USING THE ECOLOGICAL FRAMEWORK TO EXPLORE THE CONTEXT OF

WOMEN'S EXPERIENCES OF PTSD AND PTG IN THE AFTERMATH OF

INTIMATE PARTNER VIOLENCE.

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ABSTRACT

The literature on abused women, both Western and South African, has established post-traumatic stress disorder (PTSD) as one of the consequences of intimate partner violence. At the same time, emerging research in trauma literature has identified that trauma survivors, such as abused women, may experience positive changes after encountering trauma, such as post-traumatic growth (PTG). However, most of these studies have been conducted in the West, with limited qualitative studies documenting the experiences of abused women in South Africa. Hence, the possibility exists of the development of a Eurocentric understanding of the processes and factors that shape women's experiences of violence; in relation to post-traumatic stress disorder (PTSD) or post-traumatic growth (PTG). The research aimed to explore the factors and processes that contributed to challenges with trauma adjustment and post-traumatic stress disorder (PTSD) and those that contributed to recovery and post-traumatic growth (PTG). It involved a feminist epistemological framework and a sample focus group selected from women from three shelters. The main data collection methods were narrative interviews and focus-group discussions. Two self-report measures were used to assess the women's experiences of post-traumatic stress disorder and post-traumatic growth. This research makes a significant contribution by extending the application of the ecological model proposed by Campbell, Dworkin & Cabral (2009) of the impact of sexual assault on women's mental health model to the context of intimate partner violence and trauma in South Africa. The model explores for the first time the factors and processes that contributed to challenges with trauma adjustment and post-traumatic stress disorder (PTSD) and those that facilitated positive adjustment, recovery and post-traumatic growth (PTG) over time in abused women in South Africa.

DEFINITION OF TERMS

Intimate partner violence (IPV): Intimate partner violence is defined as, 'any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship'. It can include humiliation, intimidation and controlling behaviour such as monitoring movements and restricting access to resources or health care, physical and sexual violence such as slapping, beating, forced sex or other forms of coercion, and can result in severe injury and death. (Mason-Jones, De Koker, Eggers et al. 2016, p. 3)

Post-traumatic stress disorder (PTSD): post-traumatic stress disorder is understood as a constellation of reoccurring symptoms that can develop as part of a normal response to psychological occurrence in the aftermath of trauma. According to DSM-IV TR (American Psychiatric Association, 2000) post-traumatic stress disorder is identified as a repetition of symptoms that originate when individuals are exposed to extra-ordinary circumstances that appeared to be threatening to their life and safety or being a witness to an experience that posed as a threat to another person's life. For one to be identified as having post-traumatic stress disorder, the symptoms should at least have been present for more than four weeks.

Post-traumatic growth (PTG): The concept of post-traumatic growth connotes "experiences of positive adjustment resulting from how a person responds and rebuilds following a life altering event" (Kashdan and Kane, 2011: 84).

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AUTHOR'S DECLARATION

I confirm that I am the only author of this thesis. I declare that no part of the thesis has ever been published nor has it ever been submitted for publication. This is my own original work and I have referenced the sources used.

CHAPTER 1: INTRODUCTION

South Africa has been widely recognised as having a culture of violence and is arguably one of the countries with unusual levels of abuse against women and children (Stern 2011). Current and past literature reveals worrying results on the extent and nature of intimate partner violence in South Africa. Ackerman and DeKlerk (2002) argue that at least 60% of women in South Africa have experienced intimate partner violence and 50–60% of marriages in South Africa have been associated with intimate partner violence. Likewise, Mathews, Abrahams, Vetten, Van der Merwe & Jewkes (2004), highlight that one woman in Gauteng, South Africa, is murdered by an intimate partner every six hours. A study conducted in 2012 by Gender Links, published in the CSVR gender report (CSVR 2016), revealed that 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape and 36% in KwaZulu-Natal had experienced intimate partner violence (CSVR 2016). Whilst these studies differ in relation to sampling and methods used, such alarming evidence indicates that South Africa continues to face an immense battle against domestic violence, despite the Domestic Violence Act (Act no. 116 of 1998) which safeguards women against different aspects of intimate partner violence as well as the advances in government initiatives to promote women's rights (CSVR 2016).

It is apparent that the current situation of women who suffer at the hands of their partners in South Africa is desperate. One of the contributors to this predicament is the ineffectiveness in both the realisation and applicability of the Domestic Violence Act, given that it is known that the law tends to be lenient towards the perpetrators of intimate partner violence and in many instances the police are involved in corrupt and fraudulent activities and are reluctant to help (Mathews & Abrahams 2001; Vetten 2005 & CSVR 2016). Hence, it is not surprising that the current situation has raised public concern, from the infamous case of Oscar Pistorius, "who was found guilty of murdering his girlfriend Reeva Steenkamp", to the most recent case of

Karabo Mokoena, another young woman, who was allegedly murdered and burnt by her boyfriend, Sandile Mantsoe.

These matters are critical considering the health consequences of intimate partner violence for abused women. Numerous studies, both past and present, emphasise the critical impact of intimate partner violence on the physical and mental health of abused women (Campbell 2002). The association between intimate partner violence and post-traumatic stress disorder (PTSD) has been well-established worldwide (Marais, De Villiers, Möller, and Stein 1999; Coolidge & Anderson 2002; Herman 1997). The medical model of trauma, although widely critiqued for its failure to contextualise the experiences of trauma victims, such as abused women (Bracken et al 1995; Gilfus 1999), has been widely recognised by feminist theorists as highly influential in contributing to the recognition and validation of the negative experiences of abused women as normal outcomes of trauma (Tseris 2013; Herman 1997). These constructions demonstrated a paradigm shift from earlier literature that "blamed the victim" and placed the onus of the abuse on the abused woman. At the same time, the emergence of trauma literature provided crucial insight into the seriousness and complexity of interpersonal trauma such as IPV and child sexual abuse on the mental health of women (Herman 1997; Tseris 2013), notions that are critical for understanding the experiences of women. The reviewed literature suggests that trauma literature has shifted from a treatment focus of assessment that is based entirely on the medical model to one that positions individual experiences of trauma within the "social and psychological context"; for instance, the context of abuse, as a means of providing meaningful understandings of the nature of the traumatic experience (Van der Kolk, McFarlane, and Weisaeth 1996; Joyce and Berger 2007; Harvey 1996; Herman 1997). This understanding is critical when making sense of abused women's experiences. In addition, such a contextual understanding affords space for considering post-traumatic growth (PTG), a concept discussed

below, that the medical model does not take into account because it implies that recovery is simply a return to a former, pre-trauma state.

Given the high prevalence of intimate partner violence in South Africa and worldwide (WHO 2005), and the plight of abused women, it comes as no surprise that a large number of studies in the field of domestic violence have centred on the negative health outcomes of intimate partner violence, such as post-traumatic stress disorder (PTSD). Likewise, South African literature (Schalkwyk, Boonzaier, & Gobodo-Madikizela 2014, p. 315) indicates that abused women studies in South Africa have focused on women's negative experiences, for instance on "women's victimhood and powerlessness at the hands of men". Hence, they emphasise the need for research that centres on notions of women's agency and resistance. In a similar manner, trauma literature has focused more on the negative outcomes of trauma, such as post-traumatic stress disorder (Elderton et al 2017; Joseph 2011), although it is argued that such a focus limits "a comprehensive understanding of responses to trauma" (Elderton et al 2017, p. 224). This is especially relevant because recent studies have demonstrated in great depth that trauma survivors may experience positive changes, known as post-traumatic growth (PTG), in the aftermath of traumatic events (Tedeschi & Calhoun 1996; Joseph 2011; Linley & Joseph 2006). A small number of studies conducted on abused women, such as Cobb et al. (2006), have demonstrated that the positive changes identified in abused women may include better relationships, the manner in which they view themselves, the development of wisdom, and spiritual changes to a level that surpasses the experiences prior to the abuse (Cobb, Tedeschi, & Calhoun 2006). Thus, it became imperative to explore the narratives of abused women in relation to the factors and processes that facilitated both the negative and the potential positive outcomes of trauma in a South African context. The section below provides an overview of the research.

1.1 Intimate partner violence in the South African context: An Overview

In order to make sense of women's experiences in a complex society such as South Africa, one has to "consider the ways in which the social contexts interact with people's internal worlds" (Levy & Lemma 2004, p. 156), especially the historical context of apartheid and its legacy, and how it has impacted on women's circumstances. South Africa is widely known for the high levels of crime and extreme human rights violations that took place during the apartheid era. Since then, the legacy of apartheid has contributed to high levels of trauma in the field of public health (Williams 2007 and Edwards 2005), as well as the culture of violence, whereby violence has become the normal means of resolving conflicts within South African communities. Thus, the literature demonstrates that almost every South African, young or old, has experienced some type of trauma as a result of violence, either as a witness or a victim of crime and several studies take note of the possibility that many South Africans will experience multiple traumas (Williams, Williams, Stein, Seedat, Jackson, and Moomal 2007; Edwards 2005; Levy & Lemma 2004). In view of the above, it is understandable that several trauma studies in South Africa have focused on post-traumatic stress disorder as an outcome of criminal victimisation, political victimisation and witnessing violent crimes. These have included studies on children, adolescents and adults (Edwards 2005; Magwaza 1999).

Although studies that demonstrate women's experiences of post-traumatic stress disorder are sparse in South Africa, and most of the studies that inform the field of intimate partner violence and trauma have been conducted in the West, the evidence reviewed from South Africa supports numerous studies conducted in North America that confirm the association between post-traumatic stress disorder and intimate partner violence (Marais et al. 1999; Bean and Moller 2002).

Abused women, like other survivors of interpersonal trauma, present with more complex challenges in relation to coping and recovery in the aftermath of trauma, due to the interpersonal nature of the trauma (LaMonthe 1999; Allan 2001). Herman (1997) argues that such survivors may develop complex PTSD. Studies demonstrate that abused women consult medical practitioners and health-service professions at a higher rate than non-abused women. It is argued that such victims present with more visible physical injuries and somatic symptoms than non-abused women (Kemp et al. 1999; Marais et al. 1999; Coolidge & Anderson 2002; Wood 2005). Significantly, literature demonstrates that abused women in South Africa and other parts of the world are not routinely screened for PTSD symptoms. Instead, medical practitioners focus on treating other physical symptoms which may possibly not be as severe as post-traumatic stress disorder (Jones, Hughes, Unterstaller 2001; Marais et al. 1999). Yet, post-traumatic stress disorder (PTSD) can impact negatively on one's life. For example, an abused woman with post-traumatic stress disorder (PTSD) may be faced with a number of challenges, such as failure to keep a job, to maintain intimate relationships, or to look after her children (Helfrich et al. 2008). Such consequences are alarming as they continue to impact negatively on women even years after terminating an abusive relationship (Pico-Alfonso 2005).

Studies confirm the high prevalence of post-traumatic stress disorder (PTSD) in shelter samples (Jones et al. 2001). Kemp, Green, Hovanitz, and Rawlings (1995) conducted studies with 179 battered women and 48 emotionally abused women from a shelter. These studies illustrated that 81% of the battered participants had experienced post-traumatic stress disorder (PTSD), whilst 63% of the abused women presented with post-traumatic stress disorder symptoms. In another study, Kemp, Rawlings, and Green (1991) investigated a sample of 77 women from a shelter. According to this study, 84% of the sample met the criteria for post-traumatic stress disorder (PTSD). Similarly, West et al. (1990) document a post-traumatic stress disorder (PTSD) prevalence of 47% in a shelter sample from the USA. Additionally, Jones et al. (2001)

document a high prevalence of post-traumatic stress disorder in a number of studies involving shelter samples of abused women in North America when compared to non-shelter samples. The prevalence in these studies was documented as ranging from 40% to 84%. However, no variations in relation to samples or methodology were reported in this review. Furthermore, Jones et al. (2001) illustrate that consistent evidence has demonstrated the prevalence of post-traumatic stress disorder (PTSD) amongst abused women from shelter, hospital and community services samples to range from 31% to 84%. Studies conducted in South Africa, Bean and Moller (2002) demonstrate that 59% of the 40 women sampled from five shelters presented with post-traumatic stress and 63.1% suffered from post-traumatic stress disorder (PTSD) and depression.

It is advisable to view such results with caution, since a high possibility exists that this correlation is affected by the intersection of other factors that contribute to the negative lived experiences of abused women in shelters. These include poverty, lack of opportunities, homelessness, absence of social networks and challenges with childcare. However, these rates of post-traumatic stress disorder (PTSD) are similar to rates documented in studies conducted in North America. Whilst Jones et al. (2001) argue from a North American perspective, these situations are equally experienced by shelter samples of women in South Africa (Angless, Maconachie, & Van Zyl 1998). In addition, while it is noteworthy that the shelter samples may consist of women who are highly distressed, unlike a sample of battered women living in the community; a study from a community sample of black women in South Africa who had applied for protection orders in Vhembe District, South Africa produced similar statistics: 51.9% of the sample presented with post-traumatic stress disorder (PTSD) symptoms and 66.4% presented with depression (Peltzer, Pengpid, McFarlane and Banyini 2013).

A limited number of studies have also demonstrated the capacity of abused women to withstand and cope positively, both within the relationship and in the aftermath of violence. Davis (2002) discusses the personal strengths and resources that are demonstrated by abused women in their ability to survive and cope with disturbing incidents of abuse, both within the period of the relationship and in the aftermath of violence. Likewise, recent trauma literature has established that highly traumatic events have the potential to facilitate both negative outcomes such as post-traumatic stress disorder (PTSD) and positive changes such as post-traumatic growth (PTG). Tedeschi and Calhoun (1996) estimate that about 50–60% of trauma survivors develop positive outcomes such as pos-traumatic growth (PTG) in the aftermath of trauma. Likewise, Kashdan and Kane (2011) and Joseph (2011) concur that several trauma survivors experience post-traumatic growth (PTG) at higher levels than those who experience post-traumatic stress disorder (PTSD). However, the concept has not been documented extensively in research in the same manner as post-traumatic stress disorder (PTSD)

Whilst a few studies have been conducted that demonstrate the experience of positive changes as a result of traumatic experiences, most of these have centred on cancer patients, bereaved people or refugees (Tedeschi & Calhoun 1996; Shaw, Joseph and Linley 2005; Joseph 2011). However, the reliability of reported experiences of post-traumatic growth (PTG) are problematic, due to nature of the assessment procedures, which involve self-report measures with the possibility of self-bias in the answers (Tedeschi, Cobb, & Calhoun 1998; Joseph 2011). Weiss (2002) confirmed the account of experiences of post-traumatic growth (PTG) from breast-cancer patients with feedback from their husbands.

Only a few studies of post-traumatic growth (PTG) have focused on investigating the experiences of abused women. Cobb et al. (2006) conducted such studies with a sample of 61 abused women who were making use of shelter services. Most of these women were no longer

involved in the abusive relationship while a few were still in the relationships. These studies illustrated that abused women who had terminated their relationship reported greater experiences of post-traumatic growth (PTG) in areas such as improved relationships or spirituality than those who had not terminated their relationships.

Likewise, Senter and Caldwell (2002) document the positive changes experienced by abused women after leaving abusive relationships. These include changes in spirituality, for instance in how the women acknowledge God, a strong altruistic desire to assist others in similar circumstances, a change in perceptions about the self, personal strengths and improved relationships even years after terminating the abusive relationship. Cobb et al. (2006) cite Frazier, Conlon, and Glaser (2001), who demonstrate experiences of post-traumatic growth (PTG) in studies on sexual assault survivors within two weeks of the traumatic experiences in areas such as appreciation of life. Although this period may seem too early to confirm such experiences, Tedeschi et al. (1996) argue that there is no timeframe for conducting post-traumatic growth (PTG) assessments, although most researchers have preferred longitudinal studies. However, all the new positive changes experienced in the above studies exceeded the experiences prior to the trauma.

Importantly, recognising post-traumatic growth (PTG) as a different outcome of trauma does not reflect a simplistic or naive view of the severe challenges faced by trauma survivors in relation to coping and recovery; rather, it symbolises recognition of the transformative nature of adverse circumstances that results as one struggles to find meaning amid traumatic loss to cope positively and resolve the trauma. Hence, it is through such struggles with searching for meaning and the experiences of post-traumatic stress that one can experience post-traumatic growth (PTG) (Joseph & Linley 2006; Cobb et al. 2006). Thus, the theory demonstrates another possible outcome of trauma, aside from PTSD (Joseph & Linley 2006). Considering the nature

of intimate partner violence in South Africa, researching the narratives of abused women in relation to both negative and positive outcomes of trauma is critical to provide awareness of the possible trauma outcomes experienced by women in the aftermath of violence.

The research aim was to explore women's perceptions of the factors and processes that facilitate experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) amongst women who had experienced intimate partner violence. The research was exploratory in nature and made use of a qualitative research design. A feminist approach guided the research process. This epistemological framework was favoured because it was well matched with the research goals and objectives since feminist research positions women at the centre of research (Kitzinger & Wilkinson 1997).

The main research methods included the phase of familiarising myself with the shelter and its community, interviews and focus-group discussions with abused women from three shelters in Johannesburg. The research involved three stages. In the first phase I familiarised myself with the shelter community. During this period, I worked as a volunteer in the crèche of Shelter X, which was the main research site. I engaged with shelter residents and staff. In addition, I conducted some observations at the shelter. These techniques were utilised to build rapport as well as to gain an understanding of the culture of the community. The individual interviews followed in the second stage of the data-collection process. This involved interviews with 30 women. A semi-structured interview guide was used when conducting the narrative interviews and the interviews were tape-recorded. Two focus-group discussions were conducted as the last stage to maximise the data collection opportunities. This involved two focus groups from two shelters with six and eight members respectively. These discussions were conducted once. In addition to the above, the research made use of the PCL self-report measures to assess post-

traumatic stress disorder (PTSD) and the post-traumatic growth inventory (PTGI) to assess post-traumatic growth (PTG).

1.2   Background and Rationale of The Study

South Africa faces immense challenges in the fight against intimate partner violence. Whilst provisions in the South African constitution that safeguard South Africans from both physical and psychological harm and the Domestic Violence Act (Act no. 116 of 1998) that enforces protection for abused women, match well with other legislation worldwide, it can be argued that these documents have not translated into practice given that they have not adequately effected change in the lives of abused women in South Africa (Stern 2011; Boonzier & De la Rey 2003). Whilst it is apparent that government through legislation and other government initiatives demonstrate a commitment towards issues affecting abused women, numerous studies have demonstrated the failure of the legal framework and policing system in South Africa to ensure the protection and safety of abused women. Issues include leniency when dealing with perpetrators, reluctance to help, for instance, not imposing appropriate sentences, poor convictions rates, corruption and unsympathetic attitudes and negative responses from the police. In most instances, women are blamed for the violence and their accounts may not be accepted as true, all of which inhibits women from reporting such incidents (Jewkes & Abrahams 2002; Mathews and Abrahams 2003; Parenzee, Artz, & Moult 2001; Vetten 2005; Mathews & Abrahams 2001; CSVR 2016).

South Africa, as a developing country with high levels of economic inequality, faces a system in which the police may accept bribes from perpetrators and be involved in fraudulent activities in which the documents or files of the victims may be lost. This may result in cases being thrown out of court (CIET, AFRICA 1999, in Jewkes & Abrahams 2002). Thus, the difficulties faced by South African women, in addition to their traumatic experiences of abuse, are

extremely alarming. Of particular concern is the scarcity of resources for abused women in South Africa, which leaves them lacking alternatives when faced with making decisions to leave perpetrators.

The literature exposes the scarcity of shelters in South Africa and the challenges that shelters face due to lack of funding. In some instances, shelters may be forced to close (Walker and Clacherty 2015; Angeles et al. 1998). Additionally, Kim and Mostei's (2002), Angless et al (1998) and Wood, Maforah, and Jewkes (1998) concur that healthcare professionals, such as social workers, are overstrained with high caseloads and lack meaningful resources that could be utilised to empower victims. It is argued that in some circumstances, women may be sent back home whilst they wait for a possible alternative (Angless et al. 1998). Although the implications of sheltering in aiding abused women to leave the perpetrators and providing security and protection for women and their children have been documented extensively, both in South Africa and worldwide (Baker, Cook, and Norris 2003; Angless et al. 1998), the case of South Africa in relation to the scarcity of shelters, housing, social assistance, health personnel specialising in issues of domestic violence and the absence of other crucial resources that could be utilised to win the battle against abuse is disturbing.

Although the predicament of women in South Africa is well known, the challenge of winning the fight against intimate partner violence in a patriarchal country like South Africa lies in changing the norms and values that are associated with attitudes of condoning and normalising violence. The atrocities and dehumanising nature of the policies of apartheid are argued to have contributed to the normalisation of violence in South Africa, where acts of violence are utilised as a means of resolving conflicts within private homes, workplaces and communities (Jewkes & Abrahams 2002). Theorists making use of social learning theory concur that such attitudes have led to the acceptance of victimhood on the part of women and the normalisation of violent

actions on the part of perpetrators due to witnessing such behaviours within their homes (Thaler 2012). From this perspective, patriarchal values are argued to promote masculine values as well as men's feelings of ownership and sexual entitlement over women. Extensive literature (Wood et al. 1998; Dangor, Hoff and Scott 1998; Mashishi 2000; Kim & Mostei's 2002; Thaler 2012) concurs that gender roles and traditional views of marriage that position women as accountable for its success or failure facilitate attitudes that create acceptance of violence. Likewise, other studies have identified that both women and men perceive violence as acceptable in certain circumstances (Kim & Mostei's 2002; Thaler 2012). This situation is not unique to South Africa since women's acceptance of violence has been documented in a WHO Multi-Country study (WHO 2005) and other African countries (Thaler 2012). Such views are very alarming since they inhibit attitude change and help-seeking behaviour (Jewkes, Penn-Kekana, Levin, Ratsaka, and Schrieber 1999). It is disturbing to note that such perceptions and attitudes have been identified in both rural and urban settings (Wood et al. 1998), among educated and non-educated persons. For instance, Kim and Mostei (2002) document similar views among some of the 38 primary healthcare nurses in their study. In the same light, although individuals and cultures may evolve due to processes of urbanisation, particular ideologies still remain within a particular group, although they may manifest in a different form (Varga 1997). These ideologies may still facilitate attitudes and norms that perpetuate the abuse of women.

It is not surprising that South African literature recognises the health consequences of intimate partner violence, including post-traumatic stress disorder (PTSD) as demonstrated earlier. Significantly, the mental-health outcomes of intimate partner violence, such as post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) have been widely documented as universal across cultures. This is confirmed by several studies that demonstrate high levels of consistency when measuring both post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) across cultures (Masocha & Simpson 2011; Ho, Cho, & Ho 2004; 2010; Joyce

& Splevins, Cohen, Bowley, and Joseph 2010; Joyce and Berger 2007). Nevertheless, it is important to acknowledge that the way individuals experience trauma, as well as the processes and strategies that affect coping in the aftermath of trauma are unique to a particular culture (Joyce and Berger 2007; Markus & Kitayama 1991; Kitiyama & Cohen 2007). In the same manner, Janoff, Bulman, and Frieze (1983) acknowledge the similarities in trauma responses and outcomes in trauma survivors, such as post-traumatic growth (PTSD). However, they argue that the account of victimhood or how one experiences victimhood is unique to individuals. Earlier theorists of coping, Lazarus and Folkman (1984), cited in Kuo (2011), recognised the crucial factors within particular cultures that shape one's experiences of trauma and the journey to recovery. These include norms, traditions, values and attitudes. Such notions are confirmed by Markus and Kitiyama (1991), Van der Kolk et al. (1996), Splevins et al. (2010), Mdletshe (2014) and Bracken et al. (1995).

Likewise, critiques of trauma theory Bracken et al. (1995), Tseris (2013) and Gilfus (1999) argue that the medical model of trauma locates the experience of and responses to traumatic events within the individual and not the context. As a result, it seeks out medical interventions as a means of treating trauma symptoms that will hopefully lead to a successful recovery. In particular, Steris (2013) emphasises the limitations of a medical-model focus that does not consider the significance of the context of trauma to recovery. Relative to abused women, the context of abuse is critical since the origins of the trauma itself lie within the "social and political context". Additionally, the nature of an intimate partner violence relationship is extremely complicated in that the woman can still be victimised both within the relationship and after leaving it (Kirkwood 1993; Radford and Hester 2006). As such, they concur that a treatment-focused assessment of traumatic experiences will not be meaningful while women are still experiencing victimisation.

In view of the above arguments, when seeking to understand the traumatic experiences of abused women in South Africa, it is imperative to understand the context that facilitates experiences of both post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in conjunction with personal factors to affect change, particularly in relation to the fight against intimate partner violence and trauma recovery. It is critical to gain insight into how different factors and processes render women vulnerable to post-traumatic stress disorder (PTSD). These include; race, socio-economic position, poverty, lack of resources, the social construction of gender roles, traditional views of marriage, and gender inequalities (Boonzaier & De la Rey 2003; Wood et al. 1998; Stern 2011; Outwater, Abrahams, and Campbell 2005; Thaler 2012). It is important to focus on how these factors intersect and shape women's experiences of intimate partner violence, as well as how they cope in the aftermath of violence. This view is supported by Harvey (1996), who recognises the significance of the ecological assessment of trauma recovery.

Bracken et al. (1995) offer a critical insight when discussing how the medical-model perspective generates assumptions of traumatic experiences as universal. Thus, it leans on Eurocentric values. These perceptions impede a significant understanding of unique knowledge within a particular community in relation to different strategies and processes that facilitate or hinder effective coping, recovery and experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in the aftermath of trauma. For instance, crucial insight into the factors that are associated with coping or challenges to coping may be lost in both individualistic and collectivist cultures when one centres on searching for commonalities and similarities (Splevins et al. 2010). This viewpoint is critical for the proposed research, which is based on feminist values whereby local knowledge, embedded in women's experiences, is perceived as highly valuable in the generation of scholarship that could possibly create change in the lives of abused women within the South African context. The literature suggests that

collectivist cultures that emphasise close connections and close bonds within communities have different coping styles from individualistic cultures in relation to trauma. In the former cultures, people's behaviours are driven more by the need to conform and to fit in within the wider group or community. Whilst it is recognised that people within collectivist communities may have personal ambitions, Mdletshe (2014), (Kitiyama & Cohen (2007) and Shaw et al. (2005) argue that often their individual needs are perceived as secondary to those of the wider community. In contrast, within individualistic cultures, individuals are motivated more by personal goals and autonomy, which are argued to take precedence over the needs of the wider community.

It is important to note that, in some instances, an individual's path to trauma recovery within a collectivist culture with an interdependent self-construct will be influenced by factors such as the perceptions, attitudes and views of the wider group within a particular community in addition to the norms, values, rituals, and customs of that culture (Bracken et al. 1995; Van der Kolk et al. 1996). Whilst there may be some similarities within cultures and that the western notion of individualism is very much a male model, this thesis will argue that most of these beliefs are not prominent in western individualistic cultures. Considering that such notions play a role in shaping one's identity or self-concept in the aftermath of trauma, it would be highly problematic to search for a universal understanding of experiences of victimhood in two distinct cultures (Markus & Kitiyama 1991; Kitiyama and Cohen 2007; Van der Kolk et al. 1996; Bracken et al. 1995).

This is supported by Kitiyama and Cohen (2007), who stress that one cannot perceive the "psyche" as a unified concept in relation to people's unique responses to trauma. Similarly, numerous authors have urged against seeking universalism in assessment or developing assumptions of traumatic experiences as manifesting in a similar manner, since the way people

from different cultures understand or respond to mental illness is not similar, nor are the strategies they utilise to cope with traumatic events (Bracken et al. 1995; Van der Kolk et al. 1996; Splevins et al. 2010; Kitiyama & Cohen 2007; Markus & Kitayama 1991; Joyce & Berger 2007). Thus, in some cultures in South Africa the understanding of the causes of mental illness and misfortune is holistic. For instance, some people may hold a traditional African worldview as part of their belief system in addition to the western view belief system (Eagle 2002). Bracken et al (1995) & Van der Kolk et al. (1996) concur about the significance of contextualising the narratives of trauma survivors to aid in the process of recovery, for instance, attending to cultural beliefs, customs, and social networks, all of which can either facilitate or hinder the process of trauma recovery. In a similar manner, these views have been associated with the intimate partner violence experiences of women. Yashioka and Choi (2005) acknowledge the critical role of culture in affecting the experiences of abused women. This is evident in the manner in which patriarchal and traditional cultures perceive marriage as a critical aspect of a woman's identity, where notions of shame and stigma are attached to leaving a relationship or being divorced (Hou, Ko and Shu 2013). These assumptions contribute to confining women within abusive relationships.

This situation is relevant to the South African context, where traditional views of marriage often position women as being to blame for the failure of their marriages. This limits individual autonomy to leave such relationships (Dangor et al. 1998). Studies by Boonzier and De la Rey (2003), which centred on the narratives of abused women in South Africa, illustrate that abused women may feel pressured to stay in an abusive relationship due to a lack of support and negative feedback from the wider group where they seek help; for instance, religious leaders or social networks. Although it can be agreed that the decision to divorce is difficult for women across cultures, in western cultures such a decision may not seem uncommon and one may have a personal choice with fewer feelings of shame or failure attached to the failed relationship

or the new role of a divorcee (Yashioka & Choi 2005). Significantly, these factors associated with shame may affect a woman's journey to recovery.

While South Africa is arguably a collectivist society (Mdletshe 2014), it is important to refrain from perceiving a culture as being classified within a particular grouping without recognising that it is fluid. Likewise, it is problematic to rigidly categorise people as falling within a particular type of culture without recognising that certain individuals within a collectivist culture may have individualistic values, which may have been influenced by industrialisation or western attitudes. Similarly, in individualistic cultures, like the West, certain minority groups may exist with collectivist values and interdependent self-constructs. Hence, one cannot completely classify a given culture or individuals, since both cultures and individual beliefs within a culture are not fixed entities (Kitiyama & Cohen 2007; Splevins et al. 2010). This point is critical for this research in order to avoid making assumptions about women's narratives.

In light of the different debates above, the narratives of abused women in the aftermath of trauma in the South African context are the focus of this research. Most studies on abused women that inform the field of domestic violence and trauma, as well as the few that document the abused women's path to recovery, have been conducted in the West, and hence convey a Eurocentric understanding of the process of recovery that may not be applicable in other contexts (Mashishi 2000; Ramashia 2009; Stern 2011). Additionally, most interventions that focus on trauma recovery in South Africa lean on Eurocentric models, which may not be very empowering within the context of South African trauma survivors (Fischer 2002). Mahlangu (1999), cited in Ramashia (2009: 13), argues that "Eurocentric theories of coping and human behaviour with violence and trauma can never be fully relevant to an African society. In order for interventions to be effective, there is a dire need for people to understand and be sensitive

to the cultural ethos inherent in the victim." Thus, the significance of providing a South African narrative of women's experiences of trauma and recovery in the aftermath of violence is critical as one of the means of combating both intimate partner violence and its negative consequences.

It was imperative to conduct research that aimed to understand the factors and processes that facilitate experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in different contexts. As confirmed by Kuo (2011), there is limited literature exploring the factors and processes involved in coping with the aftermath of trauma in different cultures. Such research would hopefully benefit the field of social work in South Africa by creating avenues for affecting policy and service provision that stimulates culturally competent practice in social work. Furthermore, it could encourage the government to take this into account when importing policies across nations to avoid the consequences of direct policy transfer and the imposition of Eurocentric values (Joyce & Berger 2007; Masocha & Simpson 2011).

Given that the study of post-traumatic growth (PTG) is still developing in South Africa, and most studies of abused women in the country have centred on the negative health outcomes and negative experiences, and that qualitative studies on domestic violence are sparse, and there is no research to my knowledge that has focused on the narratives of abused women in relation to post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in South Africa, conducting this research was very relevant to the field of social work in South Africa. Hopefully, these research findings will stimulate education and training for healthcare professionals who work with abused women to ensure that they are well informed about the factors and processes that facilitate post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) amongst women who've experienced intimate partner violence. This insight will hopefully increase awareness of the significance of trauma training for social workers who work with abused women. Additionally, the research has the possibility of stimulating further

culturally sensitive research in the field of trauma in South Africa. Most importantly, there is no doubt that the provision of a platform for abused women to narrate their experiences may hopefully benefit the women, who are often not given the opportunity to be listened to and have their experiences validated (Davidson 2002).

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter reviews the literature and the theoretical frameworks for the research. It includes nine sections. Sections 1 through 4 lay out the field, summarising the Domestic Violence Act (1998), defining intimate partner violence, exploring its prevalence and outlining the challenges. Section 5 lays out the ecological framework which is key to this thesis. Sections 6, 7 and 8 consider the literature around trauma, post-traumatic stress disorder (PTSD), Post-traumatic growth (PTG) and recovery, and section 9 considers the literature around shelters as a source of resilience. The chapter concludes with a summary of the gaps in the literature.

2.1 The Domestic Violence Act: An Overview

The Domestic Violence Act (DVA), Act 116 of 1998, is the main legislation that safeguards women from intimate partner violence in South Africa. The Act was passed in 1998, although it was fully implemented in 1999 (Ryan, Esau & Roman 2018; Gadinabokao 2016). The Domestic Violence Act was written in response to the failures of the previous Act, known as the Prevention of Family Violence Act (PFVA) 133 of 1993 (Ryan et al 2018). Whilst the Prevention of Family Violence Act could be applauded for recognising domestic violence legally and considering marital rape as a crime (Gadinabokao 2016), it failed to provide adequate protection to the victims of domestic violence due to its narrow definition of violence (Ryan et al 2018; Gadinabokao 2016; Naidoo 2006). It focused entirely on experiences of physical violence and it was not inclusive of other forms of violence, such as emotional and psychological abuse and financial abuse. In addition, the Prevention of Family Violence Act

focused on only one kind of intimate relationship: heterosexual relationship within marriage. Non-traditional intimate relationships such as same-sex relationships, cohabitating, or dating partners who were not residing together were not acknowledged (Ryan et al 2018; Naidoo 2006).

The main objective of the Domestic Violence Act was to provide greater legal protection for victims of violence such as abused women (Ryan et al 2018; Furusa & Limberg 2015; Artz 2011; Vetten 2017; Mathews & Abrahams 2001; Gadinabokao 2016) that was easily accessible and affordable (Artz 2011). It also aimed at reducing the high rates of domestic violence, a role for which the Prevention of Family Violence Act had proven ineffective (Naidoo 2006; Gadinabokao 2016; Ryan et al 2018). To achieve this goal, the Domestic Violence Act provided both civil and criminal means to relieve the high burden of domestic violence (Gadinabokao 2016). It allowed victims to open criminal charges against perpetrators under general assault charges or intent to inflict grievous bodily harm (Mathews 2012; Vetten 2014) and significantly, the Act ensured that victims of violence had the legal tools to prevent them from experiencing violence further (Ryan et al 2018). This included the opportunity to apply for protection orders. Section 2 of the Act provides roles and guidelines and duties for Police working with domestic violence cases (DVA 1998; Furusa & Limberg 2015; Gadinabako 2016; Vetten 2017) These include:

- Making victims aware of their rights and the courses of civil or criminal actions available;
- Providing victims with information about shelters;
- Assisting victims to access medical treatment if there is a need;
- Escorting victims to remove their belongings from their place of residence;
- Serving the complainant with a notice to appear in court;

- Arresting the perpetrator when in breach of a protection order,

- or when a criminal charge of assault has been opened.

Most important, the Act contains accountability and disciplinary procedures in circumstances where police have not complied with the Domestic Violence Act or when they have failed to conduct their role successfully (Vetten 2017; Ryan et al 2018). The major contribution of the Domestic Violence Act has been the extension of the domestic violence definition. The Act recognised different forms of violence such as physical abuse, financial abuse, emotional abuse and stalking (Ryan et al 2018; DVA 1998; Furusa & Limberg 2015). In addition, it expanded the definitions of the domestic violent relationship to include different types of intimate relationships (Ryan et al 2018; Domestic Violence Act 1998; Vetten 2014). It also includes familial relationships such as violence against siblings, between parent and child or extended family members (Domestic Violence Act 1998; Vetten 2014). Furthermore, it includes non-family relationships. These include individuals who had lived together previously and those who reside together (Furusa & Limberg 2015; DVA 1998). According to the Domestic Violence Act, domestic violence is understood as integrating a wide range of individual experiences, including Intimate Parenter Violence, child abuse, elder abuse and sibling violence (Vetten 2014).

However, the fundamental shortfall of the Domestic Violence Act is that it does not criminalise domestic violence as a category of violence. Although Police can arrest the perpetrators when in violation of the protection order, they cannot be arrested for domestic violence unless a charge of assault has been opened (Naidoo 2008; Ryan et al 2018), since domestic violence is not considered as a crime in itself (Ryan et al 2018; Furusa & Limberg 2015; Vetten 2014). The situation of the violence, the domestic setting, is not framed as a contextual factor; instead the act focuses only the actions of the perpetrator. This has implications for the fight against

intimate partner violence in that it may be harder to tackle it as a systemic issue if it is not recognised in law as such (Furusa & Limberg 2015).

Intimate partner violence relationships are complex with several relational and situational dynamics. These include feelings of "love, trauma and dependency" (Furusa and Limberg 2015, p. 9). The Intimate relationships may also involve children. Thus, abuse victims may find it problematic to perceive their experiences as part of assault, given that the relationship with the abuser is also a loving one. Furthermore, the literature indicates that women may continue to experience intimate partner violence even after leaving, when children are involved (Radford & Hester 2006). Thus, I concur with Furusa & Limberg, (2015) who suggests that the complexity and uniqueness of the intimate partner violence relationship renders it impossible to be categorised with other types of physical violence.

The Domestic Violence Act has been progressive and impressive theoretically (Taranto, Ncube, Buttterwoth, Sajinovic, Massame & Lopes 2013). To some extent it provides practical protection to abused women given that it provides opportunities to apply for a protection order and to arrest perpetrators in violation of the protection order. At the same time, women can open a criminal charge under assault. However, The Domestic Violence Act has not criminalised the act of domestic violence itself and fails to resolve South Africa's domestic violence predicament, discussed further in the next sections (Furusa & Limberg 2015). The next section will discuss the definitions of intimate partner violence.

2.2 Defining Intimate partner violence

Intimate partner violence is widely recognised by the World Health Organisation as public-health issue and a human-rights matter (Abramsky et al 2011). In South Africa, Boonzaier & De la Rey (2003) describe the extent of violence against women as endemic. Therefore, it is

imperative to have an adequate definition of intimate partner violence that reflects the actual experiences of women themselves to affect meaningful service provision, policy and research (Kelly & Westmarland 2016). Intimate partner violence definitions are contested and evolving and have not reflected women's actual experiences (Kelly & Westmarland 2016). The key difference between definitions is those that describe intimate partner violence as single incidents or behaviour, and those that identify intimate partner violence as "an ongoing pattern or behaviour" (Kelly & Westmarland 2016, p.113). Some countries such as England have incorporated concepts of coercive control as part of their framework when defining intimate partner violence, although it is not yet a dominant framework across UK legislation (Kelly & Westmarland 2016). The Domestic Violence Act in South Africa has reflected women's actual experiences in some of the definitions of violence as it recognises some of the experiences of intimate partner violence as a pattern of repetitive behaviours which may include the means or pattern of degrading or humiliating conduct towards a complainant including:

- Repeated insults, ridicule or name calling;

- Repeated threats to cause emotional pain or;

- The repeated exhibition of obsessive possessiveness or jealousy which is such as to constitute a serious invasion of the complainant's privacy, liberty, integrity or security. (Domestic Violence Act 1998, p. 3)

A key trend has been towards recognising the pattern of coercive control as theorised by Stark (2007), reflecting women's accounts that "it is precisely the repetition, and the web of various forms of power and control used by perpetrators, that entraps women in abusive relationships" (Kelly & Westmarland 2016, p. 114).

One division in the literature is between those who treat domestic violence as if it has a distinctive aetiology (Walby &Towers 2018). Here it is perceived as the focal and most serious

form of Domestic Violence and those such as Stark who treat coercive control as distinct. Stark (2007) considers coercive control, that is directed by the perpetrator's motives "to be more detrimental to women's well-being than physical violence". Although he understands physical violence as harmful sometimes, he perceives coercive control, that involves repetition and continuous events, as always harmful and more serious. In addition, he considers that physical violence is not always coercive and that is less important than coercive control. Thus, for Stark, (2007) "coercive control is central to the identification of a particularly abusive form of power and only some forms of physical violence are included" (Walby & Towers 2018:26). Johnson (1995; 2008) distinguished situational couple violence and intimate terrorism, (what would now be called coercive control). Both Johnson's (1995; 2000) definitions of violence include physical violence. However, only intimate terrorism incorporates aspects of coercive control. Whilst she perceives all physical violence to be harmful, she considers intimate terrorism as more damaging than situational couple violence (Walby & Towers 2018).

However, forms of domestic violence may not need to be perceived as distinct or separate concepts in their definitions. Stark's (2007) coercive control and Johnson's (1995) patriarchal/intimate terrorism are similar forms of violence. The focus on one definition over another, in the context of policy and the law, creates a risk of neglecting other aspects of domestic violence that may not be repetitive or patterns but equally serious and harmful. Particularly when we know that there are different forms of domestic violence. Whilst the Domestic Violence Act has taken into cognisance the above definitions of violence, it does not define repetitive and continuous behaviour as intimidation, yet intimidation is one of the aspects of coercive control that is used as a technique to control and disempower women (Stark 2007; 2013).

The Domestic Violence Act definitions have made room for forms and definitions of violence,

that are not patterns, but incidents, to be recognised as aspects of the domestic violence definition. The Act has managed to include the understanding of domestic violence as a "domestic violent crime". This recognises that "all domestic violent crime is harmful, all physical violence is controlling, each event is a separate violent crime and seriousness is dictated by the harm to the victim (typically the more injurious the more serious, concept of "domestic violent crime"; Walby & Towers 2018, p.26). However, South Africa has not yet criminalised forms of intimate partner violence as Coercive Control (CC). It also does not recognise that for some women abuse may start off as single incidents, which may continue at a later stage. The incident, however, is still considered as a crime and equally harmful. (Walby & Towers 2018) This creates challenges in defining women's experiences that may not be understood per se as violence but fall in patterns of coercive control, and may result in some of its serious consequences on women's well-being being overlooked. Furusa & Limberg (2015 have recommended for the criminalisation of specifically intimate partner violence to manage it effectively. They also argue that this would change the perceptions about intimate partner violence and guarantee victim protection. These views are critical considering the high rates of violence against women in South Africa.

This thesis is guided by both the definitions of domestic violence as coercive control (Stark 2007), intimate terrorism (Johnson 1995) and domestic violence crime (Walby & Towers 2018) which are closely connected to the current trends and reflects all the experiences of abused women.

2.3 The Prevalence of intimate partner violence in South Africa

Intimate partner violence is common across different contexts, cultures and women of different socio-economic status (WHO 2012). In 2013 the World Health Organisation in conjunction with the London School of Hygiene and Tropical Medicine and the South African Medical

Research Council reported on the global and regional prevalence estimates of intimate partner violence and non-partner sexual violence from a systematic review of data (WHO 2013). The report estimated on the assumption of widespread under reporting, that 35% of women across the world have been subjected to physical and/or sexual abuse by their intimate partners or have experienced sexual violence by non-sexual partners. Amongst all the women who have been in a relationship, 30% of them have been subjected to physical and or sexual abuse by their intimate partners. However, the highest prevalence rates were captured from WHO African, Eastern Mediterranean and South-East Asia Regions where approximately 37% of ever-partnered women indicated that they were subjected to intimate partner violence, including physical and/or sexual violence at some point in their lives.

In South Africa intimate partner violence is not recorded as a distinct crime, but alongside assault (Morei 2014; Vetten 2017; 2005), reinforcing women's perceptions that intimate partner violence is a private matter (Bendall 2010). Additional factors such as "fear of intimidation, shame, fear of not being believed, self-blame, or fear of retaliation" (Morei 2014, p.928) patriarchy norms, conspiracy of silence and lack of awareness of laws (Gender Links 2012) further hinder women from reporting intimate partner violence, so that WHO estimates for South African may be low even within their own paradigm (Ryan et al 2018; Furusa & Limberg 2015).

The available data on the extent of intimate partner violence in South Africa is alarming. Intimate femicide is the most extreme form of violence against women (Mathews, Abrahams, Martin, Vetten, van der Merwe, Jewkes 2004,. p. 1). South Africa has reported the highest rates of women murdered by their partners world-wide (Groves et al 2014; Joyner, Rees and Honikman 2015). In South Africa, intimate partners are responsible for half of the women murdered. According to Vetten, (2017, p. 7) "In 2009, the most recent year for which figures are available, 57% of the women killed died at the hands of their intimate partners. Calculated

as a prevalence rate of 5.6 per 100 000. This murder rate was five times the global average." Gender Links, (2012) conducted a household survey with 5621 South Africans in four provinces (2800 women and 2821 men). The men's questionnaire focused on their perpetration, whilst the women's questionnaire focused on their experiences. The study made use of GBV prevalence/attitude survey that included self-reported behaviour, in-depth interviews, and experiences of gender-based violence. Intimate partner violence was the most prevalent form of gender-based violence, where women were victims of male perpetrators. Gauteng province captured the highest prevalence of women experiencing intimate partner violence (51%), Western Cape (44%), KwaZulu Natal (29%) followed. Gauteng is the most urbanised of the provinces, containing the city of Johannesburg.

Lifetime prevalence	GAUTENG	KWAZULU NATAL	WESTERN CAPE	Limpopo
Experiences of physical abuse	65.2	22.7	39.1	31.0
Experiences of emotional abuse	50.5	20.9	26,7	23.0
Economic	28.5	13.9	13 2	13.0
Sexual	18.2	9.7	3.9	6.9

The South African Demographic and Health Household Survey, conducted in conjunction with Statistics South Africa and the support of the South African Medical Research council in 2016 (SADHS 2017) collected data from 11,000 households, with a response rate of 83%. The major findings of the study were:

- One in five (21%) of women had experienced physical violence in an intimate relationship, 8% having experienced physical violence 12 months prior to the study;

- Younger women reported more experiences of physical violence than older women in twelve months before the study;

- More divorced and separated women (40%) had experienced physical violence than other women;

- Confirmed that the level of partner violence varied by province, ranging from a low of 14% in KwaZulu-Natal to high of 32% in the Eastern Cape;

- 16% of divorced and separated women experienced sexual abuse whilst 10% of women living with their partners had experienced sexual abuse;

- Women cohabitating but not married were closest to the divorced/separated in relation to high results of sexual violence.

Both studies were household surveys, although SADHS (2017) is more recent and has a larger sample than the Gender links (2012) study. The lower prevalence rates found in the more recent study may reflect a real drop. The implementation of the Domestic Violence Act could also play a role on the difference in findings, given that it has been almost 13 years since it was passed to the current prevalence statistics (SADHS 2017).

2.4 Challenges managing intimate partner violence in South Africa

The Domestic Violence Act has been criticized for poor implementation which the literature argues contribute to its failure to adequately protect victims of domestic violence (Furusa & Limberg 2015; Vetten 2017; Gadinabokao 2016; Taranto et al.; 2013). In 2001 a study from Mathews and Abrahams included interviews with women and a review of court records from magistrate courts in Johannesburg to explore the effectiveness of the Domestic Violence Act. Women said the police were ineffective: they failed to provide information about services such

as shelters, to complete forms for medical evidence and to open criminal cases against perpetrators. They discouraged women from persisting and blamed women for the violence. Significantly, a few women perceived female officers to be insensitive as their male counterparts. Thus, the study discussed mostly negative experiences with police, with very few positive experiences. These factors contributed to women losing faith in the police's capacity to protect them, (Mathews & Abrahams 2001), discouraged them from reporting and positioned them at further risk of violence. (Furusa & Limberg 2015; CSVR 2016). Given that the police and the courts as part of the criminal justice system are the main implementers of the Act, they have been blamed for playing a role in weakening its effectiveness (Furusa & Limberg 2015; Vetten 2017; Gadinabokao 2018; Naidoo 2006; Taranto et al 2013).

According to Vetten (2017, p.16), "the SAPS has learnt to better comply with some aspects of the law, it has not necessarily learnt to police domestic violence in ways that better protect complainants." It is known that the South African Police Service (SAPS) make light of intimate partner violence matters, (Bendall 2010) despite the directions provided in the Domestic Violence Act (Vetten 2017; Gadinabokao 2016; Taranto et al 2013; Furusa & Limberg 2015), studies repeatedly reveal that the South African Police service is non-compliant and unwilling to assist victims of domestic violence. (Mathews & Abrahams 2001; 2012; Taranto et al 2013). This issue has been an ongoing challenge. Taranto et al. (2013, p.2) discussed a public hearing in 2009 held by a collection of committees on women, children and people with disabilities where the public raised concerns in relation to the poor implementation of the Act and its failure to protect victims. These were:

- Non-compliance with the provisions of the DVA by the Police. Examples cited included refusal or reluctance to serve protection orders or to arrest perpetrators of abuse who had violated the conditions as set out by a protection order. Police officers also often attempted to mediate domestic violence disputes instead of arresting the perpetrators as

is required by law;

- Failure of the police to attend to domestic violence call-outs. Reasons cited by police when failing to do so included lack of vehicles to attend to the call-out or that they were attending to other, more pressing matters;

- Failure to inform victims about their rights to apply for protection orders or to lay criminal charges';

- Negative", "demeaning" and "discriminatory" attitude of police officers and court officials to victims of domestic violence resulting in the secondary victimisation of victims.

In response to the concerns raised in the 2009 public hearing, the South African Government department provided a feedback report to Parliament on the progress that was made in the implementation of the Act since the Public Hearing (Toranto et al. 2013). The Tswaranang legal advocacy centre (TLAC) conducted a study to understand if victims of domestic violence continued to experience the challenges identified in the 2009 public hearing. The study included victims who had made protection order applications from 9 courts in the province of Gauteng. Data was gathered in two phases in 2012 and 2013.

The findings confirmed that police non-compliance continued. The lack of compliance renders women vulnerable to serious risk of harm. Vetten (2017, p.15) demonstrated that "one in 20 of the women (4.9%) killed by their intimate partners was in possession of a protection order". Likewise, she provided numerous examples to illustrate how the failure to arrest the perpetrator led to a loss of life of either the victim or her children as well as further violence. She argued that police negligence could be one of the major contributors to such deaths (Vetten 2017). The 2012 and 2013 data demonstrate that the police failed to provide critical information to victims or to inform them about their rights to apply for protection orders as well as the right to open criminal charges. They failed to provide information about shelters for abused women; they

attributed their failure to respond promptly to domestic violence call outs to a lack of vehicles and more pressing matters. The victims conveyed that they experienced secondary victimisation and that police favored mediation instead of arresting the perpetrator (Taranto et al 2013). However, there is a gap in literature. South African scholars, Furusa and Limberg (2015) note the paucity of research that has focused on the psychological effects of intimate partner violence in South Africa. Negative encounters with the South African Police service as part of secondary victimisation, could contribute to challenges with coping and positive trauma adjustment in the aftermath of violence, particularly when they intersect with the psychological effects of intimate partner violence and other factors, but this has not been addressed.

These findings raise concerns as they indicate that the disciplinary and accountability procedures set up in the Domestic Violence Act to ensure Police compliance lack the capacity to catalyse serious change. A variety of explanations have been offered for the police's non-compliance to aiding victims of domestic violence. Taranto et al (2013) attributed this to police being desensitised with intimate partner violence cases due to their own experiences of secondary victimisation from working with serious crimes. Other writers suggest that the police perceive intimate partner violence as a private matter (Bendall 2010; Furusa and Limberg 2015; Mathews & Abrahams 2001), and suggest that some police are reluctant to help because they are perpetrators themselves (Bendall 2010) and that some police officers are friends with perpetrators and reluctant to arrest them (Bendall 2010). This thesis concentrates on the South African Police Service (SAPS) as the first line of intervention, to understand how their failure to meet their duty and obligation affects abused women.

2.5 Applying the ecological framework to social work research

"An ecological approach is conceived as an interactive set of systems nested within each other and conceptualises the interdependent interaction of systems as the main dynamics shaping the context in which the individual experiences the phenomenon" (Bronfenbrenner 1976 cited in Hong, Lee, Park, Fuller 2011, p. 1060). The theory centres on the significance of understanding how multiple factors from personal and familial to socio-cultural or political may affect one's psychological development. The ecological approach argues that no single factor is likely to explain a complex phenomenon. Bronfenbrenner, the pioneer of the ecological theory of human development, recognises that "a person's behaviour is understood through different interacting systems from the microsystem, mesosystems, exosystem, macro system and chronosystems" (Hong et al 2011; Darling 2007, p. 204). He defined the micro-system as "a pattern of activities, social roles and interpersonal relationships experienced by an individual in a direct setting, such as family, peer groups, that contains the individual". The Mesosystem is understood "as the interactions between two or more micro-systems in which the individual is situated, such as school and home" (Hong et al. 2011, p.1061). The exosystem is defined as "interactions between two or more settings, one of which does not directly affect the individual, however, the occurrence of the event indirectly influences processes within the immediate setting in which the individual is situated". The macro-system is described as a "cultural blue print that may determine the social structures and activities in the immediate system levels", and the chronosystem includes "consistency or change that may include historical events, of the individual and the environment over the life course" (Hong et al. 2011, p. 1061-1064).

Given the discussion above, one of the advantages of the ecological perspective in research and practice, is that it provides a number of avenues in understanding a social phenomenon, as well as opportunities for having multiple strategies for assessment and interventions (Hong et al. 2011) relating to a particular phenomenon such as IPV. An ecological approach fits with social work practice as it recognises that "effective social work interventions occur not only by

working directly with clients, but also with the familial, social and cultural factors that affect their social functioning" (Paerdick 1996, p. 2). Of significance to the approach is the understanding that there is a reciprocal relationship between the individual and their environment. While the individual's behaviour may shape the environment, likewise, the environment may shape the individual's behaviour (Winch 2012). The ecological perspective is relevant to the thesis as it recognises that psychosocial development and adjustment are associated with "the transaction between the person and the environment" (Paerdick 1996 p. 94).For social workers, it provides insight to recognise that "successful treatment must focus on multiple factors in assessment and intervention process" (Paerdick 1996, p. 2). Henceforth "providing avenues for social work interventions to be broad, from micro to macro level interventions" (Paerdick 1996, p. 2).

In the context of the thesis, it can be argued that the ecological perspectives aids social workers by providing the critical insight to understand that women's challenges with coping with abuse, as well as their adjustment, may be influenced by a number of factors from individual, as well as social, cultural factors within their immediate environments. This is critical for abused women studies and for social workers working with them to provide different preventive and intervention strategies that focus on the multiple factors that shape their experiences, and within their ecosystems in order to effect change.

The ecology perspective is known for its fluidity and pluralism, whereby it can be applied easily in research, including methods and data. It is also known as malleable and having a multipurpose where it is easily applicable in different fields (Partelow 2018), such as social work, psychology and public health and it can be used in conjunction with other theories and concepts. Importantly, it moves away from focusing on the individual, as the only influence in determining behaviour or psychological well-being. This ensures that there is no one size fits

all approach. Given that it provides a holistic way of understanding a social phenomenon, it moves us on from concepts that have historically focused on blaming the personality of the individual as pathological or blaming the individual, as it perceives the difficulties that individuals face as associated with their immediate environment, such as their social cultural context (Paerdick 1996, Wilson 1999).

In the context of research into abused women, recent South African studies recognise that women's experiences of violence are shaped by the interaction of "societal, structural, individual and situational factors" (Sibanda-Moyo et al. 2017 p.8; CSVR, 2016). There are political factors specific to South Africa, such as the legacy of apartheid, that contributed to the culture of violence that still persists. Thanks to apartheid, violence has been normalised as an acceptable means of resolving conflicts, whether within the family, work or political setting (Sibanda-Moyo et al. 2017, Jewkes & Morell 2010; CSVR 2016). South Africa is also a strongly patriarchal society. The persistence and extent of intimate partner violence has been attributed to socialisation processes and cultural practices associated with patriarchy, that provide opportunities for men to acquire more powerful positions and higher social status than women, while women are encouraged to be submissive to male authority. This promotes gender inequalities and power imbalances that position women at risk for violence. Examples include cultural practices such as lobola (bride price) which have been blamed for normalising intimate partner violence through a sense of perception of women as men's property and promoting notions of acceptance and tolerance of violence (Sibanda-Moyo et al. 2017; CSVR 2016; Jewkes & Morell 2010).

Religious practices and the ways in which they intersect are also inflected with patriarchal values and contribute to an environment which renders women vulnerable to IPV (CSVR 2016). While South African studies (Sibanda-Moyo et al. 2017; Slabbert 2017; Angless et al.

1998; CSVR 2016; Jewkes 2002) have demonstrated that women who lack opportunities for employment, education or meaningful resources, face challenges with leaving violent relationships due to economic dependency, violence has also been found to be present in cases where women are employed, and men are unemployed or when men lack financial resources. Male unemployment is high in South Africa: the evidence suggests that women who have higher economic status than an unemployed partner are at risk of violence because of the challenge this offers. Perpetrators who sense that their masculinity is threatened by their failure to maintain their role as provider or head of the household (Jewkes 2002; CSVR 2016; Jewkes & Abrahams 2010) may use violence as means of regaining a sense of power and control.

The ecological paradigm addresses wider institutional and systemic issues which are key to this thesis: the failure to find justice and lack of trust in supportive services, such as police; the inadequacies associated with other intervention programmes, such as shelters; the experience of witnessing violence or exposure to violence during childhood, the normalising of violence through social learning, leading women to accept or condone violence, all construct an ecology of multiple social vulnerabilities and multiple experiences of victimisation at different points in time. In this paradigm women's level of risk and vulnerabilities are intensified by interlocking identities or social positions, particularly when they are already in marginalised/vulnerable positions (Van der Heijden, Abrahams & Harries 2016). Poverty, disability and experiences of violence mutually reinforce each other, and Nielle and Penn (2015) assert that disabled women are disproportionately at risk for physical, emotional and structural violence, compared with their able-bodied counterparts. For example, studies of disabled women support the thesis that the more markers for vulnerability a woman has, the higher her risk of intimate partner violence (Van der Heijden, Abrahams and Harris 2016). The risk of intimate partner violence is enhanced by the physical, emotional and intellectual challenges, experiences of social isolation, lack of available social networks and potentially

physical reliance and dependency on care givers. Structural factors intensify this yet further: some disabled women in South Africa lack opportunities for education, employment and meaningful resources specific to disabled individuals (Meer & Cumbrinck 2015; Van der Heijden, Abrahams and Harris 2016), and this further situates them within categories of marginalisation already identified as risk factors. As Davies (2008, p.71) puts it, "with the addition of each new category of inequality, the person becomes more vulnerable, more marginalised and more subordinate".

Literature world-wide that has identified an increased risk of intimate partner violence amongst women from lower socio-economic status, those that lack meaningful resources, (Jewkes 2002; Jewkes, Levin, Penn-kekana 2002; Sen 1999; Ambrasky et al. 2011) and women who reside in under resourced neighbourhoods (Gilroy et al. 2014). Recent south African literature argues that black and coloured women, poor women, women residing in informal settlements, migrant and economically dependent women are more at risk for intimate partner violence than their counterparts (Sibanda-moyo et al. 2017) Dupont and Sokoloff (2005, p. 91) concur that "poor women of colour are most likely to be in both dangerous intimate relationships and dangerous social positions."

Although the concept of the ecology paradigm is being used to understand women's experiences of intimate partner violence, a gap exists in the literature (Sokoloff & Dupont 2005; O'Neil & Beckham 2017) since the range of evidence is limited to certain countries. There are few intimate partner studies of South Africa and there is relatively little in the way of qualitative studies on the ecological model and abused women's experiences and trauma (CSVR 2016; Sibanda-Moyo et al. 2017) in South Africa.

The ecological framework values the notion of difference and understands that women's experiences of intimate partner violence and how they define those forms of intimate partner

violence, may differ across cultures. This enables intimate partner violence literatures to be contextualised and be relevant to women from diverse contexts. The theory makes it possible for women from different contexts to provide their own understanding and definitions of violence. These insights create avenues for the expansion of IPV literatures and its definitions (Sokoloff & Dupont 2005).

While the ecological approach has a lot to offer to the practice of social work, it also has its limitations. Paerdick, (1996 p. 95) argued that:

- "It does not clearly define procedures for conducting assessments or provide a set of intervention techniques, strategies, and rationales for their use;

- There is also not just one definitively conceptualized and neatly packaged ecological theory, but different theories and positions;

- It has not provided a clear set of procedures for: (1) assessment, (2) intervention techniques, and (3) strategies and rationales for their use;

- Others have pointed out that when the practitioner intervenes in the ecosystem of the client, the rippling and reverberating effects of intervention are not always clear in terms of outcome. Unintended and negative consequences are often a common result of planned systematic change efforts;

- It encourages practitioners to see problems in such a broad-based fashion. In a certain sense, the practitioner attempts to think and plan in such a comprehensive fashion that practice effectiveness is jeopardized.

Further, Paerdick, (1996) argues that the theory is difficult to implement in practice as it considers all factors—even the smallest factor—as influential, for instance in affecting one's

social functioning, without being clear on what exactly should be included, to what extent, or to what degree or level: it does not provide a detailed mechanism for development. Consequently, Pertlelow (2018) has argued that there are concerns as to whether it can be applied empirically. Although social workers tend to intervene at the individual, family and community levels, it can be helpful in raising questions both about the range and complexity of influences such that any identified factor is likely to be only a part of a bigger picture and about the broader context which may easily be taken for granted by those who share it.

2.6 Understanding how individuals respond to trauma: experiences of PTSD

We know that intimate partner violence is associated with mental health issues such as post-traumatic stress disorder. This is found in South African studies as in other parts of the world (Tatenda et al 2017; Jewkes 2013; Bean & Moller 2002; Matheson, Doud, Hamilton-Wright, Borenstein, Pedersen, o'campo 2015; Jonker, Lako, Beijesbergen, Sijbrandij, Van Hermert, Wolf 2018; Housekamp & Foy 1991; Kemp Rawling & Green 2001; Woods 2005). The consequences of intimate partner violence, such as post-traumatic stress disorder may endure over time even after the abuse has ended (St. Vil et al. 2018; Jonker et al. 2018); some women continue to live with these consequences years after intimate partner violence (Garcia-Moreno & Riecher-Rossler 2013). Equally, abused women may suffer silently and fail to seek help or report violence due to several factors. These include the shame and stigma associated with the experience, and a perception of intimate partner violence as a private matter (Tatenda et al. 2017; Yemeke et al. Garcia-Moreno, Reicher-Rossler 2013). This section explores the theoretical models that have been put forward to understand the association between post-traumatic stress disorder and intimate partner violence. First, a discussion on understanding trauma; second a distinction between interpersonal trauma and impersonal trauma will follow to contextualise the traumatic experiences of intimate partner violence. Finally, a discussion on

how individuals respond to interpersonal trauma that is associated with aspects of betrayal will be presented.

