AN EXPLORATION OF BATTERED WOMEN'S EXPERIENCES AND PERCEPTIONS OF A THERAPEUTIC INTERVENTION

By

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ABSTRACT

In view of the high incidence of women battering in South Africa and the limited intervention services available to assist battered women, this study aimed to explore the effectiveness of a particular intervention model. Most research in this area has focused on describing the problem of battering and little research is available on the impact of services. Working from a social-psychological-feminist perspective this study constituted an exploration of the perceptions and experiences of battered women who have utilized the National Institute for Crime and Rehabilitation of Offenders, Woman Support Centre (NICRO,WSC), in Cape Town. The study aimed to investigate which areas of intervention were most effective or helpful and least helpful or lacking so that future intervention may be extended and improved. A qualitative-descriptive research design was utilized to investigate the experiences of battered women to ascertain their perceptions of the effectiveness of this helping agency. Data was gathered primarily through three semi-structured focus group interviews, ten individual interviews and a questionnaire which all participants completed. A thematic analysis was carried out on the transcriptions of the data. Three significant themes including a number of sub-themes emerged suggesting that the intervention services of NWSC were helpful and effective in meeting the women's needs. The themes centred around the women's positive experience of emotional and structural support and the experience of a change in their sense of self which facilitated an increase in self-esteem and confidence, greater independence and assertion skills, and improved communication and problem solving ability. In addition, important systemic changes such as changes in their relationships with partners, children and other family members were seen to occur after utilization of NWSC services. The participants perceived these multiple factors as enabling them to take control of their lives and their futures. The findings suggest that additional qualitative research is needed in order to improve intervention services for battered women as well as their families.

Declaration

The author hereby declares that this whole thesis, unless specifically indicated to the contrary in the text, is her own work.

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CHAPTER 1

INTRODUCTION

1.1. OVERVIEW

Women battering has been a universal problem for many centuries but only in the 20th century has it become recognized as a severe social problem. The high incidence of women battering in South Africa indicates the severity of this social problem in our country. Approximately 450 cases of violence against women are reported every month in Cape Town according to statistics compiled by the National Institute for Crime and Rehabilitation of Offenders (NICRO, Keen & Van Der Sandt, 1993). The existing literature on battering appears to be focused primarily on description of the problem and scant research is available on the effectiveness of interventions. Battered women in South Africa have limited options available to them in terms of helping services (Angless, 1990). Therefore much research is needed in this area in order to evaluate the effectiveness of services so that they may be extended and enhanced.

The broad aim of the present study is to explore the experiences and perceptions of battered women who have utilized a helping agency, namely the **National Institute for Crime and Rehabilitation of Offenders, Women Support Centre (NWSC)** in Long Street, Cape Town. More specifically the study aims to identify the client's perception of what they have gained from the service as well as deficiencies in the service and to identify experiences which were helpful and unhelpful in meeting their needs. From this, the researcher aims to learn more about the needs of battered women and to investigate which areas of intervention are most effective so that future intervention may be improved or modified.

This research is action-orientated in that it hopes to access information directly from battered women in order to evaluate existing interventions and improve supportive services. The research aims to suggest guidelines for helping agencies so that services available for battered women are more sensitive to their needs. Direct feedback from women who have utilized the service extends the helpers' insight into the specific needs of battered women.

This study has both a broad relevance to helping agencies who provide supportive services for battered women as well as a particular relevance to NWSC which provides intervention services for approximately 800 to 900 women each year (Vale, 1997). It is hoped that this study will access information in order to improve and develop intervention services at NWSC and other service providers. It aims to make recommendations in the hope that available services will be more suitable to the needs of the community. The study intends to ascertain to what extent the intervention is meeting women's needs and if not, the perceived reasons for failing to do so.

This research aspires to empower woman through validating their experiences and ultimately implementing facilities that would enable their needs to be met. Through the use of client interview in the investigation process, the study aims to identify the women's personal and unique needs regarding the intervention they have received. In evaluating an intervention model, the researcher hopes to empower the participants by enabling them to actively assess the intervention they utilized rather than passively accepting the service as unalterable. The researcher asserts that any intervention model has to be implemented through consultation with the particular group the service is aimed at.

1.2. NATIONAL INSTITUTE FOR CRIME & REHABILITATION OF OFFENDERS, WOMEN SUPPORT CENTRE (NICRO,WSC).

NWSC in Cape Town is a suboffice of NICRO South Africa. It has been operating for approximately four and a half years and is run by a group consisting of social workers, one psychiatric nurse, a legal team, a community outreach team and a number of volunteer counsellors. The aims, services and advantages of NWSC were outlined in a study by Hill and Keen (1993, see Appendix A) when motivating for the establishment of this centre.

Centres such as NWSC attempt to impact on the problem of domestic violence through a comprehensive array of services including telephone crisis line, crisis intervention, counselling, support groups, individual therapy, legal counselling, resource centre, education and community outreach and training. This centre adopts a social action feminist approach to intervention with battered women which involves the concept of empowerment counselling. The self-empowerment model focuses on skills development and awareness-raising whereby women take control of their lives by making choices. It aims to invest women with self-confidence and the authority to act by offering support, resources, advocacy, information and education. It involves believing the woman, prioritizing her experience, educating her about her options, supporting her choices and linking her to support systems to reduce her isolation (Keen & Van Der Sandt, 1993). NWSC's programme is divided into 3 phases:

Phase 1: Crisis Intervention Phase: The aims of this phase are to stabilize the client's external circumstances (e.g. suicide, homicide, child abuse) and ensure safety. This is achieved through a team response which may include one or more of the following: telephone crisis counselling, daily walk-in emergency service, individual counselling, accessing hospital, ambulance or police, child safety, women's safety, referral to shelter or

other necessary centres (eg. Rape Crisis, Family and Marriage Society of South Africa, psychologist) and legal aid.

Phase 2: Ongoing Supportive Counselling: This is offered on a once weekly or once fortnightly basis in individual or group therapy sessions for approximately 3 to 6 months. Group sessions are primarily psychoeducational in nature and last for 12 sessions. Group aims include provision of supportive counselling, aiding in the expression of feelings of loss, anger, pain and increasing self-esteem.

Phase 3: Development of Self-Help Structures: The planning of this phase is presently underway. The major aim is to move the counselling and legal services into communities so that they are more accessible to all women.

The current literature on domestic violence indicates that the treatment is complex and requires multi-level team work. It should combine both psychological, sociological and feminist solutions in order to meet individual, family and societal needs. This research focuses on phase 1 and 2 of NWSC.

1.3. SYNOPSIS OF CURRENT STUDY

Chapter Two introduces the main theoretical considerations of this research project. It explores the information on the incidence of domestic violence, various terminologies relating to domestic violence and the theories on the causes of domestic violence. It also focuses on the physical, psychological and mental impact battering has on women and reviews current approaches to the treatment and management of battering.

Chapter Three documents the methodological approach used in this project. It argues for the use of qualitative methods in particular. It describes the construction of the research instruments, the selection of the sample group and the process by which the data was analysed.

Chapter Four deals with the findings and provides an analysis and interpretation of data. This chapter focuses on thematic patterns which emerged during the data analysis and highlights similarities and differences in the experiences and perceptions of the women, as well as contradictions and exceptions. The use of a qualitative thematic analysis of data provides a comprehensive examination of the data and links the findings to relevant literature. This chapter also attempts to reflect on the process of data gathering and presentation used in this study, in particular on the role and influence of the researcher.

Chapter Five provides the conclusion and summarizes the main findings of the study. It explores some of the limitations and suggests some of the implications for future intervention models dealing with battered women. It closes by advocating a multi-resource approach to intervention which is clearly reflected in the model used by NWSC. This mini-thesis serves as an illustration of how an action research approach facilitates the partial evaluation of a health care centre.

CHAPTER 2

THEORISING VIOLENCE AGAINST WOMEN

2.1. HISTORICAL PERSPECTIVE

History reflects the enormous magnitude of the problem of violence against women. For centuries patriarchal norms dominated and wives were considered to be the property of their husbands. Some postulate that women battering has it's roots in Roman law which permitted a husband to kill his wife if she committed a variety of offences (Stacey, Hazelwood & Shupe, 1994). English Common law gave husbands the right to beat their wives with any 'reasonable instrument'. These laws were maintained throughout Europe and America until the late 1800's when a few states recinded this 'right'. Domestic assaults continued and were termed 'domestic disputes'. They were considered to be nuisance behaviour, not criminal. As a result they were not treated seriously in the criminal justice system until the past 10 years when a variety of statutes were developed which specifically protect people from domestic abuse. Legislative action began in South Africa only in the early 1990's when the Family Violence act was promulgated in 1993.

2.2. EPIDEMIOLOGY

Women battering by men is recognized as a major social problem which affects thousands of people world-wide (Ammerman & Herson, 1990). Research shows that the overwhelming majority of adult victims of domestic violence are women (Dobash & Dobash, 1979). Battering is grossly under-reported and researchers estimate that between 2% and 27% of domestic assaults are reported to the police (Mullender, 1996). In the United States, 2.3 million women are severely assaulted by their spouses and 1,300 are killed each year (Brinegar, 1992). Stark and Flitcraft (1988a) state that 20% of women treated in hospital emergency rooms have been battered and Helton (1986) found that approximately 25% of pregnant women in relationships have been battered.

The exact incidence of battering in South Africa is difficult to determine (Vogelman & Eagle, 1991) but it is estimated that approximately 1 out of every 6 women is assaulted by a husband or boyfriend (Maconochie, Angless & Van Zyl, 1993) and more recent statistics state that one in three women are abused in their relationships (Padayachee & Pillay, 1992). In 1984 marital violence was the second highest reported crime in Mitchell's Plein (Lawrence, 1984). From December 1993 to October 1997 over 26 581 women in the Western Cape applied for interdicts against violent partners and 93% of these applications were granted (Vogt & Keen, 1998). A recent study conducted by the Medical Research Council at a day hospital in Mitchell's Plein found that one in four women reported domestic violence (Steenkamp, 1998) and another study carried out in the Western Cape town of Mamre found that 38% of the women had suffered abuse in their homes in the past year (Rein & Le Roux, 1996).

A similar or even worse pattern has been found in other African countries. Forty two percent of women interviewed in a district of Kenya reported that they were beaten by their husbands and it was estimated that 60% of women in Tanzania are physically abused (Watts, Oscam & Wim, 1995 cited in Keen & Vale, 1997).

> You are more likely to be physically assaulted, beaten or killed in your own home at the hands of a loved one than any place else or by anyone else in our society (Gelles & Straus, 1989, p.18).

In terms of character or psychological profile there is no difference between battered women and non-battered women and thus all women are at risk for being a target of domestic violence (Hansen & Harway, 1993). Woman battering is widespread in South Africa and as elsewhere occurs in all socioeconomic, religious and cultural groups (Dobash & Dobash, 1979; McCormick, 1981 cited in Pressman, Cameron & Rothery, 1989). This

high incident suggests that battering is not an individual problem but rather a severe social disorder (McKendrick & Hoffman, 1990).

2.3. DEFINITIONS

There are various debates about definitions of battering as the parameters of what constitutes battering are difficult to define. Misconceptions exist as to who does the battering and who gets battered. Terms such as, assaultive, abusive, aggressive and violent are used interchangeably which results in ambiguity and confusion (Bush, 1990). A comprehensive definition of violence against women is provided by MacLeod (1987, p.16) who states the following:

> Wife battering is the loss of dignity, control and safety, as well as the feeling of powerlessness and entrapment experienced by women who are the direct victims of ongoing repeated physical, psychological, economic and/or verbal violence or who are subjected to persistent threats of the witnessing of such violence against their children, other relatives, pets and/or cherished possessions (by their partners).

Battering is an intermittent pattern of interaction, occurring repeatedly, which results in pain and loss and has the ability to deconstruct the woman's presence, self-respect and sense of self (Tifft, 1993). It is generally accepted that battering includes a range of abusive and controlling behaviours and that most battered women experience multiple types of abuse ranging from physical, psychological, verbal, economic to sexual violence (Bograd, 1984; 1988; Keen & Vale, 1997; MacLeod, 1987). Battering may involve being kicked, punched or beaten, marital rape, isolation, controlling the woman's actions, whom she sees and where she goes, intimidation and threats and restriction of or complete withdrawal of financial support. Tifft (1993, p.x) states that battering involves:

> One person attempting to control the thoughts, beliefs, realities and/or conduct of another (and) often occurs within a context of hierarchical power arrangements.

The terms 'domestic violence', 'spouse abuse', 'wife abuse' or 'marital violence' have been criticized as they obscure the dimensions of gender and power that are necessary to the

understanding of woman abuse. That is, they obscure the fact that men are predominantly violent towards women (Dobash & Dobash, 1979; Schecter, 1982; Yllo & Bograd, 1988) and that violence occurs in marital or any intimate, nonmarital relationship. For the purpose of this study, the term 'woman abuse' or 'battered woman' will be used. These terms encompass a diverse range of violent acts and effectively convey that in most cases of abuse, the violence is directed at women (Dobash & Dobash, 1979; Mullender, 1996; Pagelow, 1981; Walker, 1979).

2.4. THEORETICAL APPROACHES TO BATTERING

There is considerable debate in the literature as to the causative explanations for male violence against women. Three theoretical perspectives are prominent: traditional psychopathological theories where the focus is on personality characteristics of the perpetrators and the victims (Geffner, Jordan, Hicks & Cook, 1985); social-psychological theories and feminist theory, where the origins of abuse are seen on a social and cultural level and include stereotyping and patriarchal values (Dobash & Dobash, 1979; Pagelow, 1984). The latter two theoretical viewpoints demonstrate a major shift in the explanation of battering from the traditional view which focuses on intrapsychic factors to a focus on psychosocial factors (Thorn-Finch, 1993).

2.4.1. Traditional psychodynamic theory

Intrapsychic psychodynamic theories state that the individual psyche or personality factors of the abuser or victim is the main determinant of violence. Historically, early small scale research initially reported that battering occurred rarely and mostly involved mentally disturbed men and women. Perpetrators were seen to suffer from poor ego development, insecurity or lack of control and battered women were seen as having personality disorders and are described as having masochistic tendencies or pathologically provocative

behaviour. This psychiatric approach with the focus on the individual was challenged by sociological and feminist theorists as it blamed the victim of battering and implied that 'pathology produces battered women, rather than understanding that violence produces pathology' (Yllo & Bograd, 1988, p.204). The current literature seems in agreement that woman battering cannot simply be explained in terms of individual personality characteristics of its victims and perpetrators (Brown, 1991; Walker, 1991).

2.4.2. Social-psychological theories

Later research in social and behavioural sciences began to include structural and social factors in the analysis of battering as psychopathological theories were seen as inadequate (Finkelhor, Gelles, Hotaling & Straus, 1993; Gelles, 1979; Straus, Gelles & Steinmetz, 1980). This research clearly established the great prevalence of battering and the lack of mental disturbances in the majority of abusers and victims. Violence was seen to occur because of social organizations and cultural norms that permit or encourage it (Dobash & Dobash, 1979; Pagelow, 1992). Violence was found to be rooted in a patriarchal society which holds certain attitudes, beliefs and perceptions regarding issues such as gender differences, sex stereotypes, socialization of men and women and power inequalities. These cultural attitudes and practices condone violence towards women and it is stated that structural arrangements in the family tend to lead to conflict and stress. In relation to this, sociological theory states that violent behaviour is used as a means of control and asserting patriarchal authority in marriage. This is supported by Dobash and Dobash's (1979) finding that husbands are rarely (1,1%) assaulted by their wives whereas 75% of women are assaulted. Three of these theories will be briefly outlined.

The *subculture of violence theory* asserts that despite the uniqueness of the individual personality, a multitude of social forces influence male culture, values and socialization

resulting in violence being ingrained into the concept of masculinity. The still dominant, stereotypical concept of masculinity - toughness, dominance, extreme competitiveness, eagerness to fight and the encouragement of the repression of empathy - is seen as a major contributing factor to male violence. Many men still tend to act in accordance with the stereotyped concept of masculinity (Peled, Jaffe & Edleson, 1995). Many patterns of behaviour in society have facilitated the normative acceptance of violence. For example, the objectification of women in pornography and pornographic violence against women, the acceptance and portrayal of violence against women in the media which minimizes, condones and tolerates violence towards women; the learning of violence among male peer groups and the acceptance of violence in large team sports and individual sports (Thorn-Finche, 1992). However the powerful influence of societal forces in teaching and legitimizing violence must be viewed in combination with the fact that each man is responsible for his own behaviour and has the choice to be violent or not (Thorne-Finche, 1992).

