

EXPLORATIONS OF RESILIENCY IN WOMEN
WHO EXPERIENCE
DOMESTICALLY VIOLENT RELATIONSHIPS.

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KEYWORDS

Domestic violence

Adversity

Resilience

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Pathological deficits

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Empowerment



ABSTRACT

EXPLORATIONS OF RESILIENCY IN WOMEN WHO EXPERIENCE DOMESTICALLY VIOLENT RELATIONSHIPS

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Women constitute the larger percentage of survivors of domestic violence, suffering visible physical as well as psychological effects. Domestic violence is highly researched. However, the literature is predominantly Westernised and often does not extrapolate to a South African context. Furthermore, the focus on the literature is on risk factors for the consequences of domestic violence and negates addressing the construct from a protective factor model; resilience being one such protective factor. The endeavor of the research is to bring women's experiences of oppression and domination to the fore by addressing the construct of resilience. The aim of the explorative research was to explore a possible relationship between domestic violence and resilience. The research further argues against the notion that women remain in domestically violent relationships due to pathological deficits. The research proposes that women who remain in domestically violent relationships exhibit extensive and varying levels of resilient responses which assist them in enduring and overcoming the cycle of abuse and disempowerment. A qualitative paradigm was employed. Semi-structured interviews were conducted with six female participants. A feminist framework facilitated the exploration of women's experiences by engaging with discourses of discrimination and oppression. Thematic analysis was utilised to analyse the data and capture female responses to domestic violence. Emergent themes include establishing the magnitude of adversity experienced by women, followed by resilient responses with reference to both individual and social support contributory factors. The quality of both formal and informal social support rendered to abused women is suggested to impact on the levels of resiliency displayed by women in abusive relationships. Resisting was the predominant individual resilient response of women within the research study. Employing subtle forms of resistance particularly in the domestic domain inspired a sense of victory and triumph in participants ability to exhibit a sense of control under adverse circumstances. Contemporary beliefs that women remain within their abusive relationships for underlying pathological deficits was contested. Resiliency themes are pertinent for the purpose of psycho-education and the construction of intervention strategies in crisis counselling management and empowerment of women within domestically violent relationships, when understanding that leaving is not the only path to personal empowerment.

April 2008

DECLARATION

I declare that *Explorations of resilience in women who experience domestically violent relationships* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Devasham Naidoo

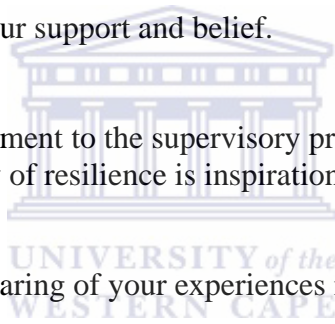
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Signed:



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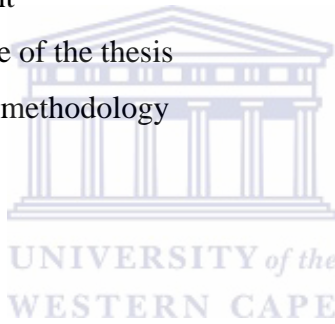
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CHAPTER 1

INTRODUCTION TO THE THESIS

1.1. INTRODUCTION AND CONTEXTUAL INFORMATION

The following chapter will outline a brief contextual understanding of South Africa's history of violence. This history of unrest is premised to lay a foundation for the high incidents of domestic violence in South Africa. A perusal of the mainstream understandings of why women remain in domestically violent relationships is explored. The rationale of the study is to explore alternative discourses to those espousing that remaining is due to pathological deficits. The aim thereof is to establish whether resilient responses are evident within female participants discourses. An epistemological and methodological overview of the thesis will be reviewed.

1.2. CONTEXTUALISING THE THESIS

Women constitute the larger percentage of survivors of domestic violence. As a consequence they suffer visible physical as well as psychological effects, such as high incidents of morbidity and mortality. Domestic violence is highly researched however, the literature is predominantly Westernised and may not necessarily extrapolate to a South African context (Naved, Azim, Bhuiya & Persson, 2006).

Prior to the instituting of the South African Domestic Violence Act 116 of 1998, statistics were problematic largely due to the nature of the crime, and the inadequacy of its legal definition (van der Hoven, 2001). A further confounding variable is that historically, statistics in South Africa never included 'Black' people (Bulhan, 1985). Fisher and Shelton (2006) and van der Hoven (2001) assert that two factors are significant; (i) statistics are under-reported and (ii) statistics do not capture the full extent of the distress and its consequences.

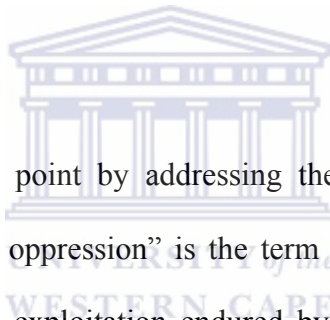
1.3. DEFINING THE RESEARCH PROBLEM

Literature surrounding the construct of resilience within domestically violent relationships is not widely studied. However, a plethora of literature surrounds the topics in isolation. Resilience is perceived as the ability to bounce back from adversity and is framed in a strength rather than deficit model (Zimmerman & Arunkumar, 1994). Mainstream understandings of domestic violence, often espouse reasons as to why women opt to stay within abusive relationships, with the focus of the literature often on deficits.

Research in a South African context cannot be undertaken without consideration of the legacy of Apartheid. The pernicious effects of Apartheid's history continues to haunt South African society and is reflected particularly in the domestic violence realm as horizontal violence (Bulhan, 1985). Bearing in mind South Africa's patriarchal and violent history, it is suggested that traditional and cultural values have produced a model which condones violent measures as a mechanism to resolve conflict as well as

maintaining patriarchal superiority and female subordination (Hester, Kelly & Radford 1996).

The patriarchal discourse that affirms and sustains the ideological understanding of male dominance transcends all South African ethnic groups and perpetuates a position of subordination for the female counterpart. In so doing, South African culture appropriates the historical understanding of both gendered identity and gendered conflict (Bassadien & Hochfeld, 2005). James, Johnson, Raghavan, Lemos, Barakett and Woolis (2003) posit that structural, interpersonal and intrapersonal violence are exacerbated by factors such as race and poverty.



Hassim (1991) elaborates this point by addressing the crucial aspect of hierarchical degrees of oppression. “Triple oppression” is the term utilised to highlight the “three-fold” levels of oppression and exploitation endured by South African ‘Black’ women (Hassim, 1991, p. 68). These levels include that of being working class, ‘Black’ and women.

1.4. RESEARCH PROBLEM STATEMENT

Domestically abused women are often portrayed in an apathetic, defeatist light and perceived to have adopted a sense of “learned helplessness” (Herman, 1992, p. 91). It is postulated that the complex struggles domestically abused women endure is significantly underestimated. Herman (1992) asserts that in most cases the battered woman has not given up, but is exercising her own initiative and level of insubordination as a form of retaliation.

The raison d'être of this exploratory thesis is to investigate a contextual understanding of women's experiences of domestic violent relationships in the South African context. Thereby, offering clues as to the mechanisms that possibly promote and facilitate individual resilience exhibited by women who endure and overcome the cycle of abuse and disempowerment.

The aim of the thesis is to ascertain abused women's subjective understandings of domestic violence and resilience. Specifically the thesis explores adaptive processes that women may not construct as resilience as well as resilience processes that women are able to identify and articulate.

1.5. MOTIVATION AND SIGNIFICANCE OF THE THESIS

The accent of the reviewed literature is on the mechanisms that produce oppression. The thesis hopes to augment this focus by exploring the multitude of discourses women make in terms of oppression, resilience being one such possible response. It is proposed that the research may expand on existing literature, offering an alternative perspective as to why women often remain in abusive relationships. Furthermore, the rationale of the thesis is to contest the notion that women who remain in domestically violent relationships do so for underlying pathological reasons.

1.6. ORIENTATION TO THE RESEARCH METHODOLOGY

It is postulated that the research question determines the methodological approach of a thesis (Creswell,1998). Given the exploratory nature of this thesis a qualitative approach was considered to be most appropriate. The aim of qualitative research is to ascertain subjective meaning as opposed to quantification of certain characteristics (McCracken,1998). A feminist framework will be utilised in order to deconstruct, understand and develop a conceptual link between domestic violence and resilience (Eagle, Hayes & Sibanda, 1999). The population for this thesis was women within the Western Cape who have endured domestically violent relationships. Individual interviews were deemed most appropriate considering the sensitivity of the topic and six semi-structured interviews were conducted. Thematic analysis was utilised to extrapolate significant patterns emerging from the data (Kelly, 1999b). Data verification included ensuring trustworthiness and authenticity of the transcribed material, thereby ensuring credibility (Guba & Lincoln, 1989). Sound ethical practice is essential throughout the research process and every endeavour was made to ensure that this research was undertaken in an ethical manner (Mouton, 2001). The ethical principles of “autonomy, nonmaleficence, and beneficence” was of paramount importance throughout the research process (Durrheim & Wassenaar, 1999, p. 66).

1.7. OVERVIEW OF MANUSCRIPT

Chapter one aims to provide the reader with a basic orientation to the thesis. A contextual outline of the research is introduced followed by the methodological approach implemented.

Chapter two explores the reviewed literature surrounding the concepts of domestic violence and resilience. Furthermore, argument for the employment of a feminist epistemological framework in order to understand the possible relationship between resilience in domestic violence will be utilised.

Chapter three will include a comprehensive outline of the research design and methodological approach undertaken. In order to achieve this goal an in-depth perusal of the methodological framework is surveyed. Participant sampling, data collection and analysis as well as ethical considerations and reflexivity is explored.

Chapter four includes a presentation of the study's main findings.

Chapter five concludes the thesis with a review of limitations and further recommendations.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

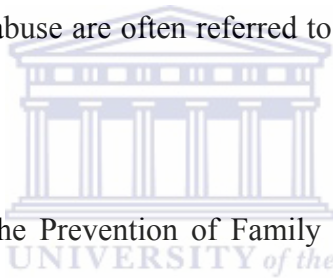
The following chapter will outline the constructs of domestic violence and resilience. Understanding of how the constructs of domestic violence and resilience until now have been studied and how the literature is relevant to this thesis will be illustrated.

2.2. DEFINING DOMESTIC VIOLENCE

Domestic violence has been described as “coercive behaviours that may include repeated battering and injury, psychological abuse, and sexual assault, perpetrated by a current or former intimate partner to control his or her partner” (Fisher & Shelton, 2006, p. 118). Choa (2005, p. 31) highlights that the United Nations division for the advancement of women defines domestic violence as:

acts or threats of violence, whether occurring in the home or in the community, or perpetrated or condoned by the state, instil fear and insecurity in women’s lives and are obstacles to the achievement of equality and for the development and peace. The fear of violence including harassment, is a permanent constraint on the mobility of the women and limits their access to resources and basic activities.

Boonzaier and de la Rey (2004) put forward that violence against women serves as a control and maintains a construction of masculine identity which is shaped by both cultural and structural oppression. Anderson (1997, p. 655) argues along similar lines suggesting that domestic violence is cemented in “gender and power” and represents men’s attempts to gain “dominance and control over women”. Johnson (1995, p. 284) posits that feminist scholars describe domestic violence as “patriarchal terrorism”, suggesting further that this involves men having the right to control ‘their’ female counterparts by use of physical violence, as well as economic subordination, threats, isolation and other forms of control tactics (Johnson 1995). Women who endure this form of physical and psychological abuse are often referred to as “battered women” (Johnson, 1995, p. 284).



Despite law reforms such as the Prevention of Family Violence Act 133 of 1993, the Domestic Violence Act 116 of 1998 and the Sexual Offences Bill of 2003, South Africa has a high incidence of violence against women (Kruger, 2004, p.156). Domestic violence according to the South African Domestic Violence Act 116 of 1998 and in accordance with this researcher’s epistemology is defined as the:

physical, sexual, emotional, verbal, psychological and economic abuse, intimidation, harassment, stalking, damage to property, entry into another person’s residence without consent where people do not share the same residence and any other controlling or abusive behaviour that harms or may cause imminent harm to the safety, health or well-being of a person (van der Hoven, 2001, p. 13).

Kruger (2004) addresses the necessity of effective measures by the law in order to provide competent legal responses to the pernicious and ubiquitous impact of domestic violence in South Africa. Kruger (2004) highlights that despite the existence of the Domestic Violence Act 116 of 1998, implementation thereof falls short of being useful to abused women. Furthermore, “cultural and religious beliefs” as well as a lack of awareness regarding survivors’ rights hampers the implementation of the Domestic Violence Act 116 of 1998, thereby maintaining the cycle of violence (Kruger, 2004, p. 122).

2.3. MAGNITUDE OF THE PROBLEM

Blaser’s (1998) statistics of violence against women in South Africa and internationally compiled for the Women’s Net highlights that minimal research has been conducted documenting the magnitude of domestic violence in South Africa. Under-reporting of abuse is a critical consideration when considering the validity of domestic violence statistics. Furthermore, no recent statistics exist as to the prevalence of domestic violence in South Africa. Watson’s (1996, cited in Blaser, 1998) findings following workshops in the Western Cape on violence against women suggests that one in every six women is abused in South Africa by a partner. Reports released by the Bureau of Democracy, Human Rights and Labour on the 11 March 2007 suggest that 25% of South African women are in abusive relationships.

