for example through the provision of words of affirmation or caring gestures. Thus, the women found it affirming to be around other people who treated them with respect, and made them see their own self-worth, which was contrasted with the way in which their husbands treated them, which resulted in them feeling as though they had no value and were not appreciated by their husbands. The women also shared that the programme itself equipped them with tools to harness their inner strength and resilience, and how to prioritise their self-worth. Therefore, it became evident that although the programme helped the women to harness their sense of self-respect, the friendships that they developed re-affirmed in a practical sense, what the programme had taught. Specifically, that the women had value to contribute to society, as individuals in their own right, as mothers, wives, potential business-women, and, pertinently, as sources of support, empowerment and friendship to other women.

> Deborah: "Some people just sit there and I used to it over the years and sit and you like feel sorry for yourself and that is not a way to go about life to feel sorry and here I learnt is to get up stand up and find your inner self where you have to learn that it is not right to be disrespected. It is not right to be treated like this, it's not right to… they just want to learnt in the workshop stand up and find your inner self and respect goes a long way and honor and things like that."

Thus, for Deborah, prior to participation in the programme, she was isolated at home, and felt hopeless in relation to her experience of abuse, and that this experience impeded on her ability to condemn the abuse. However, subsequent to participation in the programme, she

was able to harness the self respect and her inner strength, in order to defend herself against the abuse.

The finding that social support can alleviate the psychological wellbeing consequences of IPV, has been supported by other studies. Mburia-Mwalili, Clements-Nolle, Lee, Shadley and Yang (2010), for example, investigated whether social support can decrease symptoms of depression in women IPV victim-survivors. The results of the study indicated that it was 3 to 5 times more probable that women IPV victim-survivors with minimal to moderate social support would experience symptoms of depression, than women who had experienced IPV with significant social support (Mburia-Mwalili et al., 2010). This finding was also evident in the current study, as the women in this study all had minimal social support, and the majority disclosed that they experienced depression and feelings of hopelessness and despair. This result can be understood by the theory that women who experience IPV with greater social support, are more equipped to enhance their personal safety and decrease the impact of negative IPV-associated outcomes (Mitchell, Hargrove, Collins, Thompson, Reddick & Kaslow, 2006). Moreover, studies have found that social support decreases symptoms of depression among IPV victim-survivors, by increasing coping mechanisms (Coker, Watkins, Smith & Brandt, 2003; Mitchell et al., 2006) and reducing feelings of loneliness.

This was the case with the current study, as when befriending the other women in the programme, the women described enhanced coping mechanisms such as harnessing feelings of resilience, due to the comfort provided by the other women, as they listened to each other's stories. Further, some of the women shared they were inspired by the emotional strength demonstrated by the women who had more severe experiences of abuse than their own. Despite this, few IPV victim-survivors report their experience to social support networks, due to embarrassment or fear of punishment by their partner (Coker et al., 2002b; Wilson et al., 2007). Mitchell et al. (2006) also found an inverse association between educational attainment and depression. This could be because women with low educational attainment have reduced employment options, and may feel that they are unable to end the abusive relationship due to financial dependence on their partners (Ackerson, Kawachi, Barbeau, & Subramanian, 2008). This was found in the present study, as all of the women were financially dependent on their partners prior to participation in the programme, and some cited this as a reason that they felt stuck in the relationship. Moreover, it is plausible that financial reliance on the perpetrator and the view that, as a result, one cannot exit the relationship, manifests in symptoms of depression (Mburia-Mwalili et al., 2010). Thus, intervention programmes should incorporate educational aspects into their structure, in order to enhance the independence and self-efficacy of IPV

victim-survivors, and thus their ability to exist the abusive relationship. Further, even if women do not wish to exist the abusive relationship, or feel uncertainty toward the matter, as with some of the women in this study, the sense that they are able to exit, may reduce depression (Burke, Denison, Gielen, McDonnell, & O'Campo, 2004).

Similarly, Stets (1991 as cited in Mburia-Mwalili et al., 2010) conducted a study which connected social isolation to IPV, by demonstrating that social isolation results in reduced social support and social agency. With regard to social support, women who disclosed that they did not have anyone other than their intimate partner to rely on for assistance were categorized as isolated. Thus, all of the women in this study, according to this definition, would be considered socially isolated prior to participation in the programme. Similarly, in a study by Van Wyk, Benson, Fox and DeMaris (2003) it was demonstrated that it was less probable that women with greater social support would experience IPV, and that this association did not differ according to neighbourhood socio-economic status. Comparably, the results of a study by James, Johnson and Raghavan (2004), which investigated the social isolation of IPV victim-survivors, demonstrated that numerous women in the study experienced physical and psychological consequences of social isolation. Further, for all of these women, this isolation was involuntary, which indicates that IPV perpetrators are highly 'strategic' at isolating their partners.

Sylaska and Edwards (2014) conducted a review of studies on victim-survivors experiences of confiding about their experiences of IPV to social support network members. The outcomes of the study reinforce the findings of this study, that disclosure of IPV to social support networks has a positive impact on victim-survivors psychological wellbeing.

Social reactions to victim-survivors' reports of IPV are conceptualized as the manner in which support network members react both verbally and nonverbally to victim-survivors' accounts (Ullman, Foynes & Tang, 2010). Further, studies on social reactions are usually conducted in two forms. The first analyses social responses to reports using researcher formulated categories of positive (including believing the victim-survivor, showing empathy) and negative responses (not believing the victim-survivor or directing blame toward them) (Sylaska & Edwards, 2014). The second form for examining social responses to IPV reports involves interviewing participants regarding the helpfulness of support network responses. Ullman et al. (2010) reviewed both forms of studies altogether, and found that, across studies, examples of positive social responses disclosed by victim-survivors were emotional support, providing advice, providing the victim-survivor with the opportunity to share their experience of the abuse, and giving direct, essential support (Edwards et al., 2012; Lem- pert, 1997;

Mahlstedt & Keeny, 1993; Renzetti, 1988 as cited in Ullman et al., 2010). Further, many studies have demonstrated that victim-survivors list emotional support as the most beneficial form of support (Ullman et al., 2010). This outcome is demonstrated in the present study, as all of the participants shared that they received positive social responses from the other women in the programme, in the form of emotional support, such as listening to each other stories and providing empathetic responses, in addition to physical gestures of comfort such as hugging.

Direct, essential support refers to victim-survivors being provided with accommodation, child care and so on (Sylaska & Edwards, 2014). Advice refers to the support network members advising that the victim-survivor obtains counselling, or suggesting that they seek legal assistance (Bosch & Bergen, 2006). In one study, victim-survivors shared that they regarded social supports members' demonstration of animosity or blame directed at the perpetrator, without pressurizing the victim-survivor to exist the relationship, or take specific actions, as a positive response (Sylaska & Edwards, 2014). In contrast, examples of negative social responses categorized by victim-survivors are instructing the victim-survivor to behave in a particular manner (such as exiting the relationship), and not comprehending the abuse, or failing to acknowledge its severity (Bosch & Bergen, 2006; Edwards, Dardis & Gidycz, 2012). In a study by Lempert (1997), victim-survivors shared that informal supports frequently expressed shock and disbelief, which were regarded as negative social responses. In this study, when the women shared their stories with each other, rather than the negative social response of shock and disbelief, the women were inspired by each other's methods of surviving the abuse. Other examples of negative social responses are avoiding the victim-survivor or avoiding speaking about the abuse, blaming the victim-survivor, sharing their exasperation when the victim-survivor did not follow the social support members' recommendation, and undermining the experience of abuse (Goodkind, Gillum, Bybee & Sullivan, 2003).

Moreover, studies on victim-survivors disclosure of IPV has also investigated the psychological impact of disclosure on the victim-survivor. Levendosky et al. (2004)

implemented a study with pregnant women who had disclosed experiences of IPV to social networks, and found that disclosure was related to decreased symptoms of depression, but was not related to anxiety, PTSD symptoms, or self-esteem. This finding was demonstrated in the present study, as the women experienced a decrease in symptoms of depression subsequent to disclosure of experiences of IPV to the other women in the programme.

Similarly, the results of a study by Belknap, Melton, Denny, Fleury-Steiner, and Sullivan (2009), showed that greater degrees of social support was associated with enhanced psychological health. Moreover, Fortin, Guay, Lavoie, Boisvert, and Beaudry (2012) analysed

victim-survivors' satisfaction scores in relation to the support received, and found that greater satisfaction scores was associated with lower degrees of psychological distress. With regard to the psychological impact of types of social responses to disclosure, most studies on the subject indicate a complex association between psychological health and both positive and negative social responses (Sylaska & Edwards, 2014). However, some studies have found a significant association between empathetic responses to disclosure from social contacts and enhanced psychological wellbeing, in addition to victim-survivors feeling enhanced self-confidence and control over their lives (Moe, 2007 as cited in Sylaska & Edwards, 2014). This finding was evident in this study, as, after receiving empathetic responses to disclosure from the other women, the women experienced an increase in their feelings of inner strength, and their sense of agency. For example, some of the women felt they had the potential to start their own business, as in the case with Annalise:

> "Now I can stand myself to go to do something myself. If I had a machine maybe I can start a business, but because I don't have a machine."

Further, studies have shown that avoidant or undermining reactions to disclosure were related to victim-survivors' feeling powerlessness and lowered self-esteem, greater symptoms of depression, self-harm or suicidality and self-blame (Mitchell & Hodson, 1983; Moe, 2007 as cited in Sylaska & Edwards, 2014).

Moreover, the results of a study by Levendosky, Bogat, Theran, Trotter, Eye and Davidson (2004) indicated that greater degrees of emotional (allows the victim-survivor to share their account), practical (dispenses advice) and critical (dispenses criticism) supports were associated with decreased depression and greater degrees of self-esteem. Further, greater emotional and critical support was associated with reduced anxiety and greater critical support was associated with less PTSD symptoms (Levendosky et al., 2004). The positive influence of critical support on psychological well-being may suggest that any form of support or recognition of the abuse is preferred to avoidance, or it may be due to the moderate positive association between critical and emotional support (Sylaska & Edwards, 2013). Specifically, the social support contacts may dispense both critical and emotional support, and thus the dispensation of emotional support is the origin of the positive impact (Sylaska & Edwards, 2013).

Thus, in the above section, it was shown that the women in this study derived comfort from and shared that they were empowered by their friendships with the other women in the programme, and that these friendships resulted in positive changes in their sense of self. Further, it was demonstrated that studies have found that social support decreases symptoms

of depression and enhances overall psychological well-being among IPV victim-survivors, by increasing coping mechanisms and reducing feelings of loneliness. Furthermore, greater degrees of emotional and critical supports were associated with decreased depression and greater degrees of self-esteem. In addition, greater emotional and critical support was associated with reduced anxiety and greater critical support was associated with less PTSD symptoms.

Therefore, it was shown that social support had a profoundly positive effect on the women's identities, through enabling them to share their experiences of abuse and provide and receive empathy, which was affirming and cathartic, as it made them feel as though their experiences were valid and worthy of sharing. Next, the sub-theme of "The impact of community on IPV victim-survivors sense of isolation", will be discussed, and it will be shown that, through their friendships with the other women in the programme, the participants felt less alone in their experiences of abuse, and thus, formed a sense of group identity.