The *intergenerational cycle of violence theory* views the family as the 'cradle of violence' (Pagelow, 1992, p.110) and postulates that violence is learned in the family and transmitted from generation to generation. It followed then that boys from violent homes were more likely to become wife beaters (Hilberman, 1980; Jaffee, 1980; Khul, 1981; Walker, 1984). However a family history of violence is only one factor out of many that may be related to adult violence (Pagelow, 1992). Even though research has found that boys who witness parental violence are three times more likely to abuse their wives than children of non-violent parents (Straus et al., 1980), this theory does not explain why many men exposed to violence in childhood do not exhibit violent behaviour later in life.

Systems theory assumes that all behaviour is part of the transactions between an individual and her surrounding social setting. According to systems theory, the family is seen as an interactional system and the problem is found within this system, that is, within the dysfunctional relationship rather than located within the individual. Behaviour is seen as mutually caused (Hoffman, 1981; Minuichin, 1974; Straus, 1973 cited in Gelles & Maynard, 1987). The functioning of the whole system depends on the harmonious interrelation of all the constituent parts and each part (family member) is seen to fulfill a particular role and function. Any deviation in the system leads to a disequilibrium which is remedied by the adaptation of the whole system (Watzlawick, Beavin & Jackson, 1967). In the family context, deviation from a particular role is seen to lead to violence. This theory asserts that behavioural changes on the part of the family members would contribute to the rehabilitation of the violent offender. This theory has been severely criticized in the literature as it increases the possibility of the women being blamed as mutually causing the violence. It also reduces the responsibility taken by the man for his own behaviour (Bograd, 1984; Pressman, 1989).

2.4.4. Feminist theory

Feminist theory contextualizes battering in the historical and structural setting of women's oppression and has greatly enhanced the understanding of battered women (Maconochie et al., 1993). It views battering as part of the 'generalized spectrum of violence towards woman, pornography, rape, sexual harassment, mutilation and discrimination' (Angless, 1990, p.21). These theorists attempt to explain the function battering serves in relation to male-dominated society (Bograd & Yllo, 1988; Dobash & Dobash, 1979; Martin, 1976; Russel, 1982). Battering is seen as the maintenance of a position of domination through coercive male control. The problem is seen primarily as a sociopolitical one (Geller, 1992). It is a reflection of cultural norms and institutionalized inequities regarding male-female

roles, behaviours and opportunities (Adams, 1988; Dobash & Dobash, 1979; Gil, 1986; Gondolf & Russel, 1986). Woman are not seen as equal to their partners but rather seen as objects to be acted upon (Ross, 1993).

> Violence and aggression are only symptoms of what's wrong with our society and not the disease. The real disease is powerlessness (Rollo May, 1972, p. 72).

The general consensus which emerged from many years of empirical research on domestic violence is that the causes and the nature of violence are multi-dimensional (Gil, 1989; Straus, Gelles & Steinmetz, 1980). This research will view battering from a multi-level perspective utilizing psychological, sociological and feminist theory. Feminist theory is useful as it enables the researcher to examine women's experiences from the perspectives of the women themselves and their responses are viewed as central to the research endeavour (Hansen & Harway, 1993). Researchers have been challenged by feminists to seriously consider the experiences, perspectives and questions of the battered women themselves (Kelly, 1988; Yllo & Bograd, 1988).

2.5. IMPACT OF BATTERING ON WOMEN.

In spite of the wealth of literature on human resilience in the face of adversities (Rutter, 1985) there is presently widespread agreement on the pervasive and deleterious effects of battering which require various therapeutic treatments (Ammerman & Herson, 1990; Matchett, 1994a). This highlights the need for research not only in the area of effective interventions but also in the complex relationship between violence and the development of mental illness.

The consequences of battering are medical, legal, social and psychological. Long term effects of battering are insidious. Medical consequences range from bruising and serious injury, such as, concussion or broken bones, to premature death. During 1996, 46% of

clients who used the services of NWSC required medical treatment by a hospital, doctor, psychiatrist or psychologist for physical abuse (Vale, 1997). Many women have been found to resort to alcoholism and substance abuse. Legal consequences of battering range from homicide of the victim, the perpetrator or both, to removal of children, legal separation or divorce (Stordeur & Stille, 1989).

In her study of 118 battered women Rosewater (1985 cited in Yllo & Bograd, 1988) found that violence increases psychological dysfunction and that battered women present with many psychiatric symptoms which have frequently led to the misdiagnosis of personality disorders, anxiety disorders, depressive disorders or somatic disorders. This diagnostic mislabelling appears to have resulted from a tendency to blame the victim of violence. Furthermore researchers have attempted to explain the perpetrator's violence in relation to the victim's personality traits, that is, by viewing characteristics which may predispose a woman to get involved in an abusive relationship (Herman, 1992).

Current diagnostic categories continue to be inadequate. Herman (1992) stated that the symptoms of depression, anxiety or somatic complaints that survivors of ongoing abuse experience are not the same as 'ordinary' depression, anxiety or somatic disorders. Even the diagnosis of post traumatic stress disorder (PTSD), which includes experiencing diffuse anxiety, intrusive recollections of traumatic events and deadening of affective response is inadequate. The symptom profile in women who are victims of severe violence is far more complex.

Attempts to forge women into these diagnostic constructs results in an inadequate understanding of the problem and a deficient approach to treatment. In an attempt to explain the extensive impact of prolonged, repeated trauma, Lenore Walker (1974 cited in

Finkelhor et al., 1983, p.47) proposed a syndrome called the 'battered woman syndrome'. Walker (1979, 1984) found that battered women suffer from cognitive distortions, memory loss and perceptual distortions. The woman may change how she thinks or behaves in order to ensure safety from future attacks. Battered woman syndrome was considered to be a subcategory of the diagnosis Post Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders, third edition, revised (DSM-111-R, American Psychiatric Association, 1987 cited in Hansen & Harway, 1993). This was not regarded as a mental illness but rather as an expected reaction which occurs when a person is repeatedly exposed to trauma. It was construed as a normal reaction to a pathological situation (Root, 1992).

A more comprehensive syndrome called 'complex post-traumatic stress disorder' that many battered women develop after exposure to repeated abuse was postulated by Herman (1992, p.119). This ranged from a brief stress reaction to classic PTSD as described above to the complex post-traumatic stress disorder syndrome which involved psychological, cognitive and perceptual changes due to severe abuse.

Survivors of domestic abuse may experience alterations in affect regulation which may involve feelings of depression, suicidality, self-injury or difficulty expressing and controlling anger (Walker, 1979, 1984). Psychological abuse includes blaming, threatening, manipulating as well as humiliation, deprivation and verbal degradations that impact on a person's self-esteem (Brinegar, 1992). When assaulted, the victim receives a message of worthlessness and feels demeaned. This may lead to symptoms of depression which Hansen and Harway (1993) have described as another coping or survival mechanism, as expressing anger about the violence may precipitate additional violence.

Women may experience an alteration in consciousness which may involve amnesia, depersonalization, dissociative experiences or reliving violent experiences. The experience of violence over a prolonged period (months to years) may change the woman's self-perception or her perception of the perpetrator. There may be a sense of helplessness or paralysis, feelings of shame, guilt and self-blame, a sense of feeling different to others. She may feel totally alone and believe that no-one understands her. There are changes in the women's relationships with others including isolation, withdrawal, a disruption of intimate relationships, persistent mistrust or repeated searching for a rescuer. There may be a loss of faith and a sense of hopelessness and despair (Herman, 1992).

The battered woman may suffer a loss of identity. Isolation deprives her of all social support - loss of family and friends - and reinforces dependency on the perpetrator. Possessiveness and controlling her contact with the outside world enables the batterer to enforce his definition of reality on her and leads her to question her own perceptions and judgements (Tifft, 1993). Battered women become embarrassed by the abuse inflicted upon them and withdraw from support. This leads to a deterioration in self confidence and an increase in fear, anxiety and confusion. She finds it difficult to trust others (Ammerman & Herson, 1990). She receives negative information from the abuser and it becomes part of her self-image. This can result in low self-esteem, emotional emptiness, fears for her children, guilt, anger, lack of communication with others, lack of assertiveness and hostility (Dobash & Dobash, 1979; Matchett, 1994b; Pagelow, 1981).

These psychological patterns appear to be related to common factors in abusive relationships: betrayal, denigration and a sense of powerlessness to stop the abuse and isolation. There is also a reduction in decision-making and problem-solving ability and victims develop a sense of hopelessness and helplessness (Keen & Van Der Sandt, 1993).

Certain authors have found that battered women as compared to women who are not battered or women who have left violent relationships, have a greater external locus of control (Cheny & Bleck, 1982; Feldman, 1983). This implies that a woman's internal sense of control is affected when being in an abusive relationship and may contribute to her feelings of helplessness and disempowerment. Walker (1984) explained certain aspects of the behaviour of battered woman in terms of Seligman's (1975) 'learned helplessness' theory where the woman slowly becomes immobilized due to fear and anxiety. Helplessness results in the women believing that they are unable to control what happens to them and this frequently results in depression.

All these psychological sequelae may contribute to the difficulties women experience in leaving abusive relationships, although there are many other factors involved, such as, economic, social, cultural and ideological factors (Hoff, 1990; Pagelow, 1981). Strength of social support, fear of further beatings, reluctance to disrupt the marriage and loss of a father for her children have been found to be important influences in the woman's decision to remain in the relationship (Burr, Day & Bahr, 1993). Other significant influences include ideological and cultural beliefs such as preservation of the family at all costs, religious pressures, stigmatization of divorce and single parenthood (Hoff, 1990).

Follingstad, Neckerman, and Vormbrock (1988) found that many battered women develop a variety of coping mechanisms which also affect their decision to remain in the abusive relationships. One major coping mechanism is understanding why the abuse happens. This is often explained through rationalizations such as self-blame, externalizing the blame, denial of the severity of her injury, denial of practical options and enduring the violence due to religious beliefs or desires to assist the batterer in overcoming his problem.

Violence is not anticipated or expected with an intimate partner. When it occurs, it frequently results in feelings of shock, confusion and disbelief. The emotional damage effects the person's normal perceptions of herself and her ability to cope with life. The repetitive experience of coercive stresses systematically deconstructs, erodes and distorts the self to the extent that the inner self may experience a sense of emptiness or annihilation through the degradation and humiliation (Tifft, 1993).

The impact of battering on children and extended family members has become an important focus of attention for both researchers and interventionists. Many children frequently witness violence directed at their mothers by their partners as it is difficult to conceal the abuse or prevent children being scared and confused by it (Mullender, 1996; Straus & Gelles, 1990). Dobash and Dobash (1979) found that approximately 30% of domestic violence occurred in the presence of children. Vale (1997) found that 66% of battered women had children who witnessed abuse and 57% of these children were affected either physically, emotionally, sexually and/or economically. Hughes (1992 cited in Mullender, 1996) reported that in 90% of violent incidents children are in the same home or nearby.

Violence may be witnessed directly or indirectly. The child may hear the sounds of violence or be exposed to the results of violence (eg. bruised or injured, crying mother). Research has indicated that children are found to suffer a wide array of behavioural, emotional and cognitive problems. These children have been found to have more anxiety (Hughes, 1988), aggression (Westra & Martin, 1981), temperamental problems (Holden & Richie, 1991), depression, poor self-esteem (Hughes, 1988) and lower verbal, cognitive and motor abilities (Westra & Martin, 1981) than children who do not witness violence at home. Children's expressions of distress and anxiety manifest in different forms and their

reactions change over time. Very little literature is available on interventions to assist these children (Peled et al., 1995).

It is clear that battering has a severe and multiple impact on women and their family. The need for effective intervention services in order to address this complex problem is paramount. The following discussion outlines various approaches to intervention with battered women.

2.6. THERAPEUTIC STRATEGIES AND EXPERIENCE OF SUPPORT

It is evident from the literature that the underlying philosophy of an intervention determines its structure, services, goals and orientation. Schechter (1982 cited in Yllo & Bograd, 1988) has noted that individuals and institutions' assumptions and explanations for domestic violence greatly influence the interventions used. Battered women have varying needs which require a variety of treatment approaches (Geller, 1992). A multitude of professionals are involved with intervention, for example, social workers, psychologists, psychiatrists, doctors, police, lawyers, magistrates, community workers and so on. It is also apparent from the literature that a variety of interventions have been attempted and the majority of services are directed towards the victim, for example, counselling, psychotherapy, group therapy, education, police assistance, legal aid and the use of shelters or refuges. The similarity in many of the services is their individualistic approach. It is now well recognized that domestic violence is a complex problem and standard, individualistic approaches are inadequate. Treatment programs need to account for the multiple-level needs of the victim and organizations need to communicate and liaise with each other.

Intervention services for battered women in South Africa are distressingly insufficient with minimal sharing of resources or investigation into the effect of the programmes (Angless &

Shefer, 1995). A handful of services for abused women have been established in the Western Cape, for example, NWSC, FAMSA (Family & Marriage Society of South Africa), MOSAIC and Ilithia Labanthu. Some of these agencies offer both counselling support and legal services whereas others offer only educational resources. The importance of temporary and long-term shelters for women and their children is acknowledged worldwide (Stordeur & Stille, 1989) yet only eleven shelters existed in the whole of South Africa in 1995 (Govender, 1995). Coombe and Stratten (1991) found that only 2 out of 6 shelters in the community were coping financially but with great difficulty. Accessibility and language is another problem many South African women encounter as it is often difficult to reach the service providers and to find a counsellor who is fluent in African languages.

Legal interventions have various effects but are mostly limited as many women are unaware of their legal options, often do not know about the Prevention of Family Violence Act which was passed in South Africa in December 1993 and do not activate the interdict established by this act (Padayachee & Manjoo, 1996). In addition, many women experience a lack of support from hospitals, police stations or courts. This may be a result of a lack of knowledge on the part of the professionals, professional jealousy or differences in various organizational strategies (Padayachee, 1992; Padayachee & Manjoo, 1996).

Systematic evaluations on the outcome of the effectiveness of intervention services with battered women is both limited and inconclusive (Angless & Shefer, 1995; Gelles & Maynard, 1987). There is general agreement that more effective interventions are necessary so that battered woman may have more options available to them in order to empower them to remain outside abusive relationships (Mancoske, Standifer & Cauley, 1994). In view of these factors, this research aims to explore intervention experiences with a view to making recommendations for improving services.

Four types of intervention models appear in the literature namely, traditional psychodynamic therapy, interaction model, cognitive-behavioural and feminist therapy. The former three models are thought to be inadequate approaches as they tend to exaggerate certain issues and omit others, blame the victim indirectly and do not assert that the perpetrator be accountable for his behaviour (Pressman et al., 1989). A brief outline, including a critical assessment of these models, will follow.

2.6.1. Traditional psychodynamic model

Individual short term or long term counselling for the victim or the perpetrator of domestic violence is one service offered. Individual counselling emerged from the traditional psychodynamic model and is also known as the 'insight model' (Yllo & Bograd, 1988) where intrapsychic problems are seen as giving rise to violent behaviour and catharsis, introspection and overcoming inner fears are encouraged. This model has been criticized as it focuses mainly on pathology within the victim or the perpetrator and does not address the violence directly. It overlooks the dynamics of power and control and the reality of abusive experiences. It is also slow and expensive and does not address the danger of ongoing violence and the need to create a safe environment for the women (Stordeur & Stille, 1989; Pressman et al., 1989).

2.6.2. Interaction model

Treating couples, also known as cojoint therapy or the interaction model, has been severely criticized as being an inappropriate approach to the treatment of battering (Hansen & Harway, 1993). This treatment adheres to an interactionist perspective where battering is seen to be due to communication deficits and attempts of both partners to coerce the other (Pratt, 1995). It is based on a family systems theory which views the violence as a relationship problem and thereby implies that there is equal responsibility for

its occurrence. This leads to blaming the victim and minimizing the seriousness of the violence. In addition, women's disclosures in therapy may lead to further abuse outside the session. However, if the batterer accepts full responsibility for the violence and addresses the primary need for the elimination of violence, couples therapy is still regarded as acceptable. Seeing a couple separately until the violence is under control is generally well accepted (Cook & Frantz-Cook, 1984; Geller, 1992; Pressman, et al., 1989).

2.6.3. Cognitive-behavioural model

The cognitive-behavioural and psychoeducational model focuses on the violent behaviour as primary and programmes have been developed for the treatment of perpetrators. Perpetrators are treated separately in specialized groups or in individual therapy and the focus is on their own behaviour. Stress reduction techniques and relaxation exercises are used and anger is identified (Geller, 1992; Stordeur & Stille, 1989). This model is based on a cognitive-behavioural model and social learning theory which views violence as learned and self-reinforcing and thus assumes it can be unlearned (Bandura, 1977).