Felson, Messner, Hoskin, and Deane (2002, p. 621) suggest five factors inhibiting reporting domestic violence including “embarrassment and status, desire to protect offender from prosecution, fear of reprisal, engagement in criminal behaviour, and the

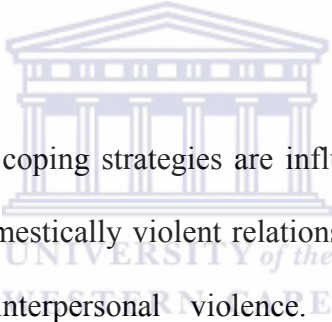
financial implications in reporting”. Furthermore, they assert that incidents which are perceived as minor or in which the women has defended herself by retaliating is less likely to be taken seriously as it is less likely to be construed as criminal (Felson, Messner, Hoskin, and Deane, 2002).

Felson *et al.* (2002) posit that the incentive for reporting domestic violence to the police is often outweighed by the cost and reasons for under-reporting. Calling the police is considered to be useful in ameliorating the immediate crisis, with the hope that this will deter future incidents of violence. However, calling the police is often only viewed as a possibility if the abused women are convinced that the offender will be punished (Felson *et al.*, 2002). Furthermore, Felson *et al.* (2002) and Witting, Furuno, Hirshon, Krugman, Perisse and Limcangco (2006) suggest that it is integral to ascertain whether women perceived themselves to be victims of crime or not. However, they also suggest that in the short-term, fear and self-protection are more likely reasons for not reporting than is fear of retaliation.

Altebeker (2005) reports that in South Africa women refrain from reporting because of the lack of seriousness applied to their reporting, evidenced by low arrest rates of perpetrators (as domestic violence calls are perceived as petty) and lack of support in terms of receiving assistance to find places of safety.

2..4. HELP-SEEKING AND LEAVING DOMESTICALLY VIOLENT RELATIONSHIPS

Help-seeking is complex involving proactive and adaptive coping strategies, structural inequality, cultural and personal barriers, as well as informal and formal social support networks. Lewis, Griffing, Chu, Jospitre, Sage, Madry and Primm (2006, p. 341) suggest that there is a definitive difference between coping styles (which refers to “enduring personality structures or characteristic ways of coping”) and coping tactics (“response to a particular situation in a point in time”). Lewis *et al.* (2006) assert that what may traditionally be suggested as proactive and adaptive methods of coping (i.e. leaving domestically violent relationships or actively resisting) may be hazardous for abused women.



Lewis *et al.* (2006) assert that coping strategies are influenced by gendered norms and socialisation and women in domestically violent relationships take into account survival concerns in coping with interpersonal violence. They highlight further that oversimplifying coping models as adaptive (leaving) and maladaptive (staying or learned helplessness) results in pathologising and is an underestimation of the complexity of the situation in which these women find themselves. Furthermore, unequal access to resources due to structural constraints and dynamics limits the responses of domestic violence survivors, “especially underserved, ethnic minority women”. This is of particular relevance within a South African context considering the issue of triple oppression eluded to earlier in the thesis.

Lewis *et al.* (2006) place significant emphasis on cultural dynamics which may influence the manner in which women chose to cope with their domestically violent relationships. “Self-silencing” may be a product of “loyalty, ethnic pride, distrust of mainstream institutional and law enforcement policies” (Lewis *et al.*, 2006). An exploration of Bangladeshi women’s discourses into the nature of disclosing gender-based violence and examination of their help-seeking behaviour indicates that reasons for remaining silent and acceptance of violence is often related to “stigma, fear of not being believed, fear of being blamed, jeopardising family honour and fear of greater harm” (Naved *et al.*, 2006, p. 2928). Thus it is posited that “context dependent interpretations” of battered women’s coping strategy is essential, especially when considering women of colour, (Lewis *et al.*, 2006, p. 342). This standpoint is congruent with that of the current author.

Kopesell, Kernic and Holt (2006), in their attempt to develop effective intervention strategies for women involved in intimate partner violence, researched factors influencing battered women leaving their abusive relationships. These factors include “low relationship commitment and economic independence” (Kopesell, Kernic & Holt, 2006, p. 131). Other less definitive factors may include “frequency and severity of the abuse, the presence of children and potential child abuse, the women’s age, race and level of education and employment status” (Kopesell, Kernic & Holt, 2006, p. 131).

Kopesell, Kernic and Holt (2006) findings suggest that the only demographic factor, which is a significant predictor of leaving an abusive relationship, is if the woman is of a young age. They assert that women under the age of “25” are more likely than older

women to leave domestically violent relationships (Kopesell, Kernic & Holt, 2006, p. 142). Financially independent women are also more likely to leave their abusive relationships. However, there is no apparent correlation between employment status and leaving an abusive relationship. (Kopesell, Kernic & Holt, 2006).

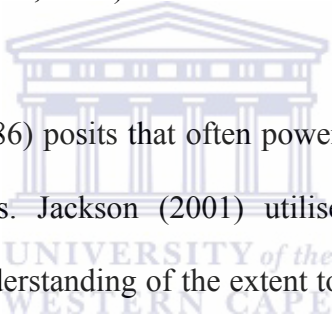
Naved *et al.*, (2006) suggest that levels of education, income levels, and affiliation to social organisations are related to levels of disclosure. Furthermore, the Naved *et al.* (2006) study highlights that women often utilise “informal networks” such as significant others when seeking assistance for domestically violent relationships. Formal services are most often only sought when informal assistance proves futile (Naved *et al.*, 2006). Kopesell, Kernic and Holt (2006) assert that external factors which aid the process of women leaving domestically violent relationships include availability of social support and resources. Therefore, their findings suggest the need to foster utilisation of services which can impede such forms of violence and a dire need to make these services more accessible to women in need. Unsuccessful attempts at accessing domestic violence agencies decreases self-confidence in women’s ability to escape their abusive relationships (Kopesell, Kernic & Holt, 2006).

2.5. REMAINING IN DOMESTICALLY VIOLENT RELATIONSHIPS

Dunn (2006) asserts that literature predominantly postulates three explanatory themes to explain why women remain in domestically violent relationships. These include “fear of increased violence, psychological and situational factors, as well as, sociological factors” (Dunn, 2006, p. 5). Makofane (2002, p. 84) concurs and enumerates numerous barriers including:

“personal barriers” (fear and shame, lack of social support and personal resources), “relationship barriers” (children, denial of access to finances or increased physical abuse), “institutional barriers” (discrimination, lack of cultural sensitivity), “cultural barriers” (religious beliefs, language barriers, gender roles).

She also challenges the mainstream literature assumption that leaving abusive relationships will halt the cycle of violence. She argues that whilst perplexing, remaining is complex and suggests that sharpening “coping skills” may be one such factor (Makofane, 2002, p. 84). She further suggests the shift should focus on why men do not permit women to leave (Makofane, 2002).



Turner and Hoenk Shapiro (1986) posits that often powerful emotional ties keep women from leaving abusive partners. Jackson (2001) utilised a feminist poststructuralist epistemology to develop an understanding of the extent to which abused women drew on cultural and idealised notions of romance. Jackson’s (2001) findings assert that whilst women appear swept away by the notion of being cared for by their heroes, their actual experience of heterosexual relationships fell short of ‘happily-ever-after endings’. Reality leads to negation of their own needs to accommodate those of their abusive partners. Women’s sense of self as being whole and fulfilled is suggested to be defined in relation to their abusive partners. Self concept is derived from gendered stereotypical roles of nurturance, idealisation in relationships, and dependent relationships (Turner & Hoenk Shapiro, 1986). A contributory factor to remaining in abusive relationships is to ward off possible fears of inadequacy and loneliness (Turner & Hoenk Shapiro, 1986). In addition,

being perceived as failures and the absence of adequate social support maintains remaining in abusive relationships (Turner and Hoenk Shapiro, 1986).

Herman (1992: 64 & 74) cites “self regulation” and “domestic captivity” as factors which lead to women struggling to gain a sense of “autonomy” and the ensuing experiences of isolation. Furthermore, “psychological infantilism” exerted upon women in domestically violent relationships results in a compelling bond between victim and perpetrator (Herman, 1999, p. 92). The consequence of this infantilisation is that women develop an “intense, worshipful dependence upon an all powerful Godlike authority” (Herman, 1992, p. 92). Herman (1992, p. 77), therefore emphasises that the resultant cause of the psychological domination endured by women in domestically violent relationships is “disempowerment and disconnection”, leading to reduced feelings of personal agency.

Dunn’s (2006,p. 1) literature review explores why women remain in abusive relationships and asserts that shifts in discourse from “victims” to labels of “survivors” minimises stigma. She further signals to the current trend of developing an understanding of reasoning and choice women exert within domestic violent relationships suggesting that passiveness is often misconstrued as a negative construct (Dunn, 2006). This she posits, could rather be viewed as a survival or coping strategy and an exhibition of “resistance and strength” (Dunn, 2006, p. 5). This ideological shift suggests women have a sense of agency and lends itself to the development of the concept of “survivor theory” (Dunn, 2006, p. 5). Survivor theory negates the notion of pathological symptoms and suggests that women are active agents in employing survival strategies. It is further argued that in

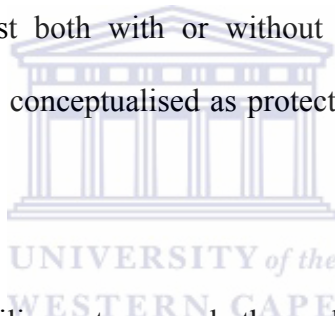
remaining within abusive relationships battered women can be perceived as altruistic for protecting the lives of their loved ones who “are nearly as ubiquitously threatened” (Dunn, 2006, p.19).

It is therefore asserted by Dunn (2006, p.20) that “survivor tendency in battered women is more than self-assertion, self-actualisation or self-determination, it is a self-transcendence”. Self transcendence illustrates a desire to rise above previous and current adversity, whilst displaying a magnitude of inner strength in living. Rather than the perception that remaining in domestically violent relationships as pathological or deficit “staying, leaving and returning” are perceived as empowering tools of “resisting, coping and survival strategies” for women (Dunn, 2006, p. 21). A stance favoured by feminist scholars and women, is resistance to the notion of “passive” victimhood (Jackson, 2001, p. 318). However, denial of victim status also needs to be considered in the light of wanting to deny labelling of “partners as abusers” and their relationships as “abusive” (Jackson, 2001, p. 318).

2.6. DEFINING RESILIENCE

Kaplan (1999, p. 21) characterises resilience as “the ability to draw on personal or social resources, the ability to detect contingencies as well as predictability in complex situations, and the ability to react flexibly”. Vanderpol (2002) expands this definition of resilience as the process of inner forces or psychological capacity that aid some in overcoming adversity or trauma or those who experience a positive outcome despite their high risk contexts. Thus it is postulated that there are internal forces which aid individuals to survive or overcome adversity.

In order to understand how resiliency has been defined it is essential to differentiate between coping and resilience. The current author's understanding includes conceptualisation of coping as a cognitive ability to manage stressors. The difference between coping and being resilient arises when the stressors become too great and one's ability to cope may be diminished, due to a sense of being overwhelmed. However, resilience implies an ability to survive the stressors. Dyer and McGuinness (1996, p. 277) asserts that resilience is a fluid process which serves as a modified response to "psychosocial risk". Furthermore he asserts that the key response to positive outcomes in adverse situations is identification of protective factors. Thus in this thesis protective factors are understood to exist both with or without the presence of adversity. By contrast, however, resilience is conceptualised as protective factors which materialise in the face of adversity.



Bonanno (2004) states that resilience transcends the understanding of protective factors suggesting that resilience fosters positive outcomes and the absence of psychopathology. His understanding of resilience is underpinned in terms of trauma and loss and refers to "the ability to maintain relatively stable and healthy levels of psychological and physical functioning" under adverse situations (Bonanno, 2004, p. 20). Ahmed, Seedat, van Niekerk and Bulbulia (2004) emphasise an ideology which transcends viewing resilience as mere absence of pathology and highlights the importance of embracing competencies. Ahmed *et al's.* (2004) conceptualisation lends itself to distinguishing resilience from three different perspectives:

- i. Positive outcomes in spite of high risk environments
- ii. Competent functioning facing chronic life stresses
- iii. Trauma recovery.

Hypothesised consequences of resilience can be viewed as a “toughening effect”, “a sense of having overcome” one’s situation to master another, and development of “effective coping” as a primary consequence (Dyer & McGuinness, 1996, p. 277). Tugade and Fredrickson (2004) examined physiological arousal and found that positive emotionality is an aspect of resilience. Results indicate that positive emotionality leads to enhanced outcomes to well-being which has important adaptive significance as a coping mechanism (Tugade & Fredrickson, 2004). An important aspect to their research is that resilience is not only a psychological but also a physiological experience (Tugade & Fredrickson, 2004). The converse applies to negative emotions; one’s cognitive-behavioural repertoire becomes narrowed and limited, with increased physiological arousal moderating and sustaining negative emotional affect (Tugade & Frederickson, 2004).