2.6.1 Understanding Trauma

Trauma is a word that derives from Greek, meaning "wound", in a physical sense (Joseph 2011). It was later adopted and used as a psychological term referring to the wound of the mind. McCann & Pearlman (1990, p. 10) define psychological trauma as "an experience that is sudden, unexpected, or non-normative, exceeds the individual's ability to meet its demands and disrupts the individual's frame of reference and other central psychological needs and related schemas." The traumatic event becomes devastating because it is unpredictable; happens suddenly and involves a threat to the survivor's life (Yule 2003; Resick 2001; Benight & Bandura 2003). Trauma is usually associated with feelings of fear, horror and helplessness (Van der Kolk et al. 1995). Generally, trauma is perceived as a normal reaction to unusual circumstances. Survivors may develop normal traumatic reactions that include acute stress symptoms, such as intrusion, avoidance behaviours and hyperarousal, which may resolve within a short period of time. However, some survivors, whose symptoms persist over a period of four weeks, meet the criteria for post-traumatic stress disorder (Heim, Schultebraucks, Marmar, Nemeroff 2018: American Psychiatric Association 2000). The effects of trauma may result immediately after the event or may be delayed and happen over time. Traumatic responses are complex, and trauma may affect survivors differently (Yule 2003, Resick 2001, Benight & Bandura 2003, Van Der Kolk et al. 1995), dependent on different factors, such as experiences of earlier victimisation, severity of abuse, low self-efficacy (Jonker et al. 2018), age at the onset of trauma, repetitive nature of the trauma, relationship with the perpetrator, meaning attached to the event, lack of available social support, the type and characteristics of trauma, social cultural factors (Herman 1997; Harvey 1995, New; Van der Kolk et al. 1995

Howard; Riger, Campbell & Wasco 2003; Nurius, Mcy, Bhyah, Holt, Kernic, Rivara 2003) and lack of available resources and experiences of poverty (Goodman et al. 2009).

2.6.2 Distinguishing impersonal trauma from interpersonal trauma

While multiple traumatic experiences may lead to challenges with trauma adjustment, literature indicates that some psychological traumas create more vulnerabilities in relation to trauma recovery and post-traumatic stress disorder than others. These include those that occur at the hands of another human being, rather than originating in natural disasters (LaMonthe 1999; Allen 2001; Herman 1997) "Impersonal trauma results from natural circumstances such as earthquakes or hurricanes that have the capacity of posing as a threat to someone's life or involves loss or death" (Allen 2001: 11). Interpersonal trauma (IPT) is caused by a "deliberate threat or injury in the context of interpersonal interaction [which] highlights the nature of the interpersonal relationship as an important dimension of trauma". In addition, interpersonal trauma implies that "an individual is personally assaulted or violated by another human being who is either known or unknown to the trauma survivor (Lilly and Valdez 2011, p 2). Studies suggest that interpersonal trauma increases the risk for post-traumatic stress disorder (PTSD) in comparison to other non-interpersonal traumatic events (Lilly and Valdez 2011). Literature refers to interpersonal trauma that occurs at the hands of known perpetrator such as a loved one or an attachment relationship, for example, sexual abuse or intimate partner violence as betrayal trauma (LaMonthe 1999; Lilly and Valdez 2011) and attachment trauma (Allen 2001). In contrast to other interpersonal trauma, this aspect of trauma is centred around the notion of betrayal within the attachment relationship. Thus, betrayal trauma "refer[s] to an individual's experience of abuse committed by a person or institution that the individual is supposed to trust" (St. Vil et al 2018, p.2).

These factors at the core of betrayal traumas mean that interpersonal trauma survivors such as

victims of domestic violence face more challenges in coping in the aftermath of trauma than would a survivor of a single traumatic incident of impersonal trauma. (Herman 1997; LaMonthe 1999; Allan 2001). The complex nature of interpersonal trauma, that includes traumagenic dynamics and notions of betrayal of trust (Finkelhor 1987; LaMonte 1999) are factors that hinder the process of trauma adjustment and recovery (LaMonthe 1999). Survivors who have experienced trauma at the hands of a parent or adult partner, may be left with not only feelings of betrayal, but lack of trust, insecurities and a loss of faith in humanity (Allen, 2001). Hence it is no surprise that some survivors who have experienced prolonged interpersonal trauma in the context of attachment relationships such as sexual abuse, have been found to experience complex post-traumatic stress disorder (Allen 2001; Herman 1997). Recovery may also be dependent on a reparative/restorative relationship.

2.6.3 Different responses to trauma: individual experience

Traumatic experiences affect how one perceives oneself, challenges one's personal belief and meaning system and how one perceives oneself in relation to others. Trauma may render the survivor powerless due to a sense of loss of control during and in the aftermath of the event (Herman 1997; Joseph 2011; Van der Kolk et al 1995; Allan 2001, Janolff-Bulman & Frieze 1983). Joseph (2011) in discussing a theoretical phase of trauma reactions, refers to the initial phase of trauma as outcry, originating from feelings of anxiety and despair as the survivor recognises the level of loss encountered through the trauma as well as the extent and nature of the loss. Often traumatic losses are perceived as irretrievable (Joseph 2011; Levy & Lemma 2004).

The literatures concur that in aftermath of trauma, the survivor may not have the exact conscious narrative memory or conscious recall of the event. She may fail to narrate or articulate the traumatic experiences with its emotional component (Joseph 2011; Herman 1997;

Allan 2001; Levy & Lemma 2004; Hunter 2018). As evidence from survivors of severe traumas of IPT such as Holocaust survivors indicates (Hunter 2018), lack of direct access to the traumatic memory is attributed to the circumstances in which the traumatic memory is encoded. Given that traumatic memories are encoded under abnormal extremely threatening circumstances, the memory is not ordinarily organised in a manner similar to autobiographical memories; there may be no exact recording of time and place. The autobiographical memory, that is located in the conscious mind, can be retrieved easily, but the traumatic memory is in the subconscious, active memory, where it is organised as fragments or images that lack specific time and place as well as the emotional and narrative memory of that event. Hence "it remains unassimilable to associative chains of meanings" (Hunter 2018, p. 55). The traumatic memories may present themselves in the conscious mind as intrusive thoughts, flash backs or vivid dreams. As a result, one may experience more PTSD symptoms and have challenges with resolving the trauma and construct a trauma narrative, particularly when there's resistance to integration of the memory (Hunter, et al 2018).

Hobfall's (1989) conservation resource theory of trauma in Resick, (2001) proposes that it is the perception of a loss and the realisation that it cannot be replaced that causes the traumatic experiences to be more devastating. In this view, post-traumatic stress disorder as a trauma outcome, is associated with a sense of loss of a highly valuable resource that was incurred by the survivor through the trauma. Joseph (2011) concurs that the realisation that the valued lost object is irretrievable may become challenging to cope with, leading to some post-traumatic stress disorder (PTSD) symptoms, of avoidance behaviours such as numbing, disassociation, avoiding activities or reminders of the event. These are part of a psychological mechanism for avoiding the unbearable experience. Hyper-arousal and hypervigilance, involving feeling extremely unsafe, startle responses, distortion of fear and sleeping problems may appear, as well as persistent intrusive memories which may be associated with reoccurring dreams,

nightmares flashbacks and intense emotions (American Psychiatric Association 2000, Van der Kolk et al 1995).

Levy & Lemma (2004) concurs that it is only when one works through and resolves the trauma, that one can recover and have a symbolic representation of the traumatic experience. Hence signifying that the traumatic memory has a feeling and emotional element. Likewise, Horowitz's theory (cited in Yule 2003) argues that successful trauma resolution depends on the integration of previous information about the trauma with new information. The theory notes that after the traumatic event, the person is in the outcry phase where he or she tries to make sense of the experience. The person may have images, thoughts and memories of the incident. During this time, new information may conflict with previous held beliefs, but the person may use avoidance behaviours such as numbing to relieve oneself from the distressing information. However, the trauma memory may continue presenting itself through flashbacks, intrusive thoughts until the new information is integrated with the previous one. Thus, the individual may continue experiencing post-traumatic stress symptoms until the memory and new information are integrated.

2.6.4 Attachment and Neuroscience theories of trauma

Attachment theories and neuroscience theories have been instrumental in explaining individual responses to trauma and resilience (Schore 2002; Bowlby 1988; Rholes & Simpson 2004). They also demonstrate the significance of good secure attachment relationships to both childhood development and adult mental health. Secure attachment relationships provide the child as well as an adult with the resilience to withstand adverse circumstances. Experience of child maltreatment, such as sexual or physical abuse from a primary attachment figure may make the experience more traumatic and render the child vulnerable to negative trauma outcomes such as post-traumatic stress disorder, as well as challenges with the capacity to

develop resilience, sense of self- worth, and trust in others (Allan 2001; Levy & Lemma 2004; Schore 2002; Rholes & Simpson 2004). Hence it is from this background that some scholars argue that a traumatic event is experienced "as an attack on the core attachments, on a sense of identity and security in relation to the world; it is an attack on the possibility for dialogue" (Levy and Lemma 2004 p.11). In contrast, positive attachment relationships contribute to how the child perceives himself/herself as worthy in relation to others, as well as feelings of self-worth, confidence, a positive view of the self in relation to others, and the capacity to manage stressful experience as an adult, in the absence of the care giver, due to prior mental representations from the initial attachment (Bowlby 1988).

Studies suggests that women survivors of trauma may develop insecure attachment styles. This may render them vulnerable to maladaptive coping, personality disorder symptoms, antisocial behaviour, and alcohol use. These factors may in turn position them at risk for intimate partner violence (Dutton and White 2012 in Sapanski Smith & Smith Stover 2016). The former conducted a study with abused women to explore the extent to which attachment-based anxiety moderated the impact of traumatic experiences on repeat intimate partner violence. The study revealed that secure attachment may play a role in protecting women from intimate partner violence. The study illustrated that the trauma history of women who had experienced childhood trauma but had low attachment-based anxiety, was not positively associated with intimate partner violence, while women who had high attachment anxiety, was associated with experiences of intimate partner violence. The study concluded that attachment-based "anxiety may explain why many women who are exposed to trauma and violence in their lives do not experience repeated, ongoing intimate partner violence, as secure attachment may serve as a buffer against the negative implications of adverse life events" (p. 755).

The maturation of the child's brain is central within the first two years of the child's life, the

same period that the child forms an attachment relationship with the primary care giver. Neuroscience theories provide insight on how attachment affects brain development, given that (Rholes & Simpson 2004) early childhood trauma changes both the structure and functioning of the brain. This leads to challenges with building resilience and neuropsychiatric conditions as adults (Kornfied and Epperson 2018). Traumatic experiences and post-traumatic stress disorder (PTSD) have been associated with changes of certain areas of brain structures responsible for emotional regulation such as the pre-frontal cortex, the amygdala, hippocampus and limbic system (Van der Kolk et al. 1995) Studies have found that trauma as well as post-traumatic stress disorder (PTSD) alters the functioning of the stress hormone, cortisol that is secreted by the adrenalin glands and regulated by the hypothalamic-pituitary-adrenal (HPA) axis. (Wahbels and Oken 2013) Cortisol is associated with stress response. Thus, it helps to manage the stressors by bringing the adrenalin down, and bringing one back to normal pre-stress levels after exposure to highly stressful events, managing adaptation to stressors (Wahbeh & Oken 2013; Yahuda 1995) Significantly, the literature indicates that post-traumatic stress disorder (PTSD) is associated with decreased levels of cortisol in people experiencing different forms of trauma (Yahida 1995) including intimate partner violence survivors (Woods 2005; Seedat et al 2003), survivors with a history of sexual abuse (Kornfield and Epperson 2018) and veterans (Wahbeh & Oken 2013). However Pico-Alfonso et al's (2003) study with survivors of intimate partner violence found higher levels of cortisol in women with post-traumatic stress disorder (PTSD) than the control group. Studies with first time rape survivors and those who experienced a second rape, found altered levels of cortisol. The latter group presented with higher levels of cortisol whilst the former group presented with lower levels of cortisol (Van der Kolk et al. 1995; Pico-Alfonso et al. 2003) Studies with sexually abused children have found both lower and higher levels of cortisol (Pico-Alfonso et al. 2003).

The difference in findings could be associated with the different methodologies used, time or

period after trauma, time of collecting sample and failure to account for other variables, such as age, developmental stage of trauma or medication used (Wahbeh & Oken,2013) For instance, in the Pico-Alfonso study, most of the women had a history of childhood sexual abuse, in addition to intimate partner violence. Most of them also presented with depression in addition to post-traumatic stress disorder (PTSD). Hence it could not be known whether the levels of cortisol captured were associated with current or earlier experiences, or with cumulative trauma. Significantly the Pico-Alfonso et. al (2003) study illustrated that the trauma of intimate partner violence contributes to altering hypothalamic-pituitary-adrenal functioning as well as cortisol levels, which affects physiological responses to trauma, confirming that physiological changes occur in survivors of trauma (Van der Kolk et al 1995) and those with post-traumatic stress disorder (PTSD). Whilst neuroscience theories provide critical insight in explaining personality development and pathology, which is beneficial in clinical work, the challenge with neuroscientific explanations of trauma is that they can position survivors at risk for discrimination. Thus, by diagnosing people as having a pathology or an impaired brain, it limits their own individual agency and ownership in their recovery (Tseris 2013).

2.6.5 The theory of the assumptive world and betrayal trauma

The assumptive world theory suggests that individuals generally have positive beliefs that good things will happen to them and that they will not experience bad things. These assumptions provide a sense of safety and security that enables them to cope well in life situations. However, when trauma occurs, survivors realise how vulnerable they are, and that they have no control over what can happen to them. In addition, they feel that they cannot protect themselves. As a result, they lose the sense of safety and security. Hence the victims may feel exposed, that they are no longer protected, and anything can happen to them. These factors contribute to feelings of powerlessness that lead to challenges with coping with trauma (Janoff-Bulman & Frieze

1983, Joseph 2011; Janoff-Bulman & Frieze 1983, Van der Kolk 1995). Consequently, the victim's sense of trust in the world, in self as well as others may be affected. Although these feelings may be present in survivors of impersonal trauma, they are likely to be worse for survivors of interpersonal trauma who have experienced betrayal from a loved one, intensifying post-traumatic stress disorder (PTSD) (Herman 1997; Lilly and Valdez 2011) and creating greater obstacles to coping or trauma recovery (LaMonthe 1999).

Janoff-Bulman's social cognitive theory of the assumptive world (cited in Resick 2001) provides insight in explaining how survivors respond to trauma. This theory argues that individuals hold fundamental beliefs about how they view themselves, others and the world. These personal beliefs provide meaning and structure to their lives (Janoff-Bulman & Frieze 1983 and Yule 2003). These may include "(a), the belief in personal invulnerability, (b) the perception of the world as meaningful and comprehensible (c) the view of the self in the positive light" (Janoff- Bulman and Frieze 1983, p.3). Given that when trauma occurs, it crushes people's belief system and their views of the world, challenges with coping from trauma and experiences of post-traumatic stress (PTSD) may start from a sense of loss of these fundamental assumptions. Negative trauma reactions result from the failure to reconcile previously held beliefs with new information, to create new meaning after the trauma (McCann and Pearlman 1990, Resick 2003; Joseph 2011).

Generally, assumptions that relate to love, support, care and complete trust are challenged by the intimate partner violence experience (St. Vil et al. 2018):it becomes challenging to cope in the context of trauma, particularly when "the realisation that those who are supposed to love you may harm you is embedded in the psychosocial functioning of a survivor" (St. Vil 2018, p.2). This can lead to abused women believing that all men are dangerous or that all men are abusive, as their perceptions about safety are destroyed. Such survivors may continue to be

vigilant, or more observant/suspicious of men, until these perceptions associated with their trauma are reworked. (understanding the impact of trauma, n.d) A recent study (St. Vil et al. 2018) indicated that where women's perceptions were associated with the betrayal trauma of intimate partner violence, it hindered the development of new and healthy relationships. Women in the study reported that they feared exposing themselves to similar experiences of intimate partner violence: some feared to be involved in new relationships in case they made themselves vulnerable to intimate partner violence again; other women indicated that they avoided dating and emotional connection and opted for physical connection alone to protect themselves from experiencing intimate partner violence. Significantly, some of the women lived with a constant expectation that intimate partner violence would happen, in their new healthy relationships or marriage. Nonetheless, some of the women indicated that despite the fear of being vulnerable they were able to establish boundaries in their new relationships to protect themselves from intimate partner violence, and some were able to communicate their previous experiences, for the betterment of the relationship. Significantly, the study indicated how betrayal trauma affects the psyche of abused women and the lingering effects of intimate partner violence trauma.

Individuals perceive the world as meaningful through the assumption that they have some capacity to control the events that take place in their lives. They believe that if the world is fair and they are good, then they deserve good things happening to them. Notions of fairness and just principles provide individuals with a sense of meaning, stability and coherence in their world. In the context of trauma, "the world may not appear meaningful to the victims who felt they were cautious and are good people, the victimization simply does not make sense, it does not fit with the social laws one has held about the operation of the world" (Janoff-Bulman & Frieze 1983, p. 5). It could also be argued that this is one of the reasons that survivors stay with abusers and why some social systems blame abused women. If the world is fair and just, then

these women might have done something to deserve the experience. Additionally, the loss of meaning may be reinforced by the experience of loss of control at the time of the trauma. For survivors of betrayal trauma, such as abused women, the sense of powerlessness may be magnified due to the loss of control over their physical safety (LaMonthe 1999). They may experience a loss of dignity, invasion of personal space particularly in the context of captivity and coercive control (Herman 1997), where the perpetrator uses techniques of intimidation, degradation, control and violence itself to ensure that the victim remains in a subservient position whilst he maximises his powerful and dominant position (Stark 2007; 2013).

The lack of acknowledgment of those around them may reinforce trauma. Those around them may be complicit in blaming them. The absence of commitment to help, comfort and support the survivor not only makes the person suffer in isolation, but may impact negatively on one's mental health (LaMonthe 1999; Herman 1997). The experience of betrayal trauma may originate or be reinforced by institutions, (Lilly and Valdez 2011) such as the criminal justice system's failure to provide justice for the abused women. Some abused women in South Africa are blamed, not believed or not taken seriously, when they report their cases to police, and even when reported, the perpetrators are often dealt with leniently (Mathews & Abrahams, 2001; Taranto et al., 2013). These factors can contribute to the perceptions of the world as unjust and meaningless, leading to secondary victimisation and challenges with resolving the trauma.

Studies of abused women confirm that intimate partner violence negatively affects a woman's self-esteem and identity even after the experience of intimate partner violence has ended. Matherson et al. (2015) explored perceptions of mental well-being including low self-esteem and self-identity with low income women. They established that intimate partner violence (psychological, sexual or physical) contributed to eroding women's sense of self, deconstructed their identity and generated perceptions of lack of self-efficacy in their circumstances. Some

of these women perceived themselves as damaged goods; their low self-esteem contributed to perceptions that they were unworthy of love or future relationships. Similar views were captured in the St. Vil et al. study (2018), where low self-esteem also hindered the development of new and healthy relationship. Likewise, Anderson & Saunders, (2003) concluded that the abused woman's experience contributes to "a sense of eroded self" (Janoff-Bulman & Frieze 1983; Herman 1997).

Trauma theory has both limitations and strengths: its acknowledgement of recurring post traumatic symptoms presented in abused women as a normal response to a psychologically devastating experience (Eagle 2002; Gilfus 1999), symptoms that were previously viewed as pathological (Eagle 2002) is important. However, the theory has been criticised in its relation to the just world principle (Wasco 2003; Resick 2001; Gilfus 1999; Burstow 2003; McCann & Pearlman 1990) because people who have experienced victimisation early on may not perceive their world as just. Experiencing further trauma may serve as confirmation of what is known already (Resick 2001) and contribute to the multiple experience syndrome of post-traumatic stress disorder (PTSD) (Wasco 2003).

2.7 Post-traumatic growth as a positive outcome of trauma

It has been well established in post-traumatic growth (PTG) literatures, that post-traumatic growth occurs across cultures (Splevins, Cohen, Bowley, & Joseph 2010) and that not all survivors of trauma experience post-traumatic growth (PTG) (Elderton et al. 2017; Joseph 2011). While post-traumatic growth (PTG) studies are growing, most studies of trauma survivors have focused on negative trauma outcomes such as post-traumatic growth (PTSD) (Joseph 2011; Tedeschi & Calhoun 1998; 2004). In addition, studies that centre on women's experiences of post-traumatic growth (PTG), have mainly focused on cancer patients and other experiences of interpersonal trauma such as sexual assault or child sexual abuse. Little research

has explored abused women's experiences of growth, healing or recovery (Song 2012; Cobb et al. 2006; Valdez & Lily 2015; D'Amore et al. 2018), and to date, no studies have been conducted in the South African context on PTG. Yet focusing on post-traumatic growth (PTG), as an alternate outcome of trauma, has significance for social workers who work with abused women. It may help in tailoring interventions that focus on enhancing post-traumatic growth in abused women during the recovery process.

2.7.1 Understanding Post-traumatic Growth

Post-traumatic growth (PTG) has been used interchangeably with other terms in some literatures, such as thriving, stress-related growth or flourishing. The thesis employs and focuses on the term post-traumatic growth (PTG) coined by original authors(Tedeschi & Calhoun, 1996). "PTG is characterized by positive psychological change or growth that surpasses levels of functioning prior to a traumatic event" (Elderton, et al. 2017, p. 224). Post-traumatic growth is different from resilience given that it refers to "positive change that goes beyond the ability to resist and withstand highly stressful circumstances" (Tedeschi & Calhoun 2004, p.4). Post-traumatic growth (PTG) is also understood as a multidimensional concept, where positive changes can be captured in one or more domains (Tedeschi et al. 1996; Joseph & Linley 2006). Notably, trauma survivors experience post-traumatic growth (PTG) in three major domains: personal changes, interpersonal changes and philosophy of life.

PTG literatures suggests that trauma survivors experience positive personal changes after surviving life-threatening events (Calhoun & Tedeschi 1998; Calhoun, Cann, & Tedeschi 2010; Tedeschi & Calhoun 2004; Cobb et al. 2006). While trauma exposes the survivor to the fragility or vulnerability of life, surviving trauma may also promote perceptions of personal strength. Survivors may feel that they could manage any situation if they survived difficult circumstances, and that trauma has made them stronger (Tedeschi et al. 1998; Shaw et al. 2005;

Cobb et al. 2006; Tadeshi et al. 1998; Joseph 2011). Some post-traumatic growth studies with abused women (D'Amore et al. 2018; Song 2012; Cobb et al. 2006) and women in their recovery and post leaving phase (Taylor 2004) have identified similar changes in the perception of self, illustrated in different themes. Senter and Cardwell (2002) used the theme "making adjustment to a new way of life and rediscovery of self"; Taylor (2004) used the notion of "reclaiming the self through activities that strengthen self-definition"; Song (2012) used the concepts of "affirmation of self, perception of strength, regaining power and self-discovery" and Thompson (2000) in Elderton et al (2017) referred to these changes as "survivors' conceptualisation of strength" and "a change in power".

"Perhaps one of the most important steps to PTG is the change in the perception of self as 'a victim' of trauma to 'a survivor' of trauma given that the 'label of survivor subtly introduces people affected by trauma to the idea that they have special status and strength'"(Tedeschi et al. 1998 p.10). Studies with abused women who have left relationships (Kirkwood 1993) and women in their recovery phase (Taylor 2004; Elderton, et al. 2017) have identified similar accounts. Thompson (2000) in Elderton et al. (2017) referred to these changes as part of the "process from victim to survivor". Studies indicate that some women favour the survivorship identity over defining themselves as victims, since the concept of victim is associated with "feelings of losing control over one's life" and the process which power is eroded (Kirkwood 1993, p.135) during the relationship.

The post-traumatic growth (PTG) literature proposes that trauma promotes opportunities for survivors to start valuing inter-personal relationships surpassing the pre-trauma period. The appreciation of relationships may in turn facilitate better and closer relationship with others (Tedeschi et al; 1998; Joseph 2011; Elderton et al. 2017). While some survivors may become more expressive and develop a sense of trust and better relationships, notably, the process may

be challenging and lengthier for interpersonal trauma survivors, such as sexual abuse victims, than non-interpersonal trauma survivors (Tedeschi et al. 1998; Elderton et al. 2017), as a result of the complexity of trauma that involves human intent and betrayal (LaMonthe 1999).

Trauma facilitates the development of empathy and compassion towards other survivors (Tedeschi et al. 1998; Tedeschi & Calhoun 2004; Elderton et al. 2017). Survivors may develop a deep sense of purpose to help others through activism or awareness initiatives to bring about positive change and fight against victimization. Herman (1997) refers to this notion as "a survivor's mission" in her third stage of trauma recovery known as reconnection with others. Research with abused women in the post-leaving phase identified similar findings. Taylor (2004) used the concepts of "social awareness; self-generativity and engaging in social activism"; Kirkwood (1993) discussed the survival dimension of "affecting change for abused women"; Hou-Ko & Shu (2013) used the themes "recognising the imperfect self" and "getting support from others" as well as "embodying the self by helping others". Furthermore, Senter and Caldwell (2002) used the term "reaching out to others in similar situation". Additionally, Hou et al., (2013) also cited in Elderton, et al., (2017) found out that women who were involved with helping survivors of similar traumas experienced personal healing through the process (Hou et al. 2013; Elderton, et al. 2017). The renewed need to help others facilitates healing and opportunities for survivors to affirm their own strengths (Tedeschi et al. 1998). Most importantly, these studies confirm some of the key dimensions of recovery from intimate partner violence trauma.

Some of the post-traumatic growth changes identified in survivors relate to the philosophy of life and greater appreciation for life. Exposure to life-threatening events may enhance perceptions of life as too short; and that nothing should be taken for granted. The survivor may decide to focus on life priorities, or what matters most or what she perceives as significant. She

may start valuing closeness with family more or the need to create opportunities to spend more quality time with significant others (Tedeschi et al.1998; Joseph 2011; Elderton et al.2017). Studies indicate that interpersonal trauma survivors, including Cobb et al. (1998) have reported the highest PTG in the appreciation of life domain (Elderton et al. 2017).

Changes in life philosophies may involve the development of wisdom and new paths in life such as a change of career paths or goals (Tedeschi et al. 1998; Shaw et al. 2005; Elderton et al. 2017; Tedeschi & Calhoun 2004; Joseph 2011). Trauma has the capacity to affect the survivor's belief system. Survivors may develop stronger religious faith or lose their faith subsequent to trauma (Shaw et al. 2005). Post-traumatic growth (PTG) literatures, however, inform us that many trauma survivors develop positive spiritual changes. Thus, traumatic experiences may lead "to a greater sense of somehow being connected to something transcendent, in ways that were not possible before the struggle with trauma". For example; "a greater sense of the presence of God, an increased sense of commitment to one's chosen religious tradition, or a clear understanding of one's religious beliefs" (Tedeschi et al 1998 p. 11). These spiritual changes have been captured in abused women studies (Cobb et al.,2006; Taylor 2004; Senter & Caldwell 2002). The latter's phenomenological study with women who had left abusive relationships found out that some of the women became more connected to God after experiencing trauma than prior to their experiences.

While trauma exposure is necessary for post-traumatic growth (PTG) to develop, it is important to note that post-traumatic growth does not follow immediately after the traumatic event. The functional descriptive model of growth (Tedeschi & Calhoun 1996) suggests that post-traumatic growth (PTG) develops through a cognitive process as survivors attempt to make sense of the trauma. As discussed in the trauma section, trauma contributes to the breakdown of fundamental assumptions. As a result, survivors may experience severe distress and post-

traumatic growth (PTSD) whilst trying to cope with trauma. Initially, a cognitive process or rumination takes place automatically during this phase. The individual may develop the ability to work through the trauma, and incorporate the new information after the trauma, that includes the new reality and new beliefs, with previous information. A second reflective cognitive process or second order rumination follows consciously, where the survivor analyses and derives meaning from the traumatic experience. It is during this phase that post-traumatic growth (PTG) arises (Zoellener & Maercker 2006; Joseph & Linley 2006; Tedeschi & Calhoun 2004; Elderton et al. 2017). Post-traumatic growth (PTG) is understood as a gradual process (Elderton, et al. 2017) that may develop over time after the individual has disengaged from the previous beliefs and losses associated with the trauma and created new meaning. Thus "grief work" should have taken place prior to developing post-traumatic growth. The theory suggests that recovery is central to the development of post-traumatic growth. although the individual may still experience post-traumatic stress disorder (PTSD), given that post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) can co-exist (Tedeschi & Calhoun 2004; Elderton, et al. 2017). The actual relationship between growth and distress remains unknown given that studies have found mixed results (Elderton, et al. 2017). Cobb et al.'s (2006) study with survivors of intimate partner violence captured both experiences of growth and distress. The study found no relationship between distress and growth. Likewise, a systematic review of interpersonal violence studies (Elderton et al. 2017) indicated that five studies including Cobb et al. (2006) found no significant relationship between growth and distress. In cases where there is no direct relationship between the two, it signifies that post-traumatic growth (PTG) is not the same concept as post-traumatic stress disorder (PTSD) (Kurnst, Winkel & Bogaerts 2010). Interpersonal trauma studies with sexual abuse survivors (Cole & Lynn 2010; Frazier et al. 2001) found that there was an inverse relationship, more sexual victimisation was associated with less post-traumatic growth (PTG). The negative relationship was also captured

in Colin and Glaser (2001) and Park, Cohen & Much (1996) cited in D'Amore et al. (2018). The negative relationship could signify that post-traumatic growth (PTG) should be understood as an adaptive outcome of successfully coping with traumatic symptoms and the trauma itself (Kunst, Winkel & Bogaerts 2010).

2.7.2 Factors associated with the development of post-traumatic growth (PTG) in interpersonal trauma

The characteristics of the trauma, including the nature of the traumatic event is one of the factors that appear to play a role in facilitating post-traumatic growth (PTG), for instance, severe experiences of intimate partner violence. Cobb et al. (2006) and Song (2012) found that the severity or higher experience of violence was associated with growth. The same study (Cobb et al. 2006) indicated that women who had left the relationship experienced more growth than those who were still in those relationships. Leaving the relationship and being away from the perpetrator may have provided opportunities to develop positive changes (D'Amore et al. 2018). Women who had left the relationship had recovered from trauma, while their counterparts, who were still in the relationship, were facing challenges with trauma adjustment. Additionally, most of the women in the study were recruited whilst receiving supportive services, such as counselling through the shelters. It could be argued that these factors were instrumental in facilitating post-traumatic growth (PTG) (D'Amore et al. 2018). Studies also indicate that those maltreated in childhood are likely to experience less post-traumatic growth (PTG) than victims of adulthood trauma. Victims of severe experiences of sexual abuse experience lower levels of growth (Cohen, Hettler & Pane 1998 in Thomas & Hall 2008). Studies have also found a negative correlation between survivors of earlier sexual victimization with post-traumatic growth (PTG) (Cole and Lyn 2010 in Elderton et al. 2017).

A number of studies also suggest that spirituality or faith is associated with healing and recovery in trauma survivors as well as in facilitating experiences of post-traumatic growth (PTG) (Shaw et al. 2005). An evaluation of post-traumatic growth (PTG) studies from survivors of interpersonal trauma found that religion or faith was one of the coping strategies that was influential in facilitating PTG (Elderton et al. 2017). In the thesis, faith is associated

with both spirituality and religion. Spirituality is defined as "a sense of connection with the transcendent that includes perceptions of gratitude, compassion and support from the transcendent" (Watlington & Murphy 2006, p. 850). While religion is defined as "a system of beliefs practices, customs, ceremonies rooted in culture; a view of the individual's relationship to the universe; a moral and ethical code; and a community of adherents providing social relationships" (Shaw et al. 2005 p. 7). The concept of religion includes both aspects of intrinsic and extrinsic religiousness. Intrinsic and extrinsic religiousness factors are terms used in the context of religion. "Intrinsic religion refers to a deep faith in God and a personal relationship with him", while extrinsic religion defines the wider social and personal implications of being linked to a church or place of worship (Shaw et al. 2005, p. 4). A review of literature from eleven studies that reported associations between religion and spirituality (described in terms of faith) illustrated that religion is associated with positive mental health outcomes such as post-traumatic growth (PTG) (Shaw et al. 2005). These authors argued that one of the ways in which religion plays a role in how individuals adjust from trauma is through "enhancement of meaning of life, increased social support, acceptance of difficulties and having a structured belief system". (p. 7). One of the findings from a study they reviewed, indicated that positive religious experiences that included religious openness, existential questions, religious participation and intrinsic religiosity was associated with post-traumatic growth (PTG) (Fallot 1997). Shaw et al. (2005) argued that spirituality was a resource for overcoming trauma in women with multiple trauma and abuse histories. Spirituality was also a key for survival for the women in that study, where they perceived "God as a trustworthy refuge". The search for meaning in the aftermath of trauma may contribute to the development of stronger faith. Thus, the process of "rebuilding shattered assumptions creates an enhanced sense of meaning in life and greater existential awareness, which can lead to an enhanced spiritual or religious lives" (Shaw et al. 2005 p. 3) to the point that these beliefs may become meaningful aspects of the

survivor's life in the context of loss (Shaw et al. 2005).

Although religious participation may be instrumental for growth, intrinsic aspects of religiosity and spirituality are, as already discussed, significant for providing a sense of meaning, purpose and coherence to survivors. Religion may also aid abused women to cope better with trauma through social support and religious participation through church involvement (Watlington & Murphy 2006; Shaw et al. 2005). Social support has been associated with experiences of post-traumatic growth (PTG) in survivors of trauma (Tedeschi et al. 1998; Tedeschi & Calhoun 2004; Song 2012). Social support may enhance positive adaptation through the ability to share stressful information with others such as a spouse or family members. Additionally, social support may enhance one's sense of belonging through the process of bonding with others (Song 2012). Of significance to post-traumatic growth (PTG), is experience of social support from individuals who have gone through similar experiences. This may facilitate post-traumatic growth (PTG) through the concept of "vicarious experiences of growth" (Tedeschi & Calhoun 2006). Post-traumatic growth (PTG) studies (Cobb et al. 2006) revealed that experiences of post-traumatic growth (PTG) were facilitated by a positive role model who had encountered similar experiences. Song (2012) who focused on abused women's experiences of growth from a sample of women from service centres of prevention and intervention for domestic violence and private sectors in Taiwan, identified professional relationships with social workers, coping strategies and social support as the factors that influenced growth. The professional relationship of warmth, genuineness and acceptance was perceived as instrumental for recovery and growth, since it assisted the women with finding meaning, hope and purpose for the future. In that study, the process of empowerment through the helping relationship was instrumental in reducing experiences of powerlessness and a sense of isolation and in promoting positive trauma adjustment and growth. Song (2012) identified that the professional relationship was instrumental to the women given that some of them had low self-

esteem as a result of exposure to social stigma and multiple years of oppression and discrimination. Thus, the perceptions of being accepted and valued, contributed to women developing new meanings and new perspectives in life as well as a sense of hope and purpose for the future.

2.7.3 Critiques of PTG

A number of critiques of post-traumatic growth (PTG) exist. There is a concern with the validity and reliability around capturing findings from people's perceptions and on people's own assumptions of growth captured from self-report measures (Splevins et al. 2010; Joseph 2011). Given that trauma victims may unintentionally develop the tendency to perceive their circumstances and themselves positively as a coping mechanism reports may be associated with positive illusions or self-protection illusions (Noelen-Hoeksama & Davis 2004). However, qualitative accounts of growth could be useful in managing these limitations, given that researchers can examine how growth outcomes transpired (Tedeschi et al. 1996).

Another of the challenges with post-traumatic growth (PTG) assessments relates to the appropriate time frame for conducting these studies. The literature fails to reach a consensus in this regard (Tedeschi et al. 1998). While Tedeschi et al (1998) suggest that there is no set period to determine when it is best to measure post-traumatic growth (PTG) after trauma, since growth can be identified soon after and periods after the traumatic experience; they also note the risk of conducting studies soon after the traumatic event. Assessing post-traumatic growth (PTG) immediately after trauma may raise concerns with the validity of the findings since at this early stage of the crisis the survivor's perceived growth may be associated with denial as defence. Most importantly "the time frame for the assessment of post-traumatic growth (PTG) is dependent on the researcher's model of stress-related growth, which in turn can be influenced by the nature of the specific crises, the characteristics of the respondents and the specific

growth-related constructs that will be measured" (Tedeschi et al. 1998, p.36).

2.8 The ecological paradigm and recovery from intimate partner violence

Studies of women's resistance and recovery in South Africa are sparse, with most centering on women's "powerlessness at the hands of men" (Shalkwy, Boonzaier & Gobodo-Madikizela 2014, p.315). Most interventions that focus on trauma recovery in South Africa lean on the Eurocentric models, such as psychodynamic models of trauma (Eagle & Long 2011). The section focuses on the ecological frameworks in understanding the process of trauma recovery and resilience from trauma.

The ecological perspective is relevant for this thesis as they demonstrate the significance of contextualising women's recovery process by recognising that individuals' responses to trauma are shaped by factors within the social cultural context, as well as personal factors associated with the traumatic experience. Thus "Response to trauma is a complex affair influenced by many factors, including pre-trauma history, the nature of the traumatic events, the broad social cultural and political context, and the interpersonal and institutionalized response the traumatized individual receives" (Lebowitz et al. 1993 p.378). South African trauma professionals recognise the significance of multiculturalism and respect for cultural values and beliefs of survivors (Eagle & Long 2011), particularly when most of their patients are black South Africans. These strategies are empowering to many South African trauma survivors who may hold both traditional African worldviews and Western belief systems. Nevertheless, feminist literatures acknowledge the challenge with prioritising culture at the expense of gender rights, given that some cultural practices may be oppressive and may hinder the process of recovery. Significantly, they recognise how different identities may intersect to affect women's experiences (Eagle & Long 2011).

Harvey's (1996) ecological view of psychological trauma and recovery argues that "Individual differences in post-traumatic response and recovery are the result of complex interactions among person, event, and environmental factors" (Harvey 1996 p. 5). These interactions define "the interrelationship of individual and community and together may foster or impede individual recovery". The section starts with a discussion of Herman (1997) stages of recovery model and concludes with a discussion of resilience.

2.8.1 The phases of recovery

Herman (1997) describes recovery as encompassing three stages. These include **safety**, **remembrance and mourning**, and **reconnection** with others.

The issue of **safety** is the main aspect of the first stage of recovery: it is thus imperative to ensure that the survivor has developed a sense of safety prior to conducting any therapeutic interventions to ensure that the process of healing is both effective and meaningful (Herman 1997). During this phase the abused woman may be preoccupied with fear for her safety as well as that of her children. The woman may be taken to a place of safety, such as a woman's shelter to safeguard her safety. However, although shelters provide avenues for the establishment of safety the lack of meaningful resources such as housing or financial challenges that women continue to face even after leaving the shelter in countries like South Africa, contributes to re-victimisation and women's entrapment in intimate partner violent relationships (Slabbert 2017; Angless et al. 1998).

Additionally, when a survivor moves to a place of safety, it does not guarantee that her safety issues have been established completely (Herman 1997). While the abused woman may feel physically safe when removed from the perpetrator, she may still be affected psychologically as a result of the fear, horror and powerlessness associated with the traumatic event. Thus, she

may present with post-traumatic stress disorder (PTSD symptoms such as intrusive memories, vivid dreams or anxieties about the traumatic experience. She may also have persistent extreme emotional reactions that continue to make her feel unsafe. Although a woman may have started developing a sense of security, some independence, self-efficacy and even self-esteem, she may relapse back to previous feelings of extreme insecurities and anxieties as a consequence of contact with the perpetrator.

Thus, the establishment of safety cannot be taken for granted as a fixed process. The period that a survivor can spend at this phase is not known, as it is complicated by factors discussed earlier on in the trauma section (Herman 1997; Harvey 1995) and by ongoing experiences. While the shelter may provide security from the abuser, situations can arise where the woman is forced to face the perpetrator (as with child contact where both partners are co-holders of parental rights and responsibilities). The survivor may experience revictimization leading to challenges with coping and trauma adaptation even after leaving the relationship. Radford & Hester (2006) have also discussed the re-victimisation of abused mothers after leaving. Recovery is not absolute as particular vulnerabilities are likely to persist (Herman 1997; LaMothe 1999).

The stage of **remembrance and mourning** succeeds the stage of safety. (Herman,1997) Mourning is perceived as instrumental to recovery (Levy and Lemma 2004; Yule 2003). In cases of successful mourning, the survivor's traumatic memory is part of consciousness and has both emotional memory and narrative accounts which can be articulated. Hence indicating that the trauma has been integrated and has traumatic meaning. For those working with the survivor, the critical task during this phase, is to ensure that interventions are geared towards an empowerment approach to the process of mourning and refrain from rushing the process for the survivor. Consequently, the process should take place at the survivor's pace (Herman

1997). It is imperative to ensure safety concerns are adequately established both in the ability to manage extreme emotional reactions as well as within the survivor's immediate environment to avoid the survivor experiencing the process as disempowering, as it may limit the attainment of intended goals of intervention (Herman 1997).

Some survivors face challenges in relation to mourning since they must first face the unbearable, often unspeakable reality of the trauma before the process is completed. As a result, some may struggle with the process of mourning or resist mourning (Herman,1997). Cathy Guruth (1995) cited in Hunter (2018, p. 66) described the pathology of psychic trauma in this way:

> There is a response that sometimes delayed, to an overwhelming event or events which takes the form of repeated intrusive hallucinations, dreams thoughts or behaviours stemming from the event, along with numbing that may have been during or after the experience and possibly also increased around to (and avoidance of) stimuli recalling event.

Guruth described the key identification of this pathology as being a lack of direct access to the event within the conscious memory of the survivor. "The event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of one who experiences it" (Hunter 2018, p. 66). Trauma is situated in the subconscious memory of the survivors, and only appears in the conscious mind as flash back and vivid dreams (Van der Kolk et al. 1996; Hunter 2018). If the survivor has no recognisable conscious memory of the event, it becomes a challenge to narrate or locate her own story and the memory may resist integration and resist meaning and subsequently mourning (Hunter 2018). "Resistance to mourning can take on numerous diagnoses. Most frequently, it appears as a fantasy of magical resolution, through revenge, forgiveness or compensation" (Herman 1997, p. 189). Some of

the examples of challenges with mourning include survivors' identifications with the event or the perpetrator (Levy & Lemma 2004). This has been associated with Stockholm syndrome, where the victim identities with the perpetrator and develops emotional bonds with the perpetrator. In most instances, the psychological alliance with the perpetrator is part of a survival strategy and as a defence mechanism (Herman 1997).

Herman (1997) argues that one of the consequences of trauma is that it affects one's capacity to **connect with others** and to develop healthy relationships. Trauma also affects the capacity to trust and may promote feelings of isolation and indifference. Some abused women for example, may have been forced to give up relationships with significant family members and friends as part of the perpetrator's coercive control tactics (Stark 2007). As such, some of the significant aspects of this phase of recovery from trauma, is the ability to connect with others, to develop safe and healthy relationships and positive sense of self. These indicators are also symbolic of recovery from trauma (Harvey1995; Herowitz et al. 1993). The individual can let go of the negative views of the self, associated with the traumatic experiences, and rebuild a more positive view of self (Herman 1997). Through the development of new meaning and purpose in life, the survivor may develop the need to help others, who have gone through similar experiences of trauma, a concept Herman (1997) refers to as "a survivor's mission".

2.9 Resilience

Scholars of resilience have discussed the concept of resilience, as part of an individual's personal characteristics. Tummala-Narra (2008 p. 34) defines resilience as a 'successful adaptation under challenging circumstances and a trait of character or personality attributes that enables positive adaptation to adversity and the timely attainment of psychological milestones. Resilience has been associated with a number of personality traits such as hardness, optimistic personalities, invulnerabilities, self-control and having a sense of hope and meaning

in the world (Rutter 2007). However, Gordon argues that the perception of resilience as situated within the individual, is problematic as it assigns notions of responsibility and blame to the survivor. The understanding of resilience in terms of personal characteristics, whilst excluding the context, reflects the universalistic understanding of survivor's experiences, which may not be culturally relevant in a context like South Africa (Gordon 2016).

The ecological understanding of resilience takes into cognizance the environmental factors such as availability of and access to resources, the supportive environments, availability of funding for services in enabling the development of resilience in individuals (Phasha 2010; Gordon 2016). In support of this argument, Tammara-Narra (2008, p. 43) describes resilience as "a culturally shaped phenomenon". Equally, Ungar (2013, p. 55) argues that "rather than defining resilience as the individual's capacity to succeed under stress, resilience should be understood as the capacity of both individuals and their environments to interact in ways that optimize developmental processes", and it is this argument that shapes this thesis. Ungar argues further that "resilience is achieved when individuals have opportunities to access the resources" and that "resilience is achieved when the individual's social ecology (formal and informal social networks) has the capacity to provide resources in ways that are culturally meaningful" (Ungar 2013, p. 55). Consequently, "political processes, funding, family structures, cultural norms, and even the serendipity of life circumstances make it more or less likely an individual who is disadvantaged by traumatic experiences will experience resilience" (Ungar 2013, p. 55).

Childhood resilience studies have demonstrated a strong association between quality of care giving or parental quality with a child's ability to adapt to adversity (Armstrong et al. 2005). The association of parenting quality and childhood resilience was first highlighted by attachment theorists (Bowlby 1969) who illustrated the significance of the nature and quality of relationship with care givers to child and adult mental health as well as resilience (Levy &

Lemma 2004; Armstrong et al. 2005). Parental quality is perceived influential in mediating against several risks and vulnerabilities. The key aspects of supportive parenting qualities include "child supervision, consistent structure and discipline, parent attitudes, active involvement, and clear family communication patterns" (Armstrong et al. 2005 p.1341). Key is the quality and nature of the relationship between the primary care giver such as the mother and child to childhood resilience (Bowlby 1969; Armstrong, et al. 2005) Domestic violence literatures demonstrate that children with strong and supportive mother-child relationships tend to experience fewer negative impacts (Katz 2018). On the other hand earlier literatures have informed us that a negative relationship with mothers and unsupportive parental responses, for instance from non-supportive mothers in the context of child sexual abuse (CSA), worsens the trauma (Browne & Finkelor, 1986).

In South Africa, women's childhood experiences cannot be understood without considering the history of colonialism and apartheid and how these factors promoted vulnerabilities in families and their children. Apartheid and colonialism and the construction of a migrant labour force (women employed as domestic workers in the cities, while children were left with families in rural areas and men as mine workers) contributed to the fragmentation of families: black fathers were forced to relocate in urban areas to work in mining away from their families, and many women went to work in towns as domestic workers. As a result, some of the children lacked the opportunity to bond or develop strong relationships with their fathers. Forced migrant labour thus contributed to the absent father discourse (Resilience Centre 2011; Mdletshe 2014; De la Rey et al. 1996).

Most studies in South Africa have focused on the effects of absent fathers on resilience as compared to mothers. This should not come as a surprise given that at least 3 million children have absent fathers and that many of them are raised in single mother households. This is more

prominent in Black families, perhaps due to poverty and failure to pay bride price (Resilience Centre 2011). Mdletshe (2016) discussed coping strategies and resilience of young women with absent fathers in Soweto. They also noted that women who do not grow up with fathers are more likely to have self-esteem problems, engage in risky behaviours and have higher incidence of teenage pregnancy, whilst boys become more aggressive and hyper masculine. Although other children do not demonstrate any psychological impairments when compared to those who grow up with parents. However, the burden left by fathers on single economically dependent women particularly in the context of childhood maltreatment has not been emphasized.

In South Africa many children are raised by their maternal grandparents (Mdletshe 2014) or extended family members. Traditionally, rearing and upbringing of children has not been the responsibility only of parents. Extended family networks were also involved in rearing of children for the purposes of familiarising them with beliefs and values. Traditionally, social mothers have often been available as parents (Mdletshe 2014) for instance, relatives, who were part of extended supporting systems (Dela Rey et al.1996). Children are raised in a collective setting with several social mothers present such as aunties, grandparents who may take on the responsibility of the biological mother. These views are also apparent in other African settings, that equally recognises that it takes a village to raise a child and in the African American setting (Everett et al. 2015) where the differences in mothering and traditional rearing practices between white and African Americans have been noted.

Extended families should also be perceived as sources of resilience (Mdletshe 2014). A South African study (Vermeulen & Greef 2015) of parents and grandparents of sexually abused children, demonstrated that family resilience was instrumental in helping the child victims of sexual abuse to cope better with their experiences even in the context of poverty and material

deprivation. The study identified the quality of relationship from the family members such as grandparents/parents that included being emotionally and physically available to the survivors as instrumental for resilience. However, extended family contexts—particularly with reinforcing factors such as poverty, poor and crowded housing, and multiple occupancy of rooms, and where single mothers may be economically dependent on male relatives— can also be a fertile ground for childhood maltreatment and abuse. (Uncles are among the most common perpetrators of sexual abuse; De la Re et al. 1996; Phasha, 2010).

While childhood traumas may position women at risk for intimate partner violence, not all childhood survivors of trauma are at risk for intimate partner violence. One of the resilient factors identified by childhood resilience studies include social support in terms of interpersonal relationship, such as parental support (Jaffee 2017; Rutter 1987). This is perceived as critical for resilience and recovery as well as in mediating against negative mental health outcomes, including post-traumatic stress disorder (PTSD) in the context of childhood maltreatment (Jaffee 2017; Armstrong et al. 2012; Rutter 1987; Armstrong et al. 2005). Studies of abused women concur that social support from a parent was instrumental in helping the survivors cope with trauma (Coker, 2012). Although the literature (Jaffee 2017) illustrates these beneficial aspects of social support, this area remains under researched.

 In conclusion, this chapter discussed social cultural factors that may render children vulnerable to childhood maltreatment and women to intimate partner violence as well as resilient factors. It also discussed factors that contribute to resilience, recovery and self-worth in the context of childhood maltreatment such as parental support. In addition, it discussed several factors that may intersect to promote risk to child maltreatment within in the South African context.

2.9.1 Shelters as a Source of Resilience

The literature suggests that women who access shelters have often experienced high levels of violence and that they may have escaped suddenly in fear for their lives. A South African study (Wright, Kiguwa & Potter 2007) with shelter women suggests that women left the relationship due to the escalation of physical abuse in conjunction with other types of violence. Women perceived the shelter as a haven that met their needs for survival, including food, support and accommodation (Wright, Kiguwa & Potter 2007). For women in desperate circumstances and social positions, resources such as shelters are critical protective factors against intimate partner violence and entrapment. Consequently, shelters in South Africa and elsewhere, are both preventative strategies and critical crisis interventions to safeguard women and their children from harm (Wright et al 2007; Bhana, Vetten, Makhunga & Massawe 2012; Bhana, Lopes & Massawe 2013; Walker & Clacherty 2015; Angless, Maconachie & Zyl 1998).

Shelters provide women with the opportunity for healing and recovery. Studies (Angless et al 1998) confirm that shelter services such as counselling, group work, parental skills programmes, educational programmes and life skills, provide opportunities for women to be empowered and to move beyond abuse. Furthermore, they enhance women's capacity to live independently from perpetrator, to manage the process of change and have agency to use their voices to make decisions that affect their lives positively such as using their voices to get involved in actions that work towards positive change (Kirkwood 1997; Wright et al 2007) or to advise other women who go through similar experiences (Angless et al 1998). A study by Wright et al. (2007) indicated that the shelter women found counselling services to be a beneficial aspect of social support, that enhanced women's empowerment and healing. Another study suggested that shelters provide women with the opportunities to reflect on their experiences and develop a new way of life, including gaining self-confidence, developing strength to deal with emotional, social and economic problems (Angless et al. 1998).

Yet the country continues to face serious challenges in its capacity to provide enough shelters for abused women as well as adequate funding for shelters to ensure that shelters are able to provide comprehensive services to adequately meet women's needs (Bhana et al 2012; Bhana et al 2013; Walker & Clacherty 2015). Of the few shelters that exist, most face challenges with funding, resulting in some of them facing closure and others failing to provide comprehensive services. Most shelters are full to capacity resulting in many women being on the waiting list and some having to be sent back home to wait for availability of space (Angless et al. 2013). These scholars confirmed that the shelter where their study was conducted had closed at the time of their writing. Studies that interviewed centre managers and other senior staff in five shelters in Johannesburg (Bhana et al 2012) and three shelters in the Western Cape (Bhana, et al 2013) revealed that shelters failed to provide comprehensive services to the women and children due to lack of adequate funding from the Department of Social Development (DSD), a government department responsible for funding shelters. The lack of funding affected the provision of services to both women and their children who failed to receive adequate services. The studies indicated that while most of the women who accessed the shelters had serious health needs such as HIV, depression or psychiatric conditions (Bhana et al 2012, Bhana et al 2013), most of them were not receiving adequate help and that even though some health concerns were serious and needed on going health care, only a few women received interventions from a doctor or psychologist (Bhana et al 2012). Research by Bhana et al. (2013) and Bhana et al. (2012) revealed that most shelter residents had only high school education, were unemployed, had no source of income, and a large majority of them didn't receive child maintenance from their children's fathers. The shelters, therefore, carried the full responsibilities of meeting their survival needs.

Although the Domestic Violence Act 116 of 1998 emphasized the importance of establishing shelters for abused women and mandated the police to inform abused women about shelters

and transport them to shelters (Bhana et al 2013; Bhana et al 2012; Vetten 2012), the Act failed to specify who has the statutory responsibility to fund shelters. The funding of shelters in South Africa falls under the National Department of Social Development, through its Victim Empowerment Programme (VEP) however the Department of Social Development has recognised their lack of financial capacity to fully fund shelters in South Africa. The Department of Social Development covers some of the budget of the shelters but expects shelters as part of the Non Governmental Organisations (NGOs) to cover the shortfalls in funding. Thus, shelters must use own initiatives to make up for the shortfall. These may include seeking out funding from donor organisations or companies (Bhana et al 2012; Bhana et al. 2013) or through church organisations. The latter may also have a stake in shelters and may incorporate Christian philosophies as part of shelter services (Walker & Chlacherty 2015).

There is also no legislative provision for the regulation of South African shelters for victim of domestic violence and the services they provide; South African studies with shelter women (Bhana et al.2012) note that women who access shelters are in desperate need of health and psycho-social services and legal services, yet there is no requirement from the Domestic Violence Act or obligation for the National Department of Social Development (DSD) to provide such health and social services within shelters (Bhana et al. 2012). This lack of adequate funding has contributed to shelters failing to provide some of the critical services, such as health care provision for women in shelters.

The Department of Social Development subsidy is not enough to cover the full shelter expenses. Studies by Bhana et al. (2012) and Bhana et al. (2013) reveal that some shelters have failed to meet the short fall and have cut down services, programmes and staff. The studies by Bhana et al. (2012) indicated that the staff salaries were the largest cost cut within the five shelters in Johannesburg. Consequently, it becomes challenging for shelters to retain

experienced staff such as social workers, due to the failure to pay salaries, affecting staff turnover. In most instances, shelters lose staff due to their failure to meet market related salaries (Bhana et al. 2012; Bhana et al. 2013). Furthermore, shelters face challenges in providing the variety of staff members to cover different services. As a result, several posts suffered (Bhana et al. 2012). The Bhana et al. (2013) study indicated that two shelters struggled with provision of services to women and children due to the funding constraints and that one shelter could not afford the services of a full-time child counsellor. Instead they utilised the services of a child psychologist based on the need, at the shelters' expense, and the children were referred to Childline when required.

2.9.2 The cultural and economic context of women's experiences of intimate partner violence and resilience

Culture may be one of the protective factors and sources of resilience during trauma (Van der Kolk et al. 1996 & Joyce & Berger 2008) as well as during intimate partner violence. (Kasturigan, Krishman and Riger 2004; Sokoloff and DuPont 2005). Culture expressed as traditions, beliefs, customs and religion, may provide comfort, support as well as social connections for women (Kasturigan et al. 2004). In addition, extended families as social networks may provide both emotional support as well as other forms of support such as childcare (Sokoloff and Du Pont 2005). Traditionally, in the South African context families have been perceived as protective factors in the context of conflict and marriage disputes as they act as mediators to provide support (Shope, 2006). However, families have been found to fail to provide the relevant support and blame the victim or encourage the victim to endure violence (Yashioka & Koi 2005; Katsurigan et al. 2004; Sokoloff & DuPont 2005; Bowman 2003). Katsurigan et al. (2004) and Chireshe (2010) argue that some cultural practices have

been perceived as oppressive, hindering women's empowerment and equality and consequently making women vulnerable to intimate partner violence. Yet earlier on, Kasturigan et al (2004) argued that not much research has demonstrated how culture influences the experiences of violence amongst women of diverse context. Furthermore, no research according to my knowledge, has demonstrated the role that cultural practices play in promoting women's resilience and recovery, in addition to rendering women vulnerable to challenges with trauma adjustment, and post-traumatic growth. The dominant literatures on the association between culture and women's experiences have attributed intimate partner violence to cultural practices and values that position men at a higher status that women (Kasturigan et al. 2004). Sokoloff & Dupont (2005), writing from the context of the USA, critique researchers who perceive cultural practices as to blame for abused women from migrant minority cultures experiences of intimate partner violence. Bowman (2003) has argued causal theories that directly attribute the causes of violence to culture. For instance, in discussing a study on intimate partner violence conducted in Zimbabwe, by Alice Armstrong, Bowman (2003 p.853), stated that "her findings can be interpreted to support the role of culture factors as causative of domestic violence amongst the Shona." Most literatures tend to focus on the negative aspects of culture, without taking into cognizance the positive aspects of the same culture values and traditions (Kasturigan et al. 2014) to women's experiences.

In South Africa, at least 90% of South Africans identify as adherents of a religion (Petersen 2016). This should not come as a surprise given that South African children are socialised on both spirituality, that includes ancestral relevance, and religion (Phasha 2010). Religion, therefore, is perceived as an aspect of culture (Petersen 2016; Phasha 2010). Hence it should have a role on affecting how women adjust to the trauma of intimate partner violence. Religion may also provide abused women with the opportunities to connect with others, through supportive networks at church as well as church involvement, helping them cope better with

their experiences (Taylor 2004) A South African study (Greeff & Loubeser 2008) that explored spirituality as a characteristic of family resilience in Xhosa-speaking families in South Africa, found that spirituality, in relation to religion and God, was an important coping resource that contributed to successful adaptation of the families after crisis. Religion and spirituality have been discussed as factors that contribute to resilience and positive trauma adjustment amongst trauma survivors world-wide. Religion provides some survivors with a sense of meaning and hope in periods of adversity (Joseph & Linley 2005); it can also contribute to challenges with coping and poor trauma adjustment, particularly for religious survivors whose belief system may be shattered in the aftermath of trauma as they face challenges to make sense of their experiences (Joseph, Linley & Shaw 2005).

However, feminist scholars (Chimhanda 2008; Monyatsi 2008) have acknowledged how religion can be misappropriated as a vehicle for patriarchy and women's oppression: perpetrators may quote scripture and other relevant religious texts within the context to legitimatize violence against women. Religion plays a role in facilitating a conducive environment of dominant male masculinities, power imbalances and gender inequalities. Religion may render women vulnerable to violence, particularly when men are perceived as head of the household and women are encouraged to be submissive and obedient (Petersen 2016). Studies have demonstrated how church leaders and clergy, whom women seek help and support from, often favour marriage preservation, women's perseverance and adherence to their partner's authority as opposed to providing practical help, such as supporting women to leave dangerous relationships (Boonzaier & DelaRey 2005; Petersen 2016). They provide ineffective interventions to support women. Additionally, given that churches are patriarchal and most of the church leadership is composed of men (Chimhanda 2008; Monyatsi 2008), it is often the case that they support perpetrators and blame women for violence when they seek help, often favouring family preservation at any cost. However, there is a paucity of studies

demonstrating how negative aspects of religion in intersection with intimate partner violence and other factors such as lack of resources, poverty and lack of supportive networks promote challenges with coping with finding meaning and resolving the trauma of intimate partner violence, as well as the role these cultural factors play in women's experiences of post-traumatic stress disorder

Lack of economic resources render women vulnerable to intimate partner violence (Connor 2014; Sen 1999; Jewkes 2002; SADHS 2017; Cools & Kotsadam 2017; Jewkes 2002; Vyas & Watts 2008). Poverty, low socioeconomic status, lower educational attainment and unemployment are widely associated worldwide with intimate partner violence (Jewkes 2002; Slabbert 2017; Sen 1999; Abramsky et al. 2011; Gilroy, Symes and McFarlane 2014; SADHS 2017). Studies confirm that although intimate partner violence occurs across women of different socioeconomic status, it is more frequent amongst women of low-socioeconomic status (Jewkes 2002). Connor (2014) argues from the background of studies in USA that some studies have shown that close to 80% of women who receive public benefits have experienced intimate partner violence. Likewise, studies indicate that most homeless women have experienced intimate partner violence (Connor, 2014).

A South African cross-sectional study (Jewkes, Levin, Penn-Kekana 2002) found that Intimate partner violence was associated with lack of further education and with unemployment. This has been reinforced by a recent South African study (Slabbert 2017; Bhana et al. 2013; Bhana et al. 2012) which found that abused women did not have post-high school qualification and that most of them were unemployed or with a low income. These women were also not receiving any child maintenance support from the fathers of their children.

Economic dependency renders low income women vulnerable to entrapment (Slabbert 2017). They must bargain their safety for survival, choose between having a meal, a place to sleep,

clothing for themselves and their children, or face homelessness and extreme deprivation. Women in poverty who encounter multiple vulnerabilities such as homelessness, low income, compromised immigration status, are ideal partners for perpetrators. Their dependency is reinforced when children are involved (Connor 2014). This interaction is well understood in theories of marital dependency: "being economically dependent on partner increases the risk of Intimate partner violence and that women with few economic resources cannot leave easily their partners, they are less able to negotiate change, leading to higher endurance of intimate partner violence" (Dobash & Dobash 1979; Gelles 1976 Vyass & Watts 2009 in Cools & KatsDam 2017 p. 23). Financial dependency binds the perpetrator and victim in such a way that even if families, friends, police or courts effectively intervene, a woman may be unable to break free (Connor, 2014). Consequently many abused women return to the perpetrator (SADHS 2017 and Petersen 2016). A South African study of low-income women (Slabbert 2017) revealed that 60% of women in the study indicated that they returned to the perpetrator due to financial problems including challenges with looking after children; 68% of the women in Bhana et al, (2013) study returned to the intimate partner violence relationship upon leaving the shelter but 32% did not: for some of them the shelter provided empowerment, support and capacity to maintain change and move on with their lives.

Just as poverty renders women vulnerable to intimate partner violence, intimate partner violence may actively position women at risk for poverty or material deprivation (Cools & Kotsadam 2017). Perpetrators may contribute to women losing their jobs, through interference at work and harassment (Slabbert 2017). Perpetrators may also diminish women's agency through reducing their financial capacity, by preventing them from working, restricting their access to resources, destroying their property, and misusing their credit cards (Connor 2014). Slabbert's (2017) study revealed that 30% of participants who separated experienced loss of material possessions including household possession, a house and a car. Some abused women

may experience mental health challenges such as depression or post-traumatic stress disorder (PTSD) as a consequence of the relationship. This in turn may affect their performance at work and ability to maintain a job (Goodman et al. 2009; Brush 2003; Mechanic et al. 2008 & Goodman et al. 2009) whether during the relationship as well as after leaving.