Services directed towards rehabilitating the battered include self-help groups or individual counselling. Group therapy with a focus on anger management, skill-building and education regarding sex-role stereotypes is a main focus of services for perpetrators. These interventions have been criticized as scant research has been carried out. It has been found that the batterer is mostly unreceptive to intervention (Gondolf & Russel, 1986) and this is attributed to the perception that violence in a marriage is 'normal'. In addition, the majority of men who receive counselling are not self-referred but are referred by courts (Gondolf, 1991).

Results from outcome studies of batterers' programmes found a great reduction in physical abuse but verbal and emotional abuse continued (Edleson & Syers, 1990). Many of these

programmes improve interpersonal skills but ignore or minimize the issues of power and control (Brennan, 1985; Gondolf & Russel, 1986). There is a reduced emphasis on the actual violent behaviour and change thereof (Hansen & Harway, 1993). It is also noted that these studies do not account for the excessively high dropout rate which suggests that success rate figures are actually very low (Gondolf & Foster, 1991 cited in Hansen & Harway, 1993).

2.6.4. Feminist therapy

Feminist therapy recognizes the effect of social, political and economic norms on the mental health of women and asserts that these norms endorse the view of women as inferior and subordinate and in this way condone the use of violence against women (Adams, 1988; Dobash & Dobash, 1979; Gil, 1986; Gondolph & Russel, 1986). Feminist therapy addresses the fundamental issues of power and control and asserts that domestic violence is controlling behaviour which maintains a power imbalance between the perpetrator and the woman. It aims to empower women by increasing awareness of the choices they have and assisting women to become aware of their unique strengths and self-worth (Pressman et al., 1989). It recognizes the need to educate perpetrators but states that the main focus is to eliminate violence and challenge controlling behaviour, sexist expectations and stereotyped perceptions of masculinity. Primary interventions focus around safety and protection of the woman and thereafter provision of support and empowering counselling services.

In profeminist programmes for batterers, men are expected to adhere to 'safety plans' that minimize the possibility of ongoing violence. Early interventions with batterers also includes acknowledging responsibility for the violence without minimizing, projecting blame or claiming loss of control. Feminist theorists state that interventions which ignore issues of

violence, collude with batterers' resistance to change (Yllo & Bograd, 1988). They state that appropriate interventions in cases of violence should include a detailed assessment of the situation, crisis intervention, education, appropriate referrals for advocacy and referrals to other needed support and psychotherapy.

Ford (1983) stated that 50% of the battered women in her study found counselling to be most helpful whereas 25% found a friend to be most helpful when dealing with abuse. This seemed to indicate that either the women did not use a resource or did not consider them helpful. Roy (1977) found that 75% of battered women either do not seek counselling or may seek help for other problems without reporting that they experience violence. They may request medical treatment, legal assistance or help from other service agencies.

Group therapy is very effective with battered women (Hoff, 1990; NiCarthy, Merriam, & Coffman, 1984). It has been widely used in all models of intervention but has been a particularly common methodology of work in feminist therapy. Group therapy decreases the woman's sense of isolation, promotes improved interpersonal skills, offers mutual assistance amongst women and in view of the high incidence of battering, is cost effective. Angless & Shefer (1995) found that group work was highly effective in facilitating the sharing of experiences, depathologizing battering, educating women, providing positive role models, increasing self-esteem and breaking class and culture barriers. Another group work study (Mancoske et al., 1994) found that standard crisis intervention counselling based on a grief resolution orientation was more effective in increasing the woman's self-esteem, self-efficacy and positive attitude than feminist orientated counselling. Pratt (1995) stated that short-term group counselling can often lead to a need for long-term counselling.

In South Africa and particularly in the Western Cape, services for both perpetrators and battered women are distressingly sparse. Research on women's experience of intervention is very limited. Hude (1994), in her study of experiences of battered woman in the Khayelitsha area found that her subjects had very few options available to them to remove themselves from the abusive relationship. When studying battered women's experiences and perceptions of helping agencies, such as, the police and judicial system, the medical profession, the social work profession, Hill (1984) found that women's needs were frequently not met or recognized by existing services. A major concern for interventionists is how to provide support and to recognize the existence of domestic violence in these situations. Very few studies report on comparisons between services and their respective efficaciousnesses.

2.6. CONCLUSION

The literature covered in this chapter indicates that much controversy exists with regard to the definition of battering, understanding its cause and the treatment of battered women. However current findings strongly assert that effective intervention is complex, requires multiple-level team work and thus should combine both psychological, sociological and feminist solutions in order to meet individual, family and societal needs (Gefner & Pagelow, 1990). The lack of research on the outcome and efficacy of intervention services for battered women is highlighted. A deeper exploration of which intervention strategies, skills and techniques are required to understand and conduct successful intervention with battered women is needed. This research aims to investigate a particular intervention model - the multi-level model used at NICRO, WSC, Cape Town.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION OF METHODOLOGICAL FRAMEWORK.

This project emerged out of the needs of Nicro Women's Support Centre (NWSC) and was designed in consultation with all members of the organization. NWSC wanted to know if the intervention they utilize makes a difference in the lives of the women they serve. There was concern about whether they are successful in supporting women through their crises and empowering women to move towards positive change in their unique situation. The primary aim of this research is to explore battered women's experiences and perceptions of the service provided by NWSC. In this way, the perceived impact of using this centre was examined, thereby conducting a partial programme evaluation of NWSC.

It is difficult to define and measure service effectiveness (Carter, 1987; Patti, 1987). The researcher believes that the voices of the clients and the clients' perspectives are of primary value (Lebow, 1982). By hearing the women's voices, their feelings, opinions and ideas, the researcher hopes to be able to inform NWSC about part of their overall programme.

This study utilizes a qualitative-descriptive research design which is multi-facetted involving three different forms of qualitative methods. Data was gathered primarily through the focus group interviews.

Qualitative research is essentially exploratory and the researcher therefore embarks on a voyage of discovery rather than one of verification (Ferreira, Mouton, Puth, Schurink & Schurink, 1988). This methodology allows the researcher to study selected issues in depth and detail. According to Skinner (1991) a qualitative method focuses on experiential states

of participants and their perceptions of a situation. The meaning and subjective definition of social reality are constructed and experienced by those involved. Language is not seen as a reflection of the 'truth' but rather as a means to construct reality (Bruner, 1987; Taylor & Bogdan, 1984). Through consultation with battered women, their expressed perceptions, thoughts and needs are identified. These are reported through direct quotations and careful description of interactions and observed behaviour. The quotations are analysed in relation to the women's experiences with various aspects of NWSC's intervention programme which resulted in the emergence of certain themes.

In qualitative research, themes and foci emerge during and as a result of the research, rather than commencing research with specific hypotheses. This avoids misconceptions at the beginning of a research endeavour and facilitates flexibility. It allows the researcher to collect rich data regarding different topics and to explore variables in depth and in context (Miles & Huberman, 1984).

The role of the researcher and the meaning attributed to data is fundamental in qualitative studies (Banister, Burman, Taylor & Tindall, 1994). This emphasizes the need for reflexivity and the recognition of power relationships in the research (Fielding, 1988). Reflexivity ensures that the researcher accounts for the way in which she experiences both the research process and the phenomena under consideration. As the researcher enters the lives of the participants, she impacts upon the experience of the research (Marshall & Rossman, 1995). Thus it is important for the researcher to self-reflect, evaluate her own experiences and incorporate them into the work rather than remain artificially outside the research process as in 'positivistic' research (Roberts, 1981). In relation to this, the researcher keeps a record of participants responses as well as her own feelings and ideas

(Bowles & Klein, 1983). The role of the researcher is succinctly described by Stanely & Wise (1987, p.197):

> All research necessarily comes to us through the active and central involvement of the researcher, who necessarily interprets and construes what is going on.

Recently researchers have discussed the issue of representation when carrying out feminist research in the South African context (Bonnin, 1995; Lund, 1991). Differences in race and identity and particularly, differences in power among women need to be acknowledged (Hanssen, 1992 cited in Meer, 1997). This has lead to the debate about who has the right to represent who, when carrying out research and questioning the appropriateness of white women researching black women (Fouche, 1993; Gouws, 1993; Meer, 1997). In relation to the role of the researcher in this research, difference in relation to race, class, language, occupation between the researcher and the participants is acknowledged and will be reflected upon in discussion.

This study is one aspect of a programme evaluation, namely the clients' evaluation of the service. Posavac & Carey (1992) state that the mission of a programme evaluation is to improve the quality of human services and the effectiveness of organizations (Davis, 1982 cited in Posavac & Carey, 1992). Programme evaluation of the effectiveness of a mental health service centre such as NWSC would enable the centre to measure progress in relation to the initial objectives of the programme, improve plans for the future, compare the programme with others like it and assess strengths and weakness in order to plan and manage the programme better. The person who receives the service - the client - is in an excellent position to evaluate the many aspects of the programme as they have important knowledge about the programme based on their unique experiences (Feuerstein, 1986). In contrast to research in general, one of the characteristic features of evaluation studies is that it does not strive to formulate generalizations. It focuses on explaining and interpreting

a particular situation and on reporting data which is useful for decision makers in the selection of alternatives (Cronbach, 1980).

This research views the client perspective in evaluation of a helping service. Many authors note the paucity of research into the client perspective (Giordano, 1977; Hoshino, 1973; Lebow, 1982; Maluccio, 1979; Mayer & Timms, 1970; McLeod, 1990) and the significance and centrality of the client perspective in informing practice has been increasingly recognized. Certain authors (Giordana, 1977; Malucio, 1979; Sheldon, 1982) note the importance in hearing the collective voice of the client in relation to human service delivery and in this way the researcher undertakes to evaluate a portion of the NWSC programme.

This research is also steeped in a feminist research framework, which together with qualitative research concepts, acknowledges that scientifically objective, 'positivist' and value-free research is not possible to attain (Mies, 1983; Stanely & Wise, 1983; Wilkinson, 1986). Knowledge is viewed as emerging out of a specific cultural, historical and social interest. Feminist researchers and other critical researchers emphasize that objectivity neglects the humanness of the researcher and the research participants. It ignores the behaviour of the researcher and is therefore non-reflexive (Stanely & Wise, 1983). Feminist researchers advocate research 'for' women as opposed to traditional research 'on' women. This attempts to account for women's needs and aims to improve women's lives in one way or another (Klein, 1983).

This project adheres to action research principles. Action research is a form of research which seeks to bring about beneficial change to both people's lives (service users) as well as the service system which they utilize. It is also used to solve immediate day to day problems of clinicians (McKernan, 1991). It is defined by Carr and Kermis (1986, p.134) as follows:

> Simply a form of self-reflective enquiry undertaken by the participants in social situations in order to improve the rationality and justice of their own practices and the situation in which the practices are carried out.

Action research is not static or prescriptive. It can be viewed as a continuous process where a person's experience or ideas can be used by others to develop and improve a service. Action research is different from 'traditional (positivistic) research' in that the researcher is not considered to be the expert who possesses specific expertise to make the 'right choices' for their clients. The researcher does not work according to established rules but rather relies upon a self-conscious analysis of data which provides an opportunity to understand the needs of clients and in this specific project it refers to the clients using NWSC (McNiff, 1988).

When utilizing action research principles, the researcher and participants become actively involved in improving service conditions. Each participant has an opportunity to share her experience of NWSC and can agree, disagree or question issues with other participants on an equal basis. In this way they are able to move towards autonomy. This method allows the service users to explore their own experiences of the service and improve the service (Carr & Kermis, 1986). The participants are able to share their common experiences of NWSC as well as the different aspects of the service and in this way pool the resources to collectively improve the service. This is aptly expressed by McNiff (1988, p. 3) who says that:

> Accommodation and change are all part of the democratic process which allow for individual differences and creative episodes, indeed, individualities will themselves shape the environment. The action of action research, whether on a small or large scale implies change in people's lives, and therefore in the system in which they live.

The researcher hopes to empower women to carry out a critical evaluation of the centre where they found themselves. Through this process they become involved in transforming

and improving the service for themselves and for the greater benefit of society. The inquiry process demonstrates a dynamic partnership between participants and facilitators and has mutual benefit for all (McKrenan, 1991).

In action research there is collaboration between the researcher and the participants. The collaborative nature of action research allows women to become involved as part of a shared enquiry. It allows all participants to have a share in the evaluation experience and thereby overcome aspects of the existing service and enable change (Carr & Kermis, 1986). The participatory, co-operative and democratic nature of action research lends itself to be the most appropriate methodology for examination of women's experience of NWSC. Carr and Kermis (1986, p. 205) state that,

> Emancipatory action research is an empowering process for participants, it engages them in the struggle for more rational, just, democratic and fulfilling forms of education. It is "activist" in that it engages them in taking action on the basis of their critical and self-critical reflection.

Qualitative methodology has a number of advantages which have been highlighted. However these methods have been criticized for being subjective and not scientifically valid or reliable. Certain authors argue that qualitative research challenges the scientific objectivity of quantitative research and suggest other methods of addressing validity and reliability. Mouton & Marais (1990) state that 'triangulation', the use of multiple methods of data collection, is able to combat the problem of validity as the different methods can to a certain degree, compensate for the disadvantages of each individual method. Here information is collated and examined for the level of accord or the reasons for disaccord, if any. The present study uses a variety of sources of information in order to illuminate the various issues. Responses to questionnaires and transcripts of individual as well as focus group interviews were scrutinized in relation to the questions being examined. The validity of the findings and recommendations was supported by the convergence of evidence

obtained from different sources. Bruinsma & Zwanenburg (1992) add that transparency of the methodology of the research makes the results more valid and reliable.

3.2. AIMS

The primary aim of this study is to explore battered women's experiences and perceptions of intervention at NWSC. Specifically, this includes identifying clients' perceptions of what they have gained or not gained from the service and a description of experiences which were helpful or unhelpful in meeting clients' needs and expectations. A final aim is to suggest possible improvements to or modifications of the intervention.

3.3. SAMPLING

NWSC counsellors were approached after explanation of the research proposal and my need for participants was outlined. Participants were approached telephonically by the researcher. The aims of the study, confidentiality, anonymity and logistics were explained. The sample was not drawn in a scientifically random manner, thus the generalizability of the findings to any larger population was effected. This was not of great concern as the aim of the study is not to prove any 'truths' about the service but rather to gain a deeper understanding of the women's experiences of this helping agency.

Specific selection criteria was decided upon for participation in the research. In order to be included in the focus groups or individual telephonic interviews, the women must have utilized one of NWSC's services, that is, either telephonic counselling, individual counselling, support groups or legal services and they must have received counselling during the preceding 18 months. In addition, none of the participants could be involved in counselling currently or during the three months prior to the research project. The aim here was to avoid any disruption or interference in the woman's current intervention process.

Women volunteered to take part in either the focus group or the individual telephonic interview. The researcher contacted 40 women to participate. Over-recruitment is standard practise for focus group research (Krueger, 1988). Given the need for women to attend on a specific date and time, drop-off is expected due to unforeseen circumstances arising in participants lives that prevent them from attending. Thus while 12 women were recruited to each group, only approximately 50% actually attended so that each focus group comprised eight, six and five women, respectively. Women who agreed to participate were followed up telephonically one week before the group date to confirm the meeting arrangements. Each group met once for two hours. Those who participated were provided with refreshments and cash reimbursement of transport costs.

3.4. SUBJECTS

The total number of women that took part in the research was 28. The sample consisted of women who had all utilized one or more of NWSC's services, such as individual counselling, legal counselling or telephonic counselling during 1996. The participants were referred to NWSC by advertising in the media, doctors or clinics, work personnel, social workers, religious leaders or friends.

The participants were representative of NWSC's client population in terms of age, language, religion, employment status and type of abuse experienced when compared to the client profile who utilized NWSC during 1996 (Vale, 1997). The participants resided in a number of different areas in the Western Cape district ranging from the northern suburbs, the southern suburbs, the Cape Flats and the City Bowl area. More than half of the women were currently employed. Demographic variables are reflected in Table 1 (For the purposes

of identifying differences in race still salient in South African society, apartheid categories are used to describe the sample).

Table 1: Demographic variables.

Variable		Percentage	No. of participants
Race	White	25%	7
	Coloured	68%	19
	Black	7%	2
Home Language	English	68%	19
	Afrikaans and English	25%	7
	Xhosa	7%	2
Age Distribution	20-29 years	25%	7
	30-39 years	39%	11
	40-49 years	22%	6
	50-59 years	14%	4
Religion	Christian	93%	26
	Jewish	3,5%	1
	Muslim	3,5%	1
Educational Level	Tertiary level	3,5%	1
	Matric	25%	7
	Std 9	29%	8
	Standard 8	11%	3
	Standard 6 -7	21%	6
	Standard 2-5	11%	3
Marital Status	Married	47%	13
	Divorced	32%	9
	Separated	14%	4
	Single	7%	2

Although all women were able to converse fluently in English or Afrikaans, their home language was either English, Afrikaans or Xhosa. Sixty eight percent of women's home language were English, 46 % were Afrikaans and 7% were Xhosa. Their age ranged from early twenties to late fifties with the average age being 35 years. The largest proportion of

women (39%) were in the age group 30 to 39 years. This was consistent with a study by Orayson and Smith (1981 cited in Angless, 1990) who found that women in their 30's seek help most and women in their 20's least. Very few participants were younger than 29 (7%) or older than 50 (4%). The group was heterogeneous in terms of religion. Of the religious groups or denominations the largest percentage (93%) of participants were Christian, whilst 3,5% were Jewish and 3,5% were Muslim. The educational level of participants varied from certain women passing Standard two to others having obtained a university degree. Two thirds (64%) of participants had at least Standard 8 level education. Only one woman had completed tertiary education and a small percentage (11%) of women had completed only primary schooling.