Thus in summary Dyer and McGuinness (1996) assert that resilience is the ability to bounce back from adverse situations, which is highly dependent upon protective factors and the competency of the individual to access their personal skills and abilities to foster a resilient outcome. It is postulated that in order to develop resilient characteristics the antecedent of adversity would have to be present. Dyer and McGuinness (1996, p. 277) assert that critical attributes to the development of resilience include “rebounding and carrying on” (finding meaning towards a new life direction), “a sense of self” (insight,

“equanimity” or a balanced acceptance and appreciation of one’s experiences), “determination” (a show of perseverance in creative problem solving) and “prosocial attitude” (temperament and ability to attach to support structures in adverse conditions). Within this thesis, resilience will be defined as a positive construct. This will be utilised to understand domestically violent relationships and thereby may help shed light on how women either endure or prevail abusive relationships.

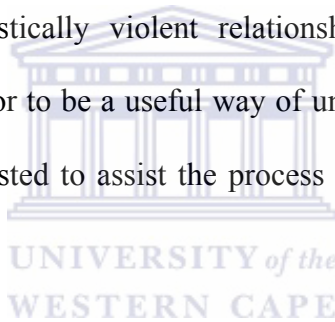
2.7. PROTECTIVE FACTOR MODEL OF RESILIENCE

Kaplan (1999) posits that resilience features at the positive end of the vulnerability-invulnerability continuum. Garmezy (1993) asserts that the distinction between resilience and invulnerability needs to be highlighted. He suggests that resilience infers that an individual has the capacity to be injured or wounded as opposed to invulnerability which suggests an incapability of being harmed (Garmezy, 1993). This differentiation between resiliency and invulnerability is affirmed by Zimmerman and Arunkumar (1994, p. 4) who highlight that the trajectory of resilience is successful adaptation under adverse circumstance as opposed to invulnerability which implies that “one cannot be wounded”.

Zimmerman and Arunkumar (1994) add that vulnerability refers to the predisposition for pathological development and results in modification of responses to risky situations, however, there is an increased propensity for maladaptive responses. They posit that resilience fends off maladaptive responses and is suggested to be a more constructive coping mechanism (Zimmerman & Arunkumar, 1994). Losel, Bliesener and Kofler (cited in Vanderpol, 2002) conducted a study of at-risk adolescents. They posit that more resilient adolescents were set apart from their deviant counterparts as exhibiting higher

intelligence levels, proactive problem solving, minimised feelings of helplessness and generally more positive and flexible self evaluations (Losel, Bliesener and Kofler cited in Vanderpol, 2002).

Zimmerman and Arunkumar (1994, p. 5-8) describe three models of resilience. These include the “compensatory model” (neutralisation to risk), “challenge model” (utilisation of stressors to enhance successful adaptation) and the “protective factor model” (counteraction of risk factors in order to ameliorate negative outcomes). This thesis will focus on the protective factor model in addressing the concept of resilience in women who have experienced domestically violent relationships. The protective model is considered by the current author to be a useful way of understanding resilient responses, as protective factors are suggested to assist the process of bouncing back from adverse situations (Garmezy, 1993).



Amelioration of negative influences in the face of adversity which lead to the predisposition of maladaptive outcomes is referred to as protective factors (Rutter, 1985). The role of protective factors thus is to “modify responses to later stressors” (Rutter, 1985, p. 600). Rutter (1985, p. 608) further posits that resilience does not make reference to the avoidance of stress but actively engaging in stressful situations in a manner which fosters “self-confidence and social competence, through mastery and appropriate responsibility”. He argues further that the quality of resilience lies in the manner in which individuals handle life challenges and what they do in these adverse circumstances (Rutter, 1985). One such protective factor may include spirituality, which is often critical

to the construction of survivor identity, facilitating greater quality of life and reduced levels of depression (Gillum, Sullivan & Bybee, 2006). Kane (2006) postulates that meditation is a critical component in the process in engendering a sense of self acceptance and empowerment.

2.8. DIMENSIONS OF RESILIENCE

Bonanno (2004) argues that resilience in the aftermath of trauma is common and asserts that there are numerous, unexpected trajectories to resilience. Furthermore he claims that resilience is often misunderstood as pathology because psychological knowledge is often derived from individuals who seek treatment (Bonanno, 2004). Vanderpol (2002, p. 302) argues that “a focus on health can be as important as a focus on pathology”. This is particularly relevant when addressing women who have experienced domestically violent relationships, where it is often postulated that remaining in the relationship is correlated to pathology as opposed to consideration of aspects of resilience and coping within these adverse conditions.

Vanderpol (2002) juxtaposed children residing within adverse contexts with Holocaust survivors. The characteristic features associated with resiliency for both groups was: an individual’s ability to assess pragmatic strategies for survival; have clear ego boundaries; have an awareness and ability to tolerate negative affect; and proactively engage with the environment. Vanderpol (2002) asserts that the focus should steer away from what perpetuates becoming sick and veer towards understanding how one maintains health.

“Positive mental health and self-actualisation” are asserted to be key in fostering positive outcomes (Vanderpol, 2002, p32-33). Positive outcomes can be identified as:

“enhanced social resources (confidants and social support networks), enhanced personal resources (self-reliance and self-understanding) and development of new coping skills (problem solving, help seeking and ability to regulate and control affect)” (Vanderpol, 2002, 33).

It is highlighted that resilience is not a childhood given but develops over time and is influenced dramatically by the individual’s environment (Engeland, Carlson & Sroufe, 1993). The utilisation of internal resources (e.g. self-esteem) are equally as salient as the utilisation of external resources (e.g. social support structures and socio-economic status). Internal resource acquisition is dependent upon the “resolve of stage-salient development issues” (Engeland, Carlson & Sroufe, 1993, p. 518). Siquiera and Diaz (2004, p. 151) suggest, based on their study on fostering resilience in adolescent females, that the following internal individual factors contribute to being resilient: “insight, independence, other significant relationships, initiative, creativity, humour, and a valued sense of morality”.

An external factor such as poverty is perceived as a major risk in the development of positive outcomes (Engeland, Carlson, & Sroufe, 1993). This is of significance given the socio-economic disparity between the majority of South Africa’s less affluent citizens (Prilleltensky, Nelson & Peirson, 2001). Chaotic home environments as well as abusive homes and child maltreatment is postulated to have an impact on the development of resilience. It is suggested that resilience is fostered by “self-efficacy beliefs, a positive

self-concept and self-esteem” (Vanderpol, 2002, p. 21). Furthermore it is important to keep in mind that enduring crisis situations promotes coping skills.

Wasonga (2002, p. 44) asserts that there are six variables fostered through socialisation which constitute resilience, these include:

- i. Cooperation and communication
- ii. Empathy
- iii. Problem solving
- iv. Self efficacy
- v. Self awareness
- vi. Goals and aspirations



Being equipped with the above variables is suggested to lead to recognition of high-risk behaviours (e.g. substance abuse) and restrain from involvement in them. This together with supportive social networks is suggested to foster resilience development (Wasonga 2002). Much emphasis is placed on the experiencing of consistent supportive relationships. The quality of support is suggested to foster the creation of trusting relationships and the “foundation for resiliency building” (Wasonga, 2002, p. 25). Thus the definition of resilience in an individual is based upon “sustained experiences in meaningful relations, high expectations, and opportunities for meaningful participation across the stages of the life cycle and across institutions” (Wasonga, 2002, p. 45).

Mrazek and Mrazek (1987: pp. 359- 362) explored resilience in maltreated children. Their findings highlight several personal characteristics and skills which potentially can be extrapolated in developing an understanding of resilience in women in domestically violent relationships. These include the following:

i. “Rapid responsivity to danger”:

Defined as the ability to develop the skill to recognise, adapt and avoid harm or potentially explosive situations, thus surviving in a difficult environment.

ii. “Dissociation of affect”:

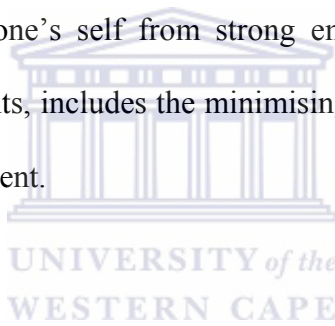
The ability to detach one’s self from strong emotions and avoid focusing on particular negative events, includes the minimising of emotional expression when relaying details of an event.

iii. “Information seeking”:

Acquiring as much knowledge as possible regarding the hazards of one’s environment, thus developing a protective strategy by understanding what may trigger threatening situations.

iv. “Formation and utilisation of relationships for survival”:

Development and acquisition of support structures that will engender help in times of crises.



v. “Positive projective anticipation”:

Projection of one’s self into the future and development of a fantasy which is representative of an idealised future (dissociation from the negativity). It is postulated to be a strategy for gaining a sense of control over the current situation.

vi. “Decisive risk taking”:

Making crucial decisions and dealing with the consequences.

vii. “The conviction of being loved”:

Having enough self-esteem to believe that one is worthy of being loved. Belief that someone that one cares for reciprocates these feelings and will help undo current difficulties, a variant includes that of religion and belief in God’s comfort.

viii. “Idealisation of an aggressor’s competence”:

Identification with the aggressor, and recognition of his competencies enhances self-esteem.

ix. “Cognitive restructuring of painful experiences”:

This is facilitated by dissociation, and involves reprocessing past negative events in order to make them congruent with one’s current view. Thus the suggestion that things are not ‘as bad as they seem’ for example. This also includes a review of their own adaptive responses in adverse situations.

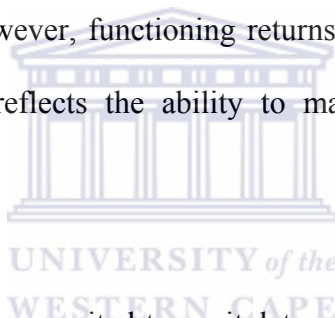
x. “Altruism”:

Unconscious relinquishment of self nurturance and affection yet constant provision for others.

xi. “Optimism and hope”:

This forms a protection against negativism and depression.

The above attributes and skills are imperative when considering the difference between resilience and recovery. Recovery makes reference to a trajectory in which functioning is halted for a period of time however, functioning returns to premorbid levels (Bonanno, 2004). However, resilience “reflects the ability to maintain a state of equilibrium” (Bonanno, 2004, p. 20).



Oppressed communities are often posited to capitulate or assimilate which are generally perceived with negative connotations of surrendering. Sonn and Fisher (1998, p. 457) propose a nuanced understanding of “capitulation and assimilation” as positive constructs. They assert that oppressed groups do not necessarily surrender to their oppressors but are merely utilising a responsive reaction to resist the sense of oppression. Capitulation and assimilation serve as a survival strategies or adjustment to a particular oppressive context and is thus seen as a resilient response in adverse situations. Thus “resilience represents successful adaptation to adversity, stressful events and oppressive systems” (Sonn & Fisher, 1998, 468). Domestic violence can be viewed as an oppressive structure, vested in the system of Apartheid and imposed and maintained through

patriarchy. It is a system in which women are exposed to a myriad of stressful events. Remaining in these difficult relationships may serve as a resourceful coping strategy and provide these women with a particular system of meaning for functional adaptation, empowerment and survival (Mosavel, Simon, Ahmed, van Stade, 2007).

The human capacity to “thrive under extremely adverse events” has been hugely underestimated (Kelley, 2005, p. 265). Bonanno (2004, p. 26) posits, “dysfunction cannot be understood without a deeper understanding of health and resilience”. The “health realisation model” asserts that human beings have a natural capacity for coping; this form of resilience is fostered by the posited existence of a “psychological immune capacity” (Kelley, 2005, p. 265). Psychological immune capacity is suggested to be an intrinsic capacity which when unrestricted facilitates internal psychological healing (Kelley, 2005). Thus the health realisation model poses a challenge to the notion that women who remain in domestically violent relationships, do so solely because of personal pathological barriers which impede them from breaking free of these oppressive interpersonal relationships.

From a higher-order cybernetic perspective, what people experience is logical to the context to which they find themselves within and is not pathological (Becvar & Becvar, 1996). From this perspective professionals make diagnoses based upon epistemological errors by not considering normalcy within its context (Szasz, 1961, cited in Becvar & Becvar, 1996). It is posited that “what individuals feel is what they should be feeling given their experiences, beliefs regarding feelings, and social context” (Becvar & Becvar,

1996, p. 364). By not understanding the context in which women experience gender-based violence, this results in identification of these women as objects. Consequently women are labelled as having pathological deficits as opposed to understanding their symptoms as normal given their experiences (Becvar & Becvar, 1996).