The socialisation of girls, world-wide, positions women at risk for intimate partner violence and entrapment as it promotes assumptions that women should seek men to provide or look after them. While in the current climate some women pursue university education and careers, other women focus on pursuing men to provide for them. For some it undermines access to education and skills (Connor 2014). Several South African studies have demonstrated how women are positioned at risk for both HIV and intimate partner violence due to transactional relationships, where they seek out partners for monetary reasons, particularly in the context of material deprivation (Hunter,1995). In the same manner, men who are socialised to be breadwinners and head of households may discourage women to work and have their own access to resources with its resultant agency (Connor 2014). Yet ironically women are more likely to experience violence in cases where husbands are not employed, have lower education, lower resources and have lower status than women. In these contexts, violence is used as a resource to maintain authority, to manage the sense of loss and reduce the woman to the subservient position (Jewkes 2002; Ahmadabadi et al. 2017; Cools & Kotsadam 2017). Perhaps crucially, the WHO multicounty study (Abramsky et al 2011) and Jewkes (2002) found the relationship to be U-shaped with both lowest and highest education contributing to lower experiences of intimate partner violence than the ones on the middle. Parity was an ameliorating factor. Overall however, the literature agrees that women who are empowered economically and socially are more protected from intimate partner violence than their counterparts (Slabbert 2017; Jewkes 2002; Vyas and Watts 2009). Studies world-wide have illustrated that higher education and skills and wealth provide relative protection to women,

against intimate partner violence (Connor 2014; Sen 1999; Jewkes 2002; SADHS 2017; Cools & Kotsadam 2017; Jewkes 2002; Vyas & Watts 2008). Vyas & Watts (2009) conducted a review of data from 41 sites. They found that household assets and women's higher education and women's involvement in income generation programmes reduced experiences of violence in the previous year.

Education provides not only material resilience but cultural resilience. Education increases opportunity to get informed and possibly understand discourses against violence and women rights hence contributing to rejecting violence (Shefer et al. 2008). Cools & Kotsadam (2017) cited studies in demonstrating that in some African countries such as Kenya and Sierra Leone, education contributed to reducing perceptions on acceptance of wife beating. Equally education and financial independency enhanced a woman's bargaining power to influence change, to have agency to make informed decision about the relationship, whether to decide to leave or to demand change; it provides the woman with the confidence to seek help but also to have access to social networks and other meaningful resources (Jewkes 2002, Sen 1999; Ahmadabadi et al.2017).

2.10 Changing gender relations as part of the intimate partner discourse

Van Neikerk & Boonzaier (2016 p.283) argue that empowerment initiatives have contributed to creating opportunities for women to "construct their female subjectivities as powerful, confident and rights protected". In this paradigm, empowerment discourses are argued to have brought about a sense of "crisis of masculinity" within the South African context where some men perceive themselves as irrelevant and feel disempowered due to the discourses of women rights and empowerment. According to this view, men experience frustrations due to the beliefs that the assertion of rights has contributed to a loss of respect, loss of power, as well as erosion of traditional gender role expectations of women. It is argued that "up until now, the relations

of respect had previously structured gender dynamics" in South Africa. (Dworkin, Colin, Hatcher, Peacock 2012, p. 107).

Since democratic elections in 1994 there has been a transformation of gender relations in South Africa: several provisions have been made to support women's rights and to protect them against violence including the establishment of the Domestic Violence Act 116 of 1998, in addition to strategies and policy to improve the material positions or resources for women to promote gender equality and challenge women oppression (Shefer et al. 2008; CSVR 2016). These empowerment initiatives have increased power for women, although most South African women are poor with little access to both material and political power (Sheafor et al. 2008). Some women have maximised these opportunities for education and employment. As a result, some men have felt a sense of loss of power and authority, specifically when some of them face unemployment or they are limited to insecure jobs (Jewkes & Morell 2010; CSVR 2016). This has contributed to some men having to depend on their partners for survival. This role reversal, where women take on the provider role, has contributed to a sense of despair where some men use violence as an alternative to regain their loss of power and authority (CSVR 2016).

Connell's (1995) theory of hegemonic masculinity cited in Stern, Clarfelt, Buikema (2014) explores how secure employment and higher education attainment and empowerment discourses on their own may not provide protection for some women against intimate partner violence within the South African cultural context. In this context, women may experience violence when they demonstrate resistance to male authority or drifting from the prescribed notions of good woman hood or emphasized femininities. Emphasized femininities also referred to as African femininities (Jewkes & Morell 2010) are perceived as idealised and dominant forms of femininities within this context. These forms of femininities are constructed

in the context of traditional values and norms, that favour female submissiveness, obedience and respect towards their partners as well as excusing male behaviours including violence and infidelity (Jewkes & Morell 2010; Stern et al. 2014). Successful definitions of manhood are associated with male dominance, authority and notions of males as head of households and main decision makers. These are referred to as "hegemonic masculinity" which are a form of dominant and ideal type of masculinity that "mobilizes and legitimates the subordination and control of women by men" (Jewkes & Morell (2010, p.3) These masculinities are apparent in South Africa where high levels of gender equality are prominent and favour male dominance over women and perceptions of men as providers who must be respected and obeyed by women (Dworkin et al. 2014).

Studies concur that women empowerment discourse and economic power has contributed to intimate partner violence, particularly in the context of male unemployment in South Africa and a loss of status as bread winners, where men feel undermined and feel disrespected due to the sense of loss of power. Women's empowerment whether through education, awareness of women rights and intimate partner violence in addition to employment affords women some form of power, independency, confidence, and assertiveness. In homes where only women are employed, women make decisions, and men may be forced to accept the women's ideas when she has money, conflict can result when the woman is perceived as shifting from her prescribed role particularly when she is the bread winner and the main decision maker in the household as the male feels threatened, due to the sense of loss of power. This role reversal may be perceived as eroding the traditional role of women submissiveness and undermining or disrespecting men (Shefer et al. 2008). Violence may be used to demonstrate that the man is still in charge, in control, and as a way of regaining his powerful place (Shefer et al. 2008; CSVR 2016). Hence, violence demonstrates resistance to the shift of these gender power roles brought about by the empowerment discourse, particularly when they perceive that women are

responsible for the loss of power (Neikerk & Boonzaier 2016 Vyas and Watts 2009).

Women's empowerment discourse and legal rights has provided women with a voice and agency to speak and resist violence as they are no longer willing to tolerate violence (Shefer et al. 2008). Education and economic dependency may contribute to women being assertive, confident, be resistant to male oppression and fight back by seeking help, seeking protection orders and reporting the perpetrator to the police. However, this act of resistance to male authority may be perceived as lack of respect to male authority resulting in violence, particularly when women are seen as no longer submissive or adhering to male authority (Dworkin et al. 2014).

In studies with men in South Africa, Dworkin et al (2012) respondents attributed violence to the loss of respect through women's empowerment discourses. Hargreaves, Vetten, Schneider, Malepe, and Fuller (2006), who interviewed policemen, indicated that most of the men from the studies perceived women as responsible for the violence they experienced. Sheafor et al. (2008) demonstrated that men and women blame women for violence due to the shift in gender power relations. They believe that the law favours women and that women have more power over men. As a result, they believe women abuse their power in legal terms, by reporting men to police when they are the ones to blame; and when they have economic resources, they disrespect men, and they are no longer respectful or submissive. In this study these views were also expressed by educated female participants.

Empowerment discourse has led to a "backlash" from some men who resist the transformation of the traditional gender roles and relations, particularly when they perceive that these new changes have contributed to women undermining men's traditional roles as head of the household (Dworkin et al. 2012; Shefer et al. 2008). These notions are also echoed by Szymanski, Moffit & Carr (2011) who argue that the negative reactions of individuals, in the

context of women's initiatives to affect change, may be a way of maintaining a status quo. Violence is deployed as a punishment to the new forms of femininities of resistance to ensure that women remain in submissive positions (Jewkes and Morrell 2010), particularly in the current context where South African governments have prioritised empowerment initiatives for women and men perceive that they are being left behind (Van Neikerk & Boonzaier 2016).

In South Africa, scholars have described power imbalances and gender inequalities together with discriminatory practices towards women as some of the facilitators of intimate partner violence (Jewkes 2002 and CSVR 2016). Yet there are arguments that acknowledge that cultural practices and traditions can be understood as both protective factors as well as factors that make women vulnerable to intimate partner violence (Yashioka & Koi 2005; Katsurigan et al. 2004; Sokoloff & DuPont 2005; Bowman 2003, &Van der Kolk et al. 1996). Cultural practices that contribute to women's resilience as well as oppression and challenges with coping and recovery should be acknowledged. However, not much is known on the role that cultural practices, customs and values in challenges with finding meaning and resolving the trauma in the aftermath of violence.

Conclusion

The first section of the literature review focused on the Domestic Violence Act (116) of 1998, the Act that safeguards women against violence in South Africa. It argued that the DVA has been progressive and impressive theoretically (Taranto, Ncube, Buttterwoth, Sajinovic, Massame & Lopes 2013). It acknowledged that to some extent the Domestic Violence Act provides practical protection to abused women given that it provides opportunities to apply for a protection order and to arrest perpetrators in violation of the protection order, in addition to the provision for women to open a criminal charge under assault. However, it also suggested that one of the concerns with the Domestic Violence Act has been its failure to criminalise

intimate partner violence and include coercive control as part of the definitions. Along with failures in policing and criminal justice system i.e. in the implementation of the Act, this has contributed to challenges with managing and controlling intimate partner violence in South Africa (Furusa & Limberg 2015).

The second section of the review focused on definitions of intimate partner violence and their relevance to the lived experiences of abused women. It discussed the significance of providing the appropriate definition of intimate partner violence that reflects the actual experiences of abused women to affect service provision that meaningfully meets abused women's needs. It noted that the current definitions of intimate partner violence are contested. While the review emphasized the importance of including coercive control as part of the definition of violence, it also acknowledged the significance of openness to full range of experience and ongoing change of definitions whilst recognising other aspects of violence that women experience. Useful concepts are coercive control, (Stark 2007), intimate terrorism (Johnson 1995) and Domestic Violence Crime (Walby & Towers 2018). The Domestic Violence Act was perceived as an advanced legislation that has managed to incorporate some aspects of intimate partner violence. The review indicated that there is still room for the ACT to evolve and include all aspects of the definitions (patterns/incidents) and coercive control without prioritising one over the other, in order to ensure the inclusiveness of abused women's experiences in order to effect meaningful change. In order to affect policy and service provisions in this regard, given the paucity of research on abused women's experiences of coercive control in South Africa, there is a need for South African research to capture women's experiences of coercive control to meet this gap.

The third section discussed the prevalence rate of domestic violence in South Africa to understand the extent of intimate partner violence in South Africa. Although it noted the

challenges with documenting the actual prevalence rate in South Africa, for instance due to underreporting, it provided the current evidence that demonstrated that South Africa continues to face challenges in the fight against intimate partner violence. It also explained that several factors including social, economic and cultural influences, could be associated with the high rates of intimate partner violence in South Africa in addition to the failure of the legislation, the Domestic Violence Act, 116 of 1998, including challenges with the implementation of the Act.

The fourth section of the literature review focused on the challenges with managing Intimate partner violence in South Africa. It demonstrated some of the reasons that contribute to high rates of violence in South Africa, with an emphasis on the South African Police service's poor implementation of the Domestic Violence Act. This was argued to contribute to women's experiences of secondary victimisation at the hands of police. A variety of explanations have been offered for the police's non-compliance in aiding victims of domestic violence. Taranto et al (2013) attributed this to Police being desensitised with intimate partner violence cases due to their own experiences of secondary victimisation from working with serious crimes. Other writers suggest that the police perceive intimate partner violence as a private matter (Bendall 2010; Furusa and Limberg 2015; Mathews & Abrahams 2001), and suggest that some police are reluctant to help because they are perpetrators themselves (Bendall 2010) and that some police officers are friends with perpetrators and reluctant to arrest them (Bendall 2010).

The fifth section of the review focused on the concept of the ecological approach and its application to social work. It demonstrates how the approach creates opportunities to have a holistic understanding of abused women's experiences. Of particular significance, is how the theory directs the research in demonstrating that women's challenges with coping and adjustment in the aftermath of IPV cannot be analysed, with a one size fit all approach, without

taking into cognizance how multiple factors, within their microsystems, mesosystems, macro systems, exosystems and chronosystems interact to shape their experiences in the aftermath of violence. It also recognizes the limitation of the theory, one of them being its failure to provide procedures for conducting assessments or techniques for interventions.

The sixth section provided insight on how survivor's response to trauma, with a focus on the Interpersonal trauma of intimate partner violence. It discussed that not all survivors experience post-traumatic stress disorder (PTSD) and demonstrated how the betrayal trauma of intimate partner violence contributes to challenges with coping with trauma and how it contributes to making survivors vulnerable to post-traumatic stress disorder (PTSD). It provided insight that is useful when working with those who present with post-traumatic stress disorder (PTSD), to be able to provide interventions that meet their needs and shape policy to focus on preventing and managing the negative consequences of abused women and enhance their social functioning. In addition, it identified a gap in South African studies of abused women and focused on different processes within the South African context that interact to shape women's experiences of post-traumatic stress disorder, using sample groups from shelters.

The literature review also noted the gap in literature where South African scholars (Furusa & Limberg 2015) discuss the paucity of research that has focused on the psychological effects of intimate partner violence in South Africa. No South African literatures have demonstrated how the secondary victimisation contributes to challenges with coping with intimate partner violence. Yet negative encounters with the South African police service as part of secondary victimisation, could contribute to challenges with coping and positive trauma adjustment in the aftermath of violence, particularly when they intersect with the psychological effects of intimate partner violence and other factors.

The seventh section explored the argument that trauma survivors can develop positive changes

after experiencing trauma in three main domains: personal changes, better relationships and philosophy of life. A theoretical framework of post-traumatic growth (PTG) was provided and situated as a trauma outcome that develops unconsciously as people attempt to manage the psychological consequences of trauma. The factors that facilitate post-traumatic growth (PTG) were also discussed. These included the characteristics of the trauma, Social Support and religious coping. A discussion on the relationship between post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) was provided. The level of association between post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) was discussed as complex, given that studies provide different results.

The section identified a gap in research in South Africa that has focused on women's healing and recovery. The trauma section indicated that the manner in which survivors respond to trauma is no different across cultures, although the process that may affect how they respond to trauma may be unique to a particular culture. The section discussed Judith Herman's (1997) theory of recovery from trauma and presented some of the abused women studies that have captured women's experiences of recovery in conjunction with Herman's theory in order to explore South African abused women's experiences of recovery. Investigating the recovery process of abused women in South Africa is critical to avoid universalistic and Eurocentric understanding of the recovery process. The chapter indicated that there is a gap in both quantitative and qualitative studies of post-traumatic growth (PTG) in abused women. To date no studies have explored women's experience of post-traumatic growth (PTG) in South Africa. This study set out to explore this gap.

The lack of consistency in the findings between studies means that it is imperative to understand the relationship between growth and distress and the factors and processes that may affect the relationship between growth and post-traumatic stress disorder (PSTD) to inform

policy and practice to find better ways of enhancing growth and recovery in abused women. Cobb et al.'s (2006) study associated the severity of abuse with higher experiences of growth. The severity of abuse was linked to experiences of growth in the appreciation of life domain-- unsurprisingly women who had left relationships experienced more growth than those still in the relationship, but the study did not discuss factors beyond leaving that may play a role on experiences of growth.

Given that there is a paucity of research on experiences of post-traumatic growth (PTG) in abused women in South Africa, there is a need for studies that focus on the empowerment role of social services and the professional relationships to be conducted to provide insight from a different cultural context. For instance, the social cultural aspects of these services and how they may mediate growth and empowerment in a different context.

Factors such as masculinities, gender inequalities and patriarchy have been discussed as some of the facilitators of intimate partner violence in South Africa (Naidoo 2006; Sheafor et al. 2006). Likewise, the concept of hegemonic masculinities that favour female submissiveness and male dominance has been described as one of the facilitators of intimate partner violence in South Africa, (Jewkes & Morrell 2010; Naidoo 2006; Sheafor et al. 2006). Yet these concepts have not been employed to understand the South African Police services' attitudes towards abused women.: this understanding is critical to aid the fight against intimate partner violence in South Africa. The research addresses this gap.

The eighth section of the review focuses on factors that contribute to women's resilience and vulnerabilities within the South African context. It demonstrates a gap in literature within the South African context that has focused on abused women's experiences of resilience and strength, given that most of abused women studies within this context has focused on negative experiences of women at the hands of men (Shalkwy, et al. 2017). The review demonstrates

the significance of utilising the socio-ecological understanding of resilience (Harvey 1996; Ungar 2013) to take into cognisance the interaction of both personal and environmental factors in affecting women's experiences in the aftermath of adversities. It discusses different factors within the South African context that may affect women's resilience. The literature review identified a gap in literature that has focused on women's ecological framework to demonstrate how different factors interact to influence poor trauma adjustment, PTSD, recovery and growth.

The ninth section discussed that South African shelters face challenges in relation to funding that limits their capacity to adequately meet the needs of abused women and their children. However, there is a gap of studies in South Africa that has addressed how the lack of services affect women's recovery, growth and post-traumatic stress disorder. When compared to community samples, women in shelters present with higher experiences of post-traumatic stress disorder (PTSD) (Jones et al. 2001). However there is a paucity of research in South Africa from shelter samples on how services or practices within the shelters support women's healing (Walker & Clacherty 2015) and promote post-traumatic growth (PTG), or conversely through their services or lack of comprehensive services, within the South African social cultural context, hinder women's ability to develop resilience, cope with trauma, and facilitate growth.

Additionally, there is a gap in studies that focus on the factors that contribute to the value of professional relationship as resilient factors that enhance recovery and growth, particularly in different context. Song (2012) argued that the helping relationship of unconditional positive regard from professionals contributed to healing and growth but did not discuss in detail the critical variables that make these helpful relationships meaningful to these women, such as the concept of gender of the professionals. While she discussed self-esteem, discrimination, and social stigma that possibly contributed to women's experiences of low-self-esteem leading to

the value and appreciation of the professional relationships, she does not discuss the actual experiences of oppression, whether it is the intimate partner violent relationship itself or it is women's experiences of earlier victimisation. There remains a gap in research that has used the ecological framework to explore how multiple factors affect women psychologically, particularly in the aftermath of violence in relation to recovery, post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). A key area that has been neglected has been exploring how different factors within an ecological framework affect how women adjust and respond to trauma in the aftermath of violence and how these factors contribute to post-traumatic stress disorder (PTSD) and shape women's experiences of post-traumatic growth (PTG) in South Africa.

Towards the end of the review the chapter argued that cultural factors may promote resilience and/or women's vulnerabilities in the context of intimate partner violence. It discussed that cultural practices, customs and values associated with women's belief system may contribute to challenges with finding meaning, recovery and resolving the trauma. This included a discussion of religion as an aspect of culture. It identified a gap in literature that has demonstrated how cultural factors as part of women's belief system in the context of intimate partner violence, promote challenges with finding meaning and resolving the trauma over time in conjunction with other factors. The thesis seeks to addresses this gap.

CHAPTER 3: METHODOLOGY

Introduction

To explore the narratives of abused women in South Africa, I conducted qualitative research at three shelters for abused women over a period of three months. The research was guided by feminist approaches. The methodology involved three phases. The first phase involved familiarizing myself with the shelter community at Shelter X for abused women for a period of one month. The narrative interviews followed as the second phase, in which women from two shelters in Johannesburg were interviewed. The first group of interviews focused on women who had left their relationships and had resided at the shelters for a period of up to six months. The next group that was interviewed from the shelters included women who had left their relationships and had lived at the shelter for a period of 10–15 months. The last set of interviews included women who had left their relationships at least four years previously in order to gain an understanding of their journey in the aftermath of intimate partner violence. Two self-report checklist scales, the PCL-C and the Post-traumatic Growth Inventory (PTGI) were also used to measure the experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). The third and last phase of the data collection process involved two focus group discussions at two shelters in Johannesburg. This chapter will therefore provide details on how the research was carried out. Firstly, the aims of the research will be discussed. This is followed by a description of the feminist approach, the research strategy, with an explanation of the data collection process, and a justification of any changes that were made to the initial study plan. The following section will discuss how the shelters were selected, the research sample, gate keepers' roles, sampling and selection of participants. The chapter

concludes with an exploration of the ethical challenges, the role of reflexivity, and a summary of the methodology used to ensure the credibility of this study.

3.1 The aims of the research:

To explore what promotes or gets in the way of post-traumatic growth (PTG) in the aftermath of intimate partner violence for women in the South African context.

The main objectives of the research:

- To explore the factors that contributed to experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) over time
- To identify the experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) that may be experienced by women during the recovery process as a result of the traumatic experience in the aftermath of intimate partner violence
- To understand the factors that may have facilitated challenges with trauma adjustment and post-traumatic stress disorder (PTSD)
- To understand the process and factors that may have facilitated recovery and experiences of post-traumatic growth (PTG)
- To explore women's perceptions about the meaning and understanding of their traumatic experiences of intimate partner violence.
- To explore definitions of abuse and perceptions of the nature of services and available help for women in South Africa.

3.2 The Research: Conducting Social Work Research with Abused Women In South Africa

South African scholars recognise the paucity of qualitative research on abused women's experiences, (CSVR 2016). Likewise, South African studies note the paucity of research on domestic violence and mental health, including experiences of post-traumatic stress disorder (PTSD) in abused women (Marais et al. 1999; Ramashia 2001; Bean & Moller 2002). The negative health consequences of intimate partner violence such as post-traumatic stress disorder (PTSD) have been documented in both western and South African literatures; and research suggests that Shelter samples arguably present with higher levels of post-traumatic stress disorder (PTSD) than community samples (Kemp et al. 1995; Jones et al. 2001; Bean & Moller 2002; Marais et al. 1999), with high post-traumatic stress disorder (PTSD) scores being attributed to numerous challenges that women in shelters experience in the aftermath of violence (Jones et al. 2001; Marais et al. 1999). However, not much is known on factors within a diverse social cultural context like South Africa that may contribute to post-traumatic stress disorder (PTSD) and challenges with trauma adjustment. There is also a scarcity of research that has captured experiences of abused women in shelters in South Africa and how shelter services affect women's healing and recovery (Walker and Clacherty 2015). Given that negative consequences of intimate partner violence such as post-traumatic stress disorder (PTSD) are detrimental to women's physical and psychological health as well as to both public health and social development, it becomes critical to investigate post-traumatic stress disorder (PTSD) in samples of South African abused women within the South African context.

Research on abused women that informs the field of intimate partner violence and trauma in South Africa has mainly focused on women from the west. So too, the few studies on abused women's experiences of growth have been conducted in the west, and there is a gap in women experiences of growth from the African or South African contexts. As a result, it provides a western and Eurocentric understanding of the traumatic experience of women from different context (Dangor 2004; Marais et al. 1999). Yet, it is well known that the manner in which

women from different cultures experience or define forms of violence is not the same. Additionally, the process and factors that play a role in coping after trauma are unique to a particular culture (Kuo 2011; Markus & Kitiyama 1991; Joyce & Berger 2007)

Reviewed literature notes the scarcity of research on the experiences of diverse women, such as black women (Taylor 2004; Kuo 2011; Sokoloff & Dupont 2005) even though the extent of violence and the consequences for their health is no different from their white counterparts (Taylor 2004) and in an era where both domestic violence literature and feminist research have evolved tremendously (Kasturirangan, Krishnan, and Riger 2004). It is however encouraging to note that "an emerging body of scholarly work is giving voice to" abused women "from a wide range of formerly excluded and ignored communities" (Sokoloff & Dupont 2005, p. 38). The validation and inclusion of women's experiences from different cultures is highly relevant in relation to service provision that is effective in meeting their specific needs.

This thesis responds to the gap in literature that addresses the resilience, strength and healing experiences of abused women in South Africa, and their experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). Therefore, this narrative research study centres on the subjective experiences of abused women in South Africa for the purposes of making a contribution to the body of literature that focuses on abused women's experiences in the recovery phase. The research was carried out with the aim of exploring the perceptions of abused women around the meaning and understanding of their traumatic experiences of abuse within the South African context as well as their views, beliefs and experiences involving the nature of service provision and available help for abused women in South Africa. This focus falls within the current trend in feminist research, which has shifted from "a gender analysis" of women's experiences to a more inclusive position that takes into account factors within a particular sociocultural context that are perceived as equally critical in understanding the

experiences of women within that context (Maynard & Purvis 1994; Kitzinger 1997). Of particular concern to the study were the factors that contributed to challenges with trauma adjustment and facilitated experiences of PTSD as well as those that facilitated positive trauma adjustment and PTG in relation to the period of time after the trauma. This research seeks to provide knowledge and analysis of abused women's experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in South Africa, and the role that service providers, where women sought help, services, or lack of services played in inhibiting or promoting positive trauma adjustment and trauma outcomes in the aftermath of violence. It seeks to centre the abused women, who are often marginalised and referred to as the silenced population, with offers a platform for their voices to be heard in a patriarchal society like South Africa. At the core of the research was the hope that the voices of these women might be brought to light, promoting dialogue and change, consciousness raising and substantial influence at a desperate time, when any positive change in both service provision and policy is highly critical to meet the needs of the women who suffer at the hands of their partners. The findings in this thesis are critical in contributing to the sparse literature on abused women and mental health in South Africa.

3.3 The feminist epistemelogical framework

A feminist approach guided the research since it was well matched with its goals and objectives. This is classified as research that is "focused on women, carried out by women, for other women with commitment to changing women's lives and circumstances" (Alston & Bowles 2013, p. 19), and arose from dissatisfaction with the lack of research that meaningfully presented women's experiences as defined by the women themselves. According to this view, the basis of knowledge on women's issues was embedded in "masculine knowledge" originating from positivist paradigms such as quantitative measures and surveys, which were

not perceived as meaningful ways of conducting sensitive research with abused women. These implications were a misrepresentation of the views of women since women themselves were not at the centre of the research as active participants (Kitzinger & Wilkinson 1997; Maynard 1990; Kelly 1988).

Current feminist approaches have moved on from discontentment with quantitative approaches when researching women's lives to appreciating the use of both qualitative and quantitative approaches, depending on the research goals and objectives, and situated within a paradigm generated by women's experiences (Maynard & Purvis 1994; Letherby 2003; Heisse-biber & Levy 2007). For example, most feminist psychology research in the USA has used quantitative approaches (Flick 2018).

Earlier feminist research, through emancipatory and empowerment approaches, contributed to research on abused women by providing critical insight into the nature of women's experiences and the negative consequences of such experiences, such as post-traumatic stress disorder (PTSD) (Tseris 1998; Gulfus 1999). However, these writings were inadequate: they generally portrayed Eurocentric values and demonstrated cultural insensitivity (Maynard & Purvis 1994; Sokoloff & Dupont 2005). The literature provided a monolithic and universalistic definition of women's experiences evidenced in their classification of the research as providing "true knowledge", with a basis in a white, western, middle-class understanding of women's experiences. Sokoloff and Dupont (2005, p. 41), who cite Kanuha (1996, p. 41), argued that the "tag line that domestic violence affects everyone equally trivializes both the dimensions that underlie the experiences of these particular abuse victims and more important, the ways we analyse the prevalence and impact of violence against them." Furthermore, they argue against searching for the universal definitions of experiences of intimate partner violence, especially in diverse communities because: "Poor women of color are most likely to be in both

dangerous intimate relationships and dangerous social positions" (Richie 2000, p. 1136, in Sokoloff & Dupont 2005, p. 41).

Feminist perspectives that guide the thesis, perceive women's unique experiences within a different cultural context as equally significant when researching women (Maynard & Purvis 1994; Denzin et al. 2008; Kitzinger & Wilkinson 1997; Hesse-Biber & Levy 2007; Letherby 2003; Lieblich et al. 1998; Liamputtong 2007). Thus several feminist approaches, specifically Black feminism, guided the research, which recognised that the majority of participants in this study were black women, whose lived experiences in the aftermath of violence cannot be interpreted in isolation to their race, their socio-economic positioning, their culture, their gender, the structures of patriarchy, the social historical context of apartheid and its legacy of inequalities, poverty and high levels of unemployment (Ackerman & De klerk 2002; Outwater et al. 2005; Wood et al. 2005; Dangor 2004; Kim & Motsei 2002). The intersection of these factors within the South African context creates different levels of oppression and vulnerability that shape their unique lived experiences in the aftermath of violence.

The standpoint of the research is well matched with Watligon and Murphy's (2006) argument that, although intimate partner violence is experienced across cultures and by women from different social positions, it is imperative to take note when researching diverse communities such as black women that their multiple levels of oppression, as well as the different levels of vulnerability that they face in addition to their traumatic experiences position them in a disadvantaged position when compared to others. Whilst these theorists (Campbell & Gary 1998; Halaman & Schultzer 1995; Reinnison & Welhams 2000, in Watlington & Murphy 2006; Taylor 2004) argue from the background of African American abused women studies, black women in South Africa, like their US counterparts, experience different levels of oppression, which may arguably place them in a more vulnerable position in relation to resources and other

factors that may be significant to the recovery process (Ackerman & De klerk 2002). These current feminist viewpoints, permitted me, a black feminist researcher, to recognise and validate the experiences of the women in relation to their context from the early phase of data collection right to the end of the process.

The feminist approach, matched with the qualitative approaches used in the data collection phase of the study, was effective in ensuring that I demonstrated the value of the women's unique experiences and that the women were at the centre of the research. This affected the interview methodology. It was important that women received an opportunity to construct their own narratives and were in control of telling their own stories within their context in a manner that was empowering and respectful of their experiences (Altson & Bowles 2013; Taylor 2004). For instance, the women were provided with an opportunity to tell their stories freely as part of this narrative research and the feminist technique of "story telling" (Kirkwood 1991), by which they were in control of how their story was told, whilst I listened. This contributed to maintaining the balance of power between the researcher and researched during the semi structured interviews.

Feminist theory and methodology enabled me to demonstrate the value of abused women as having expertise in their own experiences. This provided a meaningful understanding of how their journeys had unfolded; for instance, what options, choices, resources, and decisions had played a role in shaping their experiences in the aftermath of intimate partner violence. As argued by Gilfus (1999), in Taylor (2004, p. 36), a survivor-informed philosophy involves "acknowledgement of the survivor as a complete human being with a cultural and historical context capable of expert knowledge, who is a subject in his/her own right." This standpoint is imperative in sensitive feminist research with abused women because it demonstrates a clear shift from earlier perceptions of women as pathological, passive and helpless victims who lack

the capacity or motivation to make decisions that would positively change their lives (Gondolf & Fischer 1988). Whilst the research provided avenues to bring the women's trauma narratives to light, it enabled them to find their own voices and to be heard. Given that feminist research aims to use women's voices as a vehicle of knowledge, hopefully their narratives will contribute to the creation of knowledge that is unique to their lived South African experiences and add to the gap in the literature on the experiences of women from diverse contexts as well as to the "black feminist paradigm" (Maynard & Purvis 1994).

3.4 Research Strategy

The research was qualitative in nature because I wanted to capture the women's subjective experiences. "Qualitative research seeks to explain the meaning of social phenomena through exploring ways in which individuals understand their social worlds" (Whittaker 2009 p. 9). The qualitative approach, which is well matched with feminist research, was also favoured for its "insider's perspective" (Morris 2006), as it enabled me to gain an in-depth understanding of the women's lived experiences, for instance, their perceptions, and the meanings attached to the intimate partner violence experiences. Significantly, the interviews provided useful insights into the women's journey from their earlier childhood experiences to the current phase, consequently, providing a critical understanding of how their particular journeys were formed, in both the pre-violent and post-violence stages.

The constructivist/interpretive paradigm that is associated with the research design was favoured because "it seeks to understand people's lived experiences from the perspective of the people themselves" (Hennick et al. 2011, p. 14). This provided the opportunity to recognise and take into account the unique experiences of the abused women within South Africa, given that they were in control of how they told their stories and what information to provide. This position was critical to ensure that I guarded against the "one size fits all approach" in order to

gain a critical understanding that is specific to their unique experiences (Sokoloff & Dupont 2005).

Dobash and Dobash (1998) recognise the importance of developing a contextual understanding of the setting under study in order to gain insight into how certain factors within that particular setting may shape women's experiences of abuse; for instance, both within the relationship and during the post-violence phase. This viewpoint is not far from that of Sokoloff & Dupont (2005), who concur that women from different social contexts possess different narratives of definitions and understandings of intimate partner violence that may not be congruent per se with "mainstream definitions". Of particular significance is the manner in which they experience intimate partner violence, which may be unique to that particular cultural context. Although I acknowledge that some of the factors established in domestic violence literature and trauma literature are not completely distinct among women across cultures, this strategy permitted me to be attentive to both salient and obvious individual factors and cultural factors within the South African context as expressed by the women, in order to provide a meaningful interpretation of their experiences after leaving. In light of the points above, this "context specific nature" of the approach (Chaumba 2013) contributed to a more holistic interpretation of the specific factors that shaped the women's journey in the aftermath of violence; in particular, the factors that may have facilitated either negative or positive trauma outcomes in the aftermath of violence.

In contrast to quantitative research, the research strategy used, as demonstrated earlier on, was very critical in the research because it took into account a recognition of the multiple forms of knowledge, often referred to as multiple truths, that exist within the women's narratives in the South African context (Heisse-Biber & Leavy 2007). This enabled me to have an open mind, with no pre-assumptions about universal definitions of experiences of intimate partner

violence, or traumatic experiences and enabled me to avoid searching for universalities or commonalities of experience.

Additionally, this approach enabled the recognition of valuable knowledge even in circumstances where the information did not fall in line with the meanings or common forms of domestic violence as outlined in mainstream western literature, but was familiar within the context under study. Likewise, the flexibility of the approach was critical in enabling the modification of questions during the interviews or during the data collection process in order to respond to participant input (Whittaker 2009). Similarly, the thorough capturing of information enabled by the particular research design could not have achieved similar success if a quantitative design alone had been used. The latter focuses on objectivity and a single reality when trying to understand a social phenomenon, which did not fit in with the aims and objectives of this research (Denzin & Lincoln 2005; Barbour 2014).

Whilst the subjectivity of the researcher in qualitative research puts the research design at a disadvantage when compared to quantitative approaches (Denzin & Lincoln 2005; Whittaker 2009; Leatherby 2003; Barbour 2014), this was not a limitation in the current study since I was able to compensate for the problem by making use of reflexivity and supervision. The reflective diary supported continuing self-awareness to ensure that my own values or experiences, as a social worker who had worked in the same context, did not hinder the research process. Additionally, I made use of supervision, especially when faced with dilemmas or challenges, to ensure that I did not compromise the credibility of the research. Equally, I note that, regardless of the attentiveness to the research process, true objectivity cannot be achieved whether qualitatively or quantitatively since researchers are socially situated and take along their own experiences, perspectives and values to the research, whether through their preferences in the choice of measures, their chosen theoretical framework or through the

process of data analysis (Chaumba 2013).

In the same light, I also acknowledge the challenges with generalising these findings across a wider population due to the methodological framework used. The research's purpose was not to construct generalities nor to generate theory per se, but to generate critical insight and stimulate future research in the field of trauma and intimate partner violence in South Africa. Taking into account the fact that the subject of pos-ttraumatic growth (PTG) is still a new field, particularly in South Africa, a qualitative approach may possibly provide knowledge that could be tapped into and contribute towards the development of "culturally sensitive" quantitative measures (Splevins et al. 2010). As a qualitative researcher, it is important to note that this data collection process would not have achieved similar success if entirely quantitative approaches had been used; for instance, if checklist measures alone had been used. The strength and credibility of the research findings lies within the research strategy used, which involved familiarising myself with the shelter and its community, narrative interviews and focus-group discussions.

3.4.1 Familiarising myself with the shelter and its community

The aim of this phase was to familiarise myself with the shelter community and to provide the opportunity for the women living in the shelter to familiarize themselves with me prior to asking them to participate in the study. During this phase, I volunteered at a crèche that was situated on the shelter premises as a strategy for building rapport and gaining insight into the shelter community. I assisted with any work that was needed. This included helping to arrange the nursery chairs and books, washing dishes, tidying up floors, reading books with some of the children, helping to make school lunches, interacting with the children and a member of staff, observing the children whilst they played and any other chores that would enhance the opportunity to connect with the shelter community. I met with the shelter's house mother on a

daily basis in her office to gain insight into the shelter but also to observe some of the work that she was doing as a way of gaining an understanding of the community. The experience benefited the data collection processes that followed, because it provided a naturalised opportunity to interact with the women at the shelter, such as the staff members, the women who volunteered at the nursery who were shelter residents themselves, as well as the mothers of the children at the crèche who dropped them off and collected them. This approach, as part of my strategy of building rapport, enabled me to establish a relationship with the shelter community and was critical in providing insight into the lived experiences of the women who resided at Shelter X. These factors were instrumental when conducting interviews, given that I incorporated some of my observations into my questions.

This phase benefited the research because it provided insight into how the shelter as a service provider affected women's experiences, either positively or negatively. The feminist approach was useful in the familiarization with the community phase since my focus was to observe, document and interact with the women, who were the main members of the community, in order to provide a meaningful interpretation of how the culture of the community (Leatherby 2003; Barbour 2014) itself shaped the women's experiences in the aftermath of violence. On the other hand, having informed the women about my role as a social work researcher right at the beginning provided the opportunity to gain their trust so that they felt comfortable in discussing their experiences of intimate partner violence during this phase. Possibly, this knowledge provided them with the assurance that their information was safe thus facilitating trust. These factors contributed to the success of the data collection process, specifically the interviews.

3.4.2 Narrative Interviews

It is argued that narrative research is useful when conducting research that aims to make sense

of people's lived experiences; for instance, the manner in which participants construct and reconstruct the meanings of a particular experience. (Bamberg 2010). One of the strengths of narrative research is that it provides avenues for a critical understanding of the participants' lived experiences. Given that this approach was well matched with the goals of feminist social work research, narrative interviews were used as part of the main data collecting methods. The narrative interviews provided opportunities for the women to provide their accounts in great detail. This was the benefit of using narrative interviews, as this format enhanced the quality and depth of the data that was collected. This value of narrative interviews has also been captured in the literature (Reissman 2008; Whittaker 2009).

Reissman (2008, p. 26) suggests that "working ethnographically with participants in their setting over time offers the best condition for storytelling." I concur that spending time at the shelter over the period of one month prior to the interviews was beneficial in setting the stage for conducting the narrative interviews. The majority of the interviews and the focus-group discussions were conducted at the shelters. For instance, at Shelter X, the interviews were conducted in a private office, whilst at Shelter Y they were conducted in a private bedroom. The four women who were amongst the participants from the four years and above group who had not resided at the shelter before were interviewed in their private homes.

A semi-structured interview schedule was used. This research tool was revised a number of times to ensure that both the questions and the language used were relevant to the context and respectful of the women's experiences. For instance, I did not use the word abuse in the questions and opted instead to use the word difficulties to refer to their experiences. In this way, the women were given a mandate to define their own experiences. However, all the women in the study defined their experiences as abuse. It was after they had defined their experiences in this way that I was able to use the word.

The interviews were all tape-recorded with the permission of the participants. In addition, the topic guide was organised to answer the research questions as well as around the theoretical framework. The questions focused on the women's childhoods, the intimate partner violence relationship, their shelter experiences and some issues related to their health and aspects of post-traumatic growth (PTG). In most cases the research tool acted as a guide given that the women provided long accounts during their narratives from childhood to their current period. Hence, I listened and only asked questions when I sensed that certain areas were not being covered. Significantly, it was evident that the women were comfortable in the interviews and open to discussing their experiences. Furthermore, the qualitative interviews supported the results from the checklist scales, the PCL and the PTGI. This added to the credibility of the research by demonstrating that the information captured through self-report measures was not merely positive illusions but a true reflection of the women's experiences (Joseph 2011; Calhoun et al. 1998; Splevins et al. 2010).

3.4.3 Focus-Group Discussions

The focus-group discussions were conducted towards the last stages of the data collection process. Vignettes were used in these discussions as part of a data collection technique. The vignette has been attached as part of the appendix. I used the vignette because it is one of the most effective methods of gaining critical understanding on the views, beliefs, norms and perceptions of participants (Kelly & Lesh 2002). This was effective in the study because it did not focus on the women's individual experiences. In particular, the aim of the focus-group discussions was to gain insight into the available types of help, the nature of service provision, and how the two affect the experiences of abused women in South Africa. These issues would provide insight that was not covered in the individual interviews.

The focus-group discussions involved eight women from Shelter Z and six women from Shelter

X. They took place at the shelters for a period of up to two hours. During both discussions, the participants interacted over a cup of tea and cake that I had provided. This ensured that the setting was informal and accepting. In addition, the group included women with shared experiences, as shelter residents and as abused women. As a result, it brought about feelings of connection and understanding. It is important to note that, even though the vignette did not focus on the participants' individual experiences, most of them started sharing individual experiences. In most instances, this was experienced positively, and the level of cohesion was evident amongst the participants from both groups as they provided mutual support and understanding towards each other without being judgmental; even if they disagreed, it was done respectfully.

The focus-group discussions were instrumental in providing insight into the cultural norms and beliefs within the context of intimate partner violence, in much greater detail than the individual interviews. This was the case because the interview schedule did not include specific questions about policing or culture. These narratives were only captured in cases where the women themselves provided such accounts. Possibly, I would have captured more in-depth data on some of their cultural beliefs if they had been included as part of the questions. However, this was not a limitation for the study as I captured in-depth data, through different methods, that was adequate enough to answer the research questions. Consequently, the information captured in the focus groups contributed to providing insight into some of the factors and processes that hindered or facilitated recovery and post-traumatic growth (PTG) in the aftermath of violence, as well as some of the factors that contributed to rendering women vulnerable to intimate partner violence and post-traumatic stress disorder (PTSD) within this context.

3.4.4 Data Collection Instruments

3.4.4.1 Assessment of PTSD

A PCL-C checklist scale, which is a civilian version of the Post-traumatic stress disorder checklist scale, was used to assess post-traumatic stress disorder (PTSD) symptoms. It contains 17 items, which are used to identify post-traumatic stress disorder (PTSD), symptoms in line with DSM-IV. The measure consists of a Likert scale ranging from 1 to 5, in which the participants have to show how much they are disturbed by the particular symptoms. In this case, a value of 1, which states "not at all", demonstrates that one has not experienced the symptoms, and a value of 5, which states "extremely", illustrates a high level of symptoms experienced by the trauma survivor. Significantly, a score of over 50 indicates that one has been diagnosed as having post-traumatic stress disorder (PTSD) (Blanchard, Jones-Alexander, Buckley, & Fornes 1996; Smith, Kuhlman, Clevenger, Faulk, D'Amato, & Granato 2016). It is important to note that "the PCL-C scoring differentiates three symptom clusters (re-experiencing, avoidance and numbing and hyperarousal)" (Smith et al. 2016, p. 819).

One of the motivations for my choice of measure relates to its reliability and validity as a measure for post-traumatic stress disorder (PTSD), with both high test/re-test validity and reliability (Blanchard et al. 1996). The PCL-C is one of the most widely used non-clinical self-report measures when conducting post-traumatic stress disorder (PTSD) assessments (McDonald & Calhoun 2010; Blanchard et al. 1996). As a result, the scale has been widely supported by several studies, which have demonstrated high validity and reliability when assessing post-traumatic stress disorder (PTSD) with the scale. These include studies with abused women (Smith et al. 2016; Housekamp & Foy 1991; Ramashia 2009).

Some of the limitations of the PCL relate to the challenges with confirming the accuracy of results captured as real experiences of post-traumatic stress disorder (PTSD) due to concerns about some notions of bias, given that both the researcher and participants may have prior knowledge of symptoms, and this may influence the findings and analysis of the information

(McDonald & Calhoun 2010). However, this limitation was managed, given that the majority of participants who were shelter residents had no record of post-traumatic stress disorder (PTSD). In addition, although some participants from the four years and above group had some knowledge of post-traumatic stress disorder (PTSD), and a few participants had received treatment for it, this awareness enhanced their ability to report on the answers because they were able to answer the questions correctly without the need for clarification from the researcher about what some symptoms meant. In addition, the credibility of these findings was further enhanced by the notion that the actual interpretation of the PCL-C checklist scale was conducted by a South African clinical psychologist. Hence, this ensured that the findings were not biased or influenced by the researcher. Most importantly, the use of narrative interviews managed some of the limitations identified above as they provided insight on their trajectory to recovery and factors that possibly influenced experiences of post-traumatic stress disorder (PTSD).

3.4.4.2 Assessment of post-traumatic growth (PTG)

The Post-Traumatic Growth Inventory (PTGI) (Tedeschi & Calhoun 1996), a self-report scale, was used to assess the women's experiences of post-traumatic growth (PTG). This is a 21-item self-report measure that rates the level at which the participants experienced positive changes after intimate partner violence. The women rated themselves on the PTGI five-point likert scale that runs from 0 to 5. The lowest score of 0 signifies a lack of experience of change within a particular item and the highest score of 5 indicates extreme levels of perceived change in that item (Joseph 2011). The items on the scale are arranged according to the five factors that are associated with post-traumatic growth (PTG). These are: relating to others, spiritual changes, appreciation of life, new possibilities and personal strength (Tedeschi et al. 1998; Cobb et al. 2006). Thus, low scores of 0–21 demonstrate no growth, whilst a score from 21 upwards

indicates different degrees of growth (Elderton et al 2017).

The PTGI was favoured in this study because it is the most commonly used measure amongst post-traumatic growth (PTG) studies across cultures (Splevins et al. 2010). In addition, the PTGI has a re-test reliability of (0.71) over a two-month period (Tedeschi et al. 1998; Cobb et al. 2006). This has also been supported by a number of studies (Tedeschi & Calhoun 1996). One of its major strengths is that it is not limited to measuring a single component of growth; rather, it focuses on varying aspects of the concept of Growth. (Tedeschi et al. 1998). As discussed earlier, one of the critical limitations of post-traumatic growth (PTG) relates to the believability of results that are based on people's own assumptions of post-traumatic growth (PTG) given that there is a possibility of capturing positive illusions that may not be the actual reflection of growth (Joseph 2011). However, the qualitative narrative interviews managed the limitations by providing a thorough indication of how participants reconstructed their meanings in the aftermath of trauma and the factors and processes that contributed to post-traumatic growth (PTG). Hence, it was evident from some of the participants narratives that they had gone through a process to experience post-traumatic growth (PTG).

Given that post-traumatic growth (PTG) studies indicate that Post-Traumatic Stress facilitates post-traumatic growth (Tedeschi et al. 1998; Joseph 2011), and a number of studies have demonstrated the association between post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) (Aldwin et al. 1994; Frazier et al. 2001, in Kashadan & Kane 2011; Joseph & Linley 2006; Tedeschi & Calhoun 1996; Tedeschi et al. 1998), it seemed imperative to assess both post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in the study. Most importantly, it was also apparent that some studies assessing post-traumatic growth (PTG) experiences in trauma survivors, which have assessed post-traumatic stress disorder (PTSD), utilised both the PCL-C checklist and PTGI measures. This includes Kashadan &

Kane (2011), who conducted studies on a group of students who had experienced traumatic events five months prior to their studies. Given that the association between intimate partner violence and negative trauma outcomes such as post-traumatic stress disorder (PTSD) has been widely established, yet positive outcomes such as post-traumatic growth (PTG) experienced by abused women has not been investigated extensively (Cobb et al. 2006, D'amore 2017) it seemed imperative to assess both experiences in this research study. The assessment of both post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) was done prior to the interviews. The participants were asked to fill in the measures. This was useful as it ensured that the participants' answers were not influenced by the interview. Most of the participants were able to answer the questions and they were free to ask any questions when they needed any clarification.

3.4.4.3 Sampling

Given that the narrative research aimed to understand the subjective experiences of abused women, a purposive sampling method was used in the research. Thus, the participants, who were abused women, were chosen for their knowledge of the phenomenon. Hence, they were in the best position to provide in-depth information relating to the subject under study (Silverman 2011). In the same light, the research involved a pilot study at a refuge in the UK, in which one participant was interviewed. The aim of the pilot study was to learn whether the research tool was able to achieve the intended objectives or whether it needed to be modified to ensure effective data collection (Denzin & Lincoln 2008).

3.4.4.4 Participant selection criteria

It is important to note that a set of criteria was established for the selection of participants. These were:

- The participants had lived at the shelter for at least six months, or they had left the shelter for a period of between one year and five years;

- They should be between the ages of 20 and 50;

- They should have previously received some counselling;

- The participants who have left the shelter should still be in contact with the shelter.

Overall, the main research project involved 30 abused women in South Africa. A revision was made to the main selection criteria to include 10 women who had left their relationship and had been residing at the shelter for up to six months, 10 participants who had left the relationship and lived at the shelter for 10-15 months and participants who had lived at the shelter for some time and thereafter, but were no longer doing so and had left their relationship at least four years previously. This change was motivated by the need to be inclusive of participants who did not fall within the range originally specified as well as to limit the challenges of obtaining participants who fitted within the criteria.

In addition, I divided the participants into three groups. The rationale behind this choice was to assess the women's experiences in relation to time elapsed since leaving, to be able to compare the experiences of change from different groups, specifically in relation to the experiences of post-traumatic stress disorder (PTSD), stages of trauma recovery and experiences of post-traumatic stress disorder (PTG) over time. Whilst the initial plan was to conduct focus-group interviews with 20 women in two groups of ten, I actually interviewed 14 women in two groups of six and eight. These women were shelter residents from Shelter X and Shelter Z respectively. At the same time, although I had anticipated conducting a pilot study for the focus group at a refuge for women in the UK, this plan could not materialise due to lack of adequate time to recruit participants and conduct the research, given that I was due to start data collection in South Africa.

3.4.4.5 Research sites and recruitment of participants

- Shelter X

The research took place at three shelters for abused women in South Africa, referred to as Shelters X, Y and Z in the thesis. Initially, the aim was to conduct the whole project at Shelter X, a nongovernmental organisation (NGO) that was organised around Christian philosophies. However, the decision to include Shelter Y and Z came about whilst the interviews had commenced at shelter X as a result of insight that was obtained from interviewing some of the women at Shelter X as well as through the communications with some of the women during the familiarisation with the community phase. Thus, some of the women who demonstrated signs of recovery revealed that some of the activities at Shelters Y and Z had contributed to their ability to cope better with their difficulties. As a result, I was interested in discovering the role that these shelters played in women's experiences in the aftermath of violence as a way of enhancing the quality of the data.

Nevertheless, Shelter X was the main research site where I conducted the first phase of the study, which was familiarization with the community, interviewed the majority of the participants and conducted a focus group discussion. The reason to choose the shelter as a research site was that it is one of the biggest shelters in Johannesburg housing up to 60 women and their children. Hence there was a strong possibility of having diversity in the sample and I perceived that I would not struggle to find the required sample of participants. Most importantly, I was interested in finding out the role that the shelter services played in women's experiences particularly when it was the only shelter according to my knowledge that was not only established under a Christian philosophy but was also running as a Ministry, where prayer services, such as baptism, church were held at the premises with the shelter CEO as a Pastor. This interest was further enhanced through literature on recovery and post-traumatic growth

(PTG) that indicated that spirituality and religious beliefs have enabled trauma survivors to find meaning and healing after traumatic experiences and to enhance post-traumatic growth (PTG) (Cobb et al. 2006; Shaw et al. 2005). Hence, I was interested in finding out if the research site, through its religious philosophies and services, could be one of the factors that possibly facilitated recovery and experiences of post-traumatic growth (PTG) in abused women, or hindered the possibility of growth and promoted challenges with trauma adjustment. The spiritual aspect of the shelter was not surprising since some of the shelters in South Africa are associated with religious philosophies and funded by Christian organisations. Such shelters also incorporate these philosophies as part of their empowerment services (Walker & Clacherty 2015). A formal permission to conduct the research was sought from the shelter management prior to commencing my PhD study, where permission was granted. Communication was maintained whilst I planned the data collection process to ensure that the opportunity was still open.

Shelter X is a large building of four floors that is open 24 hours a day. The residents are usually referred to the shelter by the police, social services, word of mouth or they find out about the services through the organisation's website. The women may stay for up to 15 months and in most instances they are able to stay longer. The shelter has a crèche and pre-school on the premises where the women can send their children. The women pay for both the crèche and the shelter accommodation. The latter was 150 Rands per month, which was equivalent to £9 per month, at the time of the study. The shelter also has skills training initiatives. However, due to a lack of funding, there were only a few programmes running at the time of the study. Thus, some of the women were involved in upholstery and computer training that was funded by other organisations. At the time of the study, the shelter no longer held prayer services or other religious activities on the premises. However, it still had a strong religious presence, with scriptures of encouragement posted all over the staircases as well as in the reception area. Some

of which have been attached as Appendices. Although the pastor continued to provide spiritual guidance for those women who sought out her services personally. Likewise, the shelter no longer had a Social Work department due to lack of funding. However, there was a counsellor who was present at weekends to provide supportive services.

When trying to recruit participants initially, I had wanted to speak with the women face to face in the morning prior to their leaving the shelter, but it was a challenge to meet with a number of them given that it was the shelter's protocol for the women to leave at 09:00 and come back in the late afternoon. For instance, when I arrived around 07:30 and 08:00 a.m., most of the women were busy getting ready to leave. Hence, I only managed to recruit a few participants in this manner. Likewise, it was not possible to recruit women as they dropped off their children at the crèche. Two invitations to participate were placed in the shelter's large reception. Whilst the invitations were visible, none of the women expressed interest in participating in the box that was placed under the invitation. Upon discussing the challenges I faced with the shelter's house mother she suggested that I recruit the women on a Saturday morning when all the residents were available for an informal chat over cup of tea. Significantly, the shelter management made the women aware of my presence and a staff member was allocated to assist me with meeting the women and arranging the venue. However, none of the shelter team, including the house mother, were present when I spoke with each woman to seek consent for the research. This ensured that they were not part of the recruitment process nor did they have any influence in the women that decided to participate or those that refused to take part. Some of the women were familiar with seeing me on the premises, and some of them had interacted with me and were aware that I was a researcher. Although some just saw me on the premises, all these women freely expressed their willingness or non-willingness to participate without feeling any pressure.

Several women availed themselves for the chat. I personally sought consent from each woman individually on a one-to-one basis. However, not all of them were interested in participating due to the lack of monetary incentives especially in the context of poverty. These women felt that the research would not benefit them. Hence, it was evident that those participants who had indicated their willingness to participate perceived that their participation was meaningful. Some of the women appreciated the opportunity to talk on a one to one basis as they indicated that even though they had some interest in the research from just looking at the invitation to participate, they did not fully understand what the research entailed or what my purpose at the shelter was. Hence this opportunity to talk had provided them with some clarity about what their participating entailed. These conversations also provided insight on how such strategies for recruitment can distance the researcher from the researched as opposed to face-to-face recruitment.

- Shelter Y

Like Shelter X, Shelter Y was established under Christian philosophies. At the time of the study, it accommodated 25 women and their children. The shelter referral services were similar to those of Shelter X discussed above. The women can stay between nine and 14 months. The shelter has skills training programmes as part of its empowerment strategies; these include computer training, hairdressing, upholstery and apprenticeships, to name a few. In a few instances, depending on their qualifications, some of the women are sent to college or University. In addition, they are also assisted in finding jobs. However, these developments could be attributed to the adequate funding that the shelter receives from large corporate organisations in South Africa, as well as several churches within their community. It is mandatory for the women to attend Bible studies on the shelter premises twice a week as well as to attend a particular church, to which they are transported there and back every Sunday.

The women do not pay for their shelter residency nor for the crèche or their children's schooling. The women's children are sent to nearby schools and crèches that are covered by the shelter. In addition, the shelter's manager, who has a psychology degree, provides counselling services for the women and spiritual guidance.

Formal permission was sought through the manager and counsellor of Shelter Y to gain access to interview the women. An invitation to participate and all the relevant information about the research, including consent forms and participant information sheets, were provided to the Shelter. Whilst permission was granted, due to the shelter's protocol, I was not provided with access to recruit the women personally. Hence, the house mother and the shelter manager informed the women about the research. Although I would have appreciated an opportunity to recruit participants, personally, nevertheless this initiative was effective in recruiting women who were willing to participate in the research. To ensure that consent was indeed granted freely, I personally confirmed their consent privately, on a one to one basis, prior to interviewing them. In addition, the shelter management recruited one survivor, who had never been a shelter resident but was associated with the shelter, through philanthropy such as making food donations.

- Shelter Z

Shelter Z, a governmental organisation, is one of the largest shelters that accommodates up to 140 women and their children. However, it only admits women who have reported the perpetrators to the police and have case numbers. In most cases, the shelter admits severe cases where women's lives are at risk. The shelter is well resourced, with three social workers on the premises. It also has a legal and police services on the premises. The women may stay for up to nine months. Unlike Shelter X, the women's stay cannot be extended given that they have to find accommodation for new residents. The shelter also has skills training initiatives, such

as computer skills, as part of its empowerment programmes. In addition, the shelter has a crèche and preschool facilities on the premises. To seek permission to conduct the study, I initially met with the social worker who referred me to the Director of the shelter. A formal meeting was arranged with the Director after submitting the necessary documents relating to the study electronically. I was informed that due to the intrusive nature of the individual interviews and the possible risk of harm, there was a lot of procedures through government bureaucracy that I would need to follow, which would take months, which would not fit within the time allocated to conduct the research. However, I was given permission to conduct one focus-group discussion. This was perceived as more acceptable and less intrusive into the participants' lives; hence, it posed a lesser risk of harm given that I was going to use a vignette. The social worker's office recruited the eight women who consented to participate in the focus-group discussion were. Hence, I was not provided with the opportunity to recruit the participants personally, although I personally confirmed their consent prior to the discussion to ensure that there was no pressure or coercion in their participation.

- Non shelter participants

However, not all participants were associated with shelters. I recruited one participant at one of the shopping centre whist she was selling her book on domestic violence. Another participant was recruited through a trauma professional. Another participant was recruited through her friend, another survivor, who was associated with shelter Y. She had never resided at the shelter.

3.5 Presenting participants' demographic information

The narrative interviews involved 30 women. Of these, 22 were black women, six were coloured women, there was one Indian woman and one white woman. In terms of nationality

27 were South Africans, two were Zimbabweans and one was from the Democratic Republic of Congo (DRC). All the participants in the focus-group at shelter Z were black women, all of whom were South Africans, except for one participant from the DRC. Five participants from the focus-group discussion at Shelter X were black, and one participant was coloured. The demographic profile for the individual interviews is presented below.

Table 1: Participants Demographic Profile

Race	Participants		Age	Participants
Black	22		20-29	14
White	1		30-39	9
Indian	1		40-49	5
Colored	6		50-57	2

Educational Attainment	Participants		Source of income prior to being admitted to the shelter	Participants (There was more than one source of income for some of the participants)
Master's degree	1		Husband or sexual partner	15
Degree	1		Mother/father	2
College Diplomas	1		Other family members	1
Grade 11 - 12	19		Child Support grants	10
Grade 10- 9	2		Paid work or employment	9
Grade 9 below	6		Own business	2

Marital status during the relationship	Participants		Number of children (during and after the relationship)	Participants
Married and living with husband	14		0-1	14
Not married but was living with a sexual partner	14		2-4	16
Was not married and was not living with sexual partner	2			

Personal monthly income during relationship	Participants		Current personal income, after leaving	Participants
None	8		None	5
Child Support grant	11		Child Support grant	6
£16- £50	2		£16- £50	1
£50-83	1		£50-83	1
£83-111.00	3		£83-111.00	2
£106 above	5		£106 above	5

Type of Housing during the Relationship	Participants		Type of housing after leaving the relationship	Participants
Shack (tin house)	6		Shack (tin house)	1
Wendy house (back yard	1		Wendy house (back yard	2

dwelling)			dwelling)	
Brick house rented	4		Brick house rented	1
Brick house bond house /owned	5		Brick house bond house /owned	1
RDP house	2		RDP house	0
Flat/apartment	11		Flat/apartment	4
Homeless	1		Homeless	22

3.6 Analytic method: Thematic and Narrative Analysis

"Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail" (Brian & Clarke 2006, p.6). The qualitative feminist research was well matched with thematic analysis as it focuses on understanding the context and the content of the women's narrative story to make sense of the subjective meanings and experiences in the aftermath of violence (Bryman 2013). During the initial phase of my analysis, referred to as familiarisation or immersion in different texts (Bryman & Burgess 1994; Wade & Schenck 2012). I read the transcripts a number of times to familiarise myself with the data in greater detail. Thus, I immersed myself in the data, and made notes as I began to develop an idea on some of the patterns and meanings, that I was seeing that related to the research questions.

While being both present during the interviews and transcribing the data was an advantage to

this phase because it enhanced the likelihood of knowing the data intimately, there was still a risk of not being able to remember the information fully or of overlooking other relevant material (Bryman & Burgess 1994; Krueger & Casey 2008). Thus, immersing myself in the data provided avenues for recalling the material in greater detail and also to take into account the significance of some of the narratives that I had not noticed as valuable earlier on.

Thereafter, I was involved in the process of coding. As guided by Brain & Clarke (2006; 2013), in order to the generate the codes, I read the transcripts to make sense of the participants subjective meanings, highlighted relevant materials, made notes when necessary, compared participants' accounts and took note of the differences and similarities as well as the frequency of the information provided by the women. I also focused on information that was not mentioned as frequent but had significant meanings in relation to the research questions. The narratives that had similar meanings were grouped together under one code. Significantly, the codes related to the meaning of the participants narrative in relation to the research question. For instance, I used the research questions; what factors and processes contributed to challenges with trauma adjustment and post-traumatic stress disorder (PTSD) and what factors facilitated positive adjustment and post-traumatic growth (PTG). To identify these factors, firstly I used the interview questions in the semi-structured interview schedule. This guided the coding process. These were focused on the women's childhood experiences, the intimate partner violence experiences, experiences with available help such as police and shelters, and experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). Likewise, the vignette was centred on cultural factors and service provision such as the police. Hence, initially, I grouped the codes into seven initial codes, namely childhood factors, intimate partner violence experiences, experiences with helping services such as shelters and police, cultural factors and experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). Given that the qualitative feminist research focused on the social cultural

context where the traumatic intimate partner violence experiences took place in addition to personal and individual factors to make sense of the women's experiences, it became clear through the analysis phase that the ecological systems framework would capture how different factors interact to shape women's experiences in the aftermath of violence.

The factors identified in the different codes were also associated with the women's socio-ecological framework that included personal, individual, social cultural and structural contexts factors. Given that I had a large quantity of data, I made the decision to make use of computer software for the qualitative analysis (NVivo) for organisational purposes. This programme is known to be efficient in managing large quantities of data. This choice was motivated by the view that it would minimise the risk of missing out relevant information, when handling a large quantity of data (Krueger & Casey 2008), particularly when I reached the stage of trying to identify themes.

In the third phase, I identified the themes from the coded material, whilst focusing on key ideas, shared meanings or patterns that related to my research questions. As a qualitative researcher, my subjectivity was evidenced when deciding which themes were relevant and meaningful to answer my research questions. I was not concerned whether the texts appeared numerous times, but on the significance of the theme to the question and to meeting the research aims and objectives as well as to contributing to original and significant knowledge, within the South African context. Whilst the analysis process was inductive, where knowledge and concepts were developed from the data itself, as in grounded theory approach (Brian & Clarke 2006; Creswell 2008; Glaser & Strauss 1967), I also note that "no feminist study can be politically neutral, completely inductive or solely based in grounded theory … all feminist work is theoretically grounded, whatever perspective it has adopted": Maynard and Purvis (1994, p. 23), cited in Weinham (2011 p. 113).

One of the advantages of thematic approach is that it is flexible and can encompass other approaches to analysis (Brian & Clarke 2006). In order to make sense of the participants narratives to understand the factors and process that contributed to challenges with trauma adjustment and PTSD, as well as those that facilitated positive adjustment and PTG, I also made use of narrative analysis to capture the critical meaning of the participants' accounts. For instance, to understand what participant intended to say and not merely what was said. Thus, I focused on both the content and the form of the story to understand why the stories were being narrated in that manner, or the reason why it was presented in that particular manner. I also focused on the words or emphasis on words, or the choice of metaphors that were used, as well as the emotional aspect of the narrative to understand the actual meaning of the story. Thus, the approach was critical in understanding how participants constructed their meaning or identity within their social cultural context (Reissman 2000) and how these factors shaped their experiences in the aftermath of violence. Significantly, the approach centres on social construction and interpretive aspect of the story (Gilbert 2008).