The spectrum of family living situations were represented in all groups. Some women lived alone while others lived with a partner, either with or without children. Most women were married and had either young or adult children. These findings were somewhat different to Vale's (1997) findings on the women who had utilized NWSC during 1996. She found that 76% of the women were married and only 8% had divorced their partners. This study found that fewer than half the participants (40%) were currently married, just below one third (32%) were divorced, 14% had been previously married but were separated and a small percentage (14%) were single.

The participants were selected using the criteria that they were all currently or previously in a relationship which involved battering (see Table 2). Eighty six percent of women had experienced physical, emotional and economic abuse by their partners. The remaining 14% had experienced emotional and economic abuse but no physical violence. The duration of abuse experienced ranged from six months to thirty one years with the average duration being eight years three months.

Table 2: Experience of Abuse

Experience of Abuse	Percentage	No. of participants
Physical, emotional and economic abuse	86%	24
Economic and emotional	14%	4
Average duration of abuse	8,3 years	

There were differences in their individual stage of therapy but all subjects had counselling (telephonic, one-off sessions, weekly, bimonthly or monthly individual sessions or group counselling) or had legal counselling at NWSC during the preceding 18 months (see Table 3). There were a limited number of women who had used the counselling service for more than 3 sessions. Eighty nine percent (25/28) of subjects had some form of counselling (telephonic, group or individual) and 53% (15/28) had legal counselling. Approximately 50% had received both counselling and legal assistance.

Table 3: Services Utilized

Services Utilized	Percentage	No. of participants
Counselling (individual, telephonic or group)	89%	25
Legal Counselling	53%	15
Both Individual & Legal Counselling	50%	14
Group counselling	14%	4

Ten subjects were unable to attend the focus groups and they agreed to take part in the individual telephonic interviews. Eighteen subjects were recruited for the three focus groups which comprised 8, 6 and 5 women in each group, respectively. The ideal number of participants for group interviews is between six and 10 per group (Ferreira, et al., 1988). This offers the researcher a variety of viewpoints and the group is not too large so that group dynamics create the situation where individual group members remain in the background and do not participate.

3.5. INSTRUMENTS

3.5.1. Questionnaire

Three research instruments were used to collect data in this study. The first instrument used was an anonymous and confidential questionnaire designed by the researcher in conjunction with the NWSC team. It was written in English only as most of the interviews and discussion groups were conducted in English. This was not ideal as English was not the first language of all the participants. On a few occasions care was taken to translate questions into Afrikaans to facilitate greater ease of understanding for some participants. Questions were formulated in such a way as to avoid ambiguity. Closed and open-ended questions were used as the former provides greater reliability and ease of data analysis, whereas the latter would offer qualitatively richer information (Weiss, 1975). The questionnaire comprised two major areas, namely, demographic information which provided the main characteristics of the 28 women who had used NWSC and evaluative questions concerning service information (see Appendix B).

Demographic information included the client's age, residential area, marital status, home language, highest educational qualification, employment status, referral source, religion and services utilized at NWSC. In addition certain questions built into the questionnaire were based on organizational need for specific service information. Closed-ended questions were asked regarding counsellor attributes, referral service, services for children, premises, accessibility, counselling of perpetrators and reactions to a male counsellor.

Open-ended questions explored positive, negative and general experiences in the various types of counselling services and whether the women perceived any change in their problem. Women were also asked if certain services were not provided and whether they had any suggestions for future services (see Appendix C).

3.5.2. Individual telephonic interview

Individual in-depth, semi-structured, telephonic interviews were used as the second instrument of data collection. Nine women who did not take part in the focus group interviews were interviewed individually on the telephone. The questionnaire (see Appendix B) was used as a basic guide for the interview process. Individual interviews have a number of advantages in that they permit the collection of the most extensive data on each person interviewed; they allow both parties to explore the meaning of the central themes; they are focused on certain themes but are neither specifically structured nor non-directive; they are flexible enough to adapt to the needs of each individual research situation and finally they enable the interviewee to answer questions as fully as she chooses and to motivate her response when required (Mouton & Marais, 1990).

3.5.3. Focus group interview

Open-ended interview schedules during three focus groups were utilized as the third method of data collection, to stimulate discussion and obtain information regarding data relating to the women's experiences and perceptions of the help they received. The research questions focused on three broad areas, namely, positive experiences at NWSC, negative experiences and changes or suggestions for the programme.

The use of focus groups emerged from marketing research wherein groups of consumers are brought together to discuss their opinions and their experiences with particular products. This 'consumer-centred' methodology readily translates to social service settings. The advantages of a focus group approach include:

- personal interaction in a group setting fosters discovery of issues, ideas, opinions that would not emerge in individual interviews,

- participants often feel safer and more free to voice their experiences and opinions with peers rather than with an interviewer only and

- group setting and processes tend to normalize participants' experiences and opinions as the women offer each other validation, support and feedback (Krueger, 1988; Morgan, 1988).

The focus group method (Meritan, 1950 cited in Feuerstein, 1986) which draws on Rogerian principles of non-directiveness, a non-judgmental attitude and non-interpretative methodology was used as it allowed for a wider range and greater depth of opinions and greater generalizability. In addition, research has found that greater information is obtained in a focus group as opposed to individual interviews as the group members have each other's support and are more ready to challenge one another from a position of safety within the circle. This is particularly important with battered women who may have been isolated and disempowered (Hoff, 1990).

A semi-structured interview has a general direction and uses open-ended questions as opposed to specific questions. It was chosen as a method of data collection because it is flexible and participant's ideas guide the process and it is thus empowering. It facilitates gathering information about how clients think and feel individually and as a group and is an opportunity to identify and find solutions to problems (Feuerstein, 1986).

3.6. PROCEDURE

At all times during the research the researcher was accountable to NWSC and the women interviewed. This involved attendance of a NWSC staff meeting during which the researcher presented the research proposal and answered questions posed by the team.

Authorization to carry out the project was obtained from NWSC, including, access to facilities and permission to ask for volunteers to take part in the study.

Certain demographic and service information of women who had used the centre in the past 18 months was made available to the researcher by NWSC. This included demographic details such as age, area of residence, language, employment status, religion, relationship to the abuser, type of abuse experienced and services used. Participants were selected by matching the specified selection criteria with this demographic and service information.

The participants were contacted telephonically and either interviewed individually or a convenient time and day was arranged for them to take part in a focus group. All participants completed the questionnaire in order to obtain demographic information and service information. The women interviewed telephonically were asked the same open-ended questions as were used in the focus groups.

All three focus groups were conducted in the same manner, on a weekday morning at NWSC and tea was provided thereafter. On arrival the women were introduced to the researcher, co-facilitator and other participants. The research project was explained to the participants and all women were offered optional follow-up counselling at NWSC in order to ensure support and containment of feelings after participation in the study. Anonymity and confidentiality was guaranteed. They completed the questionnaire and thereafter took part in the focus group. The focus group interviews were semi-structured and lasted approximately one to one and a half hours.

The focus groups were led by the researcher. The participants were asked open-ended questions about their experience of NWSC and were encouraged to discuss and explore differences in experience. Participants were asked to describe their positive and negative experiences of the programme such as, initial contact, experience of counselling, use of referrals or advocacy and to describe major strengths and weaknesses of the service. They were also asked for suggestions that may improve the service. A co-facilitator who was a NWSC counsellor was used, which helped in the smooth running of the interview. The co-facilitator undertook note-taking regarding non-verbals which may be lost in the audio recording. Certain issues such as, accessibility, counselling for perpetrators, counselling for children and use of male counsellors were raised by the researcher if they did not emerge spontaneously.

The interviews were tape-recorded with the participants knowledge and consent and were supplemented by written notes taken by the co-facilitator. This did not impede the process but rather allowed the researcher to engage in discussion without interruption or distraction. Lincoln and Guba (1985 cited in Posavac & Carey, 1992) state that the advantage of recording the interview as opposed to taking written notes is that one has a complete record and statement in the interviewee's own words which avoids subsequent disputes. It also allows the researcher to engage in discussion without interruption or distraction.

3.7. DATA ANALYSIS

Higher order statistics were not carried out as the research was of an evaluative nature and the sample was limited to only 28 participants. Descriptive statistics were used to compile background and personal information on the participants as presented. Findings were presented as raw totals and percentages which are outlined in the above tables. The tape

recorded session data from the focus group interviews and the individual interviews were transcribed verbatim by the researcher and a qualitative thematic analysis in terms of the client's perception and experience of the service was carried out. Pauses, hesitations, unclear speech as well as the researcher's input were indicated (see Appendix D for transcript coding conventions).

After transcription of the data, the processes of categorization began. Data was analysed for general and specific themes and direct quotations were used to illustrate the emerging views. Miles and Huberman (1984) state that it is a relatively natural and simple process to identify patterns but that the researcher must guard against trying to cover too many topics in too much depth. However the researcher was aware that her own interpretation and understanding of what was being communicated could have influenced the data. Categories were not regarded as mutually exclusive and thus a number of quotations were applicable to more than one theme. Contradictions and exceptions were included in order to provide a more accurate and comprehensive representation of the findings.

The process of data analysis involved becoming familiar with the material and identifying themes and patterns. The selection of themes was based on the transcriptions, the initial aims of the study and the reading of related literature. The transcriptions were read several times and were coded according to these themes. Sentences, phrases and paragraphs were marked, copied from the text and then grouped together in themes. Similarities, differences and contradictions emerged and were categorized in sub-themes. During this process it was evident that a number of quotations reflected overlapping themes and this resulted in reclassifying certain quotations. The transcriptions were again studied to assess whether selected quotations corresponded to the themes. Once the final themes and sub-themes were generated, quotations were selected. A large body of data was

generated and thus many quotations had to be omitted. Quotations which could best illustrate the particular view were selected.

The different experiences and perceptions of NWSC were interpreted. This was based on the relevant literature as well as the researcher's own perceptions during the field work and analysis. Certain theoretical issues regarding intervention strategies, service information and impact of battering are discussed in relation to the data which emerged.

To conclude, qualitative research was a useful tool to explore the perceptions and experiences of women using NWSC. The results in the following chapter offer suggestions for service intervention as well as directions for future research.

3.8. THE RESEARCHER: SELF-REFLEXIVE ISSUES

Given the significance of reflexivity in qualitative research, this section focuses on my own experiences and perceptions during the research process. This discussion draws on the notes taken by the co-facillitator during each focus group session as well as the 'journal' I kept at the end of each focus group session.

An important factor I was aware of was the dynamics of the group. Clearly some women were more dominant and thus silenced other voices. The majority of participants in the first focus group had taken part in individual counselling sessions over a number of weeks and these women tended to dominate the discussion. It was noted that the remaining women spoke far less and voiced fewer opinions during the session. They appeared to have taken a 'back seat' in relation to the women who had received counselling and thus certain of their issues may not have emerged.

This also may be related to the fact that the focus groups were conducted in English and that those women speaking in their second language may not have understood all communications or may have felt uncomfortable or unconfident speaking English. In addition to this, those women who seemed to have a higher educational level were also those who were more articulate and their confidence appeared to silence those who were not as confident. Similarly, when comparing the first focus group to the second group who had briefer contact with NWSC, these participants spoke more about what services would be helpful that NWSC did not provide and less about their actual experience of the agency.

As mentioned earlier the issue of 'difference' between the facilitators and participants emerged. The researcher as well as the co-facillitator being different to participants in terms of race, culture, language and occupation may have been a factor inhibiting more open discussion of culture, language, colour, class and other issues related to diversity and difference, more so given the fact that the majority of participants were 'black' while facilitators were white. At times there was a sense of 'us' being the participants and 'you' being the researchers who were associated as academics or counsellors and were seen to be in a position of power. These factors are important to consider in relation to the emerging data which has been interpreted through the researcher's ideological perspective and specific social location.

The researcher was aware of the issues of power and agency that emerge in the counsellor-client relationship and clearly these issues impact on the way in which participants assess their experiences. It was observed in discussions that certain women perceived that power was given to them by NWSC in terms of skills, action, insight and validation. This construction of their relationship with NWSC appears to reflect a repetition of 'the other' being in control of their lives or 'giving them' the power to control their lives.

Even though NWSC was seen as a positive force in their lives, a sense of their passivity was still evident. One could see this as a reflection of the dependency and self-deprecation which is often a psychological effect of being battered.

Another issue in relation to power dynamics is that the participants may have been reluctant to criticise the agency if they expected to have future contact. This points to the danger of the 'halo effect' (Lebow, 1982) which is a general orientation of goodwill towards a service provider rather than a realistic account of day to day encounters with the service. In addition to this, the researcher was aware of her own investment in hearing the positive which participants may have picked up subconsciously and thus the positive may have been emphasized.

3.9. ETHICAL CONSIDERATIONS

In relation to ethical considerations the following was undertaken. All subjects were fully briefed on the nature of the research and participated on a voluntary basis with informed consent. Due to the sensitive nature of the research, provisions were made by NWSC counsellors for follow-up support in terms of counselling for all participants. Confidentiality and anonymity was guaranteed and all responses in this research are quoted anonymously. The interviews, recordings and transcriptions were confidential and were only available to the women involved, the researcher and the supervisor. In order to protect confidentiality in this study the women are not referred to in any way which may identify them. Accountability to both NWSC and the women interviewed was maintained at all times during the research project. A copy of the thesis will be made available to NWSC and a summarized version to the participants if they so desire.

CHAPTER 4

DISCUSSION OF RESULTS

4.1. INTRODUCTION

This chapter presents the results of the thematic analysis. The discussion encompasses the range of agreement and disagreement among participants in each thematic area. It includes similarities and differences in how the women experienced and perceived NWSC. The implications for service intervention and the connection to relevant literature will be drawn on. Field notes made as an adjunct to the interviews will be highlighted. The participants' reflections on the service primarily revolves around three thematic areas, namely, the experience of support, the perception of a change in a sense of self and systemic change. Many of the themes overlap and the categories that follow are by no means rigid or exclusive, as experiences and perceptions were interlinked and were often represented in more than one category.

4.2. EXPERIENCE OF SUPPORT

Support was a main explanatory variable of the participants' positive perception of their experience at NWSC. This was clearly one of the most notable common experiences which emerged in the data and was evident across the board, that is, nearly all the women stated that they had a very positive experience of support from contact during individual, telephonic, legal or group counselling. Aspects of support that were valuable to the participants were discussed at length and appeared to be linked to emotional, educational and structural support.

4.2.1. Emotional Support

Feeling understood

A significant theme which emerged from the data was the women's perception of NWSC's counsellors as understanding and empathic. The perception that counsellors understood

their individual problematic situation as well as the pain they felt and had endured, often over a long period of time, was highly valued. The enthusiasm and appreciation with which the women described their experience of being listened to and having their internal world accepted was clearly palpable. A sense of surprise and amazement that any person could understand their feelings and what they had been through was verbalized in the discourse. The participants' comments gave the distinct impression that in general, support and understanding was lacking in their lives. This is evident in the following quotations:

> It's the whole counselling session. Yes that she listened to me and she actually knew my problem beforehand and as I was going along, you know, talking to her. She could identify some of the things I was talking to her about. And she could tell me my feelings, what I'm going through, what I'm feeling and things like that and it was just amazing.
>
> [NWSC] care about other's need... understand other's pain.
>
> My counsellor understood me. She was listening to my problem.
>
> I felt safe coming here to NICRO. Everybody was warm and was listening to me. They offered me a cup of tea. I was looking forward to my appointment you know. This is the only place that the people know what I'm going through. I looked forward to coming here.

The counsellors were perceived to be warm and caring and their reassurances carried the women's hope for a better future. The experience of non-judgmental positive regard, dignity and congruence is seen in the following words:

> I was allowed to be. They were friendly and understanding.
>
> For the first time I didn't feel out of place. I was received warmly. They understood my problem.
>
> The kindness and the warmth made you feel at home when you get there.
>
> P: She always used to tell me "tomorrow's going to better". You know they always reassure you.
> R: They gave you hope.
> P: Yes, that maybe tomorrow it's going to be better.

