An exploration of the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of an intervention programme from a selected women's shelter in the Cape Metropole

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Full Thesis submitted in fulfilment of the requirements for the degreeMA (Child and Family Studies) in the Centre for Interdisciplinary Studies of Children, Families and Society
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November 2023

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ABSTRACT

Shelters for battered women serve as a place of refuge and provide protection. Shelters interrupt the violence against women and their children and act as places of reflection and support and provide women with a bridge out of despair to a life free from violence. Shelters often facilitate opportunities for empowerment so that women can plan for their future and acquire the necessary resources to build a new life for themselves. However, there are women who tend to have internal barriers to personal growth and development and tend to self-sabotage their development by returning to the previous situation rather than 'moving on'. The aim of this study was to explore the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of an intervention programme from a selected women's shelter in the Cape Metropole.

The study utilised an explorative qualitative methodological approach. Semi-structured interviews were conducted with five survivor's and a focus group discussion was held with six shelter staff members. The collected data was analysed using a thematic analysis method. Four themes emerged from the study: IPV survivors' childhood experience; IPV survivors' adulthood experiences; IPV survivors' reason for self-sabotage after receiving services from the shelter and what the perceptions were of services rendered by the shelter in the Cape Metropole. The findings established that the overall outcomes of this study have shown that the reasons for self-sabotage by IPV survivors, who participated in this study, were as a result of the complex interrelationship of adverse childhood experiences, mental ill health, low self-worth and intimate partner violence.

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KEYWORDS

Intimate partner violence

Gender-based violence

Violence against women

Women's shelters

Self-sabotage behaviour

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LIST OF ABBREVIATIONS

DV – Domestic violence

IPV – Intimate partner violence

GBV – Gender-based violence

VAW – Violence against women

WHO – World Health Organisation

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Definition of terms

Intimate partner violence: Intimate partner violence, is any form of violence perpetrated by one party in the intimate relationship, towards the other party (Preiser & Assari, 2018).

Gender-based violence: Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on gender differences between males and females(Wirtz et al., 2020).

Self-sabotage behaviour: The behaviour of a person that creates internal barriers that affects their growth negatively (Ruderman, 2006).

Women's shelters: Shelters offer safety and respite for abused women and their children. They also offer advocacy in the form of counselling, legal advice crisis intervention, skills empowerment and system navigation to help abused women access needed resources and restore their lives (Burnett et al., 2016).

Violence against women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life ("United Nations: General Assembly Resolution 48/104 Containing the Declaration on the Elimination of Violence Against Women," 1994).

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Women's Shelters: Provide secure accommodation for women and girls who are at risk or have been subjected to violence, although they contribute far more than just a safe place to stay. Shelters provide essential aspects of protection, services and resources which enable women and their children who have experienced abuse, to recover from the violence, to rebuild self-esteem and to take steps to regain a self-determined and independent life (Lead et al., 2013).

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DECLARATION

I declare that the study entitled, *"An exploration of the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of an intervention programme from a selected women's shelter in the Cape Metropole",* is a result of my own research. All the sources used in this study, have been indicated and fully acknowledged, by meansof complete references.

Name: Joy Lange

Date:

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DEDICATIONS

This study is dedicated to my husband John and children, Matthew and Mia Lange and my late parents Frederick and Francis Herman.

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ACKNOWLEDGEMENTS

I would like to extend my heartfelt appreciation to the following people for their various contributions during the undertaking of this research study:

- The enduring grace of my Heavenly Father.
- My husband, John and twins, Matthew and Mia, for encouraging me to persevere with seeing this study through, who patiently rearranged the household duties and responsibilities so that I could focus on completing this study. I love you all for your patience, sacrifice and support during this journey.
- Prof. Nicky Roman, you were the first to plant this seed. Thank you, for being such a great inspiration and for having faith in me.
- My supervisor Dr. Filies, for your guidance, encouragement and for pushing me to the completion of this study.
- A sincere and warm word of thanks to the Non-Governmental Organisation, for allowing me to use them for my research setting.
- Thank you to the research participants for agreeing to participate in the study. May you be strengthened by your valuable contribution to this research study.
- To my workplace and colleagues for allowing me the time I needed to bring my study to fruition; thank you for your encouragement and all the laughs and debriefing sessions.
- Family and friends, thanks for the support and love you gave me, throughout my studies, Johannes Cichorius and Jonathan Jonkers, thanks for opening your hearts and making your home mine. Dr Bradley Rink and Kenny Lawrence thank you for believing in me and for your guidance and insights. Theresa Graner, thank you for always being there for me. To my siblings, Irene Appolis, Avril Cooke, Lorna Solomons, Linda Hendricks and Elizabeth Weiner, you know the meaning of family, thank you so much for your love and support.
- My sincere gratitude to my sponsor, Shirley Bird, for funding my studies . Your unwavering support and love is what kept me going! Thank you!
- To all I may not have mentioned by name, but who immensely contributed to the completion of this study, thank you very much.

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CHAPTER ONE: INTRODUCTION OF THE STUDY

1.1 BACKGROUND AND RATIONALE

Violence against women (VAW) remains devastatingly pervasive and starts alarmingly young, showing new data from World Health Organization (WHO) and its partners(World Health Organization, 2016). Across their lifetime, one in three women, around 736 million, are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner. This number has remained largely unchanged over the past decade. Gender-based violence (GBV) against women and girls is a human- rights violation and a salient problem in global public health., and has been exacerbated by the COVID-19 pandemic (World Health Organization, 2016). WHO also states that violence against women is a different pandemic to COVID-19 and cannot be stopped with a vaccine. Furthermore, a multi sectorial approach by governments, communities and individuals is needed to combat the violence with sustained efforts. These efforts must change the harmful attitudes and improve access to opportunities and services for women and are needed to combat the war waged on women and children (World Health Organization, UN News, 2021, par 3 & 7, p. 1).

Intimate partner violence (IPV) is the most prevalent form of violence against women globally, affecting around 641 million. Whilst it is understood that both men and women can be victims of IPV, it continues to be a gendered issue, with the majority of victims being women Click or tap here to enter text.. However, 6% of women globally report being sexually assaulted by someone other than their husband or partner. Given the high levels of stigma and under-reporting of sexual abuse, the true figure is likely to be significantly higher (World Health Organization, 2021). Research shows that in the African region, this is at 36.6% (World Health Organization, 2013a).

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Gender-based violence (GBV) against women and girls is a human- rights violation and a salient problem in global public health. The General Assembly of the United Nations (UN) defines GBV against women and girls as "any act of violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering. Including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993, article 1, para. 1).

Although women abused within the domestic sphere may encounter common experiences, their individual identities related to race, ethnicity, social class, sexual orientation, age, and other attributes, intersect in ways that differentiate their needs and responses to violence. The issues of intersectionality and socio-political structure have an impact on women's experiences of abuse(Allard et al., 2018; Benjamin & Carolissen, 2015; Flasch et al., 2017; Hemphill, 2020; Perez-Trujillo & Quintane, 2017a).

Research has documented many serious acute, chronic, and intergenerational social, health, and economic consequences of GBV for women and girls across the life-course . There is a growing body of knowledge that suggests that domestic violence has a direct impact on the family as a whole and often leads to family dysfunction. (Baron et al., 2019; Björkenstam et al., 2016; Hemmingsson, 2018; Merrick et al., 2017). In addition, research implies that abused women often seek help from health care providers and community services including women's shelters (Campbell, 2002a; Burnett et al., 2015a). The growing recognition that IPV and VAW, a social phenomenon, led to the establishment of many services for abused women and their children. Among the most important of such services are women's shelters (Lopes, 2016a).

Shelters for survivors of abuse, disrupt the violence against women and children in at least two ways: they provide immediate sanctuary and protection to women and their children; and, as places of

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reflection and support, can provide women with a bridge out of despair to a life free from violence. The amount of time a survivor spends in a shelter can significantly affect the extent to which they are able to benefit from the services on offer (Lako et al., 2018; Stylianou et al., 2021; Sullivan & Virden, 2017a).Research has indicated that while shelters generally do not have the resources to provide prolonged treatment for women, they can to help victims of violence work through periods of crisis, establish safety plans, and obtain legal assistance (Lopes, 2016a; Toktaş & Diner, 2015; Wright & Bertrand, 2017). In addition to providing basic needs, shelters also often facilitate opportunities for education and employment so that women can plan for their future and acquire the necessary resources to build a new life for themselves ((Nnawulezi et al., 2019)).

South Africa has one of the highest rates of IPV and therefore requires effective and sustainable approaches to prevention and response to GBV (Baholo et al., 2015b). It is estimated that one woman is a victim of femicide every eight hours in South Africa, even though South Africa has one of the most advanced constitutions in the world. This is evident from research findings that more than half of women do not return to their partners after leaving shelters. Shelters can also assist women to obtain employment, although given the state of the South African labour market, their success in doing so varies (Lopes, 2016a; Sibanda-Moyo, Khonje, & Brobbey, 2017).

It is well documented that experiencing IPV can have devastating consequences to women's physical and mental health, overall well-being, and quality of life, as well as that of their children's. However, a small, predominantly qualitative body of research exists on women's experience of and capacity for healing from the effects of IPV (Allen et al., 2021; D'Amore et al., 2021; Lloyd et al., 2017). Some survivors reported negative experiences caused by barriers such as shelter rules and not being able to have visitors. The survivors also found it difficult to be separated from their family and friends (Stylianou et al., 2021).However, some survivors of IPV tend to have internal barriers to

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personal growth and development and tend to self-sabotage their development by returning to the previous situation rather than 'moving on' (Hemphill, 2020). Women survivors strength and post traumatic growth remains under-researched. Not much has been researched about abused women who self-sabotage or have internal barriers to growth after entering a woman's shelter (Lloyd et al., 2017).This research, will therefore explore the reasons abused women self-sabotage after receiving services from a shelter through a case study design.

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1.2. THEORETICAL FRAMEWORK

The bio-ecological systems theory forms the theoretical underpinning of this study. Urie Bronfenbrenner developed the ecological systems theory, which was later renamed the bio-ecological theory (Bronfenbrenner, 1979a; Wertsch & Bronfenbrenner, 2005). Urie Bronfenbrenner's ecological systems theory provides a contextual roadmap to help in understanding the different environmental factors that influences human development (C. Yang, 2021). The environmental factors includes the broader social, cultural and historical factors that impacts a human being's behaviour. According to the bio-ecological systems theory, five interrelated system levels affect the individual's growth, namely:

Micro refers to a battered women's immediate family. Many women who come to the shelter state that they did not have a good childhood and that their family was dysfunctional. Women often speak about being molested or sexually assaulted as a child by someone in the family, and when they disclosed this information to the family, in most cases, the mother, nothing was done about the matter and the mother preferred to look the other way. The women often expressed how this had a negative impact on their lives.

Meso refers to the life the survivor of abuse fled from and how that intersects with the shelter environment. This system level further defines the interrelations among major settings like the survivor's family, her abusive partner, the community, and the shelter environment. All these settings impact on the developing person at a particular point in her life.

Exo refers to how the survivor of abuse relates to the shelter procedures and rules. All women's shelters have to abide by shelter policies and government legislation. These social structures have an impact on the development of the survivor, whether negative of positive. An example of this is that during COVID-19, women's shelters had to adhere to the COVID-19 protocols and could not

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allow residents to have external visitors but instead do weekly video calls to family. Some women could not cope with these restrictions set out by the government and found this process very frustrating.

Macro refers to the diverse cultural attitudes, values and beliefs the women bring to the shelter. Women coming into the shelter come from different cultures, views, backgrounds, and life experiences. These factors all influence how the women choose to engage with the shelter services that are on offer.

Chrono-system refers to the environmental changes that occur over the life course. An example is the effects of a major life transition for a woman, such as teenage pregnancy or rape (Wentz et al., 2023).

The key to this theory is that it facilitates a broader understanding of a social phenomenon, and is important in enhancing our understanding of why abused women create internal barriers that negatively affect their growth (Bronfenbrenner, 1979; Bronfenbrenner, 1986; Bronfenbrenner & Morris, 1994).

In the current study, each of the systems plays a role in either facilitating or inhibiting self-sabotage by abused women in a Cape Metropole shelter. For example, women entering a shelter would often enter due to previous circumstances, related to factors external to the person. For example, the women were referred to the shelter because they experienced physical abuse from their partners, and their families no longer wanted to help because the situation was not improving. The women receive counselling at the shelter, and participate in intervention programmes designed to facilitate growth and development, but due to internal factors (such as low self-esteem, co-dependency) or external pulling factors (such as family, children or substance abuse), they may decide to continue or exit the

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programme and not grow at all. What is clear is that each system in the person's environment has a role to play in the growth and development of the women in shelters, whether positive or negative.

(Bronfenbrenner & Ceci, 1998) confirmed that the bio-ecological systems theory uses different types of relationships and surroundings of an individual to help explain their development. It consists of five environmental systems which affect the individual's growth and with which an individual interacts: microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

In response to this study, the bio-ecological systems theory aims to explore the ecological factors that may be associated with IPV at the individual, relationship, community and societal levels. The bio-ecological systems theory has adequately demonstrated its applicability to the current study as it provides an interpretation of human behaviour highlighting the role of the woman who is a survivor of IPV, and exploring her reasons for self-sabotage after receiving services from a shelter in the Cape Metropole.

1.3 PROBLEM STATEMENT

The increasing prevalence of IPV survivors exiting a shelter during various stages of the shelter intervention program is a growing concern for government departments, the domestic violence sector, donors and communities. Despite the availability of an emergency safe space and psycho-social support services that shelters offer, some survivors still exit the shelter program during various stages of the shelter intervention program(K.T. et al., 2013; Robinson et al., 2020a; Stylianou et al., 2021; Sullivan & Virden, 2017a). The study aims to explore survivors' reasons for self-sabotage during various stages of the intervention program from a selected shelter for women in the Cape Metropole.

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1.4 RESEARCH QUESTIONS

- What are the survivors life experiences and their reasons for seeking shelter?
- What are the survivors perceptions of the intervention programmes offered by the selected women's shelter?
- What are the staff's perceptions and experiences of the survivors at the selected women's shelter regarding self-sabotaging patterns?
- Why do some survivors self-sabotage during various stages of the intervention programme offered by the selected shelter?

1.5 AIM OF THE STUDY

This study aimed to explore the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of the intervention programme from a selected woman's shelter in the Cape Metropole.

1.5.1 OBJECTIVES OF THIS STUDY

The objectives of this study were:

- To explore survivors' life experiences and the reasons for seeking shelter.
- To explore the survivor's perceptions of the intervention programmes offered by the selected women's shelter.
- To explore the perceptions and the experiences of the staff at the selected women's shelter regarding self-sabotaging patterns of some of the service users.
- To describe why some women self-sabotage during various stages of attending the shelter's intervention programme, which prevents them from progressing out of their previous

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circumstances.

1.6 METHODOLOGY

The qualitative investigation will explore factors that compel women to self-sabotage after receiving shelter services from a selected women's shelter in the Cape Metropole. (Creswell, 2013) advises that a research design is defined as "a set of guidelines and instructions to be followed in addressing the research problem. The theorist mentioned above, further implies that the primary function of a research design is to enable the researcher to anticipate that the appropriate research decisions should be made in such a manner that the eventual validity of the research findings are maximised. The research design is the plan or blueprint that the researcher used to conduct the research. It is an established research design that is used extensively in a wide variety of disciplines, particularly in the social sciences.

In addition, Creswell (2014) defines qualitative research as an enquiry process of understanding where a researcher develops a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting. This study utilised a qualitative research methodological approach. An exploratory and descriptive research design was adopted to explore the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of an intervention programme from a selected women's shelter in the Cape Metropole. This was a method of inquiry, in which the researcher gathered data from the field where the study was conducted by using more than one source of data collection method, organising the data into related topics (themes) and analysing the data (Creswell, 2007). In addition, (Rubin & Babbie, 2016) states that it is the best method of investigation to describe people's feelings, opinions, views, and beliefs about their natural environment.

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1.7. SIGNIFICANCE OF THE STUDY

This study will contribute to the existing body of knowledge within the research field. It explored abused women's experiences in a women's shelter after the women were exposed to the shelter's intervention programme. The experiences of the shelter staff in working with abused women have also been explored. This study may assist women's shelter service providers with information to review their shelter services to better assist women survivors of IPV and prevent them from self-sabotaging after receiving shelter services. At the same time, it will counteract the wastage of time and resources in shelters. This study may also assist the shelter where the study was conducted, to identify the successes and limitations of the programme whilst providing opportunities for further development of the shelter's intervention programme (Assari et al., 2018; Bronfenbrenner, 1979a; Burnett et al., 2016b; Radzilani-Makatu & Chauke, 2019)

1.8 OUTLINE OF CHAPTERS

Chapter One - is an introduction to the study; it provides the context and background of gender-based violence, violence against women, and women's sheltering globally and in South Africa. It presents an overview of the study's importance and rationale, and describes the study's research question, aim and objectives. The chapter briefly introduces the theory on which the study is formulated, and ends with the significance of the study.

Chapter Two - is a detailed presentation of the theoretical framework which underpins this study. This study was guided by two theories; bio-ecological systems theory, and social role theory.

Chapter Three - provides an in-depth literature review on

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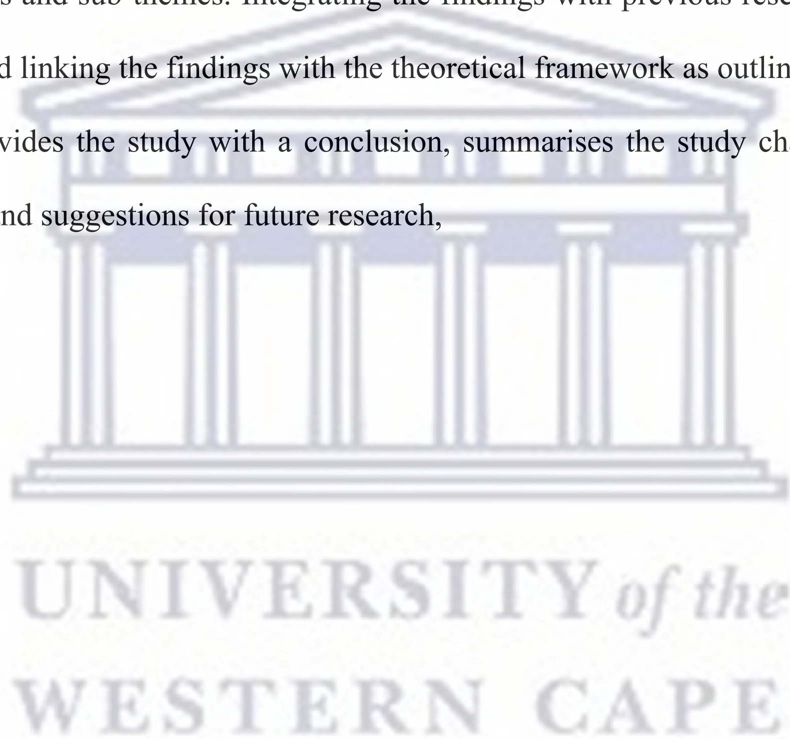
The various aspects related to these central concepts are also discussed. The chapter concludes with a summery, reflecting what exists in the literature regarding how the various concepts connect to each other.

Chapter Four - describes the research methodology utilised in this study. An in-depth discussion of the qualitative methods used is presented alongside the study population, and sample, data collection procedure, data analysis, data verification, ethical considerations and the limitations of the study.

Chapter Five - is a presentation of the study's results with a discussion of the main findings according to themes and sub-themes. Integrating the findings with previous research, as presented in chapter three, and linking the findings with the theoretical framework as outlined in chapter two.

Chapter Six - provides the study with a conclusion, summarises the study chapters, and makes recommendations and suggestions for future research,



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CHAPTER TWO: THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The previous chapter provided an overview of the study. This chapter focuses on exploring the aspects of the study's theoretical framework. The bio-ecological systems theory by Urie Bronfenbrenner (Bronfenbrenner, 1979b, 2005) forms the theoretical underpinning of this study. A comprehensive description of bio-ecological systems theory is provided, and describes how this links and supports this research study. The theoretical framework was chosen since it allowed the researcher to gain insight into the different aspects of the person's life and how the context is integrated with the lifeworld of the individual. This understanding allowed the researcher to make sense of the survivors self-sabotaging behaviour at the selected shelter in the study.

2.2 BIO-ECOLOGICAL SYSTEMS THEORY: HISTORY AND PERSPECTIVES

Ecology used to be a branch of biology. According to the English Cambridge Dictionary (n.d.), ecology is the relationship of living things to the environment and each other. In biology, ecology is a branch of science concerned with the interrelationships of organisms and their environments. From the ecological point of view, the environment is a collection of natural factors (physical, chemical, and biological) capable of affecting living organisms. In essence, ecology deals with the study of complex systems composed of different elements that interact with each other. Moral behaviors of individuals in relation to the bio-ecological systems theory, are the result of complex interactions among moral eco-systems. When one (or more) parts of the system is amiss, all others are affected, and the result would be the increased risk for moral crisis. For example, if there is a lack of coherence in moral values among family, school, mass media, Internet, etc., then moral ecology systems have not yet been established. (C. Yang, 2021) Furthermore, with human communities, ecology

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emphasizes that behaviour is embedded in cultural, social, historical, and political contexts (Rosa & Tudge, 2013; L. H. Yang, 2020). Examples of this in South Africa are the socio-economic problems regarded as the 'triple challenge': unemployment, poverty and inequality.

Violence against women, poverty, unemployment and inequality are the significant, and enduring social problems that affect not only the day-to-day lives of millions of women, and their significant others (Edleson, Lindhorst & Kanuha, 2015). (Thompson, 2016) confirms that poverty, inequality and unemployment have a negative impact on the individual and the family. The interrelation between these issues makes them more complex to deal with. Furthermore, (Jack, 2014) reminds us that South African culture foster patriarchal family structures in which men have power over women.

Several studies confirm that the risk factors for IPV include poverty, unemployment, income inequality, patriarchal notions of masculinity that validate toughness, risk-taking and defence of honour, exposure to child abuse in childhood, weak parenting, access to firearms, alcohol abuse and weakness in the mechanisms of law enforcement (Al'Uqdah et al., 2016; Gilroy et al., 2020; Monama, 2022; Paat, 2013a; Rasool, 2015c) . In South Africa, VAW is now recognised as a major social and public health problem (Dekel et al., 2019; Goodrum et al., 2019).

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Bronfenbrenner (1979) produced the ecology of human development theory that argued the world of the child (and indeed all of us) consists of five systems of interaction: (1) Microsystem, (2) Mesosystem, (3) Exosystem, (4) Macrosystem, and (5) Chronosystem. Each system depends on the contextual nature of the person's life and offers an ever-growing diversity of options and sources of growth (Vélez-Agosto et al., 2017). Bronfenbrenner's understanding of the practical problems faced by young children and the families in which they lived helped contribute to the development of his theory of human development.

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The intersection of practical concerns and theory development can be seen at each of three phases in its development, from the ecology of human development (in the 1970s), through ecological systems theory (until 1993), until the third and final phase, known as bioecological theory (Rosa & Tudge, 2013). Tudge et al. (2009) put forward that although there are clear and distinctive differences amongst the three phases, they are all "ecological," proposing that Bronfenbrenner's was primarily in the interrelatedness of individuals and the contexts in which they find themselves. Through his theoretical framework, Bronfenbrenner created awareness of the importance of examining development in the real-world context in which people live (Tudge et al., 2020).

The theory of (Bronfenbrenner, 1979a; Merçon-Vargas et al., 2020), provided a theoretical basis for this research study in that it superimposed the five systems in the following way across a women's life course: growing up in poverty and witnessing family violence and being molested as a child (microsystem); she grew up witnessing that the community norm ascribed a higher status to men and a lower status to women (mesosystem); later, as a married young woman, she bears the pressure and frustration because her husband was retrenched from work and this has a significant impact on the family (exosystem); the negative impact and trauma of COVID-19 on the woman and her family (macrosystem), the women's life experiences over time and the impact this has on the self-worth and self-esteem determines how she will handle what life has to offer (chronosystem).

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Bronfenbrenner's Model

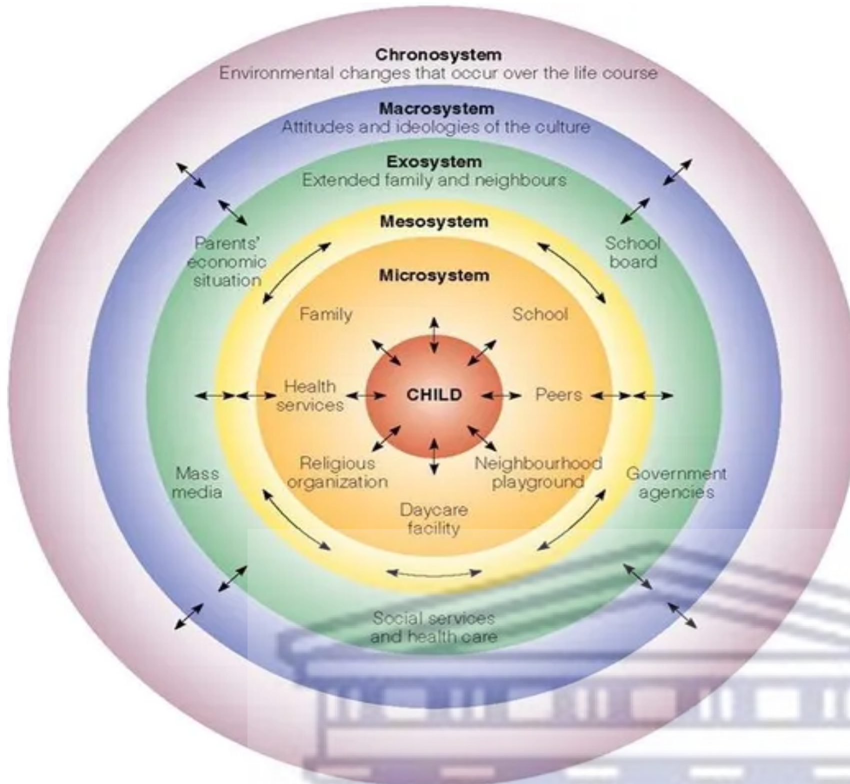

Figure: 1. Five layers of Urie Bronfenbrenner's ecological systems theory

Christensen (2016) argues that in Bronfenbrenner's theory, everything is interrelated and interacts with each other, but to varying degrees and at different times. Bronfenbrenner's theory focuses on relationships, between people and the different systems, that constitute our lives and our world.

Bronfenbrenner's ecological theory of development has proven to be beneficial in providing insight into all the factors that play a role in the growth and development of individuals. Yang (2020) adds that a person's biological potential dependents on enduring, reciprocal, highly interactive proximal processes.

The proximal processes (See Figure 2), which mediate the individual and contexts, were defined as the key factors in development (Bronfenbrenner, 1995; Bronfenbrenner & Morris, 1994), with a more powerful impact on the individual's development than contextual factors (Ashiabi & O'Neal, 2015).

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In this context, the current study will explore settings in which the individual (abused woman) spends time, and how the individual relates with others in the same setting (women's shelter).

2.5. Description of the Bio-ecological systems theory layers

2.5.1 The microsystem

The microsystem is the core of the bio-ecological systems theory and consists of the individual's most immediate environment (physically, socially, and psychologically), this core entity stands as the individual's venue for initially learning about the world (Bronfenbrenner, 1979b, 1986; Bronfenbrenner & Morris, 1994).

Various scientific literature intimates that it is recognized that wellbeing is specially affected by microsystems such as families, schools, or neighbourhoods. However, these microsystems have not been studied enough regarding their influence on subjective wellbeing in childhood (Gómez et al., 2019). Vélez-Agosto et al. (2017) put forward that the individual's most intimate learning setting offers him or her a reference point of the world. Furthermore, it can provide the nurturing centrepiece for the individual or become a haunting set of memories of one's earliest violent encounters.