Equally, an interactional and presentation analysis that centre on the relational aspect of the narrative was used as part of an approach to analysis. These approaches look at reasons why participants choose to present themselves in a certain manner (Lieblich et al. 1998; Creswell 2008; Riesman 2005). Interestingly, this framework relates to Goffman's frame analysis on self-representation and impression management in other texts (Cortazzi 1993). This approach was instrumental in gaining insight into the performance aspects of the interviews as well as to understand the reasons why some participants chose to present themselves or their narratives in a particular manner. At the same time, this framework also enabled me to focus on how the interviewer or the question influenced the particular narratives. These notions have been supported by Riessman (2005), who argued that both the researcher and the participant are involved in the construction of meaning and the production of the narrative. Most importantly,

narrative analysis, which focuses on content, form and the performative aspect of the narrative, was instrumental in capturing extensive meanings within this socio ecological context of women that shaped how they adjusted to trauma as well as experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) within their socio ecological network, from the phases of childhood, through the intimate partner violence relationship to their current phase in the aftermath of violence.

3.7 Ethical Considerations

The research was sensitive in nature since it involved abused women, who are considered to be part of the vulnerable population (Liamputtong 2007). For the purposes of safeguarding the participants against any possibility of exposure to harm that is associated with sensitive research (Mauthner, Birch, Jessop, & Miller 2002), a number of ethical guidelines for conducting research with vulnerable groups were reviewed when preparing the methodology for the research. These included the World Health Organisation's ethical guidelines on conducting research with abused women (WHO 2001), the ethical guidelines for Social Work research from the South African Council for Social Service Professions (SACSSP 2006?), as well as the feminist ethics of care outlined by Mauthner, Birch, Jessop, and Miller (2002), which overlaps with ethical guidelines on conducting research. It was against this background that the necessary measures were taken to prepare a framework of safety and care for both the participants and the researcher to ensure that the possible risks were managed effectively. The University of York granted the ethical approval for the research.

3.7.1 Avoidance of harm

A great deal of consideration was taken when preparing the application for ethical approval. A list of supportive services was designed for the participants. This included prearranging for a

qualified social worker to be accessible to provide emotional support to the participants if there was a need. In addition, participants were to be provided with numbers of the trauma clinic, the nearest government social work department and hospital contact details of where they could receive support if they needed it, for instance, if they were identified as having some post-traumatic stress disorder (PTSD) symptoms.

While the participants were well informed about these services, given that the shelters had their own supportive services and referral procedures for shelter residents, it was imperative to respect the shelter protocols and gate keepers and inform the women about these available services. For the most part, the women were already familiar with the supportive services within their respective shelters. These included counsellors or social workers who were available on the premises. However, it is important to note that a small number of women at Shelter X were not aware of the presence of the counsellor, given that the social work department had been closed and the counsellor was only available at weekends. This information was provided to these participants. For the most part , it seemed more practical for the participants to seek help from their own case managers or services within their shelters than contacting new supportive services due to the established relationships with their case managers, as well as the notion that the services within the shelter premises did not require a lot of effort on the part of the women to make arrangements to contact or meet with other professionals. The majority of participants did not need a referral to see a social worker or counsellor at the shelter.

On the other hand, the few cases that did require immediate attention were referred. This was in relation to circumstances of disclosure. For instance, when a participant spoke about having suicidal thoughts or when a participant reported that she was still with the perpetrator, as this was part of the ethical protocol. However, permission was first sought from the participants

prior to proceeding with the referral. Such referrals within the shelter premises were appropriate because the shelter was able to assist the participants with immediate support and also in monitoring the situation. It is also imperative to note that the supportive services within the shelters were also accessible to some of the women who fell within the group of participants "from four years and above", who were previous shelter residents. These women only had to make an informal arrangement to see the counsellor if there was a need. On the other hand, four of the women from the same group of participants who had never resided at the shelters also had access to their own supportive services, such as psychologists whom they were seeing or had seen previously, if there was a need. However, most participants did not perceive the need to seek any professional services after the interviews.

3.7.2 The researcher's skills

A number of feminist texts discuss the importance of the researcher's skills when conducting sensitive research (Kitzinger and Wilkson 1997). It is worth pointing out that my prior experience as a social worker in a South African setting was instrumental when conducting research with abused women from a similar context. This provided me with the advantage of easily understanding the context of the women's narratives, their circumstances and material conditions, and how these factors shaped their experiences in the aftermath of violence.

Of particular significance to the process of interviewing was the debriefing, which was conducted towards the end of each interview. This was to ensure that the participants' emotions were managed effectively prior to leaving. It was important for me personally, to understand how the process of answering the questions had felt to the participants. For example, I asked participants how the interview had gone, to sense how they felt afterwards and how they had experienced it. This aspect is discussed by Gorin, Hooper, Dyson and Cabral (2008, p. 280), who argues that "participants may not be just harmed by the research but may feel wronged by

it and one of the ways people may feel wronged is if they experience what they deem to be undue intrusion into their private lives". It was encouraging to note that this part of the interview enabled me to express my genuine concern for their emotional well-being.

Feminist researchers perceive reflexivity as a valuable part of the data-collection process in research (Maynard& Purvis 1991). Conducting research with abused women has always been a passion of mine, not only due to my professional experience as a social worker but also because of my own personal experience of emotional abuse in a previous relationship. I felt that the latter enabled me to empathise more with the women since I could relate and connect with them easily. It also made it possible for me to listen attentively to their stories even when some interviews lasted for more than two hours. I could understand their need to talk, to be listened to and, most importantly, their need to have their narratives acknowledged or experiences validated. This level of connection was observed in an interview with a woman who was of a similar age to me, a black financial executive with a postgraduate degree. She expressed notions of self-blame about how she had failed to leave the relationship at the time due to the perception that she could not manage without her partner, even though she was financially stable. I used this opportunity to share my own experience to convey that she had no reason to feel ashamed and that her experience was not unusual. Additionally, in such cases, I felt that it was important to demonstrate to the women that, even though I was sitting on the other side as an expert, I too understood and acknowledged their pain. It is important to note that sharing some of my experiences was not a process that was planned. It was done at times when it seemed appropriate and necessary for the benefit of the women, especially in circumstances where I felt that it was necessary to help them feel accepted and not judged. Such statements contributed to creating an atmosphere that was supportive and safe enough for her to freely share her story. Consequently, the process of sharing was carefully done to ensure that it served the right purposes when necessary and that I did not reveal too much of myself,

since the focus of the research was on the women's experiences and not those of the researcher. Overall, I felt that sharing this information with most of the participants when there was a need, was an advantage to the study and it arguably contributed to the success of the data-collection process.

3.7.3 Maintaining boundaries as a social work researcher

It is argued that one of the challenges that social workers and other healthcare professionals face when conducting research relates to the ability to maintain boundaries between their professional role and that of a researcher (Davidson 2004). Dickson-Swift et al. (2006) concur that it is good ethical practice for healthcare professionals to ensure that these roles are maintained independently to avoid creating misunderstandings about the role of the researcher.

Whilst this issue was managed through reflexivity and the process of self-awareness and ensuring that participants were clear about my role and responsibilities as a social work researcher, a few challenges were nevertheless encountered in this regard. This was particularly the case at Shelter X, where the Social work department had been closed and there was no social worker on the premises. In addition, the counsellor was only available at weekends. Thus, when some residents or a staff member heard that I was a social worker, they assumed that I was there to provide supportive services. Whilst I managed to maintain the boundary and explain my role clearly, it was still disheartening to feel as though I was not willing to help.

The issue of lack of adequate meals for residents at Shelter X was one of the difficulties that I encountered as a researcher. The shelter only provided one meal a day for residents and their children during the period of data collection. This was communicated by the women during the familiarization with the community phase, the individual interviews and the focus-group discussion at the shelter, as well as this information being provided by the women and the

shelter management. This was more stressful because I could only discuss this issue informally with the housemother, as I could not jeopardize the confidential information that was provided by the women or speak in a manner that might place their residence position at risk.

In addition, this issue was challenging because I could not openly speak up or advocate for the residents, which was out of my professional character, especially in circumstances where children were involved, given that I was not there as a social worker. Furthermore, I was concerned that I may be perceived as a troublemaker and that this would have negative implications for the research. However, I was able to manage these concerns through supervision. Hence, I understood that the dynamics at the shelter were not strange since they were caused by a lack of funding and inadequate staffing levels. However, the circumstances changed as a result of my inquires and the official letter from a shelter resident who had voiced her grievances to the housemother. Thereafter, she was made a kitchen manager and the women reported that the situation improved soon after.

3.7.4 Managing the concept of difference in research

Qualitative feminist research encourages researchers to be in an equal power relation with participants (Maynard & Purvis 1994; Ramazanoglu & Holland 2002). At the same time, they also recognise the difficulties in achieving this goal given that researchers have the upper hand, because they come to the researcher process with their knowledge and expertise as research investigators. In addition, the researcher manages the research process and is in control of how the findings are presented. While I recognise that my gender and race, as a black woman conducting research with other black women, and other women in general, enhanced the rapport during the data collection process, it is equally imperative to recognise the notion of difference, which raised some ethical challenges in a few circumstances. This included the level of education as well as social status.

In order to manage some of the differences between my social positioning as a researcher and shelter women, I developed some strategies to build rapport. This was in relation to my self-presentation. This involved dressing down, not wearing makeup, carrying an old telephone, and often making use of public transport to get to the shelter. In addition, I carried an ordinary lunch to ensure that there was not much difference, especially in view of the food situation at Shelter X. These initiatives were critical in enhancing the relationship of trust and acceptance, especially in the context of poverty at the shelter. Similar views on dressing down and managing one's appearance to fit into the research environment have also been discussed in Few et al., (2003) and Duncombe and Jessop (2002, p. 109). The latter discuss these strategies as part of "approaches of models of rapport". In addition, the difference was also reduced by my ability to perform similar chores and work similar hours as the workers and volunteers at the crèche, especially when I was not expected to do so. As a result, these factors contributed to the success of the data collection process.

Whilst my role as a social-work researcher studying at a UK university did not have any impact on the data collection process, it is worth pointing out that this positioning created some ethical dilemmas relating to some of the participants' or residents' expectations. Some of these individuals expected me to provide them with monetary resources. For example, a few participants asked me to provide them with money to buy food for their children and two participants asked me to find them jobs. Although the women understood my position as a researcher and were aware that the research was academic and it carried no monetary incentives, it was a concern because my lack of help made it seem as though I was not concerned about their circumstances at the time. This was particularly challenging given that I had interviewed these women and listened to their stories, yet I could not assist them.

3.7.5 Language

It is known that language is one of the areas that can also create notions of difference in research (Duncombe & Jessop 2002). Hence, it was no surprise that this concept was identified as one of the ethical challenges prior to conducting fieldwork. This was related to my decision to use English as the main language for data collection. Although English is known as the main business language in South Africa and there was a possibility of coming across participants who spoke English fluently, I was concerned that participants might value speaking in their mother tongue rather than English, specifically when narrating their difficult experiences. As a researcher focusing on feminist approaches, I understand the benefits of conducting sensitive research in one's local language. I also recognise that using the language of the participants in interviews promotes connections between the researcher and the researched and reduces perceptions of the researcher as an outsider (Few et al. 2003). However, it was not possible to conduct the research in the local languages since I am not highly conversant in the main local language. While I am South African, I was born outside South Africa and my family returned to South Africa in the 1990s. While I completed my high school and University education in the country and I have also worked as a social worker in South Africa, my understanding of the local languages is not at the level where I could conduct meaningful research that would adequately capture the participants' narrative. Hence, a decision was made to conduct the research in English to ensure the integrity and trustworthiness of the findings.

At the same time, I wanted to recognise the women's needs and provide them with the option to use their local language. Therefore, the participants were given the opportunity to decide whether they wanted to use an interpreter or not (Berman Tyyskä, & 2011). Given that Zulu is known as the main language that is spoken by most people in South Africa (Moloi 1999), and is commonly used in Johannesburg, the interpreter was going to be a woman who was familiar conversant in Zulu and was familiar with the local culture and had knowledge in the field of social work. However, I assumed that it would be a challenge to have an interpreter in focus-

group discussions. As such, I planned to only include women who were conversant in English in the focus groups.

Therefore, the women were informed during the recruitment as well as through the participant information sheet about the option of having an interpreter present during the interviews. This was also communicated through the invitation to participate poster that was placed on the shelter's noticeboard. The women were also provided with this information before the interview. It is important to note that most of the women who demonstrated their willingness to participate in the study were able to speak English.

This was not surprising because some of the women had completed Matric, which is a high-school leaving certificate, or had left school in grade 11, which is the class before Matric. In the same manner, a small number of the women within the "four years and above" group had post-high-school diplomas, a degree or a postgraduate degree. Although there was one participant who had left school at a very low stage in primary, she was conversant in English. Furthermore, some of the participants were coloured and they spoke English and Afrikaans fluently, as well as two participants, a white and an Indian woman, who spoke English as their main language of communication.

Previously, I had concerns that the use of English might create misunderstandings and magnify the notion of difference between the researcher and the researched, specifically the black participants, due to the expectation that a black researcher should speak the local language. However, it was surprising to note that this was not a concern in the interviews, nor did this issue create any difference. Significantly, it was apparent that race and gender were more critical in building rapport with black women. Thus, being a black female researcher interviewing other women created more avenues for perceptions of similarities than of difference. This was also captured in the interviews, where a few black women perceived that

I understood their cultural narratives because I was black. For instance, by making statements such as "you know, us black people".

It also seemed that most of the women were familiar with the use of English at the shelters since the shelter manager/CEO at Shelters X and Y were white and coloured who used English as the main language of communication. However, one participant from Shelter X preferred to speak in her own language during the interview. When I discussed the option of an interpreter with her, she declined and opted to speak in English. Thus, her decision may have been driven by concerns of lack of privacy during the interview, particularly since the shelter residents were concerned about the lack of confidentiality and gossip at this shelter. However, I observed that she made use of the vernacular language during the distressing part of her narrative. Hence, it was apparent that she would have communicated her intimate partner violence experiences more effectively in Zulu than in English. Likewise, two participants who were not as fluent in English, opted to speak English instead of using an interpreter. Possibly, these women were comfortable with having one person interviewing them as opposed to having their information revealed to another person.

Nonetheless, this insight was significant in demonstrating how language was used and attached to a particular part of her story. Gorin et al. (2008) discuss some of the challenges faced by researchers when making use of the services of an interpreter to translate the whole interview. As in this instance, some meanings attached to a particular emotion observed during interviews may possibly be lost when translating. As a result, the lack of an interpreter in this interview was not perceived as a limitation given that I was able to capture the information that was required and observe how women's journey transpired. Overall, the language used in the interview was neither a barrier nor a limitation for the research. In the same light, the decision not to use the interpreter was not experienced negatively. As argued by Gorin et al. (2008, p.

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280), "undertaking research with interpreters changes the dynamics of interviews".

3.7.6 Informed consent and anonymity

During the data-collection process, the participant information sheet and consent form was presented to the women who had confirmed their willingness to participate in the research. The forms included an explanation of what their participation in the research would entail, the possible risks and benefits of their participation and an estimation of the length of the interviews. Whilst enough time was set aside before the interview for the women to read the form and ask questions to ensure that they fully understood their role in the research before they provided their full consent, some participants did not read the whole form thoroughly. For instance, they rushed to fill in the consent form without reading the participant information sheet completely.

This became evident when they asked questions whilst filling in the consent form or left the other part of the box blank due to lack of understanding. In all cases, this related to the circumstances where confidentiality could not be maintained. As a result, it seemed more appropriate to read the participant information sheet to some participants, to ensure that all the areas were covered. This also provided an opportunity for the women to ask questions where they felt the need for clarity before providing their consent. It was important to remind participants about their freedom to decide whether they wished to participate or not, and to withdraw even after the interview had started, to ensure that they did not feel forced or pressured to participate in the research. This recognition of consent as an ongoing process is discussed by Gorin et al. (2008). The authors argue that the process is not concluded by merely signing the consent form; rather, participants have the option of deciding even after interviews have started whether they wish to provide an answer to a question or not.

It is important to point out that the concern with confidentiality and anonymity was mainly expressed by the women who were residents at Shelter X. These issues involved concerns about their partners learning of their whereabouts, the recording of their voices and the fear of having their information revealed to other shelter residents. Therefore, I emphasised how anonymity and privacy were going to be maintained in relation to their identity, the shelters and the tape recordings. For instance, I explained that I was going to use pseudonyms for both their names and that of the shelter.

3.7.7. Confidentiality

It is argued that "protecting confidentiality is essential to ensure both women's safety and data quality" (WHO 2001, p. 11). Whilst the women were comfortable about the promise of confidentiality, some of them were concerned about the limit to confidentiality and having the interviews recorded, since they did not seem to understand the purpose of recording their narratives. One of the participants asked if I was recording in order to send the information to be played on the radio. A few participants were also concerned about their partners getting hold of the recorded information. Participants were assured that that in the thesis and subsequent publication all quotations and case histories would be anonymized.

The ethical guidelines for social work in South Africa both recognise the significance of respecting the confidentiality of clients or participants in research and provides circumstances where the confidentiality principle may not be absolute, both in clinical social work and in social-work research. Thus, it is the responsibility of social-work researchers to ensure that participants are aware of the circumstances that may lead to their information being revealed. This is "when disclosure is necessary to prevent serious, foreseeable and imminent harm or danger to a client system or other identifiable person or community, thus justifying disclosure on the grounds of necessity" (SACSSP 2006?, p. 19). During the data-collection phase, the

women were promised that their information would be kept confidential, as in any other human research. At the same time, they were also informed about circumstances where confidentiality would be limited. This was included both in the consent form and the participant information sheet that was provided to the participants.

It was imperative to have a clear framework that provided a description of the nature of the circumstances that might lead to a limiting of confidentiality as well as the definition of the risk of harm that might necessitate the passing on of information. Having a planned strategy prior to conducting fieldwork was critical as it provided opportunities to define the meaning of risk or harm to the participants before they provided consent. This was necessary when clarifying this aspect of the consent form since some of the women did not understand why their information might need to be revealed at any stage, even though they were interested in participating. This issue was a bit problematic since some of the women left out this section of the form and left the relevant box blank when providing their consent. Similar challenges were noted during the recruitment phase, when a few women were not willing to participate because they did not fully understand this concept, or the reason for recording the interviews.

Initially, I had planned that I would only provide a detailed explanation of risk in circumstances where I had reason to believe that a child may be at risk from the information gathered during the research interviews. However, it became apparent from the first interviews that I would have to explain this concept in detail to all the participants, since most of them were concerned about the limit to confidentiality. Hence, they wanted to be clear about the meaning of the statement to ensure that their narratives were protected.

The definition of harm was therefore defined according to the South African Council of Social Services Professions ethical guidelines and the South African Children's Act 38 of 2005. Considering that section 150 (1) of the Children's Act 38 of 2005 classifies the factors that

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identify a child as in need of care and protection, I isolated the categories within the Act (Children Act 2005, p. 123) that related to this research project. These describe the circumstances in which a child is perceived as in need of care and protection. This has been attached as part of the Ethics Application form in the Appendices.

Furthermore, the participants were informed about the possible courses of action that would be taken if there was reason to believe that a woman was at risk of harm. The women were also informed that a referral would be made in cases where it was necessary to prevent harm. They were assured that I would not proceed with any action without discussing the matter with them first. This explanation was satisfactory to the participants. I informed the women that the intake social worker from the Department of Social Development would be consulted for advice on the possible action to take in circumstances where the risk still persisted. The decision to consult the social worker for advice was guided by the South African Children's Act since it requires social workers to conduct a child-protection investigation in cases where children are identified as in need of care and protection and to carry out the necessary interventions in the best interests of the children concerned (Children's Act 2005).

In the small number of cases where referral was necessary, the women accepted the available help for themselves as well as for the few children who needed a referral. However, this was not needed by the majority of participants. Overall, this promise of confidentiality provided opportunities for the women to discuss their personal lives but also to discuss their experiences as shelter residents.

3.8 Demonstrating the trustworthiness and credibility of the research

This methodology chapter has provided comprehensive and detailed accounts of the research methods as well as the research processes. This has provided the opportunity to demonstrate

the credibility of the research. The chapter has provided a detailed description of the methods used in the research, details of the research process and a description of the sample.

In qualitative research, trustworthiness relates to credibility, transferability, dependability and confirmability. The following steps were taken to ensure the credibility of the research, as outlined by Bryman (2012), Shenton (2004), Morris (2006), Barbour (2014) and Lincoln and Guba (1985).

This research took place over a period of three months at the main research site. This was adequate time to engage with the shelter community, to observe the community and its residents, to become familiar with the participants and the shelter setting as well as the shelter community. Significantly, my involvement as a volunteer at Shelter X during the initial phase of the data collection process was instrumental in building rapport as well as in gaining insight into the culture of the community.

The research made use of different data-collection methods. This included individual interviews with 30 participants, two focus-group discussions and the use of two self-report checklist scales, the PCL and PTGI. These different methods ensured that I obtained rich and in-depth data, thus contributing to the credibility of the research.

The data analysis process and presentation of findings was revised after suggestions from the examiners. The thesis was reviewed and revised several times after constant feedback from the two research supervisors. This contributed to enhancing the credibility of the research.

One of the challenges with confirmability in qualitative research is the subjective position of the researcher, which often raises concerns about the possibility of bias in the presentation of findings. However, this was managed through reflexivity and the process of critical self-awareness as well as supervision to ensure that my own personal values or personal experiences

did not affect the research process. I kept a field diary for reflexivity purposes as well as to record the activities undertaken at the shelters. In addition, I kept a memo of reflection when coding the data.

CHAPTER 4: WOMEN'S PERCEPTIONS OF THE FACTORS THAT FACILITATED CHALLENGES WITH TRAUMA ADJUSTMENT, PTSD, POSITIVE ADJUSTMENT AND PTG.

Introduction

The aetiology of intimate partner violence is complex. While different explanations have been put forward to understand the causes of intimate partner violence and the reasons that contribute to women's entrapment, scholars such as Heise (1998) convincingly argued for an integrated ecological framework to understand intimate partner violence, where causes of intimate partner violence were attributed to the interaction of personal, situational and social cultural factors. This framework has been used to understand the aetiology of intimate partner violence worldwide (García-Moreno & Riecher-Rössler 2013). The prevailing argument is that intimate partner violence is a multifaceted phenomenon influenced by the interaction of different factors, including personal and environmental factors.

Equally influential in understanding and addressing the risk factors of intimate partner violence worldwide is the social ecological model. The socioecological model considers how risk factors across four ecological levels, societal, community, relationship and individual, places people at a greater risk for experiencing and or perpetrating intimate partner violence (the National Century for Injury, Prevention Pontrol 2015, in Willie & Kershaw (2018, p. 253). Studies undertaken in South Africa (Jewkes et al. 2002) used the socioecological model in conjunction with the status consistency theory of Gelles (1974) to identify risk factors of intimate partner violence in South Africa.

Earlier clinical and medical models of trauma and recovery underemphasised the role of environmental and social cultural factors in influencing recovery and how survivors responded to trauma (Harvey 1996). Recent trauma literature has moved beyond a focus on the medical understanding of trauma and post-traumatic stress disorder (PTSD) to emphasis the significance of the context of the survivor in influencing a survivor's responses to trauma (Van der Kolk et al. 1996).

An ecological view of psychological trauma recognises that "individuals' differences in post-traumatic responses and recovery are a result of complex interactions among person, event and environmental factors" (Harvey 1996, p.3). The emphasis is placed on the socio-cultural context of victimisation as a critical aspect for recovery or response to trauma. In particular, it recognises that the "event and duration of exposure, characteristics of traumatizing events, the way in which individual victims interpret the events and qualities of the environment are equally important in individual responses to trauma" (Harvey 1996, p.4). Survivors' individual responses to trauma in the lens of an ecological framework is therefore understood as an outcome of the interactions between the person, the traumatic event as well as environment factors (Harvey 1996).

Yet still, not much is known on the ecological factors that render abused women vulnerable to challenges with trauma adjustment and post-traumatic stress disorder (PTSD) and those that influence positive trauma adjustment and post-traumatic growth (PTG) in a particular context, in South Africa. Research within the South African context has yet to address how different factors within the survivor's social ecology context interact to affect how survivors respond to trauma and the role these factors play in recovery, and women's experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) in the aftermath of violence over time.

The findings in this research revealed that while some women struggled with trauma adjustment and post-traumatic stress disorder (PTSD), others demonstrated signs of recovery and post-traumatic growth (PTG) over time.

An analysis of the research indicated that an integration of different factors contributed to women's negative and positive trauma outcomes in the aftermath of violence. To demonstrate this the ecological model proposed by Campbell, Dworkin & Cabral (2009) of the impact of sexual assault on women's mental health was used. This was also used recently in a South African study of mothers of children who have experienced child sexual abuse (Masilo & Davhana-Maselesele 2017) as a framework for analysis. In that study, the model was used to "identify risk or list of risk factors that could impede or promote recovery process" in the context of sexual abuse/assault (Masilo, Davhana-Maselesele 2017, p. 4).
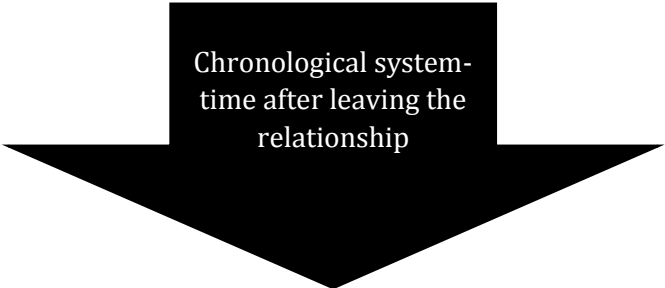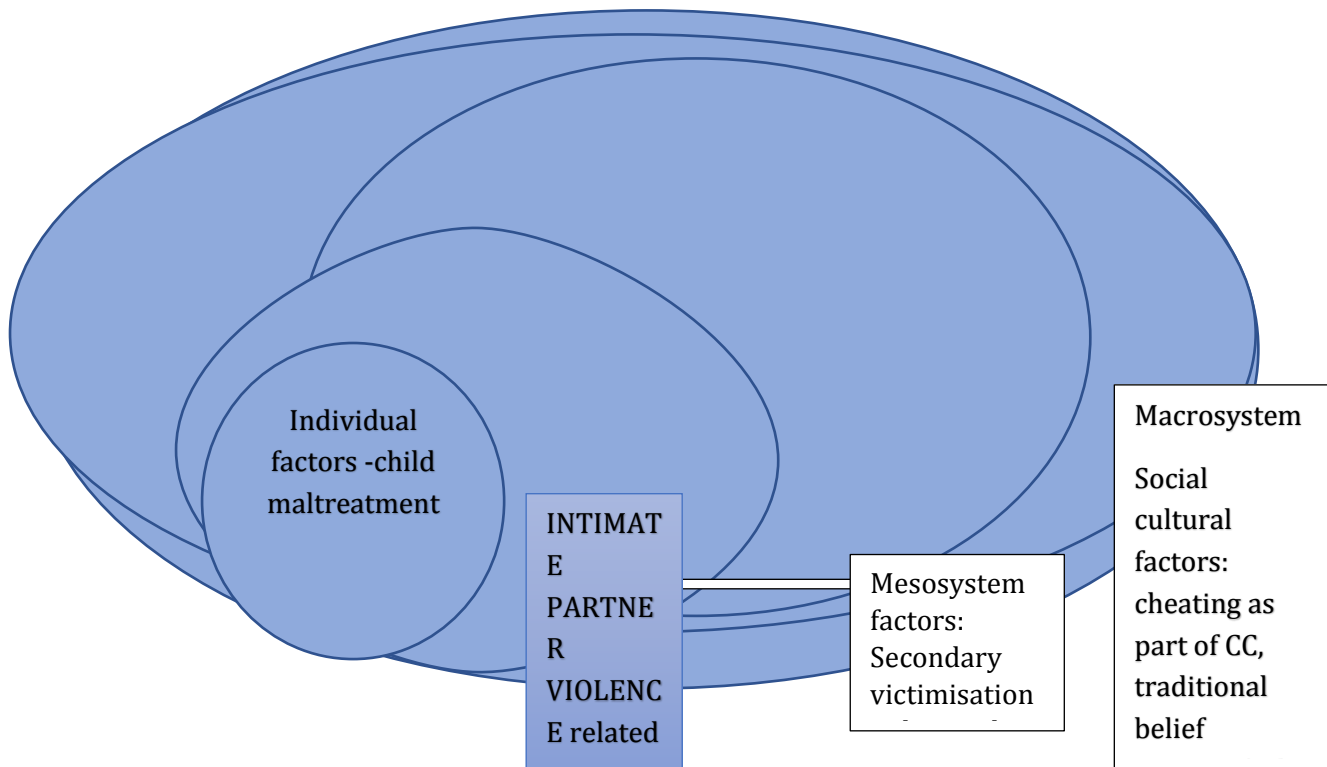
In this study, the ecological model has been used to explore the factors and processes that constrained positive trauma adjustment and post-traumatic growth (PTG), and those that contributed to post-traumatic stress disorder (PTSD) and challenges with trauma adjustment over time. The model was modified slightly, to fit with the goals of this research. For instance, the original model identifies individual system, assault related factors, microsystem, macrosystem, mesosystem and chronosystem. In this study, assault related factors have been replaced with intimate partner violence related factors. This research makes a significant contribution by extending the application of the model to the context of intimate partner violence and trauma in the aftermath of violence, in South Africa.

In this study, the individual factors focus on women's childhood histories: the ways in which childhood experiences of maltreatment contributed to challenges with finding

meaning of trauma and challenges with trauma adjustment in the aftermath of violence. The intimate partner violence related factors discussed explore women's experiences of violence, in particular coercive control. New insight is provided by contextualising the theory of coercive control, of intimidation, degradation within the South African context, where "cheating" as part of women's cultural experiences, is identified as a form of psychological violence associated with coercive control or intimidation.

The chapter demonstrates how coercive control contributed to challenges with trauma adjustment and intimate partner violence. Mesosystem factors that centre on the role of social cultural factors, which relates to social cultural norms, patriarchal norms and gender constructions of women, being shared across different contexts are presented. Furthermore, the thesis discusses the macrosystem factors. This centres on the role of supportive services such as Police and Shelter services through experiences of secondary victimisation and lack of professional support, in contributing to challenges with trauma adjustment and PTSD. The chronosystems that centres on the period and women's victimisation history is discussed throughout the sections. Women's experiences of post-traumatic growth (PTG) and post-traumatic stress disorder (PTSD) are discussed towards the end of the section. The findings chapter starts with Chapter four where it discusses the individual factors, intimate partner violence related factors and social cultural factors in contributing to challenges with finding meaning and trauma adjustment. This is followed by the chapter five, on the role of Police as macro factors, chapter six the role of shelters, chapter seven and 8 focuses on women's experiences of post-traumatic growth (PTG).

Fig 1: The Ecological Model of The Factors and Processes that Contribute to Challenges with Trauma Adjustment and PTSD

Individual factors -child maltreatment

INTIMATE PARTNER VIOLENCE related

Mesosystem factors: Secondary victimisation

Macrosystem

Social cultural factors: cheating as part of CC, traditional belief

Chronological system-time after leaving the relationship

Challenges with trauma adjustment, post-traumatic stress disorder (PTSD), recovery and growth

4.1 Individual factors: women's childhood histories of victimisation

The ecological framework when understanding abused women's experiences, informs us that at individual level, personal factors, for instance an individual's personal history increases their likelihood of becoming a victim or a perpetrator of violence (Heise, 1998). Hence when it comes to trauma recovery, individual's childhood histories of maltreatment and their historic health consequences should have impact on how individuals cope with the subsequent trauma of intimate partner violence and recovery in the aftermath of violence. Most of the women in the study experienced Multiple Adverse Childhood Experiences including child sexual abuse, child rape, exposure to intimate partner violence, experiences of physical violence, experiences of child labour and exploitation, living in poverty and not having enough to eat. This played a role in challenges with finding meaning and trauma adjustment in the aftermath of intimate partner violence.

Table 2: participants' victimisation profile

Type of child maltreatment	Participants
Sexual abuse	5
Rape	3
Physical abuse	10
Emotional abuse	11
Witnessing intimate partner violence	7
Emotional and physical neglect	9
Overworked/child labour/exploitation	4
(**Some of the participants experienced more than one type of child maltreatment**)	

Sexual abuse	
Father/step father	5
Uncle/cousin/ neighbour	3
Physical abuse	
Mother /step mother	5
Father/stepfather	5
Emotional abuse	
Mother /step mother	9
Father/stepfather	2
Emotional and Physical neglect	
Mother	9
Father	15
Overworked child labour and exploitation	
Grandmothers/ aunts	14

Participants expressed repetitive experiences of horrific incidents of experiences of abuse, for instance, where a gun was used while being sexually abused, or being physically beaten or even electrocuted in conjunction with experiences of child sexual abuse. Others described living in atmosphere of constant fear, feeling threatened and controlled by perpetrator, such as their fathers/stepfathers who were perceived as having a sense of ownership over them. These earlier experiences of victimisation and

their effects had an impact on how they coped with the subsequent trauma of intimate partner violence.

One participant described her earlier experiences below:

Claire*: My mom left me when I was six months that's what I heard; then my father raised me until the age of 8 years old. Then he sexually abused me…..*

Int: *mmh.. how old were you at the time?*

Claire*: I was 8 and a half….He used to make me his wife. Like every night he used to hold a gun against my head. ….held a gun against my head and told me if I talk he will kill me. He tried selling me once for drugs but I never let him go that far, I had to run away…..*

It was apparent from Claire's accounts and some of the women's, that factors such as age of onset of trauma, the relationship to the perpetrator, the repetitive nature of the trauma, the nature and characteristics of the event itself were some of the factors that promoted challenges with trauma adjustment and recovery in the aftermath of intimate partner violence. Women with a history of childhood abuse reported symptoms associated with post-traumatic stress disorder (PTSD), such as numbing, disassociation, a sense of helplessness, negative perceptions of the self, and suicide attempts during their childhoods and when they reached adulthood. One participant described becoming bulimic as a way of retaining control of the self during the negative childhood experiences. Other examples of maladaptive coping included becoming drug addicts and descending into alcoholism. While some indicated they had quit the drugs and alcohol, few women continued to use alcohol or medication to help them cope with their experiences. Few women who discussed the challenges they faced as a

consequence of child sexual abuse and rape reported experiences of traumatic sexualisation, experiences of betrayal, stigmatisation and powerlessness. These were in line with the findings of Finkelhor and Browne (1985). Significantly, women's challenges with coping and post-traumatic stress disorder ((PTSD) were intensified through the interaction of different individual factors within the context of their childhood histories of victimisation and intimate partner violence and other factors discussed in the findings chapter. These contributed to challenges with finding meaning, and trauma adjustment.

4.2 Intimate partner violence related factors: Coercive Control

Women indicated that they experienced different aspects of intimate partner violence, including sexual, financial, economic, psychological and physical abuse. Most of the women accounts revealed that they experienced aspects of Coercive Control in conjunction with other forms of violence. Hence, this section aims to demonstrate women's cumulative experiences of coercive control, as part of intimate partner violence experiences of women, in the South African context, highlighting tactics of degradation, intimidation, coercion and violence. The theory of Coercive Control (CC) as part of forms of violence experienced by women is used as an interpretive framework to understand forms of intimate partner violence relevant to the South African women's experiences and their negative consequences. South Africa lacks research on women's experiences of coercive control, including its different tactics of intimidation, degradation, isolation and control as outlined in (Stark 2012), and how this affects women's trauma adjustment including the incidence of post-traumatic stress disorder (PTSD) in the aftermath of violence. Given that most intimate partner violence intervention models tend to focus on understanding violence as physical incidents or

episodes (Stark 2007; Katz 2018) even though women's narratives show otherwise (Stark 2012). It becomes imperative to address this gap to ensure that we understand the other aspects of intimate partner violence experienced by women in South Africa and how they are affected in order to contribute to social work practice and the legal and policy framework responsible for criminalising domestic violence to affect positive change. Insight into women's experiences of coercive control may help social workers find better effective ways of aiding abused women and their children who flee from intimate partner violence.

Stark's (2007) theory of coercive control has become one of the most prominent theories of understanding forms of domestic violence. Coercive control, with its tactics of intimidation, degradation, coercion and control, is known to be one of the most harmful forms of violence to women's mental health (Myhill 2018; Myhill & Hohl 2016, Stark 2012) facilitating negative mental health outcomes including post-traumatic stress disorder (PTSD) (Stark 2012; Levin and Fritz 2016). Although there is a paucity of research that has explored abused women's experiences of Coercive Control and post-traumatic stress disorder (PTSD) (Levin and Fritz 2016). Stark's theory has been influential in affecting both policy and the law, including the police's responses to violence for instance in countries like the UK (MyHill 2018). Understanding coercive control as central to intimate partner violence has not only shifted the focus from the physical injuries model but led to other means to safeguard women who experience coercive control and their children.

Social work research has made us aware that a number of abused women experience coercive control (Myhill 2018; Stark 2012; Stark & Hester 2019). Equally, studies have shown that consequences of coercive control may persist after years (Stark & Hester

2019) and that the pattern of coercive control visible in the tactics used by the perpetrator, provides the opportunity for violence to occur and may result into severe and serious harm than those involving discrete acts of physical violence (Myhill & Hohl 2016; Stark & Hester 2019). While coercive control may involve both non-violent and violent coercive control, in most instances, violence is used to enforce victim compliance and entrapment in the context of resistance (Myhill 2018; Stark & Hester 2019).

Despite the progress in policy and the law in relation to coercive control, this advance has not matched that in practice and research (Stark & Hester 2019). Pitman (2015), arguing from the Australian social work setting, recognises that social work interventions on safeguarding abused women remain limited due to the historical emphasis on physical violence as the defining feature of domestic violence. Likewise, while literatures on coercive control have advanced in the UK, more than South Africa, most research in the UK, remains historically focused on the physical incidents model (Katz 2018; Stark 2012). Although police responses within the UK setting are guided by the coercive control framework, studies reveal that the police continue to exercise discretion when responding to violence and some of their responses and identification of risk is based on their assessment of severity and seriousness of violence, with a continued reliance on the level of injury and of the physical definitions model (Myhill 2018). Assessment of risk and subsequent intervention remains associated with assessing "physical dangerousness" or the likelihood of [further] physical assault (Stark 2012).

The above approaches are equally relevant to the South African context, where intimate partner violence has not been criminalised and recorded under assault. Additionally,

South Africa has not yet criminalised coercive control despite what we know about coercive control and its psychological effects on abused women. While it is noteworthy that the Domestic Violence Act, 116 of 1998 has recognised aspects of psychological abuse which could be associated with coercive control, the latter differs from psychological abuse to some extent, as it involves a pattern of day to day micro-management of the victim's life (Stark 2012). Hence there is a possibility of South Africa missing coercive control's negative consequence on women, as indicated in (Stark 2012) and their children (Katz 2018), missing out coercive control experiences of women in the understanding of intimate partner violence and subsequently failing to safeguard their safety and that of their children.

The analysis revealed that for many of the women, coercive control was often constructed around cheating behaviour: the cheating itself, as a form of male entitlement, the violence that resulted when women resisted, and the use of violence to enforce compliance.

The current intimate partner violence literatures within the South African context, has not yet considered that cheating, in the context of intimate partner violence, can be perceived as a form of violence (Boonzaier 2005). Of the intimate partner violence literatures that have discussed the concept of cheating as a weapon in intimate partner violence, some of them, like the WHO Multicounty study (Abramsky et al 2011) described having other partners aside from the main relationship as a risk factor for intimate partner violence. In the study, women whose partners had extra partners outside the main relationship had higher levels of intimate partner violence than their counterparts, but not as intimate partner violence itself. Similarly, African studies from Zimbabwe (Chireshe 2015) and South Africa, (Boonzairer & Dela Rey 2003; Boonzaier

2005) also framed cheating and infidelity as risk factors for intimate partner violence as in Chireshe's (2015) study women experienced intimate partner violence after questioning their partners about infidelity. This thesis argues that cheating in the context of intimate partner violence may be perceived as one of the aspects of Coercive Control, which is a form of intimate partner violence.

4.2.1 Male entitlement

In trying to understand the relationship between cheating and intimate partner violence, some South African scholars have argued that having multiple partners is perceived as a symbol of successful manhood, and that this pattern is part of local hegemonic sexual masculinities (Hunter 2005; Jewkes & Abrahams 2010) in normal relationships, as well as in the context of intimate partner violence (Boonzaier & De la Rey 2003; Wood & Jewkes 2001). Male entitlement to multiple partners as well as expectations for women to accept and condone cheating, have been normalised as acceptable male behaviour, by both men and women (Kim & Mostei 2004; Boonzaier & De la Rey 2003). Women who resist this behaviour may be perceived as transgressing social norms and challenging male authority (Kim & Mostei 2002 & Chireshe 2015).

In the interviews, women themselves referred to cheating as abuse. In exploring cheating as a form of intimate partner violence, it was apparent that the notion of power and control was central to the maintenance of these successful definitions of manhood, where resistance was met with violence, to enforce compliance and acceptance. The analysis revealed that the manner that cheating was conducted, and the difficulties these women encountered in the context of their partners' cheating demonstrated that cheating in the context of intimate partner violence, was part of a strategy of coercive control of intimidation and degradation, intended to disempower, humiliate and

intimidate women to ensure compliance and acceptance of cheating and to ensure that they remained submissive to male authority.

The analysis of women's accounts revealed that the key to the perception of cheating as an aspect of coercive control were perpetrators' attitudes and behaviours. These included an expectation that women would submit to their authority, along with and behaviours of entitlement and disregard or disrespect for women's wishes. The attitudes were expressed through perpetrators demands for women to accept their extra-partners.

> *You can start being in love with someone you are students you have nothing but step by step he starts becoming rich get a nice Job he applies a house (bond house) and that time when he was poor he doesn't even want talking to other ladies but when he's driving he's got money he will say l will have to go to the club, I have to see small girls with tits now you are a ma gogo (old woman) now you start getting jealous and you say now you are spending the money he can't remember where we are from that's the abuse start cause you start asking questions…*(K4: Shelter Z focus group discussion).

Women indicated that their partners routinely had sexual partners outside the main relationship and that other men had long term extra partners. In most instances, the perpetrators made these relationships obvious to the victims: they brought the mistress to their family homes, spoke with the mistresses over the phone in the presence of the partner and challenged some of the women to leave the relationships if they were uncomfortable with the situation. Some of the perpetrators also fathered children outside their main relationships. Thus, women conveyed that cheating was done openly without hiding and expecting women to be fine and accept without resistance and framed as men's entitlement. Women conveyed feeling degraded, disregarded and

disrespected by perpetrators' attitudes and lack of concern for their feelings particularly when flaunting their infidelities, including in some instances where they brought these women home. This behaviour was part of the coercive control tactics of intimidation and degradation used to undermine, shame, the women to reinforce compliance and limit resistance. Isabel who was raised by a stepmother after her biological mother committed suicide, experienced childhood maltreatment from her step mother and experienced both physical and nonviolent experiences of coercive control, reported that cheating was the central aspect of her abuse. She provided these accounts of her experiences of degradation:

> *Then that woman was pregnant, and she said, "me I can't stay alone I want to stay with you". Then he brought her in my house. You know I even said, can I go then I was thinking where I will start with these three children. We stayed for one year until she delivered, and it was fight every day. Even sometimes he can sleep with her in front of my kids. …. So it was like there was nothing I can do because I don't have anywhere else to go …. So I was thinking let me just stay with this man. I don't have nowhere to go, I don't want my children to suffer the way I suffered. I want my children to go to school.* (Isabel, Shelter Y resident, four years above group)

Dikeledi provided these accounts when discussing how she forgave easily after experiencing both physical and psychological abuse associated with Coercive Control.

> *He can come with a woman while am there in the house telling me remove the blankets from the wardrobe make a bed on the floor and sleep there. I want to be busy with my girlfriend and I will do it. I will sleep on the floor. They will do their stuff there I don't care, I will sleep there crying and I will say no God you*

know what I will cry and finish I won't die it's ok. (Dikeledi, shelter X resident, 10-15 months group)

When asked about the reason she continued to stay in the relationship, like many women in the study who were economically dependent on the perpetrator, Dikeledi stated it was for her survival and that of her son.

> Dikeledi: *I was telling myself that if I go there will be no communication as he has another girlfriend already you know he will just reject us. So, let me just remain in the house for the sake of the baby so that he will support the baby. 'Cause if I go, I knew that it would be over like that.*

> INT: *So, it was mainly because of the finances?*

> Dikeledi: *Yeah.*

The degradation and shaming tactics of bringing women home as revealed in these women's accounts were instrumental in affecting compliance particularly when they were unable to provide for themselves and their children. As the women's accounts revealed, although they wanted to leave the relationship, they were constrained by their social position as unemployed women who were dependant on the perpetrator for their survival as well as that of their children. This fear for their survival, was instrumental in limiting resistance and maintaining coercive control, where the perpetrator had the ultimate power to use any tactics to humiliate, degrade, or shame the victim without any fears of consequences.

4.2.2 Cheating, women's resistance and violence

Some of the women from the individual interviews reported that they experienced violence when they inquired about their partner's infidelity and that the violence increased because the partner had another mistress outside their main relationship. Women from the focus group at shelter Z discussed that violence starts when women ask about cheating. These women who associated cheating with intimate partner violence from the focus group discussion at shelter Z and individual interviews, conveyed that intimate partner violence was facilitated by inquiring about cheating and that cheating within this context was one of the facilitators of intimate partner violence. The narratives below are part of a discussion from shelter Z where women conveyed this view.

While women's accounts indicated cheating was associated with violence, where it was understood as a cause of intimate partner violence, they indicated that the threat of violence constrained them from inquiring about cheating. For instance, some of the participants discussed how they stopped asking questions or checking the perpetrators' phones in order to avoid violence. These women altered their behaviour to meet the perpetrators' expectations in the context of coercive control. These factors contribute to the success of coercive control as it plays a role in furthering male sexual privilege. Mbali discussed how she avoided being hit by her partner.

> Mbali: *I stop touching his phone and do the right things in the house .*

> INT:. What are the right things?

> Mbali: *To know that am doing the washing, cleaning everything when he comes back everything is fine.*

As this demonstrates, women were constrained by gender ideologies that equate female submission to male authority with good womanhood. Thus, even though some participants indicated that violence was triggered after the woman inquired about cheating, it was apparent that some participants from individual interviews and women from the Shelter Z focus group discussion held such women accountable for violence. Thus, they understood their fellow women as initiating the violence they experienced through asking about cheating. In this view, violence was perceived as justifiable in circumstances where the victims resisted cheating instead of remaining silent and accepting the perpetrator's sexual entitlement. Being silent and submissive was perceived as critical both for avoiding violence and also for saving marriages. The acceptance of cheating as part of coercive control, is not only enforced by the perpetrators through coercive control tactics, and through women's limited resources and lack of employment, but also by gender role socialisation that has led to women constructing their narratives in the femininity of submissiveness that is associated with cultural constructions of good womanhood as well as normalisation of male sexual entitlement. Kelebohile provided these accounts after I had reflected on her discussion on cheating and violence.

> INT: *The cheating?*

> *Kelebohile: Yes, if you keep on following your partner everyday where he is that's when he's going to abuse you. He's going to beat you. You can follow him but not each and every day. Let him do his thing, even if you can see he's doing something.* (Kelebohile, former resident Shelter Y, 10-15 months' group).

It is also noteworthy that she discussed that one of the negative effects of being jealous and inquiring about cheating is that women end up killing themselves. However, she

perceived being negatively affected by cheating as weak and associated being strong with passivity as well as condoning cheating. Consequently, these accounts, similar to that of some of the women in the focus group discussion at shelter Z, illustrated how such perceptions that normalise cheating and violence provide a fertile ground for the maintenance of tactics of coercive control such as cheating and experiences of violence within a patriarchal setting.

4.2.3 violence to enforce compliance with cheating

Violence was frequently used to enforce compliance with cheating, Stark (2013) refers to it as the *or else* proviso. Resistance was perceived as a punishable offence. To ensure that resistance was not repeated, severe acts of violence were used in some instances. Significantly, violence in the context of cheating, was done to secure male privilege and entitlement and limit women to submissiveness, resulting in reducing women's agency, empowerment and freedom.

Susan, Margaret and Charlotte were some of the participants who conveyed a sense of being punished with severe experiences of violence and degradation for resistance to cheating. Their accounts indicate that the perpetrator perceived that it was imperative to use violence, in contexts where women were very resistant, to ensure women's entrapment. When Susan showed signs of wanting to leave the relationship, her perpetrator used extreme violence and got her pregnant to ensure her dependence: as an unemployed mother she would need support for her child.

> *When I moved away from him early 2011, he came back to me and said yes you*
>
> *can come back to me she's gone (girlfriend) she has another boyfriend. That*
>
> *time I was noticing that things had changed she was no longer calling, by that*

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time she was pregnant, but I didn't know that she was pregnant. By October when I discovered that she had a baby with him I was searching through his phone I saw messages when I asked him I was visiting him at his place it was weekend and when I found out that he had a baby with her he went out and got drunk and then he raped me that's why I have a baby by him. I didn't just say I want a baby. He said now you must have my baby and he raped me. And after that he didn't support. And then he didn't want to talk to me he was always fighting with me. He didn't support his baby and after that if he get money he was giving it to that lady, and he'd come and tell me, "I had money but I gave it to that lady". That thing is painful. And if you ask money, he'd shout and say where do you think I get money, I am not working. (Susan, Shelter X resident, 6 months group)

While Susan experienced violence due to resistance and was made pregnant from the experience, the perpetrator used her circumstances of being pregnant, and having a child with a lack of financial means to support the child, as an opportunity to further abuse her. The tactics of coercive control are evident where he avoids supporting the child and taunts her with information that he is supporting the child from the extra-partner. These factors as part of the coercive control of degradation, convey a sense of disregard and lack of concern for the victim as she is left with the burden of having to find means to support the child and deal with her distress from the experiences of intimate partner violence.

Participants discussed different aspects of coercive control, some of which have been discussed in Western literature such as the micro management of day to day activities relating to their role as mothers, home makers, cooking or how they dress (Stark 2012;

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Moulding 2016) However, these have not been widely discussed in South African literatures as aspects of coercive control. In this study, women reported the denial of survival resources such as food. Some participants indicated that they were left without food. Beaten with belts, in front of others as part of shaming tactic, sexual coercion, rape. Charlotte's experience was of being confronted with the other partner, and then being assaulted.

> Charlotte*:'Aah there was one time he hit me with the belt so hard, with one of his lovers, he came with a lover in the shop and I said, I went to get petrol, I was going to burn the shop down and aaah he took me with her in the field and he beat me so bad, that I passed out, this Thomas went to look for me and get me…….* (whispers)

> *INT: Ooh the old man?*

> Charlotte*: Yes (whispers) 'ntil today I tell you... the sight...aah... the sight of me….* (Whispers).

Significantly, she indicated that she was beaten extensively because she demonstrated some resistance to the perpetrator's cheating, hence the perpetrator's reaction in escalating the violence in front of his mistress and dumping her in a field after the violence. This could be interpreted as one means of punishing the victim for her resistance but also to prevent future opposition in this regard. The perpetrator was ensuring that the victim knew her place, and that she remained in the subservient position, that she would always be aware and reminded of the consequences of resisting. Using the theory of "the *or else* proviso" (Stark (2013), it can be argued that the success of the coercive control techniques lies with the knowledge and

understanding of the seriousness of the consequences of failing to obey, comply or cooperate with the perpetrator.

Although this pattern of extra-partners has been discussed in the context of African cultures and black men in particular (2005; Jewkes 2002; Jewkes & Abrahams 2010), the single white participant reported similar notions. The narratives highlight that the cheating should be understood as a form of violence and should be interpreted within a wider framework of coercive control, that centres on maintaining male privilege and male sexual entitlement associated with hegemonic masculinities of ideal definitions of manhood and women subordination.

The success and maintenance of coercive control of violence and threats was evidenced in women's fears of violence and retaliation; women altered and monitored their own behaviour for fear of angering the perpetrator and experiencing violence. This reinforced the micro-management of their lives, as women wanted to ensure that they did what the perpetrator wanted and followed his wishes. For some this was a valid survival strategy: some women indicated that violence was reduced when they altered their behaviours, kept quiet, stopped talking or asking questions or when they just agreed with the perpetrator to avoid angering him.

While it is apparent from some of the women's accounts that to some extent, experiences of coercive control indeed led to women disempowerment, women's resistance was evidenced through their ability to eventually leave the relationship. Although few women indicated that they were still in the relationship, and had moved to the shelter due to homelessness and not the intimate partner violence relationship itself.

4.2.4 The association of forms of violence with challenges with resolving the trauma

The women's accounts revealed that they were challenged with coping with the experiences of intimate partner violence including the different aspects of coercive control central to their intimate partner violence experiences, such as cheating. Participant histories of traumatic childhood maltreatment such as rape, physical abuse, childhood exploitation, the experiences of intimate partner violence, and the betrayal of trust associated with cheating rendered them more vulnerable to experiences of negative trauma outcomes and challenges with finding meaning of their experiences, which is critical for recovery. The experiences of cheating that included intimidation, degradation and violence, contributed to challenges with resolving the trauma. It reinforced the consequences of betrayal trauma, feelings of unworthiness and perceptions of the self as not valuable. These views confirmed the negative views of the self that originated from the earlier trauma, as well as the perception of the world as meaningless. The views discussed are associated with challenges with trauma resolution as well as post-traumatic stress disorder (PTSD). Given that some of the participants, who experienced coercive control had high post-traumatic stress disorder (PTSD) severity scores: coercive control was one of the factors that played a role on women's challenges with healing and adjustment. Zodwa, a participant who had a high post-traumatic stress disorder (PTSD) score provided these accounts when discussing how she was affected by cheating in the context of violence.

> *'INT: And how was this affecting you?*
>
> Zodwa: *It was affecting me a lot because 2013 December we take the child to his mother. I stayed with him so the child was in Eastern Cape he was worse. I*

was thinking that maybe it's because the child is not around even another day

he asked his friends to come and they were busy talking, that day we were also

fighting and then I feel like I should kill myself so I went to a small forest and

then I just passed the electric line the inyoka nyoka, I just felt like I can touch

that line and just die it was like a deserted place so I was like afraid so I go to

that small forest. I stayed over an hour next to that forest there was a dam and

I felt like I should jump ngife khona lapa… (I should die there and then). *The*

only thing that stopped me to not kill myself was that I was thinking that I grew

up without my mother and then my child will grow up without his mother, so I

just go back to my boyfriend.

When asked about what was affecting her the most at the time, she replied that,

It was because of that girlfriend and the abuse. I feel like there's nothing for me

to be alive for. Even now I feel like God should... That if I just died when I was

young. Because it's so difficult. (Zodwa, Shelter Y resident 10-15 months

group)

Zodwa continued to receive counselling at the shelter once a week. Significantly, the

study provided confirmation on how coercive control in interaction with other factors

within women's social ecological network provide challenges with coping and recovery

and plays a role in facilitating post-traumatic stress disorder (PTSD).

4.3 Cultural Factors: the traditional African world view, the meaning systems of trauma and the attribution of intimate partner violence to witchcraft and ancestral punishment

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The South African literature demonstrates that a number of South Africans, including westernised South Africans adhere to "traditional African beliefs and healing systems" as well as western types of healing systems. They add that African belief systems are often used to understand the cause of misfortunes. In most instances, misfortunes are not seen as happening by chance (Eagle 2005, p. 201), rather they are seen as caused by witchcraft or when one does not adhere to ancestors wishes

Two women in the study struggled to make sense of their experiences of intimate partner violence. They made use of the traditional African beliefs system to understand the reason they experienced their misfortunes. While they are only few, these narratives are significant to understand the context of women's experiences, given that this was not part of the question set in the semi-structured interviews. Both women made some causal attributions to understand the reason they experienced intimate partner violence and other misfortunes. They believed that they faced violence because they were bewitched. One participant understood her experiences of intimate partner violence and other misfortunes as a form of punishment from ancestors due to her failure to fulfil the calling to perform rituals and become a spiritual diviner, or to demonstrate ancestor reverence. Given that these women narratives centred on their difficulties in finding meaning and trauma resolution, when analysing their challenges with coping with trauma, the analysis made use of the assumptive world theory of trauma (Janoff Bulman 1992) to understand how women were challenged to find meaning and resolve the trauma of intimate partner violence. Susan provided these accounts of the reason she experienced intimate partner violence.

Susan: ...I used to think why. I used to think why are all these things in my life happening to me……Spiritually like say, isn't you are black? There's something like witchcraft, if you do something, somebody will do something behind you.

INT: So spiritually did you understand it like you are being bewitched that's why you were experiencing abuse?

Susan: Yes, spiritually I do. I do. Physically ... I meet them in my dreams. It's another lady she's at my rural areas where I come from. She's a traditional healer, she is the one. I always dream her since I was 19 years she, was against me. She's the one……

When asked what the traditional healer did, she replied that:

Susan: she bewitched me and she's the one who cause all this trouble.

INT: ...how did you know that she's the one that has bewitched you?

INT: I dream her since I was 19 years, she says come to me she wants me to be with her she want me to marry her son that's why she's doing this'.

It is noteworthy that Susan makes uses of a magical explanation, of witchcraft as part of an African worldview (Eagle 2005), to understand the reason she experienced the misfortune of intimate partner violence. Her narratives could be understood as part of the traditional cultural narrative as she associates the understanding of witchcraft with blackness. She may have assumed that the interviewer, being black, would understand the witchcraft narrative. The interpretation of dreams is understandable within the context of African world view where dreams are perceived as significant meaning systems, and where they communicate messages (Berg 2003).

In the above accounts the interviewee conveyed that she experienced intimate partner violence because she was bewitched by the traditional healer who wants her to marry her son. This is the reason that she experienced intimate partner violence in all her relationships. This may create a sense of powerlessness as in her mind, her circumstances will only change if she marries the traditional healer's son. However, a feminist analysis suggests that Susan's attribution of violence to witchcraft takes away the responsibility of violence from the perpetrator. Significantly, these factors contribute to challenges with coping and trauma adjustment as it promotes feelings of loss of control and powerlessness as she has no control over future outcomes and positive relationships. Her understanding suggests that further relationships will also be affected by intimate partner violence unless she marries the healer's son. This view relates to the attribution theory, in explaining people's behaviour (Malle & Korman, 2017). It is from this view that perception of witchcraft and the interpretation of dreams affects Susan's sense of meaning in life. Susan conveyed how these issues stressed her:

> *This thing is affecting me like my future actually just because if I have a boyfriend I must dream her, she knows I have another boyfriend and she must destroy. If I have another one, I dream, I always dream her even if I don't have a boyfriend. Even day before yesterday I dreamt her. I always dream her since I was 19* (Susan, Shelter Y resident, within six months group)

Susan also conveyed that the matters stressed her because she had no one to discuss such matters with at the time. While Susan is originally from Zimbabwe, another South African participant attributed her experiences of intimate partner violence and financial challenges to witchcraft. She believed that she was being bewitched by her third

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husband's previous partner. Like Susan, before she provided her accounts on witchcraft, she first sought confirmation that I was black.

'Jane : ... *You know us blacks (laughs) are you a coloured?*

INT: ... No am black...

Jane*: .... That's why I want to explain something.... As we are blacks, I started consulting you know what we do, we go to prophets and he'd be telling me that this woman wants you dead irrespective of what you have done she thinks you stole her husband. There was a time we were exchanging SMS, WhatsApp, She once sent me a message on WhatsApp saying, "this is my husband", I'm a bitch because I stole her husband... I never thought it would be so bad but everywhere I was going, where I tried to consult, why is my life so bad. I had money. I cashed in my pension fund. I didn't have to go to the Bank to borrow money, I was having a tuck shop. I registered a business last year that was supposed to be trading as we speak. I didn't get any job anywhere. I was continuing with the shop while working but the money got finished.*

Jane's account conveys that she struggled to find meaning of the challenges she was encountering. Hence, she sought for answers from the prophets, also referred to as spiritual healers, who have a divine ability to unfold the cause of the misfortunes and resolve her situation. However, her sense of powerless originates from the realisation that someone else is responsible for all the misfortunes that she encounters and she has no control of the outcome of her situation, since her business as well as her relationship continues to fail despite seeking and paying money to prophets as indicated in her interview. For Jane, it also seemed more difficult for her to make sense of the

experience because she was previously kind to the woman, for instance she discussed previously that she looked after the woman's younger children. This view is also evident in the quotation when she states that "irrespective of what you have done". In view of the assumptive world theory, it can be argued that these notions contrast with the perceptions of the world as just and benevolent. In her worldview, people can also not be trusted as supernatural forces beyond her control are affecting her future. Her perceptions of being bewitched are confirmed below

INT: *So do you think she bewitched you?*

Jane: *Yes, definitely she did. Even now when I look at the way she was talking, "You stole my husband, and nobody steals my husband". Just like that. I thought she was laughing...It was bad but sometimes when you think of your situation now you wonder what you have done to deserve all this in life.*

The notions of witchcraft in Jane's accounts convey a sense of disbelief since witchcraft is not natural. For instance, she says that she had not taken the woman's threats seriously because she thought the woman was only joking. Her last narrative, where she states that "you wonder what you have done to deserve all this in life" conveys a sense of meaninglessness as she fails to understand the reason, she's experienced all of the challenges. Given that she was one of the participants with the highest PTSD score, these factors clearly contributed to the difficulties in coping and managing the trauma.

Jane provided different explanations of the causes of her misfortunes, with most of them falling within the framework of the traditional African world view. In the following accounts she uses the "animistic understanding" (Eagle 2005) when explaining that her misfortunes were a punishment from ancestors. However, her

numerous attributions to the traumatic experiences of intimate partner violence and other misfortunes indicates that she struggled with resolving the trauma. This is also evident in her statement below where she discusses her confusion when she was asked about her spirituality.

> Jane*: At the moment am in confusion before I came here, I was attending this church the woman pastor ..., .is very powerful but at home we are ancestors people. So, you really get confused sometimes. This my sister who even gave my daughter money, who went to a sangoma (traditional healer) school her things are going well. Very well. So, you will be confused and say maybe the ancestors are punishing me. I refused to do their part because they wanted all of us including my mother and my mother's kids, but we refused it to do this. It's only my younger sister*

> INT: Is it Twasa? (Initiation rituals for traditional healers)*

> Jane: Yes, Twasa we refused. It's only my younger sister who said me am tired of this life so she went as we speak she won 25 000 rand on a show, she won money.*

Jane seems to be confused and uncertain about her beliefs. Although she indicated that she likes the Christian church, she was also considering following her family's ancestral beliefs particularly when her sister, who had followed the ancestors calling, was doing well in her life. The dilemma seems to be caused by her concerns about her difficult experiences. As her accounts revealed, she struggles to make sense of her experiences because she was more educated than her sister, had a more successful career and owned her own business. Hence in the natural order, she was supposed to be successful, yet

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she is the one suffering the most. As a result, she positions herself as a victim who is being punished by the supernatural powers of ancestors because she did not respect their wishes.

Jane: you are supposed to do that ritual of the sangoma (traditional healer) Even my sister is not practising. She is just like me. You won't see that she's a sangoma but she just did that ritual of a sangoma, but she went and do what the ancestors want.