The Impact of Community on IPV Victim-Survivors' Sense of Isolation

The women derived comfort from hearing each other's stories and experiences, as in some cases, the other women had comparable experiences, which enabled them to realise that they are not alone in their experience. This was beneficial, as feeling that they were alone in their experience, prior to participation, contributed to the women feeling isolated, helpless and as though there was no reprieve from the abuse, and little possibility that their situation could improve. Carin for example talks about the way in which her interactions with the other women provided her with physical and emotional comfort, and helped her to feel as though she was not alone in her experience of abuse:

> "and then I met the other ladies then I discovered like my problem is not as bad as some of the other ladies problems and now I can speak to them, I can listen to them and that is why we started interacting with each other and everyone hugs each other comfort each other that is good to interact in a place like this most definitely"

In other cases, when the women would listen to each other's stories, they would discover that the other women had worse experiences, which made them feel that their own experience was not as severe, such as in the case of Fatimah:

> "And sometimes I thought to myself that my situation was bad, but when you are amongst other women and they tell their story and you hear other stories it's touching and then you sit there and think that at the end of the day your situation is sometimes not as bad as other peoples' situation"

Further, the women were inspired by the way in which the other women, who had more severe experiences of abuse than their own, were coping with their situation. Moreover, hearing these severe experiences helped some women to feel less alone in their experience, and helped them to formulate a sense of group identity with the other women, such as in the case of Greta below:

> "I think it is great helping especially women… when you come here there are other people with much more bigger problems that you have sharing their experiences it actually helped me in my way of thinking you are not alone… you are not alone in that ever struggle that you have. Because once you hear somebody else's problem then yours doesn't seem so big if I can say it that way because some are really not nice to hear and then you think but look at this, she is surviving and she is going through this".

Thus, prior to participation in the programme, the women were not exposed to other women who had comparable experiences, and as a result, were not privy to alternative methods of coping with or addressing the abuse, which likely made them feel that there were limited options available to them to deal with their own situation. Further, after participating in the programme, and being exposed to women with similar or more severe experiences, it could be suggested that the women developed a sense of group identity, which was an affirming experience for them, as it made them feel less alone in their experience, and potentially reduced the stigma related to being a victim-survivor of IPV.

Other studies on group IPV intervention programmes have demonstrated mixed outcomes, with some studies indicating that these programmes have a positive impact on participants, while others have demonstrated minimal impact (Eckhardt el al., 2013; Ramsay, Rivas & Feder, 2005, as cited in Santos, Matos & Machado, 2017). Similarly, in the current study, the way in which the women discuss their experiences of the programme varies. However, the number of studies which evaluate the effectiveness of group intervention programmes are limited (Santos et al., 2017). Santos et al. (2017) assessed the impact of an IPV group intervention programme with an 8 week duration, with women who were IPV-victim survivors as participants. The findings of this study demonstrated that the programme had a positive effect on participants, which has also been demonstrated by other studies on group intervention programmes (Briere & Jordan, 2004; Coker et al., 2002; Constantino et al., 2005; Iverson et al., 2009; Lundy & Grossman, 2001 as cited in Santos et al., 2017). At the beginning of the study, the participants demonstrated clinical degrees of symptomatology, and at the end of the study, the participants predominant symptoms decreased. In particular, symptoms of depression and overall symptoms were decreased, and enhancements in women's

self-esteem and social support were demonstrated. This finding was also demonstrated in the present study, as many of the participants shared that prior to participation in the intervention programme, they experienced symptoms of depression, and minimal or no social support. However, after participating in the programme, the majority of the women experienced a noteworthy enhancement in social support, and their narratives indicated enhancements in self-esteem, and a decrease in feelings of hopelessness and despair. In the study by Santos et al. (2017), the format of the programme addressed the needs of the participants, and as a result, positive psychological outcomes were found. Moreover, these improvements in clinical symptoms were maintained when a follow-up examination was conducted following the conclusion of the intervention.

Further, self-esteem is frequently analysed in research on the effect of group interventions. In the above is study, self-esteem levels were significantly enhanced, due to the fact that each session of the programme was centered on women's empowerment. Although self-esteem levels were moderate at the beginning of the study, potentially because most of the women had exited the abusive relationship, they were enhanced noteably due to participation in the intervention. This finding, that a group IPV intervention contributes to enhanced self-esteem levels, has been found in numerous other studies (Cox & Stoltenberg, 1991; Rinfret-Raynor & Cantin, 1993; Tutty et al., 1993 as cited in Santos et al., 2017).

Moreover, some studies have demonstrated that IPV victim-survivors who participate in group interventions have disclosed enhanced social support (Constantino, Kim & Crane, 2005). Similarly, in the study by Santos et al. (2017) the results indicated that social support enhanced friendship levels. This outcome may be due to the nature of the group participation and the relationships that developed during the programme. In particular, during the programme, women began to develop friendships and organize social meetings external to the programme. The present study demonstrated an identical outcome, as, due to the group format of the sewing lessons, the women developed friendships with each other, and shared that this enhanced their overall social support levels, and some of the women spoke about organizing social gatherings with each other outside of the programme. Thus, these findings indicate that a group intervention programme for IPV can be highly successful. However, despite the fact that improvements in psychological wellbeing and social support were sustained subsequent to the conclusion of the programme, overall levels demonstrated mild increases. Thus, this finding is relevant to the current study, as it highlights the importance of ascertaining the ideal duration that a programme should take place for, in order to produce psychological improvements, and for these improvements to be sustained. I would suggest that, since most of the participants felt

that the duration of the current programme should be longer, and that a three week duration would be ideal, that this should be considered. Further, assuming that a three week programme is more effective, in order to sustain these potential positive outcomes, short 'follow up' workshops could be implemented, which teach women entrepreneurial skills, in order to combine these skills with the sewing skills they acquired from this programe, as some of the women shared that they would like to use their newly acquired sewing skills to start their own businesses.

Thus, it was shown that the community that the women developed, through their friendships with the other women, positively impacted on their identities, by enabling them to feel that they belonged to a group of women like themselves, i.e. with similar experiences.

In the next section, I will be discussing the theme of "IPV victim-survivors' perception of empowerment", and specifically the ways in which the women spoke about empowerment, and thus demonstrated their understanding of what empowerment entails.

IPV Victim-Survivors' Perception of Empowerment

The next theme that arose from the data was 'IPV victim-survivors' perception of empowerment'. Although some of the women felt the programme was not long enough, participation had empowerment-related benefits for many of the women. Firstly, some of the women already knew how to sew prior to participation, and thus were able to use their skills to assist the other women in the programme.

> Ella: "I know a lot of sewing, but for me to be amongst other women it was like a new experience like I never sewed before, but then I could share my skills also with them and that was fantastic because like you become an emotional[?] woman I always say if you are prepared to learn I will teach you my skills and then we could help each other and there were some things I didn't know then I also would learn"

Thus, for Ella, it was rewarding and empowering to be able to use her skills to teach the other women how to sew, and thus empower the women, and in the process, enhance her own skills. I began to understand that, for some of the women, such as Ella, empowerment was viewed as being in a position to use their abilities to help others, which in turn, helped them too.

> Hannah: "and you know the guy who gave us the sewing lessons, he said it was easy to work with you guys because I also had sewing I told you I was like really honest not like trying to show oh I know more, but I was there I put myself in everybody's else's shoes when I saw they struggled with the machine then I would help them. When the trainer was busy then he would say thank you because it was a lot of work to work

with six ladies. So I said it is fine I will help where I can and if I don't know something I will ask you this"

Similarly, for Hannah, understanding the difficulties that the other women experienced while learning to sew, from their perspective, and being able to use her skills to assist them with these difficulties, was empowering. Further, Hannah perceived empowerment as being able to provide assistance to the instructor of the programme, through this process of assisting the women. Moreover, for the other women, empowerment was being able to partake in an activity by themselves, such as participate in the sewing course, as opposed to being dependent on other people in their lives, for example their husbands and children:

Carin: "It's empowering. It's very good I feel very nice. When I was here I felt very happy because I feel now I don't have to depend on my man my children I can do something on my own that is what motivated me and empowered me"

Further, these women shared that the programme also benefitted them by enhancing their existing sewing skills. Secondly, the women who had no prior experience with sewing, were empowered by learning how to sew, due to the acquisition of a new skill. It became clear that for these women, empowerment was understood opportunities that acquiring the skill created, such as the potential to start their own business.

Hannah: "The program is very helpful because I didn't know anything about the machine I didn't know how to sew, how to work on a machine and when I came here I built myself to think I can do something instead of sitting at home doing nothing. If only I had my own machine I would have been a business woman today, but they really helped me a lot"

However, some of the women did not share their perceptions of empowerment and how the programme contributed to it, but instead critiqued the fact that the programme facilitators did not contact them subsequent to conclusion of the programme, to inform them about other programmes, but also to ascertain how they were managing with the abusive situation, or to provide further counselling sessions. As a result, a few of the women shared that they did not experience empowerment related benefits due to participation in the programme:

Fatimah: "So I just came maybe twice for counseling and after that they never called me and I went for sewing training after the sewing training they called me for the grocery and then after that they called me once if I had a job and I said no. I never received a call and then the year was finished last year. This year I received a call from them that they want to do interviews so I was looking forward to their side for counselling but I don't know why they didn't call me and ask what is happening".

However, the finding of this study that economic empowerment had a positive impact on IPV victim-survivors identities has been found in some studies, while other studies have demonstrated contradictory findings. Economic assistance refers to providing support to enable families to address their primary needs such as food, shelter and healthcare, and reducing the adversity related to living in poverty (Matjasko, Holditch Niolon and Valle, 2013). Further, economic assistance can include housing support, assisting with medical care costs and teaching financial skills to enhance individual's abilities to manage their economic resources to address their needs. Studies have shown that economic assistance could reduce the relationship conflict related to IPV. Further, for relationships in which one partner is domineering and the other is thus in a subservient position, economic stressors and poverty may hinder the partner who is being abused, from exiting the abusive relationship. This was the case with all of the participants in this study, as they all referred to their partners as controlling, and that they experienced financial difficulties as a couple. For example, Iviwe shared that she began to be abused by her husband when he became unemployed:

> "My husband lost work and he started stressing and he started bad behavior. And that thing has affected me and the children."

Moreover, financial abuse, such as controlling the availability of finances, controlling one's employment options, and restricting one from participating in financial decisions, may be utilized by IPV perpetrators to force their partner into remaining in the relationship. Thus, economic assistance may be crucial in helping IPV victim-survivors leave the abusive relationship, by assisting them with the resources that they require to provide for their own wellbeing and the care of their children. For example, in the present study, Carin shared that the skills she gained from the sewing programme enabled her to start her own business, and as a result, she was able to live independently, as opposed to staying with her mother:

> "It was very nice because I felt I had a lot of friends here but my stress was okay even now I have my own place now I am not staying at my mother's house so I left my brother there so now I am okay, I'm going to start my life now it helped me a lot."

Conversely, women's enhanced economic position may challenge the abusive partner's perceived dominance, and consequently, the incidence of IPV may be enhanced **(**Matjasko et al., 2013). Therefore, IPV intervention programmes which provide financial assistance should also include safety planning to safeguard IPV victim-survivors subsequent to leaving their abusive partner **(**Matjasko et al., 2013). Moreover, economic assistance should be ongoing, as the collective outcomes of IPV persist in impacting on victim-survivors'

employment for years subsequent to exiting the abusive relationship (Lindhorst, Oxford, & Gillmore, 2007).

It is imperative that policymakers gain insight into the factors which contribute to IPV, in order to formulate interventions that reduce the likelihood of IPV or which acertain which groups of women are at a greater risk of IPV due to participation in an intervention, or an enhancement in their financial position (Angelucci and Heath, 2020). Empowerment programs for women may impact on IPV in various ways. For example, an intervention which provides women with employment and an income may enhance IPV due to the perceived threat of the women's greater resources and associated socio-economic status. Concurrently, the greater financial position may enhance the woman's bargaining power and reduce financial struggles of the household, therefore contributing to reduced IPV (Angelucci and Heath, 2020). Further, due to the woman spending less time at home, there are less possibilities for IPV. Furthermore, beliefs and conventions are integral contributors of the impact of socioeconomic aspects on IPV (Angelucci and Heath, 2020). A particular intervention will have varied impacts on IPV, which is contingent on the ways in which partners perceive their status and identity, in addition to whether IPV is accepted by the society the couple are members of. Thus, when examining the contributors of IPV and the ways in which various interventions impact on it, researchers should refrain from attempting to ascertain the sole contributor of IPV (Angelucci and Heath, 2020). Instead, researchers should attempt to comprehend how the amalgamation of factors impact on IPV in the particular context being examined. Angelucci and Heath (2020) implemented a study in the Democratic Republic of Congo, as a means of ascertaining various mediating aspects of IPV and to utilize these factors to comprehend the possible effects of a women empowerment intervention on IPV.