The vital importance of the counsellor-client relationship and empathic understanding which encompasses acceptance, warmth, respect and genuineness has been well recognized by most theoretical orientations to counselling. Cognitive-behavioural,

psychodynamic, feminist and most other orientations to counselling accept the importance of empathy (Ivey, Ivey & Simek-Morgan, 1993).

Empathy also requires that counsellors respect worldviews different from their own. This is particularly important in the multi-cultural society of South Africa where awareness of racial and religious differences is acute. The importance of religion was evident when a number of women spontaneously discussed their counsellor's acceptance and acknowledgment of their belief system. This may also point to the sense of despair and loss of faith which certain women experience when unable to obtain help or alter an abusive situation (Herman, 1992). The strength of their religious beliefs may be undermined in the face of adversity and the support provided by NWSC seemed to result in greater hope for a positive future and a restoration of their faith. A number of women agreed that during their experience in counselling, there was no contradiction with their spiritual or religious beliefs. This is reflected in the following quotations:

> The counsellor that I had, she was very spiritual, much deeper than I was. ?? I came to NICRO and I found that I could discuss the religious aspects with my counsellor. And that helped a lot, that she talked about how it is in the bible.

> I am a Christian. I also had a positive experience [at NWSC]. I didn't feel that anything that they said conflicted with any belief system I had.

Counsellor attributes

A significant aspect of the positive experience of support was linked to the perception of particular counsellor attributes. Some of the characteristics which emerged as important were the participant's ideas about the competence level, age, language and culture and gender of the counsellor. As will emerge, these factors appeared to be associated with the women's perceived level of satisfaction.

All participants were asked whether their counsellor (legal, individual or group counsellor) fulfilled certain counselling skills (see Appendix B, questions no. 7 to 20). Analysis of this

indicated that the majority of participants (82% to 100%) perceived their counsellor to be warm, interested in them, competent and respectful of confidentiality. They experienced the counsellor as non-judgmental, understanding and attentive and were thus able to share their problems and develop trust in the counsellor. Participants felt that the counsellors were responsive when they were in a crisis and most (82%) agreed that the counsellor helped them find their own answers to their particular difficulty. Table 4 summarizes the results from these questions regarding counsellor attributes.

Table 4: Theme: Perception of counsellor attributes.

Experience/perception	No. of participants	Percentage
Warm	28	100%
Interested	28	100%
Competent	26	93%
Respected confidentiality	28	100%
Non-judgmental	28	100%
Able to share	28	100%
Understanding	28	100%
Listened to	28	100%
Able to trust	28	100%
Responsive when in a crisis	28	100%
Helped me find my own answers	23	82%

There is much evidence in the literature that the *relationship* between client and counsellor 'heals' and is the single most important factor. A positive relationship which involves genuineness, acceptance, warmth and a high degree of empathy is associated with a positive therapy outcome (Yalom, 1980). Whilst knowledge and skills are necessary parts of the helping process (Frank, 1971), the therapeutic alliance is the essential agent through which positive change can be effected (Coady, 1993; Cooley & Lajoy, 1980; Marziali & Alexander, 1991).

The issue of competence was probed and was viewed as the participants' subjective perception of whether the counsellor they utilized was competent or not. The majority of

women, 93 % (26/28) stated that they experienced the counsellors to be competent. The reasons provided from the latter group were that the counsellor was either inexperienced due to her apparent younger age or that she did not assist the women in finding their own answers to their problems.

The counsellor's age emerged as an important issue for certain of the older women. Even though the majority of women, 96% (27/28) stated that they were satisfied with the age of the counsellor and only 3,5% (1/28) stated that she found the counsellor 'too young', certain comments in the focus group discussions indicated that older women between the ages of 35 and 55 years were very aware of the counsellor's younger age and would have preferred older counsellors. In spite of being aware of the age difference they perceived the counsellor to be competent. These differences emerged in the following quotations:

> They listened despite being very young.

> R: How did you feel about the age of your counsellor?
> P: I didn't mind because I was in a crisis I just needed somebody to help me.
> R: And did you find that person was a competent?
> P: Very competent. I found it was difficult to end the session. The age didn't affect me.

> I felt my counsellor was also young but I must say also the same thing. I didn't have a problem with it and I found that in spite of the age, the empathy shown and the compassion and the caring was just amazing for somebody, I mean of that age. It doesn't matter what the age is because the compassion and care from anybody is important.

Mayer and Timms (1970) found that clients generally prefer counsellors of approximately the same age, marital status and sex as themselves as this similarity is perceived as enhancing understanding of the client. The following woman's awareness of her counsellor's young age reflects both her appreciation of being supported as well as her strong ambivalence as to whether a younger woman with lesser life experience would be able to understand what she has been through:

> P: I would say they helped me. I appreciated it because they were quite friendly and although NICRO counsellors are young, they are very young, they are good listeners. They will support you and encourage you even further. And they referred

you to more places, like where you need accommodation, like to rent...they refer you to some sort of place, so they are quite good.
R: How do you feel your age affected them?
P: They have not experienced anything of what we are going through. So I could be a better counsellor to that person.

The counsellor's language proficiency had an influence on the perceived acceptability of services. The participants were all asked whether they were comfortable with the language of their counsellor. All responded in the affirmative to this question but analysis of data found that more than three quarters (71%, 20/28) of women were addressed in their own language and 28,5%, (8/28) were addressed in their second language. Both Xhosa speaking participants were not addressed in their home language. All were bilingual in either Afrikaans and English or Xhosa and English and stated that they felt comfortable in either language. On reflection it was noticeable that certain women spoke less than others and this may be attributed to the group being conducted in their second language.

All participants stated that they were satisfied with the culture of their counsellor. A few women mentioned that they were asked by NWSC counsellors whether they felt comfortable with their particular counsellor's race and language and were given the option to change counsellors. In relation to this, all the women stated that they did not change counsellors and rather stayed with the initial counsellor. This appears to reflect that in relation to issues of diversity the majority of participants did not find such differences impeded their counselling support.

Gender emerged as a relevant issue for many of the participants. Only half the participants, 46% (13/28), stated that they would feel comfortable having a male counsellor:

It would be fine.

Easy.

I have no problem.

It wouldn't bother me.

If they were qualified they would understand.

I feel comfortable speaking to anyone who would understand my problem.

At first I thought males would be prejudiced but I am seeing a male therapist and I feel comfortable with him.

Certain of the participants were indecisive or did not respond to this issue which indicated a fair amount of ambivalence and apprehension regarding the use of a male counsellor. Seven percent (2/28) of participants did not respond to the question and 21% (6/28) were undecided. Twenty five percent (7/28) of participants emphatically stated that they would not feel comfortable with a male counsellor and preferred a female counsellor. Their preference was related to the perception that a woman would be able to understand them better, would be more sympathetic and they would feel more comfortable discussing certain issues with a woman rather than a man. Feminist literature is in agreement with these expectations (Angless, 1990). Ambivalent or negative responses are evident in the following statements:

Not very comfortable.

A female is better, they are more sympathetic.

Won't be able to talk to them like a woman.

Being believed

Battered women frequently express feeling ashamed and not believed (Angless, 1990; Pagelow, 1981; Walker, 1979). The experience of disbelief perpetuates the psychological trauma and increases the difficulties women have in coping with the violence (Levett, 1991). Hamilton, Bonita and Coates (1993) investigated abused women's perceived helpfulness of professional services and found that specific responses such as, believing their story and listening respectfully were reported as very valuable. They strongly emphasized the importance of being treated with respect and dignity, a crucial aspect of

being believed. Acknowledgment of the problem of battering affirmed the reality of their problem. A number of women stated that the experience that most stood out at NWSC was:

> When I was believed, my problem was real.
>
> I was believed. I was treated with respect.

Mullender (1996) asserts that believing, supporting and empowering women who have been abused is an essential part of constructively confronting the problem of domestic violence. She aptly expresses the importance of this in the following quotation:

> The single most empowering thing any practitioner can offer a women who is being abused is to take her seriously and assist her to become safe, in whatever way feels best to her when she considers her own and her children's needs and knows the options available (Mullender, 1996, p.267).

One participant who had over many years sought help from a number of helping agencies stated in the quotation below, that when she came to NICRO she felt as if she 'came home' and 'they actually believed me'. This metaphor seems to reflect feelings of relief at discovering a place were she felt safe to disclose her problems. Alternatively it may imply a sense of estrangement or dislocation she felt in her own home or in her community in general. This woman reveals her fear of approaching a helping agency and expresses feelings of surprise when her problem was acknowledged and accepted. Her experience of being non-judgmentally received and believed contrasted severely with the negative, derogatory reactions she had received in the past. Her statement 'you are talking a lot of nonsense' indicates the expectation that she would be invalidated and rejected:

> P: I just want to mention... but when I came here, there was, I always say this in my therapy group outside NICRO, that when I came here, I came home, I came home to my problem in a sense, because I could walk out here and think, it was so strange, I thought to myself, they actually believed me. It was a strange feeling you know because I was afraid to come and tell and I thought they would say, you're talking a lot of nonsense.
> R: So it was quite different?
> P: Yes
> R: Can you tell me a bit more about how it was different?
> P: It was different in the sense that they immediately accepted what I said as a reality. There was no beating about.

A recurring theme throughout the transcriptions was that NWSC was different to other helping agencies. More than half of the participants had over many years, used a variety of service agencies in order to obtain help with the problem of domestic violence. There was general consensus from all participants that NWSC was unique in comparison to other organizations. All participants who had utilized other service agencies had the perception that NWSC was better equipped to deal with their problem due to their specialization and experience in the field of domestic violence. They said:

> Knowing there is an organization there to help. An organization with positive answers that allows you to realize that you should stand up and be counted in society.

> NICRO was very serious about my problem. I would say thank you to NICRO.

The following quotation highlights the years of struggle this participant endured and the helplessness she felt after receiving inadequate assistance from many service agencies. NWSC is perceived as clearly different to other agencies in their specific action-oriented response to this woman's needs. The sense of containment and understanding she felt when initiating contact at NWSC is salient:

> My experience. I have been struggling with this problem for years. I think for 15 years and I went to a lot of people and places and I did not see the end. I phoned [NWSC] once and I phoned twice and I came in once. I spoke to a very nice lady. She did not really say much. I was talking as the client. Then she say, okay Miss, we are going to send your husband a letter. She didn't say much she just listened. But I could see that she was feeling with me always. And three days after this I got a letter. My husband was so shocked. It really changed him, you know, really, and that did the trick.

Depathologizing the woman

Battered women are frequently pathologized by the outside world and by the batterer who may state, *'she asked for it'*. Women are subjected to diagnostic mislabelling and the various symptomology they present with are frequently not framed within the context of violence (Herman, 1992). Many endure being labelled with psychiatric pathologies such as depression or anxiety disorders which leads to inappropriate and inadequate treatment. It

may also feed into the woman's perception of herself as responsible for the violence which results in self-blame.

During focus group discussions a number of women agreed that the main difference between NWSC and other agencies they had utilized was that NWSC did not pathologize the woman and her problem. The therapist's reaction to the knowledge of the battering is an important part of the healing process as it may impede or enhance development of trust and feeling supported by others (Ganley, 1981; NiCarthy, 1982 cited in Hansen & Harway, 1993). The lack of pathologizing women in terms of deficit or problem-based approach emerged. The importance of assisting the client holistically without labelling her symptoms is portrayed in the following quotations:

> I think the major thing was that there was nobody looked at you and said you got depression or this and that.
>
> It helped me a lot, made me realize that I am not the one at fault.
>
> When I spoke to them the first thing she asked was about my well-being, before she asked about my problem.

It is difficult for battered women to change their belief that they are to blame (Wood & Middleman, 1992). The participant below stated 'I always thought I'm the wrong one...'. This suggests strong feelings of being at fault and many years of feeling accountable for the perpetrator's violence. Alternatively it may also reflect a pattern of self-devaluation and erosion of self-esteem which is likely to be a result of continued abuse. Her reference below to her therapist describing her as 'perfectly normal...a sane person' and then finally realizing 'I'm not mad', reflects the ingrained perception of herself as abnormal. This belief may have been impressed on her by a violent partner, unsupportive family, friends or services she utilized. The participants talked about the understanding and encouragement they received from the counsellors at NWSC. Yet at the same time their underlying feelings

of pain, loneliness, feeling misunderstood and self-blame is reflected in the following words:

> P: She understood me, my problem, what I'm going through, everything. You know and that made me so at ease and you know to talk to her and things like that and I thought to myself, I always thought I'm the wrong one and she made me think that you're not wrong. You're perfectly normal. You're perfectly thinking like a sane person, you know. So, I'm not mad. No, really you know.
> R: So you could understand yourself a lot better?
> P: Yes.
>
> It's just because they have seen it all before. It's not like something is wrong with you. It's like this is definitely... you're right, you're okay. You're not mad. It's not your fault and you are okay. It's just those few words. It's very encouraging. ?? In fact, it puts everything in proper perspective.

In contrast to the depathologizing atmosphere of acceptance at NWSC, a number of the participants discussed their great difficulty obtaining understanding and assistance from the police or associated helping agencies:

> I had an interdict and warrant of arrest but the police refused to help me. Initially I felt I had wasted my time as police refused to help me after I had been to NICRO. I had to come back to NICRO and tell them what happened. Maybe NICRO should have followed up.

The failure of police to respond to calls for help or act in ways that may protect women from male violence is well documented in the literature (Radford & Russel, 1992). Battering is not taken seriously (Sunday Times Metro, 1998) and health professionals have been found to have had a negative or inadequate response to battered women (Hamberger, Saunders & Hovey, 1992). This contrasts with the positive help women received at emergency shelters for battered women (Hoff, 1990). At times women are treated only for medical symptoms, prescribed tranquillizers and referred for psychiatric counselling. This often results in feelings of self-blame or the battered woman is made to take responsibility for the acts of violence. In this way her ability to break away from the cycle of violence is diminished (Tifft, 1993).

The warm, non-judgemental reception and the multiple-action response the participants experienced at NWSC was a stark contrast to the numerous negative and disparaging attitudes they endured from others which Stark and Flitcraft (1988, p. 115) refer to as the 'dual trauma of wife battering'. Women who are victimized through violence are once again revictimized by helping systems when attempting to deal with their problems. Baldwin (1978) describes it as 'secondary victimization' which occurs when intervention does not take cognisance of all the needs of the client and the reality of the total situation. She states that adequate intervention strategies aim to minimize the possibility of secondary victimization which increases the woman's psychological trauma.

Decrease in social isolation

Social support is viewed as intrinsic to the human condition. Many authors have noted the importance of social support to alleviate stress throughout one's life cycle (Cobb, 1976; Kaplan, Cassel & Gore, 1977). The social support received by the women during various types of counselling be it, telephonic, individual or group appeared to have a positive influence on their mental health. It is apparent that the support had a 'buffering' effect as it provided protection and facilitated coping in a crisis. It also assisted these women to adapt to change and gave them renewed hope for their future. It helped them recognize that they were not isolated and that they had a system they could rely on for both warmth and uncritical advice. It is evident that prior to counselling many of the participants expressed feeling isolated and alone and that the experience of counselling decreased their sense of alienation and estrangement from others:

> They make you feel that there is some light at the end of the tunnel. At least you know there is someone out there caring about your feeling. Someone that's not judgmental. Made me a stronger person.
>
> They act appropriately, listen to your problems, [are] warm and you're never alone.
>
> That you know there is somebody there if you need it... you can go somewhere to talk.

The participant below expresses with immense appreciation the value of telephonic counselling. She talks about the relief and comfort she experienced when connecting with a counsellor who could understand her situation and encourage her to to take action:

> I just want to say that I haven't been to a support group. This is the first group I've been to at Nicro. But I started counselling on the phone. I think, speaking to you on the phone is just as good as like being in a support group, as now, they give the same, what's the word, stability. You feel, after you had spoken to them, that you had achieved something and that there was somebody out there that was already listening to you. And after they try to pick you up, after you've spoken to them you realize you are not the only one being in the situation you are in. Like other people being in a group [the telephone] it is just as comforting. In fact that is a good thing of Nicro. A lot of people just use the phone. A lot of times they don't come in.

During the focus groups and individual interviews the theme of group identification arose. Only a few of the participants (4/28) had attended a support group at NWSC but all of them perceived it as a positive and beneficial experience. The participants vociferously credited NWSC for introducing them to a fellowship and bond with other women. Being able to communicate, to share personal problems and see other women overcome the challenges they initially thought were unique to themselves were repeated themes. This is evident when women said:

> I came for a counselling session ?? and then I was put into a support group. There was a support system for me from day one. From Nicro there was a support system that lasted with the support group for twelve weeks. Almost immediately there was a channel of support.
>
> What was very important was getting in touch with women with similar problems and [having] the ongoing support of the counsellors.
>
> It has helped me to speak to other women facing the same problem that I had.