INT: And her life is going well?

JANE: Yes. And sometimes I feel like I must do that but that thing is tough is really tough it's like you are a slave you know, you work with bare feet for a long period, you walk with your bare feet for some time, It's tough. The process is not nice at all... Even now I say maybe I can go. The problem will be solved. Because I remember ...my sister was ...having this job it was not permanent. All of a sudden she got retrenched and she was already in the process and she said while she was sleeping somebody came and said you must do what what after a week, I don't know what the ancestors said to her but all of a sudden (name of company) was hiring. She's not educated so she asked me to fill her form. She got a job while she was doing that sangoma thing, she was kneeling down doing that twasa thing thokoza gogo (laughs) within the week she was hired and she's living nicer than me .But my business was doing fine that time and where my shop was it was a good spot I was having customers but even now I don't know what happened I can't tell you. I just went down and down and down, I could manage stock. I just don't understand why.

Jane's dilemma is evident in the narrative above where she contemplates doing rituals and fulfilling her calling from ancestors. At the same time, she acknowledges that it is a challenge to follow the whole process due to the difficult tasks involved. She also perceives the process as limiting one's freedom. However, the confusion and dilemma seem to be intensified by her financial difficulties and she has left the intimate partner violence relationship for the third time. As a result, she perceived this route of ancestors as the key to ending her difficulties. On the other hand, she fails to reconcile the dissonance because she is unable to bear the difficult processes involved. Hence it is from these struggles with finding meaning of her experiences and reconciling her trauma, that Jane indicated that she was struggling to cope with her experiences and that she had previously contemplated suicide. Jane was amongst the participants who accepted the referral for counselling.

4.4 The role of the Church in contributing to women's challenges with finding meaning and trauma resolution

A feminist analysis argues that the church, as a patriarchal institution, plays a role in controlling and limiting individual's freedom, under the disguise of scripture, This was apparent in this research in three ways: supporting the perpetrator during mediation, preventing a woman from reproductive choice and affecting the choice of a partner. This played a role in the marginalisation of some of the women and their experiences of intimate partner violence and entrapment. Few participants conveyed that they did not receive support from church leaders. Their accounts indicated that the church leaders held traditional patriarchal values and hegemonic masculinities: they blamed the women for violence, encouraged obedience and adherence to their partner, and

supported the perpetrator during family mediation. Church leaders failed to provide women with the opportunity to tell their story and be heard during mediation.

An additional problem was that Church was framed for some women as a place to meet good men. These participants had not expected to experience abuse from a Christian man they had met in church. Given that they had experienced intimate partner violence previously, meeting a man in church had provided these few women with a sense of security and they had let down their guard. For instance, because Martha met the partner that had led her to the shelter in church, she was convinced that he was a good man because the prophet from her church, who was perceived as having powers to see the future, confirmed that he was her husband.

> *Martha: They'd tell me that prophetic what what that he is my husband he's going to marry me.*

> *INT: ooh so when you say prophetess what do you mean?*

> *Martha: Aah they do prophet like they are people who tell things that you don't know or you are not sure about. They are like fortune tellers. So they are like they try to control you, you must listen to them everything you mustn't choose what you want in life.*

There was also a sense that the Church had coerced Martha into a relationship. While Martha explained that the prophet informed her that the partner was her husband, she also conveyed that she had no control of the situation: it was pressed on her by someone from church, who had powers to oversee the future.

…I realised he's a ZCC member. And then I thought he would be good to me...
I told myself at least he's a good person he's a Christian but I was wrong. Cause
he was worse than the father of my kids… He really abused me (cries) I don't
really like talking about it because he was a Christian I never expected it from
him (Martha, Shelter Y resident, 10-15 months group).

The beliefs of the Church also made things worse. Martha had three children that she could not provide for since the church prohibited the use of contraceptives. This was more disheartening because she had to leave her two young children at a tender age to be raised by their father and his family as she left the intimate partner violence relationship. In addition, she believed that having children within an intimate partner violence relationship rendered her more vulnerable to abuse since she was financially dependent on the perpetrator. Having children was a source of pain for her as it contributed to her entrapment given that she could not provide for the child financially in the relationship that led her to the shelter. In addition, she was distressed with thoughts of the young children she had left with the perpetrator's family, and filled with guilt that her children would grow up without knowing her, and in turn experience similar challenges she went through as child who grew up without her mother. These feelings of guilt and regret of exposing her children to the similar negative experiencing she encountered as a child, promoted negative perceptions of the self as she referred to herself as a bad mother. Additionally, she had come to believe that the church's traditional beliefs were contrary to the general Christian teachings from the Bible, as it was a fusion of both traditional beliefs and Bible teachings, and that this was responsible for the lack of support and the negative encounters from her previous partner's family, the only people who had shown her love, because they thought the church was associated with witchcraft. Hence all the negative experiences associated

with the church, that she had loved and grown into from childhood contributed to feelings of loss of faith in the church and challenges with finding meaning of her experiences. However, like another woman in the study, she demonstrated resistance by leaving this church, and joining a Christian based church.

In the study, it was apparent that trauma had impacted on the religious belief system of some of the participants: Martha, a participant with a high PTSD score, blamed the church beliefs for her misfortunes. Some of these participants failed to make sense of the reason God had allowed them to be abused, for instance intimate partner violence, earlier childhood victimisation and losing a child in the context of intimate partner violence. However, after a time, they had regained and re-affirmed their faith and found new meaning of their experiences. These included participants from the four years above group; Charlotte explained that she regained her faith after being healed from cancer; Sophia regained her faith over time after counselling and spiritual guidance; from the 10-15 months group Mtombi explained how her faith was tortured when she fasted and prayed numerous times with the hope that her prayers would be answered and her husband would change. She discussed that her faith remained as strong during the period of the interview.

However, one participant, Jeanette, reported that she had become an atheist after trauma. While she did not convey the reason behind this matter, she indicated that there was some confusion while growing up: she was raised Catholic at her parents' house and Muslim at her grand-parents' house. Possibly the differences in belief system in conjunction to her experiences of both childhood victimisation and intimate partner violence, contributed to the loss of faith and to her atheism. On the other hand, Sharmilla discussed that she had converted from Hinduism to Christianity. Her

narratives conveyed that she had lost faith in Hinduism, given that her father who abused her and her mother was a Hindu priest. When using the assumptive world theory, it can be argued that for these women who had lost faith, their sense of meaning in the world as just, fair and benevolent was affected. Their sense of benevolence of the world was affected by a sense of betrayal, being let down, loss of safety and protection given that the experiences of trauma made them believe that they were no longer protected as anything could happen to them.

Nozipho discussed her struggles with her faith after experiencing childhood rape, being gang-raped as a teenager and severe experiences of intimate partner violence. These multiple experiences of trauma were some of reasons she still struggled with finding meaning and resolving her traumatic experiences. She was one of the participants with high PTSD scores and symptoms**.**

> INT: *How was your spiritual life before the relationship?*

> Nozipho: *Oh I was… I was even.. oh I was going to church. I was attending the church at that time.*

> INT: *And now how is it?*

> Nozipho: *I just tell myself what's the use. I go sometimes, when I feel like.*

> INT: *What do you mean when you say what's the use?*

> Nozipho: *You know, sometimes when you pray, it seems like there's no God. Cause I keep on telling God about my problems, so sometimes you just ask yourself, what's the use of doing that?… I don't have hope. If things will get better again. I'm just waiting for the time for me to die. That's it. But at the same*

time thinking for my kids, if I leave this world, if I die, who's going to take care

of them? That's what I have in my mind'.

Nozipho was one of the women who accepted counselling referrals for herself and her daughter. In her accounts she indicated that she used to attend church before meeting the perpetrator. However, it was mainly after the experiences of intimate partner violence that she lost her faith in God since she lost hope as her prayers remained unanswered and nothing positive seemed to be happening in her life. She found it pointless to pray and seek for a resolution from God because she understood that nothing was going to change. However, the loss of meaning in life and belief contributed to a sense of hopelessness as well as lack of purpose and led to thoughts of suicide. However, knowing that her children would suffer if she was to die provided some resilience and purpose to live. It was apparent that the experiences of intimate partner violence were enforced by the multiple adverse childhood experiences she had encountered, including the sexual abuse, rape and her mother being hospitalised in a mental institution.

INT: … Did you have this feeling before this relationship, or is it just that it came after this relationship?

Nozipho: After everything. After my mum went ill, and after all, after everything that happened.

INT: …And how do you try to cope with these feelings?

Nozipho: I drink sometimes. I drink to get better.

INT: So when you drink you think that it makes you feel better?

Nozipho: Yeah. It gets better. I sleep.

Nozipho's account indicates that she struggles with some post-traumatic stress disorder (PTSD) symptoms when she discusses that she uses alcohol to help her sleep. Possibly, the alcohol helps her numb her traumatic reactions. Another participant, Yvonne, indicated that her faith had fallen apart after intimate partner violence as she had lost any hope due to the difficulties she had encountered and her current challenges as an unemployed mother with children at the shelter. Consequently, the loss of faith due to unanswered prayers played a role in women's challenges with finding meaning and trauma resolution.

Conclusion

This chapter discusses the individual factors, intimate partner violence related factors and cultural factors as part of the women's individual, intimate partner violence related factors and mesofactors as part of their ecological framework in playing a role in affecting women's coping, trauma recovery and post-traumatic stress disorder (PTSD). It makes a significant contribution to feminist research and the field of social work in South Africa by extending the theory of coercive control to women's experiences of violence in South Africa. Firstly, it brings to light women experiences of coercive control, that have not been discussed in South African literatures as some of the factors that contributed to challenges with adjustment and recovery in addition to other factors discussed in this chapter. It provides new insight on the experiences of cheating as a form of intimate partner violence and coercive control. The chapter demonstrated that cheating in the context of intimate partner violence was conducted in a manner that aimed to humiliate and disempower women to ensure compliance and acceptance of cheating as well as to prevent them from hindering men's sexual entitlement to have

multiple partners, in a context where having extra partners was associated with successful definitions of manhood.

Second, the chapter argued that the key to perceptions of cheating as coercive control were perpetrators' attitudes and behaviours of entitlement and authority that included expectation of women to adhere and cooperate to their demands and behaviours that conveyed disregard or disrespect for women's dignity and wishes. This was expressed through the perpetrators' demands for women to accept their extra-partners and unwillingness for women to question them in the context of cheating as well as the need for women to adhere to their wishes and condone their behaviours as well as exposing women to violence when they asked about cheating. Furthermore, the chapter demonstrated the attitudes and behaviours that were associated with cheating as coercive control which included degradation and shaming tactics that were done to undermine, shame, the women to reinforce compliance and limit resistance. Some of the degrading tactics included partners routinely having sexual partners outside the main relationship, making the relationships obvious to the victims, bringing women to their family homes, as a way of maintaining compliance and acceptance. Additionally, the chapter argued that the degradation and shaming tactics, such as bringing extra partners home were instrumental in affecting compliance particularly when women were vulnerable due to their dependency on the perpetrator, for their survival and that of their children. Most importantly, the chapter demonstrated how cheating as an aspect of coercive control provided opportunities for violence to occur in the context of women resistance and non-compliance in order to maintain male privilege and limit women to submissive positions. The section also demonstrated that the acceptance of cheating as part of coercive control was not only enforced by the perpetrators through coercive control tactics, or through women's limited resources and lack of employment,

but also by gender role socialisation associated with cultural constructions of good womanhood as well as normalisation of male sexual entitlement.

This chapter also demonstrated that cheating was a facilitator of violence. Violence was one of the strategies used to limit women's resistance and transgression from the gender role normalisations. The interviews indicated that violence was used as a strategy to weaken women resistance and to ensure compliance in a context where women's resistance and lack of cooperation was understood as disobedience and a hindrance to male dominance particularly when cheating was normalised as part of male entitlement and adherence and acceptance of cheating was associated with notions of good womanhood of submissiveness. The chapter explored how the success and maintenance of coercive control of violence and threats was evidenced in women's fears of violence and retaliation, given that the violence encountered led to a sense of fear where women altered and monitored own behaviours, changed their behaviours in fear of angering the perpetrator and experiencing violence. Given that women's experiences of coercive control have not been widely documented in South African literatures, this research creates new opportunities for ways of responding to domestic violence in South Africa in relation to policy and social work interventions in order to create better outcomes and effective means of safeguarding both women and children from harm caused by coercive control.

Whilst cheating as part of coercive control is discussed as part of women's experiences of intimate partner violence, it is also significant to note that these experiences are recognised as part of cultural factors, within women's macrosystem that affected their challenges with coping and recovery. The feminist research in this thesis draws on ecological theories to demonstrate how different factors, such as gender, social

economic positioning of women, race, and other factors interact to affect women's experiences in the aftermath of violence.

The study found that cultural factors, as part of women's mesosystem, played a role in contributing to challenges with trauma adjustment and experiences of post-traumatic stress disorder (PTSD). It has been argued in trauma literature that culture and customs can help individuals manage the effects of trauma. However equally, cultural practices and traditions can contribute to challenges with coping and post-traumatic stress disorder (PTSD). While the manner in which individuals may respond to trauma may not differ widely across cultures, trauma literature informs us that the processes and factors that shape how individuals respond to trauma may vary to some extent, across cultures (Kuo 2011). However, most literatures have discussed cultural factors in relation to women's experiences of intimate partner violence, and not much is known within the South African context on the social cultural factors that may constrain abused women's ability to find meaning, trauma resolution and growth in the aftermath of violence, given that the dominant literature has focused on the association between cultural practices, traditions, values and patriarchy with experiences of intimate partner violence. Given that both positive and negative experiences of cultural have been widely discussed in intimate partner violence literatures, the chapter focuses on women's traditional belief systems and the role that the church played on challenges with find meaning and trauma resolution in the aftermath of violence. In addition, it explored the social cultural factors that contributed to women's challenges with finding meaning and trauma resolution, such as the role of traditional belief systems and the Christian belief systems in reinforcing this cultural experience and the role they played in contributing to challenges with finding meaning and recovery from trauma.

The next two chapters discuss the role of the macrosystems in affecting women's experiences of trauma and recovery in a greater detail.

CHAPTER 5: THE ROLE OF POLICE SERVICE RESPONSES ON WOMEN'S EXPERIENCES OF SECONDARY VICTIMISATION

Introduction

This chapter focuses on the police force's responses to women when seeking help as a factor contributing to the challenges of trauma adjustment and recovery, and to women's experiences of post-traumatic stress disorder (PTSD). It explores how the police system as a place where women seek help contributes to challenges with coping and recovery, through the analyses of women's encounters with police when seeking help.

While a small number of studies have indicated some positive responses from the police, when women seek help, for the most part, the negative response discourse has dominated. Reports have ranged from the police's reluctance to help women, leniency with perpetrators and blaming the victims for violence. In addition, some studies have identified reports that women have experienced sexual violence at the hands of police when reporting cases (Jewkes & Abrahams 2002). Some of studies have demonstrated evidence of corruption as operating widely within some of the South African courts as well as in policing. Consequently, these literatures have demonstrated how these factors are a concern, because they limit the application in practice of the Domestic Violence Act 116 of 1998, a criminal and civil right that safeguards the safety of women. In addition, they hinder the realisation of women's human rights to safety and protection as stipulated in the South African Bill of rights. (Jewkes and Abraham 2002; CSVR 2015). "The criminal justice system response to domestic violence has been described as unsympathetic and hostile and failing to uphold the rights of women due to

reluctance to intervene because of entrenched attitudes" (Mathews & Abrahams 2001 p. 7).

It is known that traumatic experiences of survivors cannot be separated from the cultural contexts where the recovery takes place (Van der Kolk et al. 1995). Campbell, Wasco, Ahrens, Sefl, & Barnes (2001), writing from the background of rape survivors' experiences, acknowledges how the responses from communities and service providers can affect the survivor's well-being. They argued that survivors of trauma can experience secondary traumatisation through service providers such as police and the courts. Through their studies and other studies with rape survivors, they demonstrated some of the examples of secondary victimisation, also referred to as secondary assaults, that may affect women's recovery. These included instances of women being blamed, discredited, not believed, not provided with appropriate assistance and information and on some occasions accused of provoking the rape. Significantly, what these studies illustrated is that the trauma survivor may not only be affected by the event itself but also by the secondary assault. South African scholars have argued that women experience secondary victimisation when seeking help at the hands of the police. They argue that "the unsympathetic treatment of women by the criminal justice system has been 'secondary victimisation', with the police identified as the most problematic for women as they continue to regard family-based violence as a domestic problem" (Mathews and Abrahams 2001, p. 7). However, no studies in South Africa have yet demonstrated the negative psychological effects of women's secondary victimisation at the hands of police when seeking help, particularly in relation to trauma adjustment, recovery and post-traumatic stress disorder (PTSD). Equally, no research has investigated the reasons behind the police's reluctance to help women even when mandated by the Domestic Violence Act.

In the study, most women who sought help from police reported that they did not receive any support. These women's accounts centred on the policemen's lack of seriousness in handling women's concerns as well as their leniency when dealing with the perpetrators. These participants from both individual interviews and focus group discussions perceived the police as reluctant to provide both supportive and protective services to victims of intimate partner violence in South Africa. In trying to make sense of the motive behind the policemen's lack of regard for the victims, the women discussed issues such as corruption, poor salaries, lack of proper education and training and perceived the police as being tired of women issues. These subjective experiences can be better understood in the broader framework of the historical and social political context of South Africa, that has promoted both the culture of violence as well as the normalisation of violence as means of resolving conflicts (Jewkes & Abrahams 2002).

The meanings attached to the women's experiences, cannot be separated from the context of patriarchy within the South African setting. Therefore, my feminist analysis incorporated modern black feminist thought, in addition to the ecological perspective. This provided insight on the processes that shape women's experiences when seeking help. This theoretical framework of analysis contributed to a meaningful analysis of experiences of women from a diverse cultural context. The analysis focused on women's social positioning in relation to their race, class, gender as well as the structures of oppression, to understand the interplay of these factors in promoting different levels of vulnerabilities and re-victimisation (DuPont & Sokoloff 2005) at the hands of police.

The narrative analysis provided an understanding of the subjective meanings of the women's experiences on how the police system, as a "structure of power and privilege"

contributed to women's challenges with trauma adjustment in the aftermath of violence (DuPont & Sokoloff 2005:39) in conjunction with other factors discussed in the chapters. "Efforts to seek safety may expose many women to additional social risks and degradation." The narrative analysis of the women's experiences of victimisation that involved the discourse of disrespect and lack of concern for women's issues are presented in themes below.

The majority of the women who sought help at police stations concurred about the lack of support from police. Women from focus group discussion and some from individual interviews discussed predominantly negative subjective experiences and few positive experiences from their encounters with police. Their narratives demonstrate that the police system in the South African context is patriarchal, where some policemen use their strong positions of power and privilege that is afforded by their social positioning as powerful law enforcers and also as men within a particular cultural context to oppress women victims. This is not surprising considering that South Africa is known to be highly patriarchal where some men hold strong masculine values and rigid traditional gender roles (Jewkes & Morell 2010). This is "patriarchy as a system of social structures and practices in which men dominate, oppress and exploit women" (Sultana 2010, p. 2). The feminist analysis of the women's narratives explored here understands the police system "as an institutionalised system of male dominance" (Sultana 2010, p. 3). The attitudes of police presented in the women's narratives demonstrate a lack of concern for women's lives and could be understood as part of patriarchal strategies used to convey dominant and hegemonic masculine ideals to secure their positioning as powerful men as well as to maintain the women victims in a position of inferiority. Connell's (1985) concept of hegemonic masculinity is described by Jewkes & Morell (2010, p. 3) as a form of dominant and ideal type of masculinity that "mobilizes and

legitimates the subordination and control of women by men". The subordination of women may be experienced in different forms such as "discrimination, disregard, insult, control, exploitation, oppression, violence" (Sultana 2010, p. 7) as indicated in police's attitudes of disregard towards women's accounts.

South African literatures have noted the crisis of masculinity (Dworkin et al. 2012) and men articulating feelings of emasculation, in which some find themselves irrelevant and disempowered due to the discourses of women rights and empowerment. According to this view, men experience frustrations due to the beliefs that the assertion of women's rights has contributed to a loss of respect as well as erosion of traditional gender role expectations of women (Sheafor et al.2005). It is argued that "up until now, the relations of respect had previously structured gender dynamics" in South Africa (Dworkin, Colin, Hatcher, Peacock 2012, p. 107). On the other hand it is argued that women empowerment initiatives have brought about opportunities for women to "construct their female subjectiveness as powerful, confident and rights protected" (Van Neikerk & Boonzaier, 2015 p. 283). It is this women's empowerment discourse that, it is argued, contributes to the "backlash" from some men due to the resistance of the transformation of the traditional gender roles and relations, as they perceive that these new changes have contributed to women undermining men's traditional roles as head of the house or breadwinners (Dworkin et al. 2012; Shefer, Crawford, Strebel, Simbayi, Dwada-Henda, Cloete, Kaufaman and Kalichman 2008). These notions are also echoed by Szymanski, Moffit & Carr (2011) who argue that the negative reactions of individuals, in a context of women's initiatives to affect change may be a way of maintaining a status quo. The authors also refer to these negative reactions as a backlash.

The actions of policemen, blaming and undermining women's accounts and credibility when women report to police, can be understood as part of a crisis of masculinity in which policemen as men are taking desperate measures, perceived as necessary to reclaim their powerful positions and maintain hegemonic masculinities where they feel emasculated, in a context where women are aware of their rights and protection before the law through the Domestic Violence Act. Additionally, policemen's negative reactions towards women could be understood as part of the backlash, given that the women's agency in seeking help and protection from violence confirms their expression of resistance. From this view, women are perceived as threatening the status quo of patriarchy, as a system. Thus, taking initiative to defend themselves from the perpetrator locates them at a position of power, particularly, in a context where violence has been normalised. As a result, the policemen, as men "reclaim their assumed male power by stripping women of their power" (Van Neikerk & Boonzaier 2015, p. 283).

The narrative analysis draws on the meaning of the women's experiences from a gender construction theory perspective. Using this theoretical framework, re-victimisation of women in this context could be understood as a punishment for not conforming to "the conventional ideas about gender" since "any challenge to gender regime may be contested or suppressed (Hollander 2002, p. 475). Thus, the women's actions in reporting is in contrast to the cultural ideals of a preferred form of "African femininity", that are centred around cultural practices of respect, obedience or passivity and notions of "emphasized femininity", which encourage women's compliance (Jewkes & Morell 2010). The experiences of women victims are therefore presented below.

5.1 Objectification of women's experiences: *"Calling my case a thing"*.

Booonzaier (2005) confirms that objectification of women is usually associated with

standards of successful masculinities within patriarchal cultural settings. The narratives of some of the women who expressed concerns about the poor treatment from police, when seeking help, indicated that some of their experiences included objectification of women. The operation of patriarchy was visible where women's credibility was undermined when they reported their cases to police. These factors disempower women and prevent women from reporting violence.

> *You know it's a tough decision to make sometimes when you are at the police station when you are relating your story to the police it's like a TV drama and they are laughing there, they call others, "Ey come and listen here to what she's saying" and sometimes they don't even take you seriously.* (K2, Focus group, Shelter Z).

K2 refers to the dilemmas that she faces when thinking of reporting to police. She demonstrates how such attitudes prevent women from reporting by comparing her story to a TV show. This illustrates how she perceives their actions as demonstrating lack of concern and regard, for her as a person, who deserves empathy. In this case, like her narrative which is perceived as a fiction and not a reality, she is positioned as an object, and not a true victim that deserves empathy. K2 further emphasized,

> *It's like you are mad because when you come there you are not going to be normal it's like you are mad you will be screaming doing all these things and sometimes, they don't even listen it's like you are fighting a losing battle.* (K2, Focus group discussion shelter Z)

The participant uses the word "mad" repeatedly. This emphasis demonstrates how she makes sense of their lack of concern. By positioning herself as the mad person in the

narrative, she illustrates how she was perceived as unreasonable, as someone who cannot be taken seriously and as a dismissible victim. As such she affirms the reason for their lack of concern and their reluctance to recognise her as a victim. She then resigns and acknowledges that she is fighting a losing battle. Similar concerns were reported in the other focus group discussions at shelter X.

> *US2: Sometimes they discuss your problems, maybe there's a shift changing; "this lady is having this problem", and then they laugh about it, it becomes a mock.* (US2, Focus group discussion, Shelter Y).

The participant refers to her narrative as "it", confirming how she is perceived as an object that is lifeless, in same manner that her narratives are treated like a show for entertainment. Both discussions among women from the two focus groups confirm the humiliation and shame that women victims experience at police stations. These experiences of secondary assaults were also conveyed through notions of shame and degradation to discredit the women. These notions are illustrated by the participant who was labeled as a liar and as a prostitute by a policeman and his girlfriend.

> *When I came on Wednesday the police and his girlfriend stopped the car and asked me questions, his girlfriend is not even a police, but she's the one who was asking many questions. This bothers me a lot and when I see my social worker I will tell her because this police and his girlfriend just stopped a car and asked me what are you saying are you saying the truth you are telling a lie, I already have the proof that am saying the truth.* (K3, Focus group discussion, Shelter Z)

In view of the accounts, the policeman's girlfriend was complicit with her partner by

blaming and judging her fellow woman's action who demonstrated resistance by reporting to the police. Her actions are perceived incongruent to the traditional African femininities associated with good womanhood. The girlfriend on the other hand, by aligning herself with her partner, demonstrates a performance of "African femininity" of respect that affirms her self-positioning of a good woman and her perceptions of the victims as a bad woman. Hence this good woman vs. bad woman discourse is favourable in this context, as this promotes her to a status of power alongside her partner, the policeman since she fits in the cultural ideals of femininity that are often rewarded. On the other hand, the victim's positioning of femininity is centred on resistance, though her actions and behaviour renders her vulnerable to stigmatisation. The participant's resistance and awareness of her rights was communicated when she insisted that she had the proof and she was going to report the matter to her social worker.

Through her continuous efforts of resistance, K3 resists the gender constructions of the ideal meaning of womanhood. It is this lack of conformity to the good woman discourse that results in the participant being perceived as a liar and later, as a prostitute. Significantly, the extract also highlights that abused women are not believed when they report their cases. This could also be one of the reasons that limit help-seeking behaviour. Additionally, when K3 insisted on reporting, the policeman threatened to arrest her if she was lying. This was a way of making her feel disempowered and vulnerable to retract her statement and drop the case. However, when K3 continued to confirm the trustworthiness of her story by stating that she had evidence, the policeman allowed his girlfriend to take over his role and insult the victim as a prostitute.

Jewkes & Morell (2010, p. 3) have argued that "transgressions of heteronormativity are

punished, and in South Africa, often violently so" when making reference to African lesbians who were gang-raped. This concept is applicable to the women's experiences with police, where the participant is insulted for not conforming to the gender role heteronormativity of African femininities. Similar to other participants in the study, her experiences are perceived as an object. While the women position themselves as victims who are at the mercy of powerful policemen, their narratives demonstrate that it is a position that is being denied by the police system.

Some of the women from both focus group discussions and interviews perceived the lack of urgency and seriousness when responding to women's cases as being motivated by the policemen's lack of concern for women issues. Thus, some women argued that the police viewed their cases as less significant than other serious cases of violence. Some of the women attributed the negative attitudes to police being tired of dealing with similar cases regularly While women conveyed that police objectified their experiences due to being tired of domestic violence cases, other women associated this view with the belief that policemen dismiss jobs that are mainly perceived as feminine jobs and prefer to deal with more masculine jobs.

> *'I was crying with a small baby and I say I can't go back home I'm scared to sleep in my house please find a place for me and they know these shelters but no one decides to help me to take me to the shelter they say go back we'll come and see how we can help you. We will call you. I went back home one week sleeping outside. Then I went to Pretoria it's not even a police station it's some organisation who work with shelters and women rights who brought me here so I don't know why they didn't help me when they knew about shelters and that my case is serious and it's them who took me to the hospital with an ambulance a*

serious case like that me I go to the hospital, so I think they are tired of the women's cases, always the same case. (K4, Focus group discussion, Shelter Z)

This is also linked to how women perceive the policemen as dismissing jobs that are mainly perceived as feminine jobs and prefer to deal with more masculine jobs as indicated in the focus group discussion at shelter Z.

K3: The police are not serious, not working; if it was stealing yes they take it seriously if you say someone came to steal at my home they will take it serious, they feel that it's not their job but the job of the social worker, if you don't come with a social worker it's like you are playing.

K5: I think the police in our days there is a lot of assault cases, beating cases so I think the police they are now tired of seeing the same cases every day.

While the women discussed the policemen's lack of interest in women's cases, the women from Shelter Z focus group argued further that police perceive them as children who are playing, when reporting the cases. This seemed to indicate that they are seen as individuals who cannot reason appropriately as well as one who needs guidance. This view is associated with the lower social positioning of women and the traditional gender role expectations of women. In the latter, the women are expected to be submissive, respectful and perceive the man as the head of household; who leads and makes decisions. These women have adopted the "femininity of resistance": their narratives are invisible and dismissed. The women argue that it is only in the presence of a social worker that their matters are taken seriously. In addition, the narrative indicates that the women's cases are perceived as feminine jobs, which are not significant enough especially in relation to other serious crimes that are understood as

masculine jobs. It is only through the recommendation of a social worker, who may hold the policemen accountable that the issues are dealt with. The concept of invisibility and the silencing of women's experiences were also demonstrated by other participants in the individual interviews. Isabel, a participant originating from Zimbabwe who was married to a famous soccer player, reported the negative experiences with the police.

> Isabel: *You know here it was very hard. You know it's was like he was a celebrity when you go to the police you find that they are laughing talking about soccer they don't care so I went there two times then I said it's pointless because sometimes they talk about soccer eeeeey I saw you my friend what what, you are busy crying and they say go and talk to your husband. Because they give them money, I don't know what was happening so from that time I didn't trust the police. I say aaah because they don't help me with anything. I didn't even know there was shelters. Because us we don't have shelters in Zimbabwe so when I found out there's shelters like this I said aah let me try.*

> INT: *So the police don't tell you about shelters when you go to report*?

> Isabel: *No. the only thing they know is celebrity, they don't even notice if I'm there.*

The participants' accounts indicate that some police don't adhere to the Domestic Violence Act as mandated to inform women about the available shelters. In addition, the focus on the word "celebrity" emphasises how the police perceived the perpetrator as a man of higher social status. She further demonstrates how occupied they were with the perpetrator while she was left unattended, crying. Her actions of reporting her husband, the "celebrity", to the police station to be questioned by other men, who are

also football fans, was interpreted as a lack of respect to the perpetrator. Thus, she was dismissed, and denied the opportunity to be listened to. Furthermore, the policemen confirm her lower social positioning by telling her to go and talk with the perpetrator. These actions demonstrate how she was made to feel inferior as a way of putting her in her rightful place. It is in this sense of hopelessness that she argues that the perpetrator possibly paid the policemen. The system of patriarchy achieved its goal, the woman is discouraged, conveys her loss of trust in the system and perceives reporting intimate partner violence to the police as pointless.

5.2   Sexual harassment at the hands of police

The women from both focus groups discussed how policemen ask them for sexual favours when women seek help at police stations. These views were explained by participants from both focus group discussions.

> *K2: I forgot one point, what also makes me angry with police is you go to the police station you are traumatised, you know what, they will say the police are also looking for a woman a wife or a girlfriend... Yes you come in to open a case, "and... and I love you ."*

This view was also presented by participants from shelter X focus group discussion who concurred that police inform the women that they are available and that they should not worry they can leave the man. The women concurred that the police are not helping and argued that it was because they were men, and that it would be different if they were policewomen. They felt that the latter could be more helpful. Consequently, the discussion in the two focus groups demonstrates women's powerlessness in relation to both perpetrators as well as some law enforcers. Some of the participants conveyed

preference of female police officers over men. Some of the participants referred to the policemen's actions as another form of abuse, confirming their experiences of re-victimisation. This demonstrates how vulnerable and unsafe the participants feel in the presence of some male police officers.

> *Some police when you are in this situation they will even abuse you they will even propose you, see they are adding your problem and some will say yes because they need help. You will say ok yes be my lover but you are lying because you just need help temporally, that's an abuse on its own* (US5,Focus group discussion, Shelter X).

It was apparent that women who seek help from police experience another form of violence by the police as an institution, hence rendering them vulnerable to revictimization.

> INT: *It's like the system is also abusing you...*

> US5: *Yeah you are getting another abuse even they want to sleep with you on the spot, have sex with you on the spot... you didn't hear that when a woman has laid a charge against a man they come quickly after the man is arrested the police will come and sleep there.*

The discussion from the two focus groups demonstrates women's powerlessness in relation to both perpetrators as well as some law enforcers. These factors of secondary victimisation affect how women cope with the trauma of intimate partner violence.

5.3 Victim blaming

The women in the study experienced victim blaming and poor management of their

cases from both fellow women service providers, such as social workers working in the police stations, and police officers. These few women experienced a sense of disbelief when they encountered unsympathetic attitudes from women more than men. This was due to the gender constructions of femininity that create certain expectations of how women should behave; for example, the expectation of identification, empathy and women solidarity. This view is reflected in the participant Mtombi's narrative.

Mtombi: *Like I remember the social worker at the police station was quite rude to me*.

INT: *ooh, what did she say?*

Mtombi: *She said chances are you are the type that goes partying at night and you really don't take care of your children, like really! And I opened a case against this guy he wasn't arrested, In fact she called the guy and told him that come tomorrow morning we can talk about this make sure you bring your family and her family.*

The narrative demonstrates how gender is performed as part of a social structure, where service providers such as policewomen socialised in the context of male hegemonic masculinities and patriarchy, hold strong stereotypical cultural meanings and expectations on how women should behave (Courtenay 2000). In making sense of the participant's narrative using a gender construction perceptive, the social worker positioned herself as a woman socialised under patriarchal cultural values who blames another woman for not conforming to the ideal role of an obedient and submissive wife. Hence, she perceives her as a troublemaker. The participant continued with the narrative below where she discusses the social worker's action further.

I went with the injuries and she was so rude to me. It was like she wasn't a woman and she won't face it, here in South Africa we all have to go through it. It's all about whether you are you going to support or be a victim or you are going to stand and say no we are not going to tolerate it. And for her to behave like that when I was down and she was like do you even know like the shelter that we are going to put you through, you know what you are going to be working up at 4 a.m, and cleaning. (Mtombi, Shelter X resident 10-15 months group).

In this instance, the narrator perceives the social worker as unsympathetic as her male colleagues. Thus, she is viewed as having aligned herself with the system of patriarchy. It is this mismatch between the meaning of the gender role of the social worker as a woman, and her actions that creates the dissonance and challenges the participant in her search for the meaning of the experience. Rabe-Hemp (2008, p. 1) discusses Susan Martin's (1980) study of female police officers, which illustrated that "conflict between gender roles and occupation role norms resulted in women adopting either the POLICEwoman identity, which stresses overachievement and conformity to the police subculture, or the policeWOMAN identity, which emphasizes conformity to stereotypical roles of females." Borrowing from their concept, I argue that some social workers within the South African police services (SAPS) have adopted the former identity of POLICEwoman.

'Now she's scaring me like do you understand about the shelter as opposed to actually saying you know what that's where you are going, this guy is going ..,no that's not what happened instead I got scared and I was like am going there even if it's like hell I will be there so I just think that the social workers

> *working at the police station they are just rubbish... Not all of them.* (Mtombi, Shelter X resident 10-15 months group)

The participant as a victim, experiences a sense of betrayal from the lack of concern and seriousness demonstrated by the social worker's actions when dealing with her case. This includes blaming the victim and choosing mediation as the appropriate intervention to resolve a life-threatening matter. When focusing on the context, it could be argued that the worker holds values of traditional views of marriage that locate the responsibility of marriage on women. As a result, she chooses mediation that involves families and takes the perpetrators' side, as part of the cultural respect exhibited towards males. By performing her role as a female social worker, her actions re-victimise the victim.

The participant Mtombi expressed feelings of resentment towards the social worker. The field notes reveal how Mtombi's feelings of anger with social workers was observed during the familiarization with the community phase, when she questioned the interviewer in the presence of other observers at the shelter if she was indeed a social worker or just a social work student. Hence, it is no surprise when narrating about social workers that she calls them rubbish. However, realising that the interviewer was also a social worker, Mtombi stated quickly that not all of them are, demonstrating the degree to which interview narratives may be co-productions with the interviewer (Reissman 2004). In contrast to the above, a small number of participants discussed positive experiences when working with female service providers who were perceived as having a "natural attitude" of empathy. A small number of participants stated that they preferred female police officers to male police officers. A participant revealed that she had reported the perpetrator on numerous occasions to the police, but he was never

arrested. It was only after she had reported to the female police officer that she received appropriate services. In addition, the participant reported that it was only after her encounter with the female police officer that she was informed about shelters. This reinforces the interpretation that the police's failure to inform women about available shelters is associated with patriarchy, and the need to oppress women and limit them to subservient positions. Significantly, failure to inform women about significant services is part of secondary victimisation. Furthermore, one of the three participants who indicated that they received support services from policemen revealed that she was blamed for the cause of intimate partner violence while being assisted with removing property from her home. While she confirms police's reluctance to help women, it was apparent that the blaming attitudes results in perceiving the victims as not deserving of empathy.

5.4 Corruption as a strategy to maintain hegemonic masculinities

The issue of corruption and negative police responses within the South African police services (SAPS) has been documented in literature. Studies on rape (Jewkes & Abrahams 2002) revealed that around twenty dockets were missing through fraud and that police and prosecutors were paid to dismiss cases.

The majority of the women in the study who spoke about the concerns with police discussed the issue of corruption extensively. Their narratives indicated that money played a crucial role on how their reports were handled as well as on the outcome of the intimate partner violence cases. In particular, the women perceived the police as unsympathetic corrupt officials who were motivated by money above their professional obligation.

The participants discussed how corruption was practised both at police stations as well as within the courts. Some of the practices identified included reports of missing dockets, cases not being followed up, perpetrators being dealt with leniently, discouraging victims to open cases, investigators being absent on court dates and cancellation of court dates without the victim's knowledge. A few women believed that the acceptance of bribes was triggered by the poor police salaries. Other participants believed other factors such as the perpetrator being friends with the police and a lack of proper training on issues of intimate partner violence as more meaningful in explaining the negative police attitudes towards abused women.

These narratives indicated that corruption is wide-spread within the South African Police Service community. As such, it becomes apparent through analysis that the matter is about more than money and poor salaries. Rabe-Hemp (2008, p. 3), based on studies of women police officers, perceives the police context as "a site of hegemonic masculinity", "that is portrayed through organizational policies that value competitiveness, aggressiveness, persistence and emotional detachment". She argues further "that hegemonic masculinity in police agencies is maintained through authority, heterosexism, the ability to display force and the subordination of women". Likewise, the South African Police Service could be perceived as a similar context, where practices such as corruption, are part of strategies of patriarchy that have been normalised and become part of a culture of the community. Jewkes et al. (2002, p.1505) has argued that "the control of women by men is very prominent in South Africa and the ability to do so is a central feature of ideas about successful youth masculinities." This perspective suggests that the aspect of corruption in the context of intimate partner violence, is used to control and maintain women to subservient positions. This is further enabled by the lower and disadvantaged positioning of women in South Africa, in

particular black women when compared to men and the high levels of gender inequalities and power imbalances that has been documented widely in South African literatures (Jewkes & Morell 2010; Boonzaier 2005; Kehler 2001).

Jewkes and Morrell (2010, p. 3), when discussing hegemonic masculinities, argue that "social ascendancy of hegemonic masculinity is not achieved through brute force, although violence maybe used by men to bolster this ideal, but through a complex web of processes that extend into organisation of private life and cultural arrangement". I argue that corruption allows "the ascendancy of a particular cultural ideal of manhood" (Jewkes & Morell 2010, p. 3). Corruption practices within an institution that is expected to provide safety and protection falls within the same scope of characteristics of patriarchy such as male dominance and control. As the narratives demonstrate, such practices facilitate the normalisation and acceptance of intimate partner violence amongst policemen and men. By asking for and accepting bribes, these policemen are afforded a position of power which provides them means to judge their success as men, specifically in the context of women empowerment where they may feel that their power as men, has been eroded. That corruption seems to be practiced extensively, even in other avenues, suggests that this culture of corruption within the South African Police Service is arguably one of the more embedded definitions of manhood, and has been accepted and idealised. Women's accounts of police corruption are presented below.

> Penelope: *There was a time when I got so tired I called the police so we went to look for him so the brothers (in-laws) saw the police and they talked to the police and you know South African police you just give them money…* (Penelope, Shelter Y resident 10-15 months group).

The women's accounts of desperation and despair were evident throughout their

narratives as they indicated how they were left bare and fearful for their lives, without the protection of police due to corruption. Similar views were captured in the focus group discussion where the women perceived the system as unfair: they perceived money to be instrumental in deciding whether their cases were taken seriously or not. Money can buy freedom for the perpetrator.

> Sophia*: I [reported] twice but people with money, people with money get away with a lot of stuff, I see now dockets are bought by the police station. I open an assault charge tomorrow is like nothing happened.*

Even though the women from both focus groups and individual interviews positioned themselves as victims, they also used external attributions to justify the policemen's actions. For instance, they discussed poor salaries and lack of higher education and training as the motivations for accepting bribery. However, their accounts indicated that it was the moral narrative that was prominent.

> *But they are corrupt because it doesn't matter how little your salary is, if you are a teacher you are committed to your profession, if you are a police officer you are committed to law enforcement it doesn't matter if you are under paid it's like someone who doesn't have money he steals, if you don't have money and you are not a thief you won't steal. Because you have a conscience, you know that if you steal from someone they are going to be devastated they are going to be hurt. It's like the cops they don't have a conscience and they are not committed. They shouldn't be law enforcement officers.* (US3, Focus group discussion, shelter X)

Other participants also held similar views.

I want to talk about my husband, it was abuse everyone would know my problem. I have a case number, I have a protection order but because he has money he got bail out and he'd follow me every time, everywhere I go he wanted to kill me and then I come here after we go to court. Because he had a lawyer now he became a winner. (K5,shelter Z focus group*)*

Similar views were also captured in the focus group discussion where the women perceived the system as unfair as they perceived money to be instrumental in deciding whether their cases were taken seriously or not. The participant below discussed how she was distressed by the failure of police to assist her due to corruption.

.., It's not fair for me. ... if you don't have money you can't save your life. (K3 Focus group discussion, shelter Z)

Consequently, the women assigned the responsibility and blame to the policemen as some of the women emphasised that "they should not take bribes". US3 similarly makes use of a moral discourse to demonstrate that their actions cannot be excused. She perceives the policemen as having no conscience, hence revealing that they lack care and empathy. These traits are naturally expected as part of being human. She therefore perceives these policemen's actions as inhumane.

The issue of the socio-economic positioning of women is critical in this context as it intersects with a number of factors, discussed within the findings including intimate partner violence, entrapment and dependency, women's negative experiences at the shelters and the lack of safety, from institutions, that are expected and trusted to provide relevant help. Most importantly, the women's narratives indicated how patriarchy succeeds in disempowering women as the women argued that the perpetrators become

"winners". In addition, the women accounts reveal the challenges women face in resisting violence, given that they have to struggle with both the perpetrator as well as the system.

Some of the participants recognised that police are not only lenient on the perpetrators for monetary reasons, given that poor or unemployed perpetrators also receive lenient treatment and escape the law like their well-off counterparts. Thus, they argued that the police actions in this regard, may be motivated by friendships with perpetrators or that men can bond based on male solidarity and that perpetrators have connections in the police system through friendship even in cases where they have committed serious crimes. I argue that these connections are facilitated by the concept of fighting women resistance, or "the discourse of empowerment", especially when some policemen perceive women as to blame for violence. it was also apparent that if a perpetrator had connections within the police, this was also a factor that prevented a participant from reporting her experiences to police, as she argued that the perpetrator's case of murder was dismissed due to the dockets being lost.

5.5 Women's Resistance Amid Helplessness

Hollander (2002) notes that a focus on victimisation limits meaningful insight on women's resistance. The author further argues that "women are not inevitably vulnerable to men's violence indeed they are often strong, resourceful and resilient in defending themselves (p.475). Equally, Boonzaier & De la Rey (2003 p. 1004) argue that feminist analysis needs to consider "competing discourses that offer positions of resistance for women". Given that the concept of survivor empowerment approach "assumes strength, even in the most devastated survivor or the most current troubled victim of violence, oppression or degradation (Browne 1995 in Sokoloff & DuPont

2005, p. 55), it seemed imperative to apply this concept when interpreting the women's experiences. In the same manner, the focus of resistance in this chapter does not undermine the negative experiences of women. While the women who resisted violence and sought help from the police were constrained by the factors discussed previously, and some of them discussed how they were left feeling powerless and entrapped without hope of escape after the police's failure to act and how violence increased after reporting, they continued to demonstrate agency in their quest for freedom.

Despite having limited options and a lack of resources, these women fought for their rights and found alternative ways to free themselves from both the system and the perpetrator. For instance, these women made decisions to leave the perpetrator, after all their efforts had failed. Some of the women discussed other alternatives of ensuring justice, in situations when the police failed. Some of the women from the focus group discussion indicated that women can seek help from senior police officials such as a station commander, if they fail to receive help from police.

On the other hand, while a small number of women demonstrated a negative form of resistance, where they were occupied with thoughts of killing the perpetrator, they were able to carefully plan and leave safely. Nevertheless, the women's loss of trust in the system and the lack of help from police left them feeling trapped with a lack of options. Thus, a small number of women discussed how they wanted to end their lives or kill the perpetrator to free themselves from the violence because of lack of help. It was apparent that these experiences of revictimization and lack of justice, contributed to challenges with finding meaning and played a role in poor trauma adjustment and rendered women vulnerable to post-traumatic stress disorder (PTSD) in conjunction with other factors discussed in the chapter.

5.6 Resistance through telling the story: a cry for help and need to create awareness

Some of the participants used the interview as a form of resistance to create awareness of their experiences with the hope for change. Significantly, these women used their resistance to declare a cry for help and the need for urgency when dealing with abuse. In telling their stories, these women positioned themselves as victims with a purpose in demonstrating how women are denied justice as well as how they are affected by this denial of justice. Thus, these women hoped that their story would bring about change.

Furthermore, a small number of participants who were largely affected by the police's failure to help, from both the individual interviews and focus group discussions, used the interview as a form of resistance to create awareness of their experiences with the hope for change. Significantly, their position of resistance indicated a cry for help and the need for urgency when dealing with abused women matters. Hence in telling their stories, these women positioned themselves as victims with a purpose as they demonstrated how women are denied justice as well as how they are affected by this denial of justice.

> *The system is failing people. Like I told you I wanted to kill him because I thought there's no one doing justice here. Which means I must as well do justice for myself. There so many ways I thought of killing him. I had so many plans. If this fails, I will do this if this fails I will do this. You see now am planning but if he was arrested... you see and then women get blamed when they kill a man. Am not saying it's right but how about that woman that runs crying there help me help me. Help me aah and they tell her we can't help you and she goes and he beats her again. And she ends up stabbing that guy out of anger who is in trouble again, that woman. She's given a sentence, because of whom the very people*

that are supposed to protect us, am done here, the system is failing us. I don't know what people get hired for to be a bread winner or to do their job. (Mavis, Shelter Y resident, within six months group)

The narratives from Mavis, like some of the women indicated that the lack of help from police left them feeling trapped with a lack of options. Hence out of despair, these small number of women discussed how they contemplated ending their lives or killing the perpetrator to free themselves from the violence. It was apparent that these women used the opportunity to tell their story as part of resistance and to create awareness. The women spoke of alternative ways of ensuring that the policemen were reported. These women spoke of recording the police officers while being interviewed as evidence. Other participants discussed reporting the policemen to their superiors as one of the ways of ending the negative treatment from police. Most importantly it was evident that resistance was also done through telling the story. Given that most participants hoped their story would bring about change.

I don't want to lie I don't think I have healed. Because with me I feel like I have to pay revenge somehow. So how am I going to pay revenge if the cops are not helping the court, it's his word against my word cause that's how they discourage us. I really want you to take it out because this is how the men discourage us… (Mavis, Shelter Y resident, within six months group)

These participants used the interview as a platform to demonstrate their resistance, with the hope that their information would be taken out to raise consciousness about the challenges encountered by women in South Africa when seeking help from police. In this view, the women's resistance is matched with the goals of feminist research where their marginalised positions and voices that were previously silenced by the intimate

partner violence relationship as well as by their experiences with policemen, are brought to light.

Conclusion

This chapter provided new insight on the role that women's experiences of secondary victimisation through their encounters with police play in challenges with trauma adjustment and post-traumatic stress disorder (PTSD). The chapter argued that women's secondary victimisation was associated with the police's negative attitudes towards women and disregard of women's experiences. The negative experiences of women with police were understood as part of strategies of patriarchy that policemen within the patriarchal society used to maintain hegemonic definitions of manhood, in a context where they feel undermined due to the gender role transformations brought about by women empowerment discourses. The chapter demonstrated how these notions are brought about by feelings of insecurity and a sense of crisis of masculinity in the context of change, where women are now empowered by the Domestic Violence Act 116 of 1998 to protect themselves. Consequently, these negative responses were part of a technique to disempower women, limit resistance to ensure that women remain in subservient positions. Different strategies of patriarchy were used to limit women to submissive positions. These strategies which demonstrated the police's disregard for women's cases were associated with women's experiences of revictimization. These included the objectification of women's experiences, and particularly women's experiences of sexual abuse. In addition, corruption was one of the strategies of patriarchy as part of hegemonic masculinities. Significantly, the chapter illustrated that although the women have rights, their attainment of these rights is limited by the police, who demonstrate reluctance and unwillingness to assist abused women through

techniques such as corruption.

CHAPTER 6: THE SHELTER AS A MACRO SYSTEM ON WOMEN'S ECOLOGICAL FRAMEWORK; ROLE IT PLAYED IN WOMEN'S RECOVERY; EXPERIENCES OF PTSD AND PTG

Introduction

This chapter focuses on the shelter services as one of the factors that constrained and promoted women's positive adjustment and recovery and yet facilitated experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). The aim of this chapter is three-fold. First, it aims to shed light on the challenge's women face due to the lack of resources and service cuts in shelters. Second, it aims to demonstrate how these factors constrain positive adjustment and contribute to experiences of post-traumatic stress disorder (PTSD). Third, the chapter will demonstrate how aspects of the shelters promoted positive adjustment, recovery and post-traumatic growth (PTG). Understanding this is critical to raising awareness on women's experiences at shelters, in order to be able to affect policy to respond to the issue of lack of funding for abused women's supportive services as a matter of urgency. Thus, it emphasises the significance of policy to prioritise the need for adequate shelters in South Africa, in order to provide better services for women and to strengthen shelters' capacity to meet women's needs to affect women recovery. 25 out of 30 participants were associated with the shelters under study, either as current residents or as former residents. Thus, the shelters inevitably played a role in the women's healing and recovery.

We know that South Africa is one of the countries facing challenges with the fight against intimate partner violence. Research indicates that at least 50.3% of female homicides in South Africa are committed by intimate partners (Lopes 2015). Equally, we know that the period after leaving the intimate partner violence relationship is the

most dangerous for the abused woman. Shelters should play an important role in safeguarding women who flee from intimate partner violence relationships. However, it is concerning to note that both past and current South African literatures continue to report the paucity of shelters for abused women in South Africa (Walker & Clacherty 2015) and that shelter funding from the Department of Social Development (DSD) is inadequate (Bhana et al. 2012; 2013) with some shelters being forced to close down due to lack of funding (Walker & Clacherty 2015).

While shelters are supposed to meet the short fall in funding by sourcing funding from organisations such as churches, businesses, or through fund-raising initiatives, shelters continue to face challenges to meet the gap in funding, resulting in challenges to the provision of adequate services to women and their children (Bhana et al. 2013; Bhana et al. 2012). A study of five shelters in Gauteng province and (Bhana et al. 2012) and studies with three shelters in the Western Cape (Bhana et al. 2013) provided insight on the profile of women who access shelters services including their needs and the extent to which shelters were able to meet these needs. These studies revealed that most women who seek shelters have health and financial needs and are in dire need of both psychosocial, health and legal services, and were in dire need of supportive services and required on going health care.

However, funding constraints including limited funding from the DSD, constrain shelters' ability to provide comprehensive services to women, resulting in shelters having to cut back programmes, services and staff over time. In most instances, only core services for women have been maintained. However, very few receive interventions (Bhana et al. 2012) Furthermore, most women who access South African shelters have lower education attainment, are unemployed and have no source of

income. As a result, they expect shelters to meet all their needs, including basic needs such as food, toiletries and maintain their children, few shelters can meet their health and financial needs (Bhana et al. 2012; Bhana et al. 2013).

Abused women with prolonged intimate partner violence traumas may suffer from negative mental health consequences such as post-traumatic stress disorder (PTSD). In addition, studies show that women who access shelters present with higher levels of post-traumatic stress disorder (PTSD) than community samples (Jones et al. 2001). While the Department of Social Development expects shelters to provide adequate services, it is concerning to note that there are no guidelines in place from both the Department of Social Development or the Domestic Violence Act to monitor how shelter services provide support or meet women's needs (Bhana et al. 2012; Bhana et al. 2013). Yet we know that supportive services are critical for abused women's recovery.

The lack of adequate services and resources should affect how shelter women cope with trauma. Yet research in South Africa has yet to explore how the limited funding and lack of resources within shelters constrain women's positive adjustment and recovery and the role this plays on generating negative trauma outcomes such as post-traumatic stress disorder (PTSD). Equally South African research has yet to demonstrate how shelter services contribute to positive adjustment and post-traumatic growth (PTG). South African scholars have already noted that research on abused women's experience from shelters is sparse, and that not much research has looked at how shelter services affect women's healing (Walker & Clacherty 2015). This chapter discusses the factors that constrained positive adjustment: These are: the shelters' role in contributing to revictimization and challenges with adjustment, how limited resources impacted on

women's victimization, the role of limited time periods at the shelter, inadequate funding and its impact on staff shortages and the role of the shelter in women's journey to recovery and growth.

6.1 Shelters' Role in Contributing to Revictimization and Challenges with Adjustment

The literature informs us that survivors' recovery may be enhanced or constricted by how social supportive networks or places where individuals seek help respond to them (Campbell 2009) and that experiences of secondary victimisation can lead to post-traumatic stress disorder (PTSD). While support services may promote empowerment, lack of support may enhance feelings of powerlessness, isolation, and poor self-efficacy making it difficult for survivors to cope with their trauma (Van der Kolk et al 1995). Equally, the term victim and survivor are not that distinct in relation to understanding abused women's identities given that abused women may move from one position to another, depending on their current struggles (Schalwyk et al. 2014).

Literature on recovery from interpersonal trauma (Herman 1997) indicates that recovery is not a straightforward and direct process given that a victim may move from the last stage of recovery and shift back to the initial stage due to the current circumstances that they face. Some of the participants who had survived the relationship and left, were also struggling with other current financial struggles as unemployed mothers at the shelters and shelters inadequate resources to meet women's needs. These factors contributed to re-victimisation and hindered some of these women from positively adjusting from trauma. While these women had survived the relationships; however, they were still victims of their current circumstances. It is from this background that some of the women were still at the initial stage of recovery known

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as safety (Herman 1997).

Participants were asked how they perceived the help they received from the shelters. They discussed both negative and positive experiences. In discussing negative experiences, women from shelter X indicated that the shelter had limited resources, shortage of staff and lack of adequate services to meet women's basic needs and that of their children. These women who were mostly unemployed, receiving inadequate child support grant were relying on their shelters to meet their basic needs. Most of these women conveyed distress. A few women discussed how they were forced to seek out men for survival. Some of the women from shelter X and Y were concerned about the limited time that they had to stay at the shelters. These women were consumed with the fears of leaving given that their time was almost over and having to look after themselves and their children without employment and financial stability. Women conveyed distress from these experiences, and feelings of lack of control and a sense of powerlessness. Given that the results from the PCL-C revealed that most of the women presented with post-traumatic stress disorder (PTSD), these factors played a role on constraining positive adjustment facilitating of post-traumatic stress disorder (PTSD).

6.1.1. Limited resources and their impact on victimisation

It was apparent that Shelter X had the most limited resources. As indicated by the gate keepers during the familiarization with the community phase, the shelter was no longer receiving funding from the Department of Social Development and were relying on donations, while waiting for funding to come through from another organisation. This lack of funding affected the type of services that they could provide to the women and their ability to meet women's needs. Women who were unemployed with no stable income and receiving the Child Support Grant (CSG) at shelter X were hugely affected

as they had hoped that the shelter would meet all their basic needs and that of their children. These women discussed some of the challenges they faced due to the lack of resources at the shelter. Some of the women indicated that they and their children were not receiving adequate meals a day. For instance, they were only eating one meal a day. Most of these women were unemployed, and had to use some of the childcare grant to pay rent for the shelter, to buy food for their children as well as to pay for the crèche at the shelter. This was particularly challenging given that the child support grant, was insufficient to cover the needs of the children. In addition, the perpetrators were not supporting the children. These factors contributed to enormous distress and revictimization.

> *I've got no money. My kids need to eat. I need to go out and find a way, somewhere to get some bread money or, you know, whatever...* (Louise, shelter X resident, within six months group)

Hence it is not surprising that some of these women were positioned at risk for further victimisation. Some sought out men for survival, with anecdotes recorded that some slept with men for a loaf of bread. Given that these women were already having challenges to cope with intimate partner violence, these factors can further affect how women adjust to trauma of intimate partner violence and constrain recovery.

> INT: *So, you think some women at the shelter can get desperate to sell themselves just to get something to eat?*

> Dikeledi: *Yes, they are doing it here. I am experiencing it each and every day and this thought it's also coming to me saying that let me find a person who's going to stay with a baby and go do something sale my body or whatever cause*

it's hard, really, it's hard.

When asked about the child support grant, she provided the following accounts.

> *The grant like here we are paying here. It's not a free shelter. The grant is 300*
> *(17 pounds), we have to pay 150 (8 Pounds) here you are remaining with 150*
> *and you have two kids. One pampers, one food, for the whole month how are*
> *you going to manage before even the fourth of the month the money is finished*
> *how you are going to manage. And if you don't pay here there's no such thing*
> *like ok, I will pay next month how are you going to pay next month it will be 300*
> *the whole money for the grant. You can't do that and if you don't pay you have*
> *to be out of the shelter create a space for somebody… It's very hard.* (Dikeledi,
> Shelter X resident 10-15 months group)

Most of these women with children were not receiving any child maintenance from their partners, as the perpetrators were using different strategies to escape child maintenance. It's noteworthy that the situation at the shelter X improved as discussed in the methodology chapter. Nevertheless, the challenges at the shelter contributed to re-victimisation of some of the women who had to seek out men for survival, hence being positioned further at risk for intimate partner violence.

6.1.2 The role of limited time periods at the shelter

While shelter X was the only shelter that was hugely affected by lack of funding, most shelters in South Africa have limited time periods that women can stay. Thus, the maximum period that women can stay is between 5-8 months. Given the women's economic challenges, it was not surprising that some of the women were distressed at the thought of having to leave the shelters, particularly when they were not financially

stable to look after themselves and their children and to even pay for basic needs including accommodation. This was true for the women who had reached the maximum period that they could stay at the shelter. Some of the women from shelter X and Y were consumed with the fear of leaving as they had not yet found employment.

These factors place women at risk for further intimate partner violence as they may be forced to seek out a relationship for survival. This in turn may affect how they cope with trauma. While women indicated that it was expected that they would have learnt skills and be marketable for employment within this period of 5-8 months, participants indicated that the period was too short to acquire employment. For instance, a participant from shelter X explained how she had to seek help from the perpetrator for accommodation after her time had run out at shelter Z, as she had no place to stay. She later left the relationship and moved to Shelter X. Another participant who was told to leave shelter Z after the perpetrator had been arrested as there was no longer any perceived risk, got involved in another intimate partner violence relationship that brought her to shelter X. Women indicated that they had to leave so that they could make room for other new residents. Without a job, appropriate accommodation for women and financial support, the significant recovery work done at the shelter is ineffective: women end up going back to violence or end up moving from one shelter to another, a concept referred to as "shelter hoppers" by the house mother at shelter X, without any significant progress. These factors affect how women cope with trauma, hence constricting positive adjustment and recovery.

6.1.3 Inadequate funding and its impact on staff shortages

Counselling is one of the strategies that can help with empowering abused women to gain control of their lives and recover from Trauma. Weekly counselling can have a

positive effect on reducing some of the consequences of trauma such as feeling powerless and other negative effects. (Masilo, Davhana-Maselesele 2017) Equally, the lack of counselling services for abused women can affect healing. Through women's accounts and that of management from Shelter X, it was apparent that the inadequate funding contributed to shortage of services and cutting down of critical staff members such as social workers.

The social work department at Shelter X was closed. The lack of social workers on the premises meant that women were no longer receiving immediate Counselling services. While there was a counsellor residing at the premises, she was only available on the weekends and few women were not aware of her presence. Some women described how the lack of presence from social workers affected them. Women struggled to cope with their experiences, without receiving immediate counselling services. However, not all women indicated that they wanted to receive counselling services. Some of the women at shelter X were skeptical of revealing their information to a social worker as they discussed that their information was not safe. These few women at shelter X indicated that the previous social workers would reveal their information to other women. A participant at shelter Y, who had resided at shelter X previously, indicated she was unwilling to discuss her challenges with social workers at Shelter X due to lack of confidentiality. Abused women's needs may vary. On the other hand, the lack of trust in counsellors or social workers could also be a consequence of interpersonal trauma. Two women were not open to counselling due to previous negative experiences with counselling. One woman reported that the counsellor minimised her problems when she sought counselling as a child who had been physically abused; another participant said that remembering and talking about her experiences triggered her negative traumatic memories, and she felt that counselling was not helpful as it

enhanced the negative trauma emotions instead of mediating them. It was also apparent that the lack of adequate funding at shelter X meant that the shelter could not retain skilled staff that were suitably trained to work with abused women and their children and to provide adequate skills training initiatives. A participant from Shelter X complained that the nursery teacher, who was a former abused woman herself, did not have the appropriate training to teach children. In addition, she mentioned that the teacher was very strict on the children and shelter residents did not approve of how she disciplined their children at the crèche. While women had complained to the shelter, nothing was done in this regard. In the same manner, the shelter had two male staff members who were security guards. Both these men were related to the shelter nursery teacher and House mother. A participant discussed that hearing the male voice shouting triggered some anxiety and memories from her previous experiences.

> *My blood pressure was high. So ... I'm on treatment for it. I think... the second I experienced it is when the old man… raises his voice. That's, I suppose it's a trigger. Then I can feel the heart palpitations…* (Marion, four years above phase shelter X).

However, she could not relate the matter to management in fear of how this could affect her stay. These accounts illustrate that the lack of funding can affect the quality of staff employed and the poor quality of services and professionals may negatively affect abused women's healing and recovery

6.2 The role of the shelter in women's journey to recovery and growth

Watlington & Murphy (2005) argue about the scarcity of research that focuses on coping strategies that are relevant and specific to the context of African American

abused women. They argue that most literatures of coping that have been documented include aspects of emotional focused coping and problem-solving coping. Yet much is not known about the specific cultural factors that affect women's mental health outcomes. This view is relevant for the study given that much of the recovery literature on abused women has centred on western women's experiences of recovery. Not much is known on the particular variables, as well as culturally specific processes that play a role on women's recovery and post-traumatic growth (PTG) in the South African context. Given that literature indicates that abused women's recovery is influenced by the social and cultural context that they live in (Hou et al. 2013), it was imperative to identify the factors and processes that contributed to recovery and post-traumatic growth (PTG) within the South African context. This was in view of Harvey (1995) ecological framework of recovery from trauma that "perceives responses from trauma as emerging from complex interaction between the person, the event and the environment of the victim's experience" (Lebowitz et al. 1993, p. 379). In addition, Elderton et al. (2017, p. 233) argues that "growth following interpersonal violence is not only cognitive but has accompanying behavioural components". The study identified some of the factors that facilitated recovery and growth within the shelters. These included: the perceptions of the shelter as a place of safety, the developmental role of the shelters, the provision of counselling and spiritual guidance, as well as the social supportive networks and the meanings attached to the role of the shelter managers/CEO.