The real power in this initial set of interrelations with family, for the child, is what they experience of developing trust and mutuality with their significant people. (C. Yang, 2021) indicates that the most immediate level of influences on an individual's morality is located within the microsystem, which consists of the immediate setting or environment in which the individual is situated, such as family, school, and community. In the context of intimate partner violence and the relationship between the two parties, the individual level factors would include the survivor's childhood experiences and past traumas and the perpetrator's upbringing relating his sense of power and control of his partner.

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The researcher explored battered women's life circumstances, upbringing, and development over time to provide a more meaningful understanding of the person.

The concept of family is a social institution that provides a foundation in which children learn how to navigate and fit into society, and comprises of the most intimate microsystem for children (Paat, 2013b).

Bronfenbrenner (1986) mentions that the innermost level, the microsystem, indicates the relations between individuals and their immediate surroundings. This system encompasses their intimate contacts in which they have interpersonal connections, family members, and special events, or settings that often serve as their point of reference. However, not all microsystems are identical as the influence of one may outweigh the others. For example, the effect that family exerts may surpass the influence of peers or vice versa, depending on the developmental milestones of the children. Additionally, as children get older, the number of their microsystems also expand (Bronfenbrenner, 1979b).

Dekel et al. (2019) proposes that difficulties often begin in the home and often manifest themselves within other settings (thus illustrating the mesosystem). Furthermore, the family is where parents and children affect each other's behaviour and beliefs, illustrating the individual's early microsystem for learning how to live. Finally, the caring relations between the individuals and parents (and many other caregivers) can help to foster a caring attitude towards others they interact with in society.

According to Bronfenbrenner's bio-ecological systems theory, interactions within the microsystem is composed of individuals and groups with whom the individual interacts in the immediate environment (e.g., home) which constantly shape the individual or groups of individuals.

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Micro-system-level interactions has a direct impact on the individual's growth and development inclusive of socio-demographic characteristics, witnessing parental violence, and abuse during childhood. The microsystem provides the nurturing centrepiece for the individual or becomes a haunting set of memories of one's earliest encounters with violence. (Eriksson et al., 2018a; Paat, 2013a; C. Yang, 2021)

The real power in this initial set of interrelations with family for the child is what they experience in developing trust and mutuality with their significant people (Caron et al., 2018). In the microsystem, the most direct interaction with social agents occurs, as with parents, peers and teachers. The individual is not a passive recipient of experiences in these settings, but someone who helps to construct the settings. These contexts include a person's family, peers, school, and neighbourhood (Christensen, 2016). In this study, the microsystem plays an important role when the researcher explores the background and life experiences of the women who sought shelter services as it assists in the exploration of their reasons for self-sabotage whilst receiving services form a shelter in the Cape Metropole.

As the bio-ecological systems theory is based on the belief that the primary relationship needs to be with someone who can provide a sense of caring that is meant to last a lifetime, in the context of this study, this person is the woman who is a survivor of intimate partner violence(Napoli et al., 2019). Before coming to the shelter, she was in a relationship with her partner. Both of them brought their values, beliefs, attitudes, personal weakness, problems and pathologies into the relationship learnt from their families of origin.

Another factor at the individual level that can contribute to the causation and maintenance of violence is the self-esteem of the assailant and/or the victim. Although it has not been empirically documented

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that batterers and their victims have poorer self-concepts than their nonviolent counterparts, it has been noted repeatedly in anecdotal reports that both parties to domestic violence are typically immature, inappropriately dependent, and insecure. Such traits can lead to unwarranted jealousy culminating in violent rage in the male partner, and to a degree of dependency in the female partner that makes it difficult, if not impossible, to leave a violent home situation. This passivity can be carried to such an extreme that many battered women are afflicted with what has been called "learned helplessness"(Teodorescu & Erev, 2014)debilitating motivational deficits. Most battered women have repeatedly tried to stop the violence directed against them, without success. Eventually many give up trying and appear withdrawn and apathetic, resigned to the abuse (Ali & Naylor, 2013).

2.5.2 The Mesosystem

Bronfenbrenner (1977, 1979b) suggests that the mesosystem represents reciprocal interactions between the various microsystems. This means that what happens in one microsystem is likely to influence the other microsystem. In the context of this study, the life that the survivor of abuse fled from, how that intersects with the shelter environment, her family and community, has an impact on her. Also, the interrelations among major settings like the survivor's family, her abusive partner, the community, and the shelter environment. All these settings impact on the developing person at a particular point in her life.

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Figure 1. illustrates the mesosystem as the next layer in the ecological context. Ferguson et al. (2013) put forward that the mesosystem is composed of interrelationships between two or more micro-systems in which the individual is situated (e.g., the child's relationship between school and home). Experiences in which individuals are active participants in one micro-level system such as with the school, may influence another micro-level system, such as in the child's home (Paat, 2013b). The

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mesosystem, therefore may include the school and family, the church and family, the community and family. The lack of meaningful connection and participation between the individual and his parents, his church and his neighbourhood, within the mesosystem, may lead to negative human development outcomes and behaviours (Teodorescu & Erev, 2014).

A study by Jonker et al. (2015) found that shelter interventions were effective in improving mental health outcomes, decreasing abuse and in improving social outcomes in shelter-based abused women. This analysis reveals that interventions provided during and after placement in a shelter are effective in improving mental health, abuse, and social outcomes. But further research has to confirm this.

In this research study, the micro and mesosystem linked to the survivors of abuse when they participated in the various shelter services. The primary purpose of shelters is to provide a safe haven to stop the abuse and prevent further harm. Other goals are to improve (mental) health outcomes, such as improving quality of life and reducing symptoms of post-traumatic stress and depression. Social outcomes of shelter interventions include increasing access to resources and social support (Jonker, et al., 2015). The survivor's growth and development depend on the individual's bioecological system and the connections and level of participation between the survivor of abuse and the shelter staff and services on offer.

2.5.3 The Exosystem

Subsequent to the mesosystem is the exosystem (see Figure 1.). It refers to social settings which the individual may not experience directly but which still influence the individual's development (Bronfenbrenner, 1986; Paat, 2013b). These environments may be formal institutions such as the individual's work environment (the rules and protocols that affect the individual), the media (the

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influence that the news has on an individual like femicide and GBV being in the spotlight constantly), religious beliefs (women growing up believing that they should be submissive according to the preaching's of some religious leaders), and judicial institutions (the justice system failing women, when perpetrators get bail of R500 and protection orders not being issued or followed up). Coupled with this, the availability of health care and social welfare institutions or informal social networks of friends and family who provide friendship, advice, help, and support to parents. Again, the individual may not be directly involved at this level, but they do feel the positive and or negative force involved with the interaction with their own system (Allen et al., 2021; Bryngeirsdottir & Halldorsdottir, 2022; D'Amore et al., 2021; Merçon-Vargas et al., 2020).

Ferguson et al., (2013) concur that the exosystem level consists of interactions between two or more settings, one of which does not contain the individual. However, the occurrence of the interaction indirectly influences processes within the immediate setting in which the individual is embedded (Bronfenbrenner, 1986; Bronfenbrenner & Morris, 1994).

Thus, in relation to this study, for example, according to South African legislation, the Domestic Violence Act of 1998, when GBV occurs, the survivor needs to report the incident to the South African Police Services. Unfortunately, this often results in poor service delivery in relation to managing and investigating the criminal charges that the survivor made against her abusive partner (Govender & Pillay, 2022). This could have a negative impact on the survivor's well-being, personal growth and development.

2.5.4 The Macrosystem

The macrosystem, which is broadly explained by Bronfenbrenner (1977) as the large overarching set of social values, culture, beliefs, norms, political ideologies, customs, government and laws, the

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economy, wars; that incorporate the microsystem, mesosystem, and exosystem, all impact the lives survivors. The impact of these systems can be exacerbated depending on the weight of these various systems (Bahadir-Yilmaz & Öz, 2018; Merçon-Vargas et al., 2020; Paat, 2013b).

In addition, applying the macrosystem level to this study, social problems are defined differently by different societies. One society may perceive intimate partner violence, using alcohol and antisocial behaviour by individuals as the right thing to do, whereas other societies might perceive these activities as problematic.

2.5.5. The Chronosystem

Bronfenbrenner (1994) believed that the child's social environment does not remain static (e.g., death of a parent, divorce, or relocation). It constantly changes related to the child's developmental process. Bronfenbrenner calls this system, the chronosystem (chrono refers to time), which incorporates the temporal (time) measure of this model. The chronosystem refers to the time at which particular changes occur in the child's life (such as the loss of a parent at a young age) and the influence it holds on the child's development (Bronfenbrenner, 2005).

(Merçon-Vargas et al., 2020) confirm that the final level of Bronfenbrenner's (1994) ecological framework is the chrono-system. It includes consistency or change (e.g., historical events) of the individual and the environment over the life course (e.g., changes in family structure). The passage of time was synonymous with chronological age in past studies of human development. The chronosystem becomes applicable as it emphasises abused women's vulnerability based on their reason for being at the shelter and their ability to engage with the services on offer while at the shelter.

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(Bryan, 2019a; Khodabandeh et al., 2018) drew associations between childhood abuse and adult health risk behaviours in their research study. They highlighted that conditions such as drug abuse, spousal violence, and criminal activity in the household may co-occur, with specific forms of abuse that involve children. Without measuring these household factors, long-term influence might be wrongly attributed solely to single types of abuse, and the cumulative influence of multiple categories of adverse childhood experiences. These researchers emphasised that there is a direct link between childhood abuse and household dysfunction of adult health risk behaviours, health status, and disease states. This links directly to Bronfenbrenner's (1995,1994) proximal process of human development, which the researcher will unpack below.

2.5.5.1 Proximal process of human development

Bronfenbrenner (1995; 1994) extends his theory from the ecology of human development to the bio-ecological model in recognition of his long-held view that biological resources are also important in understanding human development (Thomason & Marusak, 2017). The bio-ecological systems theory comprises of process, person, context and time (PPCT) framework (Rosa & Tudge, 2013) (See Figure 2.). Ferguson and Evans (2019) disclosed that Bronfenbrenner's greatest contribution to theory in both developmental and cultural psychology, was his argument, that we should consider the four interacting dimensions when studying the developing person: process, person, context and time.

Rosa and Tudge, (2013) suggest that the bio-ecological theory, in its current or mature form, specifies that researchers should study the settings in which a developing individual spends time and the relations with others in the same settings. The personal characteristics of the individual (and

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those with whom he or she typically interacts), both development over time and the historical time in which these individuals live, and the mechanisms that drive development (proximal processes).

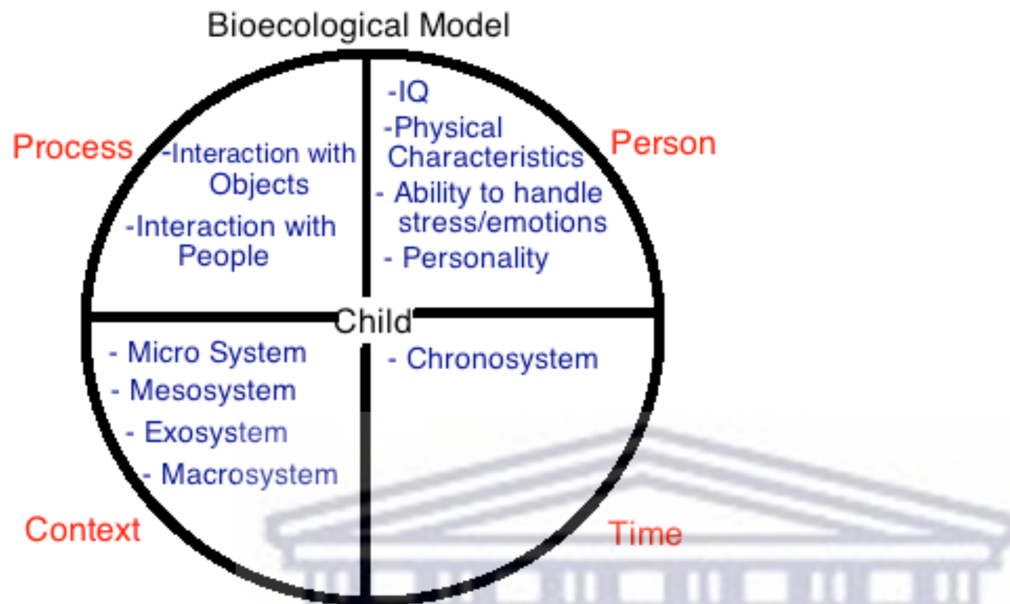

Figure: 2. The Process-Person-Context-Time Model

Process: Bronfenbrenner viewed proximal processes as the primary mechanism for development, featuring them in two central propositions of the bio-ecological model, interactions with objects and interaction with people (Bronfenbrenner & Morris, 1998).

Proposition 1: Human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment. To be effective, the interaction must occur on a regular basis over extended periods. Such enduring forms of interaction in the immediate environment are referred to as proximal processes (Bronfenbrenner & Ceci, 1998). Proximal processes are the development processes of systematic interaction between person

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and environment.(Eriksson et al., 2018a; Merçon-Vargas et al., 2020) Bronfenbrenner (1998) identifies group and solitary activities such as playing with other children, or reading as mechanisms through which children come to understand their world and formulate ideas about their place within it (Vélez-Agosto et al., 2017). However, processes function differently depending on the person and the context.

Proposition 2 states that the form, power, content, and direction of the proximal processes effecting development, vary systematically. As a joint function of the characteristics of the developing person in the environment in which the processes are taking place; the nature of the developmental outcomes under consideration; and the social continuities and changes occurring over time through the course of life, and the historical period during which the person has lived (Bronfenbrenner & Ceci, 1998). The nature of proximal processes varies according to the aspects of the individual and of the context, both spatial and temporal; and as children grow older, their developmental capacities increase both in level and range. Therefore, to continue to be effective, the corresponding proximal processes must also become more extensive and complex to provide for the future realization of evolving potentials lived (Wertsch & Bronfenbrenner, 2005).

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Person: Bronfenbrenner and Morris (1998) acknowledged the role that personal characteristics of individuals play in social interactions. He identified three personal characteristics that can significantly influence proximal processes across the lifespan; these include demand characteristics, resource characteristics and force characteristics. Demand characteristics such as age, gender or physical appearance, set processes in motion, and act as personal stimulus characteristics (Eriksson et al., 2018a; Merçon-Vargas et al., 2020). Resource characteristics are

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not as recognizable, and include mental and emotional resources such as experiences, intelligence, and skills as well as material resources such as access to housing, education, and responsive caregivers (Bronfenbrenner & Morris, 1998). Lastly, force characteristics are related to variations in the individual's motivation, persistence and temperament (Bronfenbrenner & Morris, 1998).

Context: Involves five interconnected systems, which are based on Bronfenbrenner's original model, ecological systems theory. The microsystem describes environments such as home or school in which children spend significant time interacting. Mesosystems are interrelations between microsystems. The exosystem describes events that have important indirect influence on development, for example a parent consistently working late (Eriksson et al., 2018a). The macrosystem is a feature of any group (culture, subculture) that share values and belief systems. The chronosystem describes historical circumstances that affect contexts at all other levels (Bronfenbrenner & Morris, 1998).

Time: is constituted at three levels: micro - what is happening during specific episodes of proximal processes; meso - the extent to which the processes occur in the person's environment (Eriksson et al., 2018a), and macro - time (or the chronosystem) focuses on the shifting expectancies in the wider culture. An example of the proximal process model is when a nine-year-old girl and her younger brothers are removed from their parents by the department of social services because both parents are alcoholics and neglect their children. These children are placed in safety, and over a period of time they are split from one another and placed into foster homes. No psychosocial intervention takes place for these kids who grow up trying to make sense of what and why these

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life-changing events took place. Over time, these life experiences impact on how they engage with the world as adults.

Bronfenbrenner's bioecological approach provides an overarching framework that effectively encompasses all of these components impacting the developing person. At the core of Bronfenbrenner's model are proximal processes, or regular, sustained exchanges of energy between the developing person, others, objects, and symbols in their immediate settings, or context, that take place over developmental time. These proximal processes, he argued, are the "engines of development" (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 1998).

A key trait of proximal processes is that they are reciprocal between the child and his or her surroundings. Bronfenbrenner also argued that effective proximal processes should become increasingly more complex as children mature. Physical and psychosocial settings that interfere with proximal processes, for example, settings that are unpredictable or unstable (typical for children and families living in poverty and those experiencing environmental chaos); are particularly detrimental to children's development and well-being (Bronfenbrenner, 1986; Bronfenbrenner & Evans, 2000; Ferguson et al., 2013).

The power of proximal processes varies as a function of the characteristics of the developing person, including behavioural dispositions, resources, and demand characteristics (Bronfenbrenner & Morris, 1998).

Furthermore, proximal processes are the everyday activities and interactions that occur between individuals and their environments, and Bronfenbrenner conceptualized these processes as the mechanisms for growth and development (Bronfenbrenner & Evans, 2000). As the driving force

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behind development, proximal processes were placed at the forefront of the newly articulated Process-Person-Context-Time (PPCT) model. Bio-ecological theory and the PPCT model remained true to Bronfenbrenner's ecological focus. However, they placed greater emphasis on the dynamic and ever more complex interactions occurring between developing individuals and the world around them. In this study, the researcher used the example of a pending court case of a survivor of IPV and how this case developed in addition to how the shelter supported the survivor during this traumatic period and how this interaction influenced the development of the survivor positively and elevated her self-esteem.

The bio-ecological systems theory is most appropriate for this study as it explains all the factors that influence human development and how it might eventually lead to survivors' reasons for self-sabotage during various stages of a shelter intervention program. However, family, in this context, the intimate partner, forms the immediate micro-environment of the survivor that has both direct and indirect influences on the survivor's development and behaviour.

Furthermore, family members provide the basic needs for one another. Since the interaction within different family structures is bi-directional, the individual's positive or negative behaviour can impact on the entire family system. Therefore, it makes sense to explore this interaction from the individual's position. As such, understanding this bi-directional interaction, as well as the effects it has on the individual's point of view, is critical. Furthermore, the bio-ecological theory argues that experience in human development should not only be viewed as objective properties, but also as subjective properties experienced by the individual in his/her own personal environment (Wertsch & Bronfenbrenner, 2005). Undoubtedly, different families and people react to different situations and stress individually. This can be said by the manner in which an individual deals with the loss of a

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loved one, which is different from one person to the next. How the individual deals with the loss of a loved one is dependent on the support structure surrounding the bereaved.

The bio-ecological systems theory has adequately demonstrated its applicability to the current study as it provides an interpretation of human development, highlighting the role of the survivor of abuse in ensuring growth and development in the women's shelter setting. The bio-ecological systems theory fits the description of human behaviour in the social environment. It focuses on interactions between and among individuals, groups, societies, and economic systems as developed by the social systems in which people live.

Furthermore, Urie Bronfenbrenner emphasized in his theory that behaviour and development are mainly concerned with how the surroundings are perceived rather than how they may be in objective reality. He further interpreted humans and surroundings as reciprocally influencing structures that shift and adjust over time (El Zaatari & Maalouf, 2022).

2.6 Conclusion

This chapter described bio-ecological systems theory and its relevance and applicability to this study. Bio-ecological systems theory is based on the foundation that the environment is an essential force in the development, and the developing individual is embedded in a series of complex and interactive systems. Therefore, the environment and its immediate settings actively shape the outcome of an individual's life. Within the microsystem, shelter staff and more so survivors of IPV contribute towards the functioning, stability and positive development of the women whilst at the women's shelter. In view of the outer layers of the system, all impacting on the growth and development of the women in the shelter, the role of shelter staff cannot be over-emphasised; a breakdown in the bio-ecological system could lead to impeding the women's growth and development at the shelter.

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The bio-ecological systems theory has been selected as it ties in well with the research study because it emphasises the various environments surrounding the survivor like personal, micro, meso, exso, macro & chronosystems, roles, duties, and obligations that survivor has towards her own development within the microsystem (women's shelter). The next chapter, the literature review, will provide critical insight into other research conducted on the topic.

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CHAPTER THREE: LITERATURE REVIEW

3.1 INTRODUCTION

The previous chapter provided the theoretical framework for exploring the reason for self-sabotage by survivors of intimate partner violence (IPV) during various stages of an intervention programme from a selected women's shelter in the Cape Metropole. This chapter provides critical insight into research conducted on the topic. Content discussed includes violence against women (VAW), gender-based violence (GBV), IPV, domestic violence (DV), abused women's help-seeking behaviour, women's shelter facilities, services, resources and treatment, behaviours of survivors of abuse, and self-sabotage. The concepts are discussed as an in-depth overview in exploring the perceptions, experiences, and challenges of survivors of IPV and the reason for self-sabotage.

3.2 Violence Against Women

VAW is not a new phenomenon, nor are its consequences to women's physical, mental and reproductive health. What is new is the growing recognition that acts of VAW are not isolated events but instead form a pattern of behaviour that violates the rights of women and girls, limits their participation in society, and harms their health and well-being.(Lopes, 2016a)Research makes known that VAW is a global public health problem that affects approximately one-third of women globally (World Health Organization, 2013b). Furthermore, worldwide, approximately one-third (30%) of women who have been in a relationship state that they experienced some form of physical and/or sexual violence by their intimate partner during their lifetime (World Health Organization, 2020).

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García-Moreno et al. (2015) advised that growing international acknowledgement of these violations create opportunities eliminating VAW, although solutions will not be quick or easy. Governments need to address the political, social, and economic structures that subordinate women, implement national plans and make budget commitments to invest in actions by multiple sectors to prevent and respond to abuse. Emphasis on prevention is crucial (Spencer et al., 2020) as community and group interventions involving women and men can shift discriminatory social norms to reduce the risk of violence. Education and empowerment of women are fundamental, as research reveals that women's education and empowerment has become an important issue for development efforts worldwide (Baholo et al., 2015b; Peltzer et al., 2017; Upadhyay et al., 2014; Wood, 2015).

Sere, Roman and Ruiter (2021) propose that VAW is ancient; it jeopardizes the lives of women and violates their human rights. It cuts across nations, cultures, religions, and classes and continues to this day. Although the majority of countries in the world have made VAW a criminal act, with societies at large condemning it, it continues to be a critical global problem (Swart, 2015). VAW and girls occur in all countries of the world and remain one of the most severe unresolved problems of our time (World Health Organization, 2012).

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Regardless of the progress in the development of international legal norms, standards, and principles, the establishment of international legal and political structures that monitor the various forms and types of violence committed both in public places and in the family, progress in reducing the level of violence against them is small (Akhmedshina, 2020; Sere et al., 2021). VAW is a major hindrance to progress towards equality, peace and development, and better rights for women and girls. The landmark UN Declaration on the Elimination of Violence against Women (Resolution 48/104.1993), which marks a milestone in the fight against violence, defines the term "violence against women"

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as: "any act of violence committed on the basis of gender that causes or may cause physical, sexual or psychological harm or suffering to women, as well as threats to commit such acts as coercion or arbitrary deprivation of liberty, whether in public or private life" ("United Nations: General Assembly Resolution 48/104 Containing the Declaration on the Elimination of Violence Against Women," 1994)

Akhmedshina (2020) confirms that many women experience violence in various forms throughout their lives: physical, sexual, and psychological. Guedes et al. (2016) identified the following types of violence as the most common:

- violence by a partner (beating, psychological abuse, marital rape, murder of women);
- sexual violence and harassment (rape, violent sexual acts, unwanted sexual advances, child sexual abuse, forced marriage, street harassment, stalking, cyberbullying);
- human trafficking (slavery, sexual exploitation);
- curing operations on female genital organs;
- child marriages.

The pervasiveness of domestic violence, including IPV and VAW, children, and elderly, has directly triggered a substantial amount of research efforts devoted to analysing various aspects of the problem, such as the prevalence, characteristics, causes, and effects associated with such violence (Bryan, 2019a; Rasool, 2015c; Ryan et al., 2018; Stylianou et al., 2021; Teodorescu & Erev, 2014; Wright & Bertrand, 2017; C. Yang, 2021).

In many countries DV is defined broadly as abusive behaviour (physical, sexual, emotional, economic, or psychological) perpetrated by an intimate partner or family member against another.

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Thus, DV is the broad term used to include both IPV and family violence (e.g., adult child and a parent or adult siblings) (Barocas et al., 2016).

3.2.1 Intimate partner violence in relation to VAW

IPV, which commonly refers to psychological, physical, or sexual harm inflicted by a current or former partner or spouse, has become a widespread global problem among all cultural, socio-economic, and religious groups**.** In addition, IPV is one of the most common forms of VAW and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner (World Health Organization, 2012). (Govender & Pillay, 2022) states that in most of the world, no place is less safe for a woman than her own home. However, regional rates of violence inflicted by intimate partners reach as high as 43% in South Asia and South Africa at 40% of women who have experienced violence from an intimate partner.

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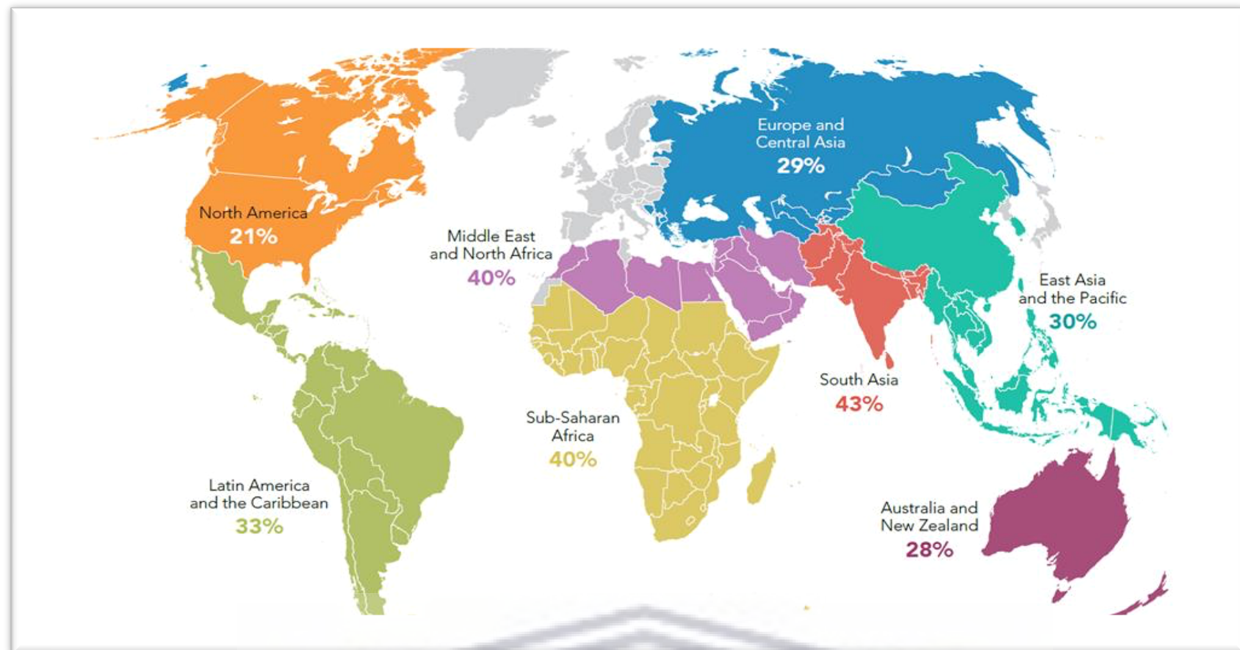

Figure 3. Regional rates of IPV around the World

South Africa's history of apartheid prior to 1994, was plagued by racial segregation and exploitation. The transition to a democratic country in 1994, was achieved by a lengthy liberation struggle riddled with political violence and state sponsored oppression. After apartheid, high levels of often criminal interpersonal violence continued, fuelled by rapid urbanization and ongoing socioeconomic disparities, that resulted in a high level of trauma exposure (Atwoli et al., 2013). Research indicates that apartheid oppression and post -apartheid marginalisation in everyday in life, accounts for the ways in which the democratic dispensation has strengthened barriers to social transformation and helped enable violence (Atwoli et al., 2013; Yearwood et al., 2019).