2.9. SOCIAL SUPPORT

Resilience is often viewed as an individual characteristic (Clauss-Ehlers, 2003). However, consideration needs to be given to the concept of the “individual interaction between stressors and resources within the larger sociocultural context” (Clauss-Ehlers, 2003, p. 270). Goldenberg and Goldenberg (2004) suggest that the utility of an ecosystemic theoretical approach is that it goes beyond a single unit of analysis (individual) and takes into account the interaction between multiple systems (social supports). Individual and social support systems interact and thereby influence each other. Across these dimensions exist both risk and protective factors. Examples include: Unequal access to police services or courts are risk factors, however, the presence of the Domestic Violence Act 116 of 1998 is a protective factor. Shaming and blaming women for remaining is a risk factor, where as, offering understanding and empathy is a protective factor. The interaction across these systems influence a particular behavioural repertoire (Goldenberg & Goldenberg, 2004). The current author postulates that the quality of the social supports which influence the behavioural repertoire are expressed as processes of resilience.

The significance of social resilience is that it highlights the “circumstance under which individuals and social groups adapt to environmental change” (Adger, 2000, p. 347).

Adger (2000), posits that an individual is highly dependent upon ecosystems in their community, in terms of their economic activities and resources. Thereby creating a trajectory for, and activation of resilient responses (Adger, 2000). For women in domestically violent relationships who are often largely dependent upon their abusive partners for financial among other reasons this assertion is significant. Adger (2000) further asserts that institutions are often change resistant. Thus in considering domestic violence, the implementation of acts such as the Domestic Violence Act 116 of 1998 in South Africa may do little to counteract the pernicious effects of gender-based violence.

Dyer and McGuinness (1996) illustrate, via the use of case studies, defining attributes of resilience. In describing a case of resilience, they highlight Clara's four-year path to 'rebound' (leaving a domestically violent relationship). The development of Clara's cognitive shift arose from attendance at a focused support group for battered women. The consequence of which lead to the development of pro-social behaviours and widening of support structures thus cultivating a greater sense of self for Clara. By utilising extracts from the case of Susan they exemplify how poor early attachment styles and the absence of significant social support structures negate the rebound process.

2.10. THE INTERSECTION BETWEEN DOMESTIC VIOLENCE AND RESILIENCE

Chambers (1999) postulates that the perpetuation and maintenance of domestic violence is based upon the persistence of patriarchy. Furthermore, she highlights in her paper that due to a lack of public sanctions and institutional support for women who are in domestically violent relationships in Peru, women were forced to take matters into their own hands. Several avenues of resistance were attempted by women. These included

“confronting their husbands”, “attacking rival mistresses” and “leaving the abusive relationship” (Chambers, 1999, p. 33). Consequences of the first avenue was too risky, the second was condemned and the last was denied by law and church and did little to decrease the course of gender-based violence (Chambers, 1999).

Women come to realise that more subtle forms of resistance are necessary in order to survive domestically violent relationships. This includes acts such as minimising the exchange of sexual favours, refusal to prepare meals, serving meals late, arguing back, or making their husbands infidelity public knowledge (Chambers, 1999). This form of resistance created more symbolic weight than attempting to leave the abusive relationship. This would often be responded to by a withholding of financial support by husbands. Women in Peru were then able to highlight that their husbands were failing in their primary patriarchal responsibility of providing for the family (Chambers, 1999). Stronger forms of resistance included seeking assistance in public domains such as the church and from secular officials. However, this was not as successful an act of resistance as utilising gossip as a weapon (Chambers, 1999).

Despite the pernicious effects of domestic violence, which is often silenced and tolerated especially in patriarchal societies, it is important not to negate the significance of “female agency, which implicitly questions dominant norms” (Chambers, 1999, 46). Mosavel *et al.*, (2007) posits that the utility of empowerment is that it encompasses both a sense of mastery as well as social action. Wade (1997) suggests that where there is oppression there is resistance. The process of resisting under adverse conditions leads to a sense of

being “stronger, more insightful, and more capable of responding effectively to living in extreme pain, fear and isolation” (Wade, 1997, p. 24). The difficulty in identifying resistance in individuals who are sexually abused, or victims of racism and domestic violence for example stems from an archetypal perception of resistance as being a physical assertion of strength between opponents (Wade, 1997). Wade (1997) argues that the success of resistance need not necessarily be immediate and that small acts of resistance may occur daily and be pervasive in an individual’s engagement with their oppressors. He refers to this notion as the “privacy of the mind” and asserts that this is a survival strategy to ensure no further harm is endured (Wade, 1997).

Thus he suggests that the two ends of the resistance continuum include “extreme defiance” and “completely disguised activities” (Wade, 1997, p. 31). He highlights that resistance is not merely a “small act of living” but an extremely significant gesture regardless of the outcome (Wade, 1997). Wade (1997) makes reference to women in domestically violent relationships who resist in meaningful ways such as refraining from cooking or cleaning, and he highlights that this is often mistaken for pathological symptoms such as anhedonia in depression for example. This may also be relevant when assigning labels of eating disorders to women in domestically violent relationships. Eating disorders may rather be representative of self regulatory functions, so by focusing on the disorder, one is deflected from the context of the ‘problem’ (i.e. domestic violence) (Farber, 2008).

Herman (1992, p. 79) suggests that the psychological effect of active resistance is significant as it engenders a sense of strange relief by eradicating or minimising feelings of “despair, helplessness and humiliation”. This is postulated to be a cathartic, subconscious, or conscious way of feeling empowered. It is thus significant in this thesis to consider acts of resistance as part of resilient responses which function at a deeper level in order to adapt and survive under adverse conditions (Sonn & Fisher, 1996).

2.11. THEORETICAL FRAMEWORK

Research which challenges “gender power inequality” lends itself to the utilisation of a feminist framework (Shefer, 2004, p. 191) Feminist theories universally argue that domestic violence is a consequence of “gender inequity and male domination” (Boonzaier, 2006). Radical feminism facilitates addressing the concept of domestic violence within a South African context due to its focus on patriarchy and socialised gendered roles as the fundamental precursors to oppression of women (Kiguwa, 2004).

A post-structuralist feminist perspective lends an even deeper understanding of power relations within a South African context by virtue of addressing subjective meaning and language inherent within different feminine classes and across racial divides (Boonzaier, 2006). Furthermore, the ideology surrounding the feminist post-structuralist theoretical framework being utilised is the attainment of “discursively constructed realities, located within a particular social, cultural, historical and political context” (Boonzaier, 2006, p. 142).

Thus women's subjective realities of domestic violence can be understood by the social constructions of language as well as their interpretation and understanding of abusive experiences. This is significantly influenced upon by the woman's "self-image, beliefs about masculinity and femininity and about marriage and family life" (Boonzaier, 2006, p. 142). The most critical advantage of utilising post-structuralism as a theory within this thesis is the acknowledgement the framework lends to women's "agency and resistance" within domestically violent relationships (Boonzaier, 2006, p. 143).

Resilience may provide a useful way of exploring agency and resistance. The conviction that oppressed communities lack resilience or simply integrate and surrender to oppressive systems thereby enduring pathological outcomes is challenged by Sonn and Fisher (1998). They assert that oppressed groups construct mechanisms of resisting in order to propagate survival. Thus the feminist frameworks that articulate how women are oppressed, could be complemented by an exploration of women who exhibit resilience in situations of oppression.

2.12. CHAPTER SUMMARY

Review of mainstream literature highlights that resilience and domestic violence are researched in isolation. The focus of resilience research has largely been on children within adverse environments as opposed to women. It is therefore, evident that the intersection between resilience and domestic violence warrants further exploration.

The accent of mainstream literature on domestic violence focuses on outcomes as opposed to processes. The premise of an outcomes based perspective is that women's

dependency is pathological. Viewing women in domestically violent relationships through a deficit lens equates to women exhibiting pathological outcomes under adverse conditions. Resilience affords an enhanced understanding of why women remain by providing a contrast to these mainstream binary notions. A positive psychology perspective measures processes to maintaining equilibrium by taking into account both socio-political and personal dimensions.

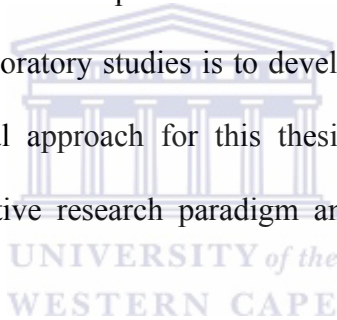


CHAPTER 3

METHODOLOGY

3.1. INTRODUCTION

The goal of this thesis was to explore resilience in women who have been and or are presently within a domestically violent relationship. As has been highlighted domestic violence and resilience have been relatively explored separately. However, little or no research exists that investigates the possible link between domestic violence and resilience. The purpose of exploratory studies is to develop insight into new phenomena and unstudied topics, an ideal approach for this thesis (Kelly, 1999a). The chapter therefore argues for a qualitative research paradigm and the utilisation of a feminist theoretical framework.



3.2. RESEARCH QUESTION

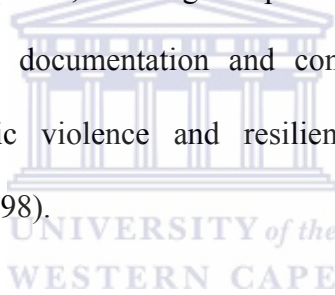
The research aims to explore any possible association between resilience and domestic violence by exploring the meaning women ascribe to enduring domestically violent relationships. It is the supposition of this thesis that women who remain in domestically violent relationships exhibit extensive and varying levels of resilience which assist them in enduring and moving beyond the cycle of abuse and disempowerment. Furthermore, the underlying principle of the study is to contest the notion that women who remain in domestically violent relationships do so for underlying pathological reasons.

Thus the present study aims to ascertain subjective understandings of resilience within the context of domestic violence. The research questions proposed following review of the literature and contextual information is as follows:

- i. What meaning do women ascribe to enduring domestically violent relationships?
- ii. Are resilience processes operative in domestically violent relationships?

3.3. RESEARCH PARADIGM

The focus of the research is based upon ascertaining an “emic” perspective on the life experience of women who have endured domestically violent relationships (Kelly, 1999b, p. 404). The diversity of perceptions, meaning and processes of women’s experiences of domestic violence will allow documentation and conceptualisation of the possible relationship between domestic violence and resilience (Marecek, 2003; Massey, Cameron, Ouellette, & Fine, 1998).



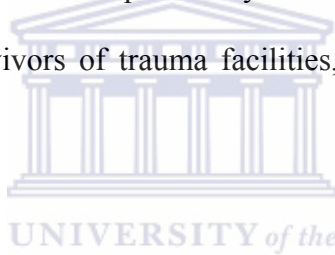
Considering the sensitivity of the thesis focus and the fact that through careful listening women’s subjective interpretations of domestic violence will be explored, a qualitative research paradigm will be best suited to acquiring the data. A qualitative framework assists in making sense of the lives of women who encountered domestic violence by hearing and listening to their experiences. This process initiates insight into the particular mechanisms that may facilitate or inhibit the development of resilience (Marecek, 2003; Massey *et al.*, 1998).

Thus the focus of this research and the rationale of utilising a qualitative paradigm is to develop a more accurate conceptual and contextual understanding of how women within domestically violence relationships “confront and transcend this adversity” (Massey *et al.*, 1998, p. 341).

3.4. DATA COLLECTION

3.4.1. Population, and recruitment of participants

Sample recruitment for this thesis entailed requesting the Fish Hoek Police Station Trauma Rooms, the Simon’s Town Police Station Trauma Rooms and the Happy Valley Shelter to approach clients who have previously received or are currently receiving trauma counselling at the survivors of trauma facilities, to voluntarily part-take in the study.



Problems arising during the course of the interview process included difficulties engaging with the original gatekeeper who was unable to access participants as per initial agreement. Despite the large number of women who experience domestic abuse, there was a reluctance to participate in a study of this nature by many women approached. Reasons cited by women declining to disclose their abusive experiences included fear, embarrassment and the stigma associated with openly sharing experiences. Further participants were sought utilising informal gatekeepers thus obtaining interviews from women who agreed to take part via referrals from mutual acquaintances. Thus what is termed “convenience” or “opportunistic” sampling was utilised (Kelly, 1999a, p. 380). Based upon their experiences in domestically abusive relationships the participants were all appropriate in terms of knowledge regarding the research topic (Morse, Barrett,

Mayan, Olson, & Spiers, 2002). The sample size consisted of six participants with whom in-depth semi-structured interviews were conducted. The sample size was dependent upon the depth and quality of the interviews conducted. Interviews reaching the point of saturation and repetition was the marker of termination (Kelly, 2002a; Morse *et al.*, 2002). The data was considered to be rich illustrating emergent patterns.

The six female participants all reside within the False Bay area of the Cape Peninsula and their racial categorisation was that of four 'White' females and two 'Coloured' females. Due to the nature of the convenience sampling the sample consisted of women within three categories. Women who are currently within domestically violent relationships, women who are in the process of leaving domestically violent relationships and women who have already left a domestically violent relationship. Two of the participants had left their domestically violent partners. One of the participant's is still in an abusive relationship and planning to get married to her mentally abusive partner. One participant is in the process of leaving her physically abusive relationship and two participants have left extremely physically abusive relationships and entered what they have termed abusive relationships of a "*milder*" nature.