6.2.1 The shelter as the place of safety

Fifteen women discussed the positive experiences at the shelters. For most of these women, the opportunity to be free and safe from the perpetrator and to find peace and

think through their lives was instrumental in helping them cope with their trauma. These opportunities also helped them to plan the future without the fear of experiencing violence. This scenario contributed to the initial phase of recovery, referred to as finding safety. Thus, in view of Herman's (1997) theory of stages of recovery from interpersonal trauma, the shelter as a place of safety, could be perceived as the initial phase of recovery, known as the "safety" phase. Some of the participants indicated that they experienced a sense of peace and freedom from fear at the shelter after escaping violence, given that they were no longer in the presence of the perpetrator and they could no longer experience and fear violence. Hence, the shelter provided them with the opportunity to develop a sense of safety both in the physical and emotional sense. Consequently, the women were thankful for this opportunity of freedom from violence and fear, even in the context of their current challenges such as unemployment and homelessness. A participant discussed how her life had changed for the better, as she was free, and had moved from the unhappy place where she was beaten all the time. Another participant discussed that:

> *…, now, nobody can come to me now and begin to tell me, hey you, go and cook. Hey, you, go and do this. You know. That's the way my husband was doing things, you know. When he comes like home, and it would be like…. Everybody would be like running. Daddy's here. Daddy's here. You know. That fear. Daddy's here… (Laughs). There's nothing like that anymore. He'd always be shouting, why did you do this? Why is this cup here? Why? There's no such again. So that fear is out of me and out of the children…* (Fiona, Shelter X resident 10-15 months group)

It was apparent that the shelter provided the women with the time and space to re-

discover themselves, to plan, think and strategise for the future without any disturbance from the perpetrator. Thus, some women discussed that the shelter provided them with the opportunity to focus on personal development such as looking for jobs, attending skills training while their young children were at the shelter crèches or in school. Henceforth, the shelter provided the women with a sense of freedom and opportunity to develop and empower themselves. Nonzamo provided these accounts when discussing how she thought the shelter would help her.

> *I thought it will give me that peace of mind and a chance to go and look for a job again. Yeah, without any interruption cause nobody is shouting. Nobody is bossing me. It's just me and my kids in the room. They'll wake up and go to school. As long as they go to school, then I'll sort myself out while they're at school. You see? (*Nonzamo, , Shelter Y resident, within 10-15 months group)

Likewise, another participant who discussed that she felt free at the shelter perceived the shelter as a place where women "hide themselves" to plan and think about their future. It was through these opportunities to think, to stop experiencing fear and feel free and secure without the perpetrator's presence that contributed to women's ability to establish a sense of safety that created avenues for recovery.

6.2.2 The developmental role of the shelter

The three shelters under study had a developmental aspect that included skills training programmes that were part of empowerment initiatives. It was apparent that funding played a role on the type of services and availability of services. Hence adequate funding at Shelter Y and Z was a critical factor in enhancing positive changes through service provision. Women at Shelter Y and Z were not concerned about basic needs

such as food, or fees for children and accommodation. Shelter Y was covering fees for the crèche and school fees, accommodation was free. Women at Shelter Z also did not discuss any concerns related to lack of resources. They received adequate meals, accommodation was free, and crèche was covered. Shelter Y had a counsellor on the premises and shelter Z had three social workers on the premises.

While this is a common initiative of many shelters in South Africa, the shelters empowered the women and provided them with a meaning and purpose after leaving especially when some of the women were able to find jobs and be self-sufficient. Skills programmes provided some of the women with a sense of hope for the future even when they were not working yet. Consequently, these empowerment initiatives were particularly significant as a critical point for positive change and healing given that some of the women were rendered powerless and vulnerable due to the economic entrapment and dependency on the perpetrator. The shelter also contributed to building women's positive sense of self-esteem given experiences of interpersonal trauma of intimate partner violence and earlier experiences of victimisation which had contributed to negative perceptions of self. This view is apparent in Dikeledi's narrative where she discussed that her life had changed for the better when appreciating the opportunity for learning new skills at shelter X.

> *It's for better. Cause many opportunities are coming, like last week there were fire fighter, people. We did the training. We are still waiting for the certificate. They are opportunities here, there is skills training here so you can participate even if you don't have Matric* (High school leaving certificate) *you are welcome. Like many things, I can achieve while here. So, if it wasn't for this abuse where was I going to get all these things* (Dikeledi, Shelter X resident 10-15 months

group)

In the same manner, a small number of the women conveyed that the shelter, through the skills initiatives, helped them to maintain change after leaving the relationship.

6.2.3 Social, cultural and religious aspects associated with recovery and post-traumatic growth (PTG)

Extrinsic religion that involves aspects of social support and religious involvement has been associated with post-traumatic growth (PTG) (Shaw et al. 2005) as well recovery and reduced experiences of negative mental health outcomes such as post-traumatic stress disorder (PTSD) amongst African American abused women (Watlington & Murphy 2005). The study indicated that some of the women discussed that spiritual guidance that they received from the shelters (X and Y), that included Bible studies, prayers and spiritual encouragement, contributed to their healing and experiences of positive changes. While the settings of the shelters have been discussed under the methodology chapter, for the purpose of this theme, it is important to emphasize that the two shelters, Shelter X and Y, were NGOs (Non-governmental Organizations) that were organized around religious philosophies, while Shelter Z was a Government run shelter with no religious affiliations or philosophies. However, Shelter X was no longer conducting church services or Bible studies at the shelter premises. A discussion with the gatekeeper, a pastor and CEO, indicated that this was the case because some of the women conveyed a lack of interest in the services. Hence, she only ministered to women who requested personal services. Nevertheless, both Shelters X and Y had a strong religious presence.

Thus, Shelter X had scriptures enlarged and displayed all over the stair walls and the

shelter reception. The scriptures focused on notions of encouragement, forgiveness and love. In the same manner, Shelter Y had Bible studies that took place twice a week at the shelter, which were conducted by pastors who came to the shelter. It was mandatory for the residents at shelter Y to attend church, outside the shelter where they were driven every Sunday. Hence, the narratives of the women under this theme highlight how social cultural factors, as part of spiritual activities within the shelters specific to the South African context, played a role on abused women's recovery and post-traumatic growth (PTG).

Women from Shelter Y welcomed the Bible studies and conveyed how influential these spiritual activities were in helping them heal from trauma. It could be argued that this was the case because most of these women were already Christians, although not very active, prior to moving to the shelter. Thus, it was easier for these women to appreciate and experiences these initiatives positively. These experiences may have had a different effect on members of different faiths. In addition, few women at Shelter X discussed the positive aspects of the spiritual guidance. Thus, they continued to seek spiritual guidance from the Shelter CEO, who was also a pastor. On the other hand, some of the women from Shelter X were active members of Pentecostal churches within the surrounding communities. Some of them discussed that they receive spiritual guidance from similar pastors from those churches. These views demonstrate the significance of faith and spiritual guidance in women's recovery as well as how women seek faith as a strategy to cope with trauma. Penelope, who was an inactive Christian prior to moving to the shelter, explained her faith in these accounts.

Before we didn't know God and what I can say even if you do things and you don't put God first, things don't go well but now because I know how to pray,

> *how to ask everything from God and God just opens the doors, that time even*
> *to go to church, I wouldn't go to church, I'd be sitting and watching TV even if*
> *it's Sunday I don't care. But now since I'm here in Shelter Y, I have learnt a lot*
> *because I attend Bible study, I attend church.* (Penelope, Shelter Y resident,
> four years above)

In addition, she provided the next narrative when discussing the location of the church. She conveyed that she appreciated going to church even though it was mandatory because it was for her own benefit.

> *...there's a combi (van) that fetches each and every person to go to church...*
> *Must you go to church? Well, that has helped most of us a lot because it is the*
> *rule of the shelter, and that has helped us a lot.* (Penelope, Shelter Y resident,
> 10-15 months group).

Penelope, like some of the participants from Shelter Y, reported that the Bible studies that took place twice a week at the shelter, as well as other activities, helped the women cope with their challenges. For instance, she explained that they talk about their difficulties with the pastors who facilitate the Bible studies if there is a need and that the pastors pray with them.

Significantly, the spiritual aspect of the shelter, that was centred on the messages of hope, unconditional love and support contributed to women's recovery because it re-affirmed their sense of worth and value. This was particularly significant considering that 19 of the 30 women in study had negative experiences and perceptions of their mothers. Some of these women discussed that they had never experienced love and support from their mothers. Most of these women blamed their mothers or felt betrayed

by their mothers due to the lack of support in the context of childhood maltreatment such as sexual abuse, physical abuse and child exploitation. A small number of them were physically abused by their mothers and a few of them were rejected by their mothers. For most of them the lack of support continued to the current periods as adults. Equally some participants also had absent fathers. Some of the women experienced earlier childhood maltreatment in addition to the violent relationship. These factors contributed to negative identities and low self-worth. The religious message of hope through faith assisted the women to reconstruct their identities positively and develop positive changes of self that are associated with post-traumatic growth (PTG). Sophia's quotation emphasizes how these messages of hope contributed to healing and recovery. However, it was apparent that the process of finding meaning, and healing was a lengthy process that took place over time, where women had to reconstruct their meanings, and recreate new meanings of their spiritual beliefs.

INT: And the spiritual guidance?

Sophia*: With the spiritual guidance I'm not going to lie, I questioned The Lord a lot. Are you really there if you are there why I'm going through all this and you know with the spiritual guidance that I got from Shelter X it did most of the healing? I ended up… started praying again, taking Bible classes speaking to pastor T a lot. I actually spoke to her a lot even now and then if I remember something from the past you know sometimes a memory that just pops up and I speak to her about* it

Although Sophia was a staff member at shelter X, she was also a former resident. She was present at the time when the religious activities were actively taking place at the shelter. Given that she was employed by the shelter, like another participant who was

also employed at the shelter, she conveyed that working at the shelters in addition to the spiritual guidance contributed to healing, as it affirmed her sense of worth because it symbolised and recognised her as a valuable person. These beliefs in addition to spiritual guidance enabled the women, to replace the negative views of the self that originated from earlier experiences and intimate partner violence, which were some of the symptoms of post-traumatic stress disorder (PTSD)

> *The shelter helped me a lot. I had a roof over my head, my children were eating, I could now finally get healing with the counselling and spiritual guidance, I got healing and I got back on my feet and with pastor T employing me it made me see that there's someone that believes in me, it gave me my self-worth a boost like I said It got to a point where I felt useless irrespective of my degree, like I'm nothing. I'm nobody you know. I even felt like even if I die now who's going to give a damn. Not thinking that my kids would worry, my father would worry, and with her giving me a second chance in working here, I honestly just felt like there's somebody that believes in me and she didn't know me that well, but she gave me a chance.* (Sophia, Shelter X resident, Four years group)

Some participants discussed how spiritual guidance and faith helped them cope with their difficulties. Thus, faith enabled them to find meaning of their traumatic experiences as well as hope for their future. Participants also suggested that the traumatic experiences enhanced the development of spiritual changes, by increasing their faith and reliance in God, as well as increasing praying and church attendance. Thus, the participants indicated that they had a personal and deeper relationship with God and that they were members of a church and attended Bible studies. These women conveyed how spirituality helped them to cope better with their experiences.

The participants in the study who demonstrated that they used their faith as a coping strategy to manage their difficult experiences indicated how faith helped them to find meaning and purpose of their suffering and resolve their trauma. Some of the participants perceived God as a trustworthy and a safe haven in difficult times. These views helped them to reconcile their loss of trust and feelings of betrayal given that they perceived that God would never let them down and he will always be on their side. This enabled the women to cope better and develop positive changes amid their suffering. In the same manner, some of the participants perceived God as a father and a provider. These views helped these participants manage their sense of loss, from the lack of support and love from their mothers and fathers, as they perceived that they had a higher being, who loved and cared for them. Furthermore, participants were thankful and appreciative of God's goodness for protecting them throughout the relationships, and for enabling them to thrive and overcome the difficult experiences. Significantly, faith provided these women with a sense of belonging, a sense of self-worth and value that they had lost during the relationship and earlier victimization. These factors contributed to healing as well as recovery. Hence, faith and religious coping were used as a resource to manage the trauma as well as symptoms of post-traumatic stress disorder (PTSD). Doreen, a former resident from Shelter Y who had experienced childhood sexual abuse that she referred to as rape, discussed how faith had helped her manage her challenges and cope better with her experiences.

> It was very hard to control my temper, my whole life, my temper was like fire. Because like I said you'd have to count words when talking to me because I was sensitive even if you are saying something in a nice way or you are trying to pass a joke, I think I would have killed, until the time that I drew myself to God. So, the spiritual fear of God you always say ooh God help me. I cannot handle

it on my own then you walk away. So that really keeps you going, without God you can never survive, you can have money and go to the best psychiatrist in the world, but you have to put a God forward. You don't have to pay anything with him, and he doesn't need you to book an appointment, every time. You can go to the toilet and you can talk to him, he will listen. (Doreen, Shelter Y, Four years above).

This participant's narrative of faith provides critical insight on how abused women in the context of material deprivation can find alternative resources to thrive and heal from trauma. Significantly in the study, faith is associated with both spirituality and religion. Spirituality in this view is defined as "a sense of connection with the transcendent that includes perceptions of gratitude, compassion and support from the transcendent" (Wattligon and Murphy 2005, p. 850). Religion is defined as "a system of beliefs practices, customs, ceremonies rooted in culture; a view of the individual's relationship to the universe; a moral and ethical code; and a community of adherents providing social relationships" (Shaw et al. 2005 p. 7). The concept of religion includes both aspects of intrinsic and extrinsic religiousness discussed earlier on in the literature review chapter.

6.2.4 The significance of counselling and finding healing through talking about the indescribable experiences

Herman (1997) has discussed remembrance and mourning as one of the significant stages of recovery, where she illustrates the importance of talking about the traumatic experience to healing. It was apparent that counselling, provided at the shelters, was one of the factors that contributed to women's recovery. Likewise, some of the women discussed the positive role of the counselling facilities within the shelters in facilitating

healing. It is important to note that the four women, who were not affiliated with the shelter as residents, also sought counselling from health care professionals such as psychologists, psychiatrists and a counsellor. These included Boipelo, Charlotee and Sharmilla. However, one of these women, Jeanette, who never sought counselling services, reported that she used any opportunity to talk about her experiences, as part of therapy. Significantly, the positive aspect of the role of the shelters in women's recovery was also captured from Jeanette who stated that she wished she had received counselling at the time that she had left her own violent relationship.

INT: the counselling?

Jeanette: Yes, that's what I would've loved. Cause at that time I was struggling with the sexual abuse and then grappling with the father, you know, the physical abuse from my dad. And now also the domestic violence. and trying to … put all of that together while you are still trying to raise a child, while she is screaming her head off, you know, and everything and … it was heavy. It was heavy. And that would have been brilliant. Had I known about Shelter Y, oh that would have been brilliant. I mean the support that the ladies receive from Shelter Y is ... that's priceless. It really is. I can only speak in high regard of Shelter Y. Because I know if I had… if I had known about them I probably would have called.

Likewise, another participant, Charlotte, conveyed the positive role of Counselling and the opportunity to talk about the traumatic experiences, to women's experiences of healing. Charlotte, who continued to see a psychiatrist and was still taking medication for post-traumatic stress disorder (PTSD) at the time of the interview discussed that writing a book and talking about her traumatic experiences with her family provided

her with the opportunity to heal and find closure. Significantly, her narrative indicated the importance to one's recovery of having one's sufferings recognized and acknowledged by others, especially family members. Thus, for Charlotte, the opportunity to receive recognition from her close family members on how she suffered at the hands of another human being possibly helped her to experience empathy and support, that was not present at the time of the trauma.

6.2.5 The shelter managers' and shelter residents' role in facilitating recovery and post-traumatic growth (PTG)

The shelter manager and CEO, who were women, played a significant role in the recovery of some of the women. A small number of the participants referred to these women as their mothers and discussed that they behaved like mothers to them and helped them cope with their negative experiences by demonstrating love and support. Equally, some women, like Jeanette's narrative above, although did not refer to these women as mothers, conveyed that these women played an instrumental role in their recovery. As indicated earlier on, some of the women's accounts conveyed that they had negative relationships with their mothers and that they never received any support from their mothers. Possibly, this was the first time that they had received support and encouragement from a motherly figure. In addition, these participants experienced genuine love and concern from these women, in a way that they would expect their own mothers to behave. They were able to reconcile and overcome the sense of loss of a mother by perceiving these shelter managers as their mothers.

The action of these centre managers that were seen as mothers affirmed the participant's sense of value, for example, by recognising that even though their own mothers rejected them, they were still worthy of love. That these positive relationships with the shelter

manager/CEO involved empathy and unconditional positive regard was critical, especially in circumstances where most of these women had lost trust due to experiencing interpersonal trauma. This value of relationship to recovery is discussed by Herman (1997, p. 134) who notes that "recovery can only take place in the context of relationships, it cannot occur in isolation." One of the participants, Charity, when asked about what helps her to manage her challenges, she discussed that it was God and Pastor T, whom she regards as her mother.

> *God. He guides me, and this place shelter X is a place of God. He is present here. You can just reach out to God and he's not a man that can lie. He will lead you into righteousness he will lead you into a path that you never expected to go on. And also pastor T is my mom, she maybe a white and I'm black but I have got a white mom and God has blessed me with a white mom because when I was little they used to call me Kaffir my mother used to call me kaffir and I used to love black people for that and how she used to abuse me cause I looked like black people and now I have a 2 bedroom flat, I'm surrounded by black people, I love them. I am going to marry one black man. I'm going to marry the best dark man. I love black people they are my people* (Charity, shelter X, Four years above group).

Charity's narrative indicates that she found a sense of belonging at the shelter as she resides amongst black women who look like her. This is particularly significant because she was physically and emotionally abused by her mother as a child for being a darker coloured than the rest of her siblings. In addition, she reported that she was rejected by her father who accused her mother of having her with a black man. It is from this background of not experiencing motherly love as well as her own desires to have a

mother, that she perceives the shelter CEO as her mother. As a result, the shelter experience enabled her to resolve the loss of the motherly love and to find a place to belong where she is able to create a positive identity of herself as a black woman. However, these perceptions of the shelter CEO as her mother could be associated with the concept of "traumatic transference" (Herman 1997) that originated from a sense of powerlessness from the unmet need for mothering. Charity's sense of longing for a mother and her need to belong is confirmed in these accounts when discussing how she felt when she first arrived at the shelter.

> *I was scared of people so much it was a bad feeling; I was scared that people are out there to hurt me and abuse me. Because of my colour, I used to wash myself with milk. I thought that one day the milk would make me white and whenever I looked at people walking with their parents I loooooonged to have that. I never had a mother that was there. I never knew what it was like to sit on her lap, to kiss her, and hug her and she'd hug me back. No. Nothing like that happened. But I look to God as my father, he says although your mother and father abandoned you, I will never leave you or forsake you. So, I am his child.*
> (Charity, Shelter X, Four years above group)

Charity, like the other participants who used faith as a strategy to cope with their difficulties, was able to find meaning and closure of her traumatic experiences through faith. Thus, she understood that she was not alone and that she was loved unconditionally. Hence faith enabled Charity, like other participants in the study, to affirm and recognise their worth, hence contributing to reconstructing the negative identities associated with trauma, to the positive identities.

6.2.5 The shelter as a place for sisterhood

Some of the participants found a sense of belonging through the feelings of sisterhood at the shelter. Thus, some of the women conveyed that their fellow housemates at the shelters were like sisters to them. In addition, they discussed that they felt like the shelter community, as part of social support was part of their family. This was particularly significant because most of these women had no social supportive networks. Some of them had no family, as one participant indicated, having the shelter family as part of her family made her happy because she did not have a family. Hence, they found a sense of belonging at the shelter as well as the opportunity to connect with others. This sense of community enabled the participants to cope better with trauma. For instance, some of the participants mentioned that spending time with other women and sharing their experiences at the shelter helped them with managing stress. A few indicated that they were like a family, where they care about one another; they share and laugh together. Thandie who discussed how her friends help her even to bring her food for herself and her child discussed that they were like sisters.

It's like here I've got sisters. We are supporting each other… It's like they're supportive to my kids and me. (Thandie, Shelter Y resident, within six months group).

These factors contributed to some of the women's recovery, given that the ability to reconnect and build positive relationships with others is associated with the stages of recovery from trauma referred to as reconnection with others (Herman 1997; Lebowitz, et al. 1993). These notions facilitated interpersonal changes, where these women experienced closer relationships with their close friends, who were shelter residents.

Conclusion

The chapter provides new insight on how shelters in South Africa, through their

services or lack of, may constrain women's recovery and/or promote recovery and Growth. Firstly, it demonstrated how inadequate funding from the shelters and limited financial resources constrain women's recovery and positive trauma adjustment through experiences of distress, and revictimization. Secondly the chapter provided new insight on the culturally specific factors that contributed to recovery and post-traumatic growth (PTG) in the aftermath of violence. The women's accounts highlighted key themes. The shelter was an initial phase of recovery, known as safety (Herman 1997) where the women had the opportunity to establish feelings of safety given that they experienced freedom from fear and from experiencing violence from the perpetrator as they were no longer in the presence of the perpetrator. In addition, the shelter provided the women with the sense of freedom and space to focus on their personal needs and develop themselves without the disturbance from the perpetrator. Furthermore, the shelter developed philosophies of empowerment, through initiatives such as skills programmes which enabled the women to find meaning and purpose . The skills training enabled some of the women to become self-sufficient, have hope for their future and live their lives independently after leaving the shelters. For those six women who were no longer shelter residents, the skills training and opportunities to find work enabled them to maintain change and leave independently of the abuser after leaving. Counselling enabled the women to feel empowered and develop the skills to work through the trauma. From this background, the shelter was able to meet Herman's (1997) second stage of recovery, known as remembrance and mourning.

Furthermore, the chapter offered insight into some of the culture specific factors that played a role in promoting recovery and positive changes. These included the religious philosophies that included spiritual guidance at the shelters, Bible studies, women involvement in worship and support from the pastors and women's church attendance.

The shelter philosophies and the services associated with the philosophies, provided the women with opportunity to develop spiritual changes and greater relationship with God. This in turn was used as part of religious coping strategies to cope with the traumatic experiences. This message of hope promoted a sense of worth and purpose for existence to the women which ultimately contributed to women's recovery and growth. In addition, the chapter offers new insight on the significance of supportive motherly role models, such as shelter officials to women's recovery. It discussed that women adopted other mothers, and this enabled them to work through the loss of mothers and to develop positive sense of worth through love and support received from the shelter managers/CEO. Furthermore, the chapter demonstrated the significance of social supportive networks through connections of sisterhood at the shelter to women's healing. These factors contributed to the ability for the women to connect with others, henceforth contributing to Herman's (1997) phase of stages of recovery known as reconnection with others.

CHAPTER 7: PRESENTATION OF FINDINGS FROM PTSD CHECKLIST SCALE (PCL) AND POSTRAUMATIC GROWTH INVENTORY (PTGI)

Introduction

One of the main aims of the research was to ascertain the participant's experiences of post-traumatic growth (PTG) and post-traumatic stress disorder (PTSD). The thesis also aimed at looking at participants experiences in relation to time, and the role that time played in the participants recovery. This chapter presents findings from the assessments of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). The Post Traumatic Growth Inventory (PTGI), a self-report measure, was used to assess post-traumatic growth (PTG) while the PTSD checklist scale, referred to as the PCL-C checklist scale, was used to assess post-traumatic stress disorder (PTSD). The motivation for choice and strengths of the measures was discussed in chapter 3, the methodology chapter.

However, some of the critiques of the PTGI have been the believability and reliability of the findings. The use of self-reports and people's assumptions as the basis of the research findings, raises concerns given that there is a possibility of biases and misrepresentation of experiences of growth as some of the participants' accounts may reflect defensive accounts. (Tedeschi et al 1998, Joseph 2011). Likewise, some of the critiques of assessing post-traumatic stress disorder (PTSD) with checklist scales have been associated with possibilities of capturing socially desirable answers that may also include possible biases due to participants' concerns with confidentiality. In addition, having prior knowledge of the symptoms of post-traumatic stress disorder (PTSD) and having similar symptoms to PTSD, such as depression, may also affect the accuracy of the results. (Macdonald & Calhoun 2010). However, these factors were managed in the research given that the individual's self-report results were supported with in-depth

narrative interviews, where it was possible to capture how the experiences of growth transpired or how participants were challenged with finding meaning and healing from trauma. This view provided insight as to how some of these participants struggled with post-traumatic stress disorder (PTSD) symptoms. It is also important to note that some of the participants also discussed post-traumatic stress disorder (PTSD) symptoms qualitatively. Furthermore, the self-reports were administered prior to the interview. This ensured that the women's accounts of post-traumatic stress disorder (PTSD) experiences and post-traumatic growth (PTG) were not influenced by the interview questions nor were they socially desirable answers. In addition, participants were well informed in advance about the confidentiality principle and informed consent was sought. This minimized any encouragement to provide socially desirable answers.

One of the challenges with the PTGI is that it reflects Eurocentric values given that it has its origins in the West: its applicability may be questionable as it may not be able to capture a true reflection of cultural meanings associated with experiences of post-traumatic growth (PTG) (Splevins et al 2010). However, the "context specific" nature of qualitative research provided an opportunity to minimise these limitations and to recognise the women's definitions of growth and how these aspects of growth transpired. Significantly literature has also confirmed that the major domains of post-traumatic growth (PTG) do not differ across cultures (Ho, Chan & Ho 2004)

The analysis and interpretation of the meanings of the participant's experiences was conducted in relation to their scores on the PCL, but the actual reading and scoring of the PCL was conducted by South African psychologist, Ms. Reabestwe Buys. Dividing the two processes helped to ensure that they would not influence each other. The total severity scores presented in the findings were used in comparison to the suggested PCL

cut-point score of 30- estimated prevalence rate for general population samples, which is 30-35 (www.ptsd.va.gov). 86% of the women in the study met the criteria for severity of post-traumatic stress disorder (PTSD). The suggested PCL cut-point scores document has also been attached as part of appendices.

Jones et al. (2001) document a high prevalence of post-traumatic stress disorder (PTSD) in several studies involving abused women in shelters in North America when compared to non-shelter samples. The prevalence in these studies was documented as ranging from 40% to 84%. The prevalence rates in South African shelters are known to be high (Jones et al 1995), and at the higher end of the range reported from the USA. For instance, Kemp et al (1991) found a prevalence rate of 84.4 %. Bean and Moller (2002) found that 59% of the 40 women sampled from five shelters presented with post-traumatic stress disorder. In the same light, Wood et al. (2005) conducted a meta-analysis which concluded that the mean prevalence of post-traumatic stress disorder (PTSD) documented from several studies of abused women was 63.8%.

The interpretation of the assessments of the PTGI was based on reviewed literature from Tedeschi & Calhoun (1996) and Elderton et al. (2017). The latter indicates the scoring of PTGI from Cobb, Tedeschi, Calhoun & Cann (2006) that illustrates post-traumatic growth (PTG) thresholds. Thus, a score of 0 to less than 21 signifies lack of growth and 21 to less than 42 suggests a very small degree of growth. On the other hand, 42 to less than 63 indicates a small degree of growth and 63 to less than 84 illustrates a moderate degree of growth. In addition, 84 to less than 105 suggest a very great degree of growth.

The section below, presents the analysis of the findings from a selection of the three groups of participants. The participants were chosen for the reason that they are the

participants who experienced the most severe acts of intimate partner violence in their groups including coercive control as well some of the difficult childhood experiences including rape and sexual abuse. Their experiences have also been discussed in the qualitative accounts. This chapter adds support to their accounts discussed previously. In addition, the participants also have some similar post-traumatic stress disorder (PTSD) symptoms. Hence their stories would provide critical insight on the experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) over time. The participant's results are presented according to the groups.

7.1 Six months group
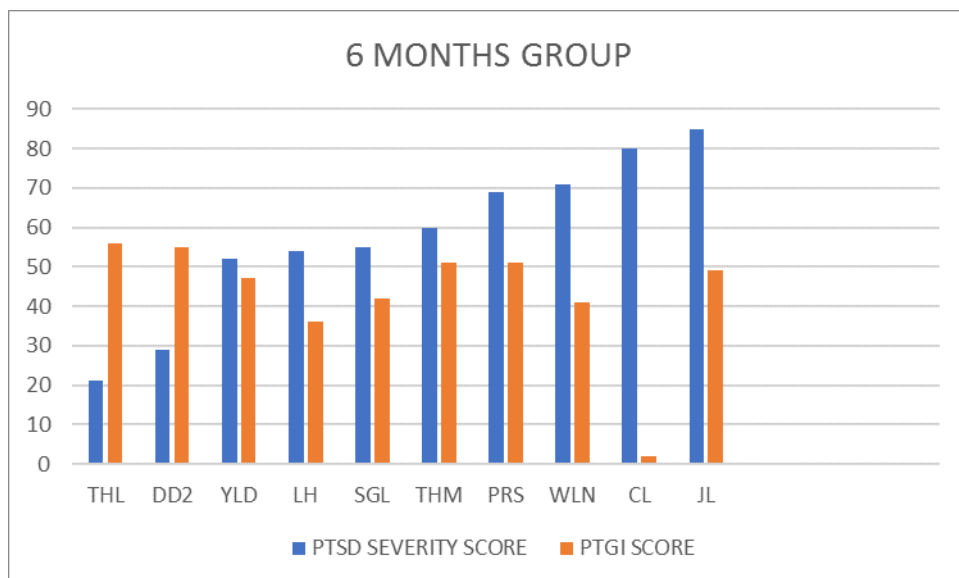
Participant

THL	NONZAMO

DD2	MBALI
YLD	YVONNE
LH	LOUISE
SGL	SUSAN
THM	THANDIE
PRS	PAULINE
WLN	MARION
CL	CLAIRE
JL	JANE

These participants had been in the shelter within a period of six-months. The study from these participants revealed that nine participants had experienced post-traumatic growth (PTG) while one participant did not experience any growth. This was participant Claire (CL). On the other hand, Susan (SG), Mavis (MLN) and Louise (LH) experienced growth to a very small degree and Paulina (PRS), Nonzamo (THL), Thandie (THM), Yvonne (YLD) Mbali (DD2) and Jane (JL) experienced growth to a small degree. The mean score for PTG was the lowest in this group, which was 42. 8 when compared to the other two groups. This indicates that overall the participants experienced post-traumatic growth (PTG) to a very small degree. It is also important to note that this was the group that had the most participants with significant severity scores for DSM-IV symptom criteria. These included participant Paulina (PRS), Susan (SGL), Thandie (THM), Yvonne (YLD), Claire (CL), and Jane (JL). When interpreting these scores while taking into account the participants' qualitative narratives as well, it was apparent

that most of the participants were still at the initial group of recovery, known as safety, as outlined in Herman (1992;1997).

It is from this background that the mean for the PTSD Severity score for the participants was 57.6. However, it is also significant to note that there were also other participants within this group such as Nonzamo (THL) and Mbali (DD2) who obtained low scores for DSM-IV PTSD symptom criteria within this group. Nonzamo was the only participant within this group that demonstrated significant signs of recovery as stipulated by the criteria for recovery in Lebowitz et al. (1993) and Herman (1997). Given that the literature indicates that repetitive trauma survivors may have more negative effects or trauma consequences than survivors of single traumas, her experiences could be attributed to similar notions that she experienced a single trauma which was the intimate partner violence experience itself. In addition, she had a positive childhood experience. In the same manner, she used religious coping to manage her challenges. Hence both religious resilience as well as childhood resilience helped her to manage and withstand her traumatic experiences.

The results from this group show small but clear negative correlation between post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). Most important, these results also indicated that the women within this group, unlike the other two groups had more symptoms of post-traumatic stress disorder (PTSD) than experiences of post-traumatic growth (PTG). These results should also be interpreted within the lens of the process of recovery and the role of time in providing the opportunity to find meaning and resolve the trauma, as well as in developing experiences of post-traumatic growth (PTG), especially when compared to the other results from the two groups. This is of particular significance given that most of the participants within the six months

group had not met the criteria for recovery as guided by Lebowitz et al (1993) and Herman (1997).

These results should not come as a surprise given that these traumatic experiences of participants within the six months group were more recent than their counterparts. Hence these participants were still at the initial stage of recovery as they had not yet established feelings of safety both within the emotional sense as well as within their environment. Thus, it was apparent that most of the participants had not yet developed the skills and strategies to deal with both their emotions as well as the current challenges that they were facing, for instance, unemployment, homelessness and lack of supportive networks in addition to the intimate partner violence and earlier childhood experiences.

On the contrary, some of the women such as Louise (LH), Jane (JL) and Yvonne (YLD) had not yet had the opportunity to resolve their experiences with their mothers whom they felt were unsupportive, neglectful and they blamed them for their negative childhood experiences of maltreatment and current adulthood experiences. These participants were still struggling to make sense of the reasons their mothers continued to be unsupportive even to them as adult homeless women at the shelter, especially when their children were suffering in relation with the food situation at shelter X. In addition, some of the women had not yet received extensive counselling for long periods, unlike their counterparts in the other groups. Some of the participants were still struggling with anger and the need for revenge; for instance Mavis, who was distressed and angered by the lack of justice and fairness from the police. Thus, she argued that she had not healed as she was still consumed with the desire for revenge. Possibly, these views would change over time through counselling. Consequently, most of these women in this group had not yet found the opportunity to find meaning, to mourn and

work through their trauma. Hence it is from this background that this group presented with high symptoms of post-traumatic stress disorder (PTSD). It is also significant to note that these views were supported with the qualitative accounts.

The most severe case, and the one who demonstrated the least growth was Claire (CL). Her severity score was 80, and her PTGI score 2. She scored higher than the normative threshold in terms of her PCL scores, and reported mostly high scores for all symptoms regarding re-experiencing the traumatic event, avoidance and arousal. She met both the symptom pattern and severity threshold for post-traumatic stress disorder (PTSD). She was the only participant who did not experience any positive changes. Claire (CL) had experienced "prolonged repeated trauma" of sexual abuse by her father at a very young age. She also reported that the father would have a gun with him while abusing her. The relationship to the perpetrator and the nature of the events, are factors which themselves affect how an individual responds or copes with trauma.

Claire was also abandoned by her mother at six months old and left with the father, the perpetrator. She was sexually abused by her only attachment figure. In addition, she lived under captivity and in isolation during this period as she was prevented from attending school at the age of 8. She had no support network given that the father's family did not believe her. Social support is instrumental for coping, resilience and managing negative mental health outcomes including PTSD (Lev-Wiessel et al 2005 cite Hobfall, 1998). These factors on their own contributed to challenges with coping and building resilience in the context of childhood trauma. Claire (CL) is a demonstration of the argument in the literature that indicates that childhood maltreated victims are less likely to experience post-traumatic growth (PTG) compared to victims that have experienced difficulties as adults (Cohen, Hettler & Pane 1998 in Thomas and

Hall 2008).

Claire was hindered from having any opportunity to experience love, develop any childhood resilience, a positive identity as well as a positive sense of self. Claire was involved in several violent relationships: in one of the relationships, Claire was stabbed 27 times by a previous partner. At the same time, she experienced severe incidents of violence that involved coercive control, sexual and physical abuse, from the relationship that led her to the current shelter. Claire lost a sense of purpose for her life after four of her children were removed from her, at two different points in time. Claire was at the initial stage of recovery: she was struggling with the emotional sense of safety as she was still experiencing some flashbacks, anxiety and feared being around people or connecting with other women at the shelter. In addition, she was not willing to continue with counselling due to the shame associated with her earlier experiences, as well as the fear of reliving the trauma when talking about the experiences. These fears were driven by her earlier experiences with counselling. She was also struggling with achieving feelings of safety given that she was still fighting to have her two younger children back in her care (According to her, the older ones were already grown.) From the background of assumptive world theory (Janoff-Bulman 1992) she struggled to find meaning and resolve her trauma because she perceived the world as unjust since she felt that the court system was unfair for removing her children.

These factors also contributed to re-victimization as she conveyed that her children gave her meaning for existence. In addition, taking them away also seemed to intensify and confirm the negative views she had of the self, as a bad mother, given that she perceived herself as useless due to the earlier experiences of sexual abuse. Hence it is from this background that Claire did not show any signs of recovery as stipulated by

Lebowitz et al. (1993) and Judith Herman (1997). This is in line with trauma theory that indicates that "the work of the first stage of recovery becomes increasingly complicated in proportion to severity, duration and early onset of abuse" (Herman 1992 p. 160).

Time played a role in the challenges with finding meaning and integration of the trauma since she was amongst the within six months group of participants. Claire was the first participant interviewed: after she was given a responsibility to look after the house mother's child under her guidance, she began to demonstrate some joy, as she experienced positive affirmation from the house mother's confidence in her. There is a possibility that different results could be captured if similar studies were conducted years after her experiences.

7.2 Ten to fifteen months group
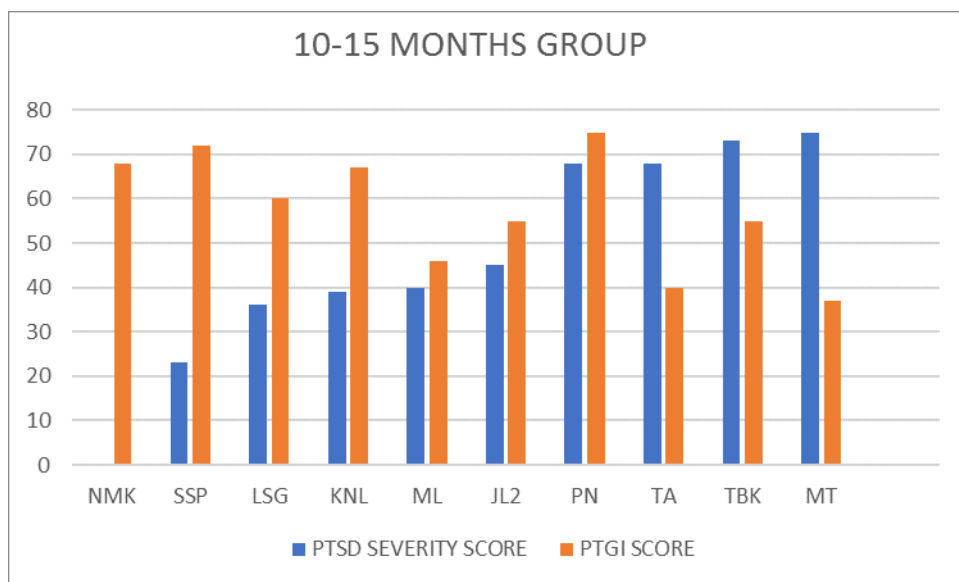
Participants

NMK	MANTOMBI

SSP	MTOMBI
LSG	DIKELEDI
KNL	KELEBOHILE
ML	MARGARET
JL2	FIONA
PN	PENELOPE
TA	NOZIPHO
TBK	ZODWA
MT	MARTHA

The study revealed that all participants within this group experienced post-traumatic growth (PTG) although at different levels. Thus, two participants, Martha (MT) and Nozipho (TA) experienced the positive changes to a very small degree; three participants, Margaret (ML) and Jeanette (JL2) and Zodwa (TBK) experienced growth to a small degree, and Penelope (PN), Mtombi (SSP), Kelebohile (KNL), Dikeledi (LSG) and Mantombi (NMK) experienced post-traumatic growth (PTG) to a moderate degree. The mean score for post-traumatic growth (PTG) within this group of participants was 57.5. This was less than the score from the Four year above group, which was 65.9. The score indicates that overall participants within this group experienced post-traumatic growth (PTG) to a small degree. On the other hand, it is worth mentioning that some of the participants also experienced significant scores for DSM-IV PTSD symptom criteria. These included Penelope (PN), Zodwa (TBK), Martha (MT) and Nozipho (TA). However, one participant within this group Mtombi (SSP) obtained low scores for DSM-IV PTSD symptom criteria.

Seven out of ten participants demonstrated signs of recovery from trauma. These included Penelope, Mtombi, Jeanette, Kelebohile, Dikeledi, Margaret and Mantombi. However, three participants, Thandie, Nozipho and Martha's, qualitative accounts conveyed that they were struggling to cope with PTSD and did not meet the criterion for recovery. Consequently, the results above indicate that the participants within this group were at different stages of recovery. Thus, although the participants fell within the same group in relation to time after leaving, their experiences points to the intersection of different factors within their trajectory to recovery. These factors were responsible for shaping their experiences. For instance, Mtombi experienced a single severe trauma of intimate partner violence, and had a good supportive childhood where she developed family resilience as well as religious resilience. These factors contributed to the ability to be able to manage and cope better with her difficulties.

On the other hand, Zodwa encountered a number of distressing experiences. These included abandonment and rejection by her mother, two rape incidents at the age of 8 by her cousin in addition to the intimate partner violence experiences. These factors continued to locate Zodwa at the initial group of recovery despite counselling and support that she continued to receive at Shelter Y, or the period of time passed after the trauma. These factors, however, are discussed on each individual participant's experiences. The overall PTSD severity mean score for this group was 43.1. Participants scored more on experiences of post-traumatic growth (PTG) when compared to the scores relating to PTSD.

The results from this group showed a negative relationship between post-traumatic stress disorder (PTSD) and PTG. Although some of the participants were still struggling to cope with the experiences of post-traumatic stress disorder (PTSD), the majority of

the participants within the group were able to manage the symptoms of PTSD and met the criteria for recovery. At the same time, the studies confirm the role of time in relation to trauma, especially in comparison to the results from their counterparts, such as the six months group. While some of the participants were still struggling with PTSD symptoms and did not develop higher experiences of PTG, they did not have adequate time, like their counterparts, within the four years above group, such as Charlotte, to find meaning and reconcile the trauma, either through counselling or other strategies to manage trauma since it was only from 10-15 months after their experiences. Other variables also played a role on their challenges with healing, such as earlier experiences of victimisation.

Nozipho scored higher than the normative threshold in terms of her PCL scores, and reported significant scores for all symptoms regarding re-experiencing the traumatic event, avoidance and arousal. She had a severity score of 68 and a PTGI of 40. She met both the symptom pattern and severity threshold for PTSD. However, these results should not come as a surprise, especially in the context of her experiences of victimization. Nozipho was raped by a neighbour at 8 years old. Like some participants in the study, she did not reveal this information at the time. Later, she was raped by a group of men in her late teens. This information was also kept from her mother because she feared disappointing her. Hence, she did not receive support in the context of her experiences. Nozipho then experienced severe incidents of intimate partner violence that included physical, emotional and sexual abuse as well as aspects of coercive control of intimidation, violence and degradation.

As an adult Nozipho did not have a supportive network as her mother was placed in a mental institution. The latter was also distressing to Nozipho as she longed for her

support during her period at the shelter. Social support is instrumental for recovery from trauma (Van der Kolk et al 1996).

She struggled with talking about her experiences and she also struggled with anger. For instance, she had refused to participate in the interview, because it wouldn't benefit her in a monetary sense, only to turn up on another day to ask to be interviewed. Although she was thankful that it was emotionally relieving for her, it was apparent that she had not yet resolved her trauma. Consequently, she did not meet most of the criterion for recovery. For instance, it was apparent that she had not yet developed symptom mastery, as she had challenges with managing her symptoms. Her qualitative accounts revealed that she used alcohol to help her manage her trauma, for instance to numb some of her hyper vigilance symptoms, such as difficulties with sleeping. She also had a negative sense of self as well as negative identity, which was part of the PTSD symptoms.

Nozipho was still at the initial phase of recovery and she had not yet developed feelings of safety. Significantly, she had challenges with finding meaning of her experiences as she discussed that she no longer had faith in God because of her sufferings and did not see the purpose of praying because her circumstances were remaining the same. This aspect of negative religious coping has also been associated with negative health outcomes such as PTSD (Harris et al 2006) Consequently, her earlier experiences were also playing a role in her current experiences. She declared that she only dates men for money and not love. She was currently dating a man she had met at a nearby pub for money. These factors could possibly continue to position her at risk for further experiences of violence. Hence from this background, it was also evident that she had not yet developed the capacity for self-care as she was still involved in some destructive

behaviors. The latter are factors associated with PTSD (Lebowitz et al 1993).

Most importantly, although Nozipho had left the relationship 15 months prior to the interview, her previous experiences of cumulative trauma, the lack of supportive network and current financial struggles as unemployed mother, positioned her at risk for further revictimization, and hindered her capacity to recover from trauma. Hence it is not surprising that she scored low on the PTGI. This was also supported by her qualitative accounts, where she stated that she did not develop any positive changes and had no sense of hope for the future. It is imperative to note that she accepted the referral for counselling.

7.3 Four years and above group
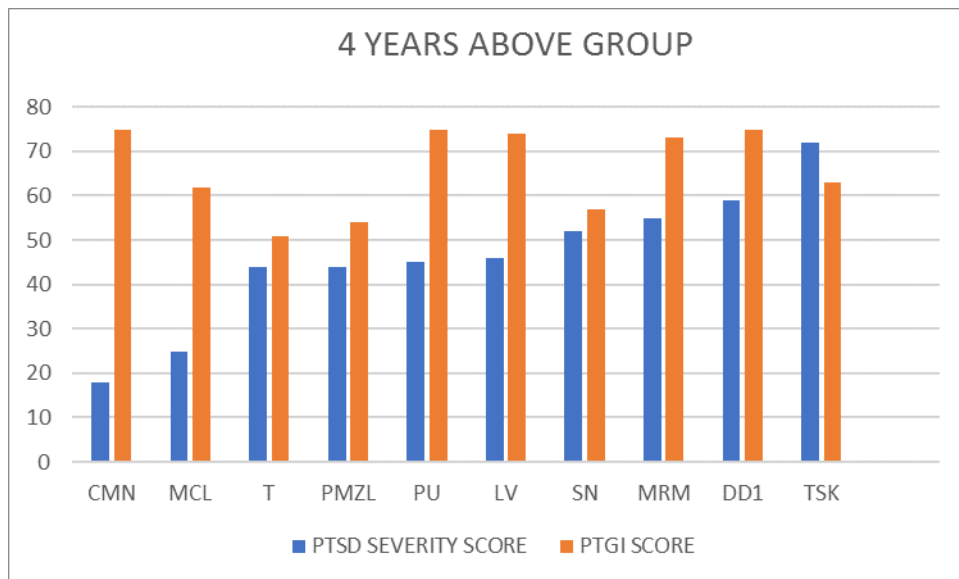
Participants

CMN	CHARITY
MCL	MARION
T	BOIPELO

PMZL	PORTIA
PU	CHARLOTTE
SN	SOPHIA
MRM	ISABEL
DD1:	DOREEN
TSK:	SHARMILLA

All the participants within this group experienced PTG at different degrees. For example, four participants, Portia (PMZL) Boipelo (T) Sophia (SN) and Marion (MCL) experienced the positive changes to a small degree, while 6 of the participants, Jeanette, Charlotte, Sharmilla, Charity, Isabel and Doreen experienced the changes to a moderate degree as guided by Elderton et al (2017). Thus, the PTGI mean score for the participants within this group was 65.9. Overall the participants within this group experienced PTG to a moderate degree. However, the mean average is lower than the mean average of growth identified in other studies with survivors of interpersonal trauma. Elderton (et al 2017) in a review of both quantitative and qualitative literature on experiences of growth from survivors of interpersonal trauma found that the mean score was 71%. However, this difference could be associated with the type of measures used as well as the size of the sample.

The participants within this group obtained significant scores for DSM-IV PTSD symptom criteria even years after the traumatic experiences of intimate partner violence. These included Boipelo, Sharmilla and Isabel. On the other hand, two of the participants, Marion and Charity, are amongst participants who obtained the low scores

for DSM-IV PTSD symptom criteria. These are also participants who used religious coping extensively. Possibly, this could also have played a role on their experiences of post-traumatic growth (PTG). However, the participant's individual experiences in relation to the scoring are discussed later in the chapter. Most importantly, the mean score for post-traumatic stress disorder (PTSD) within this group was 46. Consequently, the results confirm that the participants within this group experienced more experiences of post-traumatic growth (PTG) than post-traumatic stress disorder (PTSD). Hence these results support the qualitative narratives that illustrated that most of the participants within this group were on the way to recovery given that they met the criteria for recovery from interpersonal trauma as guided by Lebowitz et al. 1993, Harvey 1995 & Herman 1997.

There was a broadly negative correlation between post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG). Although the association between PTSD, distress and PTG has not been confirmed in post-traumatic growth (PTG) literature given that a number of studies have found mixed results (Tedeschi et al 1998 & Elderton 2017). This study adds support to literature that supports the concept of a negative correlation between distress and PTG (Cole and Lynn 2010), especially in relation to studies of abused women. In addition, this understanding should be interpreted within the framework of the recovery process from interpersonal trauma. The literature indicates that PTSD symptoms reduce overtime as one recovers from trauma (Lebowitz et al 1993).

At the same time, although one may continue to present with some of the symptoms, recovery implies that one is able to learn to manage and cope better with the symptoms, through the notion of "symptom mastery" (Lebowitz et al. 1993). The recovery

experiences of women presented under the qualitative experiences of post-traumatic stress disorder (PTG) chapter revealed that several women made use of different strategies to cope better with their symptoms. These skills and strategies were developed over time after struggling to cope with the symptoms of PTSD. For instance, Doreen, Sophia, Charity, and Marion used faith and religious coping as a strategy to cope with their experiences. On the other hand, Jeanette used her "survivor's mission", to talk about her experiences to abused women as a way of managing her emotions. These factors were also instrumental in achieving positive changes. Consequently, the process of healing and recovery from this type of interpersonal trauma involved the capacity to work through the trauma and resolve their experiences of loss and betrayal in order to find healing (Herman 1996). Through this process they were able to find new meaning and a new outlook on life after coming to terms with their experiences of losses over time. As a result, it led to reduced symptoms for some of the participants. The high scores of PTSD from some of the participants does not indicate lack of recovery given that they were aware of their symptoms and were able to manage these symptoms. At the same time post-traumatic growth (PTG) studies confirm that both distress and post-traumatic growth (PTG) can occur simultaneously (Tedeschi et al 1998 & Elderton 2017). Thus, Tedeschi & Calhoun (1996) also confirmed that PTSD and PTG co-exist and further argued that "when people perceive benefits, they don't deny difficulties" (p. 468).

Charlotte reported some significant symptoms of re-experiencing the event. However, she did not report a significant number of symptoms related to avoidance or arousal. It is also important to note that Charlotte was not amongst the participants with high severity score of PTSD. Yet Charlotte was raped once as a 7-year-old child by an uncle (revealed in her book), she experienced physical and emotional abuse from her father

as well as emotional abuse and rejection from her mother. In addition, she experienced severe experiences of coercive control that included aspects of captivity, shaming and degrading tactics as well as threats and near-death experiences.

On the other hand, Charlotte demonstrated signs of recovery and moderate experiences of post-traumatic growth (PTG). It was apparent from her qualitative accounts that time provided her with the space and opportunity to find healing and reconcile her experiences of trauma, given that she was in the intimate partner violence relationship over 10 years prior to the interview. Thus, she was able to manage her symptoms of PTSD through medication and she was still seeing a psychiatrist at the time of the interview. Most importantly she had written two books that were recently published and sold during the time of the interview. She perceived the latter initiative as the most helpful strategy for healing as she was able to talk about all her experiences through writing.

Charlotte also had other current experiences that were also instrumental for her healing. For instance, she discussed that she regained her faith after she was healed from cancer, and she was able to find closure and acceptance of her difficult experiences with her mother when she travelled to a place in Europe, recently, where she originates from and was informed by her extra-familiar members that her mother was not her biological mother and that she was a child born out of her father's extra-marital affair. These factors freed her from the burden of self-blame; as she argued that she was relieved because she realized that she was not to blame for the negative experiences with her mother. These factors enabled her to establish a sense of security, both in the emotional and environment sense as well as the opportunity to mourn her traumatic losses through her writing. In addition, she was also able to reconcile her quest for answers and

validation of her childhood experiences.

It was apparent that Charlotte was at the third phase of recovery known as reconnection with others and she met the criterion for recovery. It is also important to note that she was 57, the oldest participant, at the time of the interview. Possibly the role of time in her experiences could also be associated with her age given that she had time to process, think through and find meaning of her experiences. In the study, some of the women who experienced severe violence such as Charlotte, Penelope and Mtombi, are amongst the participants with high scores of PTG. While this could be attributed to the cognitive processing that takes place after experiencing severe trauma especially in relation to the appreciation of being spared and having survived, as indicated in post-traumatic growth literature (Cobb et al. 2006), the study provides new insight by demonstrating that the severity of intimate partner violence and post-traumatic growth (PTG) experiences were associated with recovery and time after trauma. Given that some of the participants within the six months and others from the 10-15 months phase who had experienced severe trauma had less experiences of post-traumatic growth (PTG).

Some of the participants from this phase as Claire, Pauline, Nozipho and Thandie like Sophia and Charlotte had some similarities of symptoms in relation to the 5 "b" scoring. Sophia experienced prolonged sexual abuse by her stepfather. While the other participants, Claire, Jeanette, Nozipho and Zodwa experienced sexual abuse/rape. The study indicated that survivors of sexual abuse struggle with these aspects of PTSD symptoms which relates to acting or feeling as if the event were recurring. Thus, it may involve aspects of reliving the event, having illusions or hallucinations that are associated with the trauma according to the DSM-IV criteria.

However, Pauline (PRS) with no history of childhood sexual abuse or rape also

experienced similar results on the same item. She experienced other types of childhood difficulties, such as extreme levels of poverty after her father's death. She indicated that the family did not have enough to eat after the loss of her father who was a bread winner, and she experienced severe bullying at school in addition to intimate partner violence. Childhood victimization, of any type, appears to intensify PTSD as demonstrated by Sophia below.

Sophia scored higher than the normative threshold in terms of her PCL scores, she only reported significant symptoms of re-experiencing and arousal but not avoidance. Thus, she did not meet the symptom pattern for PTSD even though she reported symptoms in all the criteria. However, it was surprising to note that even though Sophia demonstrated significant signs of recovery especially through the qualitative interview, she did not experience PTG to a higher degree. Similarly, the scoring between PTSD and PTG did not differ to a higher degree. On the other hand, it is also important to note that her results differ from Charlotte, to some extent.

Sophia's results could be attributed to the nature and extent of the childhood sexual victimization she experienced, at the hands of her stepfather, an attachment figure whom she perceived as a role model. She experienced severe prolonged childhood sexual abuse that included violence and control for ten years. She discussed that she was cut, electrocuted and beaten while being abused, and had two children from that experience. In addition, she experienced betrayal from her mother, who admitted to allowing the perpetrator to abuse her. It was apparent that these factors that included the severity of abuse, the type of relationship with the perpetrator, the amount of force and threat that was involved with the experiences of sexual abuse matched with the period of abuse, in addition to the intimate partner violence experiences, contributed to

challenges with experiencing high levels of post-traumatic growth (PTG) despite indicating that she has recovered from trauma.

Sophia's experience correlates with studies that demonstrate that victims of severe experiences of sexual abuse experience lower levels of growth (Cohen Hettler & Pane 1998 in Thomas and Hall 2008). It is also important to note that she was also one of the participants who were preoccupied with the childhood traumatic experiences more than the intimate partner violence experience. At the same time, as with other participants who experienced repetitive sexual abuse, she still struggled with other symptoms of post-traumatic stress disorder (PTSD). This view confirms with previous literature about the challenges faced by survivors of sexual abuse in relation to recovering from trauma (Herman 1997).

Of significance to Sophia's trajectory to recovery, is the role that time played in her healing. Thus, it was evident that time was critical in Sophia's ability to find meaning and acceptance of the trauma given that she experienced intimate partner violence four years prior to the interview. Hence, she had the opportunity to find strategies to help her cope with her difficulties. For instance, she reported that when she initially arrived at shelter X as a resident, she struggled to develop new relationships or to connect with other residents. Thus, she would isolate herself in her room, would cry often, and question God for her experiences. She also explained that she struggled with her faith. In addition, she argued that she had difficulties with interacting and communicating effectively with her children. When she initially arrived at the shelter, she had not yet established feelings of safety. Most importantly her accounts indicated that it was a process to move from the initial group of recovery, which is known as safety group to the final group, of recovery which is reconnecting with others that she was at during

the period of the interview. Consequently, this process developed over time.

Thus, it was only after counselling, spiritual guidance and a friendship with another shelter resident with similar experiences that she was able to establish feelings of security and work through her trauma. In addition, she was offered a job as a house mother. As illustrated in her qualitative accounts, this development enhanced her self-esteem and helped her to reconstruct her identity positively. At the same time, she was also able to develop a sense of community and purpose, by using her "survivor's mission", through her work as a housemother to help other women in similar positions. While the scores from the PCL-C as well as the qualitative interviews indicated that she still struggled with some PTSD symptoms, it was apparent that she had developed some strategies such as spiritual guidance and religious coping to manage her experiences. Consequently, these factors contributed to recovery and the development of positive changes.

7.4 Commonalities

The results indicated that the women's highest experiences of growth were captured in the relating to others item followed by new possibilities and personal strengths item. This order of development is supported by the women's qualitative accounts that discussed the factors that promoted post-traumatic growth (PTG) which included meaningful attachment relationships with shelter managers and CEO and connecting with others, confirming the significance of relationships and community bonds within the social cultural context of participants, the majority of whom were black women, and who possibly had some aspects of collectivist values. However, it is also significant to note that even though this aspect was rated the highest, most of the women including the women from the four years above group scored the lowest on item six that related

to the belief that they can now count more on people. This notion confirms that consequences of betrayal trauma also referred to as interpersonal trauma, on the women's challenges with trusting others, persisted regardless of time passed after the trauma.

7.5 The relationship between time and recovery from intimate partner violence

Tedeschi et al. (1996) argue from their studies with college students that post-traumatic growth (PTG) is not associated with "the passage of time". They further argue that "it is likely that variables such as characteristics of the survivors and what circumstances they face as they recover are more important in determining benefits than mere passage of time after trauma" (p. 468). This study demonstrates that time plays a part in understanding abused women's trajectory to recovery in intersection with other earlier and current factors that continue to shape their experiences. Most importantly, the results from the self-report measures as well as the qualitative studies indicate that recovery does not take place abruptly especially for survivors of cumulative trauma. Rather recovery is a process that takes place at different phases in time depending on the available resources at the time and in the aftermath of trauma, including social supportive networks and effective coping strategies. Women need time to build new assumptions, new meaning for their experiences as well as purpose for their existence. In addition, the women also need time to be able to develop relevant strategies to cope with and manage their distressful experiences or symptoms of post-traumatic stress disorder (PTSD).

These views are supported by the results that indicated that the two groups of participants for example, four years and above and 10-15 months group experienced more post-traumatic growth (PTG) than post-traumatic stress disorder (PTSD) while within 6 months group experienced less post-traumatic growth (PTG) and more post-traumatic stress disorder (PTSD). The relation between growth and recovery is also supported by literature that indicated that growth is associated "with more well- being and less distress" (Kleim & Ehlers 2009).

Conclusion

The chapter indicated that experiences of post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) co-exist. This finding is not new as it has been widely confirmed in a number of literatures (Zoellner and Maercker 2006; Elderton et al. 2017; Wiesel, Amir & Besser 2005; Elderton 2001; Tedeschi & Calhoun 1996). The results from the participants indicated that the majority of the participants presented with symptoms of post-traumatic stress disorder (PTSD). A large number of participants experienced post-traumatic growth (PTG). These scores were also supported with the qualitative accounts of both PTSD and PTG.

Previous studies that have found a negative correlation between distress and post-traumatic growth (PTG), have been conducted in the west and have focused on the interpersonal trauma of sexual abuse. These include Cole and Lynn (2010) and Frazier et al. (2001) This study of South African women confirms a negative correlation between post-traumatic stress disorder (PTSD) and (PTG) amongst abused women. The study provides new insight associating women's experiences of post-traumatic growth (PTG) with the stages of recovery from interpersonal trauma, supporting the argument of Kunst, Winkel and Bogaerts (2010, p. 538) that 'a negative relation between PTSD and PTG may be assumed by those who consider PTG as an adaptive outcome of successfully coping with trauma and its negative psychological consequences'.

The study also demonstrates the role of time to women's recovery process, trauma, PTSD and PTG. However, this was not a longitudinal study, each participant was interviewed only within a short time frame: these findings might have different results over a longer period. Given also that recovery is not a linear process, as women may be faced with other challenges that may position them back to the initial phase of recovery

(Herman 1997), especially in the context of poverty and high incidence of gender violence in South Africa, it would be useful to explore how these findings would change over time, even amongst the four years above participants. These findings have the potential of informing social work practice in understanding that the recovery process takes time, but also that time alone is not sufficient.

CHAPTER 8: WOMEN'S EXPERIENCES OF PTG

Introduction

This chapter explores women's qualitative accounts of post-traumatic growth (PTG). These findings add support to the findings from the PCL-C measure and PTGI presented in chapter 7. The literature indicates that survivors of trauma may develop post-traumatic growth (PTG) as they try to find meaning of the trauma through the process of cognitive processing referred to as rumination (Cobb et al. 2006). Tedeschi & Calhoun (1996), the original authors of post-traumatic growth (PTG), defined three major domains of growth. These are changes in the perception of self, changes in relationships with others and changes that relate to life philosophies. The authors have also associated post-traumatic growth (PTG) with experiences of post-traumatic stress disorder (PTSD). As this chapter will explore, in the current study, post-traumatic stress disorder (PTSD) was associated with post-traumatic growth (PTG). While post-traumatic growth (PTG) is still a new concept, several studies have been conducted with other survivors of trauma, such as bereavement, breast cancer patients, to name a few (Shaw et al 2005 & Tedeschi & Calhoun 1996). In addition, some studies have focused on survivors of interpersonal violence (Elderton 2017).

Cobb et al. (2006) demonstrated that abused women may experience post-traumatic growth (PTG). Other small studies have captured experiences of growth from abused women. This includes Song (2012) who studied experiences of growth of abused women after leaving, in relation to service provision. The study found that the participants experienced growth in areas that included psychological and interpersonal domains. While Taylor (2004) explored the process of recovery from domestic

violence, she identified themes of survivorship and thriving, that could be associated with experiences of post-traumatic growth (PTG). Likewise, Senter & Caldwell (2002), who explored the spiritual experiences of abused women who had left relationships, reported that some of the changes experienced by the abused women included stronger faith and religious beliefs. These could also be associated with spiritual changes captured in post-traumatic growth (PTG). However, current studies indicate a gap in literature that explores abused women's experiences of growth (D'Amore et al. 2017). There is a paucity of research in South Africa that has focused on women's resilience and recovery, as much research has centered on women's powerlessness at the hands of perpetrators as explored in the previous chapters.