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In South Africa, a country scarred by the record of apartheid, VAW is endemic. Statistics on femicide, rape, and DV demonstrate unprecedented prevalence rates. Sibanda-Moyo, Khonje, and Brobbey (2017) state that one in five women older than 18 has experienced physical violence. This figure is reportedly higher in the poorest households, where at least one in three women has reported physical violence. A 2016 South African Demographic Survey reported that three women die at the hands of their intimate partner every day (*SA Demographic Survey 2016*, n.d.). This femicide rate in South Africa is also five times more than the global average.

The South African rate of sexual violence is also one of the highest in the world. The country is characterised by a strong legislative and policy-enabling environment aligned with international conventions that seek to protect and promote the rights of women. At the same time, a comprehensive set of government programmes and dynamic civil society organisations are providing essential services such as a place of safety, basic needs such as food, clothing and toiletries, counselling, healing, economic and skills development for women. Yet, despite the myriad of legal protections and interventions by state and non-state actors, women in SA continue to experience extremely high rates of violence. This raises human security concerns for women particularly and for the country at large (Sibanda-Moyo, Khonje, & Brobbey, 2017).

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Slabbert (2015) confirms that in SA, a woman is killed by her intimate partner every six hours, the highest incidence in the world. Furthermore, violence and injuries are the second leading cause of death and loss of life in SA (Goodrum et al., 2019; Sibanda-Moyo, Khonje, & Brobbey, 2017; van Schalkwyk et al., 2014). Abrahams et al. (2013) state that the murder of an intimate partner is one of the most extreme consequences of GBV. Although IPV can be perpetrated by both males and females, women are disproportionately killed by their intimate partners. Mthembu et al. (2016)

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corroborates that IPV perpetrators can be male and female, but men are more likely to inflict severe IPV-related injuries on their female partners.

Studies reveal that men's risk of perpetration starts in childhood and is more common if they have witnessed violence between parents and have been exposed to physical and sexual abuse in childhood (Abrahams et al., 2013; Bryan, 2019a; Khodabandeh et al., 2018). Additionally, having witnessed or experienced domestic violence in childhood results in more acceptance of violence, lower self-esteem, attachment problems, and personality disorders (Dekel et al., 2019; World Health Organization, 2016).

IPV is ultimately a product of male behaviour, yet most research on such IPV has been concerned with the women who experience it. This has contributed little towards an understanding of the most critical risk factors. Studies on battered women in relation to IPV, reveal very little of their risk of violence and point to the need for research on men (Dekel et al., 2019).

3.2.3. Gender-based violence (GBV)

The phenomenon of GBV is pervasive around the world, experienced by one in three women in their lifetimes. The elimination of such violence has been increasingly recognized as a priority for the international community (Klugman, 2017). This is confirmed by the United Nations Sustainable Development Goal number five (Weisenborn, 2018), which includes a specific target to "eliminate all forms of violence against all women and girls in the public and private spheres" (United Nations: General Assembly Resolution 48/104 Containing the Declaration on the Elimination of Violence Against Women, 1994)

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GBV is associated with an array adverse health outcomes for women and limits their opportunities to participate fully in society. Yet, only recently have studies begun to explore the interconnectedness of emotional, physical and sexual gender-based violence and their dynamic interplay between spouses (Werwie et al., 2019).

Male-to-female GBV is linked with a variety of adverse health outcomes for women (Campbell, 2002b; Ellsberg & Emmelin, 2014), including difficult pregnancy and reproductive health outcomes (J. G. Silverman & Raj, 2014), decreased use or discontinuation of modern contraception (Maxwell et al., 2015; Raj et al., 2016), disproportionate exposure to HIV (Al'Uqdah et al., 2016; Durevall & Lindskog, 2015), and an array of psychiatric disorders, including depression, anxiety, and suicide (Bahadir-Yilmaz & Öz, 2018; Bryngeirsdottir & Halldorsdottir, 2022; Devries et al., 2013; Ellsberg & Emmelin, 2014; Wessels & Ward, 2016). GBV also limits the degree to which women can to work to earn an income, or make decisions about their own health (Ali & Naylor, 2013; Buchbinder & Barakat, 2016; Rasool, 2015c; World Health Organization, 2013b). It comes as no surprise that the study of GBV and interventions aimed to eliminate it predominantly focus on services available for women, in relation to intimate male partners (Burnett et al., 2016b; Mcleod & Walsh, 2014; Robinson et al., 2020a; Wright & Bertrand, 2017). However, disregarding also to understand how male partners' experiences with violence contribute to its perpetration will only limit the extent to which policies and interventions successfully eliminate GBV against women (Werwie et al., 2019).

Several studies describe emotional violence to be centred around home finances, neglect, and dependency; emotional violence between male and female spouses escalates to physically and sexually violent behaviours, uniquely directed at women and girls (Devries et al., 2013; Maxwell et al., 2015; Mthembu et al., 2016; Werwie et al., 2019). Physical violence was described in two levels:

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i) acceptable, which does not cause visible or injurious harm, and ii) unacceptable, which causes visible blemish or injury (World Health Organization, 2016) described sexual violence as common within households but unreported. Economic violence toward women is characterized by male partners who maintain absolute control over finances, withhold financial resources. or refuse to contribute financially to their female partner, thereby reducing women to total dependency to satisfy their most basic needs and fulfilment (WHO, 2016).

The focus of this study is on IPV directed at women – that is, psychological and emotional, as well as physical and sexual violence, inflicted by a spouse, live-in partner, or boyfriend. IPV comprises the bulk of GBV in all countries worldwide (World Health Organization, 2013b).

3.3 IPV survivor in relation to help-seeking behaviour

Abused women find the process of leaving an intimate partner difficult as the relationship is wedged in an abundance of complex factors that influence their decision-making. Leaving an abusive relationship is often the last option and requires determination and courage (Baholo et al., 2015c; van Schalkwyk et al., 2014). Many studies have examined the barriers to help-seeking in the context of IPV (Barrett et al., 2021; McCleary-Sills et al., 2016a; Rasool, 2015b) Data across several studies indicates that commonly recognised barriers to service use include safety concerns, mental health problems, economic dependence, social-cultural pressure, psychological factors, such as learned helplessness and family preservation (Alsaker et al., 2016; Baholo et al., 2015c; Rasool, 2013, 2015a, 2016).

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Abused women frequently go through different stages of adapting to the abuse, acknowledging that they are in an abusive relationship and finally recognising their need to be free of the abuse (Lako et al., 2018)). Alsaker et al. (2016) put forward that battered women experience shame related to the fact that they did not leave their partners and to the fact that they had themselves chosen their bad partners as husbands; the social stigma of not being a successful married woman as well as the fact that being a single parent often is hard economically, may be other reasons for not leaving the partner. McCleary-Sills et al. (2016b) corroborate that IPV is highly normalised and that survivors are silenced by their fear of social consequences and fear reinforced by the belief that it is women's reporting of IPV that brings shame rather than the perpetration of violence itself. Survivors lack of self-worth, cultural beliefs, and economic dependency are some of the barriers to help-seeking which restrain women's agency. Furthermore, these constraints deny survivors the support, services and justice they deserve and also perpetuate low reporting and inaccurate estimates of IPV prevalence.

Research brought to light that a woman's agency or her ability to decide to seek help and her sense of empowerment to act on this decision is limited mainly by sociocultural barriers like gendered social norms(McCleary-Sills et al., 2016a). These social norms accept IPV and impose stigma and shame upon survivors and prevent them from seeking help (McCleary-Sills et al., 2016a). The initial hurdle experienced by many survivors is whether or not the violence she has experienced crosses the threshold of what is deemed 'normal' or 'tolerable' within her community. The widespread acceptance of 'wife beating' in many situations means that survivors often face powerful obstacles to disclosing the violence they experience, thus jeopardising their mental health, safety, physical recovery and ability to take legal action to hold the perpetrator accountable (McCleary-Sills et al., 2016b).

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Ideas about maintaining the 'harmony of the family', in contrast to women's interests, is starkly evident in domestic violence situations, where notions of maintaining the family have been inherent to women's decisions to remain in abusive relationships (Rasool, 2015a). Children play a critical role in influencing women's help-seeking patterns after domestic violence. Although it is not the only consideration, the children's well-being and needs are primary considerations in mothers' decision-making regarding seeking help after abuse (Rasool, 2016). Baholo et al. (2015c) confirms that violence not only affects the women, but also the children and serves as a motivating factor to leave the abusive environment, especially when mothers feel guilty and concerned about the future of their children (Rasool, 2016).

The presence of children is often a decisive factor in not leaving an abusive partner. In some cases, the abuser may emotionally blackmail the victim by threatening that should she leave, her children will be removed from her care. She may also believe it is in her children's best interest to live with both parents (a false but frequently socially reinforced perception) (Lopes, 2016a). Reasons for remaining in abusive relationships equally affect disclosure of abuse. This is often associated with guilt regarding disloyalty to the abuser and/or feeling ashamed and humiliated by the abuse. Many women are too frightened to leave or report the abuse in case of further victimisation, i.e., losing their children, becoming destitute, or she may not be believed or supported (Lopes, 2016b).

Various research indicate that women's decision to seek help depends on their individual priorities, family matters, community, and broader society, and therefore cannot be made in isolation. However, the complexity of barriers from the personal level to the community and structural levels makes the help-seeking path more difficult. In addition, patriarchy and gender inequality overwhelmingly affect

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women's decision to stay or leave the abusive relationships (Cho & Huang, 2017; McCleary-Sills et al., 2016b; Rasool, 2016; Taket & Crisp, 2017).

3.4 Shelter services for survivors of IPV

Research point out that a women's shelter mandate is to provide a safe place for women during a time of crisis as well as safety and protection for them and their children, advocacy, court support, transportation and empowerment services, short-term counselling and housing referrals (Burnett et al., 2015; Wathen et al., 2015). In addition, shelters create an access point to health-care and social services for many women who have experienced violence.

Jonker et al. (2014) confirm that the primary purpose of shelters is to provide a safe haven to stop the abuse and prevent further harm. Other goals are to improve (mental) health outcomes, such as improving quality of life and reducing symptoms of post-traumatic stress disorder and depression. Social outcomes of shelter interventions include increasing access to resources and social support. However, recent research has highlighted the changing role of shelters.

Additionally, research has also highlighted that given the feminist orientation of shelters, they have evolved to be responsive to women's changing needs and, as such, are working to ensure adequate access to all services women require (Brown et al., 2013; Burnett et al., 2015; Lako et al., 2018; Perez-Trujillo & Quintane, 2017a; T Mantler & B Wolfe, 2017). However, the reality of service provision for women's shelters in most countries is that they are funded on a per-bed occupancy model with a funding landscape constantly under pressure to reduce spending and increase efficiencies (Burnett et al., 2015). In light of the feminist orientation of women's shelters, they often

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stretch mandates to provide the breadth of services necessary to be responsive to women's needs (Mantler & Wolfe, 2017).

Shelters for battered women are the main places women and their children can go to escape the violence and danger of living with an abuser. These shelters are considered a refuge for battered women, where they can feel safe and know their batterer cannot hurt them there. They are usually used in cases of emergency and are typically open 24 hours a day for battered women and their children, up to 12 years old (Goodman, Thomas, et al., 2016a; Gregory et al., 2021a).

DV shelters are critical resources that address far more than the immediate safety needs of IPV survivors. Survivors of IPV turn to DV shelters for various reasons and require different lengths of time before exiting. However, many shelters have predetermined lengths of stay (often 30 or 60 days). Shelter staff also worry that those who leave after a brief period do not receive what they are looking for (Sullivan & Virden, 2017c).

Research proposes that shelter staff frequently provide support to ease the trauma responses that often emerge after severe and prolonged victimization (Goodman, Thomas, et al., 2016b; Phill et al., 2017). Counselling and support groups are typically provided during shelter stays so survivors and their children can begin to heal and recover from all they have been through emotionally. In instances where survivors have difficulty concentrating, are experiencing anxiety attacks, or are not sleeping (to name just a few examples), staff members work to provide them with the time, space, and support they need so that they can successfully move on with their lives (Warshaw et al., 2013).

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Vetten (2018) mentions that shelters in South Africa provide for basic needs such as food, shelter and clothing, and safety and security. However, they also offer more than somewhere to sleep if they are to be effective in assisting women and their children in leading lives free from violence. Shelters, therefore also attend to their residents' health and well-being, and support the development of women's skills and capabilities, especially if their economic entrapment is to be challenged. In addition, Baholo et al. (2015c) advocate that DV shelters that offer services such as counselling and legal support, and in some cases, job training, will provide women with much-needed support throughout the transition period.

The provision of shelter services in South Africa falls under the Victim Empowerment Programme of the Department of Social Development (DSD). DSD's Minimum Standards on Shelters specify that shelters must meet the basic needs of women and their children (such as food, clothing, and protection), and provide counselling, support, and skills development (Lopes, 2016a). In practice, with sufficient funding, shelters can provide invaluable care, and assistance to victims. This includes individual counselling, support groups, and extramural activities.

Among other psychosocial support provision, shelters help women to access healthcare, and may assist with their legal needs, such as applying for protection orders, laying charges of abuse, instituting divorce proceedings, and applying for grants and legal documents such as birth certificates or identity documents (Munge, 2020). They may also assist women with finding employment. In addition, most shelters provide on-site creche facilities for young children. Older children may be assisted to relocate to schools closer to the shelter, or shelters may provide financial assistance for travel to and from their current school (Lopes, 2016b; Vetten, 2018).

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Research indicates that there is no consensus on what outcomes are primary in interventions for shelter-based abused women, and not even about whether re-abuse incidence is an appropriate measure for evaluating IPV interventions (Baholo et al., 2015c; Jonker et al., 2014; Vetten, 2018).

Research suggests that development practitioners have characterised the complexity of VAW in South Africa, as well as its simplification when converted into policy and intervention programmes, as an issue in terms of policy implementation gaps (Sibanda-Moyo, et al., 2017). Significant work has been done in evaluating laws and policies about VAW in South Africa. All in all, though South Africa's legislative environment is recognised as progressive, the literature acknowledges that despite of the efforts made to eradicate VAW, it continues unabated.

This is widely attributed to problems of policy implementation, including the resource capacity and competence of service providers. These problems are exacerbated by a lack of institutional and policy coordination, funding issues, and the necessary political will (Sibanda-Moyo, et al., 2017).

3.5 IPV survivors' length of stay in a domestic violence shelter

Survivors of IPV have a variety of reasons for turning to DV shelter programmes. Some seek temporary respite and immediate safety while others seek longer-term assistance to heal from their trauma and begin new lives. In line with these differing needs, some survivors only stay in the shelter for a few days, while others may need to stay for months or even years (Sullivan & Virden, 2017c).

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Studies indicate that women undergo positive processes in shelters, and the longer they stay in the shelter, the more successful the women will be in leaving the cycle of violence (Perez-Trujillo & Quintane, 2017a). However, the literature also reveals a remarkable variance in the length of women's shelter stays, and very little research has been conducted to understand the factors

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contributing to this variance (Baholo et al., 2015c; Ben-Porat & Sror-Bondarevsky, 2021; Cattaneo & Goodman, 2015; Vetten, 2018).

Research indicates that shelter staff frequently provide support to ease the trauma responses that often emerge after severe and prolonged victimization (Goodman, Thomas, et al., 2016b; Spencer et al., 2020). Counselling and support groups are typically provided during shelter stays so survivors and their children can begin to heal and recover from all they have been through emotionally.

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3.6 Empowerment interventions in relation to IPV survivors in women's shelters

The goal of empowering survivors lies at the heart of the anti-domestic violence movement (Rubin & Babbie, 2016). The defining characteristics of empowerment, however, have remained vague and inconsistent (Lloyd et al., 2017; Wood, 2015). As a result, researchers have understood and measured the concept in a wide variety of ways, thereby obstructing the gathering of a knowledge base that could deepen our understanding of survivors' experiences and build and evaluate best practices in anti-domestic violence work. Sibanda-Moyo, Khonje & Brobbey (2017) highlight the importance of empowerment programmes for women who have experienced violence in relationships and argue that programmes should work toward making empowerment a concrete goal rather than an ill-defined ideal (Bahadir-Yilmaz & Öz, 2018; Rubin & Babbie, 2016).

Cattaneo & Goodman (2015) define empowerment as a meaningful shift in the experience of power attained through interaction in the social world. The empowerment model describes the process of building empowerment as a frequentative one, in which a person who lacks power sets a personally meaningful goal oriented toward increasing power, takes action, and makes progress toward that goal, drawing on his or her evolving self-efficacy, knowledge, skills, and community resources and supports, and observes and reflects on the impact of his or her actions (Figure 4.).

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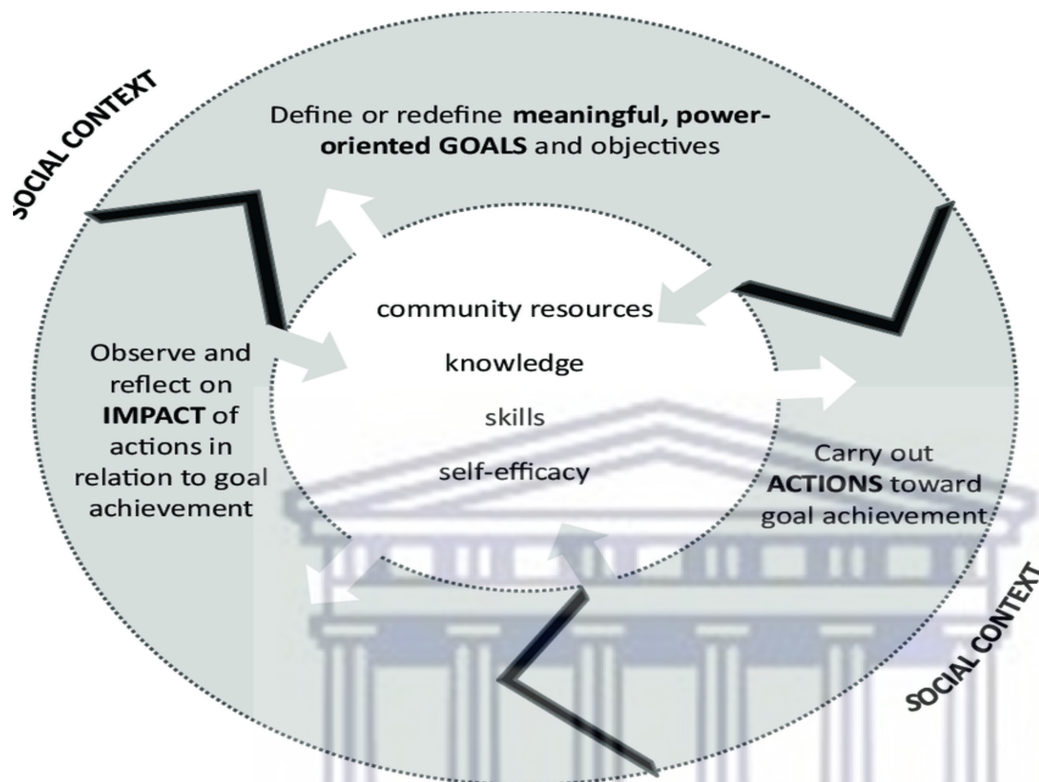
Figure 4.: The Empowerment Process Model



Source: (Perez et al., 2012)

Goodman et al. (2016b) state that survivor-defined practice, is characterized by an emphasis on client choice, partnership, and sensitivity to the unique needs, contexts, and coping strategies of individual survivors, and that this is an aspirational goal of the DV movement, assumed to be a key contributor to empowerment and other positive outcomes among survivors. Despite its central role in DV programme philosophy, training, and practice, the ability to assess its presence and its presumed link to empowerment has been hampered by the absence of a way to measure it from the perspective of survivors. Furthermore, empowerment is a multidetermined and dynamic concept with different

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individuals and groups identifying different experiences and societal structures as empowering (Cattaneo et al., 2015).

Research put forward that empowerment programmes have grown in size and number over the past 45 years. They have also become more professionalized, hierarchical, and standardized, often resulting in a one-size-fits-all approach to service (Goodman, Fauci, et al., 2016; Wood, 2015). As a result of this trend, DV scholars and practitioners have argued forcefully for a return to a more survivor-defined approach in which advocates provide individually tailored and highly collaborative support to survivors as they work to achieve their own goals, claiming that such an approach is necessary to facilitate survivors' empowerment and long-term safety (Davies & Lyon, 2013; Stylianou et al., 2021). Goodman et al. (2016b) advise that the absence of a tool to measure survivor-defined practice from survivors' perspectives, makes practitioners unable to evaluate systematically its presence in individual relationships, and within and across programmes; nor will they be able to demonstrate its presumed link to survivor empowerment.

3.8. Reasons for IPV survivors exiting the shelter prior to concluding the shelter programme

Sullivan et al. (2017c) confirm that DV survivors use shelter programmes for different purposes and for lengths of time. Consistent with their first study hypothesis, those staying shorter lengths of time reported having fewer (but certainly no less important) needs than those staying longer.

Research confirms that many survivors reported having more hope for the future is also of considerable significance. The construct of hope is distinct from but related to one's sense of self-efficacy and personal power (Sullivan & Virden, 2017a). A great deal of evidence exists that hope energizes people to do what is needed to maintain or regain health and well-being (A. B. Allen et al.,

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2021; Fauci & Goodman, 2020; Gregory et al., 2021a; Robinson et al., 2020a), therefore an important outcome of DV shelter programmes.

(Sullivan & Virden, 2017a)advises that participants stayed in shelters for quite varying lengths of time (ranging from one to 624 days), but little is known about the reasons for their departures. A quarter of the sample had resided in shelters for a week or less, yet their overall positive outcomes imply that they stayed for as long as needed. Fewer survivors had stayed in the shelter beyond 60 days (14%), but these individuals likely had complicated and complex issues requiring additional intensive assistance. It is not known what would have happened to these individuals had they been in shelters with time limits of 60 days or fewer. Shelter staff are often torn between allowing residents to stay if they need and wanting to allow more survivors into the shelter who might be in immediate danger (Sullivan & Virden, 2017b).

In addition, research in the DV literature endorses that the longer women remain in shelters, the more likely they are to benefit from their stay. However, we need to learn more about the factors that influence women's length of stay in shelters (Perez-Trujillo & Quintane, 2017b). Many of the shelter services are exclusively geared toward shelter residents. The extent to which women benefit from the services depends on how long they stay at the shelter. However, the existing literature has shown that variations in the residents' length of stay are considerable (Goodman, Thomas, et al., 2016a; Perez-Trujillo & Quintane, 2017a). Although the role of the length of shelter stay in levels of re-abuse and mental health has been increasingly examined over the last 20 years of research on IPV, little is known about the factors that contribute to women staying at the shelters for extended periods, thus benefitting from the services offered.

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Women experiencing IPV, have formal or informal support systems that provide relief and support with higher quality support systems demonstrating decreased survivors' distress and increased physical and mental health recovery (Jose & Novaco, 2016; Kamimura et al., 2013).

Other studies have found that DV emergency shelters, shelter rules and policies can create social isolation for survivors residing in the shelter (Fisher & Stylianou, 2019; Glenn & Goodman, 2015; Merchant & Whiting, 2015). Survivors often identify the most difficult aspect of shelter life as isolation from their social supports (Glenn & Goodman, 2015), and indicate that isolation from social supports is a primary reason for leaving DV emergency shelters (Fisher & Stylianou, 2019).

3.7 CONCLUSION

Literature review reveals that IPV is a severe social, political, and public health issue in South Africa. Furthermore, women's experience with violence is a difficult task to evaluate as a myriad of research studies exist in relation to IPV. The literature review tells us that some women may tolerate more violence than others, but due to fear, they are reluctant in reporting the violence. Research on IPV has been done before but there is no empirical research on the reasons for self-sabotage by survivors of IPV during various stages of the shelter intervention programmes. From the literature, it can be deduced that a disparity exists in the literature pertaining to why survivors of IPV leave the shelter before completing the programme. This study will therefore attempt to address this research gap.

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The methodology used to execute the study to achieve the specific aims and objectives are presented in the next chapter.

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CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter provides a detailed discussion, following the brief outline in Chapter One, of the methodology employed during this study, to accomplish the specific aims and objectives of the study. It also describes the research approach utilised, the research design, research population and sampling, as well as the research setting. The data collection and analysis procedures are presented, as well as a discussion on the ethical considerations of the study.

4.2. RESEARCH QUESTION

The research question guides the study, therefore, it should be focused, suitable and meaningful to test the mind (Babchuk, 2017; Thabane et al., 2009). (O'Leary, 2017) adds that it provides focus, while setting limits for the research. According to (Srisawasdi & Panjaburee, 2015), it usually follows an identified problem in the field of research. The research question for this study is as follows:

- To explore what the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of an intervention programme from a selected women's shelter in the Cape Metropole

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4.3. RESEARCH AIM

The aim of the study was to explore the reasons for self-sabotage by survivors of intimate partner violence during various of an intervention programme from a selected women's shelter in the Cape Metropole.

4.4. RESEARCH OBJECTIVES

Regarding the current study, the objectives were to:

- Explore survivors' life experiences and the reasons for self-sabotage during various stages of the shelter intervention program;
- Explore the survivor's perceptions and experience of the intervention programmes offered by the selected women's shelter;
- Explore the perceptions and the experiences of the staff at the selected women's shelter regarding self-sabotaging patterns of some of the service users

4.5. RESEARCH APPROACH AND DESIGN

This study utilised a qualitative research methodological approach. This is a method of inquiry in which the researcher gathers data from the field where the study is conducted by using more than one data collection method, organising the data into related topics (themes), and analysing the data (Creswell, 2007).

In addition, (De Vos et al., 2009) states that it is the best method of investigation to describe people's feelings, opinions, views, and beliefs about their own natural environment. This approach was chosen over a quantitative approach since it is a holistic inquiry method, which answers complex questions

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by means of describing and appreciating the phenomena from the participant's point of view and has flexible guidelines (Creswell, 2007; De Vos et al., 2009; Saunders & Tosey, 2015). Furthermore, its main emphasis is on understanding the situation, as constructed by the participants, consequently capturing how people interpret their environment (Maykut & Morehouse, 1994). Harris (2019) emphasized that a qualitative approach pursues the deeper meaning of the human understanding of their issues, by capturing participants' excerpts or their own words rather than counting or using numbers, as in the quantitative approach.

An exploratory and descriptive research design was adopted to explore the unknown field of this study, and to make preliminary investigations into relatively unknown areas of this research study (Silverman & Bell, 2000). This research approach, conducts studies that have not previously been studied, or where a few studies have been undertaken that may serve as a source of verifiable data (Collis, 2009). In addition, the exploratory research design assisted this research in identifying new knowledge, new insights, new understandings, new meanings, and explored factors related to the current study (Teodorescu & Erev, 2014).

This research study adopted an interpretive philosophy since it made use of qualitative research methods to derive at the final outcomes of the study. The researcher played a major role in interpreting and sense-making of the research data. An interpretive approach allowed the researcher to recognise the difference between survivors who complete the intervention programme and those who self-sabotage. Furthermore, this approach highlights the researcher's interest in this research study(Saunders & Tosey, 2015).

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4.6 RESEARCH METHODOLOGY

4.6.1. Research setting

The study was conducted in Cape Town, at a women's shelter for survivors of abuse, located in the suburb of Woodstock, approximately four kilometres from the Cape Town Business District. The women's shelter was established in 1904, and provides women and their children with accommodation for a period of four months. The shelter offers three meals per day and has three houses with different purposes; stage 1 is for the initial intake of women who are survivors of abuse and their children; the 2nd stage is when women have found work and have to exit the first stage once their time has expired, but they have no safe available and affordable place to go to. Women can apply to stay at the 2nd stage house for six months to one year. The 3rd stage house offers the same length of stay as the 2nd stage, but is situated in the Northern Suburbs of Cape Town.

