# AN EXPLORATORY STUDY ON THE EFFECTIVENESS OF HEALING WORKSHOPS WITH ABUSED WOMEN AT A SAFE HOUSE IN ETHEKWINI.

Submitted in fulfilment of the requirements of the degree of Master of Management Science: Public Management (peace building) in the Faculty of Management Sciences at the Durban University of Technology

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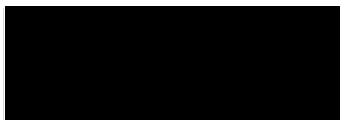
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ABSTRACT

The pandemic of domestic violence is not foreign to South Africa. South Africa has one of the most liberal constitutions in the world yet its streets are rife with crime and violence with recent reports indicating that violence against women is rampant. This encouraged this study to focus on the role of healing workshops (7) in enabling women to heal from the psychologically traumatic experiences of domestic violence that disrupt well-being. The study sought to understand the personal experiences of domestic violence experienced by these women and the extent to which it had affected their psychological wellbeing. Very little research has been done on the role of psychotherapeutic programs to assist in healing women who have been victims of domestic violence. Furthermore, most centres for women house victims from the perpetrator without any specific treatment program.

The main aim of this study was to explore the experiences women have of domestic violence, its impact and to explore the benefits of therapeutic healing workshops with the women at the centre. In order to accomplish this, a qualitative research design was used for the purpose of this study. In addition, purposive non-probability sampling was used and the data collection tool was an in-depth interview schedule with open ended questions. Furthermore, thematic analysis was used to explicate the main themes from the given answers from the interview schedules for all seven workshops and the focus groups. The study will encourage more emphasis to be placed on the emotional and psychological well-being of the victims as well as to rethink and re-evaluate current practices in terms of GBV healing practices. This study highlighted the deep emotional impact of different forms of abuse on women.

The data revealed that therapeutic activities are valuable tools with abused women. This study was able to document the following positive or beneficial effects: reframing of negative thoughts into positive ones; feelings of empowerment, a sense of self-actualization; more positive interpersonal relationships, a sense of restored dignity and self-worth as well as a renewed sense of empowerment.; anger control; forgiveness; and positive self-esteem. The entire sample reported that the workshops had significant therapeutic benefits, which helped the women heal and

cope better. Despite the use of other approaches as well, they all agreed that self-esteem and confidence meditation activities were most beneficial as it had led to an enhanced state of well-being, feeling more relaxed and comfortable. The women reported decreased negative emotional states of fear and anger.

Moreover, their self-confidence had improved and there was a more positive ability to refocus on their children and future as well. This all suggests that quality, holistic care of women in safe houses requires that there be available therapeutic activities to try heal the psychological trauma as a result of domestic violence. In conclusion, it is crucial for the caregivers or housemothers to be trained or be familiar with therapies and their benefits regarding abused women in their care. Additionally, students can also be used to implement workshops for the benefit of the women and students as part of their community service hours. Due to the shortage of research regarding the therapeutic benefits of healing workshops incorporating various healing activities, this field needs to be explored further. Whilst stern penalties should be implemented for proven women assault, the police force should follow up on protection orders issued to these women and ensure that they are reinforced.

DECLARATION OF CANDIDATE

I, Acholia Chiedza Shoniwa, hereby declare that except where acknowledged, this thesis is entirely my own work, that all resources used or quoted have been acknowledged and that this study had not been previously submitted for any degree to any other tertiary education institution.

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DEDICATION

This study is dedicated to my family, especially my mother and father, Mr. and Mrs. Shoniwa for their unfailing love and belief in me.

A special thank you to my supervisor Prof.R Bhagwan for her unfaltering support, unconditional love and care. I would not have been here if it was not for Prof.R Bhagwan.

Finally, I submit my gratitude to the Lord Almighty for making all of this possible.

Trust in the LORD with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight.

Proverbs 3:5-6 (NIV)

ACKNOWLEDGEMENTS

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CHAPTER ONE

INTRODUCTION

"There is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable."

- UN Secretary-General Ban Ki-moon, 2008.

1.1 Background to study

1.1.1 Gender-based violence

In some African countries the existence of gender-based violence has been a cause of concern within the public, the private sector and civil society organisations (Phorano, Nthomang and Ntseane 2005:1). A Nigerian study discovered that gender-based violence was a concern affecting women more than men (Oladepo, Yusuf and Arulogun 2011:78). Toang and Naami (2016:7) asserted that sexism is still a persistent concern as many women throughout the world, based on their gender, are still deprived of their basic human rights. This pandemic of domestic violence is not foreign to South Africa. South Africa has one of the most liberal constitutions in the world, yet its streets are rife with crime and violence with recent reports indicating that violence against women is rampant (Mogale, Burns and Richter 2012:580; Makongoza and Nduna 2017:1).