Most studies that discuss women's experiences of post-traumatic growth (PTG) and recovery have been conducted in the west and not much is known about experiences of post-traumatic growth (PTG) amongst South African abused women as well as the factors and processes within this particular cultural context that promote recovery and post-traumatic growth (PTG). Exploring these factors within the context of abused women studies in South Africa is imperative, to ward against Eurocentric and universalist understandings of the process of recovery and growth, in order to affect meaningful service provision, but also to find better avenues of enhancing recovery and growth in a context of inadequate meaningful resources for abused women.

The objectives of the chapter are twofold. The first part aims to ascertain the experiences of recovery and post-traumatic growth (PTG) amongst survivors of Intimate partner violence in South Africa. The second part aims to find the domains where the women experienced post-traumatic growth (PTG), how it differs and how it is similar to theoretical framework based on studies in the West in order to inform

policy and practice to affect change.

Some of the women in the study demonstrated the signs of recovery indicated in Lebov et al. (1993) and Herman's (1997) stages of recovery theory. Their accounts revealed that they had experienced positive changes that fell within the definitions and measures of post-traumatic growth (PTG) (Tedeschi et al 1998; Tedeschi and Calhoun 1996; Joseph 2011). It was evident from these women's qualitative accounts that the development of these changes was not abrupt; rather it was a process that took place over time as the women struggled to make sense of the trauma and find meaning of the difficult experiences. These positive changes were an unanticipated outcome that resulted from the struggles they faced in trying to reconcile the trauma. Hence their understanding of these changes relates to Tedeschi et al (1998, p. 1) and their understanding of post-traumatic growth (PTG) "as both a process and an outcome". In addition, as the women's qualitative accounts illustrated how they struggled with finding meaning of the trauma, it was apparent that they went through the process of rumination (Tedeschi et al 1998; Tedeschi and Calhoun 1996) to build new meaning about themselves and their lives. Hence the qualitative accounts supported by the results from the PTGI revealed that the notions of post-traumatic growth (PTG) and recovery were not illusory but genuine expressions of women's experiences. When interpreting the women's narratives of post-traumatic growth (PTG), the chapter makes use of Tedeschi & Calhoun's theoretical framework of post-traumatic growth (PTG) (Tedeschi et al. 1998; Tedeschi and Calhoun 1996) because they are the original authors of the concept. The chapter then focuses on the positive changes that include the factors reported under the three major areas of growth, such as the changes in the perceptions of the self, the interpersonal relationships as well as the changes that relate to the philosophy of life. In addition, the chapter discusses the experiences of the changes in

relation to the theory of trauma recovery by Herman (1997). In the thesis, a number of behaviours have been associated with the changes in the perception of the self, which is one of the domains of post-traumatic growth (PTG). These include, a rejection of the victimhood identity; discovering personal abilities; rebuilding the self; reclaiming happiness and prioritising the self. The changes relating to interpersonal relationship domain are covered below, and the changes that relate to the philosophy of life are discussed towards the end.

FACTORS RELATING TO CHANGES IN THE PERCEPTION OF SELF DOMAIN

8.1 A rejection of the victimhood identity

Tedeschi and Calhoun (1996, p.10-11) argue that one of the changes relating to the perception of the self that survivors experience is the perception of strength. They argued that this perception of strength develops after one encounter life threatening event, and results from the sense that "if I survived this, I can handle anything" (p. 11). They argue that "perhaps one of the most important steps to PTG is the change in the perception of self as "a victim" of trauma to "a survivor" of trauma. "This label of survivor subtly introduces people affected by trauma to the idea that they have special status and strength" (p. 10).

In the study, some of the participants who experienced changes in the perception of self, domain stated that the traumatic experiences had made them stronger to the extent that they felt they could handle any difficulties. These women reported that the strength was a resource that they could use to handle any future difficulties. The perception of strength was associated with the determination to move forward as they refused to go

backwards and be known as victims. They associated this term with going backwards, to the distressing past they had left behind. Some of the participants constructed their narratives in a sense of hopefulness and optimism about the future, despite the current struggles that some were facing at the shelters, for instance, financial difficulties as single and unemployed mothers.

While the rejection of the term victim was instrumental in the women's narrative in promoting healing and positive change, the feminist analysis recognises that it becomes a challenge when the term victim carries negative connotations, for instance as a personal weakness or a personal choice especially when the meaning between victim and survivor is not easily distinguishable. As some of the women's narratives revealed, in chapter six, in the complex of limited resources and intimate partner violence women may shift from survivorship after leaving and back to victimhood when they return to the perpetrator or get involved in another relationship due to material difficulties.

Trauma theory (Herman (1997) informs us that recovery is not a single process: survivors who may have reached the final phase of recovery, reconnection with others, may be forced back to the initial phase of recovery, known as safety, when they face current challenges. Hence the feminist analysis in the study, does not perceive the concept of victimhood and survivorship as dichotomoies. Nor does the term victim symbolise a sense of helplessness or powerlessness in view of the interplay of different factors that shape women's experiences in the aftermath of violence within this context. However, the rejection of victimhood is relevant in the context of constructing the survival identity narrative: victim survivors associated this concept with notions of disempowerment and powerlessness. Given that they insisted that it was a part of the past that they had left behind, they felt that they could not move forward while

perceiving themselves as victims. Consequently, the concept of survivorship, was associated with notions of empowerment, that included perceptions of regaining their power, strength and happiness. The survivorship positioning of strength was central to the women's recovery and to the development of post-traumatic growth (PTG) in the domain of changes in perception of the self.

> *Sometimes it gets to me and I think about it. But looking back I see myself as a strong woman. You know. I made it through. Even though I'm not 100 percent sorted out yet, but I feel, I have hope that I will be sorted out one day. I'll have a place to stay with my kids and a job. You know, I see myself as not a victim. I refuse to be a victim. Cause being a victim, it's only taking me back to the past. I wanna go forward. You know, now I feel I'm happy. You know, I'm happy that I have a roof over my head with my kids. And I stay with my kids and we're happy. It's not that I'm happy cause I have everything. I'm happy that I could go to bed peacefully. And I'm living in my room peacefully with my kids. You know even though it's difficult with the food here and stuff, because we only eat once a day. But I try. You know, as a mother I try. I feel that I'm a strong woman. And I can raise these 4 kids on my own. I can do it you know. Nothing will hold me back.* (Margaret, Shelter X resident, 10-15 months' group)

Women perceived the lessons learnt as a result of the intimate partner violence as source of personal strength and a resource that could be tapped into, when faced with other difficult circumstances. Henceforth, the perception of their own survival in the relationship, that included the capacity to cope and withstand difficult circumstances, contributed to positive changes in the perception of the self as they felt courageous. They had acquired a belief that they could handle any difficulties, have the

determination to persevere and feelings that they could not be defeated: surviving in itself was an instrument for overcoming obstacles.

8.2 Discovering Personal Abilities

The perception of strength and renewed sense of self was associated with the discovery of personal abilities, such as skills and talents that the women were not previously aware of, particularly, when they were able to accomplish and handle things that they never thought they would be capable of handling on their own. This development promoted a positive sense of self as well as positive identity. This was particularly significant for their journey to recovery given that the experiences of abuse included coercive control in which the perpetrator had relied on making them feel incapable of achieving anything significant.

> *I discovered that I'm a strong woman I can handle any pressure or any situation. I always made myself out like this weak person that can't handle stuff, funny enough I can. I just never knew it. I mean, I handle all these ladies' problems every day. I just never thought that I'd be able to… I never thought for one minute I'd be able to handle all the stuff, everything. I never thought I'd even survive without getting paid and I'm still surviving. So spiritually I have learnt that I'm stronger than what I thought and I have got gifts that I didn't even know existed in me and even though my children always said mum you are beautiful and strong. I always looked at it like, aah you are my child and you will say so not knowing that it's true* (Sophia, Four years above group)

For the most part, some of the women indicated that they had developed a sense of self-worth, confidence and self-acceptance of both their past and present experiences, as

well as the person they had become. These factors were instrumental for healing.

8.3 Rebuilding the Self

Some of the participants described themselves as being reborn, being awakened and reliving again in the aftermath of violence. In addition, a small number of participants discussed that they had rebuilt themselves after leaving the relationships. Some of the women discussed how they had lost themselves in the relationship and how the relationship had left them broken. Significantly, their narratives discussed under this theme, conveyed that they were lifeless, or barely living and existing during the intimate partner violence relationship. Thus, it was not until they had left, that they started reliving again. These perceptions were associated with feelings of disempowerment. As a result, the women associated the notions of waking themselves up, and building themselves up again after leaving with a position of power and strength.

> *Look where I am today. I have woken myself up again after I had fallen and to be honest, I'm happy.* (Sophia, shelter X, Four years above phase)

> *I have built myself now, I take care of my kids alone, I'm a single parent of three and I'm making it. It's not like I must own a Ferrari to say I'm making it, so it doesn't matter. The point is I'm out and I can think I can believe in myself and I can have money and own it. I can have… so many things are happening in my life like now I train, I'm a student, I'm studying part-time. I work on weekends.* (Mtombi, Shelter X resident, 10-15 months' group)

This theme was strongly associated with the participant's ability to live independently of the perpetrator. This was significant given that most of the women in the study were

dependent on the perpetrator. In addition, these women indicated that they lost their sense of power through economic entrapment and intimate partner violence. Henceforth, the ability to live independently, own things and control their own lives was a symbol of strength and personal empowerment. These factors contributed to enhancing self-esteem and positive identities. It was in this context that these women refused to be defined as victims: in declaring that they had survived and rebuilt themselves, these women were able to reclaim a new sense of self as well as a new positive identity of strength and personal power that they had lost during the relationship. These factors played a role in facilitating recovery as well as positive personal changes of post-traumatic growth (PTG)

8.4 Reclaiming happiness

The newly reclaimed identity of survivorship was associated with the need to be happy as well as the need to pursue joyful and meaningful lives, both in a personal sense as well as through interpersonal relationships. As the other chapter revealed, some of the women experienced coercive control where the perpetrator micromanaged most aspects of their lives. In addition, due to the complex nature of the intimate partner violence relationship that involves notions of traumatic bonding and survivor skills, their lives revolved around the perpetrator. These women had held perceptions that the perpetrator was in control of their emotions.

Some of the women who showed signs of recovery were determined to be happy. In this view being happy was associated with a sense of affirming their personal power and control given that they perceived that they were in control of their own happiness. This view was critical as it symbolised that they had broken free from the perpetrator. Negative emotions were associated with a sense of disempowerment and loss of

control. The women strove to be happy survivors and associated these positive emotions with a renewed sense of self. They reclaimed their identity as happy women despite the material challenges. By perceiving themselves as happy, these women were "shading their victim identity" (Herman 1997) of distressed women, to that of happy strong women.

> *'There's this happiness that I created on my own. I tell myself, no matter what I need to be happy, you know, I now try to be happy. And I create that happiness, and I don't want to be angry. I told myself, I don't want to be angry any more. Even if somebody can come and provoke me, I shouldn't be angry. Maybe, ok, I can tell them what you did is wrong. But then after that, I want to be happy. If I see you, I must just greet you. I must just do like nothing happened'* (Fiona, Shelter X resident, 10-15 months group)

The need to be happy was one of the reasons that motivated Fiona to leave the intimate partner violence relationship since she was tired of being angry. The renewed sense of happiness that was associated with perceptions of strength was a critical factor for maintaining change. Once they had experienced freedom and reconstructed their identity as happy and strong women, women expressed that they wouldn't want to return to the distressful environments of intimate partner violence. Crucially they positioned themselves as in charge of their own happiness.

> *INT: ooh so where do you think this new happiness that you found is coming from?*

> *Fiona: How it comes? You know I told myself, I'm this woman who has a bright future. I'm this woman who.. who is powerful. I'm not weak. I'm not that abused*

woman anymore. I don't want to be called that abused, I said I don't want to be called an abused woman anymore. Instead I want to be a joy mother. I don't go back to those things. (Laughs). You understand?

INT: Because you don't see yourself as a victim?

Fiona: Yes. I'm no longer.. I'm no longer a victim. I'm planning ahead. I'm planning to be great. In fact, I want to teach other women not to be angry again with themselves. Because some women here, they do cry in their rooms.

However, it was apparent that the perception of strength and the concept of happiness, and contentment in the aftermath of violence, was not based on will power, rather it was embedded in the coping strategies that some of the women made use of such as faith.

8.5 Prioritising the self

Women's perception of strength was also associated with focusing on themselves as well as prioritising their needs in relation to others. Some of the women developed new expectations as to how they expected to be treated by others, especially in interpersonal relationships. For instance, the women affirmed their new identities of strength by expecting and demanding to be treated with respect in their new intimate relationships as well as setting out boundaries on what was acceptable or not. They took charge in defining how they wanted their relationships to be. In addition, when some of the women felt that they were being exploited in their relationships, they were able to voice their opinions or think of better ways to be heard.

These factors were a critical symbol of change given that some of these women indicated that they were passive and opinion less in the violent relationship as strategies for survival. The women explained how they listened, kept quiet, agreed with everything to avoid further violence. Challenging these ideas and the belief that submissiveness would ensure safety were significant indicators of their transition from the identity of an abused woman who was being victimised, to one who had survived the difficult experiences and rebuilt herself. Hence it is not surprising that some of the women in my study such as Boipelo and Mavis associated being in an unhealthy relationship after leaving, as an indicator that one had not healed.

Women who were involved in new relationships explained that their relationships were completely different from the previous ones. They expressed that they were happy in their new relationships. These factors could be associated with the third stage of recovery from trauma referred to as reconnection with others (Herman 1997). Being in a healthy relationship after leaving an abusive relationship was clearly one of the

indicators of women's healing and recovery from trauma. Boipelo's account is an example of this theme.

> *'I am going to tell him that I will not be forced to be an SDA* (Seventh Day Adventist), *It must happen because I want it to happen, you know what I mean, I also have my own faith and my own religion, whatever it is, I want it to be respected... he can go to his church, I can go to mine, that's what I wanna tell him... if he can't take that ... and I will decide if I want to drink or if I don't want to drink, I f I want to smoke or if I don't want to smoke...* (Boipelo, Four years above group)

While the quotation from Dineo illustrates how she set her standards in the new relationship, it was apparent that the ability to prioritise the self for some women in the study, was further associated with the ability to be patient and not to rush into relationships to escape financial difficulties. This was one of the indicators of healing for women, who had previously rushed into relationship to meet material needs. In prioritising the self and their needs, some women focused on personal and self-development as well as healing prior to going into new relationships. These women discussed that they wanted to heal first before going into relationships to prevent further victimisation. In addition, focusing on their own needs allowed them to position the important people in their lives first, such as their children before they could commit to new relationships.

8.6 Factors relating to changes in interpersonal relationship domain

8.6.1 Interpersonal relationships and helping others

One of the positive changes of post-traumatic growth (PTG) relates to changes in

interpersonal relationships. Some of the women indicated that they had developed better and closer relationships with their family and friends. It was apparent that the traumatic events had personally transformed the women in a way that made them more compassionate, understanding and empathic towards others, especially those that were going through similar challenges. Consequently, the renewed identities promoted the need to help others in similar positions. This revisioning of the experiences of others is part of postraumatic growth (PTG) experiences and some of the indicators of recovery from interpersonal trauma (Herman 1997). The latter makes use of the concept of 'survivor's mission', which is part of the last stage of trauma recovery in discussing the motivation of survivors to help others. For example, this may involve activism or awareness initiatives with the purpose of bringing up positive change to end victimization. In the study, this theme was experienced in different areas, such as the need to pursue the survivor's mission through awareness initiatives. Some of the participants indicated that they participated in the study to raise awareness on intimate partner violence with the hope of effecting change. In addition, some of the participants who had experienced spiritual changes and had used faith as part of their own coping strategy felt that they had a purpose to share their message of hope to enable other women to cope better with their experiences. In this view they used faith and a message of hope to pursue a survivor's mission. Sharmilla, a participant who had converted from Hinduism to Christianity provided these accounts:

> *.... I think. umm... the biggest part of what I want my life to be is to minister to other people. And the way to do it is to motivate and encourage people through the word of God, but through practical ways as well. And a big part of that will be to run... umm…. I want a series of shelters in South Africa so that no one is homeless. No one must be on the streets...* (Sharmilla, Four years above group)

Given that that most of the women were experiencing financial difficulties, it was not surprising that this notion of "survivors mission", in this context was also associated with the need to share with others or the need to make others aware of any opportunities that were available. For example, sharing food with other shelter residents or providing information to others about job opportunities. Finally, the women conveyed their mission to raise their children differently to ensure that their daughters did not encounter similar challenges and to prevent them from being victims. Another participant however, discussed how she raised both her daughter and her son to avoid them experiencing violence. She indicated that she taught her son how to treat women to avoid him becoming a perpetrator. These are also symbols of recovery from trauma, (Herman 1997) associated with the third stage of recovery where survivors pursue the need to prevent the repetition of trauma.

8.7 Factors associated with changes in the philosophy of life domain

8.7.1 Philosophy of Life

Women who experienced positive changes discussed how they started appreciating and valuing different aspects of their lives as a result of the trauma. These included the appreciation of better relationships with family and friends as well as the person that they had become after the trauma. Most importantly, they were thankful for surviving the difficult experiences. This view resulted in ensuring that they did not take their lives for granted. Thus, they conveyed appreciation of life due to the positive changes encountered subsequent to trauma.

Some of the factors that were associated with the appreciation of life domain included valuing and appreciating relationships with their loved ones such as their children.

Some of the women discussed how they valued spending time with their children. This contributed to having better and closer relationships with their children. Consequently, the participants illustrated that it was the outcome of the trauma that led to the appreciation of the new relationship with their children.

Experiences of trauma can have both a negative and positive impact on one's belief system. Thus, trauma survivors can either develop stronger religious faith or may lose their faith or religious belief subsequent to trauma (Shaw et al 2005). Post-traumatic growth (PTG) literature indicates that one of the positive changes reported by trauma survivors include spiritual changes. Tedeschi et al (1998 p. 11) discuss that the traumatic experience may lead "to a greater sense of somehow being connected to something transcendent, in ways that were not possible before the struggle with trauma". It may include "a greater sense of the presence of God, an increased sense of commitment to one's chosen religious tradition, or a clear understanding of one's religious beliefs."

These notions were evident in my study where a number of participants discussed that they had developed stronger and closer relationship with God. Some of the participants discussed that they started to attend church more frequently than before. Although most of these participants were already Christians, some of them were not as active as they were after the trauma. In addition, the women's accounts illustrated the possibility of trauma survivors to convert to other religions. Thus, one participant, Sharmilla, as discussed earlier on, converted from Hinduism to Christianity. The spiritual changes, however, have been discussed in chapter seven.

Conclusion

One of the objectives of the research was to provide new insight in ascertaining the experiences of post-traumatic growth (PTG) from abused women in South Africa. In addition, it aimed at making a contribution to trauma literature with abused women in South Africa, in identifying the areas and domains that women experience post-traumatic growth (PTG) in South Africa and the factors that are associated with the positive changes within this context. In addition, it aimed at extending the theory of trauma and recovery (Herman, 1997) to include women's experiences of post-traumatic growth (PTG) in South Africa. This was a major contribution to research given that most studies that have explored women's journey to recovery have provided knowledge on the basis of experiences of women from the west.

The chapter provided new insight in demonstrating that abused women in South Africa experience postraumatic growth (PTG) in all three major domains. These were the changes in the perception of self, better relationships and philosophy of life. This is also the first study within the South African context that has associated the positive changes with Herman's stages of recovery from trauma. The main changes that were associated with perception of self-included perception of strength. The perception of strength was associated with focusing on moving forward and a rejection of victimhood identity, discovering personal abilities, rebuilding the self, reclaiming happiness and prioritising the self. In the same manner, the women developed some changes that related to interpersonal relationships. These included the need to help others.

The chapter also indicated that women developed changes that related to the philosophy of life. These included a sense of appreciation for life. This included appreciation for living and appreciating better and closer relationship with their children. This domain also included changes in spirituality as well as the development of a new outlook in

life. Given that there is a lack of literature that has qualitatively and quantitatively documented experiences of postraumatic growth (PTG) and recovery in abused women studies in South Africa and the factors that influence growth and recovery within this context, the study provides new evidence of postraumatic growth (PTG) and signs of recovery in South African abused women studies. The study also provides new insight in demonstrating that the main stages of recovery from trauma of intimate partner violence, captured from Herman (1997) and also the signs of recovery from intimate partner violence captured in other abused women studies, (Taylor, 2004,) show both commonalities and differences from other cultures, whilst the process and factors responsible for the trauma outcome were unique to the South African context.

CHAPTER 9: KEY FINDINGS

The thesis makes a significant contribution to Social Work research in South Africa by extending and modifying the ecological model of the impact of sexual assault on women's mental health adopted by Campbell, Dworken & Cabral (2009) to a model that explores the factors and processes that constrained positive trauma adjustment and recovery and those that facilitated post-traumatic stress disorder (PTSD) recovery and post-traumatic growth (PTG) in the aftermath of intimate partner violence.

The ecological model in which the research draws on, of the impact of sexual assault on women's mental health (Campbell et al. 2009) focused on demographic factors including education, maritial status, employment status, income, pre-existing mental health conditions, and biological factors. This research however, focuses on women's earlier histories of victimisation such as experiences of sexual abuse, rape, exposure to violence, physical abuse, child labour and exploitation.

The model was also modified to fit in the goals of the research. The model identifies the individual, mesosystem, macrosystem and chronosystem. The thesis focuses on the microsystemic, mesosystemic, macrosystemic factors, and concludes with an examination of the chronosystem. The assault related factors have focused on intimate partner violence. this is the first time the model has been applied in the context of intimate partner violence, post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) studies in South Africa.

9.1 Individual factors

The thesis demonstrated that women's earlier childhood victimisation was amongst the factors that contributed to challenges with trauma adjustment in conjunction with other

factors in the women's ecological framework. These included earlier exposure to childhood trauma which is known to have negative long term effects on survivors persisting into adulthood, including experiences of post-traumatic stress disorder (PTSD) (Dye 2018).

Campbell et al. (2009) focused on assault related factors in demonstrating impact of sexual assault on women's mental health. The thesis however, focused on the intimate partner violence experiences and the role they played in women's experiences of post-traumatic stress disorder (PTSD) and challenges with trauma adjustment, and how they affected recovery and post-traumatic growth (PTG). Whilst women experienced different forms of violence including sexual, physical, emotional and financial, the thesis focussed on women's experiences of Coercive Control. It contextualises the theory of Coercive Control and demonstrated that its structure of intimidation, degradation, violence and control contribute to women's challenges with adjustment and recovery in the aftermath of violence.

The concept of cheating as a form of intimate partner violence within the South African cultural context, should be interpreted within the framework of Coercive Control, that centres on maintaining male privilege and male sexual entitlement associated with hegemonic masculinities of ideal definitions of manhood and women subordination. Even though the concepts of having extra- partners within the South African literatures have often been discussed in the context of African cultures and black men as in Hunter (2005) and Jewkes,(2002) & Jewkes & Abrahams (2010), cheating as a form of intimate partner violence is an element of Coercive Control and is associated with successful definitions of manhood defined applicable in different cultural contexts given that both black women and the single white participant reported this.

The thesis argued that cheating can be understood as a specific form of Coercive Control and within the social cultural experience a core element in intimate partner violence in the South African context. Women perceived cheating as a central aspect of their experiences of abuse, and experienced violence when they inquired about cheating. Cheating was used as part of a strategy to intimidate, humiliate and disempower women to ensure compliance. Forced acceptance of cheating was a weapon used to maintain men's status: perpetrators conveyed attitudes and behaviours of entitlement and authority where they perceived it as acceptable to have extra partners and expected women to condone it. Some of the degrading tactics included partners routinely having sexual partners outside the main relationship, making the relationships obvious to the victims, bringing women to their family homes, being in bed with them in the presence of the partner, speaking with the mistresses over the phone in the presence of the partner and challenging some of the women to leave the relationships if they were uncomfortable with the situation, as well as fathering children outside their main relationships. Perpetrators demanded that women accept their extra-partners and adhere to their wishes, and framed women's challenges to cheating as resistance, using violence when women asked about cheating. Many of the participants were cowed into submission. They had to alter their behaviour to meet the perpetrators expectation in the context of Coercive Control and developed a range of submissive survival strategies.

Women were also constrained by gender ideologies that equate women submissiveness to male authority with good woman hood as well as ideal femininities of submissiveness and compliance, and the need to save marriages. The acceptance of cheating as part of Coercive Control, is not only enforced by the perpetrators through coercive control tactics, or through women's limited resources and lack of employment,

but also by gender role socialisation that contributed to women constructing their narratives in the femininity of submissiveness that is associated with cultural constructions of good womanhood as well as normalisation of male sexual entitlement.

Fear for survival, was also instrumental in limiting resistance and maintaining Coercive Control, where the perpetrator had the ultimate power to use any tactics to humiliate, degrade, shame the victim without any fears of repercussions.

Women experienced sexual coercion as part of degradation and shaming tactics. These included being raped in front of the child, pretending to be the former abuser or rapist whilst raping women with a history of rape/sexual abuse and asking woman to sleep with extra partners in addition to the partner. A small number of the women were beaten and degraded in front of others, such as family members, friends and perpetrators relatives. In few instances, these individuals laughed at the victims as spectators. One participant indicated that she was beaten by a mistress. Some of the shaming tactics included infantilizing women by beating them with a belt, sometimes in the presence of others which in a traditional African context is considered a way to discipline children. The public nature of these assaults was to remind the victims that the perpetrator was in a position of power and authority and to maintain dominance and enforce women submissiveness. These factors contributed to a loss of dignity especially when conducted in the presence of others. These experiences were more challenging for women who lacked the option to leave due to a lack of financial resources such as employment.

The results from the PCL-C checklist scales indicated that 86% of the participants met the severity threshold for PTSD. Some of the participants had histories of childhood maltreatment such as rape, physical abuse, and childhood exploitation. Women's

accounts indicate that experiences of forms of intimate partner violence including Coercive Control further rendered them more vulnerable to the negative trauma outcomes. These experiences enforced feelings of betrayal, unworthiness and perceptions of the self as not valuable and the world as meaningless. These factors are associated with challenges with trauma resolution as well as PTSD. Given that some of the participants who experienced Coercive Control had high PTSD severity scores and experienced earlier childhood victimisations, Coercive Control was one of the factors that played a role in women's challenges with healing and adjustment.

9.2 Macrosystem factors

The thesis also discussed the Mesosystem factors that contributed to challenges with trauma adjustment and post-traumatic stress disorder (PTSD). The connections within which the women must function included women's experiences of victimisation and lack of support when seeking help from Police, and the shelter's reponses to women's needs. The thesis moves on from Campbell (2009) who focused on renponses from rape crisis centres, community and mental health programmes and legal systems to Police services and shelters

9.2.1 Women's experiences with police

Women's experiences of secondary victimisation when seeking help from the South African Police (SAPS) contributes to challenges with trauma adjustment and post-traumatic stress disorder (PTSD) in conjunction with other factors discussed in the findings chapter. Some South African texts (Maiste 2010; Jewkes & Abraham 2002; CSVR 2016) have discussed the negative responses that women experience when seeking help from the police and Mathews and Abrahams (2001) also discussed women's experiences at the hands of the South African Police service (SAPS) as secondary victimisation. This study explores the reasons police are reluctant to help abused women, and how women's experience of secondary victimisation affects trauma adjustment.

Women recounted that the police were reluctant to provide supportive services and that they lacked seriousness in handling the cases and were lenient towards perpetrators. The women's experiences at the hands of the police were not just random experiences, they were consistent expressions of rigid traditional gender roles and patriarchal values, which functioned as strategies to maintain dominant and hegemonic ideals of masculinity in the context of a perceived crisis of masculinity in the context of a women's rights discourse (Van Neikerk & Boonzaier 2016; Dworkis et al. 2012). These views were facilitated by feelings of insecurity in the context of change, specifically when women make use of the Domestic Violence Act 116 of 1998 to empower and protect themselves from violence. Negative responses were part of a "backlash" to women's resistance, a way of disempowering women to ensure that women remain in subservient positions.

Whilst the concepts of hegemonic masculinities and concepts of backlash in the context of women's empowerment and gender equality and laws that protect abused women have been discussed to explain violence against women in studies with men ((Dworkin et al. 2012) within the South African context, this is the first study that has used the concept of hegemonic masculinities to discuss women's experiences with their encounter with Police. The study demonstrated different techniques that policemen used to disempower women, such as the objectification of women's narratives, undermining their credibility, exhibiting a lack of urgency and seriousness in responding to women's cases, not prioritising women's cases and making women's narratives invisible by dismissing and silencing them, as well as blaming women for the violence. Women conveyed experiences of sexual abuse and harassment and being blamed for their experiences of violence. Additionally, police officers were described as lenient towards men because they bonded based on being men. This linked to the perceptions of a crisis in masculinity and the backlash whereby men perceive the need to bond in the fight against women's empowerment, especially when these policemen perceived women as being to blame for violence and held perceptions that women misuse their rights in reporting partners.

Women also experienced negative encounters from policewomen and social workers within the police station. These female officers performed the identity of their role and work subculture which accepted the masculinised hierarchy and patriarchal understanding of gender roles (Courtaney 2000). This challenged the expectation that other women would be more empathic about their experiences.

Women also attributed their negative experiences with the police to the police having little education or training, and being tired of women's cases, as well as corruption and bribery.

The failure to receive help also positioned women at more risk of violence due to the perpetrator's retaliation after reporting. These factors contributed to making women feel trapped and powerless, due to a lack of options, consequently rendering them vulnerable when managing trauma and post-traumatic stress disorder (PTSD). Thus, these factors, in conjunction with the other variables discussed within this thesis, positioned these women as at risk of post-traumatic stress disorder (PTSD).

Campbell et al. (2006, p. 1253), who conducted studies with rape survivors argued that women "place a great deal of trust in our social systems as they risk disbelief, scorn, shame and refusals of help. How these interactions with the system personnel unfold can have profound implications for victims' recovery." Yet the thesis also demonstrates how women resist amid all the challenges. These women fought for their rights by reporting perpetrators and by leaving the relationship. Women used the interview as part of their resistance, to create awareness of their experiences of victimisation by the police.

9.2.2 Shelter responses

South African literature has suggested that there is a paucity of research exploring the experiences of abused women in shelters, particularly the extent to which services and practices within these shelters support women (Walker & Clacherty 2015). Gaining insight into the role the shelters played in recovery was imperative since many of the women in this study were shelter residents or former residents. The women's experiences of recovery were understood within the theory of the stages of recovery from interpersonal trauma (Herman 1997).

The thesis provided new insight in demonstrating how the shelter as a place of safety facilitates opportunities for the establishment of the initial phase of recovery, which is

safety, in both the emotional and physical sense, as the women felt relieved to live freely from the perpetrator. These factors enhanced opportunities for personal development, and women used this time to think, plan and strategise for the future. In addition, the shelter enhanced women's capacity to develop a sense of power, a positive sense of self, hope for a new beginning and self-reliance through the shelter's empowerment strategies of skills training. This was particularly significant given that most of these women were entrapped and abused due to economic dependency. Furthermore, the shelter provided women with the opportunity to mourn, and to work through the trauma via counselling and the shelters' philosophies of religious-based initiatives such as spiritual guidance and Bible study. The shelters' philosophy of faith, which included aspects of both intrinsic and extrinsic religiosity, provided women with the opportunity to develop a deeper faith and closer relationships with God and to use religious coping strategies such as constant prayer and social support. Faith was used as a resource and a source of strength to cope with their circumstances and trauma symptoms. Consequently, the shelter activities of Bible study, religious motivational speaking, and social support as part of extrinsic religiosity contributed to an affirmation of the women's worth as well as an ability to connect and develop relationships with others. I argued that these factors were instrumental in healing and recovery.

Women reported both negative and positive experiences at the shelters. The shelter played a role in constraining positive adjustment, recovery and growth as well as experiences of PTG and in women's experiences of PTSD.

The thesis demonstrated how inadequate funding at the shelters contributed to women's revictimization, distress, lack of control and a sense of powerlessness, which in turn contributed to challenges with trauma adjustment and recovery. The lack of funding contributed to a lack of resources and meaningful services provision to women,

impacting on the ability of the shelter to meet their needs. Women who were unemployed with no stable income and receiving the Child Support Grant (CSG) at shelter X were hugely affected as they had hoped that the shelter would meet all their basic needs and that of their children. These women discussed some of the challenges they faced due to the lack of resources at the shelter. These included inadequate meals a day, poor diet, not being provided with necessities such as toiletries and challenges with paying for shelter accommodation and crèche. Although women received Child support grant (CSG), they indicated that it was not enough to support themselves and their children and pay for the crèche and shelter fees. In addition, women indicated that pregnant women who were not in receipt of CSG were suffering the most. These factors contributed to enormous distress and revictimization. A few women were forced to seek out men for survival.

Some of the women from shelters X and Y were concerned about the limited time that they had to stay at the shelters. The maximum period that women could stay at the shelters was between 6-8 months. These women were already challenged to cope with intimate partner violence, these factors further affected how women adjust to trauma of intimate partner violence and constrain recovery and the instability, the need to look after themselves and their children without employment, contributed to their trauma. Furthermore, these factors placed women further at risk for further intimate partner violence as some of them were forced to seek out a relationship for survival. This this in turn affected how they coped with trauma.

Counselling is one of the strategies that can help with empowering abused women, to gain control of their lives and recover from Trauma (Masilo, Davhana-Maselesele 2017). Weekly counselling can have a positive effect on reducing some of the consequences of trauma such as feeling powerless and other negative effects. Thus, the

lack of counselling services for abused women can affect healing. It was apparent that the inadequate funding contributed to shortage of services and cutting down of critical staff members such as social workers. The absence of social workers on the premises meant that women were no longer receiving immediate counselling services. While there was a counsellor residing at the premises, she was only available on the weekends and a few women were not aware of her presence. Some women indicated how the lack of social workers presence affected them. Women struggled to cope with their experiences, without receiving immediate counselling services.

Abused women's needs may vary. Not all women indicated that they wanted to receive counselling services. Some of the women at shelter X were sceptical of revealing their information to a social worker as they felt that their information was not safe. These women at shelter X indicated that the previous social workers would reveal their information to other women. However, the lack of trust in counsellors or social workers could be a consequence of interpersonal trauma. Two women were not open to counselling as a consequence of previous negative experiences with counselling. It was also apparent that the lack of adequate funding at shelter X meant that the shelter could not retain skilled staff suitably trained to work with abused women and their children and to provide adequate skills training initiatives. Lack of funding can impact on the quality of staff that are employed and the poor quality of services and professionals may negatively affect abused women's healing and recovery.

One of the key contributions of this thesis has been the role of faith in healing and recovery in the aftermath of violence.

The use of faith as a strategy for coping is supported by literature from studies on abused African American women. Wattligon and Murphy (2006) and Harris et al.

(2007) argue that faith (both intrinsic and extrinsic religiosity) and religious coping mediate against negative mental-health outcomes, including post-traumatic stress disorder (PTSD) and depression. These factors have also been identified as instrumental in recovery, reducing anxiety and hostility as well as aiding in the development of post-traumatic growth (PTG) (Watlington & Murphy 2006). Likewise, social support within the context of faith and religion is perceived as instrumental in reducing and managing negative mental-health outcomes. For example, Wattligon and Murphy (2006), in a study that examined the association between religious involvement and spirituality, depression and post-traumatic stress disorder (PTSD) among African American abused women, found that those higher in religiosity and religious involvement had fewer experiences of PTSD. These women were also identified as making use of religious coping and social support. Shaw et al. (2006), who reviewed 11 studies on spirituality that included aspects of extrinsic and intrinsic religiosity and post-traumatic growth (PTG), demonstrated that spirituality has been proven to facilitate positive changes. They also argued that spirituality increases after adverse circumstances. This view is also supported by Kennedy, Davies and Taylor (1999), who found that there was a 60% increase in spirituality amongst participants 9–24 months after experiences of sexual assault.

My study suggests that faith could be considered one of the foci for intervention, to those who value it, within faith-based service organisations. Faith enabled women to find meaning and purpose for their existence as they struggled to resolve the trauma. The study demonstrated several ways in which internalised was effective for healing and managing trauma. For instance, women perceived God as a haven, who could be trusted, unlike the perpetrators, who had betrayed them. These factors enabled women to manage the sense of loss that was associated with the betrayal trauma of both intimate

partner violence and childhood victimisation. Additionally, God was perceived as a father. This helped to manage the unmet need for parenting and possible loss or lack of a father's support. Faith as part of a social support network, church involvement and attendance provided women with a place to belong. For a small number of women, faith and prayers enabled them to be compassionate to others as well as to control their temper and the emotions that were associated with post-traumatic stress disorder (PTSD) Religion enabled some survivors to manage and cope after trauma by providing them with meaning, unconditional affirmation of their personhood and appreciation for existence (Potter 2007; Shaw et al. 2006; Harris et al. 2007), and helped these survivors to develop a sense of coherence within their lives (Shaw et al. 2005). Significantly, faith re-affirmed some of the women's sense of worth, and taught them to value themselves, to be content and recognise that they were loved despite their difficult experiences. It contributed to a sense of hope, optimism for the future and a renewed sense of self and further contributed to managing the sense of helplessness that originates from the trauma.

However, some faith-based services for abused women, including shelters, have been criticised by both Western and South African authors, because they are perceived as lacking the ability to adequately help and protect abused women. In addition, such faith-based services may run the risk of contributing to women's oppression and victimisation. These factors may negatively affect healing (Fowler et al. 2011; Walker & Clacherty 2015). Thus, Walker and Clacherty (2015, p. 33), who conducted studies at a similar shelter in Johannesburg to explore how shelters' healing practices support women, argued that 'religious interventions and practices based on specific ideas of healing is problematic and exclusionary, especially when shelters focus on healing as a desired outcome for women and define healing as a sense of being reborn from the

past'. They argued further that the perception of sin in relation to suffering may intensify women's feelings of responsibility for the abuse. However, this study found no evidence of that.

Abused women may experience faith-based services, including shelters that are based on faith philosophies, positively. Shelter Y was the only active faith-based shelter in the study. Shelter X, which was congruent to Walker and Clacherty's (2015) place of study, had stopped conducting religious services. The women in Shelter X who had made use of these services prior to their termination reported that they experienced them positively and continued to make use of spiritual guidance privately from the pastor and CEO of the shelter. Hence, the study illustrates that faith is a useful resource for coping and managing trauma adjustment for the women who value it. Fowler et al. (2011), who argued from a background of previous studies with abused shelter women in the US setting, explored the role and meaning of spirituality and whether faith-based services should be offered, and discussed how spirituality was instrumental in providing survivors with strength. In addition, they discussed how women in that study perceived that 'spirituality and faith-based activities, such as prayer and emphasis on specific concepts (e.g. hope, encouragement and strength) should be integrated with domestic violence shelter services' (p. 1247). This insight is critical, given that there is limited research in either the West or South Africa on how shelters that include faith-based organisational services and programmes affect abused women's recovery (Fowler et al. 2011; Walker & Clacherty 2015).

However, there is a high possibility that women experienced the faith-based shelters positively because they were already Christians prior to moving to the shelters. Thus, it was easier for these women to accept faith as a resource for healing as well as to develop spiritual changes as part of post-traumatic growth (PTG). This view is also

discussed by Senter and Caldwell (2002) in their study, which focused on the spiritual experiences of abused women who had left. They stated that most of their participants were already Christians, although they experienced significant spiritual changes. Additionally, the choice of using faith to cope could also be associated with ethnicity, given that most participants were black women, and literature from studies with African American abused women and other African American survivors of interpersonal trauma argues that African Americans are socialised on faith and make use of religious coping and faith in adverse circumstances more than their Caucasian counterparts (Kennedy et al. 1999; Watlington & Murphy 2006). This view is also supported by Potter (2007), who argued that black abused women use religion and prayer, as well as social support from family and friends, as a resource for healing more than their white counterparts. Likewise, Phasha (2010), who explored educational resilience in black South African women who had experienced sexual victimisation, argued that faith was one of the resources for coping given that black children are socialised within a framework of Christianity or spirituality, such as ancestors.

The single white participant and the Indian participant also reported spiritual development. The former participant reaffirmed her faith after trauma, whilst the latter converted to Christianity from Hinduism after trauma. In the same manner, Fowler et al.'s (2011) study documented that their shelter samples in Texas, of whom 46.6% were white 24% blacks, and 17.8% Hispanics, presented with women who had high levels of spirituality. These women usually made use of faith-based services. The willingness to use faith-based resources, or the ability to appreciate faith philosophies within shelters, is associated with being a member of the faith, and not race per se.

The study also provided insight into the role of shelters in providing opportunities for women to connect and develop relationships with other women in the shelters and

create a sense of sisterhood. This was imperative in providing women with a sense of community and belonging, as they perceived other residents as part of their family, especially those who did not have a family. The study also provided new insight into the role of shelter officials, who were perceived as motherly figures, in facilitating women's positive sense of self and enhancing recovery and growth. This was significant for the women who had negative relationships with their own mothers as it enabled them to manage their sense of loss and unmet need for mothering, but also to affirm their sense of worth through the unconditional support. Song (2012) illustrated how professional support from social workers enhanced growth in abused women, although she did not discuss the gender of the professionals, and how it would impact on women's experiences in addition to the professional relationship of unconditional positive regard and warmth.

Furthermore, the development of positive relationships and connections was associated with the collectivist cultural values of interdependency and the value of connections. These factors were instrumental in recovery within this context, given that recovery takes place in the context of relationships (Herman 1997). The shelters enabled women to move on to the third stage of recovery, referred to as reconnection with others. These factors are also associated with experiences of post-traumatic growth (PTG). Thus, the PTG literature recognises the significance of an "individual's social networking and proximate culture" to the development of growth (Cobb et al. 2006). Consequently, the shelter provided the women with the opportunity to find healing and reaffirm their sense of self and a positive identity, which was lost during their childhood victimisation and intimate partner violence.

9.3 Mesosystem factors

Campbell et al. (2009) discussed concepts such as rape-prone cultures, cultural differences in responding to rape, and acceptance of rape myths as some of the factors that contributed to psychological sequelae. In the thesis, I demonstrated how culture contributes to challenges with trauma adjustment, with finding meaning and with recovery in the aftermath of violence. The chapter provided the social cultural factors that contributed to women's challenges with finding meaning and trauma resolution.

The traditional African world view of meaning systems of trauma was perceived as contributing to challenges with finding meaning of trauma and trauma resolution. Few women held both westernised and traditional African belief systems and perceived that they experienced intimate partner violence because of witchcraft. They used a magical explanation, of witchcraft as part of an African world view stand point (Eagle 2005). A participant understood her experiences of intimate partner violence and other misfortunes as a form of punishment from ancestors due to her failure to fulfil the calling to perform rituals and become a spiritual diviner or to demonstrate ancestor reverence. Using traditional attributions as causes of trauma was understandable since 'in African society there is little entertainment of notions of chance. If misfortunes befall an individual, the search for casualty generally excludes the possibility of such an event being random' (Eagle 2005, p. 201). The assumptive world theory of trauma (Janoff Bulman 1992) illuminated how women were challenged to find meaning and resolve the trauma of intimate partner violence. The assumptive world view contributed to challenges with coping and trauma adjustment because it promoted feelings of loss of control. The concept of supernatural forces beyond their control contrasted with the perceptions of the world as just and benevolent.

Trauma had shaped the religious belief system of some of the participants. Trauma literature asserts that victims may lose their faith and trust in God due to the perceptions

of not having prayers answered (Herman 1992). Women in this study lost faith due to prayers that were not answered. For those women who had lost faith, their sense of meaning in the world, as just, fair and benevolent was affected. Thus, their sense of benevolence of the world as a whole was affected by a sense of betrayal, let down, and a loss of safety and protection.

The role of the church in contributing to women's challenges with finding meaning and trauma resolution was also explored: the church as a patriarchal institution under the disguise of scripture, played a role in controlling and limiting individual's freedom, through supporting the perpetrator during mediation, preventing a woman from reproductive choice and affecting the choice of a partner. 'It has been argued that for a long time, most systems of social organizations such as churches have marginalised women under the guise of the scriptures as created by God'. (Monyatsi 2008 p. 245).

9.4 Chronosystemic change

Although this was not a longtitudinal study, it demonstrated that abused women from three different groups relating to time after the intimate partner violence relationship experienced postraumatic growth (PTG) in all three major domains of growth, as described by Tedeschi and Calhoun (1996). These are: changes in the perception of self, better relationships, and philosophy of life over time, as they struggled to make sense of their trauma and find meaning in their experiences. In addition, it provided new insight by decontextualizing Judith Herman's (1997) stages of recovery from trauma theory to women's experiences of growth.

The women's changes in their perception of self involved several dimensions. These included the affirmation of positive identities through perceptions of strength. This theme also included other concepts, such as the rejection of victimhood, rebuilding the

self, reclaiming happiness and prioritising the self. Thus, the women perceived that they had developed strength after overcoming trauma. From this perspective, strength was perceived as a resource that could be used to handle future difficulties. Consequently, the lessons learnt from the trauma brought about perceptions that they had developed the ability to handle any difficult circumstances. This provided them with a sense of control over their lives. They focused on moving forward and denied their identity as victims because they associated these factors with a past that they had left behind. These beliefs about refusing victimhood in favour of survivorship and perceptions of strength are associated with post-traumatic growth (PTG) and changes in the perception of self (Tedeschi et al. 1998).

Whilst the denial of victimhood was critical for the women in reconstructing their new identities of strength and facilitating healing and recovery, the terms victimhood and survivorship cannot be perceived as distinct concepts because women may shift from one position to another, even after leaving the relationship, due to current challenges such as material deprivation (Shawylk et al. 2013). Recovery is not a complete process, given that women may move back to the initial phase of safety due to current struggles, such as revictimization (Herman 1997).

The perception of strength and a renewed sense of self were also associated with the discovery of personal abilities, talents and skills of which women were not previously aware, but which emerged after intimate partner violence.

The thesis discussed the concept of rebuilding the self as another theme that was associated with changes in the perception of self. Women described themselves as being reborn, being awakened and living again in the aftermath of violence. Thus, they suggested that the relationship had left them broken, they barely existed in the

relationship. and they had lost their sense of self. These factors were part of survival skills particularly in context where women had experienced Coercive Control, and have been associated with the changes in the perception of self, as part of post-traumatic growth (PTG), other studies with abused women have discussed similar concepts in their recovery stages.

Senter and Caldwell (2002), in a study that focused on spiritual changes in abused women who had left their relationships, discussed the theme of awakening/rediscovery of self. They discussed how abused women could develop a sense of self awareness, to discover inner strengths given that their energy had been focused on survival and not on the self during the relationship. Likewise, Li-Hou et al. (2013) described the concept of "reconstruction of the self" in a study that explored the recovery experiences of women as "the essence of the women's recovery experience". While these factors were not discussed as part of the changes of perception of the self of PTG, as indicated in the current thesis, they were central to women's recovery process in different context. Significantly, given the paucity of research on recovery process of women in South Africa, and the fear of using inapplicable Eurocentric models to South African women's experiences, this knowledge helps us to understand that South African women's recovery may be similar to other studies of women in different context to some extent, and that the theory of recovery from trauma (Herman 1997) is applicable within the context of South African abused women.

This study has discussed the social cultural context of South African shelters: religious philosophies, bible studies, women being encouraged to attend church services as well as the shelter managers being perceived as mothers and the concepts of sisterhood that maybe associated with the social cultural values of collectiveness values; the traditional beliefs and meanings attached to experiences of trauma, such as ancestral beliefs. These

factors are particular to the South African cultural contexts, and are some of the processes that affect recovery and growth.

Women also focused on themselves and prioritised their own needs as part of their survivorship identity of strength. This included building new standards of how they expected to be treated, taking charge in re-defining their relationships and demanding to be treated with respect. These factors were a symbol of change from a woman who was victimised to one who had survived, given that these women had described themselves as powerless, passive and opinion-less during the relationships, as part of the technique for survival. These factors identified in the changes of the perception of self of PTG associated with the expectation and need to be treated better, are also related to recovery from trauma, as discussed in Herman's (1997) third stage of recovery, known as reconnecting with others.

Other studies with abused women in their recovery phase have also provided support for this view, such as Senter and Caldwell (2002), Taylor (2004) and Kirkwood (1991). For instance, Taylor (2004) discussed the theme of reclaiming the self, by demonstrating how women's recovery was associated with the establishment of new standards, expectations and limitations. Hence, I argue that this indicates that prioritising the self and one's own needs, whatever they may be, is one of the critical dimensions of women's recovery from intimate partner violence and the maintenance of change.

Within this context, women also reclaimed happiness as part of their survivorship identity. From this perspective, happiness was associated with a sense of affirming personal power and control as they perceived that they were responsible for their own happiness. The research suggested that this was one of their indicators of breaking free

from the perpetrator, given that they described their previous lives as revolving around the perpetrator in the context of traumatic bonding and survival skills. Hence, the perpetrator who micro-managed every aspect of their lives was also perceived as controlling their emotions. Negative emotions were associated with a loss of control and disempowerment (part of the intimate partner violence experiences that they had left behind), whilst happiness was associated with a renewed sense of self and empowerment with the realisation that they could now control their happiness.

The study also suggested being in a healthy relationship after intimate partner violence is one of the symbols of recovery. Women who had demonstrated recovery were in healthy relationships and those who perceived themselves not to have healed yet, felt that it was not appropriate for women to seek out relationship when they were not healed. Women also learnt the significance of healing and recovery prior to starting new relationships, rather than rushing into them. This view was a critical point of change, as women had indicated that they had entered the abusive relationship as an escape from material challenges.

Women developed interpersonal changes as part of PTG. These included the need to help others as well as having compassion for women in similar positions. I provided new insight by associating these interpersonal changes in abused women experiences of PTG with the stages of recovery from trauma, where I argued that these women had developed a "survivor's mission", which is part of the third stage of recovery (Herman 1997); a desire to help other women through awareness initiatives as well as finding any opportunity to talk about violence and create awareness, even during interviews. Given that this is associated with an aspect of recovery from interpersonal trauma, other studies on abused women have observed similar views, such as the women's need to help other women or to create awareness through interviews or activism, to name a few

(Taylor 2004; Senter & Caldwell 2002; Hou et al. 2013). However, the study also provided new insights into the aspects of the "survivorship mission" relevant within the South African context. These included using faith and messages of hope to enable other women to cope better with their circumstances and the need to share, such as sharing information about job opportunities and food with other women at the shelters.

Overall women developed changes that related to their philosophy of life. These included appreciations of better relationships with family and friends and the person that they had become after the trauma. They were thankful for surviving and ensured that they did not take their lives for granted. They developed the need to raise their children differently to ensure that they do not become either victims or perpetrators. The latter aspect of change is also associated with the stages of recovery from trauma, known as reconnection with others, where women do not want the trauma to be repeated on their children (Herman 1997).

9.5 Summary of findings from the measures

The findings from the PTGI confirmed that abused women from different contexts, such as South Africa, can experience PTG after recovering and resolving the trauma of intimate partner violence. This new insight is supported by the limited studies on PTG in abused women, such as Cobb et al. (2006). The mean average of the participants' experiences of PTG from different groups of women in the study were as follows: participants within the six months group had a mean score of 42.8%, participants from the 10-15month group scored 57.5% and participants from the four years and above group's mean score was 65.9%. These findings were lower than the prevalence rate from the literature review of survivors of interpersonal violence, which was 71%

(Elderton 2017). However, the mean average for the four years and above group was closer to that of Cobb et al. (2006), who conducted a quantitative study to assess PTG in abused women who had left relationships as well as those who were still in a relationship. The mean average for that study was 68.08%. The overall differences in the prevalence rates of interpersonal violence could be associated with the type of methodology used as well as the type of sample.

Given that the highest rate of PTG was found in the participants within the four years and above phase, the study provided new insight into the role of time in women's experiences of PTG and recovery. The study suggested that time provides women with the opportunity to work through their trauma, find meaning and reconstruct their trauma narratives. These factors provided opportunities to develop PTG, given that positive changes develop within the context of trauma resolution (Cobb et al. 2006). The fewest experiences of growth occurred among the individuals within the six months group. Thus, their experiences could also be understood in the context of time and the stages of recovery from trauma. Hence, I argued that these women were still in the initial phase of recovery, known as safety (Herman 1997), as they had not yet resolved their trauma or found meaning in their experiences within six months after intimate partner violence. This view is supported by Cobb et al. (2006). They argued that abused women who were still in relationships experienced less growth than those who had left their relationships. Thus, the study concluded that growth occurs after leaving. Senter and Caldwell (2002) discussed how women could develop positive changes, such as the need to help other survivors, over time, since many participants within that study had left the relationship around 11.5 years prior to the interview. They argued further that these changes are possible over time because, during the initial phases after trauma, a survivor's focus is on healing.

The study contributes to trauma literature by strengthening the credibility of the PTG experiences of trauma survivors, given that these PTG experiences were captured from both the self-report measures and the qualitative interviews.

The PTSD assessment from the PCL-C revealed that the prevalence rate for women who met the severity criteria for PTSD was 86%. This high prevalence rate is supported by other studies that have been documented from shelter samples, given that shelter samples present with high symptoms of PTSD (Jones et al. 2001). For example, Kemp et al. (1991), who conducted studies with shelter samples, reported an 84.4% prevalence rate of PTSD amongst their shelter sample. This study, however, shows higher rates than the results of HouseKamp and Foy (1991), from abused women who were in contact with clinics, where the women's prevalence rate was 70%. The difference in results could be associated with the type of measures that they used, the type of sample, and the available services received by the sample. For instance, the current study made use of the PCL-C (PTSD checklist scale), whilst HouseKamp and Foy (1991) used the Conflict–Tactics Scale and the Structural Clinical scale. However, community samples are known to have lower results. In addition, HouseKamp and Foy's (1991) sample involved women who were in contact with clinics, who may have had the opportunity to receive clinical help for PTSD, whilst the women in my study were not receiving any clinical help aside from counselling.

The prevalence rate was also higher than community samples from both South Africa and the West. A community sample of participants cited in Levin and Fritz (2016), from Nathananson, Shorey, Tirone, Rhatigan et al. (2012), found that 57% of non-treatment-seeking community members who had experienced physical violence within the previous six months met the criteria for PTSD. Likewise, in studies from community samples in South Africa, Peltzer (2013), who assessed PTSD in women who had

applied for protection orders in Vhembe district, found that the prevalence rate was 51.9%. Likewise, Marais et al. (1999) found that the prevalence rate for PTSD and depression among women who had consulted medical practitioners was 35.5% and 48.2% respectively, hence confirming that community samples have lower rates of PTSD than shelter samples. The study also confirms the view that women from shelter samples are faced with a magnitude of current challenges that affect their mental-health outcomes (Jones et al. 2001). Given that most of the participants from the six months group presented with more PTSD symptoms than their counterparts, it could be argued that symptom severity may also be associated with time, as these participants had not yet developed the skills to manage their PTSD symptoms or to find meaning in their experiences. Most of these participants were still at the initial stage of recovery, hence they had not yet developed a sense of safety (Herman 1997; Lebowitz et al. 1993). Consequently, the high severity prevalence rates illustrate how abused women within shelters struggle with PTSD; hence, there is a need for services in shelters to be targeted towards the assessment and treatment of PTSD.

9.6 Limitations

One of the limitations of this study was associated with the sample. Most participants were black women; hence, the study was limited in terms of diversity. However, the study still provides critical insights that are relevant to both the western and South African contexts of intimate partner violence in demonstrating how different factors intersect to shape women's experiences of trauma, both in the intimate partner violence relationship and in the post-leaving phase. The thesis makes a contribution to postmodern feminist research by making visible the experiences of black women,

whose voices are often silenced and who are often underrepresented in feminist literature (Taylor, Lieblich et al. 1998).

The research cannot be generalised across the experiences of all abused women in South Africa, based on the sample involved. However, this should not be considered a limitation given that the qualitative methods used in the research, which included a stage of familiarisation with the shelter community, 30 interviews, two focus-group discussions and two self-report measures. This provided in-depth data that enhanced the credibility of the research. The detailed description of the context of the study and methods will allow the observer to make judgements and decisions about the applicability of the research to other settings (Guba 1985).

Whilst the study indicated that faith and spiritual aspects of the shelters were instrumental in women's recovery, and that women experienced the shelters' philosophies positively, the results should also be viewed with caution given that many of these participants were already Christians prior to residing at the shelters. Hence, studies with women who have no religious background or prior faith residing at such shelters would be meaningful. However, the study also indicated that some of the women had lost their faith and later regained it as they found meaning in their experiences and resolved their trauma in the aftermath of violence. Nevertheless, the study provided critical insight into how faith empowers women to find meaning, affirmations of worth and ways to resolve the trauma.

Most participants were shelter women, who are known to have higher symptoms of PTSD (Jones et al. 2001). This may explain why they presented with a prevalence rate of 86%. Hence, they cannot be generalised to community samples. However, these

results are critical in illustrating how women are challenged to cope with the trauma of intimate partner violence during the post-leaving phase.

In addition, most of the women had a low socio-economic status. Hence, there is a possibility of capturing different results of women's experiences of Coercive Control if most of the sample had not been drawn from shelter residents and homeless women. However, the in-depth interviews revealed that women's low socioeconomic status is a concern, when viewed in the lens of gender inequalities and intimate partner violence.

CHAPTER 10: IMPLICATIONS AND RECOMMENDATIONS

The findings of this research have several implications for policy and practice. These have been organised in terms of target audience.

10.1 Recommendations for policy makers

- Government and policy-makers should consult and seek advice from women's organisations and researchers who are in direct contact with victims of violence prior to developing policies that are targeted towards meeting the needs of abused women.

- Given that financial freedom and higher educational attainment have been identified as important keys to ending violence against women (Conner 2014; Abramsky et al. 2011), policy-makers responsible for developing programmes and interventions that target abused women who have left relationships should also focus on poverty-alleviation programmes, employment, education and skills training. They should focus on keeping abused women employed in sustainable jobs. Companies that pursue corporate responsibility could be encouraged to employ abused women who demonstrate signs of recovery from shelters.

- The study revealed that there is a lack of awareness about intimate partner violence and its consequences. Therefore, policy-makers and social workers should consider making use of survivors of violence, who are willing to create awareness, by involving them in intervention programmes at shelters, on TV or

radio and within communities and schools to educate young people and the general population about intimate partner violence.

- The government, as the guardian of its people, needs to ensure that policy is put into place to monitor, evaluate and assess how shelter services meet the needs of abused women, and not rely on religious and charitable provision (currently one third of all shelters, Walker & Clacherty 2015) For instance, a policy should be established whereby every shelter should have a social worker available on a weekly basis to provide emotional support to abused women. In addition, shelters should have adequate staff members to meet the needs of the women and children living there. Without such resources, shelters fail to support women effectively and may enhance re-victimisation.

- Policy-makers and the government need to review the social grants and funding for shelters in South Africa. Thus, the Child Support Grant (CSG) needs to be revised as it is insufficient to meet the needs of women with children.

- The government needs to make funds available to create more shelters for abused women.

- In addition, women should not be forced to leave their homes. Thus, the government could also learn from other countries, such as the UK, about how to involve the police and magistrates to ensure that women and their children remain in their homes, whilst the perpetrator is forced to leave until the victim is able to make rational decisions after receiving support. For instance, Domestic Violence Protection Notices and Orders (DVPO), which are effective in England and Wales, as part of immediate protective measures for survivors, ban the perpetrator from returning home for a period of 28 days until the woman

has received support and is able to work through her options and decide what she wants to do (Domestic Violence and Abuse 2013).

- Equally, while coercive control has been criminalised in the UK, the Domestic Violence Act 116 of 1998 has yet to recognise coercive control as a form of intimate partner violence. The significance of this recognition cannot be over emphasized. Therefore, social workers and policy-makers need to consider that different forms of violence exist that may not meet the standard definitions of intimate partner violence and general experiences of women, but may equally affect women's health. Social workers should create opportunities for women to define violence in their own way and recognise the openness of the intimate partner violence definition and ensure that women's experiences of violence are included in interventions. Most importantly, social workers working with abused women need to have clear knowledge about coercive control and other salient aspects of intimate partner violence, for instance, cheating as a form of intimate partner violence associated with coercive control or intimidation – which may be easily dismissible in interventions resulting in hindering women's healing.

- Policy-makers should involve men in the fight against intimate partner violence. Thus, famous male role models could be used to create awareness of violence and discourage young people and perpetrators from using violence as a tool to resolve conflict. Some of the women in the study suggested that families have a role to play in the fight against violence, especially in relation to how they socialise girls and boys.

- Policy-makers and service providers should prioritise interventions that safeguard against secondary victimisation from police officers. Policy-makers

should focus on training that is targeted towards transforming attitudes and combating the normalisation of violence within the South African Police Service (SAPS). Training should be focused on enhancing empathic understanding of abused women's experiences, and the negative consequences of intimate partner violence, including post-traumatic stress disorder (PTSD).

- Policy-makers should prioritise training on trauma for social workers within both the police setting and the government setting who work with abused women, as well as social-service professionals and official within shelters.

- In order to reduce social stigma, service providers should make use of formerly abused women who feel the need to create awareness of intimate partner violence, to discuss intimate partner violence issues openly, either on the radio, TV or in community meetings to create more awareness about intimate partner violence and to empower other abused women in similar positions.

10.2 Recommendations for and regarding the police service

- Police should also be trained in interviewing skills and how to handle a sensitive interview, with a focus on confidentiality, to ensure that women are afforded respect. If possible, women police officers who have been trained on trauma and intimate partner violence should conduct interviews.

- Women should also be provided with the opportunity to anonymously evaluate the services received from police.

- Further research needs to be conducted with Police to understand their perceptions of intimate partner violence and their encounters with abused women, in order to inform practice and help improve how they respond to abused women.

10.3 Recommendations for and regarding social workers

- Abused women should be provided with information on the effects of intimate partner violence including post-traumatic stress disorder (PTSD) to be empowered to manage PTSD and avoid maladaptive coping.

- It is critical for social workers to understand abused women's pre-trauma histories and chronologies to be able to create successful interventions to help mediate the impact of intimate partner violence, coping and PTSD to ensure that successful outcomes are achieved.

- Counselling and psychological services should be a priority for abused women hence social workers and other health professionals should ensure that abused women receive counselling immediately when they seek help to help them manage their challenges.

- Social-work interventions should be geared towards self-awareness programmes in schools, especially high schools, to encourage girls to remain in school and create awareness of education as a protective factor against intimate partner violence.

- Social workers could also target schools to create awareness and ensure that both girls and boys are socialised with notions of gender equality, respect and condemnation of violence.

- Social workers should be involved in encouraging families and communities to support abused women through awareness campaigns and also through interventions with abused women and their families to foster social support to mediate against PTSD and maladaptive coping

- While a few studies have partly discussed cheating in the context of intimate partner violence (Fox 2007; Sheafor 2008; Boonzaier & De la Rey 2003; Boonzaier 2005; Chireshe 2015; and the WHO Multicountry study (Abramsky et al. 2011) argues that having other partners is a risk factor for intimate partner violence, there remains a need to understand that cheating in the context of intimate partner violence, may be a form of Coercive Control.

- Given that families are the primary socialisation agents of both males and females, policy-makers and social-service professionals should target families as part of the preventative strategies in the fight against violence. Thus, the focus of change should also be targeted in family homes.