IPV is a pervasive issue in the Democratic Republic of Congo, at a prevalence rate of 68 percent (Tlapek 2015 as cited in Angelucci and Heath, 2020). The participants of the study were 657 married women, or women who lived with their partners, between the ages of 15 to 55. Microfinance interventions allocate women with small amounts of money, either as credit, savings or microinsurance. Microfinance interventions have been promoted as a vehicle for reducing poverty in developing countries (Shamar & Buchenrieder, 2002 as cited in Angelucci and Heath, 2020). Ideally, microfinance interventions can enhance the income of families by creating financial opportunities for individuals whom conventional economic assets are not available to (Stratford, Mizuno, Williams, Courtenay-Quirk & O'leary, 2008).

The women were interviewed prior to participation in an empowerment programme that supplies women with a monthly allowance of $9, 43 (R144) for one year and 40 to 70 hours of skills building workshops, centered on enhancing numeracy, vocational abilities and networking with other women (Angelucci and Heath, 2020). The researchers found that, in the past year, 45 percent of women were insulted, 24 percent engaged in sex that they did not consent to, 19 percent were prohibited from visiting social contacts, 10 percent were physically abused and 15 percent had their partners implement efforts to remove their income (Angelucci and Heath, 2020).

The finding that the association between financial empowerment and the likelihood of IPV is not straight-forward but rather complex, is supported by a study by Eggers del Campo and Steinert (2020). Marital dependency theory asserts that women with greater economic resources possess greater bargaining power are thus more equipped to exit abusive relationships. In contrast, Resource theory asserts that an enhancement in women's financial assets may challenge conventional gender positions, resulting in an increased likelihood that the male partner will attempt to reaffirm their status through the perpetration of IPV (Eggers del Campo and Steinert, 2020). Thus, Eggers del Campo and Steinert (2020) examined 19 studies investigating the impact of financial empowerment interventions on IPV. The researchers found that, in most contexts, women's financial empowerment was related to a reduction in IPV. Further, it was found that cash-transfer and microfinance interventions which provided greater financial resources to participants, had a more significant impact on IPV, than smaller economic empowerment programmes such as savings programmes, or provision of child care (Eggers del Campo and Steinert, 2020). Although these larger programmes mainly resulted in a positive impact, some studies found that these programmes had a negative impact. In particular, some of the studies showed that economic interventions resulted in controlling behaviour from the male partner, categorized by the researcher as emotional violence (Eggers del Campo and Steinert, 2020. However, it could be suggested that women who are especially oppressed and in a less powerful position prior to participation in the intervention, are at a greater likelihood of experiencing significantly controlling behaviours subsequent to participation. This theory is supported by a study by Hidrobo and Fernald (2013), whose results demonstrated that women with low educational attainment are at a greater risk of IPV, and also by a study by Green et al. (2015 as cited in Eggers del Campo and Steinert, 2020) which centred on marginalized women who had lost their homes in Uganda.

Halim et al. (2019 as cited in Eggers del Campo and Steinert, 2020), found that controlling behaviours may present themselves in terms of monetary domination and in seizing

women's financial assets. Thus, it is plausible that women's involvement in a financial empowerment intervention, and the associated income, may prompt male partners to attempt to gain control of women's financial resources for their own advantage. Further, this arguably occurs to a greater extent in relationships in which the women adopts a more submissive position. Notably, this likelihood was also present in interventions with gender transformative aspects and participation of male partners (Halim et al., 2019 as cited in Eggers del Campo and Steinert, 2020). An additional theory for the enhancement in men's dominating behaviours is the notion of replacing one type of abuse with another. In particular, other studies have emphasized the risk that programs which predominantly concentrate on addressing physical and sexual abuse prevention, may unintentionally result in men utilizing emotional abuse (Abramsky et al., 2014). Thus, these risks should be taken in account when intervention programmes are formulated, to prevent potentially dire outcomes from occurring.

In the above section, it was shown that many of the women, through their narratives, indicated that participation had empowerment-related benefits for them, as some of the women were able to use their existing sewing skills to assist the other women in the programme, while others developed new skills. This theme addressed the research question "How do IPV-victim survivors talk about the empowerment-oriented focus of the *Earn to Survive* intervention program, through enhancing skills and employment opportunities?", by indicating the ways in which the women demonstrated their perceptions of empowerment, through their narratives.

Studies on economic empowerment related IPV interventions were evaluated, and it was shown that the association between economic empowerment and IPV is complex, and can either result in a decrease or an increase in the likelihood of IPV. Women who are especially oppressed prior to participation in the intervention, are at a greater likelihood of experiencing controlling behaviours and/or IPV subsequent to participation, particularly if they become the primary household provider, way may threaten the dominant position of the male partner. However, if the programme decreases the occurrence of negative socioeconomic events, or the impact of these events, it may result in a reduced likelihood of IPV.

Next, I will discuss the sub-theme of 'The role of facilitators of an IPV intervention in empowering participants', and it will be shown that most of the women, in their narratives, shared that the facilitator of the sewing project empowered them, through patience, acceptance of their diverse backgrounds and experiences and ongoing encouragement as they were learning to sew.

The Role of Facilitators of an IPV intervention in Empowering Participants

Almost all of the women shared that they felt empowered by the instructor of the programme, due to his patience, positivity and praise of their progress and achievements and persistent encouragement. Moreover, being exposed to a male figure, who was kind, gentle and patient, juxtaposed with the abuse the women experienced from their husbands, fathers or brothers, had a profoundly positive impact on the women. It fostered a nurturing environment in which they were able to learn new skills without fear of being critiqued or reprimanded. Further, the instructor affirmed the women, by listening to them carefully when they spoke, and thus making them feel heard, and praising them when they succeeded at a task.

> Iviwe: "It's about… we were sewing some bags and also some skirts with regarding to tourism with ourselves and then we designed a skirt with our own creation our own design and our teacher was nice and was teaching us who in a very, very accepting way. I accepted everything he was to teaching us and he was a person who is kind and friendly and he spoke to us and we didn't feel scared to ask him about any questions, and also he had already said if you don't understand something, don't be afraid to ask me"
>
> Greta: "Yes most definitely because we actually had a male who taught us occasionally it was the sewing classes and he was a fantastic… he was quite the opposite of my husband I can't talk for the other ladies, but he knew exactly how to speak to us and to explain he was so helpful and so kind and so understanding, he didn't… you know ladies can complain but he didn't care no it is fine go on"
>
> In the quote above, Greta contrasts the patience and gentle manner of the instructor with the harsh and abusive manner that her husband interacts with her.

Further, the women shared that the counsellors of the programme also empowered them, by being available whenever they needed a counselling session, and showing the women compassion and empathy:

> Bettina: "If I feel a bit depressed I can phone (facilitator) now and she will say to me fine do you want a session with me you can come in and I say no… and what is the problem and then she will talk to me on the phone and she will say okay my dear she will call me in a way and that was good things like that".

Thus, it is clear for Bettina that the freedom to be able to phone the facilitator when she was experiencing an issue, helped her to feel that she agency over her situation, and thus Bettina links a sense of agency over one's own life to empowerment. Further, similarly to Greta, Bettina inadvertently draws links between the kindness shown by the facilitator, and the abuse she experienced from her husband.

> Ella: "The counseling was good it is very good because when you go to the counseling you meet someone and you are free to talk everything and she helped me a lot because she is very patient and she is very loving and kind so she helped me a lot"

Thus, it is clear that the women found the facilitators' dispositions healing, as they were kind, empathetic, compassionate, and, most importantly, gave the women the opportunity to share their feelings and experiences, and listened to them without judgement. The finding that the facilitators of an IPV intervention programme can have a significant influence on IPV victim-survivors experience of the programme, has been demonstrated in other studies. Wozniak (2009) investigated the role of healing in an intimate partner violence intervention for IPV victim survivors. In particular, the researchers found that social environment seemed to be a mediating aspect impacting on women's healing. In particular, at the substance abuse rehabilitation house for women exiting prison or undergoing substance abuse rehabilitation that was investigated in the study, the woman who owned and administered the house was undergoing recovery herself and had gone to prison (Wozniak, 2009). The residents of the house viewed her as someone comparable to themselves who had traversed her circumstances. She was optimistic, lively, empathetic to the women's hardships and accepting (Wozniak, 2009). Further, she was skillful at helping the women access local social services that could improve their lives. Comparably, as mentioned earlier, the facilitators at *Mosaic* provided the women with access to legal assistance, funded the cost of transport to and from *Mosaic* for counselling sessions, and provided the women with grocery vouchers.

During the process of examining their healing journey, numerous women attributed her as crucial to their journey (Wozniak, 2009). Similarly, in the present study, the women felt a connection to the instructor of the programme, as although he was teaching them, he was humble and made them feel as though he was one of their peers and was almost viewed as a friend. Similarly to the women who owned the sober house in the Wozniak (2009) study, the instructor was energetic and optimistic, yet gentle toward the women and accepting of and empathetic to each of their experiences.

In the above section, it was shown that the women in this study were empowered by the instructor of the programme, due to his support and encouragement. Further, it was shown that other studies have displayed similar findings, that facilitators of an IPV intervention programme can have a profoundly positive impact on women who participate in the programme. Moreover, it was shown that qualities of facilitators that women in both this study and other studies have reported as beneficial and empowering, are optimism, empathy, encouraging and accepting of the women's circumstances and abilities.

The third and final theme which I will discuss is "The impact of social identities on experiences of an IPV intervention programme". The way in which I applied an intersectional perspective to the reading of the women's experiences of the programme, will be explained.

The Impact of Social Identities on Experiences of an IPV Intervention Programme

The data that will be analysed in this section will be different to two preceding themes discussed, as this theme underlies the narratives of the women throughout the analysis section.

As this study utilized an intersectional theoretical orientation, with a narrative framework, when analysing the women's narratives, I brought an intersectional perspective to the reading of their experiences of the programme. Thus, I was conscious of how forms of their identity such as gender, race, single parents (some of the participants), socio-economic status and age, impacted on their narratives. In this study, all of the participants were black, working class women, most of whom were in their forties and fifties. Based on my knowledge of intersectional feminism, I was aware that, as the participants were black, working class women, this would impact on their means of responding to the IPV. Further, I expected that because these women belonged to disadvantaged and marginalized social groups, these identity markers would intersect, which would impact on their experience of IPV, which would be dependent on the services provided by *Mosaic* in general, and the *Earn to Survive* programme in particular. This was the case, as mentioned earlier, many of the women were unemployed and dependent on their husbands financially, and reported that the programme enhanced their employability, and created the potential to start their own businesses and earn an income. Further, for the women who already knew how to sew, the programme provided them with the equipment needed to use this skill:

> Fatimah: "And the machine also helped me a lot because I used to sew here and then I learnt to do it at home but I don't have a permanent machine"

However, beyond the impact of the programme, many of the women shared that they benefitted greatly from the assistance they received from the organization during their participation in the programme. For example, some of the women shared that the organization provided them with travelling money, which enabled them to consult a lawyer to obtain legal assistance with regard to the IPV:

> Iviwe: "They give you travelling money to come and go, even when I needed to go to Athlone to go and see a lawyer, they even helped me out with travelling money to see a lawyer in Athlone".