Furthermore, the shelter services consist of one-on-one counselling, group work, and access to various programmes that consist of various skills development workshops such as; parenting, personal growth and development, the cycle of abuse, healing and restoration, job readiness, sewing, music therapy, recycle to upcycle, computer literacy, art therapy, health and hygiene, first aid, opportunities to complete a short course (home-based care or graphic design), etc. In addition, the shelter has an early childhood development programme for mothers to not worry about their children while navigating their lives to attain more skills to become self-sustainable. The organisation does extensive networking and has developed excellent relationships with businesses to create job opportunities for women so that when they exit the shelter, they can take care of themselves and their families.

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4.6.2. Population and sampling

This segment describes the population of the study, and the sampling method utilised in this research study. Population is defined as a group of women survivors of IPV with characteristics that meet the sampling criteria (de Vos et al., 2009). The study population helps the researcher to have a context group on which to focus the study(Maree K., 2007).

For this study, the population included two groups of participants. The first group included female survivors of abuse whom all accessed the shelter services in the Cape Metropole at some point in time, whose ages ranged between 25 and 35 years, living in Cape Town. The second group of participants were the staff members, (social workers, teachers, house mothers, and a receptionist) responsible for shelter service delivery.

Sampling means carefully selecting a group from the larger population considered for actual inclusion in the study(Burke & Miller, 2001; Neuman, 2003; Strydom et al., 2011). In addition, it refers to a small group selected from the main population to give the study focus and the data collection is easily managed due to the small sampling size (Berbegal-Mirabent, 2013; Maree, 2007; Rubin & Babbie, 2016). Both participant groups were recruited into this study using purposive sampling, is defined as carefully choosing certain people, or cases that will provide rich information for the study (Neuman, 2003). Creswell (2007b) states the chosen cases, or people, are preferred to give a clear understanding of the research problem and phenomena in the study, alternatively, purposefully shed light on the research problem. Two sets of samples were purposively selected for this study. The first group of participants former residents who were survivors of abuse. The purposefully selected sample of women survivors of abuse were chosen from a bigger population from the women's shelter in the Cape Metropole.

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This inclusion criterion for this study was based on women who exited the shelter programme prematurely without completing their various interventions and who were survivors of IPV. The exclusion criterion were destitute women and those who completed the intervention programme. These women who met the criteria were subsequently, contacted through their mobile phones and recruited to participate in the study. The sample size comprised of five former shelter residents who left the shelter prematurely.

The second group of participants were staff members. The criterion for this group of participants were employees at the shelter in the Cape Metropole, and they had to be in daily contact with the survivors of IPV. They were recruited by the researcher through requesting the to participate in the study in one of the formal staff meetings, once the ethics approval was obtained. The sample size of the second group of participants included the six staff members who met the criteria.

4.6.3. Pilot Study

A pilot study was conducted prior to the main study to provide an understanding of the observations of the researcher and the data collection being conducted (Ghoris, 2007). During the pilot study, the interview schedule was tested on two participants who share similar characteristics to those who took part in the main study (de Vos et al., 2009). The pilot study allowed the researcher to adjust and amend the questions and the data collection process as needed.

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After the pilot study, the interview schedule for the IPV survivors was modified and corrected for use in the main study. It consisted of 22 questions initially, and this was modified by separating Question 16, which consisted of two different parts. The first part of the questionnaire focused on the participant's background, childhood, and family life. The second part focussed on the

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participants' reason for accessing the shelter, their experience at the shelter, and the reason for self-sabotage whilst participating in an intervention programme. The wording remained the same, however the question shifted and changed into two separate questions – the combined question was unclear in the pilot study.

The researcher also recognised the need to conduct the interview in an engaging conversational manner, allowing for extra probing and clarity-seeking questions, also clarifying the questions itself by use of examples and other wording. The pilot study was valuable as it assisted the researcher to identify those questions in the interview schedule which were unclear and improve on it. In order for it to be clear and straightforward for the participants in the main study.

4.6.4. Data Collection

Permission was obtained from the management of the NGO to use the organisation as a research site. The shelter's social worker assisted with the recruitment of the first group of participants. She selected five survivors of IPV who met the criteria set out above. The details of these IPV survivors were passed on to the researcher, who made telephonic contact explaining the research study to the women and allowing them the opportunity to decide whether they wanted to be part of the study.

Telephonic contact in research (Burke & Miller, 2001)is an opportunity to introduce oneself, give the general topic of the study, relay the confidentiality of the participant's responses, explain how the information will be used, and give an estimate of the interview's length. The survivors were then asked to consider the request and to confirm their willingness to participate in the study.

The second group of participants were recruited from the initial staff meeting whereby they had to indicate their willingness to participate in the study. They researcher then had a follow up meeting

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with the staff who volunteered to be further briefed on their participation in the form of a focus group discussion.

4.6.4.1. *Preparation of participants*

The survivors who participated who participated were prepared employing an individual telephonic consultation and the staff had a face-to-face engagement in which the researcher requested permission for their participation. This telephonic consultation with the survivors further discussed the study's goals and objectives, the research and interview process involved, and it ensured confidentiality. This initial contact was followed by a second consultation with the survivors, which secured a date, time, and venue for the interviews.

It was imperative that participants needed to be prepared for the data collection process ahead of time by arranging the time and place for the interview (De Vos A.S. et al., 2005). A quiet, non-threatening environment was essential in order to ensure the interviews and focus groups ran smoothly, with seating arrangements that encouraged interaction.

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On the respective days of data collection for both groups, the researcher and the facilitator introduced themselves to the participants and made them feel at ease. This facilitated a more relaxed environment in which to conduct the interviews and focus group.

Each of the interviews and focus group started with the researcher and facilitator clarifying the purpose, aims and objectives of the research study, and each participant was provided with an information sheet (*see Appendix C*). The ethical considerations were explained to the participants, who were requested to sign the consent form (*see Appendix D*). They were assured that they could

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withdraw from the study at any point in the process, which would not result in any penalties. Their privacy was upheld by applying confidentiality in handling their information (De Vos A.S. et al., 2009). They remained anonymous through the use of pseudonyms during the interviews and while writing up the information in this final report. The researcher and facilitator requested permission to audio-record and take field notes during the interview sessions and focus group as this provides a much better and full record than notes(De Vos A.S. et al., 2005, 2009) .

4.6.4.2. Individual interview sessions

An interview is a social bond intended to interchange information between the participant(s) and the researcher (De Vos A.S. et al., 2009). Therefore, its value and extent depend on how smart and creative the interviewer is at understanding and managing the relationship. The first group of participants were asked simple, open-ended questions, one at a time, thereby allowing them time to respond. In addition, the researcher gave the participants extra time to talk and tell their story.

The interview schedule was arranged in such a way that sensitive questions were asked at the end, in order to allow for openness and trust. In addition, the interviewer requested extra information and clarity on unclear points, Lastly, most interviews were concluded within the agreed reasonable times (between 45 – 60 minutes), and the participants were asked whether there was anything else important, that should be included.

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Semi-structured interviews (de Vos et al., 2005) was the primary method of data collection. An interview questionnaire with predetermined open-ended questions, which guided and facilitated the interview process (Babbie E. & Mouton J, 2009)was developed for each participant (*see Appendix F)*, and was used to collect the data. The interview schedule allowed for probing and clarification of

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answers. It defined the line of enquiry while also allowing the researcher to identify new lines of enquiry directly related to the phenomenon being studied. The taking of field notes, recording of the proceedings, and capturing non-verbal cues during the interviews, were data collection tools that further assisted in data collection. (Maree, 2007)

4.6.4.3. Focus group discussion

A focus group discussion was used as a type of interview. The researcher recruited the services of an external facilitator to manage the focus group session. This was done because the researcher was an employee at the shelter in the Cape Metropole where the current study was conducted. The researcher wanted to ensure that the focus group would be conducted in a manner that the second group of participants would feel at ease and open to share their experiences without being bias.

The focus group was a particular population that was selected based on the similar qualities they possessed about the topic, to obtain rich data. The focus group participants were all employed in various positions at the Cape Metropole shelter (De Vos A.S. et al., 2009; Leedy, 2021). Strydom et al., ((2011b) state that the purpose of a focus group 'is to promote self-disclosure among the participants'. Group dynamics were taken into consideration, appreciating the fact that all people are unique. As some may try to dominate conversations, while others may be reluctant to express their views (Leedy, 2021). The facilitator avoided this obstruction by giving all the participants equal opportunity to talk during the session. The researcher also approached the Cape Metropole shelter auxiliary social worker to observe the focus group discussion so that data integrity could be ensured (Strydom et al., 2011b).

The participants were allocated codes to represent their names, as using names were not allowed during the discussions. The focus group discussion lasted roughly 45- 60 minutes per session. The

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discussions were also audio-recorded with permission from the participants. Clarity of responses were sought by paraphrasing the responses. The facilitator ensured active listening throughout the discussions and constantly probed participants for more data.

4.6.5. Field notes

Field notes were taken while collecting qualitative research in order to remember and record the behaviours, activities, events, and other features during the interviews and focus groups. These notes were read as evidence to produce meaning and an understanding of the culture, social situation, or phenomenon being studied (Creswell, 2013). It allowed the researcher to access the subject and record what was observed in an unobtrusively.

The researcher remained alert and paid attention to every detail, not overlooking anything throughout all the interviews to record all factual data, behaviours as well as the researcher's own thoughts. Documenting the field notes took place immediately after leaving the research site to avoid forgetting important details. Field notes played an essential role during the data analysis phase, as they assisted the researcher with the interpretation of data as it documented participant reactions during the interview sessions (Greene, 2011).

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4.6.6. Data Analysis

Thematic analysis was used to analyse the both sets of the data. It followed the six-step methodology as outlined by(Braun & Clarke, 2006).

- In **step one,** the researcher familiarised herself with the data by being fully immersed and actively engaged in the data. Firstly, transcribing the interactions (interviews, focus group

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discussion, and field notes), and then reading (and re-reading) the transcripts and listening to the recordings. The researcher then noted down initial ideas.

- **Step two**, once familiar with the data, the researcher started generating preliminary codes, which are the features of the data that appear interesting and meaningful. These codes are more numerous and specific than themes, it provided an indication of the context of the conversation.
- **In step three,** the researcher searched for themes, where the relevant data extracts were sorted according to overarching themes.
- **Step four** reviewed themes where the researcher assessed whether to combine, refine, separate, or discard initial themes.
- **Step five** defined and named the themes, and this involved refining and defining the themes, and potential subthemes within the data. On-going analysis was required to enhance the identified themes further.
- **To remove bias, the supervisor independently identified themes and subthemes from the data and compared this with the researcher's analysis. After a discussion between the supervisor and the researcher, a mutual agreement was reached which led to the final step of the analysis.**
- In the **step six**, the researcher transformed the analysis into writing by using compelling examples related to the themes, research question, and literature.

The results, with subsequent discussion will be presented in Chapter five.

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4.6.7. Self-reflexivity

The researcher made use of introspective reflexivity, which involves a high degree of self-consciousness from a researcher, especially in terms of how one's own identity affects the design and process of one's work(Thorpe & Holt, 2008). Reflexivity was applied because the researcher was aware that the information to be shared by the participants was a highly sensitive and personal. The researcher was therefore mindful to show necessary respect, empathy, and an unbiased display of the views of the survivors and staff.

In addition, the researcher was mindful of possible dynamics and forms of identity such as class, ethnicity and age which may have impacted the researcher's ability to build relationships and elicit data that is valid, truthful and useful (Leedy, 2010a, 2021). The researcher was also her own research subject, and her observations and impressions during the interview process constituted data (de Vos et al., 2005). The researcher therefore journaled any personal impressions and feelings she became aware of during and after each interview.

The researcher introduced the external facilitator and observer to the focus group participants thus, facilitating a smooth and transparent handover. The researcher felt it necessary to conduct the focus group session in this manner because she was employed at the Cape Metropole shelter as the executive director, and wanted to create an atmosphere where the staff felt free to share their experiences, thoughts and feelings without any fear of prejudice or intimidation.

4.6.8. Data verification and trustworthiness

The concepts of rigour and trustworthiness correspond with the concepts of reliability and validity in qualitative research (De Vos et al., 2009). In order to increase rigour and trustworthiness the researcher began by ensuring that the research question was clear, the researcher implemented a pilot study and the data collection process and analysis was rigorous and transparent.

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To ensure trustworthiness, the following principles by(Braun & Clarke, 2006) were applied. Credibility demonstrates that the enquiry was conducted in such a manner as to ensure that the subject was accurately identified and described.(Braun et al., 2022; Leedy, 2021; Sibbald et al., 2017) This was ensured by accurately capturing and reflecting the participants' views by rechecking the information provided by the participants. Another means to enhance credibility was that the results were discussed with the participants for commentaries, clarifications and acceptance, once the data was transcribed. Credibility was further enhanced when the researcher allowed frequent debriefing sessions between the researcher and the research supervisor. This provided a sounding board for the researcher to test developing ideas and interpretations, and helped the researcher to recognise her own biases and preferences. To additionally enhance credibility, the researcher made use of triangulation by collecting data by two different sets of participants, namely, the IPV survivors and the staff members(Carter et al., 2014). Moreover, the researcher collected data through interviews and by taking field notes. Furthermore, the facilitator and the observer also gave the researcher field notes and their observations.

Transferability is concerned with the extent to which the findings of one study can be applied to other situations. It is also important that sufficient thick description of the phenomenon under investigation is provided to allow readers to have a proper understanding of it, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations (Carter et al., 2014). The researcher achieved transferability using purposive sampling to collecting sufficient thick data and provide a background to the study (Rubin, 2014). The research methodology was clearly described such as the methods of data collection and type of participants used in the study. Transferability was further ensured by

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documenting the research thoroughly through reflecting the information accurately and comprehensively.

Dependability refers to the researcher's attempts to account for changing conditions in the phenomenon chosen for the study and changes in the design created by increasingly refining understanding of the setting (Carter et al., 2014). This was ensured by describing what was planned by the researcher through the research design, how the implementation was executed as well providing a detailed description of the data gathering process. Furthermore, the researcher used two data collection tools; an interview schedule for each of the different survivors (*see Appendix F).* The other form of data gathering was the focus group session with staff members of the Cape Metropole shelter. These tools were all employed order for the data to correlate to ensure dependability.

Conformability is the final construct, which captures the traditional concept of objectivity (De Vos, Strydom, Fouché & Delport, 2009; Babbie & Mouton, 2009). Conformability is also a measure of how well the inquiry's findings are supported by the data collected(Carter et al., 2014). The researcher ensured conformability by applying introspective reflexivity, demonstrating an unbiased display of the participant's views and acknowledging the participants as experts on the topic. The researcher also ensured that the research findings are reflected and not the bias or ideas of the researcher. Furthermore, all the information collected in the study is also available in order for an audit to be conducted on the collected information**.**

4.7 Ethical Consideration

Ethical clearance (HS21/4/23) was obtained by the relevant research committee of the higher education institution that the researcher is associated with. Ethics is a set of moral principles which

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offers rules and behavioural expectations about the correct conduct towards experimental subjects and respondents, employers/sponsors, other researchers, assistants, and students (De Vos et al., 2009). Therefore, the following ethical considerations, in order to protect the participants' rights of voluntary participation, confidentiality, consent and anonymity, were implemented.

4.7.1. Permission to conduct the study

Participants were asked to sign a consent form after receiving information on the study's aims and objectives (*see Appendix D*). This informed consent form included adequate information about the research (De Vos et al., 2011).

4.7.2. Voluntary participation

The researcher explained the concept of voluntary participation and the ethical consideration for participation in this research study. The researcher reiterated that they had the right to withdraw at any time without any penalties, and that nobody should ever be coerced into participating in a research project as participation should always be voluntary(Babbie & Mouton, 2008; Leedy, 2021; Rubin & Babbie, 2016).

Voluntary participation was also ensured by selecting willing and available participants to participate in the study. Protection from harm was adhered to as the researcher should not expose research participants to unnecessary physical or psychological harm (Leedy, 2021). The researcher minimised such risks and harm, and acted promptly to assist participants where they experienced any discomfort, psychological or otherwise during the process of their participation in this study. Vital arrangements were in place for the participants to be referred back to the shelter, in the Cape Metropole, for assistance and counselling, as provided by the shelter's social worker.

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4.7.3. Confidentiality and the right to anonymity

Participants have the right to privacy, which implies the element of personal privacy, while confidentiality indicates the handling of information in a confident manner(De Vos et al., 2009; Leedy, 2021). Generally, a researcher must keep the nature and quality of participant's performance strictly confidential (Babbie & Mouton, 2008; Rubin & Babbie, 2016). The participants were assured that only information related to the study would be collected and would not compromise their privacy. Permission to audio-record the interviews was negotiated with participants and their right to terminate the research process at any time. The researcher also explained that participating in any research study includes risks, which may include psychological, social, emotional, and legal risks. People participating in research can be harmed, and researchers must ensure that any form of harm is minimised (Babbie & Mouton, 2008).

After the interviews were conducted, the audio recordings were immediately copied onto the researcher's computer, and deleted from the audiotape. The interviews are being kept in a password-protected folder known to the researcher and supervisor only. In addition, the transcriptions were identified with codes and stored in a lockable filing cabinet, personal to the researcher. Results are disseminated in the form of this research report. However, participant codes are used instead of the participant's real names in order to handle their personal information confidentially maintaining anonymity.

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4.8 Conclusion

This chapter provided the research methodology of the study. Including information regarding the various stages of the actual research process, such as the population, sampling, data collection and data analysis. It outlined the research pilot study and the main study. In addition, the researcher

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described her experiences with the research process, all of which contributed to the study's credibility. The results of the research will be discussed in the next chapter.

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CHAPTER FIVE: PRESENTATION AND DISCUSSION OF THE FINDINGS

5.1. Introduction

The purpose of this study was to explore the reasons for self-sabotage by survivors of IPV during various stages of an intervention programme from a selected women's shelter in the Cape Metropole. For the study to reach this aim, a qualitative methodological approach was employed in collecting data through one-on-one interviews, which focused on the individual's feelings and perceptions as they reflected on their experiences. In addition, , a focus group was facilitated with six of the NGO's staff members who hold different positions in the organisation. The data collected was analysed through thematic analysis which indicated the context of the conversations, and attached meaning to the information collected from the participants.

The achievement of the research aim was guided throughout the research process by the following objectives:

- To explore the experiences of survivors of intimate partner violence when they received interventions from a selected women's shelter in the Cape Metropole.
- To explore why survivors of intimate partner violence self-sabotage during various stages of an intervention programme from a selected women's shelter in the Cape Metropole.
- To explore the perceptions and experiences of the staff at the selected women's shelter in the Cape Metropole.
- To describe why some women self-sabotage during various stages of attending the shelter intervention programme, which prevents them from progressing out of their previous

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circumstances.

The profiles of the two participants groups according to their demographics are presented in Tables 5.1 and 5.2. Four significant themes, with subsequent sub-themes, emerged during data analysis.

5.2 Demographic of first group of participants

- Five participants (IPV survivors) participated in the study and attended the shelter intervention programme.

Table 5.1 Demographic data of the survivors of abuse

Participant	Race	Age	Marital Status	Education Level	Employment Status	Number of Children	Area of Residence
P1	White	43	Single	Secondary School	Unemployed	3	Plumstead
P2	Coloured	25	Single	Secondary School	Employed	2	Ruyterwacht
P3	Coloured	33	Married/separated	Secondary School	Unemployed	0	Mitchell's Plain
P4	African	37	Single	Secondary School	Employed	3	Khayelitsha
P5	African	34	Single	Secondary School	Employed	3	Paarl

The data in Table 5.1 indicates that the women participating in the study are from various racial classifications.

The ages of the participants in this study ranged between 25 and 43 years, with the majority of the women being in their thirties. Four of the women are single, living and raising their children alone.

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Only one woman is married, but has been separated from her husband for three years. All five participants attended secondary schools.

With relevance to their employment status, three of the women are employed, and two participants are unemployed. This information reflects the women's status at the time of the interview and not during the time they were at the shelter participating in the intervention programme.

The women have between two and four children, respectively. All the women accessed the shelter services at different times and live in various communities across the Cape Metropole, including Plumstead, Khayalitsha, Mitchell's Plain, Ruyterwacht and Mbekweni in Paarl.

5.3 Demographic of second group of participants

Demographic data of staff members who participated in focus group are as follows; six staff members from the NGO took part in the focus group discussion. One of the staff members was a client prior to becoming an employee. All the staff members held positions contributing to the NGO's holistic approach to service delivery in terms of care, support and empowerment.

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Table 5.2. Demographic data of the staff

Participant	Race	Role at NGO	Education Level	Number of years employed at NGO
P6	Coloured	Social Worker	Degree	2
P7	Coloured	Receptionist & Ex-Resident	Diploma	5
P8	African	Crèche Co-ordinator	Diploma	14
P9	Coloured	Weekend Relief Housemother	Secondary School	7
P10	African	Baby Class Teacher	Secondary School	25
P11	Coloured	Day Housemother Ex-Resident	Secondary School	8

5.4. Presentation and discussion of findings

A description of the results is presented, discussed, and supported through direct quotes from the transcribed data collected from the different categories of participants. In order to verify the emerged themes, the study makes reference to relevant literature and theory to validate the findings.

The themes and categories that emerged from analysed, transcribed, collected data are tabulated in Table 5.3, followed by the discussion of the themes.

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Table 5.3 Themes and categories

Themes	Categories
Theme 5.4.1: Childhood exposure	**Category 5.4.1.1:** Impact of trauma on human development **Category 5.4.1.2**: Adverse childhood experiences **Sub-Category 5.4.1.2.1**: Childhood household dysfunction
Theme 5.4.2: Adulthood	**Category 5.4.2.1:** Survivors IPV experiences **Category 5.4.2.2**: Impact of abuse on survivor **Sub-Category 5.4.2.2.1**: Power and control
Theme 5.4.3: Self-sabotaging behaviour	**Category 5.4.3.1:** Post traumatic stress disorder **Category 5.4.3.2:** Self-sabotage behaviour
Theme 5.4.4: Shelter service experiences	**Category 5.4.4.1:** Safety and security **Category 5.4.4.2:** Care and support **Category 5.4.4.3:** Empowerment

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5.4.1. Theme 1: Childhood exposure

Two categories emerged from this theme, namely: impact of trauma on human development and adverse childhood experiences and a sub-category; childhood household dysfunction. The five participants that were interviewed, all had negative childhood experiences and traumas that they had no control over. These traumas and experiences were not discussed or worked through in their childhood and neither did the family receive any intervention. These findings confirmed that most

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domestic or household conflict occur when children are involved (Munge, 2020). These children witness such abuse and grow up carrying emotional and physical scars that impact their functioning as members of society. This research study concurred with other studies that found exposure to childhood adversity had an impact on adult mental health, increasing the risk of depression, suicide, and the heightened risk of being victimized in a romantic relationship in adulthood(Capaldi et al., 2012; Merrick et al., 2017; Widom et al., 2008).

5.4.1.1. Impact of trauma on human development

Thomason & Marusak (2017) put forward that childhood maltreatment has been high-lighted as a factor that may place women at heightened risk for IPV and/or work in a manner that could contribute to mental health problems. Moreover, traumatic experiences early in life predispose animals and humans to later cognitive-behavioural, emotional, and somatic problems. In humans, traumatic experiences are strong predictors of psychiatric illness. A growing body of research has emphasized alterations in neurological structure and function that underscore fundamental changes following trauma (Thomason & Marusak, 2017).

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Furthermore, the adverse mental health effects of IPV are thought to fall under the broader umbrella of trauma-related disorders; in particular, IPV may be considered a "complex trauma" in that the traumatic experience is not a single event but rather is repeated and prolonged (Pill, Day, & Mildred, 2017). Interpersonal trauma exposure, such as IPV, appears to have a more detrimental effect on mental health than non-interpersonal trauma, particularly when the violence is perpetrated by an individual the victim trusts (Lagdon et al., 2014).

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The current study confirms Bronfenbrenner's description of the ecological environment as composed of systems at four different levels. The microsystem contains relations between the individual and the immediate environment surrounding the individual, such as the home, school and workplace (Bronfenbrenner, 1979a). Bronfenbrenner (1979) defined ecology as a fit between the individual and his/her environment. In order to develop and not only survive, the fit between the individual and its environment must be even closer. All of the women who participated in this study did not have a close and healthy relationship with their parents during their childhood. This is reflected in the following quotes:

"I was always told that she's not my mother. That everything that I did was like, it was wrong in her eyes. Like it was almost like she picked on me as I grew up as a child. I never felt loved by her. I always felt like she's rejecting me in some way". (P2)

"*My father first passed away and shortly thereafter, my mom also passed away from a kidney problem. My sisters and I stayed in the house alone and I had no one to take care of me and I had to raise myself". (P3)*

5.4.1.2. Adverse childhood experiences

Adverse childhood experiences are a common pathway to risky behaviour, violence or re-victimisation, disability, illness, and premature mortality and, maybe associated with victimisation and perpetration of violence not only in adolescence but also in adulthood(Navarro et al., 2022). Felitti et al. (1998) sets forth thatnegative events during childhood can be grouped into what is known as adverse childhood experiences.

Adverse childhood experiences were initially defined as child abuse and domestic abuse. These experiences included (but were not conceptually limited to) harms directly affecting children, such

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as abuse (emotional, physical, and sexual) and neglect (physical and emotional). Also included were harms affecting children indirectly through their living environments, such as growing up in homes with domestic violence, household members who abuse alcohol or drugs or have mental disorders, illness, relationship stress (such as separation or divorce), or where household members engage in criminal behaviour.(Merrick et al., 2017)

Bryan (2019a) describes adverse childhood experiences as traumatic childhood events that affect bio-psycho-social health across the lifespan and puts forward ten categories of adverse childhood experiences, namely; physical, emotional, and sexual abuse; physical and emotional neglect; witnessing domestic violence, having a family member affected by mental illness, substance abuse, or incarceration, and losing a parent to separation or divorce.

All the women who were interviewed shared their negative childhood experiences. The above confirms advocacy that settings that are unpredictable and unstructured may destabilize children's development because they interfere with effective proximal processes (Bronfenbrenner & Ceci, 1998; Wertsch & Bronfenbrenner, 2005). One of Urie Bronfenbrenner's fundamental contributions to child development was the insight that proximal processes, the exchanges of energy between the developing child and the persons and objects in their immediate settings, need to occur on a regular, sustained basis in order to be effective (Bronfenbrenner & Ceci, 1998).

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Bronfenbrenner also argued that proximal processes must be reciprocal between the child and her surroundings and become progressively more complex as she matures. Unfortunately, the proximal processes for the women who were interviewed were not reciprocal, which explains their negative childhood experiences. The following quotes highlight the abuse experienced by participants:

> *"Because some of us, I think, or most of us have got very deep emotional scars and personally me, that suffers from depression". (P1)*

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"I was twelve years old when I had to look after my three-year-old sister whilst my mom went to look for char work. My sister drowned in our drum in our back yard and my mom blamed me…and since then, I did not have a relationship with my mom and the rest of the family". (P4)

"I was taken away from my parents at an early age". (P2)

" I never felt loved by her. I always felt like she's rejecting me in some way". (P2)

"She blamed me for that and so I couldn't understand, the one person that should be protecting me or believing me, is the one thinking that I could do something like that. So, since then, we didn't have any relationship and I didn't know any better". (P5)

5.4.1.2.1. *Childhood household dysfunction*

Research indicates that childhood household dysfunction increases the risk of developing a mental illness. Moreover, exposure to childhood household dysfunction may shape adult health through different processes (Montez & Hayward, 2014). They may influence health outcomes through biological imprint processes; for example, early life stress may cause enduring brain dysfunction that adversely affects health and quality of life throughout the life span (Shonkoff et al., 2021; Bryan, 2019b).

Pathways from a psychological and psycho-social perspective may include the damaging impact of childhood household dysfunction on the child's emotion regulation, self-worth, and self-esteem, which in turn may influence long-term adverse health outcomes(Björkenstam et al., 2016). All the

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women who were interviewed expressed their low level of self-worth upon entering the shelter. This is because the IPV that they endured resulted in them being removed from the homes. As a result, the survivors lost not only their homes but their comfort as well. This leads to the survivor's mental health being impacted almost immediately.