The mean age of the participants was 32 years of age. One of the participant's attained a postgraduate honours degree in business communications, three attained a matriculation, one a grade eleven and one a grade eight level of education. Disparate earning levels existed between the participants with three unemployed participants being unable to generate an independent income. Four participants have biological children and one

participant has a step-child. Two participants report that they have never accessed domestic violence agencies, or organisations or the police, while two report negative experiences and two report positive experiences in terms of accessing the above structural organisations.

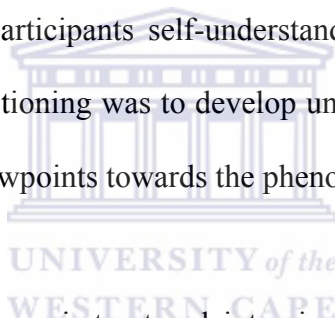
TABLE 1. Participant demographics

Name	Age	Gender	Race	Highest level of education	Occupation	Number of dependents
JL	43	Female	White	Grade 12	Unemployed	1
MH	30	Female	White	Honours Degree	Unemployed	1
MT	33	Female	White	Grade 12	Accounts manager	2
DA	22	Female	White	Grade 12	Sales administrator	0
CA	34	Female	Coloured	Grade 8	Unemployed	2
TD	32	Female	Coloured	Grade 11	Cashier	2

3.4.2. Data collection methods and process

Prior to embarking on the interview process a thorough review of the literature on resilience and domestic violence was undertaken. This facilitated the development of an interview structure for the exploration of resilience in women who have endured domestically violent relationships. Prior to conducting the semi-structured interviews, written consent was attained from all participants to part-take in the recorded interview for the research study. Three of the interviews were conducted in the participants homes, two were conducted at the participants place of employment and one was conducted at the Happy Valley Shelter which was the place of residence for the participant at the time of being interviewed. The approximate duration of each interview was one hour. The permitted audio-recorded interviews were transcribed verbatim.

The initial interview was conducted on the 22.01.08. Groundwork reading of the transcribed interview assisted in ascertaining the depth and richness of the collected data (Hollway & Jefferson, 2000). The remaining five interviews were conducted the following week between the 29.01.08 and the 31.01.08. Appendix A includes the interview schedule. The interviews began with an exploration of current and past attachments and progressed into definitions and experiences of domestic violence. Aspects of resilience including, presence of adversity, risk factors, survival and coping strategies, resistance and the notion of bouncing back were later explored. The interviews ended off with an exploration of the long-term implications of enduring such relationships and addressing participants self-understandings of what has happened to them. Thus the aim of the questioning was to develop understanding and insight into the participants philosophy and viewpoints towards the phenomena.



The open-ended nature of the semi-structured interview schedule facilitated reflection and focus on the pertinent constructs as well as assured similar themes were obtained from participants. It was however, necessary within the interview process to probe participants answers at times. This process made possible deeper exploration of underlying feelings, behaviours, meanings or interpretations and points of view of their experiences (Kvale, 1996). Guidelines highlighted by Kvale (1996) facilitated the utilisation of the following interviewing techniques. Each interview began with less threatening and sensitive questions in an attempt to build rapport before embarking with the interview schedule. This was followed by channelling the flow of questioning from broad understandings to specific experiences e.g. definitions and experiences of domestic

violence. The exploratory nature of the research permitted participants to freely share their experiences. However, at times it was necessary for the interviewer to refocus the interview.

Kvale (1996) further highlights the necessity of communication techniques which facilitated the process of active interviewing as opposed to a directive question-response output. This involved verbal and non-verbal interaction from the interviewer including maintaining eye contact, attentive listening and reflection, clarification and paraphrasing, displays of empathy e.g. acknowledging difficulty of the subject matter and experiences or stopping the process when too difficult and tolerating silences.

3.4.3. Data analysis

Evaluation and interpretation of the tape-recorded and transcribed interviews was conducted via detailed textual analysis of the data. Thematic analysis was utilised in order to establish a content analysis of the transcribed material. Thematic analysis facilitated the process of abstracting themes and thereby creating categories in order to conceptualise possible resilience within female experiences of domestic violence (Massey *et al.*, 1998). Immersion into the data facilitated unpacking and comparison of the data against the existing literature. Making links and attempting to connect patterned themes as well as discovering new themes, facilitates an understanding of the phenomenon being explored (Kelly, 1999b).

During the process of conducting the first interview rigorous analysis already began in order to ensure the study sustained utility and worthiness as suggested by Guba & Lincoln (1989). In order to ensure confirmability of any material recorded, further meetings were agreed upon for clarification of any nature should it be required (Guba & Lincoln, 1989). Transcription was out-sourced to a transcription company. The credibility and dependability of the transcribed material was confirmed by the transcriber and the interviewer by means of proof-reading while listening to the interviews. Furthermore to ensure rigor and veracity of the data, participants were given access to the transcribed material and additionally an inter-rater was utilised to confirm the reliability of the interpretations of the emergent themes (Morse et. al., 2002). The inter-rater was chosen based on her work and experience at two different feminist organisations. The more significant of which provides a one-stop facility for women in domestic violent relationships and their dependent children, including services such as a shelter, legal services, networking with religious organisations, psychological counselling etc.

3.4.4. Data analysis procedures

Creswell (1998, p. 142) asserts that the data analysis procedure is a “choreographed” process. Creswell (1998) further likens the analysis procedure to a spiral image, the end product of which is a narrative account. Terre Blanche and Kelly (1999, p. 140-144) suggest a five-step attainment of this narrative via the process of analysis and interpretation of the data.

i. “Familiarisation and immersion”:

Data analysis is a dynamic process and began when conducting the first interview. It involved immersion into all attained material. This included reading through the transcribed interviews rigorously several times and ensuring that process notes of non-verbal expressions were considered.

ii. “Inducing themes”:

Margin entries facilitated the process of themes emerging. This involved summation of participants responses ensuring that their own words were utilised. Clustering of themes into categories created the distinction between central and sub-themes. The manner in which participants relayed their experiences were noted utilising process notes. This was particularly relevant when expressions of fear and stigma were asserted. Themes were revised and modified upon reflection and recommendation of an inter-rater.

iii. “Coding”:

Systematic breaking up of the data began with utilising different coloured highlighters in order to mark data in accordance with emergent themes. This was followed by comparison of participants interpretations being jotted down on charts in which subdivided columns were created for each participant’s responses.

iv. “Elaboration”:

This entailed a refinement of the theme induction and coding processes. The purpose thereof was to ascertain an enriched and nuanced outlook of the data.

v. “Interpretation and checking”:

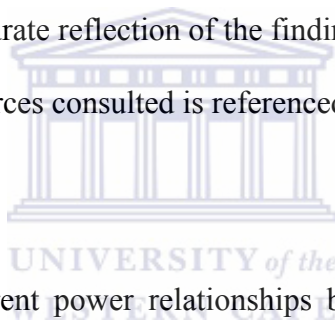
The process of reflexivity aided the checking process of data interpretation. This was particularly useful in facilitating acknowledgement of over-emphasised areas. Checking of interpretation was further facilitated by discussions with individuals familiar with both the fields of domestic violence and resilience. The written account employs themes and sub-themes substantiated by allocation of appropriate narratives extracted from the transcribed interviews.

3.5. ETHICAL CONSIDERATIONS

The current researcher is aware of the sensitive nature of the subject matter and the fact that the sample falls into a vulnerable group (Mouton, 2005). Participants were given detailed verbal and written explanations regarding the nature and goal of the study and its possible advantages and disadvantages. Participants were made aware that the interviews were entirely voluntary and participation could have been ceased if they so deemed necessary. Informed consent with regards to the taped audio recordings and transcriptions of the interview as well as the utility of the research material and findings were elucidated. Access to their transcribed material was proffered to all participants. Assurance was given so that the participants understood that their confidentiality would not be compromised at any stage. Within the thesis participants anonymity is maintained by utilisation of abbreviated letters and pseudonyms are utilised when making reference

to names of their significant others. Appendix B highlights the above ethical considerations. The services of a registered counsellor had been negotiated should the participants have required such assistance. Furthermore, participants were furnished with details of agencies assisting with domestic violence issues if requested. One of the participants required debriefing following her interview. This was conducted by the interviewer and further counselling was arranged at a convenient time at the Simon's Town Police Station Trauma Rooms for the participant.

In order to ensure ethical research practice the current author aims to produce a final report which is a clear and accurate reflection of the findings. Furthermore, recognition of contributions and works of sources consulted is referenced to avoid plagiarism.



3.6. REFLEXIVITY

Feminism acknowledges inherent power relationships between the researcher and the researched. Three main tenets include “uncovering hidden relationships in seeking deep, in-depth research”, informing change in an “emancipatory or liberatory direction” and facilitating a voice to the “disempowered” (Eagle, Hayes & Sibanda, 1999, p. 439). Furthermore, reflection upon the shared human experience of researcher and participant is suggested by feminist social theorists to be absolutely imperative (Eagle, Hayes & Sibanda, 1999). Prior to engaging in the human experience of the interview process my interactions with women seeking assistance with domestically violent relationships left me pondering the question of women’s agency and sense of control in these relationships. With my theoretical orientation being that of a feminist, I often wondered about how women who endure these abusive relationships survive the domination and subjugation

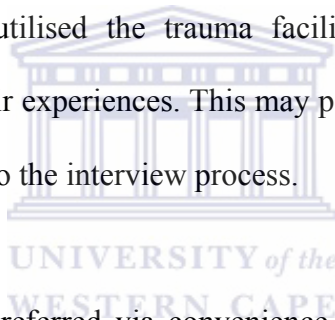
exerted upon them. It is postulated that identification or dis-identification with participants influence the data and findings of the research (Eagle, Hayes & Sibanda, 1999). While never personally experiencing the oppression of a domestically violent relationship, as an 'Indian' female who encountered racial discrimination and bigotry upon entering a model C school in 1992, I am aware of the debilitating effect on self-esteem in an oppressive system.

The researcher's demographic and personal characteristics plays a part in eliciting the research data (Eagle, Hayes, Sibanda, 1999). My racial denomination as an 'Indian' was of significance with one of the 'Coloured' participant's whose first abusive relationship was with an 'Indian' man. This brought to the fore her lost relationships with his female family members which she had a positive experience with, but also the negative aspects of his controlling and extremely violent nature. The participant's reference to her ex-husband and my own identification albeit of a assigned racial categorisation left me feeling extremely guilty. The thought of being associated with an individual who subjugated and vehemently suppressed another was somewhat uncomfortable.

My race, age, level of education and social economic status as the interviewer did not appear to have an adverse effect upon the interview process. Despite my initial awkwardness at association with an abuser, my observation was that the participant was able to share her experiences and often made reference to places and terminology of 'Indian' reference in order to identify with me as a woman and from a shared cultural experience. Upon reflection my analysis is that the interview process was enhanced by

the depth of the participant's willingness to share. All of the interviews were conducted in English, despite preference being given to Afrikaans-speaking participants to be interviewed in their mother-tongue. It is significant that one of the 'Coloured' participant's found the need to define the term "slet" to me. While this may have served to punctuate cultural differences an alternative way of viewing her explanation is that she wished to emphasise the severity of her difficulties and thereby allowing me to share in her reality.

My relationship with one of the participant's as a fellow trauma counsellor and another participant as a client who utilised the trauma facility appeared to enhance these participants ability to share their experiences. This may possibly be attributed to the level of rapport which existed prior to the interview process.



Two of the participants were referred via convenience sampling from mutual friends. Although participants volunteered to engage in the interview process, there did appear to be an initial concern about confidentiality and speculation about the possibility of future interaction in social circles. My sense however, from the depth of the data attained in these interviews is that this did not have an adverse effect on the interview process. Added to which, boundaries of privacy and confidentiality were re-explored.

My personal experience of engaging in this research has been exceptionally rewarding. It has been an incredible privilege witnessing acts of courage and resilience which are often so unconscious and may have previously been misconstrued as subservience. It has

enhanced the development of my conceptualisation regarding the power of subtle forms of control and taught me great humility in my own understandings of personal adversity.

3.7. SUMMARY

This chapter provides a comprehensive overview and detailed discussion of the research process. Argument for the utilisation of a qualitative research paradigm was outlined. This was followed by outlining the research process, including the data collection, data analysis, ethical considerations and reflexivity.

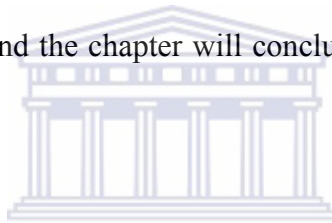


CHAPTER 4

RESEARCH FINDINGS AND DISCUSSION

4.1. INTRODUCTION

The primary goal of the thesis was to explore the possible link of resilience in women who endure domestically violent relationships. The following chapter provides a description of the participants characteristics and experiences of resilience within domestically violent relationships. Description of the main findings and patterns emerging will be highlighted and the chapter will conclude with a summary of the main results.



The semi-structured interview guide compiled a series of opened-ended questions relayed by interviewer to participants in a one-on-one interview. The questions put forward to participants attempted to explore the presence of themes including: the presence of adversity, risk and protective factors, coping and survival strategies, social support structures and utilisation of social structures in order to manage their adverse circumstances. Thematic analysis was utilised in order to derive the main themes elicited and these themes will be presented in the subsequent section.