Moreover, one of the women shared that her experience of IPV became more severe once her husband became unemployed and the household was affected financially, and that the counselling services provided by the organization assisted her to manage her husband's violent behaviour, and as a result, it decreased:

> Bettina: "My husband lost work and he started stressing and he started bad behavior. And that thing has affected me and the children. So when I come here I met (facilitator) so she tried to convince me to make me to understand what he is going through so I tried to understand and Mosaic helped me a lot because now my husband is behaving right".

Another service which the organization provided, that the women reported as being very helpful, was that of grocery vouchers and transport fees: "They even gave us vouchers food vouchers for groceries and they gave us bus fees to go home. They really helped a lot in Mosaic and they speak to you about how to cope with this violence". Further, for Hannah, the combination of the support and advice given in relation to managing the experience of IPV, and the financial independence the sewing project granted her, enabled her to live in her own house, rather than living with her mother, and start her own business: "Yes of course 100 percent because really it helped me a lot, even now I'm having my small business. I've got my own house now I am free". Thus, although the literature on the association between intersectionality and IPV demonstrates the ways in which service providers for IPV ineffectively provide for the unique needs of women from marginalized social groups, in this study, the organization, for the most part, effectively met the needs of the women. Further, it could be argued that the women benefitted more from the organisations' services, than women from privileged social groups, who do not experience the same difficulties, would benefit from it.

Although the women were provided with the skills needed to start their own business, they were not provided with credit or loans needed to purchase the equipment required to start

a sewing business. However, *Mosaic* is a non-profit organization, and thus has limited funding, and many of the agencies that provide them with funding do so with terms and conditions. Further, providing loans to their clients would not be part of the terms of these agencies funding agreements. Thus, governments should implement efforts to provide loans to IPV and domestic violence organisations, which can be used by these organisations to fund microfinance intervention programmes. Further, this financial assistance was necessary for the women, as they were all working class, the majority of whom were unemployed, and some of whom were single mothers. In contrast, a middle class, employed, university educated woman participating in the programme, who is an IPV victim-survivor, would not necessarily experience these difficulties, and would potentially be able to utilise the skills provided acquired during the programme, and acquired through their university education, to start their own business. Intersectional feminists argue that intervention approaches for IPV should not be developed based on the assumption that all women experience IPV in the same way (Crenshaw, 1994). to purchase equipment and entrepreneurial skills to start their own businesses. Therefore, the programme addressed the specific challenges experienced by women from disadvantaged social groups, within the organization's means.

Three intersectional IPV service models have been formulated to address the requirements of victim-survivors: survivor-focused advocacy, the full-frame model and culturally tailored IPV programmes. The survivor-focused advocacy framework originated from the domestic violence field, as a means of responding to the issue of limited safety-centered IPV advocacy frameworks (Davies and Lyon 2013 as cited in Kulkarni, 2019). Survivor-focused advocacy expands on the concept of survivor safety, by asserting that safety for survivors implies that survivors are free of IPV, their primary needs are addressed, and their social and psychological wellbeing needs are met (Davies and Lyon 2013 as cited in Kulkarni, 2019). Survivor-focused advocacy service delivery is contingent on survivors' knowledge and needs as opposed to pre-defined advocacy service delivery which allocates services to victim-survivors without taking into account their particular preferences (Kulkarni, 2019). Next, the full-frame model was developed as a result of an examination of the requirements of women experiencing both IPV and homelessness. This model aims to respond to the intricate and pervasive difficulties related to both IPV and poverty (Smyth et al. 2006 as cited in Kulkarni, 2019). The full frame model includes five empirically centered aspects related to wellbeing: mastery, security, social connectedness, stability and sufficient availability of services. Thus, the full frame model utilizes a holistic lens, in which security is interconnected with other forms of wellbeing. For example, victim-survivors who reside at an IPV shelter may experience

enhanced well-being in relation to safety, however may concurrently experience reduced social connectedness due to being removed from vital social networks (Kulkarni, 2019).

The third intersectional IPV model is that of culturally specific programmes (Kulkarni, 2019). As opposed to mainstream IPV programmes which attempt to structure their existing design according to an intersectional perspective, numerous culturally specific IPV programmes were developed utilizing an intersectional framework during the formulation stage. These programmes were formulated to address the needs of victim-survivor populations which are not provided for by mainstream IPV programmes (Kulkarni, 2019). Further, these programmes investigate ways of garnering survivors' needs through their own perspectives, and in particular, victim-survivors that are neglected by mainstream IPV programmes (Kulkarni, 2019).

Regardless of the growth in studies which have shown that IPV is a potentially traumatic experience, there is limited research on women's views of trauma in association with their experiences of IPV, from an intersectional perspective (Baird, Alaggia & Jenney, 2019). Thus, Baird et al. (2019) presented the findings of a study of women's experiences of IPV and trauma. Further, to apply an intersectional framework to IPV, the study investigated how IPV victim-survivors perceive trauma, display experiences of trauma and the ways in which IPV victim-survivors varying social identities, experiences of marginalization or other challenges are associated with their experiences of IPV (Baird et al., 2019). The results indicated that trauma had noteworthy meanings for IPV victim-survivors, and that this trauma was associated with a diverse range of life experiences. An integral finding of this study was in relation to its intersectional lens on IPV victim-survivors' experiences of trauma and IPV (Baird et al., 2019). The study incorporated participants from a diverse range of social identities, in order to enhance the literature on the influences of numerous varied types of oppression on women's experiences of IPV and trauma, by utilising many intersecting perspectives.

It was shown that the women experienced many types of abuse, marginalisation and trauma, which is indicative of the reality that IPV victim-survivors frequently experience many types of abuse or trauma beyond IPV, such as childhood abuse, racial discrimination, homophobia and sexual abuse (Baird et al., 2019). Thus, the multiple experiences of abuse or trauma that the women reported indicates the need for enhanced attention on the association between IPV and other types of trauma and abuse. Moreover, women's reports of many forms of abuse reflected their difficulty in seeking societal and familial acceptance, which was exacerbated for women who had multiple marginalized identities (Baird et al., 2019). Thus, women disclosed that they felt blamed for their experiences of IPV and trauma, for example

that of childhood abuse, sexual abuse and racial discrimination. Therefore, there is a need for enhanced societal knowledge on IPV, and the fact that IPV victim-survivors are frequently shamed for their experiences, and the adverse impact that this has on them (Baird et al., 2019). Moreover, victim blaming has been connected with enhanced trauma-associated distress among victim-survivors of interpersonal trauma (Bonnan-White et al., 2015 as cited in Baird et al., 2019). The association between blame and trauma found in this study is supported by other intersectional studies on IPV, which found that blame had detrimental effects on women (Kelly, 2011 as cited in Baird et al., 2019).

Thus, in the above section, it was shown that I applied an intersectional perspective to my reading of the women's experiences of the programme, and that the programme partly addressed the needs of women from disadvantaged social groups. Thus, this theme addressed the research question 'The impact of IPV victim-survivors' social identities on their experience of an intervention programme', as it was shown that the women's social identities were related to the extent to which the programme addressed their needs.

In this chapter, it was shown that three main themes arose from the data, two of which contained sub-themes. The first theme that I discussed was 'Construction of a valued sense of self' which contained three subthemes; 'Sense of purpose and prevention of rumination', 'The impact of social support on IPV victim-survivors', and 'The impact of community on IPV victim-survivors sense of isolation.' With regard to the sub-theme of 'Sense of purpose and prevention of rumination', it was demonstrated that, prior to participation in the programme, many of the women were isolated at home, and were dependent both socially and financially on their husbands. Thus, the programme benefitted them, as it provided them with an activity away from home, which not only stimulated them socially and intellectually, but also prevented them from ruminating about the abusive situation, which had contributed to feelings of depression and despair. With regard to the sub-theme of 'The impact of social support on IPV victim-survivors', it was shown that the friendships that the women developed with the other women in the programme were affirming, cathartic and empowering and thus also resulted in positive changes in self-identity. Many of the women did not have friends of their own (separate from their husbands) prior to participation in the programme. Further, the women found the experience of both providing and receiving empathy, through sharing their experiences of abuse with the other women, cathartic. Moreover, as a result of the programme, the women were able to interact with others with similar experience, and thus formulate a social life of their own, which increased their independence, and, as a result, their sense of their own self-worth. In relation to the sub-theme of 'The impact of community on IPV victim-survivors sense

of isolation', the interactions that the women had with the other women were profoundly beneficial, as it helped them to feel less alone in their experience, by interacting with others with similar experiences. Further, some of the other women had more severe experiences, which inspired the women, due to the way in which the women with more severe experiences were surviving and dealing with the abuse. Moreover, interacting with others with similar experiences resulted in the women developing a sense of community, due to a shared identity, and may have reduced the stigma surrounding being a victim-survivor of IPV. The second theme that I provided an analysis of, was 'IPV victim-survivors' perception of empowerment' with the sub-theme of 'The role of facilitators of an IPV intervention in empowering participants'.

It was shown that many of the women spoke of empowerment as being in a positon to utilise their existing skills to help the other women learn to sew, and in doing so, providing assistance to the instructor. Conversely, for those women who did not have existing sewing skills, acquiring these skills, and thus enhancing their entrepreneurial opportunities, was linked to empowerment. With regard to the sub-theme of 'The role of facilitators of an IPV intervention in empowering participants', it was shown that the women cited the instructor of the sewing project as contributing to their empowerment, by being empathetic towards their experiences, accepting and gently encouraging them as they were learning to sew. Further, it was shown that the women found him empowering, as he treated them as though they were his peers, and thus made them feel as though he was one of them. The last theme that I discussed was 'The impact of IPV victim-survivors' social identities on their experience of an intervention programme'. It was demonstrated that I brought an intersectional feminist approach to my reading of the women's experiences of the programme. All of the participants were black, working class women, and many of the women were unemployed and dependent on their husbands financially, and shared that the programme enhanced their employability, and created the potential to start their own businesses and earn an income. Further, many of the women shared that they were appreciative of the assistance provided by the organization itself, for example, in the form of transport money to obtain legal assistance for the IPV. Thus, I argued in this chapter that the programme addressed the unique needs of women from disadvantaged social groups. Further, it was suggested that governments should implement efforts to provide loans to IPV and domestic violence organisations such as *Mosaic,* which can be used by these organisations to fund microfinance intervention programmes.

Chapter Five: Conclusion

In this chapter, I will be providing a summary of the outcomes of this study, followed by an explanation of the significance and limitations of the study. In this study, there were three main findings which arose, all of which are relevant to the research questions of the study. The first finding was related to the participants' construction of a valued sense of self. Most of the women, through the process of sharing their accounts of their experience of the *Earn to Survive* programme, constructed an identity which embodied self-worth and independence, for themselves. It became clear that prior to participation in the programme, the women were isolated, depressed and lonely at home, and because they were dependent on their husbands both financially and socially, had felt that they were disconnected from their sense of self, and an independent identity. However, participation in the programme enabled them to feel independent, empowered, and that they had a sense of purpose, and were adding value to their own lives. Further, this sense of purpose stemmed from the fact that the programme provided them with an activity external to their home environment. Through discussing the ways in which the programme had positively impacted on their sense of self, the women contrasted this with the way in which the emotionally and physically abusive environment of their home life negatively impacted on their self-esteem and self-worth.

Moreover, this negative sense of self was worsened by their awareness of their own isolation and dependency on their partners. In particular, the women felt that they did not have agency over their own lives, as they were financially reliant on their partners, and thus, participation in the programme granted the women with agency and a sense of purpose which enhanced their self-value. Furthermore, an added benefit of participating in activity away from home was that it prevented the women from ruminating about the abusive situation. As the women were isolated at home prior to participation, this fostered the space for them to ruminate on the verbal and emotional abuse they experienced, which may have contributed to negative self-talk, which would have fostered a fragmented, critical self-identity.