The childhood household dysfunction consists of seven indicators: parental alcohol/drug misuse, mental health problems, criminality, death, divorce, social assistance, and child welfare interventions(Gauffin et al., 2016). Furthermore, childhood household dysfunction has a strong and cumulative connection to alcohol-related illness in young adulthood. Experiences of childhood household dysfunction had adverse effects in all socio-economic groups. However, the combination of low socio-economic background and childhood household dysfunction had a particularly strong relationship to alcohol-related illness in young adulthood.

Not only is childhood household dysfunction a strong risk indicator for adult ill health, but also connected to socio-economic disadvantage (Gauffin et al., 2016). All of the survivors reflected that they experienced household dysfunction, which consisted of one or more of the seven indicators like parental alcohol misuse, mental health problems, child welfare interventions and social assistance. The survivors also grew up in low socio-economic backgrounds. These dysfunctions are reflected in the following quotes:

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"I was a shell, like in my own shell, but being here, I had to get my voice, like I was able now to talk and I know now what's good for me". (P2)

"What I went through, comes and goes. I'll be in a good mentally stable state…and then everything will just all comes back". (P4)

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"I had an opportunity to repeat but I wasn't mentally okay". (P5)

"I had a bit of a rough teenage years. My mom was an alcoholic. Unfortunately, I met the wrong people, found drugs, started working for big gangsters and ag, ja". (P1)

"My parents were alcoholics and I think there were complaints about them and that is why we were taken away". (P2)

"I didn't know what a hokkie was. So, living in a hokkie, water coming inside the house, extremely cold… I didn't know what was going on. It was a very, very big, it was a big reality check. And the abuse that was going on with the drinking all night, not sleeping, people falling and ja, it was hectic". (P4)

Bronfenbrenner's bioecological systems theory (Bronfenbrenner, 1979a) offers a useful framework to consider the development of anxiety in youth. The theory posits that a child's development must be understood through the interaction between the child and the environment, including interactions between various environmental systems (e.g., family-school interactions). Given that the family provides the earliest environmental context for the socialization of children, family experiences should play a foundational role in children's psychological development.

This study concurs with Bronfenbrenner's bio-ecological systems theory of 1998, confirming that parents are a microsystem for their children, who are impacted by socio-economic circumstances. Parents from lower socio-economic status backgrounds often experience higher levels of parenting stress, psychological distress, and depression than their higher socio-economic counterparts (El

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Zaatari & Maalouf, 2022; Kabir & Khan, 2019; Vélez-Agosto et al., 2017; Wertsch & Bronfenbrenner, 2005; C. Yang, 2021).

Bronfenbrenner (1998) argued that human development takes place through the processes of progressively more complex reciprocal interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate external environment. Bronfenbrenner's bio-ecological systems theory (1998) defined the proximal process model as the "engines of development" (Merçon-Vargas et al., 2020). Bronfenbrenner (1979) identified key concepts in his model, namely adaptation, coping, energy, interdependence and transactions.

All of the survivors in this study had experienced difficult childhood, and adulthood in disadvantaged environments which hampered their "human development" over time. It is important to appreciate that individuals relate with one another and their environments reciprocally. Therefore, it depends on their ability to cope with those situations (El Zaatari & Maalouf, 2022; Waller, 2007; C. Yang, 2021). By understanding these concepts, in relation to the survivors of IPV and their reasons for self-sabotage during various stages of the shelter intervention programme, different women adjust to and deal with, situations in their surroundings in different ways.

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5.4.2. Theme 2: Adulthood

Two categories emerged from this theme, namely: survivors IPV experiences; impct of abuse on the survivor and sub-category; power and control. Research specifies that childhood maltreatment has been highlighted as a factor that may place women at heightened risk for IPV and/or work in an additive fashion to contribute to mental health problems(Cintora & Laurent, 2020). Furthermore, Caron et al. (2018) propose that the link between child maltreatment and IPV victimization complements the attachment theory-based notion that a parent-child relationship marked by maltreatment, may serve as a model for violence victimization in later romantic relationships. These statements uphold the experiences of the five women who were interviewed in this current study.

***5.4..2.1**. Survivors IPV experiences*

Literature holds that abuse in childhood increases the likelihood of IPV in any life stage. Young women are a group that is especially at risk for all types of violence and especially psychological violence. A higher education level decreases the probability of physical/sexual IPV across all ages. Unemployment increases the probability of IPV in adult women. Women exposed to current physical/sexual IPV are more likely to reporting poor self-perceived health and poor mental health (Munge, 2020; Cintora & Laurent, 2020).

The above literature is in line with the current research study based on the fact that the survivors were younger than forty years; none of them completed high school; two survivors were unemployed and three survivors held entry level positions.

Interpersonal trauma exposure, such as IPV, appears to have a more detrimental effect on mental health compared to no interpersonal trauma, particularly when the violence is perpetrated by an individual the victim trusts (Lagdon et al., 2014). All the women who participated in the research

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study were abused by their intimate partners whom they trusted when they entered the relationship. This is reflected in the following quotes:

"*He pointed a knife at me already...oh…it's just too much for me!...he started using me from behind…he started threatening me by pointing a gun at me…I was just very scared of him".(P3)*

"He'd strangle me, hit me, force himself on me. If I didn't want to have sex with him, intercourse with him, he'd force it. So, it felt like I'd been raped, because I had been raped before. And with that being said, he knew that, but it was almost like it was like a laughing matter to him with him forcing himself on me". (P4)

5.4.2.2. *Impact of abuse on the survivor*

Overall, the association between abuse and self-esteem appears to be well-documented; increased abuse is related to lowered self-esteem (Aguilar & Nunez Nightingale, 1994; Bahadir-Yilmaz & Öz, 2018; Baumeister & Scher, 1988; Khodabandeh et al., 2018; Orava et al., 1996). Studies have shown that the frequency and severity survivors' IPV experiences leads to an increased level of depression and PTSD (Machisa et al., 2017).

Bronfenbrenner and Ceci (1998) in the bio-ecological systems theory, incorporates a four-element model, involving the synergistic interconnections among process, person, context, and time and the role that personal characteristics of individuals play in social interactions is emphasized. Force characteristics in relation to the person in the theory's four-element model relate to variations in the individual's motivation, persistence, and temperament (Bronfenbrenner & Ceci, 1998).

In addition, it takes into consideration the characteristics of the survivor of abuse; her personality, background, beliefs and attitude towards her partner, children and family.

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The current study concurs with Bronfenbrenner's (2005) last update to his Process-Person-Context-Time model (PPCT), which included four components: (1) the developmental *process* of interactions between the person and their environment; (2) the person, with her or his individual biological, cognitive, behavioural, and emotional characteristics; (3) a context of multiple, nested levels or systems influencing development; and (4) various types of time, such as historical time and its influences. The developmental outcomes are based on multiple proximal processes systems: the micro-system, meso-system, macro-system, and exo-system.

All survivors shared that they had experienced a tough childhood and adulthood in a low socio-economic environment that did not include a devoted partner, family support, and love. As a result, their experiences of life had a negative impact on their development, decision making and level of self-worth. This is displayed through the following quotes:

"I have a drug habit and I couldn't handle the pressure of a lot of the things that was, although I was moving forward, I kind of felt panicky in the sense of being alone… but with the pressure mounting and I know it sounds like an excuse, but so I went back onto drugs". (P1)

"I had an opportunity to repeat my course, but I wasn't mentally okay…it was overwhelming and I wanted to do everything all at once. I crumbled because I took in so much". (P5)

"Sometimes, she's not really ready to escape the past…she is not ready to actually work on herself.... then she goes back to where she came from…or what she knows". (P7)

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5.4.2.2.1. *Power and control*

All of the participants in this study shared about the power and control that their partners exerted over them. Although, Mondal & Paul (2021) alludes that there are various definitions of domestic violence, the idea of "coercive control" is considered to be most effective to understand violence against women in a patriarchal context like South Africa. Coercive control is defined as the multi-faceted forms of oppression rooted within the patriarchal social structure that harms the autonomy, dignity, and equality of women and is designed to secure and expand gender-based privileges by establishing a regime of male domination (Grose & Grabe, 2014; Mondal & Paul, 2021b).

Moreover, the theory of gender and power proposes that gender-based inequalities are pervasive societal characteristics that result in men's disproportionate power and control over a number of areas, including women's bodies (Grose & Grabe, 2014). Normative gender ideologies that assume masculine superiority and feminine inferiority reinforce these structural inequalities. Specifically, these socially constructed ideologies perpetuate the belief that men are entitled to power over women and may discipline women for perceived insubordination or violation of gender roles (Grose & Grabe, 2014; Mondal & Paul, 2021b).

The research study findings reflect that the partners of the survivors exerted power and control over them by forcing them to do things they (the survivors) did not want to do. In addition, all of the partners displayed a sense of ownership of the women's bodies. This is supported by the following quotes from participants:

"And then as I was about to go, he came up behind me with a gun and he cocked it and he said, show me". (P1)

"He used me from behind…against my will". (P3)

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"If I didn't want to have sex with him...he'd force it. He locked me in the house, he was physically abusive, sexually abusive and controlling". (P4)

Jewkes et al. (2002) advocated that decades of apartheid state-sponsored violence and reactive community insurrection, meticulously described in the report of the Truth and Reconciliation Commission (1998), have contributed to a situation in which for many people physical violence is a first line strategy for resolving conflict and gaining ascendancy and that all forms of interpersonal violence are very common. The following quotes refer:

"And then he started pulling me around and I was like stop this, stop this and then our dog, which is actually his dog, came for him. And he hit the dog with the cricket bat, and when he hit the dog with the cricket bat, that's when I got a chance to run, and then I just ran with my son, otherwise he wasn't going to let us out by the gate". (P1)

"If I didn't want to have sex with him, intercourse with him, he'd force it. It happened that I fell pregnant, he hit me when I was 27 weeks pregnant and I lost the baby. So, my child came out a stillborn boy". (P4)

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5.4.3. Theme 3: Self-sabotage behaviour

Two categories emerged from this theme, namely: post-traumatic stress and self-sabotage behaviour. Josephs (2006) states thatwomen often face a relentlessly cruel inner critic that tells them that they are not good enough to succeed, they are not entitled to whatever success and that success comes at a cost sometimes. In the context of this research study, the survivors were all participating in the

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shelter intervention programme up to the point where they exited the shelter prematurely without finishing the programme. Thus, limiting their growth, development and future sustainability prospects.(Josephs, 2006)

5.4.3.1 Post traumatic stress disorder

All types of IPV are known to affect women's lives. Nearly every aspect of a survivor of intimate partner violence life is altered in the aftermath of the violent event. Leaving an abusive relationship involves transitioning from being controlled to being in control while coping with the costs of a domestic life filled with fear, terror, and devastation. These changes take tremendous strength as one's energy shifts from survival mode to starting a new life (Bryngeirsdottir & Halldorsdottir, 2022; Cintora & Laurent, 2020; Cobb et al., 2006; Gilroy et al., 2020). Because IPV often leads to severe physical, emotional, and sexual assault and lasts for several years, this often result in post-traumatic stress disorder (PTSD) and depression long after the violence has ended(Fergusson et al., 2005).

PTSD affects the woman's ability to accomplish everyday life tasks. For example, a woman with PTSD may have difficulty with cognitive functioning. Cumulative trauma, which is the effect of exposure to a series of traumas over time, is an important predictor of PTSD (Gilroy et al., 2020). The landmark study on Adverse Childhood Experiences (ACE) revealed that trauma exposure in the home during childhood had a profound effect on neuro development, putting individuals at risk for poor health outcomes, including mental health issues (Anda et al., 2006; Felitti et al., 1998).

The effects of cumulative trauma on post-traumatic stress symptomology do not end in childhood. Anda et al., 2006; Gilroy et al., 2020) confirm what all the participants in the research study experienced in their childhood but also over their life course. Participant experiences are reflected below:

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"I have a drug habit and I couldn't handle the pressure of a lot of the things". (P1)

"So, everything would be, inside of me, I wouldn't say anything. I sometimes think of taking pills and committing suicide, but then I thought of my kids as well". (P4)

"I had an opportunity to repeat but I wasn't mentally okay". (P5)

5.4.3.2 Self-sabotage behaviour

Baumeister and Scher (1988) state that battered women prefer short-term benefits despite long-term costs and risks, especially under the influence of aversive emotional states and high self-awareness. Counterproductive strategies have also been found, usually based on misjudging self or misjudging contingencies. It is concluded that normal people harm themselves and defeat their projects by means of poor judgments, by maladaptive responses, through unforeseen consequences of nonoptimal methods, and disregarding costs and risks in favour of immediate pleasure or relief.

Furthermore, (Farrell, 1996), described abused women as a "deeper internal threat to self that resulted in a fragmentation of the sense of self". Moreover, (Turner & Shapiro, 1986) stated that a battered woman's behaviour could be conceptualized as unresolved grief in the form of multiple losses of role, self-esteem, security, and anticipatory losses. They also identified that abused women poses powerful emotional ties that keep them from effecting a separation from their abusive partners.

All of the participants interviewed in this study, displayed one or more of the characteristics displayed above. Below are a few extracts:

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"Although I was moving forward, I kind of felt panicky in the sense of being alone. But with the pressure mounting and I know it sounds like an excuse, but so I went back onto drugs". (P1)

"So, at that young stage in my life, I felt like a little bit of pressure, which I didn't know how to manage. And it wasn't like, it was a little bit overwhelming because it's something that wasn't familiar to me. I wasn't like really familiar with a lot of pressure on, like such a lot of pressure on me". (P2)

"I was learning so much at the shelter, but he started calling and speaking things into my head and so I began falling for him again….and left way before my exit date….and today I regret the decision to leave the shelter". (P3)

"I remember someone once, a resident said to us, because she was doing good, she had a job and jah, things were great and then she relapsed on substances and she said that it was because she felt overwhelmed with everything that's going so good, she felt that she didn't deserve it". (P11)

All participants in the current study shared how the shift from leaving the abuser and coming to the shelter added stress and pressure to their lives. The uncertainty of what the future held and having so many things to consider and plan on their own, for the first time, was daunting.

The fundamental premise of Bronfenbrenner's ecological systems framework (1998 – 2005) is that IPV survivors' mental health is shaped by many factors, not just the assault itself or pre-existing

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individual characteristics. With each disclosure and interaction with the social world, victims are given explicit and implicit messages about how they are to make sense of this crime and apportion blame (Campbell et al., 2009).

Bronfenbrenner (1979) defined the microsystem as the face-to-face interactions and interrelations between individuals and others in their immediate setting; because the provision of (or denial of) social support occurred through direct interactions with family, friends, or peers, it can conceptualized as a microsystem process. In the context the Cape Metropole shelter setting, the services co-ordinated for the survivors through engaging other stakeholders like legal and medical services to further support the women.

This interaction between various stakeholders supporting the best interest of the survivors can be viewed as the mesosystem process which is a part of Bronfenbrenner's (1979) Bio-ecological systems theory. Furthermore, the survivor of abuse gets counselling from an external psychologist from a nearby hospital which could be viewed as formal help for the survivor of abuse and translates to Bronfenbrenner's exosystem, which encompasses both the micro and meso-systems.

This research study aligns with Bronfenbrenner's (1979 - 2005) theory that person-environment interactions are reciprocal and change over time. There are normative transitional events (e.g., attending workshops) and non-normative events (e.g., intimate partner violence) that shape how individuals interact with their environments and how their environments respond to them. The chrono-system examines the cumulative effects of multiple sequences of developmental transitions over the life course. Therefore, a history of IPV and other victimizations across the lifespan would influence the recovery process at each victimization (if more than one is experienced). In this current study, all or the participants had endured adverse childhood experiences which was

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never acknowledged or treated (Allard et al., 2018; Baumeister et al., 1988; Campbell et al., 2009; Kubany et al., 2003).

5.4.4 **Theme 4: Shelter services experiences**

Three categories emerged from this theme, namely: safety and security; care and support; and empowerment.

Jonker et al. (2015) brings to mind that little is known about whether the received shelter interventions offered during and after the women's stay are effective. The experiences of the women in this study accentuate the extreme challenges encountered by women who dare to resist social norms and leave situations of violence and abuse of their rights. The research study also highlights the indispensable value and necessity of services such as shelters. The need for safety both physical and psychological, is requisite for any hope of healing and the rebuilding of women's lives (Critelli, 2012).

5.4.4.1 Safety and security

All of the participants in the current study could attest that the shelter provided critical safety and security when they were escaping a life-threatening situation. The women all shared that they did not know where they would be if it wasn't for the shelter. The following quotes refer:

> "*We were blessed with so many … I know people think you should say, you shouldn't think of material things, but unfortunately, in the world out there you need toothpaste, you need roll on, you need a good pair of shoes and in a world where I come from, those things are scarce or you have to … So, ja, so coming to this shelter was, it was mind-blowing". (P1)*

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"So, I'm actually happy I was here because I actually found peace here. They gave me the time to find myself and that inner voice to come out". (P4)

"I slept by the police station and they're the ones that took me to the social service in town and then they looked for the shelter for me". (P5)

IPV shelters are a critical resource for women experiencing IPV. Shelters can provide survivors with a safe location separated from their partners to allow them to seek assistance and make choices about the future of their relationship. IPV shelters have shown to be effective at giving women the sense of security they need as well as improving the health of women who chose to reside in shelter.

Women's shelters protect women from intimate partner violence because they provide emergency safety from IPV exposure. They also offer prolonged support that empowers women to build a life free from violence by attaining skills through the shelter to become self-sustainable when they exit the shelter (Haj-Yahia & Cohen, 2009; Jack, 2014; Robinson et al., 2020a).

IPV survivors have to consider their personal safety, as well as the safety of their children, when they are making decisions about their future. As such, shelter staff can assistant survivors as they weigh their options. The purpose of IPV shelters is to provide immediate residential support to survivors who are not safe in their homes (Nnawulezi & Hacskaylo, 2022).

Currently, shelters offer a network of resources, including advocacy, food, clothing, employment, housing, healthcare, and legal support(Gregory et al., 2021a). They may work with a community outreach agency to ensure survivors have access to resources to meet their needs. The average length

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of stay for a shelter varies considerably and can range from 1 to 180 days depending on the policies of the shelter itself(Allen et al., 2004; Wright & Bertrand, 2017).

Shelter structure and available services often vary based on location. Shelter function, funding, staffing and policies may vary considerably depending on the role of the shelter within the community. For example, the IPV shelter in the Cape Metropole offers survivors physical and emotional security for twenty-one residents at a time inclusive of counselling, economic empowerment and vocational services (Robinson et al., 2020). All the service interventions from a women's shelter are aimed at helping the survivors to start their lives over again. The survivors who participated in this study, did not come from environments where they felt safe or that aided their growth and development. The survivors' interactions over their life span with inadequate "persons, objects and symbols" in their immediate environment were contributing factors for their lack of safety and security.

This is evident through Bronfenbrenner and Morris (1998) who stated that human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate environment. To be effective, the interaction must occur on a fairly regular basis over extended periods of time. Such enduring forms of interaction in the immediate environment are referred to as proximal processes.

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5.4.4.2 Care and support

Research states that IPV shelters provide a safe haven and they are effective at improving multiple outcomes for residents. Moreover, the interventions provided in IPV shelters contributed to a reduction in symptoms of depression and posttraumatic stress disorder, increased safety by

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decreasing the likelihood of abuse and improving social networks and social support (Jonker, Sijbrandij, Luijtelaar, et al., 2015). Residing in IPV shelters has also proven effective at increasing self-esteem, feelings of empowerment and self-efficacy(Allen et al., 2004b; Gregory et al., 2021a). The primary purpose of shelters is to provide a safe haven to stop the abuse. Other goals are to improve mental health outcomes, such as improving quality of life and reducing symptoms of PTSD and depression.

Social outcomes of shelter interventions include increasing access to resources and increasing social support. A well-known intervention administered in shelters is advocacy counselling, which focuses on women's safety, their quality of life and their access to community resources. Female advocates assist women for a period of 10 weeks in gaining access to resources (e.g., obtaining material goods, education, finances, legal assistance, healthcare, social support, employment and issues enclosing their children). A social support intervention may also be administered, such as providing information on resources to women and an environment to chat with a counsellor or friends (Dokkedahl et al., 2022; Haj-Yahia & Cohen, 2009; Jonker, Sijbrandij, Luijtelaar, et al., 2015; Robinson et al., 2020b). Participants explain their experiences with shelters below:

"I think there is no other shelter like XXXX. Still even a year later, after I have left, it's almost like it's tattooed into my soul. The guidance we got, … it was just, it was amazing because you gave us such a lot of independence, it kept us safe and it was just, it was really, really nice". (P1)

"When I first came here, I didn't really know what to expect. I was working and it, I must say, I had a lot of experience with different people at the shelter which helped me a lot,

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which … all the staff at the shelter played a different role in my life which contributed a lot of positive things into my life and into my children's lives as well". (P2)

"I think that, you know, I've learnt a lot being at the shelter and it's given me a lot of strength. It's taken out my inner voice to speak more. And speaking about my abuse and that, I don't need to cry about it, I actually smile about it because I've gone past that, and that's a thing I don't want to go back to. So, I'm actually happy I was here because I actually found peace here. They gave me the time to find myself and that inner voice to come out". (P4)

5.4.4.3 Empowerment

Nnawulezi et al. (2019, p. 262) propose that empowerment can be defined as "a meaningful shift in the experience of power attained through interaction in the social world". Within the context of IPV, it involves a process of increasing survivors' power through goal setting, their self-efficacy, their growing awareness of the larger social world, and the acquisition of social and material resources to support goal attainment. Advocates are expected to promote survivors' empowerment by working with them to set personally meaningful goals, providing them with information and resources, and advocating on their behalf with multiple systems.

In addition, staff also enhance survivors' empowerment by actively supporting their connections within their support networks and communities. Support networks increase one's access to opportunities and resources that are instrumental in having power over one's life. Social support is an especially important resource to increase for survivors, as abusers often rely on isolating their

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victims from supportive family and friends to escape detection and to limit survivors' options for help (Goodman, Fauci, et al., 2016; Goodman, Thomas, et al., 2016a; Gregory et al., 2021b).

Research infers that IVP/DV shelters have historically gone beyond providing emergency residential space for survivors by assisting in obtaining future housing, employment, health care, child care, or legal services. DV shelters are expected to operate within an empowerment philosophy, with an understanding that survivors are self-determining, can identify their needs, and know what it takes to meet those needs (Rubin & Babbie, 2016; Upadhyay et al., 2014). Shelters provide much more than beds, meals, and laundry facilities.

They are designed as residential spaces through which staff and volunteers work individually with survivors, identifying unmet needs and assisting them and their children in any way possible. This may include assisting in finding housing, seeking employment, or obtaining health care or legal support. Shelter employees and survivors also engage collaboratively in safety planning, which is individualized to each survivor's unique situation. Furthermore, shelters are designed to provide opportunities for survivors to talk with others who have been through similar situations (Bahadir-Yilmaz & Öz, 2018; Gregory et al., 2021a; Kabir & Khan, 2019).

All the participants in the current study spoke positively about the services they received at the shelter and felt that the shelter made them regain their self-belief and confidence. However, The participants were at the shelter at different periods, some were in the shelter during COVID-19 and as a result, did not receive the usual service offerings due to the various restrictions during COVID-19. The following quotes refer to:

> *"The sessions where all the women get together…and you get to just be women around each other...and just be human and women…you know!". (P1)*

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"The workshops and the counselling was very good for me…it actually helped me a lot…but it's just that he...the counselling helped me move forward". (P3)

"The staff was always making you grow…motivating you. It helped me a lot because I was a shell, like in my own shell, but being here, I had to get my voice, like I was able now to talk to…I know now what is good for me". (P5)

There were two schools of thought from the staff members who participated in the focus group discussion regarding the length of stay for the survivors at the shelter.

"I don't know if I'm right, but I feel like the four months for the ladies to stay at XXXX, since they come from a broken home, and taking this now destitute and abused, with the perpetrator and stuff, I don't feel like they're ready in four months' time, to go". (P7)

"One thing for me, it depends on what the person wants. So, if the person does not want to work with the staff, do the things that she is told, I think it's difficult for us to think that we can change it". (P10)

In the current study, the shelter in the Cape Metropole's empowerment model focuses on the participants' healing and experiences recognizing and acting on opportunities to exercise control, personal growth, and development. In this context, Bronfenbrenner's (1979, 2005) ecological perspective, in relation to the participants' negotiation between themselves and the shelter service offering, can be viewed as taking place within a social system, demanding constant negotiation between the person and environment.

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The survivors shared how good they felt at first when they were engaging in the intervention programme, and then they started feeling the pressure of keeping up with the new learnings and developments and started feeling that things were too good to be true. They also explained that they did not feel worthy of everything that was going "right" for a change.

5.5 Conclusion

The main findings of this study explored the reasons for self-sabotage by survivors of IPV during various stages of an intervention programme from a selected women's shelter in the Cape Metropole. The results deduces that adverse childhood and IPV experiences which have not been worked through are contributing factors why survivors self-sabotage during various stages of a shelter intervention programme. The findings show that adverse childhood experiences which was not dealt with, coupled with abuse in their adult life lead to mental health issues and post-traumatic stress disorder, have a direct influence to a survivor self-sabotaging her growth and development at a shelter. The results further highlight the importance of the shelter service offering that needs to be presented in the context of survivors feeling safe and secure, receiving quality care and support with an empowerment model that aims to grow, develop and sustain survivors for a better life beyond the shelter. The findings of this study prove that excessive abuse throughout a person's life span, which was not properly dealt with leads to mental health issues which has a direct impact on a person's reason to sabotage themselves.

In the next chapter, the conclusion and recommendations of the study are presented.

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CHAPTER SIX: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

6.1. Introduction

The final chapter presents a summary of the study, the conclusions of the findings as well as recommendations to practitioners, government, and future research. The aim of this study was to explore the reasons for self-sabotage by survivors of IPV during various stages of an intervention programme from a selected women's shelter in the Cape Metropole. This aim was achieved through a qualitative methodological approach, which sought to explore and describe the social phenomenon, in terms of meaning, brought by people; as one cannot understand human behaviour without understanding the framework within which the participants interpret their thoughts, feelings and actions (Marshall, 2006).The research question was answered in Chapter Five, where the research findings were presented and discussed. The conclusions are thus based on comparing the aim, objectives, methodology and findings, and assessing whether these were reached.

The data collected from the two participant groups underpinned the findings of the study and together with the review of the literature, triangulated the findings of the study. After data analysis, four main themes emerged, which were deliberated on in Chapter Five. The theoretical framework was used in addition to substantiate, support, compare and contrast the research findings. The main outcomes of the study revealed the following:

- adverse childhood and IPV experiences which have not been worked through are contributing factors why survivors self-sabotage during various stages of the intervention programme.

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- the adverse childhood experiences which have not been dealt with, coupled with abuse in their adult life, led to mental health issues and post-traumatic stress disorder, directly influencing survivors self-sabotaging their growth and development at the shelter.
- shelter service offerings needs to make survivors feel safe and secure, receive quality care and support with an empowerment model that aims to grow, develop and sustain them for a better life beyond the shelter.
- excessive abuse throughout the survivors' life span, which was not properly dealt with, leads to mental health issues which has a direct impact on their reasons to self-sabotage.

A brief summary of each of the previous chapters, as well as conclusions and recommendations from the findings, will be presented in the following segments.

6.2 Summary of the Study

The summary of the study provides a brief account of all the chapters without going into much detail, as they have thoroughly been discussed in the preceding chapters.

6.2.1. Chapter 1: Introduction of the study

Chapter one provided a proposal and gave an outline of the study through a discussion of the background, the research problem, the aim, the objectives guiding the study, and the methodology utilised in the study.

6.2.2. Chapter 2: Theoretical framework

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The second chapter presented a detailed discussion of the theoretical framework underpinning the study. Again, the Bio-ecological systems theory was selected as it appropriately served to guide the study.