- Several studies on abused women in South Africa have focused on the negative experiences of abused women in demonstrating how women are rendered vulnerable and powerless in intimate partner violence relationships as well as the negative consequences of intimate partner violence (Shalkwyk et al. 2013). Yet this study has revealed how women conveyed resistance, agency and power in leaving the relationship and maintaining change, as well as in recovery. In addition, it demonstrated how women can develop post-traumatic growth (PTG)after struggling to cope with the trauma of intimate partner violence. Social workers and service providers should structure their interventions and programmes towards enhancing women's opportunities to develop post-traumatic growth (PTG)

- Create measures that are culturally relevant when assessing PTG (Splevins et al. 2010), The study made use of the PCL to assess PTSD, and the PTGI to assess PTG. One of the arguments against assessing PTG outcomes across cultures has been associated with the use of self-report measures designed in the

West because these may provide a Eurocentric understanding of growth. In addition, it is argued that the measures may portray cultural insensitivity in relation to language, given that some participants may face challenges with understanding the meaning of the concepts used (Splevins et al. 2010). This view was managed in the research given that the participants spoke English, and the PTGI used simple English terminology that participants could relate to. However, some challenges were notable with the PCL-C checklist scales when assessing PTSD. Some participants did not understand the meaning of some of the items on the PCL-C. These participants asked the researcher for clarity.

- The study suggests that faith and spirituality are part of women's strength and are a valuable resource during the recovery process. Social workers should enhance the opportunities for the use of religious coping and spirituality for abused women who value faith. Social-service professionals within shelters could work together with other faith-based organisations to provide coordinated services to empower women and enhance their healing, given that a number of women, even in government-run shelters, may be Christians. However, it would also be critical to ensure that these individuals have the appropriate knowledge and training on intimate partner violence and how it affects abused women in order to safeguard against women feeling disempowered by such services.

10.4 Recommendations for future research

- Future research should consider conducting longitudinal studies to investigate women's experiences of recovery, PTSD and PTG over time, since this literature is sparse.

- Studies have demonstrated that faith-based organisations are often the preferred choice of support for survivors of violence, specifically Christians (Fowler et al. 2011), and some studies with abused women have demonstrated how spirituality helps abused women who have left relationships to maintain change, cope better with trauma, and develop spiritual changes (Senter & Caldwell 2002; Watlington & Murphy 2006). However, there is a paucity of research in this regard. More research is needed to assess the role of faith and faith-based services for both Christian and non-Christian women within South African shelters.

- Given that many women were economically dependent whilst in the violent relationship, and there is a growing middle class of black working women in South Africa, it would be significant to conduct further studies with middle-class black women to understand their experiences of Coercive Control and other forms of intimate partner violence including cheating and factors that may facilitate entrapment.

CHAPTER 11: CONCLUSION

The ecological model suggested by Campbell, Dworkin & Cabral (2009) for the impact of sexual assault on women's mental health, also used recently in a South African study of mothers of children who have experienced CSA (Masilo, Davhana-Maselesele 2017) and modified for the study, provided new insight in demonstrating that women's experiences of post-traumatic stress disorder (PTSD) and challenges with trauma adjustment and experiences of recovery and growth were shaped by the intersection of different factors within the women's ecological network. The factors and processes that contributed to challenges with coping with trauma and post-traumatic stress disorder (PTSD) included individual factors of childhood experiences of cumulative traumas, the intimate partner violence related factors, that included the experiences of different forms of intimate partner violence, including coercive control. The thesis also provided new insight by applying the theory of coercive control to the South African context, where cheating as part of women's social cultural experience in the context of intimate partner violence, was understood as a form of intimate partner violence that is associated with coercive control.

The macro system factors that contributed to challenges with finding meaning and resolving the trauma of intimate partner violence included experiences of secondary victimisation from police, shelters inadequate funding and its role in constraining recovery and women's experiences of victimisation. The mesosystem factors included cultural factors that contributed to challenges with coping and recovery. These included the women's world view and traditional belief system and the role of religion in affecting women's ability to find meaning and recovery. The chronosystem factors

focussed on women's victimisation history and were discussed throughout the thesis. Women's experiences of post-traumatic growth (PTG) were influenced by the shelter's philosophies, skills-training empowerment, spiritual guidance, social networks and faith, and that this included shelter as a place of safety, shelters' developmental role, the role of shelter managers, the spiritual aspects of the shelters. Women's experiences of growth were facilitated by the social cultural factors at the South African shelters. Future studies should consider longitudinal research to understand women's experiences of post-traumatic growth (PTG) and post-traumatic stress disorder (PTSD) over time and the factors that promote each trauma outcome.

THE UNIVERSITY *of York*

PARTICIPANT INFORMATION SHEET

RESEARCH TITLE:

INTIMATE PARTNER VIOLENCE AND MENTAL HEALTH: THE NARRATIVES OF WOMEN IN SOUTH AFRICA IN THE AFTERMATH OF VIOLENCE.

INTRODUCTION

This sheet gives information about a research project that seeks to understand the personal experiences of women who have experienced abuse in their relationships in South Africa. It will help you to make an informed decision about whether you want to be involved. Please feel free to ask questions if there is something you do not understand.

- **Why is this research important?**

I am a student at the University of York. Little is known about the outcomes for women in South Africa in the aftermath of violence. I want to understand your experiences better, both the negative and positive changes that you may have experienced since leaving your partner. I hope that this information will be helpful in raising awareness about women's experiences in the aftermath of violence and help create better services for women in similar positions.

- **What will the research involve?**

If you agree, I will interview you about your experiences. This will take about 2 hours. I will ask you about your life when you were in the relationship that was violent, and

about how things have changed for you since then. I will record the interview on a digital recorder. The interviews will be conducted in English, but if you prefer to speak in your language, just tell me and I will do my best to find an interpreter.

You will also complete two self-report checklist scales, which will take up to 20 minutes. One focuses on health, and the other is about life more generally.

- **Why are you being asked to participate?**

The research centres on the experiences of women between the ages of 20-50 in three groups: women who have lived at the shelter for at least six months, women who left the shelter 9-15 months ago and women who left the shelter four to five years prior to the study. You are being approached because you fall within the criteria above.

- **Only get involved if you want to.**

The decision to participate is entirely up to you. Your decision will not affect your association with the shelter, or the services provided to you. If you choose to participate, you will sign a form to confirm your agreement in writing. You can change your mind at any time during the research, without being penalised. Just let me know.

- **Where will the interview take place?**

We will meet in a private office at the shelter at a time that is convenient for you, or in different place such as a school, if you prefer.

- **Possible risks and benefits for being interviewed**

Talking about your past experiences may be painful for you, or it may bring you some relief. If it is very upsetting for you, you will be able to see a counsellor soon afterwards. I will also give you a list of organisations which you can contact if you need support.

- **Confidentiality and keeping your information safe**

The information that you give will be kept strictly confidential. Only I will know your name. I will use made up names in any presentation or publication of the research findings. The recording I make, and any notes I write, will be transferred to my computer and protected with a password. I am the only person who has the password. If you are uncomfortable about the tape recording, we will talk about it. In addition, the shelter's name will be kept private and will not be used in anything that I write. Only I, my supervisors, the research participants and the staff at the shelter will have the information about the shelter.

If you tell me something that indicates that someone, for instance a child, is at risk, I will not be able to keep this private. I will have to pass this information to the intake Social Worker from the Department of Social Development Rissik office so they can look into it. If I feel there is a need for a referral, I will talk about it with you first.

- **Presentation of the research results**

Since this is an educational research project, the findings will be presented in a PhD thesis, with all participant and the shelter names changed. I will also write a short report for all the women who have been involved, without identifying any individual. The report can be sent to you at an address of your choice, or you can collect your copy from the Shelter's house mother's office, as you prefer. I also hope to publish articles in academic journals so that the findings will be more widely known.

- **For more information**

If you would like more information or clarification about any aspect of the research, please contact me on this Telephone number: ……or on this email, jttm500@york.ac. uk.

Thank you for taking your time to read the information.

Kind regards

Juliana Munlo

THE UNIVERSITY *of York*

CONSENT FORM TO PARTICIPATE IN THE STUDY

RESEARCH TITLE: INTIMATE PARTNER VIOLENCE AND MENTAL HEALTH: THE NARRATIVES OF WOMEN IN SOUTH AFRICA IN THE AFTERMATH OF VIOLENCE

☐ The researcher has discussed what the research's is about and I understand what my participation in the research process entails.

☐ I can confirm that I was given time to ask questions where I did not understand

☐ I confirm that my decision to participate is voluntary

☐ I understand that I am free to withdraw anytime without any negative consequences on my part

☐ I have been informed that the interview will be tape recorded.

☐ I understand that information from the digital tape recorder will be transferred straight to the computer with the researcher's password

☐ I understand that only the researcher and her supervisors will have access to this information

☐

I have been informed about the circumstances where confidentiality can be broken

[ ] I understand that the information will be destroyed after a period of five years

[ ] I accept that the interview can be tape recorded

[ ] I accept to participate in the research.

Name of Participant:
…………………………………………………………………
………

Signature of Participant:
……………………………………………………………

Date:
……………………………………………………………………….......
.

[ ] I can confirm that I have explained and read the information sheet to the participant

[ ]

I am assured that the participant has made an independent decision to participate in   the research.

Name of researcher:

………………………………………………………………….

Date:

…………………………………………………………………………………..

.

Location:

…………………………………………………………………………

SEMI-STRUCTURED INTERVIEW SCHEDULE

DEMOGRAPHIC PROFILE OF PARTICIPANTS

1	What is your date of birth	Day Month Year
2	In which part of Johannesburg did you come from/do you stay	
3	What is the highest grade that you have completed at school	
4	What was your main source of income before coming to the shelter	My husband or sexual partner My mother/father Other family members

		Paid work/employment ☐ Own business ☐ Government grants I did not have any source of income ☐
5	Other please describe	
6	What was your monthly income during your relationship	Between 300- 900 Between 900- 1500 Between 1500-2000 Between 2000 above
7	What is your current monthly income	Between 300- 900

		Between 900- 1500
		Between 1500-2000
		Between 2000 above
8	Which of the following *best describes* the housing in which you were living in the relationship that brought you to the shelter	Shack (tin house)
		Wendy house (back yard dwelling)
		Brick house rented
		Brick house bond house
		RDP house
		Flat/apartment
9	Which of the following *best describes* the housing in which you are living after the relationship that brought you to the shelter	Shack (tin house)
		Wendy house (back yard dwelling)
		Brick house rented
		Brick house bond house
		RDP house
		Flat/apartment
10	Which one of the following best describes your situation with the partner that brought you to the shelter	Was married and living with my husband
		Not married but was living with a sexual partner

		Was not married and was not living with my sexual partner
11	Other: please describe	
12	How many children were living with you in the relationship that brought you to the shelter	
13	How many children are living with you now	

Background questions

- Can you tell me a little bit about yourself, for instance where you were born and grew up

- What things do you like to do

- Who raised you?

- Can you tell me about your childhood

- What was the relationship with your mother like when you were growing up?

- What was the relationship like with your father?

- How was their relationship?

Now I am going to be asking questions about your relationship that brought you to the shelter. Remember that all your answers are confidential.

- Looking back at the relationship that brought you to the shelter, can you tell me where you met your partner

- How long you were in this relationship?

- Out of these years you have mentioned, how many years can you say you experienced difficulties in this relationship?

- What was the nature of the difficulties that you experienced in this relationship?

- What was it like living in this relationship?

- At what point did you start considering that you were being abused in the relationship?

- At the time, what did you think caused these experiences?

- When you look back now, what do you think was the reason that it happened to you?

- How do you think this experience affected your physical-well being

- At the time when these difficulties were taking place, how did you feel about the incidents?

- How did these feelings affect your day to day life at the time?

- Can you explain if these difficulties ever affected your work?

- What helped you cope when you were feeling this way?

- Could you tell me how you feel when you remember these experiences?

- What helps you manage these stressful feelings now?

- At the moment, are you still in contact with the partner in the relationship that led you to the shelter?

- If yes, how does the communication with him impact on you?

- How different are these feelings from when you were still with him?

- Can you explain how his relationship was with the children?

- How did you feel about this relationship with the children at the time?

- How is the relationship with him and the children at the moment?

- How do you feel about this relationship now?

- Can you explain how this experience affected your child/children

- How do you think this experience affected you?

- A number of women who have experienced such difficulties have also experienced different types of abuse in their life time, for instance as children, teenagers or in other intimate relationships. So was this the first time you have experienced such difficult situations in your life?

- If no, what kind of difficulties have you experienced in your life before this relationship?

- How did you manage to cope with the stressful situation at the time?

- What support did you receive for these previous experiences?

> **Now I am going to be asking questions about the shelter and other questions that relate to the relationship that brought you to the shelter.**

- How long have you been at this shelter/were you at the shelter?

- How did you know the shelter?

- What made you come to this shelter?

- Was this the first time that you had left the relationship?

- Can you tell me what made you go back or stay in this relationship?

- Did you ever tell anyone about what was happening to you

- If yes, who did you tell

- How did they respond to you

- How would you have wanted them to respond to you

- Did you ever report this to the police

- Was this helpful or not

- Did your case go to court

- If yes, how did you find the experience with the court

- What was the deciding factor for you to leave this time?

- Could you explain any challenges you experienced when you made the decision to leave, for instance in relation to family, religion, culture or friends.

- How did these challenges make you feel

- Was there anything helpful at the time when you left

- What was not helpful at the time

- What do you wish you would have received at the time

- What do you think helped you cope at the time

- When you moved to the shelter at the time, in what way did you think the shelter was going to be of help to you?

- Now that you have lived at the shelter for some time, what impact do you think it has on your life?

> **Now I am going to be asking questions about how things were before, and how things are now.**

- How were your relationships with your children, family and friends before experiencing the difficulties that led you to the shelter?

- What has changed in your relationship with your family, children and friends after experiencing the difficulties in this relationship that led you to the shelter?

- How was your spiritual/religious life before experiencing these difficulties in this relationship?

- How do you think your spirituality has changed after experiencing these difficulties from the relationship that led you to the shelter?

- Could you describe your personality, like the kind of person that you were before experiencing these difficulties in the relationship that led you to the shelter?

- What kind of changes can you see about yourself that has developed after experiencing these difficulties?

- What were your goals and dreams about your life before being involved in this relationship?

- Are there any other ways in which your life has changed, for better or worse?

- At the moment, are you in a relationship?

- If yes, where did you meet your current partner?

- If yes, what is the difference between the relationship you are in today and your past relationship that led you to the shelter?

- If no, what do you think are the reasons you are not in a relationship?

- What advice would you give to someone who is going through similar difficulties in a relationship?

- Lastly, why do you think women are still being abused in South Africa today?

- What do you think needs to be done about it

- Before we finish, is there something you want to ask me or

- Something that you want to say that is relevant.

Thank you very much for the interview

APPENDIX 4: FOCUS GROUP VIGNIETTE

RESEARCH TITLE

INTIMATE PARTNER VIOLENCE AND MENTAL HEALTH: THE NARRATIVES OF WOMEN IN SOUTH AFRICA IN THE AFTERMATH OF VIOLENCE.

INTRODUCTION

Thank you very much for attending the group discussion. My name is …………………. Today we'll be conducting a focused group for the purposes of a research project that focuses on gaining an understanding on both the bad and good experiences of women after being involved in abusive relationships.

Firstly, I just wanted to remind you that your participation is voluntary. You do not need to answer any questions if you do not feel like it. The discussions will be based on a story of a woman who has experienced abuse in the South Africa and you will be asked to provide your opinions on the questions that relate to the story. Once we start the discussions and you feel like you do not want to be involved anymore, you are free to leave the room. However, I highly value your opinions and I would appreciate if you decide to stay. Please be assured that there is no right or wrong answer so be free to discuss what you feel. If you want to disagree with other views feel free to do so since your opinions are important but it's also important to respect other people's opinions as well.

I will keep the information that is discussed in the group discussions private and I am not going to discuss the information with other people except my supervisors. The

information will be presented as part of a research project with made up names. This means that the report will not include your real names and that of the shelter. I will be recording this discussion so that I should be able to listen to you whilst you talk instead of writing and for me to be able to remember all that you have said once we finish these discussions.

If you have any concerns please feel free to discuss this with me. The discussions will only take about 1-2 hours. If you have any questions before I start please feel free to ask.

SOUTH AFRICAN CASE

Ntsoaki is a thirty-four-year-old woman with three children. She is unemployed and relies on child support grants. She has been married for ten years. She is a strong Christian. Her husband started abusing her physically since they had their first child. The abuse has gotten worse now that he has lost his job. She has been hospitalised once due to the beatings. She has left him twice to go to her family but both her parents are strong Christians and have strong culture beliefs about marriage. They always send her back to the husband. She has been to the police but they only keep him overnight and release him the next day when he is sober. The abuse gets worse when he returns home. She has been thinking about leaving him for years but she does not know what to do. She is not sure anymore if leaving is the best decision.

QUESTIONS

1. What do you think is the best decision for Ntsoaki?

2. What kind of help do you think would be best for her?

3. How do you think her parents should respond?

4. How do you think the police should have reacted?

5. What do you think is the reason that she is experiencing the abuse?

APPENDIX 5: COPY OF ETHICS APPROVAL EMAIL

Dear Juliana,

The Reviewers have now got back to me regarding your submission. Please see their comments below.

- **<mark>Consider altering or clarifying for ethical reasons (but fieldwork can start)</mark>**

Details of recommendations to applicant

I don't know a great deal about the SA context – for example, what harms and dangers women in shelters experience and what support they get in the shelters. What you have set out would benefit from more clarity.

You will need to adapt practices to local circumstances but should aim for the same standards in any country. In addition, you are planning a pilot (where? How many people?) in the UK.

When you start doing the ethnographic work, will you tell shelter residents that you are a researcher and not eg a volunteer? How will you tell them this?

If you are working at the shelter, can you recruit participants face to face – why do you need to use a box (please ignore this if it is just because you might not be there)?

You say the interviews may be intrusive on private lives and may recall distressful memories – Q 26 – I think we can be sure that they will in all or most cases. You need to think about this just a little more….

Is there anyone within the shelter population you might not interview even if they are interested, because they might find the process too distressing? Please think about how will you get in contact with the former residents of the shelter in SA. Will the shelter staff provide you with the former resident's numbers? This would not be acceptable ethical practice in the UK: usually you would ask those who had contact details to ask the potential participants if they minded their details being passed on. Shelters should apply this caution because, as you note, women who have experienced violence may be trying to hide from partners etc, and you might (in theory) be connected with the partners.
2 hr interviews are likely to get into a lot of depth – they could be exhausting even without distressing content. You might need to give people a break half way through.

You suggest that although they have been at the shelter at least 6 months, participants may not have told their stories before – does this mean what starts out as a research interview will also in effect take on the role that a

therapeutic interview might do in other cases where they have had some kind of counselling?

Is there any potential harm to people from talking over their experiences, and how would this differ between the group (for whom the violence they experiences is different lengths of time in the past. I am no expert, but I believe that recent research has shown that talking about traumatic incidents after they have occurred may have a negative rather than positive effect. You mention that the researcher may need and would receive a debrief – this suggests that interview will be pretty distressing.

Finally, will there be somewhere private to do the interviews?

If there are recommendations for amendments, do you want to see the amendments before fieldwork can start?
No

Does the application contain good ethical practice to promote, or other good methods practice to promote?
There is evidence of careful thought and planning in how the complex ethical issues in this potentially highly challenging field of social research will be handled. This is a good and thoughtful application for ethical approval. The social work background of the student, i.e. their awareness of and trained capacity to anticipate, avoid and, if necessary, manage potential distress arising from participating the research, is also a factor in giving ethical approval.

Do you have any other comments?

Good luck with the work.

APPENDIX 6: INVITATION TO PARTICIPATE
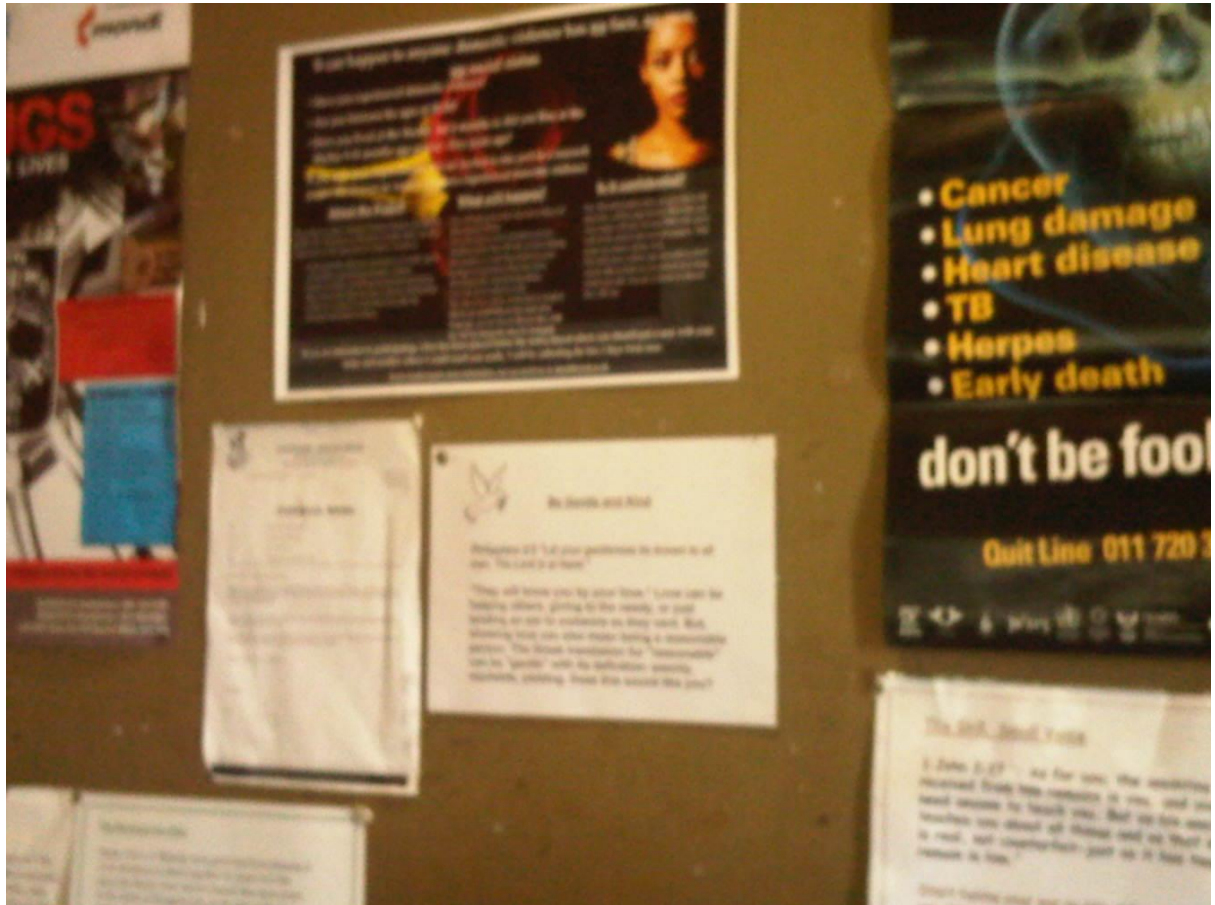
APPENDIX 7: SHELTER STAIRWALL WITH SCRIPTURES

355

The Lord will grant that the enemies who rise up against you will be defeated before you. They will come at you from one direction but flee from you in seven.

Deuteronomy 28:7

Be Gentle and Kind

_____ps 4:5 "Let your gentleness be known to all _____ Lord is at hand."

_____will know you by your love." Love can be _____ others, giving to the needy, or just lending an ear to someone as they vent. But, showing love can also mean being a reasonable person. The Greek translation for "reasonable" can be "gentle" with its definition: seemly, equitable, yielding. Does this sound like you?

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APPLICATION FOR ETHICAL APPROVAL OF RESEARCH

March 2014

This form must be used for all submissions for ethical approval to the Social Policy and Social Work Departmental Ethics Committee. Please complete all sections and sign the undertaking (on paper and electronically.

The Social Policy and Social Work Departmental Ethics Committee is intended to consider projects which students, supervisors or staff believe may raise some ethical issues but which do not need to be subject to external review or review by the University Ethics Committee.

The completed and signed form and any necessary attachments should be sent to the Departmental Ethics Committee Administrator, **Atholynne Lonsdale** in the Centre for Housing Policy, room A/B 125, for consideration by the Departmental Ethics Committee Panel. An electronic copy should be emailed to Atholynne at the same time at atholynne.lonsdale@york.ac.uk A decision will normally be made after 2 weeks.

Checklist

☐ *Have you decided that your project needs ethical approival and that it needs it from the Departmental Ethics Committee (not from external bodies or the University Ethics Committee)?(See "Does my project need ethical approval" (website to be added) or contact Rebecca Tunstall, DEC Chair, if you are not sure)*

☐ *Have you attached copies of all additional relevant material, such as research tools (questionnaires and topic guides), information sheets and consent forms?*

☐ *Have you (and, for students, your supervisor) signed the form?*

☐ *Have you provided Lynne Lonsdale with a hard copy and an electronic copy of the form and attachments?*

Date of submission:…………………………………………………

1. **Please provide details about the principal investigator (student or lead staff researcher). It is possible the ethics committee panel members may get in touch if they have queries**

Name	Juliana Munlo
If student, course	Social Policy and Social Work PhD
If student, supervisor for this research	MS. Juliet Koprowska and Dr Carol-Ann Hooper

If staff, post	
Email	jttm500@york.ac.uk
Telephone	07876888068

2. For staff projects, please provide details for co-investigators (add more boxes

if necessary)

Name	
Post	
Organisation if not SPSW	
Email	
Telephone	

3. When does the project start??

March 2015

4. For staff: List any SPSW DEC member who might have a conflict of interest

so should not act as reviewers for the project, such as those consulted in the

development of the project, or close colleagues. A list of members can be found

at (website to be added)

5. What is the full title of the research project?

INTIMATE PARTNER VIOLENCE AND MENTAL HEALTH: THE NARRATIVES OF WOMEN IN SOUTH AFRICA ON THEIR EXPERIENCES OF POST TRAUMATIC STRESS DISORDER (PTSD) AND POST TRAUMATIC GROWTH (PTG) IN THE AFTERMATH OF VIOLENCE.

6. If the research is funded, who is the funder and does the funding source create any ethical concerns and/or actual or perceived conflicts of interest?

The National Research Foundation of South Africa. The funding source has no ethical concerns known to the researcher nor do they perceive any conflict of interest.

7. What are the aims and key methods of the research?

The main aims of the proposed research are:

- To ascertain experiences of PTSD and PTG of women in South Africa in the aftermath of violence.

- To explore the factors involved in the aftermath of trauma that facilitated experiences of PTSD and PTG.

- To identify the negative outcomes and positive benefits that may be experienced by the women during the recovery process as a result of the traumatic experience.

- To establish the coping strategies that may have facilitated the experiences of PTSD or PTG.

- To explore the perceptions of the women about the meaning and understanding of the traumatic experiences of abuse.

- To explore definitions of abuse and perceptions of the nature of services as well as available help for women in South Africa.

The Key Methods for the study

The feminist approach to research seems to be favoured as the research approach that is well matched with the research goals and objectives since feminist research positions women at the centre of research; as active participants and the driving force behind the creation of knowledge and empowerment (Kitzinger & Wilkinson, 1997) The research aims at exploring the perceptions, views, opinions, subjective experiences of women in the aftermath of intimate partner violence on their experiences of PTSD and PTG. Thus the research is exploratory in nature and will make use of qualitative research design.

"Qualitative research seeks to explain the meaning of social phenomena through exploring ways in which individuals understand their social worlds. Thus it sees knowledge as historically and culturally situated" (Crotty, 1998:67) in (Whittaker, 2009: 9) This approach is favourable for the proposed research because it will provide information on the subject that is not known. Thus, the sample has no previous record of experiences of both PTSD and PTG. It is merely a sample of women who are residing at the shelter for women and the participants that have lived at the shelter previously.

The research will make use of ethnography, narrative interviews and focus group discussions as means of collecting data. Thus the research will involve three stages. The ethnographic study will be conducted in the first stage. During this phase, the researcher will be involved in observations and may hopefully participate in some activities at the shelter as a technique of building rapport

and as a process of gaining an understanding of the culture of the community. This approach will be suitable for the research study because it will provide the researcher with an opportunity to obtain a holistic understanding of the context of the participants under study.

At the same time, this method will hopefully provide insight on the meaning that the women attach to some of the activities that take place at the shelter that may have played a role on how they cope and find meaning after experiences of trauma. Additionally, it may provide an understanding on some of the factors that may have facilitated positive experiences of post-traumatic growth or the challenges that they encountered in trying to cope with trauma. The ethnographic studies will be conducted for a month.

The individual interviews will follow in the second stage of the data collection process. This will involve interviews with 30 women and will take around 2 hours. A semi structured interview guide will be used when conducting the narrative interviews. A number of studies have demonstrated the strength of narrative interviews in qualitative research that involves women. (Lieblich et al, 1998). Kitzinger & Wilson, (1997) concur that narrative interviews are ideal in feminist research because they provide a platform for women to validate and acknowledge their experiences, for instance experiences of intimate partner violence.

The focus group discussions will be conducted at the last stage of the data collection process in order to maximise on the data collection process. This will involve 2 focus groups from the shelter with 10 group members in each group. The discussions will take between 1- 2 hours and they will be conducted once. The researcher anticipates that the size of the group will be manageable and ensure that there is an opportunity for each participant to be involved in the discussions (Hennick et al, 2011) The discussions will be audio-recorded and an interview guide will be used. One of

the motivations for using the focus group for the study is due to its ability to create avenues for participation from participants that are often perceived as hard to reach. (Kitzinger, 1995) Thus, the nature of group discussions will encourage participation from participants who may have excluded themselves from participating in individual interviews due to fear to express themselves on a one to one basis, to feel comfortable enough to communicate openly as part of a group with shared experiences and commonalities. A vignette will be used as a main tool to guide the interactions in the focus group discussions.

Whilst the individual interviews may provide meaningful and rich data for research, the researcher is hopeful that the focus group discussions will be instrumental in providing diverse information, shared knowledge, beliefs, attitudes and perceptions that may contribute to a broader understanding on the nature of service provision, the available types of help and how they impact on women's experiences in the aftermath of violence. This information may not be captured in the same manner during the narrative interviews (Hennick et al, 2011)

In addition to the above, the research will also make use of self-report measures to assess PTG and PTSD. The Post Traumatic Growth Inventory (PTGI) (Tadeschi & Calhoun, 1996) will be used to assess the women's experiences of Post-traumatic growth. The participants will be asked to report their perceptions of growth on the 21 items of growth that are identified on the measure. In the same manner, the PCL-C, a civilian version of the PTSD checklist scale will be used to assess PTSD symptoms. This is used as a self-administered measure in a non-clinical setting to assess PTSD resulting from any general traumatic experience that may have occurred at any given period. The women will therefore be asked to rate themselves on a scale of one to five, where the lowest score will demonstrate the least symptoms experienced on a scale that rates 17 symptoms of PTSD (Blanchard et al, 1996 & Forbes et al, 2001) Although the measure is not being utilised

for clinical purposes in the research, the participants will be provided with support and referral for services in cases where there are health concerns.

Additionally, prior to the data collection phase in South Africa, the researcher will conduct pilot studies at a refuge in the UK. The pilot studies will make use of similar data collection tools and self-report measures. The studies will be conducted for the purpose of assessing if the research tool is able to produce the intended objectives or whether it would need to be modified to ensure effective data collection (Denzin & Lincoln, 2008) The pilot study will involve narrative interviews, focus group discussions as well as the use of the two self-report measures.

8. What kind of research participants will be involved in the research (as interviewees, focus group participants, survey respondents etc.), and how many?

The proposed research will involve 30 women in South Africa who are living at the shelter for women and those that have left the shelter. Thus the sample will consists of 10 participants who have left the shelter for a period of four to five years, 10 participants who have left for a period of nine to fifteen months and 10 participants who have been residing at the shelter for a period of at least six months. The reason for the choice of participants that have resided at the shelter for at least six months is to ensure that they have received some form of emotional support before the data collection process.

In addition, the focus group discussions will involve 20 women in two groups of ten. The participants will include those that have just joined the shelter as well as those that have lived at the shelter for a longer period. The researcher has therefore chosen the focus group discussions to include participants that are not part of the main sample although they share similarities with the

main sample to be part of the group for the purpose of collecting more in-depth and diverse data (Hennick et al, 2011)

Conversely, the pilot studies will involve ten participants. This will involve six participants that are still residing at the refuge, two that have left for resettlement a year prior to the study and two that left for resettlement five years prior to the study. The researcher anticipates involving one focus group of ten women from the refuge.

9. How will research participants be identified, approached and recruited?

The research participants for the individual interviews will be identified from a group of women who are living at a women's shelter in South Africa and those that have left the shelter. The participants will be recruited through an invitation to participate. This invitation will be posted on the notice board at the shelter where it will be highly visible. The invitation will include the criteria for participation. This will include that they should be between the ages of 20-50, have been living at the shelter for at least a period of six months, or have left the shelter for a period of nine to fifteen months and four to five years. A box will be put close to the notice board at the shelter where the women can put their responses. The researcher will personally take the box and respond only to those that have demonstrated their willingness to participate. The researcher will contact the women that are no longer living at the shelter by telephone to inform them about the invitation to participate in the research project. The women will be given the option of coming to the shelter

or to have their invitation posted to them together with an envelope with a stamp and address to return if they are willing to participate. This is to ensure that they do not encounter costs on their part.

The participants for the focus group will be recruited through a similar procedure where an invitation will be posted at the notice board of the shelter after the interviews are concluded. However, the invitation will include any woman that is living at the shelter from the ages of 20-50. Similar recruitment procedures will follow at the refuge in the UK.

10. How will informed consent to participate be elicited from participants? If different groups are involved in the study (e.g. parents, children, staff), please describe the consent procedures for each.

Those women who express interest in participation will be presented with both the participant's information sheet and a consent form in a preliminary meeting. The researcher will give the women time to read the information sheet as well as to ask questions to ensure that they fully understand what their participation in the research entails. Thus, the researcher will ensure that the women are not rushed to make a decision. The women who express their willingness to participate will sign the consent forms both for individual interviews and focus group discussions. This procedure will be the same in both the UK pilot studies and the main research study in South Africa.

11. State any promise you will make to participants about how their data will be used, including in publications and dissemination, for example whether names, job titles, or direct quotations will be used, and state what protection of anonymity you are offering. Please attach any consent form or information sheet used.

(Note: For Research Council funded work, councils want anonymised data to be archived and made available to other researchers in addition to the research team)

It is argued that "protecting confidentiality is essential to ensure both women's safety and data quality" (WHO, 2001:11) Whilst confidentiality is mandatory in any human research, in researching abused women it becomes extremely vital to ensure protection of their privacy and anonymity in connection with their identities (Liamputtong, 2007) This is to safeguard them against possible harm from their abusive partners. Therefore, the researcher will ensure that the participants are assured that their names will be kept confidential; no information will be associated with their names or the name of the shelter and refuge in the research report.

The participants will also be informed that Pseudonyms will be used for the shelter and refuge as well as the women themselves in the presentation of the findings as well as on the transcripts. Thus, they will be informed that their information will only be accessed by the researcher and her supervisors. In addition, the participants will be informed that a digital audio recorder will be used to capture the interviews. Thereafter, the information from the recorder will be directly transferred to the student's university computer which is located at her office desk in the University's Research Centre for Social Sciences building. Only the student and her supervisor will have access to this information. The participants will also be informed that the information will be destroyed after a period of five years.

12. (Students: You are required to provide participants with a written information sheet and to obtain a signed record of consent form from participants. Please attach them.). **For staff: Please attach the information sheet and consent form. If you do not envisage providing an information sheet and/or obtaining a signed (or audio recorded) record of consent from participants, please justify and explain the measures to ensure personal data will be collected and processed fairly, citing applicable Data Protection grounds from Schedule 2 of the Data Protection Act (and schedule 3 as relevant) if necessary.**

> The consent form and participant information sheet have been attached.

13. Does the way you will handle research data conform to the Data Protection Act?

> Yes.

14. What will happen to research participants once you have recruited them to be involved in the research? (E.g. invited to an interview, given a questionnaire etc.). Please attach any research instruments (eg topic guides, questionnaires).

> The participants for the individual interviews in South Africa will be invited for an interview that will take place either at the shelter or at a neutral place depending on the participant's preference. The researcher will make use of interview guides and self-report measures which have been attached. Once the interviews have been concluded, the researcher will conduct the focus groups

at the shelter offices where participants will be involved in group discussions. The researcher will make use of a vignette. Likewise, the researcher will interview the participants from the pilot studies at the refuge. The focus group discussions will also be conducted at the refuge and a vignette will be used as the main tool for the discussions.

15. If research participants are to receive any payments, reimbursement of expenses or other incentives for taking part in the research, please give details.

The participants that are residing at the shelter will not be reimbursed for any expenses since they will not incur any costs as the interviews will be conducted at the shelter. However, the researcher will ensure that the participants that reside within the community are reimbursed for their travel if they have to travel to the shelter. This will not be the case if the researcher has to travel to a neutral place within their community. Similarly, the pilot studies will be carried out at the refuge hence no expenses will be incurred.

16. If the research may involve 'vulnerable people' explain how you plan to deal with any specific ethical challenges. Please also provide details of the relevant DBS (formerly CRB) checks and/or ISA registration that have been undertaken.

The research project is sensitive in nature since it involves women who are positioned as a vulnerable group. WHO ethical guidelines for researching such women discusses that "the safety of the respondents and the research team is paramount and should guide all project decisions" (WHO, 2001:10) Thus, when conducting research, the most important principles that overweighs the scientific value of research is that of ensuring that participants are protected from harm. Dobash & Dobash (1998) concur about the possibility of risk to harm that is apparent in sensitive research. The researcher acknowledges that the nature of sensitive research in itself has the possibility of triggering distressful emotions on the part of the participants due to the type of the research questions that requires women to reflect back in time and recall painful experiences in their past (Liamputtong, 2007). Therefore, it is in this regard that the researcher will take the necessary measures to ensure that the women have access to support.

Thus the participants will have access to counselling services. A qualified social worker will be accessible to provide counselling services to the participants if need be. The participants will be informed in the participant information sheet about the availability and access of the free counselling service. The participants will also be reminded before the interview about the counsellor's accessibility. Additionally, the researcher will ensure that she involves the participant in debriefing after each interview as a way of managing the participant's emotions before the participant leaves. The participants will be given a list of the supportive services within the community that they can contact if they perceive the need to do so (Davidson, 2004) For instance, participants that may score high on the checklist scale and those that may have concerns in relation to their mental health will be provided with the available list of support services to consult.

Downes et al (2013) argues that researchers are "ethical thinkers"; hence they have acquired enough knowledge and expertise to be able to react attentively to any unforeseen or unplanned

circumstances that may come up as a consequence of the research process. The researcher is a qualified social worker with experience in Statutory social work in South Africa hence she is registered with both the South African Council for Social Services Professions (SACSSP) and the Health and Care Professions Council (HCPC) in the UK. As such, she is experienced to conduct such sensitive research as she has the relevant skills required that would enable her to safeguard against any possible risk of harm for the participant and to manage any unanticipated risk that may arise in the research.

In the same manner, the researcher is aware of the ethical dilemmas that are faced by Social workers when conducting sensitive research in relation to maintaining boundaries between that of a social worker and a social work researcher. It is argued that the capacity to separate the role of a researcher from that of a counsellor is imperative in sensitive research to safeguard both participants and the researcher from possible risk of harm. Additionally, Dickson-Swift et al, (2006) assert that it is good ethical conduct for health care professionals to ensure that the roles are maintained independently and there is no blurring of the two roles. Therefore, the researcher will ensure that there is no confusion of roles in the research project. Although she will make her social work profession known to the participants, she will ensure that participants have clarity about her role in the research process which is that of a researcher and not the former (Dickson-et al, 2006)

The researcher will also be reflective and self-aware of how her own feelings may affect the research process. Therefore, she will strive to be emotionally detached and she will make use of supervision in circumstances where she perceives her own emotional vulnerability that may have implications for the research project (Davidson, 2004) Thus the researcher will manage her own emotions in the research process.

Most importantly, the researcher perceives her profession as a social work researcher as highly beneficial in conducting sensitive research. Although she will refrain from advising or counselling the research participants, she will still be able to use her supportive and facilitative role in the research process together with her skills and values of social work to convey openness, acceptance and understanding to the women which may assist in the building of a trusting relationship that may not only benefit the data collection process but also may have the capacity of providing avenues for healing to the participants (Davidson, 2004)

Henceforth, the researcher hopes that the role of the social work researcher in qualitative sensitive research may facilitate some feelings of personal empowerment on the women as they are given the opportunity to tell a sensitive and highly significant personal story that may have never been told before in an environment that is accepting and understanding. Likewise, a number of studies confirm that participants from sensitive research have reported about the therapeutic capacity of qualitative sensitive interviews. (Davidson, 2004; Liamputtong, 2006 & Dickson-Swift et al, 2006).

The researcher also anticipates some ethical challenges in relation to focus group discussions. Considering that the group discussions involve interactions with group members on sensitive experiences, there is a high possibility of participants being concerned about the issue of confidentiality. At the same time, it will be a challenge for the participants and the researcher to be certain that the information that is given out by participants will not be divulged by the group members at a later stage (Kitzinger, 1995). This situation may be more difficult since the participants live together at the shelter and would have known each other for a while. However,

this limitation can be managed since the research will make use of vignettes that are not personal in nature and will not entail in-depth sharing of personal stories.

Furthermore, the researcher is of opinion that the homogeneity of the group may provide more benefits than limitations both for the women as well as for the data collection process. The participants will mostly be black South African women who have experienced domestic violence and have left their homes to live at the shelter. Thus they share common experiences and some shared identity. This may hopefully enhance feelings of cohesion, mutual support and understanding that may provide a safe environment for one to freely express oneself without the fear of being judged (Hennick et al, 2011)

Furthermore, the researcher has identified another ethical challenge. The research will be conducted in English. Although English is the main business language in South Africa and there is a high probability of participants to speak in English, the research is a sensitive research hence these participants may perceive the need to express themselves in their own mother tongue. Additionally, the freedom to use one's own language is highly valued in South Africa since African languages were not recognised as official languages during the apartheid Era. During this period, Afrikaans and English were the main official languages.

Henceforth, Section 30 of the South African Constitution of 1996 recognises 11 official languages. These include English, Afrikaans, Zulu, Xhosa, Southern Sesotho, Northern Sesotho, Setswana, Ndebele, Tshivenda, Xitsonga and siSwati. It also gives freedom to any South African to use any language of choice. Although English is still the main official language, the most commonly used language by black South Africans is Zulu which is followed by Tswana and Sesotho. Thus the

recognition of African languages as one of the official languages in South Africa is associated with freedom that is enjoyed by the diverse rainbow nation (Moloi, 1999)

The researcher is aware that language is a sensitive issue and that the factors discussed above may influence some of the participants to speak in their mother tongue even though they may be conversant in English. Although the researcher is a black South African who values the feminist approach to research and recognises the significance of conducting research in the local language, the researcher is not highly conversant in most South African languages. This is the case because she was born outside South Africa. Thus her family only returned in the mid 90's. Although the researcher completed both her high school and university education in South Africa, and worked as a Social Worker in South Africa, her understanding of the local languages is not at the level where she would be able to conduct meaningful research.

As argued by Kapberg & Bertero, (2002) one of the means for demonstrating internal validity in qualitative research involves the ability to provide a true reflection of the participants narratives, for instance by paraphrasing their actual words in the research report. Thus failure to capture the exact meaning of the participant's words can impact on the acceptability and integrity of the research process. Hence to ensure the integrity and trustworthiness of the research, the researcher has decided to conduct the research in English but also to give the women the opportunity of choice if they would like to use an interpreter (Berman, 2011). As such the research will provide an option of an interpreter who is a woman, with familiarity of the local culture and knowledge in the field of Social work. The interpreter will be conversant in the main language that is spoken by most people which is Zulu. (Moloi,1999)

Whilst the research demonstrates recognition of the vulnerable position of abused women and is going to take measures to safeguard against possible risk of harm, Downes et al, (2013) and Liamputtong (2007), argues about the challenges with the meaning attached to the concept of vulnerable populations. The theorists argue that such assumptions create perceptions of the research participants as extremely helpless and as lacking the capacity to make autonomous decisions. For instance, that they can easily be manipulated or exploited in the research process. As a result, these assumptions provide a number of limitations in relation to gaining access to the participants as well as conducting meaningful research that could impact positively on the lives of abused women. Henceforth, the proposed research refrains from the view of the women as helpless in the research project but highlights the position of women as active participants and survivors with strengths and valuable experiences that are highly beneficial to the field of social work in South Africa.

17. What will you do if in the course of the research information is disclosed to you that legally require further action or where further action is advisable?

Whilst a "blanket assurance of confidentiality" is a prerequisite in conducting human research Downes et al (2013) acknowledge that such conceptions cause ethical dilemmas when the researcher receives information that may have either some criminal implications or has the capacity of causing personal harm to the participants or others. Social work in South Africa recognises the significance of respecting confidentiality both on the part of clients as well as on the position of participants in research. In the same manner, the Policy guidelines for social

workers in South Africa provide circumstances where confidentiality principle is not absolute both in clinical social work and in social work research. Hence they encourage social workers to inform the clients or participants about the circumstances where the information can be divulged. This is "when disclosure is necessary to prevent serious, foreseeable and imminent harm or danger to a client system or other identifiable person or community, thus justifying disclosure on the grounds of necessity"(SACSSP, 2007:19)

In addition to the above, the South African Children's Act 38 of 2005 recognises that the child's best interest takes precedence in relation to child issues. Thus section 150(1) of the Children's Act 38 of 2005 classifies the factors that identify the child as in need of care and protection. The researcher has isolated the categories that relate to the research project from the Section 150 (1). According to the section above, the child is found in need of care and protection if the child :

(e) has been exploited or lives in circumstances that expose the child to exploitation;

(f) lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being;

(g) may be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;

(h) is in a state of physical or mental neglect;

(i) Is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.

Hence Social Workers are guided by the Act to investigate the matters further and take the relevant actions in circumstances where children are found in need of care and protection. The act suggests that some of the courses of action that the worker could take involve "counselling, mediation, prevention and early intervention services, family reconstruction and rehabilitation, behaviour modification, problem solving and referral to another suitably qualified person or organisation"(Children Act 38 of 2005:123)

Thus the researcher will inform the participants about the circumstances where confidential information may be divulged to prevent harm. Furthermore, the participants will be made aware about the possibility of consulting and seeking advice from relevant officials such as Social workers from the Rissik office before a formal referral can be made. The participant will also be informed about the circumstances where the child is identified as in need of care and protection as stipulated by the South African's Children's Act 38 of 2005. This will only take place in circumstances where the researcher has reason to believe that a child may be at risk from the information gathered during the research interviews. In the same manner, the researcher will inform the participants from the Pilot studies the circumstances where confidentiality cannot be kept as obsolete. Hence similar procedures will be followed and the Social Worker from the refuge will be consulted for advice if possible risk of harm has been identified.

18. Are there any potential risks for participants? How have they been eliminated or minimised?

The research is sensitive since the focus of the questions is on the traumatic experiences of the women. As a result, there is a possibility of the participants being emotionally overwhelmed during or after the interviews. The researcher will minimise this risk by ensuring that the

counsellor who is a qualified social worker is accessible to provide emotional support to the participants when there's a need. In addition, the participants will be provided with numbers of the trauma clinic, the nearest government social work department as well as the hospital contact where they can receive support when they perceive the need and also where they can seek treatment if they have been identified as having PTSD symptoms.

The participants will also be informed well in advance about the nature of the questions so that they are well aware and are prepared during the interviews. The researcher will also stay and debrief with the participants towards the end of the interviews. Similar procedures will be followed during the Pilot studies.

19. Are there any potential benefits to participants?

The proposed research has identified some possible benefits for participation in the study. The research study provides an opportunity for the women to narrate sensitive stories according to their own understanding in an atmosphere that is accepting and respectful of their experiences. Some of these stressful stories may have not been spoken of before. In addition, the qualitative interviews will last around 2 hours, where the women will talk whilst the researcher actively listens to their experiences. As argued by Davidson, (2004) and Dickson-swift et al (2006) such interviews are beneficial because they are similar to therapeutic interventions with similar potential for providing some "catharsis benefits".

As a result, the research project may hopefully provide the women with some feelings of closure and possible emotional relief from telling their story. Likewise, it may enable the women to reflect on their journey to recovery and to appreciate how far they have come. Thus the narratives interview may possibly provide the opportunity for the women to be able to monitor their own personal growth throughout the distressful experiences and identify their own strengths as

survivors of abuse (Davidson, 2004) This is confirmed by a number of studies that have identified the significance of the platform to articulate one's story as one of the factors that encourage women to participate in research. (Davidson, 2004; Dickson-Swift et al, 2006 & Liamputtong, 2007) . Furthermore, the women may have never received an affirmation and acknowledgement of their experiences that may be experienced in telling their stories and having the opportunity to be listened to. Thus, taking part in the research may be beneficial since it may demonstrate the recognition, validation and confirmation of the participant's experiences of trauma which is crucial to the process of recovery (Levy and Lemma, 2004) Equally, the process of talking about traumatic experiences can be beneficial for the participants because it has the capacity of facilitating the process of healing. This is confirmed by Herman, (1997) who discusses the significance of the survivor's ability to talk about the trauma to the process of trauma recovery.

Hopefully, the survivors will recognise their strengths as survivors of traumatic experiences of domestic violence. Since the research project demonstrates that their experiences are highly valuable and of great significance in the research that aims at providing awareness and knowledge on the plight of women in South Africa in the aftermath of violence.

Most importantly, considering that the participants will be made aware of the aims and objectives of the research project, it is most likely that the women who will express willingness to participate in the study will have perceived the research as meaningful and significant to their lives even though it may not have any monetary incentives (Liamputtong,2007)

20. Are there any potential risks for the researcher(s) involved in the project?

What steps will you take to eliminate or minimise them?

(Note: these risks could include personal safety, emotional distress, and risk of accusation of harm or impropriety).

The research is on a sensitive topic hence there is the possibility of the researcher being affected vicariously by the information. In addition, the researcher will be conducting the research alone. This implies that she will be listening to a vast range of sensitive information from a number of people. However, the researcher will be debriefed by the counsellor after conducting the interviews. She will seek counselling whenever she feels that the information is distressing at any point of the research. The researcher will be in regular contact with her supervisors; hence she will inform them about any challenges with the research process. This will provide the researcher with the support that she will need during the data collection process.

In addition, a potential risk to safety can arise when participants are not willing to be interviewed at the shelter, and have chosen a neutral place. As such, the researcher will ensure that she travels with one of the social auxiliary workers from the shelter that is familiar with the location, in cases where the location is known to be unsafe; the researcher will be accompanied by the Social Auxiliary worker and may make use of a male chaperon to accompany her. The chaperon will not be a part of the data collection process but will be there to ensure the presence of a male figure. He will therefore not be present where the interviews are being conducted. In cases where the neutral place chosen is extremely unsafe, the researcher may ask the participant to choose an alternative venue (WHO, 2001) The researcher will also have a system of safety where she will be in regular contact with people from the shelter so that they can check in to ensure that the researcher and her colleagues are safe and to ensure that actions are taken if there's no response from the researcher.

Another potential risk identified in the proposed research is the challenges with maintaining boundaries between a social worker and a social work researcher. Dickson-Swift et al, (2006) assert that it is good ethical conduct for healthcare researchers to ensure that boundaries are maintained between the research and research participants in sensitive research. This is to safeguard both participants and the researcher from possible risk of harm. Thus there are often high possibilities of a social worker conducing sensitive researcher to "mirror her professional role, as a counsellor or advisor", Dickson-Swift et al, (2006) Therefore, this can have negative implications on the emotional well-being of the social work researcher and may have capacities of leading to burn out.

Furthermore, it is argued that one of the challenges faced by healthcare professionals such as a social work researcher in maintaining the boundary originates from the fact that the processes involved when conducting sensitive qualitative interviews are not far off from that of social work interviews. A social work interview encompasses skills such as active listening, empathy, conveying understanding and support to the client and provides avenues for the client to tell his or her story. Similar processes that are utilised in sensitive research to build rapport and openness that enhance in depth data collection. Additionally, the participants or client is provided with some time to tell the story which is perceived as therapeutic in both instances. (Dickson-Swift et al, 2006)

In the same manner, Social work research that centres on emancipatory approaches such as feminism recommends researchers to be in an interactive, participatory and in an equal power relationship with the participants. Thus, the researcher is not completely removed from the research process or completely objective, but comes to the research process with own personal values as well as professional values. As such, Davidson, (2004) argues that separating the two

roles is one of the ethical dilemmas faced by a social work researcher. She argues further that social work researchers often experience feelings of vulnerabilities that may originate from failure to carry out their responsibility as social workers to use their skills and provide counselling at the moment when one is telling the distressful story. Henceforth, such feelings result in one perceiving the interviewing process as disempowering on the part of the participants, which also has implications of causing burn out on the part of the social worker. Davidson, (2004: 384) uses the concept of "holidaying on other peoples misery" to explain this ethical dilemma that is faced by social work researchers.

In light of the challenges discussed above, the researcher will ensure that she separates her role of the social work researcher from that of a social worker. Thus she will inform the participants well in advance about her role as a researcher. (Dickson- Swift et al, 2006) Furthermore, she will provide the participants with the necessary list of contacts of services that could be used in cases where they perceive the need for emotional support as well as the number of a counsellor who could provide counselling. The researcher will also be reflective and self-aware of how her own feelings may affect the research process. Therefore, she will strive to be emotionally detached and she will make use of supervision in cases where she perceives some vulnerability on her part that may impact on the research (Davidson, 2004) Thus the researcher will manage her own emotions in the research process and she will keep a reflective journal that will assist her to be in a process of self-awareness to check how her own feelings and emotions are impacting on the research process. (Dickson-Swift et al, 2006)

21. In most cases, as soon as possible during the research, and by the time research is completed, you should anonymise the data taken from your participants (data such as paper or electronic interview transcripts, notes of discussions, videos, sound recordings etc.). You should do this by removing names, addresses and other identifiers, and replacing them with a number, code or pseudonym. You should prepare a key linking the code to the data from the person. (Further guidance is available from http://www.ico.org.uk/Global/~/media/documents/library/Data_Protection/Practical_application/anonymisation_code.ashx). (Note: sound and video recordings in which people may be directly or indirectly identifiable are also covered by the Data Protection Act.)

If you do not intend to anonymise data in this way, please explain why. If you do, when will you make this separation? What will you do to protect personal data in the interim? How will you keep the key safe? How long will you keep the key?

The data from the interviews that will be captured by the digital recorder will be transferred straight to the university server and not kept on the laptop or a memory stick. Thus the data will not be carried around. Once the data collection process has been completed, all the transcripts and all relevant information will be kept in a secure storage locker at the University RCSS building where the researcher's office is located. The key will be kept by the researcher and her supervisors will have access to the Key. The Key will be kept up until the whole research process is completed. In circumstances where the researcher has left the university, the information will be kept in secure storage facilities with a locked Key at the offices where she will be located. Thereafter the information will destroyed after a period of five years.

22. Where will participant contact details, anonymised data, consent forms and data keys be kept during the research, and in what form?

(Note: The best method for contact details is to use first name only, or code, in a phone, or paper diary, and to destroy details once fieldwork is complete. The best protection for anonmysied data is to store electronic data in a single site only, on a UoY server in password protected form. If other sites are used, they should be password protected and backups should be encrypted. Commercial Dropboxes should be avoided for personal data because they are cloud-based. You can encrypt your equipment using an open source application TrueCrypt. Avoid laptops and data sticks. Please make a special note if data are likely to be stored (including on servers) or otherwise transferred outside the EU). Consent forms and data keys contain participant names and should be kept safe and separate from anonymised research data. The best protection is to store paper data in a locked filing cabinet eg in the main departmental office, and to store electronic data on a UoY server in password protected form).

The researcher will file all the data in a research file and she will keep the file in locked filing cabinet at the secure storage facilities in the RCSS building where the researcher's office is located. The electronic information will be transferred to the universities server and will not be kept in a memory stick or a laptop. Only the researcher and her supervisors will have access to the information that is stored in the server.

23. Where will anonymised data, consent forms and data keys be kept after the research in what form and for how long? If there are plans to archive data, how and where will they be kept and will there be restrictions on access and use?

(Note: Students should keep their data for a year after their mark has been finalised. For Research Council funded work, councils usually want anonymised data to be archived and made available to other researchers in addition to the research team. Councils want consent forms kept for 10 years).

The data will be kept in a file in a locker with a Key at the University RCSS building where the student's office is located. In cases where the student has left the university, the information will be kept for a period of five years in a safe locker with a Key at the premises where the researcher's office will be allocated. Thereafter the information will be destroyed.

24. Who within the University will have responsibility for the anonymised data, consent forms and keys after the study? What will happen if the person responsible for the project leaves the University of York?

(Please make a special note if the data may be transferred outside the EU.)

The student and her supervisors will have responsibility over the files that will contain the data and the consent forms. The files will be kept in the Locked filing cabinet at the University RCSS building where the researcher's office is located. Only the student and her supervisors will have access to the key. The information will be destroyed after a period of five years.

25. Will results will be made available to participants and the communities from which they are drawn, and if so, how?

The researcher will provide a summary of the findings to the participants. The participants will be given an option to choose whether they would like to access the information via the offices of the Housemother of the shelter or if they would like the information be sent to an address of their choice. If they choose the first option, the summary will be put in a sealed envelope and each woman can collect at the House mother's office. In addition, the women will be informed that the summary will not contain participants' details of their identity or be associated with their personal information in any way. Similar procedures will follow for the participants from the refuge.

26. Are there any other specific ethical problems likely to arise with the proposed study? If so, what steps have you taken or will you take to address them?

The researcher expects that some of the ethical issues that may arise include the fact that the research involves vulnerable populations such as women. Hence there is a risk of unanticipated harm that may occur in the research. This is the case because the interviews may be intrusive on the private lives of participants and may remind them of painful memories of their distressful past that they may have tried to forget (Liamputtong, 2007)

Hence one may not rule out the possibility that the interview in itself may bring about stressful emotions on the part of the participants. However, the researcher will ensure that supportive services are available for the participants. The participants will be made aware of this information in the participant information sheet as well as before the interview. Therefore, a counsellor will be present if needed to provide counselling. The participants will also receive a list of services that they could access within the community.

In addition, the participants will be informed that the information that they reveal will be kept confidential. They will also be informed about the circumstances where such information may be divulged and where a possible referral may be made, for instance in cases where it is necessary to prevent harm. The participants will be made aware that before any action is taken in this regard, they will be informed first and they will discuss the matter with the researcher. Thereafter, it the risk still persists, the researcher will consult the intake social worker at the Department of Social Development Rissik office for advice on the possible action to take. The participants will also be informed about the situations in which a child is perceived as found to be in need of care and protection as guided by the South African Children's Act 38 of 2005. This will only be in the case where the researcher feels that a child is at risk from the information given in the interviews. In the same manner, the participants from the pilot studies will be informed about the circumstances where confidentiality can be broken and similar procedures will follow.

The researcher will also give the participants from the main study an option to use an interpreter in cases where they feel the need to use their mother tongue.

The researcher also acknowledges that there is often a challenge faced by health care professions to separate their role as social workers from that of researchers. The researcher being a social worker herself will ensure that she is able to manage the boundaries and refrain from counselling or advising the participants. Thus she will inform the participants of her role as a researcher, she will make use of supervision with her supervisors to ensure that she manages any emotions that may arise from the process of interviewing. She will also provide the participants with a list of services that they could make use of in cases where they needed counselling. At the end of each

interview, the researcher will ensure that she debriefs with the participants on some of the issues that were spoken about in the interview (Davidson, 2004)

Signature of Student/Principal Investigator:

…………………………………………….....

For Supervisor (for Students):

………………………………………………………………….

I have checked this form carefully and I am satisfied that the project meets the required ethical standards.

Signature of Supervisor:

…………………………………………....................................

Date of Completion:

…………………………………………....................................

PTGI MEASURE

0 = I **did not experience** this change.

1 = I experienced this change to a **very small** degree.

2 = I experienced this change to a **small** degree.

3 = I experienced this change to a **moderate** degree.

4 = I experienced this change to a **great** degree.

5 = I experienced this change to a **very great** degree.

6. I more clearly see that I can count on people in times of trouble.

0   1   2   3   4   5

7. I established a new path for my life.

0   1   2   3   4   5

8. I have a greater sense of closeness with others.

0   1   2   3   4   5

9. I am more willing to express my emotions.

0   1   2   3   4   5

10. I know better that I can handle difficulties.

0   1   2   3   4   5

11. I am able to do better things with my life.

0   1   2   3   4   5

0 = I **did not experience** this change.

1 = I experienced this change to a **very small** degree.

2 = I experienced this change to a **small** degree.

3 = I experienced this change to a **moderate** degree.

4 = I experienced this change to a **great** degree.

5 = I experienced this change to a **very great** degree.

12. I am better able to accept the way things work out.

       0   1   2   3   4   5

13. I can better appreciate each day.

       0   1   2   3   4   5

14. New opportunities are available which wouldn't have been otherwise.

       0   1   2   3   4   5

15. I have more compassion for others.

       0   1   2   3   4   5

16. I put more effort into my relationships.

0   1   2   3   4   5

17. I am more likely to try to change things which need changing.

0   1   2   3   4   5

18. I have no stronger religious faith.

0   1   2   3   4   5

0 = I **did not experience** this change.

1 = I experienced this change to a **very small** degree.

2 = I experienced this change to a **small** degree.

3 = I experienced this change to a **moderate** degree.

4 = I experienced this change to a **great** degree.

5 = I experienced this change to a **very great** degree.

19. I discovered that I'm stronger than I thought I was.

       0   1   2   3   4   5

20. I learned a great deal about how wonderful people are.

       0   1   2   3   4   5

21. I better accept needing other.

       0   1   2   3   4   5

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

No. Response

Not at all (1)

A little bit (2)

Moderately (3)

Quite a bit (4)

Extremely (5)

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

2. Repeated, disturbing dreams of a stressful experience from the past?

3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?

4. Feeling very upset when something reminded you of a stressful experience from the past?

5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?

6. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?

7. Avoid activities or situations because they remind you of a stressful experience from the past?

8. Trouble remembering important parts of a stressful experience from the past?

9. Loss of interest in things that you used to enjoy?

10. Feeling distant or cut off from other people?

11. Feeling emotionally numb or being unable to have loving feelings for those close to you?

12. Feeling as if your future will somehow be cut short?

13. Trouble falling or staying asleep?

14. Feeling irritable or having angry outbursts?

15. Having difficulty concentrating?

16. Being "super alert" or watchful on guard?

17. Feeling jumpy or easily startled?

PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about "the past month," questions may ask about "the past week" or be modified to focus on events specific to a deployment.

How is the PCL completed? The PCL is self-administered Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from 1 Not at All – 5 Extremely

How is the PCL Scored? 1) Add up all items for a total severity score or 2) Treat response categories 3–5 (Moderately or above) as symptomatic and responses 1–2 (below Moderately) as non-symptomatic, then use the following DSM criteria for a diagnosis: - Symptomatic response to at least 1 "B" item (Questions 1–5), - Symptomatic response to at least 3 "C" items (Questions 6–12), and - Symptomatic response to at least 2 "D" items (Questions 13–17)

Are Results Valid and Reliable? Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

What Additional Follow-up is Available? All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care Patients should be asked, "Is your health concern today related to a deployment?" during all primary care visits. • If the

patient replies "yes," the provider should follow the Post-Deployment Health

Clinical Practice Guideline (PDH-CPG) and supporting guidelines available

through the DHCC and www.PDHealth.mil

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.

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