Thus, interventions for IPV should address the current and direct outcomes of the abuse, while implementing long-term assistance (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). Fishman, Bonomi, Anderson, Reid & Rivara (2010) compare IPV to an ongoing health condition, and thus diagnosis and treatment should include long-term support. Moreover, when medical and related health professionals receive training related to the varied forms of IPV and its effects on identity, self-esteem should be emphasized and assistance should follow a holistic framework, in order to attend to co-occurring issues such as physical injury, mental wellbeing

and addiction issues, that stem from negative coping mechanisms (Woods, 2000) . Thus, it is clear that support and recovery programmes are important to assist women in regaining a sense of self and identity (Matheson et al., 2015).

Another aspect of the finding that the programme contributed to a valued sense of self, was the finding that social support had a profoundly positive effect on the women. Specifically, the friendships that the participants developed with the other women in the programme, were affirming, cathartic and empowering, and thus contributed to the development of a valued self-identity for the women. Many of the women were lonely and isolated prior to participation in the programme, and did not have friends of their own, separate from their partners. Thus, it was found that the act of being able to form their own friendships, increased the women's self-confidence, and allowed them the space to share their experiences of abuse. Moreover, the women derived much comfort from providing and receiving empathy and consolation, through sharing their experience with the other women. Thus, social support had a significantly positive impact on the women's self-identity. Moreover, prior to participation in the programme, as the women were all socially isolated, they did not have social support sources which would have contributed to a sense of self-worth, through words of affirmation or caring gestures. Therefore, it was found that the women were affirmed by being around people who treated them with caring and kindness, and enabled them to see their own self-worth, which was contrasted with the abusive treatment they received from their husbands.

The other aspect of the finding that the programme contributed to a positive sense of self, was the impact that community had on the women's sense of isolation. In particular, hearing the other women's stories and experiences benefitted the women greatly, as prior to participation, they were isolated at home, and had no interactions with other women with similar experiences. Thus, hearing these stories made the women feel less alone in their experiences, and it was comforting for the women to become aware that there were other women like them, with comparable experiences. Further, some of the women had more severe experiences than their own, which the women found inspiring, as they witnessed the way in which these women were coping with their lives, despite their experiences. Moreover, being amongst women with similar experiences, fostered a sense of community, and the feeling that the women belonged to a group created a sense of group identity, which had a noteworthy contribution to a valued sense of self.

The next finding that arose was related to the ways in which the women perceived the concept of empowerment, and that the women felt that the programme contributed to empowerment-related benefits for them. In particular, although some of the women felt that

the programme was not long enough, many shared that they felt empowered by their participation. Some of the women had existing sewing skills prior to participation, and thus shared that being in a position to utilise their skills to assist the other women, and thus help the instructor of the programme in the process, was empowering. Moreover, for these women, the course also enhanced their existing sewing skills. In contrast, for the women who did not know how to sew, developing a new skill, which enhanced their employability, was empowering. For other women, simply partaking in an activity by themselves, namely participating in the course, rather than being dependent on their husbands or children, was empowering. This supports the literature on empowerment for IPV victim-survivors through skills enhancement, which has shown that women experience enhanced independence and freedom of movement due to the acquisition of skills (Hussain et al.,1995 as cited in Ahmed, 2005).

In relation to the finding that the programme had empowerment related benefits for the women, it was also found that the facilitators of the programme contributed to the empowerment of the participants. In particular, almost all of the women shared that they felt empowered by instructor of the sewing project, as they described him as being patient, kind and full of encouragement and praise for their progress and achievements during the learning process. Moreover, some of the women found that interacting with a male figure who was kind, gentle and patient, in contrast with the abuse they experienced from other male figures in their lives such as their husbands, fathers or brothers, had a positive impact on them. In particular, it created a nurturing environment in which they were able to learn to sew without fear of being critiqued or chastised. Similarly, the literature has shown that facilitators of IPV intervention programmes who are optimistic, energetic, accepting of and empathetic to victim-survivors experiences, are experienced as empowering by victim-survivors (Wozniak, 2009).

The last finding of the study was related to the effect of social identities on the women's experiences of the programme. As this study used an intersectional theoretical orientation, with a narrative framework, when analysing the women's narratives, I brought an intersectional perspective to the reading of their experiences of the programme. In this study, all of the participants were black, working class women, most of whom were in their forties and fifties. Applying an intersectional feminist framework, it became clear that as the participants were black, working class women, this influence the options that were available to them to respond to the IPV. Moreover, as the women belonged to disadvantaged and marginalized social groups, these identity markers intersected, which impacted on their experiences of IPV, and thus the extent to which they were assisted by the services provided by *Mosaic* in general, and the *Earn to Survive* programme specifically. In particular, as many of the women were

unemployed and dependent on their husbands financially, the programme enhanced their employability, and created the potential to start their own businesses and earn an income. For the women who had existing sewing skills, the programme provided them with the equipment needed to use this skill. Moreover, the assistance that women received from the organization in general, benefitted them greatly, such as through the provision of travelling money to obtain legal assistance for the IPV. Furthermore, the organization provided the women with grocery vouchers and transport fees, which the women found very helpful. Comparably, the literature has shown that IPV victim-survivors derived the most benefit from facilitators who assisted them in practical ways, such as helping them access local social services that can improve their lives (Wozniak, 2009).

On the other hand, although the women were provided with the skills needed to start their own business, they were not provided with credit or loans needed to buy the equipment needed to start a sewing business. This financial assistance was needed, as the women were all working class, most were unemployed, and some were single mothers. However, *Mosaic* is a non-profit organization, and thus has limited funding, and many of the agencies that provide them with funding do so with terms and conditions. Further, providing loans to their clients would not be part of the terms of these agencies funding agreements. Thus, it was argued that governments should implement efforts to provide loans to IPV and domestic violence organisations, which can be used by these organisations to fund microfinance intervention programmes. Thus, it was argued that the programme addressed the specific challenges experienced by women from disadvantaged social groups, within the organization's means.

Significance of the Study

This study has contributed to novel insights regarding IPV victim-survivors perspectives of IPV intervention programs. In particular, the open interview style that is utilised in many narrative research studies, enables interviewees to share issues that they believe are significant, and this process of sharing marginal, taboo or oppressed accounts could provide an alternative narrative and subvert dominant discourses (Carless & Douglas, 2017). Furthermore, when the readers of these narratives derive meaning and value from the stories of participants, this may stimulate a realisation that dominant discourses and the groups that perpetuate these discourses, should re-evaluate the basis of these beliefs. This process may also expand readers' perspectives of the multi-faceted ways of living (Carless & Douglas, 2017). As a result, these insights could enhance the existing knowledge base of the effectiveness, strengths and weakness of particular intervention programs for victim-survivors. Furthermore, IPV organisations such as *Mosaic* may find these insights useful, during the process of

evaluating existing IPV intervention programs and designing new programs, as it enables the facilitators of these programs to gain insight into the perspective of individuals who have participated in these programs. However, producing a dissertation on victim-survivors perspectives of IPV intervention programs at *Mosaic* does not imply that this academic literature alone will be useful to *Mosaic*. Thus, in order to translate the findings of the study into knowledge that is useful to *Mosaic* in a practical sense, the transcribed data from the interviews was summarised in the form of a succinct report, which was given to the director of *Mosaic*. This report highlighted the interviewees perspectives of the components of a specific intervention programme at *Mosaic*, and interviewees' suggestions for ways in which the programmes could be improved.

Limitations of the Study

There were a few limitations of this study which should be highlighted. The first limitation of the study was its use of a narrative research framework. A few of the participants experienced confusion and difficulty related to sharing their story with the researcher, as opposed to answering a set of questions in accordance with a conventional interview style (Anderson & Kirkpatrick, 2016). Similarly, as the researcher, I found it challenging to allow interviewees to share their story of the IPV intervention program, without interrupting them and asking them to elaborate on specific aspects of their story. A second limitation of the study related to the narrative approach, and with most research involving human participants, is the potential for conflicts of interest (Bold, 2012). This is particularly the case with regard to narrative research studies, as the researcher develops a relationship with the participant in which the participant discloses their deeply personal experiences, which is subsequently disseminated in the form of a study by the researcher (Bold, 2012). The participants in this study may have perceived the research dissertation as a criticism of their beliefs or actions, particularly as the researcher frequently has a story they are aiming to share through the research report, from a specific perspective, while the participant's story is shared from their own perspective. Although my objective as the researcher was to share the 'story' of IPV victim-survivors experiences of an IPV intervention program at *Mosaic*, from the perspective of IPV victim-survivors, this story may differ markedly from the stories that the participants shared. Thus, narrative research presents a limitation in relation to the ambiguity surrounding the ownership of the story and the ways in which it should be shared.

Another limitation of this study was its exclusive focus on empowerment of participants, aligned to the feminist framework of the study. Reductive notions of empowerment may conceal the researcher's power and corresponding duty (Miller et al., 2012).

As the researcher, I had the time, resources and abilities required to evaluate the participants' experiences of IPV intervention programs, and study these experiences in relation to the individual's historical and societal position(Miller et al., 2012).

Furthermore, although the participants in this study highlighted issues and constructed solutions in relation to IPV intervention programs, the extent of their empowerment and 'enlightenment' is determined by the researcher and funder of the study. In this study, I aimed to empower participants by enabling them to share their experiences and potentially view these experiences in novel ways through this process. However, Kelly et al. (1994 as cited in Miller et al., 2012) argues that the act of participation in a feminist research project will likely not, in most scenarios, change the current state of women's lives. In particular, feminist researchers cannot provide participants with alternative housing arrangements, childcare services or financial resources. This limitation of feminist research applies to this study. Although I provided participants with a referral list of organisations dealing with gendered and sexual violence and childcare services, this did not ensure that the participants needs, such as housing and childcare, were tangibly met (Miller et al., 2012).

Suggestions for future research

In this study, it was suggested that government should consider providing loans to domestic violence or IPV organisations such as *Mosaic,* for organizations to fund microfinance programmes. This study examined women's experiences of a skills development IPV intervention programme, which aimed to enhance women's employability. Thus, future studies should investigate women's experiences of IPV intervention programmes which enhance women's employability through skills development, in addition to providing loans to women to enable them to start their own businesses, with the skills they have acquired.

References

Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., & Musuya, T. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. BMC Medicine, 12(1), 1-17.

Ackerson, L. K., Kawachi, I., Barbeau, E. M., & Subramanian, S. V. (2008). Effects of individual and proximate educational context on intimate partner violence: a population-based study of women in India. American Journal of Public Health, 98(3), 507-514.

Ahmed, S. M. (2005). Intimate partner violence against women: Experiences from a woman-focused development programme in Matlab, Bangladesh. Journal of Health, Population and Nutrition, 95-101.

Angelucci, M., & Heath, R. (2020). Women empowerment programs and intimate partner violence. Paper presented at the AEA Papers and Proceedings, 110 610-614.

Arroyo, K., Lundahl, B., Butters, R., Vanderloo, M., & Wood, D. S. (2017). Short-term interventions for survivors of intimate partner violence: A systematic review and meta-analysis. Trauma, Violence, & Abuse, 18(2), 155-171.

Bair-Merritt, M. H., Jennings, J. M., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., & Duggan, A. K. (2010). Reducing maternal intimate partner violence after the birth of a child: a randomized controlled trial of the Hawaii Healthy Start Home Visitation Program. Archives of Pediatrics & Adolescent Medicine, 164(1), 16-23.

Bair-Merritt, M., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M., Lenahan, P., & Cronholm, P. (2014). Primary Care–Based Interventions for Intimate Partner Violence. AJPM. 10.1016/j.amepre.2013.10.001

Bamberg, M. (2011). Who am I? Narration and its contribution to self and identity. Theory & Psychology, 21(1), 3-24.

Bamberg, M. (2012). Narrative analysis. In H. Cooper (Ed.), *APA handbook of research methods in psychology,* (pp. 2-390. Washington, DC: APA Press.