6.2.3. Chapter 3: Literature review

Chapter three explored the available literature in relation to the topic. The researcher provided a detailed discussion of all the concepts relevant to exploring IPV survivors' reasons for self-sabotage during various stages of a shelter intervention program. In addition, the previous studies presented in the literature gave insights into the experiences, perceptions and challenges of IPV survivors, and explored their reasons for self-sabotage after various stages of a shelter intervention program.

6.2.4. Chapter 4: Research methodology

In chapter four, the researcher determined that an explorative and descriptive qualitative approach were best suited to achieve the study's aim. Accordingly, the researcher recruited two sets of participants, in order to gather different views of the study phenomena, using purposive sampling. The first recruitment group was women who were survivors of IPV who were exposed to a shelter intervention programme with an NGO in the Cape Metropole.

The second group was staff members who were employed at the shelter in the Cape Metropole. The researcher collected the data by means of individual one-on-one interviews with the first group of participants, guided by a semi-structured interview schedule. The second group (shelter staff) was a focus group discussion facilitated by an external facilitator and an observer to witness the process.

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6.2.5. Chapter 5: Presentation and discussion of the findings

In the fifth chapter, the researcher presented and discussed the findings of research, after data collection and data analysis had taken place. First, the audio-recorded collected data, was verbatim transcribed and analysed. This followed by the emerging themes being described in detail. The findings of this study concluded by highlighting IPV survivors' reasons for self-sabotage after various stages of a shelter intervention program. These findings were concluded based on four themes: IPV survivors' childhood experiences; IPV survivors' adulthood experiences; IPV survivors' reasons for self-sabotage after receiving shelter services; perceptions of the services rendered by the shelter in the Cape Metropole.

6.2.5.1. Theme 1: IPV survivors' childhood experiences

The overall outcomes of this study have shown that the IPV survivors who participated in this study all had negative childhood encounters. None of the participants or their families received any intervention at the time of these childhood traumas.

The theme was described by two categories and a sub-category namely; *Impact of trauma on human development*, hereby the findings shows that children who experience abuse, grow up carrying emotional scars that impact their functioning as members of society. *Adverse childhood experience*; allude to negative events during childhood such as child abuse, domestic abuse and dysfunctional living environment such as alcohol misuse, drugs, divorce or where household members engage in criminal behaviour. These traumatic events affect the bio-psycho-social health across the lifespan. *Childhood household dysfunction;* the IPV survivors described households as settings that were unstructured and unpredictable.

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This environment destabilized their development from a psychological and psycho-social perspective impacting their emotional regulation of self-worth and self-esteem. All of the women who were interviewed expressed their low level of self-worth upon entering the shelter.

6.2.5.2. Theme 2: Survivors' adulthood experiences

The findings of this study proposes that untreated adverse childhood experiences place women at a heightened risk of IPV and/or contribute to mental health problems. The theme was depicted by two categories and a sub-category namely; *Survivors' IPV experiences;* which confirmed that abuse in the childhood lead to the likelihood of IPV. All survivors gave account of the various types of IPV (physical, emotional, sexual, psychological and financial abuse) that they endured prior to entering the shelter. *Impact of abuse on survivors;* The study revealed that survivors varying degrees of abuse had a direct impact on the depth of their low self-esteem.

The participants revealed that their low self-esteem was a major contributing factor to them not completing the shelter intervention program. *Power and control;* the study brought to light that IPV is all about exerting power and control over a victim. Violence against women in the context of South Africa is rooted within patriarchal social structure that harms the autonomy, dignity and equality of women.

The study also highlighted that gender-based inequalities are pervasive societal characteristics that result in men's disproportionate power and control over a number of areas, including women's bodies.

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6.2.5.3. Theme 3: IPV survivors' reasons for self-sabotage after receiving services from a shelter in the Cape Metropole

The findings of this study have established that after being exposed to various forms of abuse and being controlled, the survivors are expected to transition to being in control while having to cope with life, their feelings, emotions, fears, and devastation.

The theme was further supported by two categories namely, *Post Traumatic Stress Disorder;* the findings of the current study found that all the participants suffered from PTSD and/or depression. They described PTSD as the reason for their inability to accomplish everyday tasks and follow through with the interventions and opportunities that were presented to them by the shelter. *Self-sabotage behaviour;* the current study shows that IPV causes survivors to have low self-esteem which makes them feel that they are not worthy of the positive changes and opportunities that they encounter after receiving services from a shelter in the Cape Metropole. The IPV survivors defeat their projects by means of poor judgments, by maladaptive responses, through unforeseen consequences of nonoptimal methods, and by disregarding costs and risks in favour of immediate pleasure or relief.

6.2.5.4. Theme 4: IPV survivors' perspective of services rendered by the shelter in the Cape Metropole

The results of this study show that all the participants attest to the fact that the shelter provided a critical place of safety and support in their time of need. The theme was further sustained by three categories, namely *safety and security*; survivors state that the shelter provided critical safe space for women experiencing IPV. The women stated that they had time to gather their thoughts and to re-think their future while not having to worry about their personal safety; *Care and support;* the findings of this study reveal that IPV shelters contribute to a reduction in symptoms of depression

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and PTSD, *empowerment*; survivors state that IPV shelters have also proven effective at increasing self-esteem, feelings of empowerment and self-efficacy.

6.2.6. Chapter 6: Conclusions and recommendations

The final chapter provides the conclusions and recommendations with an overall presentation of a summary of chapters covered in the study.

6.3. Recommendations

The recommendations are focused on three groups, social work practitioners, government, and future research that can address interventions for IPV survivors in a women's shelter.

6.3.1. Recommendations for social work practitioners working with IPV survivors

- The shelter in the Cape Metropole does not have the resources to assess the mental health of the survivors of IPV and would need to advocate and lobby for services of Psychologist to further enhance the intervention programme at the shelter. Social Work practitioners must develop and include a mental health/PTSD/depression assessment as part of the intake procedure at the shelter. This will ensure that the IPV survivor will have a targeted individual development plan to assist the survivor in coping with all their growth and development. Very often, survivors come to the shelter not being aware that they have mental health challenges.
- Shelters should consider offering interventions that will have a direct impact on and increase IPV survivors' low self-esteem. The survivors shared that they did not feel worthy of all the things that were going right at the time of being at the shelter. (Cesario et al., 2014)
- Social work practitioners should (where possible) do family restoration work with IPV

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survivors and their families for the healing of unresolved matters of the past to take place. This will assist when survivors have to reintegrate back into society. (Kasherwa et al., 2023)

- The shelters should include pre-and-post-tests for IPV survivors to monitor and evaluate the shelter services. The feedback is critical to provide quality care and support that will enhance the survivors' journey moving forward.

6.3.2 Recommendations to Government and policymakers

- The research study showed that family dysfunction and adverse childhood experiences, which are not dealt with, negatively impacts the well-being of a person or society. For this reason, more education and awareness programmes need to be implemented to ensure a healthy society. (Kasherwa et al., 2023; Lopes, 2016a)
- Government should, through the Department of Health, assist women's shelters with women's health assessments. The waiting period for appointments at government hospitals are too long that it exceeds the time that the survivor has to stay at the shelter. This can be done by appointing a medical task team per district, to assist a cluster of shelters (five per district) and visit a specific shelter on a set day, weekly.
- The Department of Social Development's minimum standards for service provision for victims of crime and violence should include a set standard practice of at least eight one-on-one counselling sessions, per IPV survivor. Thereafter, an assessment can be made to establish if more counselling is needed.
- The Department of Social Development funds women's shelters to assist survivors for three months only. Unfortunately this time period is way too short to achieve positive outcomes for survivors. For this reason, advocacy must happen in a multi-sectoral approach which

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must include civil society, government, and the private sector to increase women's length of stay at the shelter to six months.

- Service provisions for survivors of IPV are not the same across various provinces in South Africa. This is largely due to the disparity that exists because the government does not have a standardised funding model for shelters for GBV survivors. It is the government's role to provide adequate provision for financial support to the shelters. This was confirmed by the Commission on Gender Equality who released a report in 2019 stating that shelters for survivors of GBV are grossly underfunded. They went further to state that inadequate funding negatively impacts the quality of care and the continuum of services that shelters can provide(Lopes, 2016a).
- Social Development sector should advocate for programmes that will promote family well-being to detect and deal with family dysfunction; detect child abuse and domestic violence early in schools and communities. So that adverse childhood experiences can be eliminated to ensure healthy individuals and families and create education and awareness about what GBV and IPV is and the impact that it has on families and society. Kasherwa et al., 2023, conclude that the role and ethics of psychosocial support workers should be of serious concern to decision-makers practitioners and educators.
- Allocation of funding for training of shelter staff, education and awareness programmes, mental health assessments of survivors of GBV and IPV and employment of additional health professionals.(Kasherwa et al., 2023)

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6.3.3. Suggestions for future research

- Future research should address other women's shelters and other geographical areas where women's shelter services are offered, as it would yield insightful results in relation to the findings of the current study.
- Conduct research that would evaluate and compare women's shelter intervention programmes, to establish a best-practise.
- The complex interrelationship of child abuse, mental ill-health, and IPV victimisation are apparent yet under-studied, and therefore further research in the South African context is suggested.
- To explore different cultural and educational levels of survivors of self-care activities that would prevent self-sabotaging behaviour and nurture good mental health.

6.4. Limitations of the study

The limitations of a study are factors that the researcher cannot control, it may include weaknesses and situations beyond the researcher's control that places constraints on research methodology and conclusions (De Vos et al., 2011).

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The study aimed to explore the reasons for self-sabotage by survivors of IPV during various stages of a shelter intervention programme in the Cape Metropole. Since this topic was a sensitive one, it would always be a challenge to find willing participants. In Addition, each of the interviews took a minimum of 50 minutes, with some extending to one hour and above, making it very time-consuming. Five interviews were conducted, but some women were doing shift work, or working long hours. Some interviews could only be conducted over the weekend. This had to be scheduled carefully with the permission of the shelter. Some survivors were unemployed and willing to

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participate in the study but did not have transport money to get to the shelter where the interviews were being held. The researcher opted to pay the transport costs of the participants.

Finally, the issue of time was another challenge, since the topic was sensitive, and involved reflecting on what happened many years ago. The respondents took their time to recall some incidents before responding to the questions, and sometimes, the process took longer than planned. For example, two survivors became emotional while reflecting. The researcher then created the space to allow them to work through their feelings, before moving to the next question, causing the interview to take longer than planned.

6.4. Conclusion

The research question was sufficiently explored through a qualitative approach, thereby attaining the research goal and objectives of the study. The results of this study provided insight into the reasons for self-sabotage by survivors of intimate partner violence during various stages of an intervention programme from a selected women's shelter in the Cape Metropole. The findings established that the overall outcomes of this study have shown that the reasons for self-sabotage by IPV survivors, who participated in this study, were as a result of the complex interrelationship of adverse childhood experiences, mental ill health, low self-worth and intimate partner violence. This last chapter of the study provided the reader with a summary and the conclusions of the preceding chapters, from the introduction, theoretical framework, literature review, applied methodology, and the presentation of the research findings. A number of recommendations were made to practitioners working with IPV survivors, as well as to government and policymakers based on these results. Finally, the researcher made suggestions for future research.

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http://etd.uwc.ac.za

REFERENCES

Abrahams, N., Mathews, S., Martin, L. J., Lombard, C., & Jewkes, R. (2013). Intimate Partner Femicide in South Africa in 1999 and 2009. *PLOS Medicine*, *10*(4), e1001412-. https://doi.org/10.1371/journal.pmed.1001412

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A. F. M., & Heise, L. (2011). What factors are associated with recent intimate partner violence? findings from the WHO Multi-country Study on women's Health and Domestic Violence. *BMC Public Health*, *11*. https://doi.org/10.1186/1471-2458-11-109

Aguilar, R. J., & Nunez Nightingale, N. (1994). The Impact of Specific Battering Experiences on the Self-Esteem of Abused Women. In *Journal of Family kTolence* (Vol. 9, Issue 1).

Akhmedshina, F. (2020). VIOLENCE AGAINST WOMEN: A FORM OF DISCRIMINATION AND HUMAN RIGHTS VIOLATIONS. *Mental Enlightenment Scientific-Methodological Journal*, *2020*(1), 13-23-undefined.

Ali, P. A., & Naylor, P. B. (2013). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression and Violent Behavior*, *18*(6), 611–619. https://doi.org/10.1016/J.AVB.2013.07.009

Allard, C. B., Norman, S. B., Thorp, S. R., Browne, K. C., & Stein, M. B. (2018). Mid-Treatment Reduction in Trauma-Related Guilt Predicts PTSD and Functioning Following Cognitive Trauma Therapy for Survivors of Intimate Partner Violence. *Journal of Interpersonal Violence*, *33*(23), 3610–3629. https://doi.org/10.1177/0886260516636068

Allen, A. B., Robertson, E., & Patin, G. A. (2021). Improving Emotional and Cognitive Outcomes for Domestic Violence Survivors: The Impact of Shelter Stay and Self-Compassion Support Groups. *Journal of Interpersonal Violence*, *36*(1–2), NP598–NP624. https://doi.org/10.1177/0886260517734858

http://etd.uwc.ac.za

Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004a). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women*, *10*(9), 1015–1035. https://doi.org/10.1177/1077801204267658

Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004b). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women*, *10*(9), 1015–1035. https://doi.org/10.1177/1077801204267658

Alsaker, K., Moen, B. E., Baste, V., & Morken, T. (2016). How Has Living with Intimate Partner Violence Affected the Work Situation? A Qualitative Study among Abused Women in Norway. *Journal of Family Violence*, *31*(4), 479–487. https://doi.org/10.1007/s10896-016-9806-2

Al'Uqdah, S. N., Maxwell, C., & Hill, N. (2016). Intimate Partner Violence in the African American Community: Risk, Theory, and Interventions. *Journal of Family Violence*, *31*(7), 877–884. https://doi.org/10.1007/s10896-016-9819-x

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., & Perry, B. D. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, *256*(3), 174–186.

Andro, A., Cambois, E., & Lesclingand, M. (2014). Long-term consequences of female genital mutilation in a European context: Self perceived health of FGM women compared to non-FGM women. *Social Science and Medicine*, *106*, 177–184. https://doi.org/10.1016/j.socscimed.2014.02.003

Ashiabi, G. S., & O'Neal, K. K. (2015). Child Social Development in Context [Article]. *SAGE Open*, *5*(2), 215824401559084. https://doi.org/10.1177/2158244015590840

Assari, S., Preiser, B., & Kelly, M. (2018). Education and Income Predict Future Emotional Well-Being of Whites but Not Blacks: A Ten-Year Cohort [Article]. *Brain Sciences*, *8*(7), 122. https://doi.org/10.3390/brainsci8070122

http://etd.uwc.ac.za

Atwoli, L., Stein, D. J., Williams, D. R., Mclaughlin, K. A., Petukhova, M., Kessler, R. C., & Koenen, K. C. (2013). Trauma and posttraumatic stress disorder in South Africa: analysis from the South African Stress and Health Study [Article]. *BMC Psychiatry*, *13*(1), 182–182. https://doi.org/10.1186/1471-244X-13-182

Babbie E., & Mouton J. (2008). The Practise of social research. Cape Town: Oxford University Press. *The Practise of Social Research. Cape Town: Oxford University Press.*

Babbie E., & Mouton J. (2009). *The Practise of social research. South Africa: Oxford University Press.*

Babchuk, W. A. (2017). Book Review: Qualitative Research: A Guide to Design and Implementation (4th ed.), by S. B. Merriam and E. J. Tisdell [Article]. *Adult Education Quarterly*, *67*(1), 71–73. https://doi.org/10.1177/0741713616671930

Bahadir-Yilmaz, E., & Öz, F. (2018). The Effectiveness of Empowerment Program on Increasing Self-Esteem, Learned Resourcefulness, and Coping Ways in Women Exposed to Domestic Violence. *Issues in Mental Health Nursing*. https://doi.org/10.1080/01612840.2017.1368750

Baholo, M., Christofides, N., Wright, A., Sikweyiya, Y., & Shai, N. J. (2015a). Women's experiences leaving abusive relationships: a shelter-based qualitative study. *Culture, Health and Sexuality*, *17*(5), 638–649. https://doi.org/10.1080/13691058.2014.979881

Baholo, M., Christofides, N., Wright, A., Sikweyiya, Y., & Shai, N. J. (2015b). Women's experiences leaving abusive relationships: a shelter-based qualitative study. *Culture, Health and Sexuality*. https://doi.org/10.1080/13691058.2014.979881

Baholo, M., Christofides, N., Wright, A., Sikweyiya, Y., & Shai, N. J. (2015c). Women's experiences leaving abusive relationships: a shelter-based qualitative study. *Culture, Health and Sexuality*, *17*(5), 638–649. https://doi.org/10.1080/13691058.2014.979881

Barocas, B., Emery, D., & Mills, L. G. (2016). Changing the Domestic Violence Narrative: Aligning Definitions and Standards. *Journal of Family Violence*, *31*(8), 941–947. https://doi.org/10.1007/s10896-016-9885-0

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

Baron, N., Sanz-Barbero, B., & Vives-Cases, C. (2019). Prevalence, associated factors and health impact of intimate partner violence against women in different life stages [Article]. *PloS One*, *14*(10), e0221049–e0221049. https://doi.org/10.1371/journal.pone.0221049

Barrett, B. J., Fitzgerald, A., & Cheung, C. H. (2021). Domestic Violence, Companion Animal Abuse, and Help-Seeking: The Mediating Role of Fear of Lethal Violence [Article]. *Women & Criminal Justice*, *ahead-of-print*(ahead-of-print), 1–15. https://doi.org/10.1080/08974454.2021.2004970

Basu, A., Malone, J. C., Levendosky, A. A., & Dubay, S. (2009). Longitudinal Treatment Effectiveness Outcomes of a Group Intervention for Women and Children Exposed to Domestic Violence. *Journal of Child & Adolescent Trauma*, *2*(2), 90–105. https://doi.org/10.1080/19361520902880715

Baumeister, R. F., & Scher, S. J. (1988). Self-defeating behavior patterns among normal individuals: Review and analysis of common self-destructive tendencies. *Psychological Bulletin*, *104*(1), 3–22.

Baumeister, R. F., Scher, S. J., Buss, A., Graziano, B., Hamilton, J., Kunda, Z., Leary, M., Pyszczynski, T., Tice, D., Wegner, D., & Baumeister, F. (1988). Self-Defeating Behavior Patterns Among Normal Individuals: Review and Analysis of Common Self-Destructive Tendencies. In *Psychological Bulletin* (Vol. 104, Issue 1).

Benjamin, A., & Carolissen, R. (2015). "They just block it out": Community counselors' narratives of trauma in a low-income community. *Peace and Conflict*, *21*(3), 414–431. https://doi.org/10.1037/pac0000099

Ben-Porat, A., & Sror-Bondarevsky, N. (2021). Length of Women's Stays in Domestic Violence Shelters: Examining the Contribution of Background Variables, Level of Violence, Reasons for Entering Shelters, and Expectations. *Journal of Interpersonal Violence*, *36*(11–12), NP5993–NP6012. https://doi.org/10.1177/0886260518811425

Berbegal-Mirabent, J. (2013). Doing Research in Business and Management: An Essential Guide to Planning Your Project20131Mark Saunders and Philip Lewis. Doing Research in Business and Management: An

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

Essential Guide to Planning Your Project. Harlow: Pearson Education 2012. 233 pp., ISB [Article]. *Management Decision*, *51*(6), 1311–1316. https://doi.org/10.1108/MD-06-2012-0505

Berk, L. E. (2000). *Child development*. Allyn and Bacon.

Bernadette Munge, E. (2020). *THE LONG-TERM EFFECTS OF DOMESTIC VIOLENCE: A STUDY OF LIFE HISTORIES IN A HOMELESS SHELTER IN CAPE TOWN, SOUTH AFRICA*.

Björkenstam, E., Dalman, C., Vinnerljung, B., Ringbäck, G., Walder, D. J., Burström, B., Björkenstam, E., Dalman, C., Vin, B., Walder, D. J., & Burström, B. (2016). *Childhood household dysfunc performance and psychiatric young adults : a register study in Stockholm County*. *70*(May).

Bonomi, A. E., Anderson, M. L., Rivara, F. P., & Thompson, R. S. (2007). Health outcomes in women with physical and sexual intimate partner violence exposure. *Journal of Women's Health*, *16*(7), 987–997. https://doi.org/10.1089/jwh.2006.0239

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology [Article]. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., Clarke, V., & Hayfield, N. (2022). 'A starting point for your journey, not a map': Nikki Hayfield in conversation with Virginia Braun and Victoria Clarke about thematic analysis. *Qualitative Research in Psychology*, *19*(2), 424–445. https://doi.org/10.1080/14780887.2019.1670765

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*(7), 513–531.

Bronfenbrenner, U. (1979a). Contexts of child rearing: Problems and prospects [Article]. *The American Psychologist*, *34*(10), 844–850. https://doi.org/10.1037/0003-066X.34.10.844

Bronfenbrenner, U. (1979b). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press.

Bronfenbrenner, U. (1986). Ecology of the Family as a Context for Human Development: Research Perspectives. In *Developmental Psychology* (Vol. 22, Issue 6).

http://etd.uwc.ac.za

Bronfenbrenner, U. (1995). Developmental ecology through space and time: A future perspective. In *Examining lives in context: Perspectives on the ecology of human development.* (pp. 619–647). American Psychological Association. https://doi.org/10.1037/10176-018

Bronfenbrenner, U. (2005). *Making Human Beings Human: Bioecological Perspectives on Human Development*. SAGE.

Bronfenbrenner, U., & Ceci, S. J. (1998). Could the answer be talent? [Article]. *The Behavioral and Brain Sciences*, *21*(3), 409–410. https://doi.org/10.1017/S0140525X98241239

Bronfenbrenner, U., & Evans, G. W. (2000). Developmental Science in the 21 st Century: Emerging Questions, Theoretical Models, Research Designs and Empirical Findings. *Social Development*, *9*(1), 115–125.

Bronfenbrenner, U., & Morris, P. A. (1994). *The Bioecological Model of Human Development*. https://www.childhelp.org/wp-content/uploads/2015/07/Bronfenbrenner-U.-and-P.-Morris-2006-The-Bioecological-Model-of-Human-Development.pdf

Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In *Handbook of child psychology: Theoretical models of human development, Volume 1, 5th ed.* (pp. 993–1028). John Wiley & Sons Inc.

Brown, V. B., Harris, M., & Fallot, R. (2013). Moving toward Trauma-Informed Practice in Addiction Treatment: A Collaborative Model of Agency Assessment. *Journal of Psychoactive Drugs*, *45*(5), 386–393. https://doi.org/10.1080/02791072.2013.844381

Bryan, R. H. (2019a). Getting to Why: Adverse Childhood Experiences' Impact on Adult Health. *Journal for Nurse Practitioners*, *15*(2), 153-157.e1. https://doi.org/10.1016/j.nurpra.2018.09.012

Bryan, R. H. (2019b). Getting to Why: Adverse Childhood Experiences' Impact on Adult Health [Article]. *Journal for Nurse Practitioners*, *15*(2), 153-157.e1. https://doi.org/10.1016/j.nurpra.2018.09.012

Bryngeirsdottir, H. S., & Halldorsdottir, S. (2022). Fourteen Main Obstacles on the Journey to Post-Traumatic Growth as Experienced by Female Survivors of Intimate Partner Violence: "It Was All So Confusing."

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

International Journal of Environmental Research and Public Health, *19*(9). https://doi.org/10.3390/ijerph19095377

Buchbinder, E., & Barakat, R. (2016). Self-Determination in Intervention With Battered Arab Women in Community Health Clinics in Israel. *Ethics and Behavior*, *26*(2), 87–98. https://doi.org/10.1080/10508422.2014.987922

Burke L.A., & Miller M.K. (2001). Phone interviewing as a means of data collection: Lessons learned and practical recommendations. . *Forum: Qualitative Social Research*, *2*(2–7).

Burnett, C., Ford-Gilboe, M., Berman, H., Ward-Griffin, C., & Wathen, N. (2015). A Critical Discourse Analysis of Provincial Policies Impacting Shelter Service Delivery to Women Exposed to Violence. *Policy, Politics, and Nursing Practice*, *16*(1–2), 5–16. https://doi.org/10.1177/1527154415583123

Burnett, C., Ford-Gilboe, M., Berman, H., Wathen, N., & Ward-Griffin, C. (2016a). The Day-to-Day Reality of Delivering Shelter Services to Women Exposed to Intimate Partner Violence in the Context of System and Policy Demands. *Journal of Social Service Research*, *42*(4), 516–532. https://doi.org/10.1080/01488376.2016.1153562

Burnett, C., Ford-Gilboe, M., Berman, H., Wathen, N., & Ward-Griffin, C. (2016b). The Day-to-Day Reality of Delivering Shelter Services to Women Exposed to Intimate Partner Violence in the Context of System and Policy Demands. *Journal of Social Service Research*, *42*(4), 516–532. https://doi.org/10.1080/01488376.2016.1153562

Campbell, J. C. (2002a). Health consequences of intimate partner violence. In *Lancet* (Vol. 359, Issue 9314, pp. 1331–1336). Elsevier B.V. https://doi.org/10.1016/S0140-6736(02)08336-8

Campbell, J. C. (2002b). Health consequences of intimate partner violence. In *Lancet* (Vol. 359, Issue 9314, pp. 1331–1336). Elsevier B.V. https://doi.org/10.1016/S0140-6736(02)08336-8

http://etd.uwc.ac.za

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. In *Trauma, Violence, and Abuse* (Vol. 10, Issue 3, pp. 225–246). https://doi.org/10.1177/1524838009334456

Capaldi, D. M., Langhinrichsen-Rohling, J., Capaldi, D. M., Langhinrichsen-Rohling, J., & Sci, P. (2012). *Informing Intimate Partner Violence Prevention Efforts: Dyadic, Developmental, and Contextual Considerations*. https://doi.org/10.1007/s11121-012-0309-y

Caron, A., Lafontaine, M. F., & Bureau, J. F. (2018). Exploring the Relationship Between Child Maltreatment, Intimate Partner Violence Victimization, and Self-Injurious Thoughts and Behaviors. *Journal of Aggression, Maltreatment and Trauma*, *27*(7), 759–776. https://doi.org/10.1080/10926771.2017.1410746

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research [Article]. *Oncology Nursing Forum*, *41*(5), 545–547. https://doi.org/10.1188/14.ONF.545-547

Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence*, *5*(1), 84–94. https://doi.org/10.1037/a0035137

Cattaneo, L. B., Grossmann, J., & Chapman, A. R. (2015). The Goals of IPV Survivors Receiving Orders of Protection: An Application of the Empowerment Process Model. *Journal of Interpersonal Violence*, *31*(17), 2889–2911. https://doi.org/10.1177/0886260515581905

Cesario, S. K., Nava, A., Bianchi, A., McFarlane, J., & Maddoux, J. (2014). Functioning outcomes for abused immigrant women and their children 4 months after initiating intervention. In *Revista panamericana de salud pública = Pan American journal of public health* (Vol. 35, Issue 1, pp. 8–14). http://www.ncbi.nlm.nih.gov/pubmed/24626442

Cho, H., & Huang, L. (2017). Aspects of Help Seeking among Collegiate Victims of Dating Violence. *Journal of Family Violence*, *32*(4), 409–417. https://doi.org/10.1007/s10896-016-9813-3

http://etd.uwc.ac.za

Christensen, J. (2016). A CRITICAL REFLECTION OF BRONFENBRENNER´S DEVELOPMENT ECOLOGY MODEL. *Problems of Education in the 21st Century*, *69*(1), 22–28.

Cintora, P., & Laurent, H. K. (2020). Childhood Trauma Exposure Exacerbates the Impact of Concurrent Exposure to Intimate Partner Violence on Women's Posttraumatic Symptoms. *Journal of Traumatic Stress*, *33*(6), 1102–1110. https://doi.org/10.1002/jts.22545

Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, *19*(6), 895–903. https://doi.org/10.1002/jts.20171

Collis, Jill. (2009). *Business research : a practical guide for undergraduate & postgraduate students.* (Roger. Hussey, Ed.; 3rd ed. / Jill Co...) [Book]. Palgrave Macmillan.