4.2. BIOGRAPHICAL INFORMATION OF PARTICIPANTS

Participants were purposively chosen in terms of their experiences in domestically violent relationships. All six participants were females who reside within the False Bay area of the Cape Peninsula. The racial demographic of the participants include that of four 'White' females and two 'Coloured' females. Their mean age being that of 32 years. The youngest participant was 22 years of age and the oldest was 43. The minimum number of years within a domestically abusive relationships by the participants was 6 years and the maximum was 13 years.

There was a disparate distinction in education levels with the maximum highest level of education being a postgraduate degree and the minimum a grade 8. Two of the participants are currently unemployed and the participant with the postgraduate degree currently works for her abusive partner but does not receive a salaried compensation. Four of the participants have their own children, one has a step-child in her current relationship and one participant has no child dependents.

4.3. DISCUSSION OF THE FINDINGS

The discussion will be broken down into the themes:

- 4.3.1. Defining domestic violence
- 4.3.2. Resilience
- 4.3.3. Pathology

4.3.1. Defining domestic violence

The following section aims to substantiate that the domestically violent relationships participants endured constitute adverse conditions. It was postulated by participants that their relationships were often representative of parent-child relations as opposed to mature adult connections. This appears from the participants responses to have often maintained and exacerbate abusive partners' degradation of the self and created structures of dependency. The following extracts highlight what Herman (1992:92) refers to as "infantilisation":

"Well I think it's [domestic violence] any form of intimidation ... you need an adult-adult relationship in a family ... and most abusive relationships will have a parent-child relationship ... I'd get locked in my room, my own bedroom and [he'd say] 'well you can stay in there until you can listen' ... (MT)

"... he used to make me feel like a small child, but I mean I had to work with money and every time when I used to get a job, he used to say yeah, I can look after the kids, so he made me dependent on him" (CA)

"It's almost like a grown up hitting a child for no reason and it hurts a lot because you trying to understand what you did wrong ..." (TD)

"...I don't answer my phone because I am scared, listen to my words, scared, child scared..." (MH).

Herman (1992) asserts that the power psychological infantilism holds over women in domestically violent relationships is tremendous. The perpetrator commands a sense of authority; the consequence of which is the development of dependence on him which further endangers the life of the female partner (Herman, 1992). This is evident in the responses from the participants, whose responses mimic that of being controlled which Herman (1992, p. 92) describes as a dependence upon a "Godlike authority".

The following descriptions of incidents of domestic violence evidences the presence of adversity.

“There was quite a few incidents when I had to go to the hospital because he don’t hit me on my face you see, he hits me on my body... he hits me on the same spot...he would bash me in my back, he would hurt my neck...the first time we were only married for about one and half years and he started hitting me and smacking me and throwing me around in the bungalow where we stayed ... Mental abuse, the words that he tells me, that hurts a lot you know because I don’t know myself like that ... like he said I’m a slet which means you like a whore ...” (TD)

“I would have to behave to get money to buy cigarettes ... if I cooked food that he didn’t like the look of, or the taste or; he would throw it across the room, hmm, and if I; I had to just listen, that was his mantra, and that’s a mantra of ... ‘If you will just listen, none of this would happen’. Hmm, and there was this constant - what mood is he going to be in? And which just became; if, okay, let me make sure that this is there and that’s there and everything’s in place, but you can never; you never get it right; agh, you just never, ever get it right. So it was just a horrible, emotional, stressful ... relationship. I was ‘a nothing’; I was told that it’s not my house, it’s his house and I’m lucky to live there. And I’m ‘a nothing’ and ‘a nobody’, and nobody will want me and nobody will care and I’m fat and, ‘you’re just a blob’, and it went on and on and on and on ...” (JL)

“... extremely violent, extremely aggressive, uncontrollable, no control! Finding my weak points and just accentuating that ... you’re a whore, and you fat and you can’t wear this and you can’t wear that ... and controlling, very, very strangely jealous, phoning throughout the day ... if you don’t answer the phone, then you know you in trouble...” (DA)

It is argued that “resilience represents successful adaptation to adversity, stressful events and oppressive systems” (Sonn & Fisher, 1998:468). It is postulated that domestic violence can be viewed as an oppressive system in which women are exposed to a myriad

of stressful events. The above extracts illustrate the participants experiences of adverse circumstances, this is essential to establish in order to extrapolate resilient responses, as the processes of resilience can only materialise in the face of adversity (Bonanno, 2004; Rutter, cited in Dyer and McGuinness, 1996).

4.3.2. Resilience themes

- 4.3.2.1. Individual factors
- 4.3.2.2. Social support
- 4.3.2.3. Resistance
 - Physical resistance
 - Verbal resistance
 - Domestic resistance



Resilience

Literature surrounding the existence of resilience in women who endure domestically violent relationships is extremely limited. Mrazek and Mrazek's (1987) guide of attributes of resilience development will be utilised in order to extrapolate individual resilient characteristics in analysis of participant responses. It is integral to consider that while some of these individual responses may appear to be maladaptive and detrimental in the long term, it provides women with a means to maintain a sense of equilibrium in the short term and bounce back from their adverse conditions.

4.3.2.1 Individual factors

- Dissociation of affect: Participant responses which included detachment from strong emotions to ward off negative experiences include:

“I don’t feel sometimes anything, I just feel ...I’m alive and I think hard, but it’s like there is no emotion in me, ... sometimes I feel like I got no heart ...”(CA)

“I felt no happiness, no sadness, no anger, I did not feel, and I didn’t know that. I was like; I didn’t feel ... I think you go onto ‘auto pilot’ ... So you don’t say anything and you work on auto pilot and you put on this great big act for everybody ... I lost myself in books... Books. Hmm ... I just became invisible. Happy for the times that he wasn’t there, and then ... staying as invisible as I could when he was there...Humour sustains Cami and I. Yeah, we definitely humour standouts because - yeah, we quiet but humour was a big thing ...” (JL)

“I had to deal with it, I can’t just keep grudges for two weeks or a month or, I can’t, you know I just have to deal with it ...You learn to put on a brave face and act as if everything is fine ... I use TV, movies as an escape.” (DA)

“I like to fill in puzzles ... or word searches ... or sometimes I’ll read something, you know, and that would take my mind off everything that is happening or what has been happening ...I would do stuff, I would even clean, like the last time I washed the walls from the toilet, just to keep busy, just to not think of anything like that, you know. So that’s what actually helps me.” (TD)

One participant highlighted humour as standing out as a means of dissociating from her negative experiences. This draws a parallel with Tugade and Fredrickson’s (2004) assertion that positive emotionality engenders a sense of relative well-being. Apart from this sole response of physiological arousal as a mechanism in order to dissociate from negative experiences all other respondents highlighted psychological mechanisms such as reading, watching television and filling in puzzles. The psychological defense of

presenting a mask to the world was a common response of participants. This conscious awareness of masking emotions enables participants to avoid embarrassment and shame. For example: “... if I were to bumped into him [neighbour], coming up the stairs, I would be ‘hi, how are you, I’m fine thank you, cheers have a good evening, act like nothing ever happened.” (DA)

- Positive projective anticipation: the development of a fantasy creates the belief of an idealised future which engenders a sense of control over participants adverse situations. This is closely related to the individual construct of dissociation from negativity and is illustrated by the following response:

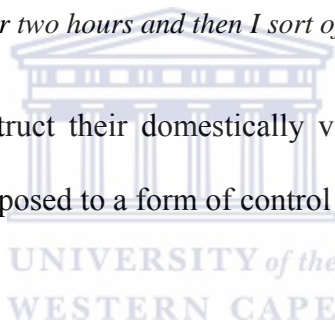
“... yes I still think it’s going to get better ... and like I said Stephanie is in Standard 9 now, she’s Matric next year and then she’s out of the house and then it’s just Don and myself. It’s like almost starting where normal couples would start, with nothing, where it’s just the two of us, whereas now ...” (MH)

- Cognitive restructuring of painful experiences: utilisation of cognitive shifts in order to dissociate from their negative situations and reconstructing these experiences from a more positive outlook:

“... when I said ‘thrive on the drama’, I did [exhales] “he’s a bastard, he beat me again!”, did that for two weeks, did that for like, I gotta make sure he knew that he’d hurt me whether it was limping or whatever the case was, there’s drama. If there’s no drama all of a sudden you’re like “ah, you don’t love me! ...” (MT)

“...I realise that that’s how he loves, it doesn’t mean that he doesn’t, because he’s like that with Stephanie, and if he’s like that with Stephanie for who he loves above everything, he’ll give his life for her, then that’s not me, he’s not like that with me because of me, he is like that with people that he loves. So I know that, now I must just the moment it happens, not react naturally, not react the way I want to react. I need to re-programme myself almost to think, well instead of that hurting me on a level 10 or 9 ½ act as if it’s only a level 2 because for him it’s only a level 2 ... it’s very, very hard because it’s reprogramming yourself and it’s almost like I want to see, I want to see this whole picture from a different point of view ... I made that conscious choice is to try and see things differently and handle it differently, which I’ve now seen that when I, when I could do it I felt much better, so instead of me being walking around for three days thinking I want to die and I can’t do anything - the moment I handled it differently, I’m still hurt but I might be hurt for two hours and then I sort of push it aside.” (MH)

The above participants reconstruct their domestically violent relationships in terms of being loved and cared for as opposed to a form of control and domination.



- Information seeking: The acquisition of knowledge in order to placate activation of triggers leading to threatening situations include the following responses:

“Hmm, and there was this constant - what mood is he going to be in ... let me make sure that this is there and that’s there and everything’s in place ...” (JL)

All participants highlighted that although circumstances were unpredictable there were certain constants such as ensuring that the home and their behaviour was such as to avoid incidents of domestic violence.

“I’ve started to actually feel so stupid it’s not even funny. I really, really, really feel stupid ... So I feel, okay I should sit here now during the day and actually study, go on to the internet, study world news, get, take a map of South Africa and memorise the rivers, so that when we ever in, you know try and get bits of knowledge together to be a better person for Don, to be more knowledgeable, to be more intelligent.” (MH)

The above excerpt indicates how under conditions of verbal and emotional abuse the participant attempts to acquire greater general knowledge in order to feel equal to her partner and ward off incidents of further abuse.

- Formation and utilisation of relationships for survival: the following extracts highlight the mobilisation of support structures in order to prevail:

“My friend Jené ..., sometimes she’s like a mother and sometimes she’s like a sister. A happy relationship, we laugh a lot ...we on the same wave length ... I had my dogs ... They protected me, they were there, ... and I had Cami and I felt I had a life ...” (JL)

“I love my children to death, both of them. You know to tell you the truth I would do anything, anything at all to like keep them happy, to give them what they need or what they want ...” (TD)

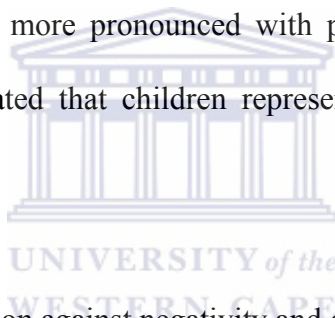
For many participants children serve as an external source which enhances their sense of self-worth (Engeland, Carlson & Sroufe, 1993). The utilisation of support structures intersects with the individual construct of altruism and within an ecosystemic level of social support which will be explored further on in the findings.

- Altruism: an unconscious mechanism of relinquishing self-nurturance in order to provide for others.

“He would, he, he would hit, hit me in front of my daughter at the age of 1½, 2, that it would be so bad that I would say to him, ‘just wait’, he had enough mental capacity to let me take my daughter and put her in her room and close the door. I would rather have her scream because she’s alone in her room than to let her see him beat me ... and then he would just carry on.” (MT)

“I was mommy - there was no time to think about me or process it or do anything ... she was a baby and I had to do baby-mommy things ... and to make like I am siding with him to protect my child ...” (JL)

Altruistic tendencies appeared more pronounced with participants who had biological child dependents. It is postulated that children represent hope and continuity for the future.



- Optimism and hope: protection against negativity and depression.

“I’m here because I believe that, that’s just, that’s going to get fixed. Yes we’ll still fight, yes we’ll still have our differences, but then we probably meant to be and that once that’s sorted out that it’s going to be amazing ... he’s been like that and he loved to just give me a hug and touch me, not saying like physical, talking about just that caring, loving he, he was like that, I believe that can come back.” (MH)

In summary, utilising Mrazek and Mrazek’s (1987) guide in order to extrapolate individual factors of resilience to domestic violence highlights that participants utilise internal processes which facilitate resilience (Dyer & McGuinness, 1996). Critical to this process is that participants found meaning and direction in life, exhibited creative problem-solving strategies and transcended personal difficulties indicating the presence

of prosocial behaviour (Dyer & McGuinness, 1996). Four of the six variables postulated by Wasonga (2002) link with Mrazek and Mrazek (1987) and this thesis findings. These include the presence of empathy, problem solving, self-efficacy as well as goals and aspirations (Wasonga, 2002). Participants extracts indicate that they display competent functioning in the face of chronic stress and this offers compelling support to the argument that a relation between resiliency and domestic violence does exist.