Barner, J. R., & Carney, M. M. (2011). Interventions for Intimate Partner Violence: A Historical Review. Kluwer Academic/Plenum Publishers. 10.1007/s10896-011-9359-3

Beeble, M. L., Bybee, D., Sullivan, C. M., & Adams, A. E. (2009). Main, mediating, and moderating effects of social support on the well-being of survivors of intimate partner violence across 2 years. Journal of Consulting and Clinical Psychology, 77(4), 718.

Belknap, J., Melton, H. C., Denney, J. T., Fleury-Steiner, R. E., & Sullivan, C. M. (2009). The levels and roles of social and institutional support reported by survivors of intimate partner abuse. Feminist Criminology, 4(4), 377-402.

Bennett Cattaneo, L., & Goodman, L. A. (2010). Through the lens of therapeutic jurisprudence: The relationship between empowerment in the court system and well-being for intimate partner violence victims. Journal of Interpersonal Violence, 25(3), 481-502.

Bograd, M. (1999). Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender. Journal of Marital and Family Therapy, 25(3), 275-289.

Bosch, K., & Bergen, M. B. (2006). The influence of supportive and nonsupportive persons in helping rural women in abusive partner relationships become free from abuse. Journal of Family Violence, 21(5), 311-320.

Burke, J. G., Denison, J. A., Gielen, A. C., McDonnell, K. A., & O'Campo, P. (2004). Ending intimate partner violence: An application of the transtheoretical model. American Journal of Health Behavior, 28(2), 122-133.

Business Tech. (2021). Retrieved from https://businesstech.co.za/news/finance/524570/how-much-money-the-average-worker-gets-paid-in-south-africa/

Bybee, D. I., & Sullivan, C. M. (2002). The process through which an advocacy intervention resulted in positive change for battered women over time. American Journal of Community Psychology, 30(1), 103-132.

Bybee, D., & Sullivan, C. M. (2005). Predicting re-victimization of battered women 3 years after exiting a shelter program. American Journal of Community Psychology, 36(1-2), 85-96.

Cann, A., Calhoun, L. G., Tedeschi, R. G., Triplett, K. N., Vishnevsky, T., & Lindstrom, C. M. (2011). Assessing posttraumatic cognitive processes: The event related rumination inventory. Anxiety, Stress, & Coping, 24(2), 137-156.

Carbone-López, K., Kruttschnitt, C., & Macmillan, R. (2006). Patterns of Intimate Partner Violence and Their Associations with Physical Health, Psychological Distress, and Substance Use. US Dept of Health, Education and Welfare, Public Health Service, Health Resources Administration. 10.1177/003335490612100406

Chang, J. C., Martin, S. L., Moracco, K. E., Dulli, L., Scandlin, D., Loucks-Sorrel, M. B., Turner, T., Starsoneck, L., Dorian, P. N., & Bou-Saada, I. (2003). Helping women with disabilities and domestic violence: Strategies, limitations, and challenges of domestic violence programs and services. Journal of Women's Health, 12(7), 699-708.

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. American Journal of Preventive Medicine, 23(4), 260-268. https://doi-org.ezproxy.uct.ac.za/10.1016/S0749-3797(02)00514-7

Coker, A. L., Watkins, K. W., Smith, P. H., & Brandt, H. M. (2003). Social support reduces the impact of partner violence on health: application of structural equation models. Preventive Medicine, 37(3), 259-267.

Connelly, L. M. (2016). Trustworthiness in Qualitative Research. *Medsurg Nursing*, *25*(6), 435–436.

Constantino, R., Kim, Y., & Crane, P. A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. Issues in Mental Health Nursing, 26(6), 575-590.

Cope, D.G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. *Oncology Nursing Forum, 41* (1). Retrieved from https://go-gale-com.ezproxy.uct.ac.za/ps/i.do?p=AONE&u=unict&id=GALE%7CA355777556&v=2.1&it=r

Damant, D., Lapierre, S., Kouraga, A., Fortin, A., Hamelin-Brabant, L., Lavergne, C., & Lessard, G. (2008). Taking child abuse and mothering into account: Intersectional feminism as an alternative for the study of domestic violence. Affilia, 23(2), 123-133.

Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner violence against women: A review of the literature. International Journal of Family Medicine, 2013.

Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. Journal of Interpersonal Violence, 21(7), 955-968.

Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The effectiveness of intervention programs for perpetrators and victims of intimate partner violence. Partner Abuse, 4(2), 196-231.

Edwards, K. M., Dardis, C. M., & Gidycz, C. A. (2012). Women's disclosure of dating violence: A mixed methodological study. Feminism & Psychology, 22(4), 507-517.

Eggers Del Campo, I., & Steinert, J. I. (2020). The effect of female economic empowerment interventions on the risk of intimate partner violence: a systematic review and meta-analysis. Trauma, Violence, & Abuse, 1524838020976088.

Ehring, T., & Ehlers, A. (2014). Does rumination mediate the relationship between emotion regulation ability and posttraumatic stress disorder? European Journal of Psychotraumatology, 5(1), 23547.

Filson, J., Ulloa, E., Runfola, C., & Hokoda, A. (2010). Does powerlessness explain the relationship between intimate partner violence and depression? Journal of Interpersonal Violence, 25(3), 400-415.

Fishman, P. A., Bonomi, A. E., Anderson, M. L., Reid, R. J., & Rivara, F. P. (2010). Changes in health care costs over time following the cessation of intimate partner violence. Journal of General Internal Medicine, 25(9), 920-925.

Fortin, I., Guay, S., Lavoie, V., Boisvert, J., & Beaudry, M. (2012). Intimate partner violence and psychological distress among young couples: Analysis of the moderating effect of social support. Journal of Family Violence, 27(1), 63-73.

Gabert-Quillen, C. A., Irish, L. A., Sledjeski, E., Fallon, W., Spoonster, E., & Delahanty, D. L. (2012). The impact of social support on the relationship between trauma history and posttraumatic stress disorder symptoms in motor vehicle accident victims. International Journal of Stress Management, 19(1), 69.

Galano, M. M., Stein, S. F., Grogan-Kaylor, A. C., Clark, H. M., & Graham-Bermann, S. A. (2021). Investigating the effects of the Moms' Empowerment Program on 8-year traumatic stress symptom trajectories in women with histories of IPV. American Journal of Orthopsychiatry.

George, J., & Stith, S. M. (2014). An updated feminist view of intimate partner violence. Family Process, 53(2), 179-193.

Gibbs, A., Jacobson, J., & Kerr Wilson, A. (2017). A global comprehensive review of economic interventions to prevent intimate partner violence and HIV risk behaviours. Global Health Action, 10(sup2), 1290427.

Goffman, E. (1981). Forms of talk. University of Pennsylvania Press.

Goodkind, J. R., Gillum, T. L., Bybee, D. I., & Sullivan, C. M. (2003). The impact of family and friends' reactions on the well-being of women with abusive partners. Violence Against Women, 9(3), 347-373.

Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? Trauma, Violence, & Abuse, 10(4), 306-329.

Graham-Bermann, S. A., & Miller, L. E. (2013). Intervention to reduce traumatic stress following intimate partner violence: An efficacy trial of the Moms' Empowerment Program (MEP). Psychodynamic Psychiatry, 41(2), 329-349.

Groves, A.G, Kagee, A., Maman, S., Moodley, D., & Rouse, P. (2012). Associations between intimate partner violence and emotional distress among pregnant women in Durban, South Africa. *Journal of Interpersonal Violence, 27* (7), 1341-1356. doi: 10.1177/0886260511425247

Hampton, R. L., LaTaillade, J. J., Dacey, A., & Marghi, J. R. (2008). Evaluating domestic violence interventions for black women. Journal of Aggression, Maltreatment & Trauma, 16(3), 330-353.

Hansen, N. B., Eriksen, S. B., & Elklit, A. (2014). Effects of an intervention program for female victims of intimate partner violence on psychological symptoms and perceived social support. European Journal of Psychotraumatology, 5(1), 24797.

Hendry, P. M. (2007). The future of narrative. Qualitative Inquiry, 13(4), 487-498.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. Journal of Traumatic Stress, 5(3), 377-391.

Hidrobo, M., & Fernald, L. (2013). Cash transfers and domestic violence. Journal of Health Economics, 32(1), 304-319.

Holstein, J. A., & Gubrium, J. F. (2016). Varieties of narrative analysis. SAGE.

Hoque, M. E., Hoque, M., & Kader, S. B. (2009). Prevalence and experience of domestic violence among rural pregnant women in KwaZulu-Natal, South Africa. Southern African Journal of Epidemiology and Infection, 24(4), 34-37.

James, S. E., Johnson, J., & Raghavan, C. (2004). "I couldn't go anywhere" contextualizing violence and drug abuse: a social network study. Violence Against Women, 10(9), 991-1014.

Johnson, D. M., Zlotnick, C., & Perez, S. (2011). Cognitive behavioral treatment of PTSD in residents of battered women's shelters: results of a randomized clinical trial. Journal of Consulting and Clinical Psychology, 79(4), 542.

Josselson, R. (2004). The hermeneutics of faith and the hermeneutics of suspicion. Narrative Inquiry, 14(1), 1-28.

Josselson, R. (2006). Narrative research and the challenge of accumulating knowledge. Narrative Inquiry, 16(1), 3-10.

Kelly, U. A. (2011). Theories of Intimate Partner Violence: From Blaming the Victim to Acting Against Injustice: Intersectionality as an Analytic Framework. Advances in Nursing Science, 34(3), E29-E51.

Kilpatrick, D. G., Acierno, R., Resnick, H. S., Saunders, B. E., & Best, C. L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. Journal of Consulting and Clinical Psychology, 65(5), 834.

Kim, J. (2015). Understanding Narrative Inquiry: The Crafting and Analysis of Stories as Research. Sage Publications.

Kimerling, R., Alvarez, J., Pavao, J., Mack, K. P., Smith, M. W., & Baumrind, N. (2009). Unemployment among women: Examining the relationship of physical and

psychological intimate partner violence and posttraumatic stress disorder. Journal of Interpersonal Violence, *24*(3), 450-463.

Koerber, A., & McMichael, L. (2008). Qualitative sampling methods : A primer for technical communicators. *Journal of Business and Technical Communication, 22* (4), 454-473. doi: 10.1177/1050651908320362

Kerrigan, A. M., & Kingdon, C. (2010). Maternal obesity and pregnancy: A retrospective study. *Midwifery*, *26*, 138-146. doi:10.1016/j.midw.2008.12.005

Kulkarni, S. (2019). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. Journal of Family Violence, *34*(1), 55-64.

Labov, W. (1997). Some further steps in narrative analysis. *Journal of Narrative & Life History, 7*(1-4), 395–415. https://doi.org/10.1075/jnlh.7.49som

Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: a systematic review. Co-action Pub. 10.3402/ejpt.v5.24794

Lammers, M., Ritchie, J., & Robertson, N. (2005). Women's experience of emotional abuse in intimate relationships: A qualitative study. Journal of Emotional Abuse, 5(1), 29-64.

Lee, J., Pomeroy, E. C., & Bohman, T. M. (2007). Intimate Partner Violence and Psychological Health in a Sample of Asian and Caucasian Women: The Roles of Social Support and Coping. Kluwer Academic/Plenum Publishers. 10.1007/s10896-007-9119-6

Lempert, L. B. (1997). The other side of help: Negative effects in the help-seeking processes of abused women. Qualitative Sociology, 20(2), 289-309.

Levendosky, A. A., Bogat, G. A., Theran, S. A., Trotter, J. S., Eye, A. v., & Davidson, W. S. (2004). The social networks of women experiencing domestic violence. American Journal of Community Psychology, 34(1-2), 95-109.

Lindhorst, T., Oxford, M., & Gillmore, M. R. (2007). Longitudinal effects of domestic violence on employment and welfare outcomes. Journal of Interpersonal Violence, 22(7), 812-828.