As discussed in the literature review, group therapy is well recognized as being a powerful method of intervention (Hartman, 1983; Hoff, 1990; NiCarthy, 1984). Mutual support which is experienced in therapeutic groups has been found to be a significant factor in the healing process. As women share their painful experiences with one another, they realize that they are not alone and that others have had similar experiences and understand their pain. Intense emotional support is obtained and the woman learns to form trusting

relationships with others. Hartman (1983) stated that battered women who take part in a group intervention have the opportunity and choice to listen to others, disclose their story, discuss or help others. This is an empowering and healing process for battered women who often have been isolated and disempowered (Wood & Middleman, 1992).

Analysis of transcriptions indicated that all four women who had taken part in a support group experienced being able to identify with others' problems and felt a sense of belonging. They also stated that they experienced a decrease in isolation, felt able to be supportive to others and were educated about issues relating to battering.

Tutty, Bidgood and Rotherys' (1993) large scale study of support groups for battered women found that support groups were able to facilitate a number of improvements in areas such as, self-esteem, perceived stress and feelings of belonging. Their results indicated a high level of programme satisfaction which were found to be maintained at a six-month follow-up intervention. Similar feelings were conveyed by participants who had been in group therapy at NWSC. Groups provided companionship and helped women re-evaluate their lives. This facilitated a change from social withdrawal to feeling cared for and being able to fit in with others. The following quotation attests to this:

> R: So people here were warm?
> P: Yes, oh yes. Love was shown to me in a way that that I had forgotten and I hated my husband so much that I withdrew from everybody... and the love I received from everybody here and to come in at the door and its hello and how you and you know. You don't get that at home because you always come into this this... (laughter) And he's so tired even though you've both been working. Actually I was thinking of the wonderful time I used to spend here. I used to look forward to my Wednesday morning group.

All women (28/28) stated that they would like the opportunity to attend an informal social support group with women who have had similar experiences to themselves. Most of the participants stated that they lacked informal social support.

4.2.2. Structural support

Direct action

Direct action taken by NWSC counsellors, such as, telephone calls to the partner, liaisons with the police, warning letters or legal letters sent to partners, accompanying women to court, obtaining an interdict, was found to be highly valued. Legal action in particular was very beneficial:

> It was good. It was extremely efficient. Because what happened is, it was quick. ?? It was followed up.
>
> The legal side made me aware of what you can do.
>
> They recommended an interdict which was very suitable for me.
>
> She made me feel better because I really thought there was no help at all for me. NICRO phoned the police for me and that led to the arrest of my husband.
>
> Once I had a phone call [from NWSC] and he were in bed that time. It is the only time my ex-husband was confronted by a woman. And immediately he changed. He became meek and mild. But it changed with a split second.
>
> NWSC reassure one's safety. She gave me a letter for my husband and he tore it up but he also changed.

Certain authors have found that support or involvement from others interferes with the batterer's physical abuse and sometimes increases the assault on the victim. On the other hand, Gelles (1974) found that the mere presence of a third party decreases the risk of violence. In relation to this, certain participants indicated that the presence of another was a major deterrent to violence and in some cases resulted in an immediate cessation of violence as evident in the above quotations.

Certain differences in the experience of the legal service were noted. The majority of women who had made use of legal services stated that they were very quick, efficient, informative and helpful to their particular situation. A few women were highly appreciative of the NWSC counsellors who accompanied them to court whereas others mentioned that they had no court preparation or support during the court proceedings. Mullender (1996)

states that it is the responsibility of each helping agency to ensure that every woman who takes the risk of seeking help finds the risk worthwhile. Certain women voiced their dissatisfaction regarding not being educated about the process and the duration of legal proceedings as well as the lack of follow-up during legal proceedings:

> I had a similar experience with the legal adviser at Nicro. I had a session with my counsellor and she referred me to the magistrates court for an interdict. I had to liaise with the legal adviser... and she just never came back to me. And I ended up going to court myself, doing the whole thing myself.

> Things take so long to happen... they must come to you and say listen it's going to take 2 hours or 2 days or 2 weeks. That's why I thought I'm not going to give any reason to this woman, I'm just going to do it myself. I'm still walking around with my certificate although I'm still with my husband, I'm not divorced or anything.

Educational support

Many of the participants stated that individual, group or legal counselling was a positive and important educational experience. The support group with ongoing weekly education was experienced as particularly useful and all the women stated that they would like an opportunity to attend a social support group which would enable them to share and obtain information about battering. Women stated that the counsellors provided useful verbal or didactic information regarding domestic violence:

> The literature available is great.

> I liked their advice, the information.

> After their advice my problem was solved.

The perception of the legal services as particularly helpful and informative was notable even though certain women were confused and unaware of their legal options, such as, obtaining an interdict. This is a common finding with battered women (Angless, 1990). The following quotations highlight this difference:

> It was very efficient. I was informed. The legal worker was fantastic, explained everything in detail.

> At the end I thought why did I go for an interdict. It was right but I'm not sure why I really did it.

> Too little information about legalities.

Accessibility

An issue which emerged in the focus group discussions and in a number of interviews was that of accessibility. A few participants stated that the centre was moderately inaccessible. This was related to the lack of direct public transport to the centre and the need to walk a distance from the Cape Town city centre to the NWSC. Comments were made regarding certain women carrying children or walking in the rain. Many of the participants indicated that they would have preferred a centre closer to their dwelling however a number of women clearly preferred the distance between their home and the centre as they did not want other people to see them going to a centre. They were afraid people would know their business. This was similar to Angless (1990) who found that her subjects did not want people to know about their problems. The cost of travelling and area of employment appeared to be the main factors related to the participant's need for a centre closer to their dwelling. Suggestions were made for satellite clinics operating once weekly at an already established day hospital.

Appointments

Another issue which emerged was the time they waited for appointments. Many of the women (93%, 26/28) stated that being given an appointment within 3 days after making contact with NWSC was a very positive factor. However a small percentage, (7%, 2/28), of participants indicated that they had to wait 1 to 2 weeks for an appointment and the delay in waiting time was frustrating and anxiety-provoking as they had to continue to endure an unpredictable situation with their partners.

> I am just trying to think about the time I approached the organization. I was treated with respect and dignity and I was given an appointment straight away and then I came for a counselling session which I did not have to pay for and then I was put into a support group. I did find that there was channels that I could go into. There was support for me from day one.
>
> If I need them urgently I know who to speak to. I know where to go to.

In relation to hours of operation the majority of women, (82%, 23/28) were satisfied with NWSC's hours of operation. Eighteen percent (5/28) of women who were dissatisfied with the hours of operation stated that they would like the centre to be open for a longer period during the week, on weekends or on a twenty four hour telephonic basis. All participants agreed that a twenty four hour telephone line would be of great benefit to them as would having the centre open during the festive season.

Affordability

Most of the participants stated that they were able to afford the service. They said that they were asked to make a voluntary donation to the centre and were assured that they need not make the donation unless they felt financially able to do so. A small percentage of women felt uncomfortable with the lack of pay structure as they were unsure how much to donate.

Referrals

Another important structural form of support discussed was the referral of NWSC clients to external agencies. All the participants who were referred out perceived the referral to be of positive benefit to themselves. Seventy five percent (21/28) of participants used both NWSC services and were also referred out to associated helping agencies. Analysis of these referrals found that 50% (6/12) were referred for additional legal services such as, to court, police, maintenance or legal aid and 50% (6/12) were referred for therapeutic services to places such as Lentegeur Psychiatric Hospital, Groote Schuur Hospital, private psychologists, Nicro Mitchell's Plein or the Single Parent Centre.

4.3. CHANGE IN SENSE OF SELF

The perception of a change in sense of self was a clear emergent theme and a range of responses was evident. Many of the women discussed the change from fear, helplessness and dependency to confidence, inner strength and autonomy. They stated that the process of being able to ventilate feelings, assess their situation and take necessary action enabled them to gain insight and strength and ultimately led to feeling better about themselves. Several women touched on feelings of empowerment and identified attaining an increase in self-esteem, self-confidence, independence, assertiveness skills, communication ability and problem solving ability as significant and lasting benefits of the NWSC programme. The women seemed to relate self-esteem to the concept of self-efficacy, that is, the combination of actual ability with a confidence or belief in one's ability (Bandura, 1982). According to the social learning theory of Bandura this perception of her ability to exert control over her environment is an important factor in behaviour change.

Increased self-esteem & confidence

As highlighted in the literature review one major impact battered women suffer is loss of self-esteem (Dobash & Dobash, 1979; Matchett, 1994c; Pagelow, 1981). A battered woman may experience a change in her world view, her sense of self and her feelings of security in her environment. Suffering repeated episodes of violence erodes her self-esteem and self-confidence and she may experience a loss of identity (Hoff, 1990).

Through the process of counselling and legal support the women talked about how they began to 'regain' their self-worth and self-confidence, the implication being that this had been lost through years of abusive experiences. Several mentioned that the process of opening up to a counsellor, often for the first time ever, allowed them to realize that their feelings and thoughts are important and ignited a belief in themselves. They said they felt an inner confidence which allowed them to not only reflect on their own needs but to be

assertive and make decisions for themselves. They developed the confidence to take crucial action such as, to obtain an interdict, to leave their partner or get a divorce which greatly changed how they felt about themselves and also changed the dynamics of the relationship with the abuser. These experiences are illustrated in the following statements:

> I felt a better person and much more confident and started to believe in myself.
>
> I learned to... find my own identity, be more assertive, think of my own happiness, put myself first .
>
> After every session I came away feeling a little more confident about myself.
>
> The counsellor made me realise that I had become a victim of circumstances and I had to learn to gain confidence in myself again.
>
> I became a stronger person.
>
> I got more confidence in myself and the interdict helped. It was very professional.
>
> Therapy helped me to gain more confidence in myself and to cope with my divorce.
>
> I began to regain my self-confidence and I mean I've left him, not divorced yet, but I've left him.

A key area in Mill's (1985) framework for ending an abusive relationship involves reconstructing the self, that is, the change from the self-perception as a battered woman and victim, to one of a survivor. Wood and Middleman (1992) agree with this and state that the experience of verbal, psychological and physical abuse renders the battered women powerless. They advocate that a main focus of intervention should be empowerment of the women through consciousness raising, addressing negative perceptions of themselves and increasing their access to opportunities and resources.

Greater independence and assertion

The reality of the oppressive power relationship between violent men and battered women becomes salient as the women talk about their relationship experiences prior to counselling. When a number of women shared that they were 'scared of my husband', 'too afraid to go outside', and would 'sit and cower', it was clear that fear had dominated their

lives. The process of changing the pattern of being timid and subordinate to fighting back and standing up for themselves was an enormous metamorphosis for several women. The change in their assertion ability and feelings of autonomy was evident in the descriptions of how they moved from a position of terror to being able to assert their right to be heard and acknowledged. The experience of becoming a survivor and gaining power in their relationships with others was graphically portrayed in the following quotations:

> I could stand up for myself.

> R: What in your experience of NICRO was helpful. Anybody can start.
> P1: I've learned to fight back
> P2: Me too
> P1: and I've learned that you're not that little girl that they want you to be and that you can talk back and ...it's like living in ecstasy you know, really, because it's, it took me a while to come back but when I came back I came back with a bang.

> It made me positive not to just sit and cower.

> I came here from Kenilworth Psychiatric. I was a manic depressive after been beaten up all the time. Then I met with one of the counsellors here and she really helped me. I was at a stage that I couldn't walk outside on my own, I was too afraid to go outside I had to bring somebody all the time, hold onto somebody ...nearly 28 [years old]. I was so scared of my husband and she used to reassure me and she used to make me come back here every week and say could be next week, maybe, I want you to come on your own. And we kept on seeing each other until one day I came here one day and she said where's your mommy? (Laughter from the group) And I said, no she's at home. I'm fine now. It was a big change.

To assert oneself in an abusive relationship often puts the woman at great risk. Perpetrators often experience their partner's assertion as a loss of his control and may reassert his power by increasing physical or emotional abuse (NiCarthy, Merriam & Coffman, 1984). This fear of retaliation was voiced by several women. However, what emerged was that during counselling, be it group or individual sessions, the women found a safe place to express their feelings and future goals. This appeared to result in an increase in self-esteem and self-confidence which facilitated overcoming their fears and taking action. The following quotations highlight the women's sense of personal change and taking control of their lives:

> Women need to be heard, not hurt. Respected. I've learned to fight back.

P: I just didn't take anything that came to me as like OK, it's my fault, it's my fault, it's my fault. All the time, you know. I fought back and...
R: What do you think it was that actually taught you that?
P: It's, it's the whole counselling session. Yes that [she] listened to me and she actually knew my problem before hand. And as I was going along you know talking to her, she could identify some of the things I was talking to her about. And she could tell me my feelings. What I'm going through, what I'm feeling and things like that and it was just amazing.

Battering often has the power to overwhelm individual competence, thwart initiative and leave the person feeling inferior and powerless (Herman, 1992). This results in an external locus of control where power is attributed to the perpetrator. Many of the women voiced a change in their internal sense of power in the descriptions of taking action, feeling powerful and believing in their ability to control their own lives. These statements reflected a change from external locus of control to internal locus of control:

It [counselling] gave me the power to take action that I was scared to take before.

I learned to be strong, to be a brave person on your own. To know you can achieve in life. Not to be afraid and that there is help for you.

The following woman's testimony illustrates her feelings of dependence in relation to her partner and the rebuilding of her sense of control during counselling:

My counselling had really taught me to do anything. In my twenty years of marriage, even though, I mean I was home for about 11 years, then I started working, I still depended on him to take me there, to do this. And these last couple of months since my divorce and the counselling before the divorce has taught me that I can do things on my own... I don't have to ask him to do anything for me ... like before he would come and I would say will you take me here or I need this or I need that. Now if he would ask me something, I would just say, no. It's okay. I can handle it on my own. Even when I had to move from the one place to the other and I took control there. You know I could just organize everything... Before I was like a man must be there to help you... Well it was in the beginning a bit frustrating but I've learned you've got to do it. Yes. Not just through the counselling [I] found you could be more independent, you've got control of yourself.

Another participant describes the power imbalance in her relationship and the fear and degradation she suffered prior to counselling:

Nicro taught me that people, everybody is equal. He's not up there and you down there. He didn't raise me. That's what she always used to tell me, he didn't raise you. He met you as a women. And he should accept you for what you are and what you are capable of doing. Like he was always saying I'm stupid and she would say ag man, he's more stupid than what you. He should be sick. He's made

you what you are today. I was at the stage were I hated men. I didn't even speak to my own father because I was afraid he was going to beat me up even though he never did. And NICRO taught me that it's not every body that's bad, not all males are bad, you know there are some good men around.

According to the model utilized by NWSC, empowerment is a fundamental principle of intervention (see Aims, p.4). While advice, support, assistance and care are offered it is clear that the woman is the author of her own recovery. The principle of restoring control to the client is well recognized. The following woman describes her decision to divorce her husband and the sense of empowerment she felt when making her own choices:

P: They give you lots of options. You can do this, you can do this.
R: In the end you decided.
P: Yes, yes, you make the final decision. They don't tell you what to do. And you feel matured about that not, like, belittled and whatever. Whatever you decide, for your own sake. Look my children might miss their father, but I'm better off. I'm used to struggling with them all the years. I might as well be there alone. You know. So what's the use of having him around.
R: It sounds like a lot of you felt empowered... to make your own choices.
P: Yes, yes. I mean we need to be respected for what and who we are. Even the smallest bit of success made you feel wonderful. Yes.
R: And you could see the successes very clearly.
P: That's right. That's right.

An interesting finding which emerged from the focus group discussions was that all the women who had experienced regular individual counselling sessions verbalized the perception of a change in their self-esteem, self-confidence and ability to act independently. This finding is in agreement with Mancoske's et al. (1994) research who found that women who received short term counselling had improved self-esteem and self-efficacy. In contrast to this, the women who had not received regular counselling emphasized the experience of support and structural aspects of NWSC services.

Learning to problem solve

It is apparent from many of the discourses that the experience of feeling understood and being able to ventilate facilitated problem solving ability. There was a perception of the individual counselling session as being particularly helpful as it enabled the woman to appraise herself and her experiences, identify problem areas and begin to deal with

problems which previously seemed overwhelming. In relation to this the women stated that they received both emotional support and guidance. They described being allowed to discuss problems openly and resolve underlying feelings. They verbalized the perception that this leads to insights, improves their own understanding of the problem and helps deal with their crisis effectively. This is evident in the following transcriptions:

> I experienced that they could understand me when I speak to them about my problems and it made me realize what my problem was and I could face it and then actually stand up for myself.