Creswell, J. W. (2007). *Qualitative inquiry & research design : choosing among five approaches* (2nd ed.) [Book]. Sage Publications.

Creswell, J. W. (2013). *Qualitative inquiry and research design : choosing among five approaches* (J. W. Creswell, Ed.; 3rd ed.) [Book]. SAGE Publications.

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, California : SAGE.

Critelli, F. M. (2012). Voices of Resistance: Seeking Shelter Services in Pakistan. *Violence Against Women*. https://doi.org/10.1177/1077801212452104

D'Amore, C., Martin, S. L., Wood, K., & Brooks, C. (2021). Themes of Healing and Posttraumatic Growth in Women Survivors' Narratives of Intimate Partner Violence [Article]. *Journal of Interpersonal Violence*, *36*(5–6), NP2697–NP2724. https://doi.org/10.1177/0886260518767909

Davies, J., & Lyon, E. (2013). *Domestic Violence Advocacy* (Book 7). SAGE Publications.

De Vos A.S., Fouché C.B., & Delport C.S.L. (2005). *Research at grassroots for the social sciences and human services professionals. Pretoria: Van Schaik Publishers*.

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

De Vos A.S., Fouché C.B., & Delport C.S.L. (2009). *Research at grassroots for the social sciences and human services professionals. (3rd)Pretoria: Van Schaik Publishers*.

Dekel, B., Abrahams, N., & Andipatin, M. (2019). Exploring the Intersection Between Violence Against Women and Children from the Perspective of Parents Convicted of Child Homicide [Article]. *Journal of Family Violence*, *34*(1), 9–20. https://doi.org/10.1007/s10896-018-9964-5

Devries, K., Mak, J., Garcia-Moreno, C., Petzold, M., Child, J., Falder, G., Lim, S., Bacchus, L., Engell, R., Rosenfeld, L., & Pallitto, C. (2013). The global prevalence of intimate partner violence against women. *Science*, *340*(6140), 1527–1528.

Dokkedahl, S., Kristensen, T. R., & Elklit, A. (2022). Can Women Shelters Help Reduce Symptoms of PTSD and C-PTSD? Trajectories of PTSD Symptom Development Following Partner- and Family-Related Violence. *Journal of Interpersonal Violence*. https://doi.org/10.1177/08862605211066568

Durevall, D., & Lindskog, A. (2015). Intimate partner violence and HIV in ten sub-Saharan African countries: What do the Demographic and Health Surveys tell us? *The Lancet Global Health*, *3*(1), e34–e43. https://doi.org/10.1016/S2214-109X(14)70343-2

El Zaatari, W., & Maalouf, I. (2022). How the Bronfenbrenner Bio-ecological System Theory Explains the Development of Students' Sense of Belonging to School? *SAGE Open*, *12*(4). https://doi.org/10.1177/21582440221134089

Ellsberg, M., & Emmelin, M. (2014). Intimate partner violence and mental health. In *Global Health Action* (Vol. 7, Issue 1). Co-Action Publishing. https://doi.org/10.3402/gha.v7.25658

Ellsberg, M., F M Jansen, H. A., Heise, L., Watts, C. H., & García-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. In *www.thelancet.com* (Vol. 371). www.thelancet.com

http://etd.uwc.ac.za

Eriksson, M., Ghazinour, M., & Hammarström, A. (2018a). Different uses of Bronfenbrenner's ecological theory in public mental health research: what is their value for guiding public mental health policy and practice? *Social Theory & Health*, *16*, 414–433. https://doi.org/10.1057/s41285

Eriksson, M., Ghazinour, M., & Hammarström, A. (2018b). Different uses of Bronfenbrenner's ecological theory in public mental health research: what is their value for guiding public mental health policy and practice? [Article]. *Social Theory & Health*, *16*(4), 414–433. https://doi.org/10.1057/s41285-018-0065-6

Evans, M. A., & Feder, G. S. (2016). Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations*, *19*(1), 62–73. https://doi.org/10.1111/hex.12330

Farrell, M. L. (1996). Healing: A qualitative study of women recovering from abusive relationships with men. *Perspectives in Psychiatric Care, 32(3), 23-32*, 23–32.

Fauci, J. E., & Goodman, L. A. (2020). "You Don't Need Nobody Else Knocking you Down": Survivor-Mothers' Experiences of Surveillance in Domestic Violence Shelters [Article]. *Journal of Family Violence*, *35*(3), 241–254. https://doi.org/10.1007/s10896-019-00090-y

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Ferguson, K. T., Cassells, R. C., MacAllister, J. W., & Evans, G. W. (2013). The physical environment and child development: An international review. *International Journal of Psychology*, *48*(4), 437–468. https://doi.org/10.1080/00207594.2013.804190

Ferguson, K. T., & Evans, G. W. (2019). Social ecological theory: Family systems and family psychology in bioecological and bioecocultural perspective. In *APA handbook of contemporary family psychology:*

http://etd.uwc.ac.za

Foundations, methods, and contemporary issues across the lifespan (Vol. 1). American Psychological Association. https://doi.org/10.1037/0000099-009

Fisher, E. M., & Stylianou, A. M. (2019). To Stay or to Leave: Factors Influencing Victims' Decisions to Stay or Leave a Domestic Violence Emergency Shelter. *Journal of Interpersonal Violence*, *34*(4), 785–811. https://doi.org/10.1177/0886260516645816

Flasch, P., Murray, C. E., & Crowe, A. (2017). Overcoming Abuse: A Phenomenological Investigation of the Journey to Recovery From Past Intimate Partner Violence. *Journal of Interpersonal Violence*, *32*(22), 3373–3401. https://doi.org/10.1177/0886260515599161

Fleming, P. J., Gruskin, S., Rojo, F., & Dworkin, S. L. (2015). Men's violence against women and men are inter-related: Recommendations for simultaneous intervention. *Social Science and Medicine*, *146*, 249–256. https://doi.org/10.1016/j.socscimed.2015.10.021

Furgusson, D. M., Horwood, J. L., & Ridder, E. M. (2005). Partner violence and mental health outcomes in a New Zealand birth cohort. *Journal Marriage and Family*, *67*, 1103–1119.

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Articles Prevalence of intimate partner violence: fi ndings from the WHO multi-country study on women's health and domestic violence. *Www.Thelancet.Com*, *368*, 1260–1269. www.thelancet.com

García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., Montoya, O., Bhate-Deosthali, P., Kilonzo, N., & Watts, C. (2015). Addressing violence against women: A call to action. In *The Lancet* (Vol. 385, Issue 9978, pp. 1685–1695). Lancet Publishing Group. https://doi.org/10.1016/S0140-6736(14)61830-4

Gauffin, K., Hjern, A., Vinnerljung, B., & Björkenstam, E. (2016). Childhood Household Dysfunction, Social Inequality and Alcohol Related Illness in Young Adulthood. A Swedish National Cohort Study [Article]. *PloS One*, *11*(3), e0151755–e0151755. https://doi.org/10.1371/journal.pone.0151755

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

George, C. C., Grossman, S. F., Lundy, M., & Crabtree-Nelson, S. (2010). *Analysis of Shelter Utilization by Victims of Domestic Violence Quantitative and Qualitative Analysis Prepared for Illinois Criminal Justice Information Authority ii Acknowledgement*.

Ghoris, T. L. (2007). Becoming Qualitative Researchers: An Introduction [Book Review] [Article]. *Qualitative Research Journal*, *6*(2), 203–204. https://doi.org/10.3316/QRJ0602203

Gilman, R., Schumm, J. A., & Chard, K. M. (2012). Hope as a change mechanism in the treatment of posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*(3), 270–277. https://doi.org/10.1037/a0024252

Gilroy, H., Maddoux, J., & McFarlane, J. (2020). Post-Traumatic Stress Disorder and Employment in Women Reporting Abuse: 5-Year Data from a Longitudinal Study [Article]. *Journal of Family Violence*, *36*(2), 131–141. https://doi.org/10.1007/s10896-020-00154-4

Glenn, C., & Goodman, L. (2015). Living With and Within the Rules of Domestic Violence Shelters: A Qualitative Exploration of Residents' Experiences. *Violence Against Women*, *21*(12), 1481–1506. https://doi.org/10.1177/1077801215596242

Gómez, D. O., Aznar, F. C., & Inzunza, J. A. (2019). Family, School, and Neighbourhood Microsystems Influence on children's Life Satisfaction in Chile. *Child Indicators Research*, *12*(6), 1915–1933. https://doi.org/10.1007/s12187-018-9617-5

Goodman, L. A., & Epstein, D. (2008). Listening to battered women: A survivor-centered approach to advocacy, mental health, and justice. In *Listening to battered women: A survivor-centered approach to advocacy, mental health, and justice.* American Psychological Association. https://doi.org/10.1037/11651-000

Goodman, L. A., Fauci, J. E., Sullivan, C. M., DiGiovanni, C. D., & Wilson, J. M. (2016). Domestic violence survivors' empowerment and mental health: Exploring the role of the alliance with advocates. *American Journal of Orthopsychiatry*, *86*(3), 286–296. https://doi.org/10.1037/ort0000137

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

Goodman, L. A., Thomas, K., Cattaneo, L. B., Heimel, D., Woulfe, J., & Chong, S. K. (2016a). Survivor-Defined Practice in Domestic Violence Work [Article]. *Journal of Interpersonal Violence*, *31*(1), 163–185. https://doi.org/10.1177/0886260514555131

Goodman, L. A., Thomas, K., Cattaneo, L. B., Heimel, D., Woulfe, J., & Chong, S. K. (2016b). Survivor-defined practice in domestic violence work: Measure development and preliminary evidence of link to empowerment. *Journal of Interpersonal Violence*, *31*(1), 163–185. https://doi.org/10.1177/0886260514555131

Goodrum, N. M., Felix, R., Self-Brown, S., De Veauuse-Brown, N., & Armistead, L. P. (2019). Violence Victimization and Parenting among Black South African Mothers [Article]. *Journal of Family Violence*, *34*(2), 127–137. https://doi.org/10.1007/s10896-018-0022-0

Govender, D., & Pillay, K. (2022). Policing in South Africa: A Critical Evaluation. *Insight on Africa*, *14*(1), 40–56. https://doi.org/10.1177/09750878211048169

Greene, H. W. (2011). Field Work as Art and Science Field Notes on Science and Nature Michael R. Canfield, Ed. Harvard University Press, Cambridge, MA, 2011. 313 pp. $27.95, £20.95, €25.20. ISBN 9780674057579 [Article]. *Science (American Association for the Advancement of Science)*, *333*(6050), 1704–1705. https://doi.org/10.1126/science.1210553

Gregory, K., Nnawulezi, N., & Sullivan, C. M. (2021a). Understanding How Domestic Violence Shelter Rules May Influence Survivor Empowerment. *Journal of Interpersonal Violence*, *36*(1–2), NP402–NP423. https://doi.org/10.1177/0886260517730561

Gregory, K., Nnawulezi, N., & Sullivan, C. M. (2021b). Understanding How Domestic Violence Shelter Rules May Influence Survivor Empowerment. *Journal of Interpersonal Violence*, *36*(1–2), NP402–NP423. https://doi.org/10.1177/0886260517730561

http://etd.uwc.ac.za

Grose, R. G., & Grabe, S. (2014). The Explanatory Role of Relationship Power and Control in Domestic Violence Against Women in Nicaragua: A Feminist Psychology Analysis. *Violence Against Women*, *20*(8), 972–993. https://doi.org/10.1177/1077801214546231

Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and Methodological Bases of Naturalistic Inquiry [Article]. *Educational Communication and Technology*, *30*(4), 233–252. https://doi.org/10.1007/BF02765185

Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. In *Global Health Action* (Vol. 9, Issue 1). Taylor and Francis Ltd. https://doi.org/10.3402/gha.v9.31516

Haj-Yahia, M. M., & Cohen, H. C. (2009). On the lived experience of battered women residing in shelters. *Journal of Family Violence*. https://doi.org/10.1007/s10896-008-9214-3

Harris, D. J. (2019). *Literature Review and Research Design A Guide to Effective Research Practice.* [Book]. Routledge.

Hemmingsson, E. (2018). Early Childhood Obesity Risk Factors: Socioeconomic Adversity, Family Dysfunction, Offspring Distress, and Junk Food Self-Medication. In *Current obesity reports* (Vol. 7, Issue 2, pp. 204–209). https://doi.org/10.1007/s13679-018-0310-2

Hemphill, J. C. (2020). A Qualitative Exploration of Perspectives of Strength among Trauma-Exposed Women Living within Homelessness [Article]. *Issues in Mental Health Nursing*, *41*(9), 773–784. https://doi.org/10.1080/01612840.2020.1742257

Hilbert, J. C., Kolia, R., & VanLeeuwen, D. M. (1997). Abused Women in New Mexican Shelters: Factors That Influence Independence on Discharge. *Affilia*, *12*(4), 391–407. https://doi.org/10.1177/088610999701200403

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

Hong, J. S., Kim, S. M., Yoshihama, M., & Byoun, S. J. (2010). Wife battering in South Korea: An ecological systems analysis. In *Children and Youth Services Review* (Vol. 32, Issue 12, pp. 1623–1630). https://doi.org/10.1016/j.childyouth.2010.07.024

Hudson, N. (2019). Family violence laws: Traditional narratives and the (in)visibility of lesbian relationships and lesbian-parented families. *Journal of Lesbian Studies*, *23*(3), 357–382. https://doi.org/10.1080/10894160.2019.1599241

Jack, K. M. (2014). *Lived experience of women staying in physically abusive relationships*. University of South Africa.

Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: findings from a South African cross-sectional study. In *Social Science & Medicine* (Vol. 55).

Jonker, I. E., Jansen, C. C. J. M., Christians, M. G. M., & Wolf, J. R. L. M. (2014). Appropriate Care for Shelter-Based Abused Women: Concept Mapping With Dutch Clients and Professionals. *Violence Against Women*, *20*(4), 465–480. https://doi.org/10.1177/1077801214528580

Jonker, I. E., Sijbrandij, M., Luijtelaar, M. J. A. van, Cuijpers, P., & Wolf, J. R. (2015). The effectiveness of interventions during and after residence in women's shelters: a meta-analysis [Article]. *European Journal of Public Health*, *25*(1), 15–19. https://doi.org/10.1093/eurpub/cku092

Jonker, I. E., Sijbrandij, M., van Luijtelaar, M. J. A., Cuijpers, P., & Wolf, J. R. L. M. (2015). The effectiveness of interventions during and after residence in women's shelters: A meta-analysis. *European Journal of Public Health*, *25*(1), 15–19. https://doi.org/10.1093/eurpub/cku092

Jose, R., & Novaco, R. W. (2016). Intimate Partner Violence Victims Seeking a Temporary Restraining Order: Social Support and Resilience Attenuating Psychological Distress. *Journal of Interpersonal Violence*, *31*(20), 3352–3376. https://doi.org/10.1177/0886260515584352

http://etd.uwc.ac.za

Josephs, L. (2006). Discussion of "nuturance and self-sabotage: Psychoanalytic perspectives on women's fear of success" by Ellen G. Ruderman. In *International Forum of Psychoanalysis* (Vol. 15, Issue 2, pp. 96–98). https://doi.org/10.1080/08037060600621787

Kaakinen, J. R., Gedaly-Duff, V., Coehlo, D. P., & Hanson, S. M. H. (2010). *Family health care nursing : theory, practice and research*. F.A. Davis Co.

Kabir, R., & Khan, H. T. A. (2019). A cross-sectional study to explore intimate partner violence and barriers to empowerment of women in Armenia. *BioMed Research International*, *2019*. https://doi.org/10.1155/2019/6939684

Kamimura, A., Parekh, A., & Olson, L. M. (2013). Health Indicators, Social Support, and Intimate Partner Violence Among Women Utilizing Services at a Community Organization. *Women's Health Issues*, *23*(3). https://doi.org/10.1016/j.whi.2013.02.003

Kasherwa, A. C., Alexandre, A. B., Mugisho, G. M., Foussiakda, A. C., & Balegamire, J. B. (2023). The roles and ethics of psychosocial support workers in integrated health services for sexual and gender-based violence survivors. *Journal of Social Work*, *23*(3), 586–607. https://doi.org/10.1177/14680173221144551

Khodabandeh, F., Khalilzadeh, M., & Hemati, Z. (2018). The Impact of Adverse Childhood Experiences on Adulthood Aggression and Self-Esteem-A Study on Male Forensic Clients. *Novelty in Biomedicine*, *6*(2), 85–91.

Klugman, J. (2017). *Addressing violence against women: A call to action*. Lancet Publishing Group. https://doi.org/10.1016/S0140-6736(14)61830-4

K.T., F., R.C., C., J.W., M., & G.W., E. (2013). The physical environment and child development: An international review. *International Journal of Psychology*, *48*(4), 437–468. http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed12&NEWS=N&AN=23808797

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

Kubany, E. S., Hill, E. E., & Owens, J. A. (2003). Cognitive Trauma Therapy for Battered Women with PTSD: Preliminary findings [Article]. *Journal of Traumatic Stress*, *16*(1), 81–91. https://doi.org/10.1023/A:1022019629803

Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimization: A systematic review. European Journal of Psychotraumatology,5, 10.3402. *Adult Experience of Mental Health Outcomes as a Result of Intimate Partner Violence Victimization: A Systematic Review. European Journal of Psychotraumatology,5, 10.3402*, *5*.

Lako, D. A. M., Beijersbergen, M. D., Jonker, I. E., de Vet, R., Herman, D. B., van Hemert, A. M., & Wolf, J. R. L. M. (2018). The effectiveness of critical time intervention for abused women leaving women's shelters: a randomized controlled trial. *International Journal of Public Health*, *63*(4), 513–523. https://doi.org/10.1007/s00038-017-1067-1

Lead, Arla Liska, & Reimer. (2013). *Shelter for Women and Girls at Risk of or Survivors of Violence*.

Leedy, P. D. (2010a). *Practical research : planning and design* (J. Ellis. Ormrod, Ed.; 9th ed.) [Book]. Pearson.

Leedy, P. D. (2010b). *Practical research : planning and design* (J. Ellis. Ormrod, Ed.; 9th ed.) [Book]. Pearson.

Leedy, P. D. (2021). *Practical research : planning and design* (J. E. Ormrod & L. R. Johnson, Eds.; Twelfth edition, ...) [Book]. Pearson.

Lloyd, M., Ramon, S., Vakalopoulou, A., Videmšek, P., Meffan, C., Roszczynska-Michta, J., & Rollè, L. (2017). Women's experiences of domestic violence and mental health: Findings from a European empowerment project. *Psychology of Violence*, *7*(3), 478–487. https://doi.org/10.1037/vio0000111

Lopes, C. (2016a). Intimate partner violence: A helpful guide to legal and psychosocial support services. *South African Medical Journal*, *106*(10), 966–968. https://doi.org/10.7196/SAMJ.2016.v106i10.11409

Lopes, C. (2016b). Intimate partner violence: A helpful guide to legal and psychosocial support services. *South African Medical Journal*, *106*(10), 966–968. https://doi.org/10.7196/SAMJ.2016.v106i10.11409

http://etd.uwc.ac.za

Lyon, E., Lane, S., & Menard, A. (2008). *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences, Final Report*.

Machisa, M. T., Christofides, N., & Jewkes, R. (2017). *Mental ill health in structural pathways to women's experiences of intimate partner violence*. https://doi.org/10.1371/journal.pone.0175240

Mantler, T., & Wolfe, B. (2017). A rural shelter in Ontario adapting to address the changing needs of women who have experienced intimate partner violence: a qualitative case study. *Rural and Remote Health*, *17*(1), 2017.

Maree K. (2007). *First steps in research. Pretoria: Van Schaik Publishers*.

Marshall, Catherine. (2006). *Designing qualitative research* (G. B. Rossman, Ed.; 4th ed.) [Book]. SAGE.

Maxwell, L., Devries, K., Zionts, D., Alhusen, J. L., & Campbell, J. (2015). Estimating the Effect of Intimate Partner Violence on Women's Use of Contraception: A Systematic Review and Meta-Analysis. *PLOS ONE*, *10*(2), e0118234-. https://doi.org/10.1371/journal.pone.0118234

Maykut, P., & Morehouse, R. (1994). *Beginning Qualitative Research* (1st ed., p. 208). Routledge.

McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E. (2016a). Stigma, shame and women's limited agency in help-seeking for intimate partner violence [Article]. *Global Public Health*, *11*(1–2), 224–235. https://doi.org/10.1080/17441692.2015.1047391

McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E. (2016b). Stigma, shame and women's limited agency in help-seeking for intimate partner violence. *Global Public Health*, *11*(1–2), 224–235. https://doi.org/10.1080/17441692.2015.1047391

McLeod, A., Hays, D., & Chang, C. (2010). Female intimate partner violence survivors' experiences with accessing resources. *Journal of Counseling and Development*, *88*(3), 303–310. https://doi.org/10.1002/j.1556-6678.2010.tb00026.x

http://etd.uwc.ac.za

Merchant, L. V., & Whiting, J. B. (2015). Challenges and Retention of Domestic Violence Shelter Advocates: a Grounded Theory. *Journal of Family Violence*, *30*(4), 467–478. https://doi.org/10.1007/s10896-015-9685-y

Merçon-Vargas, E. A., Lima, R. F. F., Rosa, E. M., & Tudge, J. (2020). Processing Proximal Processes: What Bronfenbrenner Meant, What He Didn't Mean, and What He Should Have Meant. *Journal of Family Theory and Review*, *12*(3), 321–334. https://doi.org/10.1111/jftr.12373

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, *69*, 10–19. https://doi.org/10.1016/J.CHIABU.2017.03.016

Misstarver. (2016, September 29). *BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY.*

Monama, T. (2022, July 12). Withdrawal rates of gender-based violence cases alarming, says gender rights watchdog. *News24*.

Mondal, D., & Paul, P. (2021a). Associations of Power Relations, Wife-Beating Attitudes, and Controlling Behavior of Husband With Domestic Violence Against Women in India: Insights From the National Family Health Survey–4. *Violence Against Women*, *27*(14), 2530–2551. https://doi.org/10.1177/1077801220978794

Mondal, D., & Paul, P. (2021b). Associations of Power Relations, Wife-Beating Attitudes, and Controlling Behavior of Husband With Domestic Violence Against Women in India: Insights From the National Family Health Survey–4 [Article]. *Violence against Women*, *27*(14), 2530–2551. https://doi.org/10.1177/1077801220978794

Montez, J. K., & Hayward, M. D. (2014). Cumulative Childhood Adversity, Educational Attainment, and Active Life Expectancy Among U.S. Adults [Article]. *Demography*, *51*(2), 413–435. https://doi.org/10.1007/s13524-013-0261-x

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

Mthembu, J. C., Khan, G., Mabaso, M. L. H., & Simbayi, L. C. (2016). Intimate partner violence as a factor associated with risky sexual behaviours and alcohol misuse amongst men in South Africa. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, *28*(9), 1132–1137. https://doi.org/10.1080/09540121.2016.1146216

Napoli, I. Di, Procentese, F., Carnevale, S., Esposito, C., & Arcidiacono, C. (2019). Ending intimate partner violence (Ipv) and locating men at stake: An ecological approach. *International Journal of Environmental Research and Public Health*, *16*(9). https://doi.org/10.3390/ijerph16091652

Navarro, R., Larrañaga, E., Yubero, S., & Víllora, B. (2022). Associations between Adverse Childhood Experiences within the Family Context and In-Person and Online Dating Violence in Adulthood: A Scoping Review. *Behavioral Sciences*, *12*(6), 162. https://doi.org/10.3390/bs12060162

Neuman W.L. (2003). *Social research methods: Qualitative and quantitative research approaches. Relevance of social research. (5th Ed.) Allyn and Bacon. 5*.

Nnawulezi, N., & Hacskaylo, M. (2022). Identifying and Responding to the Complex Needs of Domestic Violence Housing Practitioners at the Onset of the COVID-19 Pandemic [Article]. *Journal of Family Violence*, *37*(6), 915–925. https://doi.org/10.1007/s10896-020-00231-8

Nnawulezi, N., Sullivan, C. M., & Hacskaylo, M. (2019). Examining the Setting Characteristics that Promote Survivor Empowerment: a Mixed Method Study [Article]. *Journal of Family Violence*, *34*(4), 261–274. https://doi.org/10.1007/s10896-018-0016-y

O'Leary, Z. (2017). *The essential guide to doing your research project* (3rd edition.) [Book]. SAGE Publications Ltd.

Orava, T. A., McLeod, P. J., & Sharpe, D. (1996). Perceptions of control, depressive symptomatology, and self-esteem of women in transition from abusive relationships. *Journal of Family Violence*, *11*(2), 167–186. https://doi.org/10.1007/BF02336668

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

Paat, Y. F. (2013a). Working with Immigrant Children and Their Families: An Application of Bronfenbrenner's Ecological Systems Theory. *Journal of Human Behavior in the Social Environment*, *23*(8), 954–966. https://doi.org/10.1080/10911359.2013.800007

Paat, Y. F. (2013b). Working with Immigrant Children and Their Families: An Application of Bronfenbrenner's Ecological Systems Theory. *Journal of Human Behavior in the Social Environment*, *23*(8), 954–966. https://doi.org/10.1080/10911359.2013.800007

Peltzer, K., Phaswana-Mafuya, N., & Pengpid, S. (2017). Victimization and Perpetration of Intimate Partner Violence among Female and Male Youth and Adults in South Africa. *Global Journal of Health Science*, *9*(10), 1. https://doi.org/10.5539/gjhs.v9n10p1

Perez, S., Johnson, D. M., & Wright, C. V. (2012). The attenuating effect of empowerment on IPV-related PTSD symptoms in battered women living in domestic violence shelters. *Violence Against Women*, *18*(1), 102–117. https://doi.org/10.1177/1077801212437348

Perez-Trujillo, M., & Quintane, E. (2017a). Why do they Stay? Examining Contributing Factors to Women's Length of Stay in a Domestic Violence Shelter. *Journal of Family Violence*, *32*(1), 89–100. https://doi.org/10.1007/s10896-016-9904-1

Perez-Trujillo, M., & Quintane, E. (2017b). Why do they Stay? Examining Contributing Factors to Women's Length of Stay in a Domestic Violence Shelter. *Journal of Family Violence*, *32*(1), 89–100. https://doi.org/10.1007/s10896-016-9904-1

Phill, N., Day, A., & Mildred, H. (2017). Trauma responses to intimate partner violence: A review of current knowledge. Aggression and Violent Behavior,34. *Trauma Responses to Intimate Partner Violence: A Review of Current Knowledge. Aggression and Violent Behavior*, *34*, 178–184.

Preiser, B., & Assari, S. (2018). Psychological predictors of sexual intimate partner violence against black and hispanic women. *Behavioral Sciences*, *8*(1). https://doi.org/10.3390/bs8010003

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

Radzilani-Makatu, M., & Chauke, K. N. (2019). Gender-based violence : exploring the concept through the eyes of abused married women [Article]. *Gender & Behaviour*, *17*(3), 13455–13468.

Raj, A., Ghule, M., Ritter, J., Battala, M., Gajanan, V., Nair, S., Dasgupta, A., Silverman, J. G., Balaiah, D., & Saggurti, N. (2016). Cluster Randomized Controlled Trial Evaluation of a Gender Equity and Family Planning Intervention for Married Men and Couples in Rural India. *PLOS ONE*, *11*(5), e0153190-. https://doi.org/10.1371/journal.pone.0153190

Rasool, S. (2013). Re-constructing discourses of love to facilitate help-seeking after woman abuse. *Agenda*, *27*(2), 56–64. https://doi.org/10.1080/10130950.2013.807041

Rasool, S. (2015a). Abused Women's Experiences of Help-Seeking from Health Services. *Public Health and Health Politics: Social Work of the South*, *v*.