MacMillan, H. L., Wathen, C. N., Jamieson, E., Boyle, M. H., Shannon, H. S., Ford-Gilboe, M., Worster, A., Lent, B., Coben, J. H., & Campbell, J. C. (2009). Screening for intimate partner violence in health care settings: a randomized trial. Jama, 302(5), 493-501.

Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. Women's Health Issues, 25(5), 561-569.

Matjasko, J. L., Niolon, P. H., & Valle, L. A. (2013). The role of economic factors and economic support in preventing and escaping from intimate partner violence. Journal of Policy Analysis and Management: [The Journal of the Association for Public Policy Analysis and Management], 32(1), 122.

Maume, M. O., Lanier, C. L., Hossfeld, L. H., & Wehmann, K. (2014). Social isolation and weapon use in intimate partner violence incidents in rural areas.

Mburia-Mwalili, A., Clements-Nolle, K., Lee, W., Shadley, M., & Yang, W. (2010). Intimate partner violence and depression in a population-based sample of women: Can social support help? Journal of Interpersonal Violence, 25(12), 2258-2278.

McCloskey, L. A., Boonzaier, F., Steinbrenner, S. Y., & Hunter, T. (2016). Determinants of intimate partner violence in sub-Saharan Africa: a review of prevention and intervention programs. Partner Abuse, 7(3), 277-315.

McFarlane, J., Soeken, K., & Wiist, W. (2000). An evaluation of interventions to decrease intimate partner violence to pregnant women. Public Health Nursing, 17(6), 443-451.

Michael, T., Halligan, S. L., Clark, D. M., & Ehlers, A. (2007). Rumination in posttraumatic stress disorder. Depression and Anxiety, 24(5), 307-317.

Mishler, E. G. (1986). The analysis of interview-narratives.

Mitchell, M. D., Hargrove, G. L., Collins, M. H., Thompson, M. P., Reddick, T. L., & Kaslow, N. J. (2006). Coping variables that mediate the relation between intimate partner violence and mental health outcomes among low-income, African American women. Journal of Clinical Psychology, 62(12), 1503-1520.

Moreira, D. N., & da Costa, M. P. (2020). The impact of the Covid-19 pandemic in the precipitation of intimate partner violence. International Journal of Law and Psychiatry, 71, 101606.

National Poverty Line in South Africa as of 2021. Statista. https://www.statista.com/statistics/1127838/national-poverty-line-in-south-africa/

Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. Journal of Abnormal Psychology, 109(3), 504.

Ochs, E., & Capps, L. (2009). Living narrative: Creating lives in everyday storytelling. Harvard University Press.

Ogińska-Bulik, N. (2016). Ruminations and effects of trauma in women experiencing domestic violence. Roczniki Psychologiczne, 19(4), 643-658.

Ogińska-Bulik, N., & Kobylarczyk, M. (2015). Relation between resiliency and post-traumatic growth in a group of paramedics: The mediating role of coping strategies. International Journal of Occupational Medicine and Environmental Health, 28(4), 707-719.

Riessman, C. K. (2008). Narrative methods for the human sciences. Sage.

Sacks, H. (1992). Lectures on conversation: Volume I. Malden, Massachusetts: Blackwell.

Sandberg, L. (2013). Backward, dumb, and violent hillbillies? Rural geographies and intersectional studies on intimate partner violence. Affilia, 28(4), 350-365.

Santos, A., Matos, M., & Machado, A. (2017). Effectiveness of a group intervention program for female victims of intimate partner violence. Small Group Research, 48(1), 34-61.

Shai, N. J., & Sikweyiya, Y. (2015). Programmes for change: Addressing sexual and intimate partner violence in South Africa. Justice and Violence Prevention Programme, Institute for Security Studies :. 10.4314/sacq.v51i0.4

Shuman, A. (2012). Exploring narrative interaction in multiple contexts. Varieties of Narrative Analysis, 125-150.

Smith, P. H., Tessaro, I., Earp, J. A., Smith, P. H., Tessaro, I., & Earp, J. A. (1995). Women's experience with battering: A conceptualization from qualitative research. Women's Health Issues, 5, 197-182.

Spence, D. P. (1986). Narrative smoothing and clinical wisdom.

Stover, C. S., Meadows, A. L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. Professional Psychology: Research and Practice, 40(3), 223.

Stratford, D., Mizuno, Y., Williams, K., Courtenay-Quirk, C., & O'leary, A. (2008). Addressing poverty as risk for disease: recommendations from CDC's consultation on microenterprise as HIV prevention. Public Health Reports, 123(1), 9-20.

Sullivan, C. M., & Virden, T. (2017). An Eight State Study on the Relationships Among Domestic Violence Shelter Services and Residents' Self-Efficacy and Hopefulness. Kluwer Academic/Plenum Publishers. 10.1007/s10896-017-9930-7

Sullivan, C. M., Goodman, L. A., Virden, T., Strom, J., & Ramirez, R. (2018). Evaluation of the effects of receiving trauma-informed practices on domestic violence shelter residents. American Journal of Orthopsychiatry, 88(5), 563.

Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. Trauma, Violence, & Abuse, 15(1), 3-21.

South African History Online. (n.d.).The Group Areas Act of 1950. Retrieved from https://www.sahistory.org.za/article/group-areas-act-1950

Trabold, N., McMahon, J., Alsobrooks, S., Whitney, S., & Mittal, M. (2020). A systematic review of intimate partner violence interventions: state of the field and implications for practitioners. Trauma, Violence, & Abuse, 21(2), 311-325.

Ullman, S. E., Foynes, M. M., & Tang, S. S. S. (2010). No title. Benefits and Barriers to Disclosing Sexual Trauma: A Contextual Approach.

Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. EClinical Medicine, 21.

Van Wyk, J. A., Benson, M. L., Fox, G. L., & DeMaris, A. (2003). Detangling individual-, partner-, and community-level correlates of partner violence. Crime & Delinquency, 49(3), 412-438.

Wathen, C. N., & MacMillan, H. L. (2003). Interventions for violence against women: scientific review. Jama, 289(5), 589-600.

World Health Organisation. (2021, March 9). *Violence Against Women.* https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Wozniak, D. F. (2009). Rites of passage and healing efficacy: an ethnographic study of an intimate partner violence intervention. Global Public Health, 4(5), 453-463.

Appendix A: Recruitment Flyer / Advertisement for briefing meeting with potential participants

UNIVERSITY OF CAPE TOWN

Department of Psychology

Searching for volunteers for a study about experiences of the *Earn to Survive* intimate partner violence intervention program at the Mosaic Training, Service and Healing Centre

Invitation and purpose

You are invited to take part in a research study about intimate partner violence intervention programs. I am an independent researcher from the Department of Psychology at the University of Cape Town, and thus I do not work for Mosaic, and participation in the study will not impact on the services you receive from Mosaic. Further, if you decline to participate in the study, or withdraw from the research later on, your relationship as a service user of Mosaic will not be impacted on.

I am interested in exploring the ways in which different people from diverse social backgrounds have made sense of their experiences of the *Earn to Survive* Intimate Partner Violence (IPV) intervention program at the Mosaic Training, Service and Healing Centre.

I am hoping to find volunteer participants for my research. To participate in this study, you must be currently participating in or have previously participated in the *Earn to Survive* intervention program at Mosaic. The interviews will be conducted in English and you must be over the age of 18 and able to give legal consent. Further, you must be currently undergoing or have undergone a form of therapeutic process at Mosaic.

If you have any questions about the study, please contact the researcher, Wai'oca Gray, on 0799577280 or email at GRYWAI001@myuct.ac.za

If you have any concerns about your rights as a participant, please contact Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

This advertisement has been approved by the University of Cape Town Psychology Department Committee. Permission to conduct the research on Mosaic Cape Town premises has been obtained from the director of Mosaic Cape Town.

Appendix B: Interview guide for interviews with survivors

UNIVERSITY OF CAPE TOWN

Department of Psychology

Are you currently participating in the *Earn to Survive* IPV intervention program at Mosaic, or did you participate in the program in the past?

Tell me about yourself and what brought you to the program at Mosaic?

Tell me about your experiences of the program – what was it like for you?

Tell me about your experiences of Mosaic's services in general?

How did the program impact you? Did you notice any changes in yourself as a result of the program?

Tell me about the different aspect of the program – what has been most useful/helpful to you?

Tell me what you think about the program in general, would you advise that other women attend the programme?

Implementation of equitable services in intimate partner violence intervention programs

Do you think the services provided by the program were delivered in a way that promoted equity and prevention of discrimination against marginalized groups?

Tangible empowerment-related outcomes of intimate partner violence intervention programs

Do you implement the knowledge and skills that you have learnt from the program into your everyday life and relationships, and if so, do you feel empowered by this knowledge and these skills?

Appendix C: English information sheet for survivors

UNIVERSITY OF CAPE TOWN

Department of Psychology

Exploring Intimate Partner Violence Survivors' Experiences of an Intervention Program at the Mosaic Training, Service and Healing Centre

You are invited to take part in a research study about the *Earn to Survive* intimate partner violence intervention program at the Mosaic Training, Service and Healing Centre

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

 A one-on-one interview about your stories of the *Earn to Survive* intimate partner violence intervention program that you participated in

This research will give you an opportunity to share your stories to improve our understandings of victim-survivors experiences of intimate partner violence intervention programs.

If you have any questions about the study, please contact the researcher, Wai'oca Gray, on 0799577280 or email at GRYWAI001@myuct.ac.za
If you have any concerns about your rights as a participant, please contact Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