> I could speak about what was troubling me. I could delve into things I was not aware of. Really helpful. People are willing to listen.

The ability to problem-solve in counselling appeared to enhance trust in one's coping abilities. The phrase 'stand up for myself' reflects this woman's increase in self-confidence, assertiveness and self-sufficiency. It appears to enable her to feel positive towards future change.

Interest and concern was shown for each individual problematic situation which facilitated trust and an increase in self-disclosure. Women clearly felt contained and able to ventilate. This allowed them to problem-solve rather than feel overwhelmed and confused about their situation. One woman discussed how she was received by the staff and stated:

> When I came here they were very interested to listen to my problems. Made me feel comfortable to talk. You feel free to talk. I could relate to the person. It made me think about myself. Taking care of my problem.

Improved communication ability

A battered women is frequently ashamed of her problems and as a result she suffers alone and in silence. Problems may not be disclosed to others and she becomes withdrawn and socially isolated. A number of women in this study stated that they had great difficulty relating to people or talking to others and that through counselling they learned to express themselves and were able to learn to share their problems with others. Several women revealed that prior to counselling they were unable to trust people or reveal their problems:

> I learned to open up to other people ... do things I feel more comfortable, be a more honest person.
>
> I could express myself. It's something I'm not used to and I regained confidence in myself.
>
> I could speak very openly to them. I'm not a very warm person. The day I left I felt a much stronger person. I felt I was going to make it.

Other women stated that through counselling they experienced a transformation in their personality and the way they relate in the world. They described changing from being completely unable to relate to people and being 'introverted' to being able to let go of their fears and talk to others:

> I wanted to thank NICRO also because first of all I couldn't relate to people. I couldn't tell my problems But after I came here, by NICRO, I talk to anybody about my problems. I worked for 15 years by one factory and nobody knew what I went through. I met a girl today and I told them what happened to me. She couldn't believe me. That's why I thank NICRO.
>
> I was, was very introvert after what what happened with me and my husband. But now I'm very outspoken. Look if I'm going to tell you, look man black doesn't suit you, you use something else I'm going to tell you because it's on my mind. I don't have to be scared.

Another woman with the advice of the counsellor found the courage to discuss the problem with her husband:

> She advised me to talk to my husband about the problem and it really helped.

4.4. SYSTEMIC CHANGE

Impact on family

Several women touched on the issue of the impact of domestic violence on their children, marital relationships and extended family members. They emphasized the need for counselling services for children who suffer as a result of domestic violence and for men who are violent.

The needs of their children are usually paramount in the minds of battered women. A number of issues may emerge during the therapeutic process when counselling battered women. Women may question their attraction to a violent partner, experience the loss of a

husband or the loss of a father for her children, assess the safety issues for both herself and her children, feel guilt about exposing her children to the violence and guilt for leaving the relationship. The women's perceptions of 'the right thing to do' is frequently complicated by the ambiguous or negative feelings many children who witness violence feel toward their mothers. Many children in violent homes feel responsible for the violence, their unhappiness, their own suffering and that of their parents (MacLeod, 1987). Children may vent their anger and frustration on their mother and often blame their mothers for being too weak to protect them. In this study a few women mentioned the need for family members, for example, children, mothers, partners to obtain help. Several participants discussed the concern NWSC counsellors showed towards their family members. They mentioned helpful advice provided as well as appropriate referrals to related agencies who were able to assess or provide therapy for children or external family members.

One participant stated that the most important part of her experience at NWSC was the supportive advice and treatment for her child. She discussed the negative impact the violence and resultant divorce had on her daughter's emotional stability and academic ability:

> I must also thank them for being there for my daughter. Without that kind of thing she would not have been where she is today. She was a brilliant student at school and being in this violence it put her back and she couldn't accept anything. She passed her Matric but she worked hard to get an exemption. I mean we were put out of our house at 4 o' clock in the morning and this child had to write her exams and everything. And this year I made a breakthrough. I mean, my divorce only came through in October month. But when I made that break and she started going to counselling. She wasn't even thinking of writing over for an exemption. and just before the matrics started writing She said, mommy, I'm going to write, I'm going to get my exemption. And I thought to myself, having still been in that home with that abuse, this child would never have been where she is today. And even the oldest one, you know, it's like they're totally changed. We're like a family now. Before we weren't a family. We were in a home with a husband, children... I mean we had everything... but we weren't a family. There was no love. Now at least we have the love towards each other. We can share everything. We don't have to be scared of anything. And I thank NICRO for being there for me and for her. That we could grow to love one another... because you know that child, she was a problem. Ag, there were stages where I would say to people, you know this child I wish she would just leave because I can't take it anymore. But I think of the times

when that really showed her, that the two of us can live together... as a family... and I thank NICRO for that.

Another participant talks about ongoing conflict with her daughter and stated that the provision of counselling for both herself and her daughter led to monumental changes in their relationship. She stated that she learned to understand both her own and her daughter's feelings and needs which resulted in a close relationship with more open communication:

P: My one daughter also came for counselling and she were, I mean I had a terrible problem with her but I could see the change in her. Once she started to identify our needs we could speak to each other. We never had that mother-daughter relationship, the two of us and once she started coming for counselling I could open up to her and she could open up to me and we could just...
R: How do you think the counselling helped you communicate better with your daughter?
P: You know talking to my counsellor I was telling her about the problems that I had, how can I relate to this child and and then I was you know occasionally I would ask because she was a child that wouldn't open up to you, the fear she was living in. And then she started counselling. And I became more assertive I learned to identify with their needs and to change my attitude towards them ...it helped me understand their problems as well.

In contrast to this, a few women mentioned that they would have liked additional help for their children. They suggested that children's mental health and coping skills be an additional focus of attention during the counselling sessions. In this project, 38% (10/28), stated that their children needed help and 21% (6/28), stated that help and guidance was not provided for their children. This emerged in the following statements:

P: They asked how's my child.
R Were you given advice or direction?
P: They could improve on that. My child was also a problem and I would have liked her also maybe to see a counsellor as well. Just to see if it is affecting her psychologically. Maybe counselling or an assessment to figure out what is to be done.

I have a daughter. She's very scared of her father. She saw everything I had to go through. Even all the arguing. She needs help.

There should be counselling for them [children] as well.

My daughter was getting some, seeing a counsellor.

Yes NICRO should give advice, how it's affecting her? How to handle things with her? Yes, I mean to explain to a child. We are Catholic and there are 4 little ones at home. I wanted to know what I can do for the children... they didn't really have an answer. They focus more on the women. They don't focus on other problems that come with it.

One woman described her feelings of helplessness and frustration after years of witnessing her father's emotional and physical abuse of her mother. She described the support and guidance she received as a daughter and adult:

P: I am in a situation where, what is there for me to do? What could I do? Okay I could speak to my mother, my mother has been exposed to this all her life. There's nothing really for her to do. I mean what can I do for her? She has no self-esteem. It's down there in the gutter and every time she tries to get up, he just tramps her down and she is back down there. I phoned [NWSC]. I didn't want to know what my mom could do, I wanted to know what I could do, as a daughter and as a child and as a grown up. They said to me it is quite difficult and the only way they can advise is that I support my mother in that way. It is for her to make the move to come here. And if it is that I do the first step and the next one would be to bring her here, then I would have helped her... for me it made a difference because I was talking to my mother for so many times. I would say to her forget about it. I have put in too much. And when I spoke to the counsellor they said to me this is actually the time now I am supposed to support my mother. This is now not the time to say I have had enough... and that also made me sit down and think now you've done enough pushing her. maybe you should just speak to her like a person. And it also made me realize it is actually a big problem, it is not small as you think it is, it is more than that, I have to handle it.
R: So I sense you were also put into perspective.
P: Yes my understanding is better... that was a positive thing I got from NICRO.

Bilinkoff (1992 cited in Peled et al., 1995) states that a major therapeutic task is to help women develop positive personal and emotional resources. Assisting the women to define themselves first as a woman and then as a mother is an important task in the recovery process. Women frequently feel that the failure of the relationship and the partner's violence is their fault. This is reinforced by the perpetrators' tendency to blame their female partners and state: 'You make me do this.', 'You provoke me.' (Barnett & Martinez, 1996).

Beside the loss of women's primary attachment during battering, her social attachments are often threatened or completely disrupted. Research is contradictory in relation to social and family support for battered women. Many battered women studies found that the

husband has social contacts and the victims are left isolated and alone in the home with no supportive system (Barnet & Martinez, 1996; Dobash & Dobash, 1979). In contrast to this, Hoff (1990) found that family members were disapproving of the violence and supportive of battered daughters and sisters. Other research states that family members are indifferent towards battered women or reluctant to interfere (Wiggins, 1988). There may be a mourning at the end of the relationship, her aspirations and dreams (Bilinkoff, 1992 cited in Peled et al., 1995). A few women talked about the loss of family relationships and appreciated the support from NWSC when going through a divorce:

> Therapy helped me gain confidence in myself and to cope with my divorce.

> In counselling I was dealing with the loss of my sister's relationship and some of my family members. I actually looked forward to counselling.

Relief was a common theme for women who had separated from their husbands. Those still living with their husbands felt stronger and more able to stand up for themselves:

> I'll never forget what NICRO did for me by helping to get my husband out of my home.

> P: I ended up divorcing my husband because I just couldn't take it any more. But I won't say I regret divorcing him. I'm happy for divorcing him because I'm a better person today. And I mean if it wasn't for the support of Nicro ...but it's the same like my mother used to say 'you have to stay married, you better say married, no matter what'. But I won't say that it is Nicro that caused me to have my divorce but because they empowered me so much and made me realise that I am human. I don't have to take that kind of crap from anybody. Why not go away from someone whose hassling for you.
> R: You made your own choices.
> P: Yes.

> P: It not only did me good. Also my children and my husband.
> R: Your whole family seems to have benefited.
> P: Yes.

This participant took a decision to stay in her marriage. She discussed the valued support of a friend in the face of limited family support and described how during counselling she was able to ventilate her concerns about her children and bring about major changes to ways of relating in the marital dyad:

> Nicro helped me for what I am today. For what I've got and for what I've achieved. Really, because I was very young when I got married. I was only 18 years old...

> pregnant. And I haven't got that relationship with my mother. I've got a very good friend I could talk to who actually referred me to NICRO. She phoned NICRO herself and made the appointment. She came the whole way with me. And NICRO was my saviour. I think I would have been a foot under. I was thinking of suicide. My husband has a gun and I've had that gun in my mind for a long time. I've got three other children and I spoke to my counsellor about them. And I came out with flying colours. I'm still with my husband. I want to say, he's not carried on a gold platter, it's silver [laughter from group]. Still... and he's quite a changed person.

A number of women who stayed with their husbands or maintained personal relationships after a separation or divorce noted improvements in relating and communication. One woman declared:

> My ex-husband, today he will sit and he will talk to me. Before we never used to have conversations.

Counselling for perpetrators

Most battered women want counselling for their husbands (Meredith & Conway, 1984). There was general consensus amoung the participants that counselling sessions should be made available for men who batter:

> And I wish, I wish he could sit here and listen to us. And I think it will be a good thing if NICRO do have counselling for men. I haven't had a klap or a bad word for exactly a year this Saturday. I know that he also needed help. That is why I didn't leave him immediately. I'm his mother, his wife, I'm his cleaner, his psychologist, I'm everything. But because I made myself strong and NICRO helped me with that, that I could cope with what I had and I must say thank you very much to NICRO.

One woman commented with some anger at the lack of counselling resources for men:

> It [NWSC] was totally different. and actually right at this moment I am feeling extremely angry. The fact that my husband wants help but the social worker I'm seeing outside NWSC is dilly-dallying with other things and it's actually making me very angry. And then I saw in the questionnaire *Should men come for counselling?* Yes I thought, this is what I need. He knows some of the things he is doing. He just needs somebody to help him.

Another woman felt that by not making counselling services available to men, leaves all the responsibility for the relationship on the woman's shoulders:

> There was no counselling for partners who are interested thus leaving all the responsibility to the wives to do the work.

Problem change

The participants experienced many changes within themselves, their husbands, their marital relationships and the behaviour of their children as discussed under change in sense of self and impact on family. This section looks broadly at the participants' perception of change and to what they attributed change. Either single or multiple factors played a role, such as, counselling factors (support, advice, skills learned, feeling stronger), legal action and/or external factors (see Table 5).

Table 5: Theme: Perception of problem change.

Problem change due to:	Percentage	No. of women out of 28
Counselling and other factors	85%	24
Counselling only	32%	9
Counselling and Legal help	21%	6
Legal Counselling	25%	7
Legal help and other factors	35%	10
Multiple Factors	21%	6
No change in problem	10%	3

The large majority of participants, (85%, 24/28), attributed these changes to the use of the counselling services at NWSC and also to external factors. Thirty two percent (9/28) of women attributed change to the use of counselling services only. Ten percent (3/28) of participants stated that there was no improvement or change in their situation. The main factors attributed to problem change were support, feeling stronger, skills learned and direct advice. Women stated that they gained more confidence in themselves and were provided with direction on how to proceed with the problematic situation. This is reflected in the following quotations:

> Due to the advice the counsellor gave me. I followed her advice. It really helped. She advised me to talk to my husband about the problem and it really helped.
>
> Skills practised during counselling and other factors.
>
> Counselling gave me some direction. Made me understand what I want in life.

P: With the counselling, my counsellor has taught me that you can do things on your own, you don't have to have anybody do it for you. If you just take that step and do it, it's really amazing.
R: I see a lot of nodding.
P: Yes
R: What specifically, how would your counsellor help you come to that?
P: You know, she made me realise that you don't need anybody to do anything. You are strong enough to do things on your own. You know, like for instance I would never even think of putting a plug on a kettle or anything like that. Well, that's totally not for me. But now, I mean, every little thing that comes I'll think by myself, you can do it, cause I've been given that.
R: So your counsellor really believed in you?
P: She did, she did. And I really I mean, when I came here I came for legal help and to me I think I don't need any counselling but the counsellor that helped me with the legal side, but she could see the need for a counsellor. And I started coming for counselling and you know when I started coming I could see that I really needed this because she has helped me to be where I am today.

The following participant attributes change in her relationship and change within herself to multiple factors. She explains that through supportive counselling she was able to disclose her painful story, express her frustrations and gain perspective over her problems. This enabled her to start making her own decisions to change the situation:

P: I think maybe I could go ahead and say that we tend to accept the crap of the men to shunt us around and too scared to walk out of the situation because now you have the children and my mother continued with this kind of nonsense. XX She said now you're continuing this marriage and you take the nonsense all the time. And when you point out the faults he start threatening or want to punch you around until you either are going to punch back or become totally scared and timid. And the years of taking this nonsense and the threatening was just that was the straw that broke the camel's back. And that was when I came along here. And I mean I mean I howled. I howled after I poured out all the horrible details and ...she starts putting things in my head. Me as a person, how you've got to stand up and you've got to face this battle and what are you gonna do. She put things there. But I had to make the decisions really the final decisions and that's what makes you feel good about yourself. Yah. That no matter how small it is that little thing that you've done correct, is a big step to getting on.
R: So there were a number of things, you could vent all your feelings and she could help you find a decision. And actually you had all the responsibility.
P: That's right.

Twenty five percent (7/28), of the participants felt that their problem changed due to legal counselling obtained at NWSC. For example, obtaining an interdict, referrals to lawyers, warning letters forwarded by NWSC to violent partners, counsellor's liaisons with police officers and assistance in obtaining maintenance grants were highlighted as important and

invaluable services. The following participants attribute change to legal action, such as, referral to a lawyer or the arrest of a partner:

> Due to referral to a lawyer.
>
> Due to legal help, that is, a warrant of arrest, a phone call to the police station really helped.

This participant describes how the advice she received was helpful but also attributes greater change to obtaining an interdict:

> Advice helped a lot. First I didn't like what she said. Try and threaten him by telling him I will go to court, to get him to stay away. I didn't want to do it, and then it worked.

Twenty one percent (6/28), attributed the positive change in their situation to multiple factors, such as, a combination of support, counselling and legal advice received as well as external factors which were not investigated in detail. This woman attributes change in both herself and in her husband to multiple factors which continued after terminating sessions at NWSC. She discusses how confronting the situation initially lead to a separation and later a re-unification with her husband:

> There were a lot of things involved, even after I went to NICRO. Changes were because of NICRO because I did exactly what they told me. When it all came out it was a disaster. But now we are back together. It opened his eyes. He realised what he did to me.

Other women attributed the change to feeling stronger and more confident within themselves. This was evident in the following words:

> Partly due to counselling because I got more confidence in myself and the interdict helped. It was very professional.
>
> I felt stronger, supported, understood. This was a combination of factors.