South Africa continues to top the world's rankings of rape, domestic violence with six times the rate of the global average of homicide of women by intimate partners (Seedat *et al.* 2009:1011) and every six hours a woman is killed in South Africa (Srinivaslu 2012:6). Gender-based violence incorporates a multitude of acts against the victim by the perpetrator. However, intimate partner violence (IPV) is the most common type of violence against women. This study focused on domestic violence.

1.1.2 Gender-based violence: definitional issues

The United States Agency for International Development (USAID 2012: para. 3 line 1) defined gender-based violence as "violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity." This is the definition that guided this study as women were the group of individuals, who experienced the various forms of this type of violence from a spouse or a partner. This definition was relevant for this study as it also coincided with data from the study, as patriarchal issues including the roles of women contributed as reasons for gender-based violence. Furthermore, this study focused on domestic violence. Domestic violence has been defined as "a pattern of behaviour used to establish power and control over another person through fear and intimidation, often including the threat or use of violence, when one person believes they are entitled to control another" (Panjak 2013:71). With this regard this definition facilitated the study to reveal the effects of domestic violence on its victims.

For the purposes of this study, the term gender-based violence was used synonymously with violence against women. The USAID provided a non-discriminatory definition of gender-based violence, however the study chose to focus on women. This is because violence against women and girls is one of the most predominant human rights violations in the world (Nnadi 2012:48). Furthermore, South Africa experiences a multitude of problems including high rates of unemployment and pervasive poverty that have continued to make development a challenge. gender-based violence against women is part of these problems.

The widespread effects of gender-based violence are devastating to a country and its people, with wide-spread effects ranging from social to economic effects. The effects themselves in individuals can be very severe from sexually transmitted infections to psychological disorders and, in the most severe case, suicide. The reasons for violence against women are innumerable, as ideologies are entrenched in patriarchal systems and communities that are desensitised to the pandemic and have accepted it as a norm within their society. This study aimed to assist victims

through facilitating healing caused by psychological trauma experienced through domestic violence.

Extant research (Jewkes *et al.* 2010:43; Pico-Alfonso *et al.* 2010:599-611; Coker *et al.* 2002; Krug *et al.* 2002; World Health Organization 2002:1-248) has revealed that the psychological consequences of this type of violence are more detrimental than physical problems such as depression, anxiety and suicidal behaviour. Furthermore, reproductive health problems such as sexually transmitted diseases, unwanted pregnancies and sexual dysfunction are some of the problems faced by victims of violence worldwide (Martin and Curtis 2004:1410; Krug *et al.* 2002:12; Dunkle *et al.* 2004:1415).

Research in Southern Africa indicates reliably that among men, there is a belief that women are less powerful than men and that society expects men to control women in their relationships (Kalichman *et al.* 2009:2). Herman (1998:S145) asserted that "trauma destroys the social systems of care, protection, and meanings that support human life." Therefore, the restoration of these structures is essential for the recovery process. It is important to note that disempowerment and disconnection from others are crucial components of psychological trauma. Hence, Herman (1998:S145) further reiterated that recovery could not occur in isolation but, rather, through the formation of relationships to enable the restoration of power and control over one's self, lost through psychological trauma.

1.2   Introduction

This study focused on the role of healing workshops in enabling women to heal from the psychologically traumatic experiences of domestic violence that disrupt well-being. In this study mental well-being refers to "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2004:10; Galderisi *et al.* 2015:231). This chapter presents the introduction to the study, the background, as well as the research objectives and questions. The chapter also details the rationale, the significance of the study, and the methodology employed during the study. Lastly, the theoretical framework is detailed within this chapter.

1.3 PURPOSE OF THE STUDY

Thus, the main aim of this study was to explore the experiences women have of domestic violence, its impact, and the benefits of therapeutic healing workshops with the women at the centre. Although these women were from different households, they all shared a common experience, which is domestic violence. The study sought to understand the personal experiences of domestic violence experienced by these women and the extent to which it had affected their psychological well-being.

This study contributed rich and meaningful information regarding each woman's personal experience of domestic violence and the potential value of trauma-healing workshops in developing coping skills that benefit women who are victims or have survived domestic violence. The most prevalent mental-health effects of intimate partner violence and domestic violence are depression and post-traumatic stress disorder. The two have substantial morbidity (Campbell 2002:1333).