4.3.2.2 Social support

Focusing the lens on a singular unit of analysis neglects consideration of other units of analysis which reciprocally interact with other social support systems (Becvar & Becvar, 1996). Naved *et al.*, (2006) assert that the social support received from significant others is termed informal support. Current findings concur that social support can be viewed in two ways; informal support such as family, friends and colleagues, and formal such as social services and structures. Of particular emphasis was the emergence of the quality of support as opposed to the quantity of the support offered to participants. Themes that emerged with regards to the nature of informal support in the actualisation of resilience include; quality support, conditional support, absence of community support, and isolation.

- **Quality support:**

“The only way that I can almost save my sanity is by leaving which would mean getting in my car, packing all my stuff, phoning Lara asking her to help me, that’s what I did and moving in with Lara ...” (MH)

“...my boss had been in an abusive relationship, so I’ve spoken a lot to her, like verbalised and, and told her a lot of stuff ...” (MT)

“Yes, my mom definitely, my mom is somebody that I can call anytime of the night. I can call her at any point and speak to her about what I’m going through ... One person, Melissa, who became my friend, obviously not in the beginning because she was my colleague but as we started to get to know each other a little bit and she would confide in me and I would realise that okay I could confide in her because I could relate a little bit” (DA)

Wasonga (2002) asserts that consistent supportive relationships lead to trust building and are the basis of resiliency building. Participant extracts suggest that empathetic understandings of experiences lead to an increase in the mobilisation of social support.

▪ Conditional support:

“My mommy is not there for me, she is nowhere, you know I never seem to find her when I need her ... His sister often told me that you can leave you know, you can go and leave him, put him out ... put him out of the bungalow ...” (TD)

“Nobody is going to stop you, none of them, nobody would stop you in the passage, they know it’s a sensitive situation, nobody will stop you and say ‘listen are you okay, if you need help please come and knock on my door’, that didn’t happen except for Helen next door. She came to me the once, she said to me ‘listen what’s going on in your relationship is wrong, I know that I’m intruding on your privacy but you must understand that nobody in this block can sleep and that I’m not just saying this for myself but for you, you know you need to get out of your relationship” (DA)

“I moved to my dad, I couldn’t just come back because it was almost like we had supervision suddenly. You said you leaving, you here now, we helping you, don’t disappoint us, and you cannot go back, don’t talk to him ...” (MH)

Conditional support highlights a complexity to the view of support as an either or dichotomy (i.e. quality support or isolation). Findings suggest varying degrees to the quality of support available to participants, influences resiliency building.

- Isolation:

“... but I was very alone, I had no one. the only time his mother ever believed that he'd hit me was when she saw him strangling me, she didn't believe me, so I had no one believing how I was feeling and the abuse ...” (MT)

“... And the control of the abuse is that isolation where nobody knows, nobody sees, nobody hears; you feel that you've got nowhere to go ... so you become isolated - and it's the shame and the embarrassment of, of speaking out because what happens if they also think I'm like that; then where am I going to go? Then who is going to care?” (JL)

The patriarchal terrorism which Johnson (1995) makes reference to, leads to isolation and thereby hinders the utilisation of external resources for the acquisition of social support (Engeland, Carlson, & Sroufe, 1993). Women in abusive relationships are only suggested to access formal services when informal services fail to provide the quality support needed (Naved *et al.*, 2006).

Formal support structures which participants often made reference to utilising, include medical, legal and community-based support.

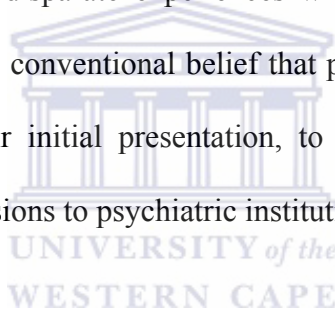
- Medical:

“I am just thankful that I had a very intuitive GP at the time and he said to me you are not doing fine and I am sending you to see Dr F.” (JL)

“He decided no, emergency, you have to, you have to go to Crescent right now ...” (MH)

“I’ve never been {snickers} incarcerated or, or thrown into hospital because of this, but I have been in therapy a couple of times, hmm, and, and, and it’s [domestic violence] made me not trust, people ... I went to a psychiatrist after I left, which I should have gone probably for more counselling sessions ...” (MT)

Participant responses indicate disparate experiences when accessing medical services. Responses varied from the less conventional belief that participants presenting problems were more complex than their initial presentation, to what participants described as impulsive diagnosis and admissions to psychiatric institutions.



- Legal:

“First of all, by the time they finally got around to issuing the protection order I had moved out. So when I needed the protection order I didn’t have it. Yeah, they issued the protection order after I moved out ... Yeah, well you go and you sit in court and you wait and you wait and then you’ve got to make a statement which is hard because now you’ve got to relive all the events, and then it’s also the fear of when it’s going to be issued. And it took a while, it took like 10 days...for it to be issued, and in that time a woman could be killed ... I went to an attorney and filed for divorce ... and I still lived there for two weeks before I left, so...look, what else can happen but him killing me?” (JL)

“I got an interdict, this is now my second one that I got from Simons Town court. Hmm, and he got, he got, he tore his one up. And the police guy said to me that even if he tears his one up, that they can still if anything happens they can still take him. Hmm, on lots of occasions I used it but you know with Ocean View police every time when I used to phone they would never come because they were so used to hearing [my address] that it was just domestic violence to be ‘agh they’ll sort it out just now’ you know. One night I waited till 2 o’ clock in the night I waited and nobody came eventually and that was like past 10 when I phoned hey, and eventually they came and they were drunk.” (TD)

“... after he’d been issued with a restraining order ... he just didn’t care, he didn’t care! It’s effective to a degree – to diffuse a situation for a short while but then the anger kicks in... and unfortunately the woman tends to be the one that comes short at the end of the day ...” (MT)

Participants highlight that protection orders are an arduous and lengthy procedure to acquire. Participants indicate that this form of structural intervention is often a futile exercise as abusive partners often disregard the implications of the protection orders and that the effectiveness of the legal intervention is limited. Furthermore, the ‘Coloured’ participants report that police often do not respond timeously or at all to their calls for help following domestic violence. One of the participants reported that in response to her retaliation to her abusive partner’s physical violence, that she was served with a protection order for assault against her abusive partner and she highlights that *“... then he became the victim ...” (CA)*.

- Community-based supports:

“I felt like committing suicide with all the kids there, and something told me hey, to just wake up. I went to the principal’s office to ... ask him for help because I couldn’t, it’s like, it was, I was draining physically and mentally...” (CA)

The above extract highlights one of the less conventional avenues of seeking assistance on an informal level. It suggests an innovative mechanism of accessing support in times of extreme adversity and desperation.

“I never meant to make domestic violence my forte ... the counselling was horrendous, I mean I used to come home from the training and just have all kinds of nonsense, ‘why you so late, what are you doing, you shouldn’t, ... but I very nearly gave it up because it just wasn’t worth it; hmm, but then I’ve been going back every week, twice a week and getting more stronger and more empowered and it just gave me the strength to then go back home and hear it and have it ... I was set on finishing the course... it was just having the counsellors, that support and that ... knowledge that they were out there ... that I actually did have somewhere to go and that kind of caring ...” (JL)

The above extract highlights one participant’s engagement as a counsellor at her local trauma room to be a “very, very, *empowering*” (JL) and cathartic process. Through this process of belonging to an external community she was able to mobilise her internal resources in order to break the “*cycle of isolation*” (JL) and thus leave her thirteen year abusive relationship. This highlights the power and utility of a synergistic interaction between individual and social supports in terms of assisting women in domestically violent relationships.

In summary, the structural inequalities and constraints participants experience at a legal level correlate with literature which asserts that lack of seriousness is afforded to reports of domestic violence in South Africa (Altebeker, 2005). This lends support to Kruger's (2004) assertion that despite the existence of protective structures such as the Domestic Violence Act 116 of 1998, implementation thereof falls short. The disparity in participant experiences within the medical ecosystem further highlights the poor trajectory for activation of socially resilient responses by women in domestically violent relationships (Adger, 2000).

4.3.2.3. Resistance

Responses of resistance take on many forms, these include processes of fighting back in both big and small ways across different realms of the participants lives. The themes which have emerged from the data analysis include, physical, verbal and domestic resistance. These will be explored with relevant extracts from participant responses below.

▪ Physical resistance

Three of the six participants reported actively physically hitting or pushing their abusive partners back. Examples of physically resisting include:

“I broke his nose once ... walked up to him and I shoved him against the wall and I held his hand against the wall and he tried to get in my face so I head butted him and broke his nose and walked away ...” (MT)

“... he would push ... I would definitely push back ...” (DA)

“... because I couldn’t speak to him I started hitting him back ... fighting and I didn’t even know myself like that ...” (CA)

All three participants highlight that their active physical resistance consequently led to an exacerbation of the violence they were exposed to. One of the participants reported that she went from victim to perpetrator when her abusive partner laid a charge of assault against her after she physically retaliated. Another participant reported that her partner’s levels of aggression would increase incrementally depending on her levels of retaliation.

These reports are congruent with Lewis *et al.* (2006, p. 340) who suggest that active resistance may result in more unsafe circumstances developing and thus suggest alternative coping tactics for women in these circumstances. Two participants did not employ physical means of resisting highlighting the consequences were too extreme. All participants reported resisting in subtle and less overt manners. Some of the more subtle and nuanced mechanisms of resisting will be explored in the remaining sub-themes.

▪ **Verbal resistance**

Participants responses to verbal resistance include the following:

“... now if you give me lip you going to get it right back, whatever the detriment might be ...” (MT)

“... I became very verbal, so as soon as he started to act up, I became, I became a monster myself too ...” (DA)

“... sometimes I take the audacity to tell him ... you treat me like a piece of garbage and you still want me to give you stuff, it’s not fair ... so either you go or you come right!” (TD)

Participants highlight that although their verbal reprisal does not beget major shifts in behaviour, as abusive partners often ignored the verbal outpouring, there were no reports of escalating physical violence. Where they gained no reaction to their verbal resistance women employed alternative measures, for example domestic resistance.

▪ **Domestic resistance**

Participants appear to actively utilise the domestic realm in order to negotiate power dynamics in their abusive relationships. The following quotes will illustrate some of the mechanisms participants have employed:

“‘Forgetting’ to buy cigarettes ...milk. Or don’t do washing, not polishing shoes, throwing away the polish ... hiding things away from him, like belts for work, you know, hiding it away and just being nasty, in my head, but {exhales} oh dear, ... let me help you look for your belt {giggles} and he is too dof to realise ...” (MT)

“... not starting to wash his clothes ... you abuse me so why must I make food for you ... but its almost like he used to force me to make food, it’s like he can see there is something wrong with me, but it’s like he will, ... like he keeps himself blind ...” (CA)

“... it went on for about I think two or three months, I just washed my own and my two boys [clothes]and the bedding and ... I put his clothes in a black bag and I said to him you can do it yourself ... and then that was the stage where he didn’t have any clean socks anymore, and he started using my stuff, so I took all his clothes out of the cupboard and I locked the cupboard and I put all his stuff in black bags ... he was furious ... I just started to ignore him and just like do stuff for myself and for my boys because I needed to punish him as well, you know...”(TD)

Despite one participant's report that her partner was oblivious to her attempts to resist thereby highlighting that there is something amiss, other participants responses highlight a definite sense of victory and triumph in their ability to control the domestic domain.

Wade (1997) asserts that even small acts of resisting are significant. Chambers (1993) poignantly highlights that resistance is not met without consequences. Common responses from participants included that overt resistance was met with aggression, silent treatment, withholding of affection, or material goods. However, the sense of mastery and social action attained in these adverse situations emerge from female participants sense of agency and questioning of dominant norms (Chambers, 1999; Mosavel *et al.*, 2007).

4.3.3. Pathology theme

4.3.3.1 Diagnosis and pathology

4.3.3.1 Diagnosis and pathology

The theme of diagnosis and pathology will focus on the erroneous and injudicious notion that women who remain in domestic violent relationships do so for underlying pathological deficits. The implications of labelling women who remain are explored in the following quotes:

“So now every time I have an emotion since I’ve been back [from psychiatric clinic] I’m over-reacting, it’s because I’m bipolar, it’s abnormal, if I want to go lie on my bed and cry because there’s nothing else I can do, because I’m bipolar ... which in turn makes me doubt would someone else have done that or is it just me ...” (MH)

“... I went into Crescent Clinic just over a month ... and I think once I was there and not at home I just had a melt-down for the count because it was safe ... and that’s where I realised that I didn’t feel ... nothing! I had 12 sessions of shock therapy that completely messed me up – my memory never came back ... Hmmm so I was on Prozac, lovely drug Prozac... me and 40000 Americans. I was on Prozac for a long time ... a long, long time ...” (JL)

“... no, uh, ... that’s my GP, I’m going to go and see a psy ...he, he asked me to rather see a psychiatrist who specialises in, in disorders. I think ... and I strongly think that I possibly do have a, a, a variation of either bipolar or manic depression because of my behaviour patterns. If that had been diagnosed 10 years ago {exhales} maybe my life would have been slightly different because then it would have been something I could manage, my emotions I can’t handle it anymore, because I go from being so happy and laughing and hysterical with my kids and they love me and we do things to “just get away from me” kind of thing ...” (MT)

Wade (1997) and Herman (1992) both emphasise the danger and short-sightedness of misconstruing acts of resistance for pathological symptoms. Despite these assumptions participant responses indicate assimilating into a pathological discourse of psychology. Participants report often being assigned with psychopathological labels. In response they report accepting the conditions of these labels by conforming to institutional norms (e.g. psychotherapy, group therapy, medication compliance). The process of bouncing back from the adverse condition of symptomology is a resilient outcome.