Rasool, S. (2015b). Help-Seeking After Domestic Violence: The Critical Role of Children. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260515569057

Rasool, S. (2015c). The influence of social constructions of family on abused women's help-seeking after domestic violence. *South African Review of Sociology*. https://doi.org/10.1080/21528586.2015.1100098

Rasool, S. (2016). Help-Seeking After Domestic Violence: The Critical Role of Children. *Journal of Interpersonal Violence*, *31*(9), 1661–1686. https://doi.org/10.1177/0886260515569057

Robinson, S. R., Maxwell, D. R., & Rogers, K. R. (2020a). Living in Intimate Partner Violence Shelters: A Qualitative Interpretive Meta-Synthesis of Women's Experiences. *British Journal of Social Work*, *50*(1), 81–100. https://doi.org/10.1093/bjsw/bcz079

Robinson, S. R., Maxwell, D. R., & Rogers, K. R. (2020b). Living in Intimate Partner Violence Shelters: A Qualitative Interpretive Meta-Synthesis of Women's Experiences. *British Journal of Social Work*, *50*(1), 81–100. https://doi.org/10.1093/bjsw/bcz079

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za

Rosa, E. M., & Tudge, J. (2013). Urie Bronfenbrenner's Theory of Human Development: Its Evolution From Ecology to Bioecology. *Journal of Family Theory & Review*, *5*(4), 243–258. https://doi.org/10.1111/jftr.12022

Rubin, A. (2014). *Research methods for social work* (E. R. Babbie, Ed.; 8th edition.) [Book]. Brooks/Cole.

Rubin, A., & Babbie, E. R. (2016). *Empowerment series: Research methods for social work*. Cengage Learning.

Ruderman, E. G. (2006). Nurturance and self-sabotage: Psychoanalytic perspectives on women's fear of success. In *International Forum of Psychoanalysis* (Vol. 15, Issue 2, pp. 85–95). https://doi.org/10.1080/08037060600621779

Ryan, J., Esau, M. V., & Roman, N. V. (2018). Legislative response to family violence in South Africa: A family centered perspective. *Aggression and Violent Behavior*, *42*(June), 1–8. https://doi.org/10.1016/j.avb.2018.06.009

SA Demographic Survey 2016. (n.d.).

Saunders, M., & Tosey, P. (2015). *Handbook of research methods on human resource development* (M. Saunders & P. Tosey, Eds.) [Book]. Edward Elgar.

Sere, Y., Roman, N. v., & Ruiter, R. A. C. (2021). Coping With the Experiences of Intimate Partner Violence Among South African Women: Systematic Review and Meta-Synthesis. In *Frontiers in Psychiatry* (Vol. 12). Frontiers Media S.A. https://doi.org/10.3389/fpsyt.2021.655130

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects [Article]. *Education for Information*, *22*(2), 63–75. https://doi.org/10.3233/EFI-2004-22201

Shonkoff, J. P., Slopen, N., & Williams, D. R. (2021). Early Childhood Adversity, Toxic Stress, and the Impacts of Racism on the Foundations of Health [Article]. *Annual Review of Public Health*, *42*(1), 115–134. https://doi.org/10.1146/annurev-publhealth-090419-101940

Sibanda-Moyo, N., Khonje, E., & Brobbey, M. K. (2017). Violence against women in South Africa: a country in crisis. *Centre for the Study of Violence and Reconciliation*, 1–80. www.csvr.org.za

http://etd.uwc.ac.za

Sibanda-Moyo, N., Khonje, E., & Kyerewaa Brobbey, M. (2017). *A COUNTRY IN CRISIS 2017 Centre for the Study of Violence and Reconciliation*. www.csvr.org.za

Sibbald, S. L., MacGregor, J. C. D., MacMillan, H. L., & Wathen, N. (2017). A Qualitative Study of Challenges and Opportunities in Mobilizing Research Knowledge on Violence Against Women [Article]. *Canadian Journal of Nursing Research*, *49*(1), 5–15. https://doi.org/10.1177/0844562116688840

Silverman, D., & Bell, E. (2000). Doing qualitative research: a practical handbook [Article]. *Organization*, *7*(2), 363–363. https://doi.org/10.1177/135050840072011

Silverman, J. G., & Raj, A. (2014). Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control. *PLOS Medicine*, *11*(9), e1001723-. https://doi.org/10.1371/journal.pmed.1001723

Slabbert, I. (2015). Die rol van alkohol-en dwelmmisbruik by vrouemishandeling: N Maatskaplikewerk-perspektief. *Tydskrif Vir Geesteswetenskappe*, *55*(4), 665–680. https://doi.org/10.17159/2224-7912/2015/v55n4a11

Snyder, C. R. (2002). Hope Theory: Rainbows in the Mind. *Psychological Inquiry*, *13*(4), 249–275.

Spencer, C. M., Stith, S. M., & Cafferky, B. (2020). What Puts Individuals at Risk for Physical Intimate Partner Violence Perpetration? A Meta-Analysis Examining Risk Markers for Men and Women. *Trauma, Violence, & Abuse*, *23*(1), 36–51. https://doi.org/10.1177/1524838020925776

Srisawasdi, N., & Panjaburee, P. (2015). Exploring effectiveness of simulation-based inquiry learning in science with integration of formative assessment [Article]. *Journal of Computers in Education (the Official Journal of the Global Chinese Society for Computers in Education)*, *2*(3), 323–352. https://doi.org/10.1007/s40692-015-0037-y

Stoddard, S. A., Henly, S. J., Sieving, R. E., & Bolland, J. (2011). Social Connections, Trajectories of Hopelessness, and Serious Violence in Impoverished Urban Youth. *Journal of Youth and Adolescence*, *40*(3), 278–295. https://doi.org/10.1007/s10964-010-9580-z

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

Strydom, H., Fouché, C. B., & Delport, C. S. L. (2011a). *Research at Grass Roots : For the Social Sciences and Human Services Professions* (H. Strydom, C. B. Fouché, & C. S. L. Delport, Eds.; Fourth edition.) [Book]. Van Schaik.

Strydom, H., Fouché, C. B., & Delport, C. S. L. (2011b). *Research at Grass Roots : For the Social Sciences and Human Services Professions* (H. Strydom, C. B. Fouché, & C. S. L. Delport, Eds.; Fourth edition.) [Book]. Van Schaik.

Stylianou, A. M., Counselman-Carpenter, E., & Redcay, A. (2021). "My Sister Is the One That Made Me Stay Above Water": How Social Supports Are Maintained and Strained When Survivors of Intimate Partner Violence Reside in Emergency Shelter Programs. *Journal of Interpersonal Violence*, *36*(13–14), 6005–6028. https://doi.org/10.1177/0886260518816320

Sullivan, C. M., & Virden, T. (2017a). An Eight State Study on the Relationships Among Domestic Violence Shelter Services and Residents' Self-Efficacy and Hopefulness. *Journal of Family Violence*, *32*(8), 741–750. https://doi.org/10.1007/s10896-017-9930-7

Sullivan, C. M., & Virden, T. (2017b). An Eight State Study on the Relationships Among Domestic Violence Shelter Services and Residents' Self-Efficacy and Hopefulness. *Journal of Family Violence*, *32*(8), 741–750. https://doi.org/10.1007/s10896-017-9930-7

Sullivan, C. M., & Virden, T. (2017c). Interrelationships among length of stay in a domestic violence shelter, help received, and outcomes achieved. *American Journal of Orthopsychiatry*, *87*(4), 434–442. https://doi.org/10.1037/ort0000267

Swart, E. A. (2015). Global Violence Against Women. In *International Encyclopedia of the Social & Behavioral Sciences: Second Edition* (pp. 192–197). Elsevier Inc. https://doi.org/10.1016/B978-0-08-097086-8.64137-5

Swick, K. J. (2004). *Empowering Parents, Families, Schools, and Communities During the Early Childhood Years*. Stipes Pub Llc.

http://etd.uwc.ac.za

Swick, K. J., & Williams, R. D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early Childhood Education Journal*, *33*(5), 371–378. https://doi.org/10.1007/s10643-006-0078-y

T Mantler, & B Wolfe. (2017). A rural shelter in Ontario adapting to address the changing needs of women who have experienced intimate partner violence: A qualitative case study [Article]. *Rural and Remote Health*, *17*(1), 1–13.

Taket, A., & Crisp, B. (2017). *Eliminating Gender-Based Violence*. Routledge.

Teodorescu, K., & Erev, I. (2014). Learned Helplessness and Learned Prevalence: Exploring the Causal Relations Among Perceived Controllability, Reward Prevalence, and Exploration. *Psychological Science*, *25*(10), 1861–1869. https://doi.org/10.1177/0956797614543022

Thabane, L., Thomas, T., Ye, C., & Paul, J. (2009). Posing the research question: Not so simple. In *Canadian Journal of Anesthesia* (Vol. 56, Issue 1, pp. 71–79). https://doi.org/10.1007/s12630-008-9007-4

Thomason, M. E., & Marusak, H. A. (2017). Toward understanding the impact of trauma on the early developing human brain. In *Neuroscience* (Vol. 342, pp. 55–67). Elsevier Ltd. https://doi.org/10.1016/j.neuroscience.2016.02.022

Thompson, N. (2016). *Anti-discriminatory practice : equality, diversity and social justice* (Sixth edition.) [Book]. Palgrave.

Thorpe, R., & Holt, R. (2008). *The SAGE dictionary of qualitative management research* (R. Thorpe & R. Holt, Eds.) [Unknown]. SAGE.

Toktaş, Ş., & Diner, C. (2015). Shelters for Women Survivors of Domestic Violence: A View from Turkey. *Women's Studies*, *44*(5), 611–634. https://doi.org/10.1080/00497878.2015.1036158

Tudge, J. R. H., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and Misuses of Bronfenbrenner's Bioecological Theory of Human Development. *Journal of Family Theory & Review*, *1*(4), 198–210.

UNIVERSITY of the
WESTERN CAPE

http://etd.uwc.ac.za

Tudge, J. R. H., Navarro, J. L., Merçon-Vargas, E. A., & Payir, A. (2020). The promise and the practice of early childhood educare in the writings of Urie Bronfenbrenner. *Early Child Development and Care*. https://doi.org/10.1080/03004430.2020.1844193

Turner, S. F., & Shapiro, C. H. (1986). Battered Women: Mourning the Death of a Relationship [Article]. *Social Work (New York)*, *31*(5), 372–376. https://doi.org/10.1093/sw/31.5.372

United Nations. (1993). *Declaration on the Elimination of Violence against Women Proclaimed by General Assembly resolution 48/104 of 20 December 1993*.

United Nations: General Assembly Resolution 48/104 Containing the Declaration on the Elimination of Violence Against Women. (1994). [Article]. *International Legal Materials*, *33*(4), 1049–1054. https://doi.org/10.1017/S0020782900026164

Upadhyay, U. D., Gipson, J. D., Withers, M., Lewis, S., Ciaraldi, E. J., Fraser, A., Huchko, M. J., & Prata, N. (2014). Women's empowerment and fertility: A review of the literature. In *Social Science and Medicine* (Vol. 115, pp. 111–120). Elsevier Ltd. https://doi.org/10.1016/j.socscimed.2014.06.014

van Schalkwyk, S., Boonzaier, F., & Gobodo-Madikizela, P. (2014). "Selves" in contradiction: Power and powerlessness in South African shelter residents' narratives of leaving abusive heterosexual relationships. *Feminism and Psychology*. https://doi.org/10.1177/0959353513514245

Vélez-Agosto, N. M., Soto-Crespo, J. G., Vizcarrondo-Oppenheimer, M., Vega-Molina, S., & García Coll, C. (2017). Bronfenbrenner's Bioecological Theory Revision: Moving Culture From the Macro Into the Micro. *Perspectives on Psychological Science*, *12*(5), 900–910. https://doi.org/10.1177/1745691617704397

Vetten, L. (2018). *WHAT IS RIGHTFULLY DUE? COSTING THE OPERATIONS OF DOMESTIC VIOLENCE SHELTERS RESEARCH REPORT 2018*. https://doi.org/10.13140/RG.2.2.26868.19844

Wahab, E. O., Odunsi, S. O., & Ajiboye, O. E. (2012). Causes and Consequences of Rapid Erosion of Cultural Values in a Traditional African Society [Article]. *Journal of Anthropology (2010)*, *2012*, 1–7. https://doi.org/10.1155/2012/327061

UNIVERSITY of the WESTERN CAPE

http://etd.uwc.ac.za

Waller, T. (2007). book review: The Developing World of the Child [Article]. *Journal of Early Childhood Research*, *5*(2), 205–208. https://doi.org/10.1177/1476718X06077036

Warshaw, C., Sullivan, C. M., & Rivera, E. A. (2013). *A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors*.

Wathen, C. N., Harris, R. M., Ford-Gilboe, M., & Hansen, M. (2015). What Counts? A Mixed-Methods Study to Inform Evaluation of Shelters for Abused Women. *Violence Against Women*, *21*(1), 125–146. https://doi.org/10.1177/1077801214564077

Weisenborn, G. (2018). United Nations Sustainable Development Goals. *Times Talk Archive*, *81*. https://scholars.fhsu.edu/times_talk_archive/81

Wentz, B., Miller-Graff, L. E., Merrilees, C. E., & Cummings, E. M. (2023). A Developmental Psychopathology Perspective on Political Violence and Youth Adjustment. In *International Journal of Environmental Research and Public Health* (Vol. 20, Issue 10). MDPI. https://doi.org/10.3390/ijerph20105864

Wertsch, J. V, & Bronfenbrenner, U. (2005). Essay review - making human beings human: bioecological perspectives on human development [Article]. *British Journal of Developmental Psychology*, *23*(1), 143–151.

Werwie, T. R., Hildon, Z. J. L., Camara, A. D., Mbengue, O. K., Vondrasek, C., Mbaye, M., Mills, H., Kumoji, K., & Babalola, S. (2019). Gender-Based Violence in Senegal: its Catalysts and Connections from a Community Perspective. *Journal of Family Violence*, *34*(8), 769–780. https://doi.org/10.1007/s10896-019-00058-y

Wessels, I., & Ward, C. L. (2016). Battered women and parenting: acceptability of an evidence-based parenting programme to women in shelters. *Journal of Child and Adolescent Mental Health*, *28*(1), 21–31. https://doi.org/10.2989/17280583.2015.1132425

Widom, C. S., Czaja, S. J., & Dutton, M. A. (2008). Childhood victimization and lifetime revictimization. *Child Abuse and Neglect*, *32*(8), 785–796. https://doi.org/10.1016/j.chiabu.2007.12.006

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

Wirtz, A. L., Poteat, T. C., Malik, M., & Glass, N. (2020). Gender-Based Violence Against Transgender People in the United States: A Call for Research and Programming [Article]. *Trauma, Violence, & Abuse*, *21*(2), 227–241. https://doi.org/10.1177/1524838018757749

Wood, L. (2015). Hoping, Empowering, Strengthening: Theories Used in Intimate Partner Violence Advocacy. *Affilia - Journal of Women and Social Work*. https://doi.org/10.1177/0886109914563157

World Health Organization. (2012). *Understanding and addressing violence against women*.

World Health Organization. (2013a). *Responding to Intimate Partner Violence and Sexual Violence against Women : WHO Clinical and Policy Guidelines.* World Health Organization.

World Health Organization. (2013b). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. World Health Organization.

World Health Organization. (2016). *Violence against women: Intimate partner and sexual violence against women*. WHO Fact Sheet. https://www.who.int/news-room/fact-sheets/detail/violence-against-women

World Health Organization. (2020). *ADDRESSING VIOLENCE AGAINST CHILDREN, WOMEN AND OLDER PEOPLE DURING THE COVID-19 PANDEMIC: KEY ACTIONS.*

World Health Organization. (2021, March 9). *Devastatingly pervasive: 1 in 3 women globally experience violence*. https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence

Wright, A. C., & Bertrand, L. D. (2017). Access to Legal Services in Women's Shelters. *Journal of Family Violence*. https://doi.org/10.1007/s10896-016-9901-4

Wu, E., El-Bassel, N., Gilbert, L., O'Connor, M., & Seewald, R. (2011). Traditional male ideology and service system involvement among drug-involved men who perpetrate intimate partner violence: A longitudinal study. *Journal of Interpersonal Violence*, *26*(8), 1646–1663. https://doi.org/10.1177/0886260510370594

Yang, C. (2021). Moral education in mainland China today: A bio-ecological systems analysis. *Journal of Moral Education*, *50*(4), 529–543. https://doi.org/10.1080/03057240.2020.1847054

UNIVERSITY of the WESTERN CAPE
http://etd.uwc.ac.za

Yang, L. H. (2020). Toward a more temporally explicit framework for community ecology. *Ecological Research*, *35*(3), 445–462. https://doi.org/10.1111/1440-1703.12099

Yearwood, K., Vliegen, N., Chau, C., Corveleyn, J., & Luyten, P. (2019). When do peers matter? The moderating role of peer support in the relationship between environmental adversity, complex trauma, and adolescent psychopathology in socially disadvantaged adolescents [Article]. *Journal of Adolescence (London, England.)*, *72*(1), 14–22. https://doi.org/10.1016/j.adolescence.2019.02.001

Yount, K. M., Krause, K. H., & VanderEnde, K. E. (2016). Economic Coercion and Partner Violence Against Wives in Vietnam: A Unified Framework? *Journal of Interpersonal Violence*, *31*(20), 3307–3331. https://doi.org/10.1177/0886260515584350

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Appendices

Appendix A: Ethics Clearance Letter

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27 July 2021

Mrs J Lange
Child and Family Studies
Faculty of Community and Health Sciences

HSSREC Reference Number:	HS21/4/23
Project Title:	An exploration of the reasons for self-sabotage by survivors of intimate partner violence (IPV) attending and intervention programme at a woman's shelter in the Cape Metropole.
Approval Period:	22 July 2021 – 22 July 2024

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

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Ms Patricia Josias
Research Ethics Committee Officer
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FROM HOPE TO ACTION THROUGH KNOWLEDGE.

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Appendix B: Permission to Conduct Research

St Anne's Homes

The Management Board

12 September 2020

RE: PERMISSION TO CONDUCT RESEARCH

I hereby would like to request permission to do research with selected women who have exited the intervention programme offered by your shelter to determine the reasons why they self-sabotage. The results from my research will provide insights into this behaviour that will hopefully assist you to make changes to your programmes to further assist women who enter the shelter in the hope to turn their lives around. The aim of this study will be to explore the reasons for self-sabotage by survivors of intimate partner violence (IPV) during various stages of the intervention programme from a selected woman's shelter in the Cape Metropole.

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I promise to protect the identity of all participants by ensuring anonymity. A code will be used to differentiate different transcriptions of participants. Only the researcher will be able to link their identity and will have access to the identification key especially for the information verification. To ensure confidentiality, the interviews will be copied to a computer immediately afterwards and deleted from the audiotape. The interviews will be kept in the password protected folder which will be known to the researcher only. The transcriptions will be identified with codes and stored in the lockable filing cabinet, personal to the researcher.

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This research is being conducted by Joy Lange, in the Child & Family Studies at the University of the Western Cape. If you have any questions about the research study itself, please contact the student on 0719063949/ 2337919@myuwc.ac.za. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:
Prof Savahi
Child & Family Studies Unit
ssavahi@uwc.ac.za
021 9592277

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Prof A Rhoda
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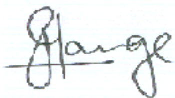
This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee.

Humanities and Social Sciences Research Ethics Committee
University of the Western Cape
Private Bag X17
Bellville
7535
Tel: 021 959 4111
e-mail: research-ethics@uwc.ac.za

Yours sincerely,



Ms. Joy Lange

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Appendix C: Information Sheet (Participants)

Project Title:

An exploration of the reasons for self-sabotage by survivors of intimate partner violence during various stages of an intervention programme from a selected women's shelter in the Cape Metropole

What is this study about?

This is a research project being conducted by Joy Lange at the University of the Western Cape. I am inviting you to participate in this research project because you have experienced St. Anne's Homes Shelter services in the past five years. The purpose of this research project is to explore the services provided by a shelter for abused women.

What will I be asked to do if I agree to participate?

You will be asked to provide your consent by signing the consent form for the interview and use of audiotape prior to conducting the interview. You will be asked be to respond to the interview questions in the way you understand them. The interview will take about 30 to 60 minutes. The St. Anne's Homes, in Woodstock, Cape Town, will be used as the research site where the interview will take place. The questions for the interview are focused around exploring the experiences of shelter ex-residents about the services provided by St. Anne's Homes, a shelter for abused women with their children.

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Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, thus your name will not be included for any purpose in this research project. A code will be used to differentiate different transcriptions of participants. Only the researcher will be able to link your identity and will have access to the identification key especially for the information verification. To ensure your confidentiality, the interviews will be copied to a computer immediately afterwards and deleted from the audiotape. The interviews will be kept in the password protected folder which will be known to the researcher only. The transcriptions will be identified with codes and stored in the lockable filing cabinet, personal to the researcher. If we write a report or article about this research project, your identity will be protected to the highest.

What are the risks of this research?

There may be some risks from participating in this research study. The risks may include the psychological, social, emotional, and legal risks. There might also be the risks that are currently unforeseeable as: all human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the experiences of women in shelters and explore shelter services. We hope that, in the future, other people might benefit from this study through improved understanding of women's experiences in shelters and exploration of shelter services.

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Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

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Is any assistance available if I am negatively affected by participating in this study? All possible precautions will be taken to protect you from experiencing any harm from the research process. If, however, you are or feel that you are being negatively affected by this research suitable assistance will be sought for you from a social worker at the non-governmental organisation.

What if I have questions?

This research is being conducted by Joy Lange, in the Child & Family Studies at the University of the Western Cape. If you have any questions about the research study itself, please contact the student on 0719063949/ 2337919@myuwc.ac.za. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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Appendix D: Information Sheet (Staff Member)

Project Title:

An exploration of services provided by a shelter for abused women: A case study of St. Anne's Homes

What is this study about?

This is a research project being conducted by Joy Lange at the University of the Western Cape. I am inviting you to participate in this research project because you are working at St. Anne's Homes Shelter. The purpose of this research project is to explore the services provided by a shelter for abused women.

What will I be asked to do if I agree to participate?

You will be asked to provide your consent by signing the consent form for your participation in a focus group discussion and use of audiotape prior to conducting the focus group. You will be asked to participate in the discussion and respond to questions in the way you understand them. The focus group will take about 60 to 90 minutes. The St. Anne's Homes, in Woodstock, Cape Town, will be used as the research site where the focus group will take place. The questions for the focus group are focused around exploring the experiences of shelter staff about the services provided by St. Anne's Homes.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, thus your name will not be included for any purpose in this research project. A code will be used to differentiate different transcriptions of participants. Only the researcher will be able to link your identity and

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will have access to the identification key especially for the information verification. To ensure your confidentiality, the interviews will be copied to a computer immediately afterwards and deleted from the audiotape. The interviews will be kept in the password protected folder which will be known to the researcher only. The transcriptions will be identified with codes and stored in the lockable filing cabinet, personal to the researcher. If we write a report or article about this research project, your identity will be protected to the highest.

What are the risks of this research?

There may be some risks from participating in this research study. The risks may include the psychological, social, emotional, and legal risks. There might also be the risks that are currently unforeseeable as: all human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the experiences of women in shelters and explore shelter services. We hope that, in the future, other people might benefit from this study through improved understanding of women's experiences in shelters and exploration of shelter services.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study? All possible precautions will be taken to protect you from experiencing any harm from the research process. If, however, you are or feel that you are being negatively affected by this research suitable assistance will be sought for you from a social worker at the non-governmental organisation.

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What if I have questions?

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Appendix E: Consent Form (Participant)

Title of Research Project: An exploration of services provided by a shelter for abused women: A case study of St. Anne's Homes

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

_____ I agree to be audio-taped during my participation in the study.

_____ I agree not to be audiotaped during my participation in this study.

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Participant's name…………………………………....

Participant's signature……………………………….

Date…………………………………………………….

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Appendix F: Consent Form (Staff Member)

Title of Research Project: An exploration of services provided by a shelter for abused women: A case study of St. Anne's Homes

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

____ I agree to be audio-taped during my participation in the study.

_____ I agree not to be audiotaped during my participation in this study.

Participant's name…………………………………....

Participant's signature……………………………….

Date…………………………………………………….

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Appendix G: Interview Guide For The Participant

PARTICIPANT NUMBER:	
INTERVIEW DATE:	

DEMOGRAPHIC DETAILS

1.	**Gender:**	Male		Female		
2.	**Age:**					
3.	**Race**	Black	Coloured	Indian	White	Other:
4.	**First language:**	English	Afrikaans	Xhosa	Zulu	Other:
5.	**Marital Status**	Married	Single	Divorced	Cohabitating/living together	
6.	**Highest degree/level of school completed?**					

7.	**Who is in your household?**			
	Mother		Mother substitute:	
	Father		Father substitute:	

8.	**Other family members in household**	**Number in the household**
	Your children	
	Grandmother/s	
	Grandfather/s	
	Uncle/s	
	Aunt/s	
	Sibling/s	
	Other/s:	
9.	**Professional or Employment Status. Are you currently**	
	Employed for wages	
	Self employed	
	Out of work and looking for work	

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	Out of work but not currently looking for work	
	A homemaker	
	A student	
	Prefer not to answer	

10. State about:

    i. Who you are
    ii. Your life experience
    iii. Who you came to St. Anne's Homes

11. How long did you stay at the shelter?

12. What was your shelter experience like?

13. Who, were the important role players for you whilst you were at the shelter and why?

14. How did you experience the empowerment programme?

15. List the various interventions that you participated in at the shelter?

16. What did you find useful?

17. What was not useful?

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18. What did you like most?

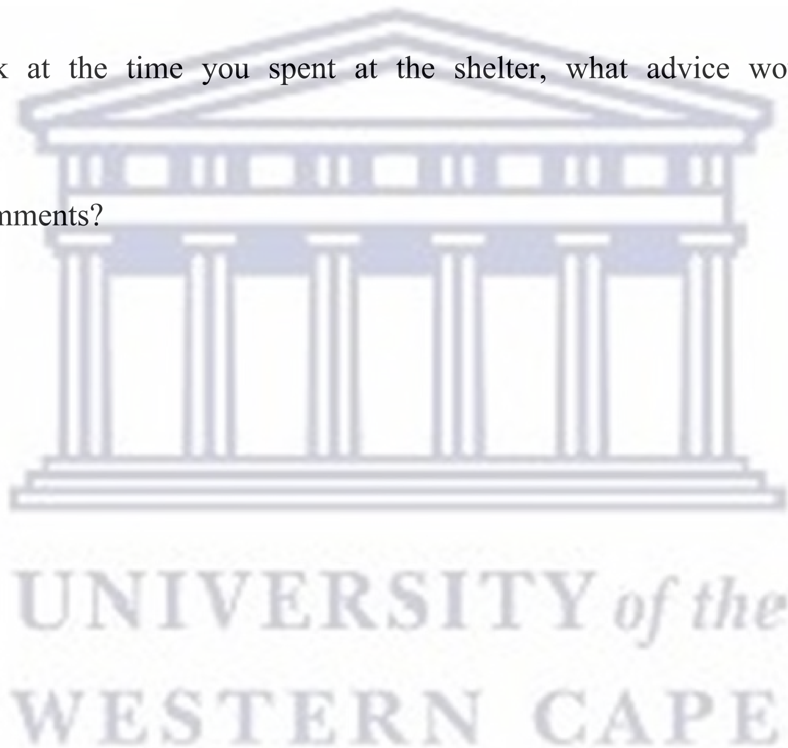
19. What did you like the least?

20. Was there more that you would have wanted the shelter to do? If so, then list what you would have wanted?

21. What did your exit plan from the shelter look like and did you implement it. If not, please explain.

22. Looking back at the time you spent at the shelter, what advice would you give the shelter?

23. Any other comments?



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Appendix H: Focus Group Questionnaire For Staff Members

Focus Group Questions:

- Participants share their role and number of years working at St. Anne's Homes
- What is their overall understanding and experience of the shelter service offering?
- Does the shelter programme support and empower the residents in their care? Explain why/why not
- What do they think St. Anne's Homes should do more of/less of?
- Any other comments?

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