Supportive validation and insight are seen as important curative factors in counselling (Yalom, 1975) but what emerged in the analysis of data was that personal change was facilitated through the multiple actions of the counsellor in addressing both the woman's

immediate need for safety, taking decisive action and providing a safe environment for disclosure and support.

4.5. CONCLUSION

A number of themes that emerged clearly suggest that women's experiences and perceptions of NWSC were positive and beneficial on a supportive, personal and systemic level. Sub-categories of these themes relate to emotional support which included being contained when in a state of crisis, being able to ventilate in an empathic environment and being able to grow through self-awareness and gaining insight into their problems. They also involved structural support such as, having access to educational resources, legal resources and associated helping agencies when necessary and having an accessible and affordable service. What was also evident from the data is the enormous impact battering has on family members and the women's great concern for the well-being of their children. Important systemic changes were experienced through intervention The women were able to separate, divorce and change their relationships with their children.

CHAPTER 5

CONCLUSIONS

5.1. INTRODUCTION

This chapter provides a synthesis of the findings reflected in the previous chapter. The most salient themes which emerged are summarized and aspects of intervention that were emphasized by participants as important or as omitted are suggested for implementation in the future. Some of the limitations of this study as well as suggestions for future research are discussed.

5.2. REFLECTIONS ON RESULTS & RECOMMENDATIONS FOR SERVICES

The study aimed to explore the experiences and perceptions of battered women who utilized a particular service centre, NWSC. The overall results of this study suggest that the women experienced the services to be of immense value and benefit to themselves and this was reflected in three main themes which emerged, namely, the experience of support, a change in sense of self and systemic change.

One of the main themes which emerged was the participants' positive experience of support during individual, telephonic, legal or group counselling sessions. Participants highlighted a number of characteristics which were important in relation to the emotional support they received. They frequently voiced their appreciation of having a counsellor who was understanding and empathic. The majority of women perceived their counsellor to be competent, interested in them, respectful of confidentiality and non-judgemental. Counsellors were also found to be responsive in a crisis and helped women find their own answers to problems. Most women were satisfied with the age of their counsellor but a few were clearly ambivalent as to whether a younger woman could understand what she had been through.

All participants were comfortable with the language of the counsellor despite the fact that approximately one third were not addressed in their home language. The fact that women did not object to this may point to the adequacy of their bilingualism or on the other hand it may reflect subtle power differences between the client and counsellor and the woman's difficulty asserting her needs. Generally it can be agreed that counsellors should endeavour to address clients in their own language.

In relation to gender, approximately half the women had a clear preference for female counsellors as they had the expectation that a woman would be better able to understand them and they would feel more comfortable disclosing certain information. The remainder were notably undecided or ambivalent as to the issue of a male counsellor. Feminist literature would agree that it would be preferable for an organization dealing with battered women to provide counsellors of the same gender.

The theme of 'being believed' was strongly emphasized by the participants as this affirmed the reality of their problem and enabled constructive confrontation of the problem. This finding reinforces the current model of NWSC which has always pursued empowerment counselling. The decreased focus on symptomatology and diagnosis of psychiatric illness was particularly valuable to the women and asserts the need for organizations to follow this modus operandi. It is important to develop this into educational programmes for not only battered women services but for all professionals who come into contact with battered women.

A decrease in social isolation through individual or group counselling or being connected to educational and legal resources was of paramount importance for participants. It is

recommended that intervention services themselves be encouraged to institute more group work as a valuable aspect of intervention. In view of the great emphasis in the literature on the role of social support networks regarding the treatment and support of battered women, it is apparent that systems such as NWSC be made available to people needing them. This may be especially useful in the early stages of battering when the woman is aware that something is 'wrong' but is unable to frame it as battering. The support network that NWSC provides appears to have given these participants the strength to help them make difficult decisions about their future. Social support systems could be managed by suitable volunteers for example, counsellors or lay people who have undergone NWSC's training course and would be able to provide educational information, a referral service and a place where battered women could meet informally in social support groups to discuss their problems, plans or interests. This has implications for resources available as greater funding for additional counsellors and accessible buildings may be needed in order to make facilities available to women.

A number of structural factors, such as direct action taken in response to women's specific needs, provision of educational resources, an accessible and affordable service, longer hours of operation and appropriate referrals to external agencies, were found to be invaluable in assisting participants to overcome the obstacles they faced. The results of this study indicate that it is very important for agencies themselves to educate battered women in order to enhance their own understanding of battering and to clarify the options available to them. Other important variables for agencies are the need to provide longer hours of operation, especially over festive seasons when an increase in isolation and loneliness may be experienced; to consider accessibility and affordability of a service when establishing additional service centres; to keep the waiting time before appointments as short as possible and to make appropriate referrals to external agencies when necessary.

The importance for counsellors and health professionals in general to recognize the urgent need for specific action such as, the provision of an interdict, legal letters, warning letters to perpetrators, liaisons with police, support during court proceedings, assistance with divorce proceedings, support during separations or referrals to external agencies was clearly reinforced by participants and points to the urgent need for coordination between different service agencies. Improving the responses of the criminal justice department's as well as the medical community's towards battered women through education of police, lawyers, magistrates, doctors, nurses and so on was found to be a major need. Operational guidelines for these professionals is needed as is sensitivity training to increase understanding of the needs, concerns and problems of battered women and their children.

Another central theme which emerged was the participants' perception of a change in their sense of self. The majority of participants attributed their experience of an increase in their self-esteem, self-confidence, greater independence and assertive ability, improved communication and problem solving ability to individual counselling services. Specific actions as mentioned above also enhanced many participants' sense of control over their lives and enabled them to think of their own needs. It was evident from the testimony of the participants that both the process of intervention, the sensitivity and empathic understanding as well as the content of intervention, the direct action, education and assistance with legal matters were highlights of the women's experiences at NWSC and empowered them to make their own choices for their future. This restoration of the women's control over their lives was loudly applauded by participants and points to the importance of combining both supportive counselling with an action approach which would assist women to make their own choices and find their own answers to their problems.

Another significant theme centred around systemic changes experienced as a result of involvement in NWSC services. This included changes in the women's relationships with their children, family and partners, separations or divorces from partners, the loss of a spouse and father for their children and in certain cases, improvements in marital communication. These findings reinforced the need for counsellors to address in detail the needs of battered women's children and the strong desire for the women to have the abuser involved in counselling, be it individual or couple counselling. It suggests that women want a dual path of action, one which intervenes with battered women directly and another which involves men individually or cojointly. Possibly the centre could play a facilitative role in promoting creative programmes to address the needs of children who live in violent homes.

In general, results indicated that the majority of participants in this study experienced a positive change in their problem and they attributed this to multiple factors, specifically individual counselling and legal action.

5.3. LIMITATIONS OF THIS STUDY

The main aims of this study were to examine the experiences and perceptions of battered women who have used a particular counselling agency for assistance with their problems. This has been achieved to some degree although the exploration of this is not exhaustive. The main limitation of this research lies with the fact that the sample was small and drawn from only one service centre which resulted in many needs and voices being unheard. In addition to this, the results of this study are influenced by my relative ability to interview, illicit information, interpret the information and determine what is important and relevant. My lack of extensive experience in group facilitation may have impinged on accessing a full range of relevant data.

Commonality of language and meaning in interviews is of central importance (Weiss, 1975). It was noted that a number of the participants were different in social location (i.e. race, class, educational level) and from different language groups than the researcher. It is important to acknowledge the centrality of the researcher in qualitative studies such as this one. The researcher being white, middle class, English speaking and presenting herself as both academic and counsellor may point to multiple issues that may have inhibited optimal communication and thus limited the results obtained.

The data collected in this research was in the form of a retrospective self-report which meant that participants were required to recall events which could have occurred up to 18 months previously. A limitation of this is that data may have included distortions or blurring of memory. In relation to this, the tendency to report the positive was observed and this may have resulted in certain information relevant to service intervention being omitted.

The duration of the groups may have been another factor that limited the range and nature of data obtained. It was noted that groups took time to warm up and participants were more verbal and relaxed towards the end of the session. Possibly longer groups or an initial informal session would be more useful where participants could familiarise themselves with each other and thereafter feel more comfortable to disclose experiences. In this way a wider range of data may be accessed.

5.4. RECOMMENDATIONS FOR FUTURE RESEARCH

There are many controversies in the field concerning how communities should intervene with the problem of battering. Further investigation of women's experience of a therapeutic intervention would benefit from a comparative focus. Qualitative studies could explore

women who have utilized varying therapeutic interventions and comparisons between effectiveness of services could be made. One could attempt to compare whole community systems practices against other community systems. Further research is also needed across different cultural groups who have had differences in exposure to intervention.

One could examine certain aspects of intervention in detail such as, the effect of mandatory arrest, interdicts or whether a policy of arresting perpetrators is beneficial or harmful to women. Even though the majority of women in this study perceived positive change in their lives through the use of services at NWSC, this study did not determine the details thereof. A future study could explore aspects of change such as what specifically changes in the lives of battered women, who does the change affect and to what do women attribute the change.

Even though research recognizes and emphasizes the needs of battered women, what was emphasized in this study was the women's concerns for their children's safety and future. Prevention of domestic violence through education of children emerged as a main concern of the participants. Future studies that examine the effectiveness of prevention programmes on school aged children are needed. For example, schools where prevention programmes are not being presented could be used as a control group against schools which implement programmes.

A future study could bring men's experiences and perceptions of intervention into the focus of attention. A study on men who batter and have either been involved in an intervention programme or whose partner's have been involved in intervention would be very valuable. For example, did anything change in their relationship, in the way they relate to their partner, in themselves or in their partner's behaviour? Furthermore how do men experience

changes and how do these factors correlate with the women's perception? The call by women in this study for services for men who batter, points to the need for a comprehensive evaluation of programmes for men who batter.

5.5. CONCLUSION

The present study dealt with the partial evaluation of a service centre, NWSC, through exploring women's experiences and perceptions of this centre. It is hoped that this study highlighted the significance of client studies in contributing to evaluative research on intervention. The findings in this study loudly reinforce that health professionals need to make multiple and simultaneous efforts to address all the components of a domestic violence intervention system. This is essential for positive change to be achieved. It attests to the serious and widespread problem of battering and acknowledges the far-reaching costs, not only for battered women but for their children, families, friends, communities and society as a whole. It provides evidence that progress has been made in response to battering in that victims of domestic violence in the Western Cape are being reached and receiving positive interventions which encourages continued efforts in this area. South Africans are aware that at the moment violence, particularly in the Western Cape, is rapidly increasing in intensity and volume (Cape Argus, 1998) and the issue of battering is gaining greater and greater attention. The time has never been more urgent for organizations and government to take an active and energetic role in intervening with the problem of battering.

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APPENDIX

A NICRO PROGRAMME GOALS

B QUESTIONNAIRE

C FOCUS GROUP QUESTIONS

D TRANSCRIPT CODING CONVENTIONS

APPENDIX A

NICRO PROGRAMME GOALS (HILL & KEEN, 1993).

NWSC's broad mission:

To promote legal and social restorative justice in South Africa.
To attempt to intervene in the cycle of violence in order to prevent and reduce crime.

Services to be included in the NWSC were as follows:

Education and training of professional and community workers.
Awareness raising and conscientisation of the public.
Lobbying/ advocacy for changes in legislation, policy and practice affecting abused women.
Resource centre on all issues around battering.
Development and support of community based facilities.
Counselling and group work for battered women and their children (crisis counselling and intervention, 24 hour counselling telephone line, assessment and referral, empowerment counselling, employment counselling, marriage guidance, family therapy, support groups, therapeutic groups, self-help groups and buddy system, survivor groups).
Legal advice and information.
Research.
Initiation and support of shelters.
Referral to appropriate medical help.
Treatment programmes for abusers.
Parenting support and training or referral for these services.

The advantages of the centre were outlined by Hill & Keen (1993) as follows:

the provision of accessible resources
reduce isolation and provision of a place with which to identify
emotional support in order to strengthen and increase women's self-esteem
provision of counselling, advice and referrals to appropriate resources
assistance in employment counselling
education on women's rights, battering and legal advice
public awareness and recognition regarding the seriousness of the problem
facilitation of media coverage as apposed to shelters which have to be kept hidden
the centre would help mobilize community support
improvement of services - cost effective, efficient, comprehensive service
access to SAP and legal system would be facilitated
support, safety and protection would be offered, especially if service is linked to a shelter.

APPENDIX B

CONFIDENTIAL QUESTIONNAIRE

Participant no. _____
Age: _____
Residential Area: _____
Marital Status: Single/ Married/Separated/ Divorced/Widowed (Circle one).
Home Language: _____
Highest Educational Qualification: _____
Employment: _____
Employment of Spouse/partner: _____
Religion: _____

Please tick which services you used at NICRO and complete other columns.

Counselling Service	Used	Most useful	Not very useful	Useless
Individual				
Group				
Telephone				
Legal				
Resources				
Training				
Educational				

1. I found out about NICRO, WSC through _____
2. I have also made use of these services for help (e.g.doctor, psychologist, hospital, etc): _____
3. When you made contact with NICRO did you get an appointment as soon as you wanted? Yes / No
4. If not, how long did you have to wait? _____
5. Where you satisfied with the hours of opening? Yes / No
If not, what would you prefer? _____
6. Would you recommend this service to other women? Yes / No

In the following questions, please circle counsellor/legal worker or both depending which is appropriate for your experience.

7. I was comfortable with the age of my counsellor/legal worker? Yes / No
8. I was comfortable with the cultural group of my counsellor/legal ? Yes / No
9. I was comfortable with the language of my counsellor/legal worker? Yes / No
10. My counsellor/legal worker was a warm person? Yes / No
11. My counsellor/legal worker was interested in me and my problem? Yes / No
12. My counsellor/legal worker was competent? Yes / No
13. My counsellor/legal worker respected confidentiality? Yes / No
14. My counsellor/legal worker was non-judgmental? Yes / No
15. I could share fully what was troubling me? Yes / No
16. My counsellor/legal worker really understood my problem? Yes / No
17. I felt listened to? Yes / No
18. I trusted my counsellor/legal worker? Yes / No

19. My counsellor/legal worker responded well when I was in a crisis? Yes / No
20. My counsellor/legal worker helped me find my own answers? Yes / No
21. Were you referred elsewhere by NICRO? Yes / No
22. Was this an appropriate referral? Yes / No
23. If yes, where were you referred?_____
24. What things did you like about your experience in counselling?

_____
_____
_____

25. What things did you not like about your experience in counselling?

_____
_____
_____

26. Did your problem change in any way when you used NICRO (get better or worse)?
Yes / No
If so, were these changes were the result of the counselling or due to other factors?

_____
_____

27. How would you feel if men (i.e. men who abuse) were counselled at this centre?

_____
_____

If men were around when you were at NICRO, how did you feel about this?

_____
_____

28. How would you feel having a male counsellor?

_____
_____

29. If you have children, did they need help? Yes / No
30. Was help provided or direction recommended? Yes / No
31. If yes, please specify_____

32. The experience that most stands out at NICRO was...

_____
_____

33. What else would you have liked that NICRO did not provide?

_____
_____
_____

34. Name 3 negative aspects of NICRO.

_____
_____
_____

35. Name 3 positive aspects of NICRO.

_____
_____
_____

36. Did you pay for counselling? Yes / No
37. Where you satisfied with this? Yes / No
38. Did you feel safe at NICRO (getting to and from). Yes / No
39. Would you like to socialize with other women who have utilized NICRO? Yes / No
40. Would you like to attend a workshop on:
    Awareness of battering Yes / No
    Application for an interdict Yes / No
42. Would you like a 24 hour telephone counselling line at NICRO? Yes / No
43. Would this be different from other agencies who provide this service? Yes / No

If yes, how?_____

_____

APPENDIX C

OPEN-ENDED INTERVIEW QUESTIONS

Experience

What good experiences have you had at NWSC?...in counselling?

What bad experiences have you had at NWSC?...in counselling?

Expectations

What were your expectations of the centre before you arrived?

What do you think was helpful in meeting your expectations?

What are your expectations now?

Helpful & Unhelpful Aspects

In your experience, what has been helpful? ...what has been unhelpful? ...least helpful?

If the problem was not adequately addressed, what do you think might have been more helpful?

What do you think is the most important/least important part of this programme?

What do/don't you like about NWSC?

Gains

What have you gained from the services at the centre?

What would you do if you were counselling women?

Probing questions to be used:

Can you tell me a bit more about that...? ...explain that a bit more?

Let's see if I understand you, you said that.... Is that correct?

APPENDIX D

TRANSCRIPT CODING CONVENTIONS

...	:	pauses and hesitations
XX	:	irrelevant section deleted
[ ]	:	my comments
???	:	tape inaudible
( )	:	non-verbal communication of participant/group
underlined word	:	emphasized by participant
P	:	participant
R	:	researcher