1.4 PERSONAL RELATIONSHIP TO THE STUDY

As a child and youth care worker, I have had the experience of working with young people in various children's home as well as young people in trouble with the law. This is because they are not receiving much attention at from their carers, who are mainly mothers in their home. Many children end up in children's organisations due to abuse and the failure of the parents to care for these children. Domestic violence is one of the causes of child displacement from their homes and families. I believe that most mothers have the responsibility to care for their children despite the father's role in their lives. In most cases of domestic violence, the father is absent from the daily lives of the children. The children are left in the care of their mother. Domestic violence has many effects on the mothers, one of which is psychological upheaval. This makes the mother incapable of performing her duties as a caring adult. It is hoped that the research will enable mothers to heal so that they can care for their children in the best possible way.

1.5 PROBLEM STATEMENT

Very little research has been done on the role of psychotherapeutic programmes to assist in healing women who have been victims of domestic violence. Furthermore, studies have shown that women who have been abused suffer from psychological trauma. The safe house where the study was carried out did not any specific treatment programmes for women that resided there as a haven from the abusive partners. The psycho-emotional well-being of the victims is often neglected as this is unseen by the eye. In addition, after a preliminary inquiry with the women at the safe house, it was discovered that the women suffered from the psychological effects of domestic violence. The effects ranged from depression, with prolonged sadness, anxiety, low self-esteem and questioning sense of self to suicidal thoughts.

The researcher embarked on psychological well-being workshops targeted at counteracting psychological effects caused by domestic violence. The researcher was seeking to understand domestic violence issues, and the relevance of healing workshops in alleviating the psychosocial effects of domestic violence which remain less understood in empirical literature. In addition, there is a gap in literature on role of therapeutic workshops in healing the psychological effects of domestic violence in women. Hammond *et al.* (2015: S282) acknowledges that activities as a group, with individuals share similar experiences minimises isolation and alienation as participants realise that they are not alone. This translates into giving and receiving support from each other as a group.

Workshops also encourage confidence to speak about issues that an individual has not been able to talk about to other people about before whilst providing a safety net for the individual and forming close relations. or bonding with other participants (Hammond *et al.* 2015: S282). Hence the need for more workshops to be implemented with women that have been abused and suffer from psychological trauma as a result.

1.6 RESEARCH AIM

The primary aim of this study was to explore the effects of seven healing workshops with women at a safe house.

1.7 RESEARCH OBJECTIVES

The objectives were as follows:

1. To explore each woman's experience of abuse
2. To investigate the impact the abuse had on them
3. To explore what activities they have used at the safe house to cope
4. To inquire whether the healing workshops (7) had therapeutic benefits.
5.

1.8 RESEARCH QUESTIONS

1. What is the personal experience of domestic abuse among women in the safe house?
2. How did the abuse impact each of the women?
3. What activities were used at the safe house as coping mechanisms after domestic violence?
4. What therapeutic benefits were achieved from the seven workshops?

1.9 RESEARCH METHODOLOGY OVERVIEW

Throughout this study, eight women were interviewed and also participated in the seven workshops. The focus of this study was to explore and describe the effectiveness of therapeutic healing workshops for domestic violence victims in the Wentworth Community in Ethekwini, KwaZulu-Natal. A qualitative research design was used for the purpose of this study. This type of research methodology can also be referred to as an inquiry because of its use of multiple philosophical assumptions, methods of data collection and analysis (Creswell 2013:46). Furthermore, a qualitative approach was found to be most appropriate, as it allowed for the "description and clarification of human experiences as it appears in people's lives"

(Polkinghorne 2005:137). In this case, it was the stories of domestic violence as well as their experiences after the seven healing workshops.

The best way in which women could share their experiences in this study was through focus groups and semi-structured interviews, guided by an interview schedule with open-ended questions. The study observed research ethics by obtaining ethical clearance from the Durban University of Technology: Institutional Research Ethics Committee. Trustworthiness was also maintained and the criteria of credibility, transferability, dependability, confirmability and authenticity were upheld. Participants were allowed to talk freely, with ease, and were given the opportunity to share their experiences of domestic violence as well as to give feedback prior and subsequent to the workshops. The study sample represented victims of domestic violence in the Wentworth community. The participants were first interviewed individually. The interviews were conducted until data saturation was reached.

Purposive non-probability sampling was used in this study, and the data collection tool used was an interview schedule with open-ended questions. Thematic analysis was used to explicate the main themes from the given answers from the interview schedules for both the workshops and the focus groups.