CHAPTER 5

SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

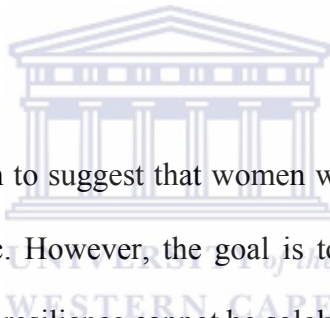
Chapter one of the thesis provides an introduction and contextual understanding to the study. An itemisation of the research problem, motivation and significance of the study as well as a brief outline of the methodological approach employed is perused. Chapter two offers an examination of the mainstream literature on domestic violence and resilience. Chapter three offers an in-depth explanation of the methodological and epistemological approach of the thesis and focuses on the processes of data collection and ethical considerations. Chapter four provides a presentation of the research findings which have been substantiated by utilising significant extracts from transcribed material and supported by relevant literature.

This chapter will summarise the conclusions drawn from the findings and discussions presented in chapter four. This will be followed by recommendations relating to empowering women who endure domestically violent relationships. The chapter will conclude with reflections on the limitations of the study and recommendations for future research within the area. The findings commenced with a brief section providing evidence that the participants in this thesis endured adversity. Participants provided thick descriptions which broadly encompassed constructs found in the Domestic Violence Act 116 of 1998.

5.2. RESILIENCE

The findings indicate that there is a relationship between domestic violence and resilience. Findings suggest that participants responses were largely attributed to individual resiliency building. Furthermore, findings suggest that there are varying degrees of individual resilience which is influenced by social support systems. Despite the presence of available social support structures, quality of support was often conditional. Conditional support means the abused women faces the predicament of losing support or gaining quality support. Findings suggest that the varying degrees of individual resilience is related to the nature of informal social support attained. It is therefore, postulated that social support systems should strengthen conditional support to foster quality social support in order to facilitate a greater degree of resilient responses. Findings also suggest that poor delivery service e.g. lengthy processes of protection order acquisition and poor police responses, generally left participants with reservations regarding the effectiveness of formal support. The deficits found within formal and informal social supports impeded optimal resiliency development. Variability is impacted upon by the lack of synergism between individual and social support systems which inhibits the process of resilience displayed. Furthermore, it is the suggestion of the findings that why women remain in domestically violent relationships needs to be redefined to demystify and de-stigmatise the notion of remaining being equated to pathological deficits and highlight the more resilient responses.

Resisting was the most common resilient response. Poignant responses of resisting, including physical, verbal and domestic were highlighted in the findings chapter. Subtle and covert responses of resistance which also represent processes of fighting back includes the following examples: “... *Cami and I would laugh behind his back and you know ‘he’s so pathetic, and he’s just ...’ you know we would have our own little thing ...*” (JL) and “... *sometimes I have to play the wounded deer, just to make him feel better...*” (MT). Resisting under adverse conditions does not imply surrendering via the processes of capitulation and assimilation but is a resilient response as it leads to a sense of personal agency and empowerment albeit boundaried to specific domains (Sonn & Fisher, 1998; Wade, 1997).



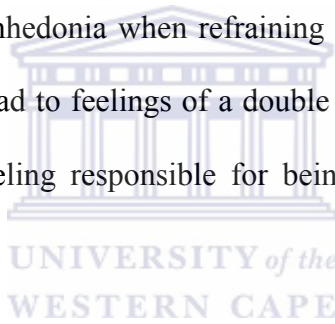
It is not the aim of the research to suggest that women who remain in their domestically violent relationships are heroic. However, the goal is to highlight that the relationship between domestic violence and resilience cannot be solely measured by the outcome of leaving an abusive relationship.

5.3. PATHOLOGY VERSUS POSITIVE PSYCHOLOGY

One of the research aims was to contest the understanding that remaining in domestically violent relationships is underpinned by pathological deficits. All participants made reference to the psychological impact their abusive relationships have had upon them. The impact on their mental and emotional well-being, from a post modern higher-order cybernetic perspective, is rational considering the adverse circumstances in which participants find themselves (Becvar & Becvar, 1996). It is argued that by not considering normalcy in context, diagnoses are made via epistemological errors (Szasz,

1961, cited in Becvar & Becvar, 1996). Consequently women are labelled as having pathological deficits as opposed to understanding their symptoms as normal given their experiences (Becvar & Becvar, 1996). In this sense domestic violence is socially sanctioned because the abused woman is singled out and identified as the patient. By narrowing the focus to a single unit of analysis we fail to understand the interrelatedness of the relationships and the impact and influences within her entire system (Becvar & Becvar, 1996).

Wade (1997) cautions against mistakenly labelling meaningful ways of resisting as pathological symptoms (e.g. anhedonia when refraining from cooking or cleaning). The impact of this labelling may lead to feelings of a double stigma, that of being diagnosed with a pathology and thus feeling responsible for being in and invoking the abusive relationship.



Despite the added adversity of having to accept being labelled as pathological, it is argued that participants were able to display varying degrees of inner strength to transcend and bounce back from their adverse circumstances (Dunn, 2006). This is evident in their ability to maintain a sense of equilibrium by adhering to institutional norms of admission into psychiatric clinics, and the therapeutic practices. Added to which participants assimilate to their labels, by for example becoming medication compliant (Sonn & Fisher, 1998). Despite not always agreeing or understanding how the label is derived, this thesis proposes that participants displayed resilient responses.

5.4. RECOMMENDATIONS

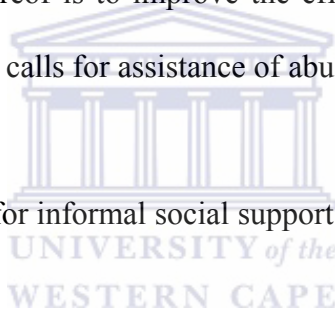
- **Individual level**

A focus on individual intervention strategies emphasising the positive aspects of resilience through the processes of cognitive restructuring and ego strengthening, as opposed to utilisation of shock and shame tactics to augment the process of leaving as the only alternative.

- **Social Support**

Psycho-education for formal social support systems which deal with domestic violence (e.g. police). The intention thereof is to improve the efficacy of services rendered, e.g. time and attitudinal response to calls for assistance of abusive relationships.

Psycho-education and support for informal social support systems in order to improve the quality of support.



These recommendations highlight intervention strategies for dealing with domestic violence. It is postulated that if the entire system is treated as the unit of analysis, we will get closer to finding solutions to the problem. This needs to be focused upon in order to appropriately deal with the insidious effects of gender-based violence. Limitations of the study will be discussed below, with inclusion for recommendation for further research within the domain.

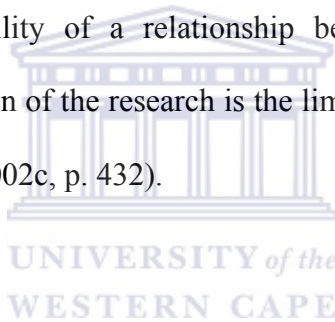
5.5. LIMITATIONS AND RECOMMENDATIONS

The limitations of interpretative research is commonly questioned due to the confines of generalisability of findings (Kelly, 2002c). Representativeness of the research conclusion is questionable due to the small sample size, and stratification of the sample, in that the racial divide did not include all South African geographical, race and linguistic groups (Kelly, 2002c). Within this thesis the sample was largely ‘White’ middle class women and therefore not representative of most oppressed groups. Another demographic factor which may have impacted upon the findings includes socio-economic disparities (Prilleltensky, Nelson & Peirson, 2001). This was evident in terms of structural inequalities which were illustrated by the ‘Coloured’ participants responses that the police service in their areas were largely ineffective. Furthermore, socio-economic disparities were highlighted in terms of access to social resources. It is evident that all the ‘White’ participants have access to private mental health care facilities as opposed to the ‘Coloured’ participants in this study. This has implications for the nature of the findings in which ‘White’ participants offer responses from an Westernised and often psychologised perspective.

“Transferential validity” is the ability of the account to provide answers in other contexts; this is achieved through accurate and thick descriptions of the research process, situation and context (Kelly, 2002c, p. 431). Naved et al (2006) highlight one of the limitations of transferability of this thesis findings, suggesting that a downfall of accessing participants from urban environments is that women within more liberal settings are more likely to report and engage in help-seeking behaviour than their rural counterparts. In this thesis participants are women who reside in urban settings and the absence of rural experiences

and understanding of domestic violence is a major limitation. A comparative study of urban and rural women's experiences may possibly ameliorate the concerns highlighted above.

Furthermore, suggestions for future research include more in-depth investigation of the intersection between domestic violence and resilience. The downfall of this thesis is the fact that it did not tap into cultural, spiritual or religious aspects of resiliency building. These aspects may be unique to a South African context and future research should take this into consideration. One of the strengths of the thesis may be its ability to develop an understanding of the plausibility of a relationship between domestic violence and resilience. However, a limitation of the research is the limited power it yields to “reorient and change practice” (Kelly, 2002c, p. 432).



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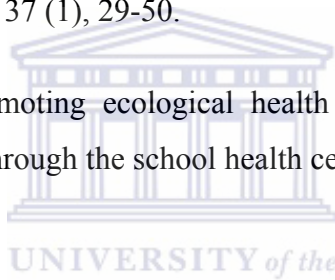
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APPENDIX A – Demographic Questionnaire & Interview Schedule

Participant Name: _____

Age: _____

Gender: _____

Race: _____

HLOE: _____

Area residing within: _____

Occupation: _____

Duration of current employment: _____

Income bracket:

R0 – R 500

R500 – R1500

R1500 – R3000

R3000 – R5000

R5000 – R7000

R7000 – R10 000

R10 000 +



Have you been / are you economical dependent on a domestic violent spouse?

Y

N

Do you have children

Y

N

If yes how many: _____

Religion: _____

Have you ever accessed any domestic violence agencies or organisation / police?

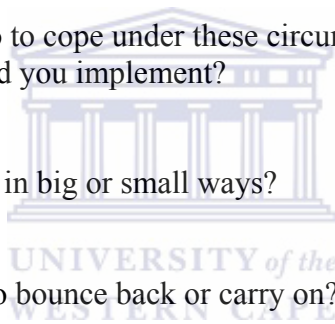
Y

N

If yes which one/s: _____

Was this experience positive / negative? _____

1. Tell me about your most current relationship.
2. Tell me about some of your past / other relationships?
3. How would you categorise these relationships? & Why?
4. Did you experience abuse or domestic violence?
How do you define this?
Give me examples
5. Tell me about the consequences of the abuse for your self and others?
6. What would / do you do to cope under these circumstances of abuse i.e. what survival strategies would you implement?
7. How did you fight back in big or small ways?
8. What motivated/s you to bounce back or carry on?
9. Did / do you consider leaving?
How do you understand leaving?
What would make it is or difficult to leave?
Have you left and returned? Why?
10. Who would / do you turn to for supportive?
11. What made/makes sharing your experiences easy / difficult with others?
12. What has been the impact on your well being and mental health?
13. How do you understand what has happened / is happening to you?



APPENDIX B



UNIVERSITY
of the
WESTERN CAPE

UNIVERSITY of the WESTERN CAPE PSYCHOLOGY DEPARTMENT

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Bellville, 7535
Republic of South Africa
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Ethical Consent Form

Title of Project : Explorations of Resiliency in Women who Experience Domestically Violent Relationships
Name of Student : Devasham Naidoo
Student Number : 2643385
Telephone of Researcher : 0827251414
Email Address : 2643385@uwc.ac.za
Purpose of Study : Completion of Masters in Psychology
Institution : University of the Western Cape
Department : Psychology

Dear Participant,

This letter serves as confirmation that your participation in the above study is voluntary and informed (i.e. you have been told what the research is about and to what use the information will be put). Your confidentiality and anonymity is guaranteed. Please read the following statements carefully, and if you agree to be a participant in the study, sign below.

1. I confirm, acknowledge that I have been fully briefed on the above study and was given the opportunity to ask questions.
2. I understand that my participation in the study is voluntary.
3. I understand that my participation in the study is anonymous and that confidentiality is guaranteed.
4. I am free to withdraw from the study at any time, with out giving reason, without my medical care or legal rights being affected.
5. I give my informed consent to participate in the study.

Name of Participant: _____ **Date:** _____
(Please note that your name will not be used anywhere except here. You may, if you so desire, give pseudonym).

Name of Student: _____

Signature: _____

Date: _____

Signed at: _____