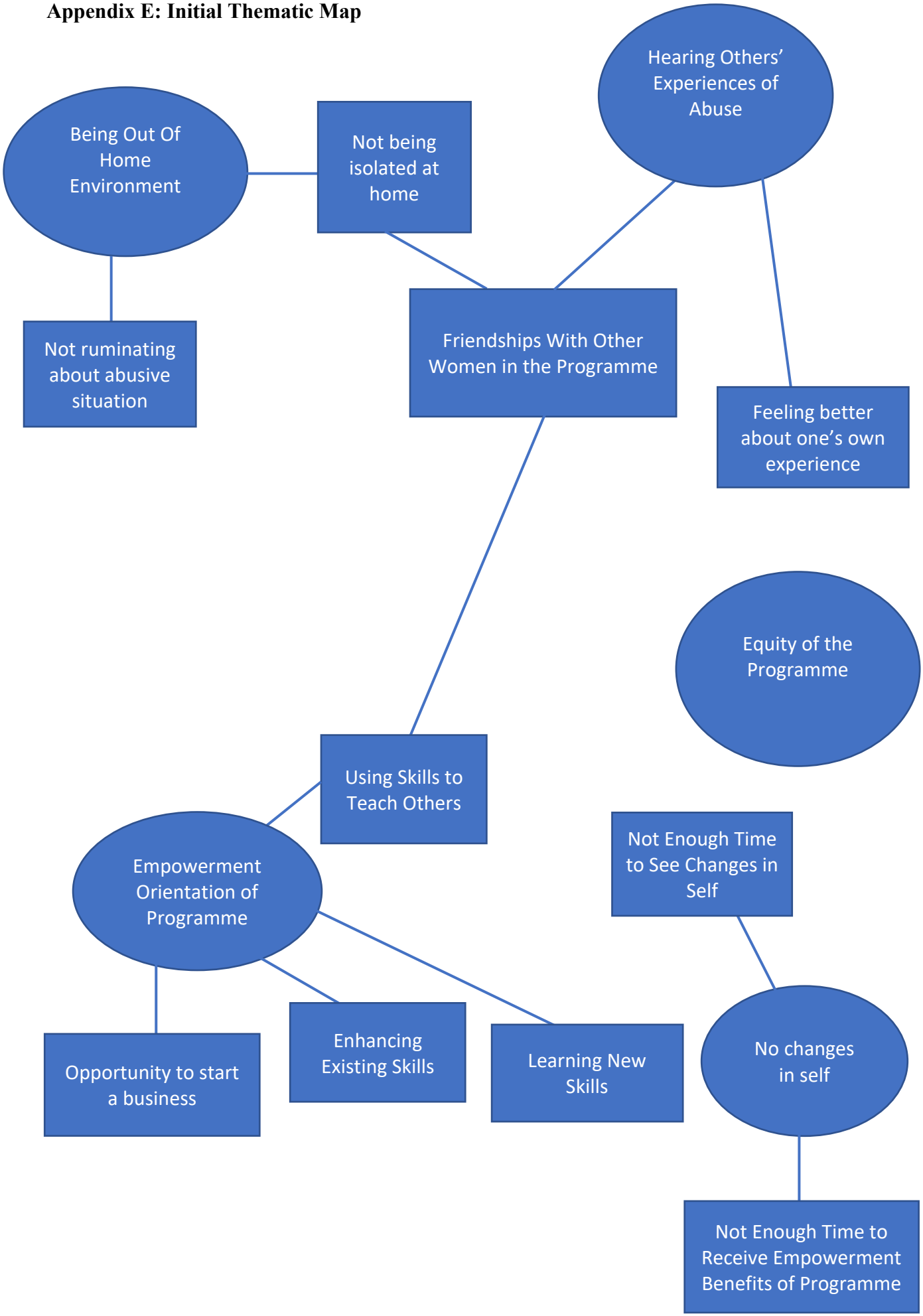
Appendix D: List of Codes

Data Extract	Coded For
For me, it was good, because I was learning new things… sewing is something that I wanted to do for a long time, but I didn't know how to do it and then there was an opportunity to do it, even though that the time was not enough I learnt how to stand by yourself when you are a woman how to say no if you want to say no. And I learnt a lot of things because now I try to understand myself. I didn't experience anything because the time was too short. The program is very helpful because I didn't know how to sew and when I came here I built myself to think I can do something instead of sitting at home doing nothing. I We had fun…I wanted to always go for sewing classes but I never had enough money. So when this came I said I have been praying for this and it was really nice. It was a short while but I learnt a lot and I made new friends. It was very nice…even now I have my own place now I am not staying at my mother's house so I left my brother there so now I am okay, I'm going to start my life now it helped me a lot. The experience of the program it was good actually but sometimes you would find that if there was a little more time because the time was not enough. …actually I liked very much talking to the ladies here listening to them sharing	1. Experience of the Programme

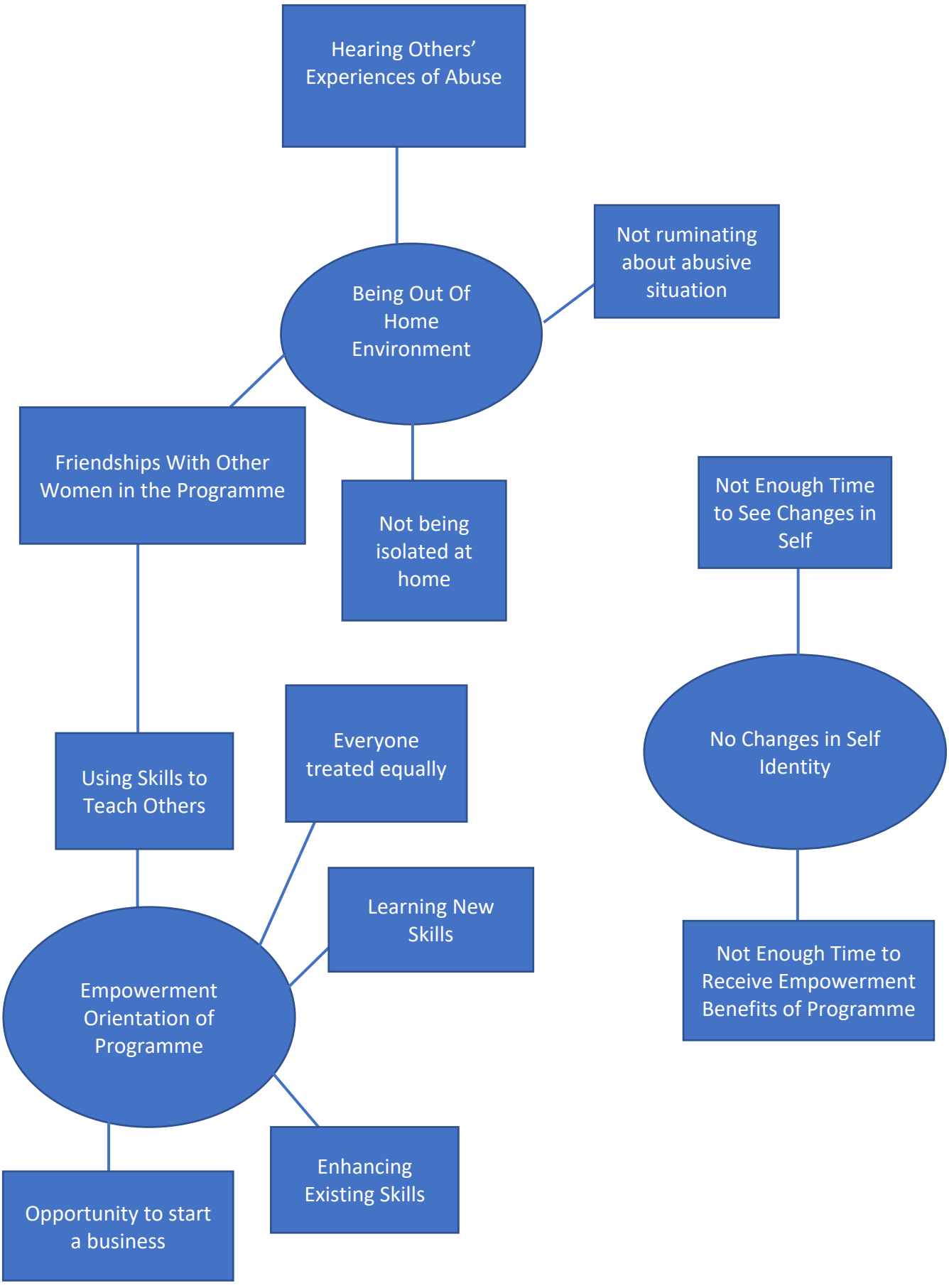
that was very good for me. Because once you hear somebody else's problem…then you think but look at this she is surviving and she is going through this we support each other	
I didn't see any changes in myself. I noticed something…I didn't know anything about machines. I always looked when I went past clothing factories I saw how it operates but to think it is so easy it's only that you must have the courage you must motivate yourself and this helped me a lot very much I am very appreciated what I learnt. Yes because now I can open my own business because I have been learning a lot here. Yes I noticed there are some changes in myself at least now I can talk to somebody, I'm not the same person that I was before because by the time I went to the social worker I would stay alone I get bored with the people so now I can socialize with the people.	2.Changes in Self as Result of the Programme
For me it is to be out of the house it was helpful for me because it took my mind off things not to think too much. How to respect others. How to handle your fears… you have this thing where you sit alone sometimes…and you like feel sorry for yourself… here I learnt is to get up stand up and find your inner self where you have to learn that it is not right to be disrespected.	3.Most Helpful Aspect of Programme

I don't want to lie I don't know what was nice because the time was too short. Some other days I can be a designer and do something to help some other people. To chat to others talk about other problems…and we tell our stories after that we start sewing. It was to learn how to stand up on your own because not to depend on somebody… You see the workshop was good…because we would talk how to control your temper and your anger because men they can provoke you… how to respond so we need more of that…	

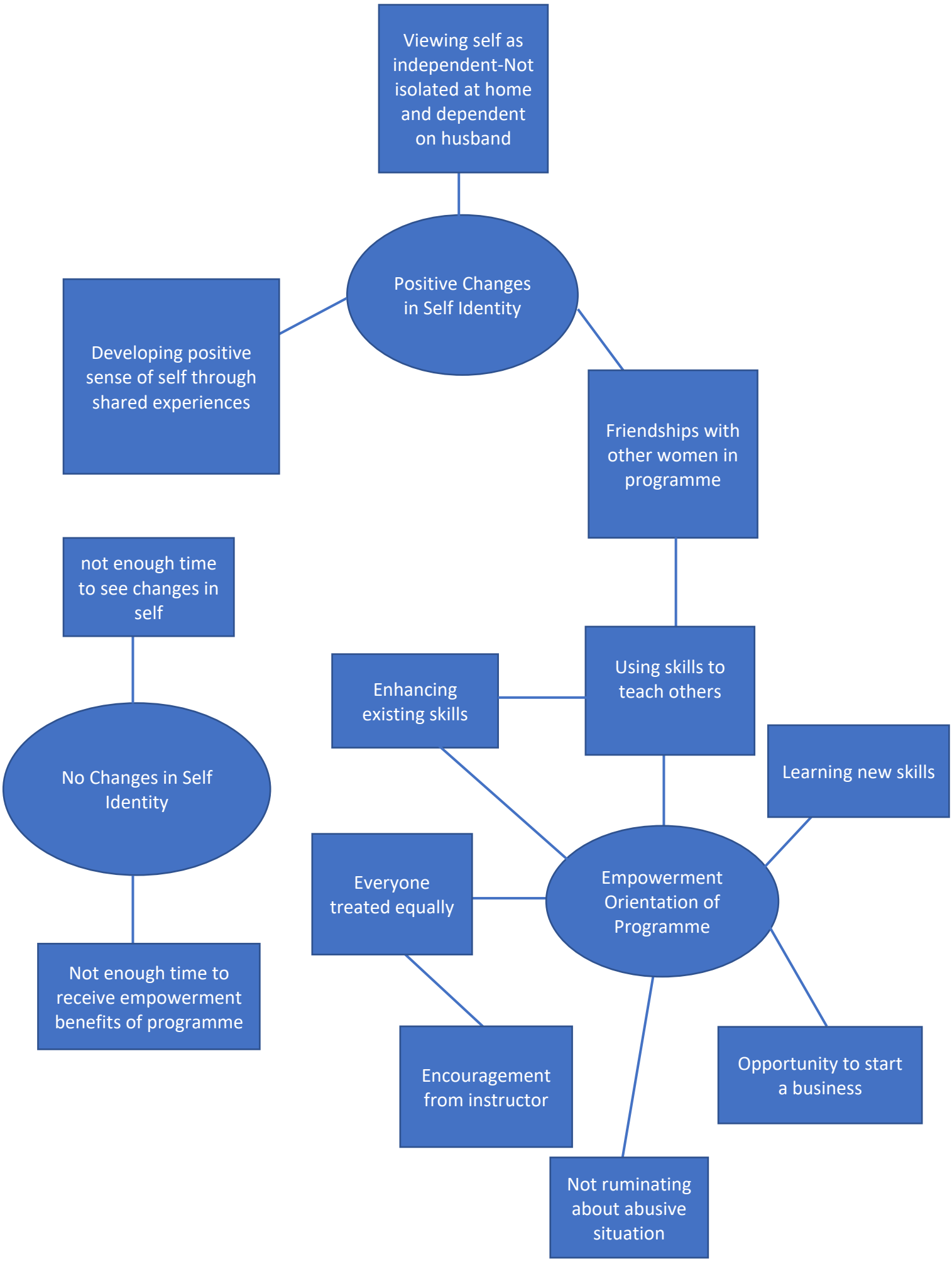
Appendix E: Initial Thematic Map



Appendix F: Developed Thematic Map



Appendix G: Final Thematic Map



Appendix H: Ethical Approval Letter

UNIVERSITY OF CAPE TOWN

Department of Psychology

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

25 July 2019

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

Dear Prof. Boonzaier and Dr van Niekerk

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

I wish you all the best for your study.

Yours sincerely,

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