1.10 STRUCTURE OF THE STUDY

This study is presented in five chapters, the brief description of what each chapter entails is illustrated below:

Chapter One	The first chapter discusses the introductory aspects of the study, the purpose and the rationale
Chapter Two	Review of literature on gender based violence against women, the effects of the pandemic and interventions that have

	been implemented to date.
Chapter Three	This chapter contains discussions of the study design, research methodology and ethical considerations
Chapter Four	The findings on the study are presented, interpreted and discussed,
Chapter Five	The summary discusses the results, conclusions and recommendations. Also included in this chapter are the limitations and suggestions for further research.

1.11 SIGNIFICANCE OF THE STUDY

This study may have both theoretical and practical relevance as it exhaustively dwelt on the important issues of domestic violence and the importance of healing workshops as a strategy to reduce the effects of domestic violence in the Wentworth community of Ethekwini, South Africa. The significance of the study could be that it will form the basis for developing an interest in the subject, and hopefully, in the future, as the writer develops in her profession, it may highlight the nationwide problem of gender-based violence (GBV). This study is intended to arouse interest and attention among stakeholders involved in the management of GBV, particularly safe houses and community centres, as well as among national policymakers in the future.

The study could encourage more emphasis to be placed on the emotional and psychological well-being of domestic violence as well as to rethink and re-evaluate current practices in terms of GBV healing practices, its management and prevention. It could be important in reviewing the current healing theories, practices and interventions in addressing the GBV problem in the country. Hopefully, this could lead to a therapeutic healing model that can be applied in community centres across the country. There is a deficit in literature regarding workshops that assist women

who have survived or are undergoing gender-based violence. This study could contribute to this literature and place confidence in the effectiveness of the workshops and methodologies applied from them. Furthermore, there has been limited prior research regarding trauma healing workshops and their effectiveness in assisting domestic violence victims. Therefore, this study could bridge this gap within the literature.

1.12 CONCEPTUAL FRAMEWORK: The Ecological Model

Social science research employs various theories to explain phenomena. The study found that many theories have been used to explain violence against women, its causes and effects, as well as intervention strategies. The Ecological Model by Heise (1998:265) indicated that the causes of gender-based violence are a mix of individual, societal, communal and relationship factors. It is impossible to discuss the prevention of domestic violence and assist the victims of domestic violence without incorporating the ecological model. This is a model that can guide health practitioners how to address and prevent domestic violence.

Source: Heise 1998 © UNFPA and WAVE 2014
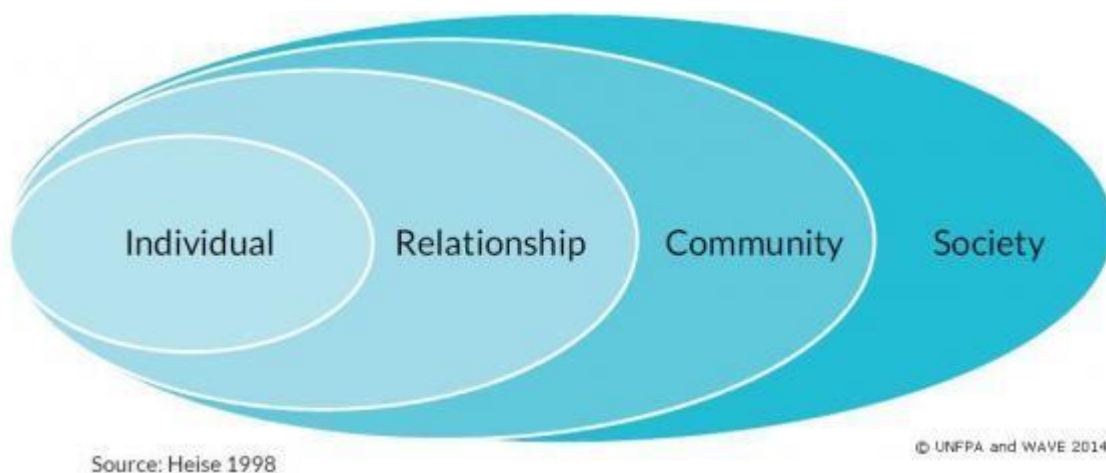
Figure 1The Ecological Model

The model further purports that the individual level includes biological and personal history factors of both survivors and perpetrators that promote violence against women. The ecological model can also be utilized as a framework for the prevention of violence as well. Krug *et al.* (2002:12-13) suggested that the effectiveness of the model is reliant on action across several different levels at the same time. This is

what the ecological model proposes, as each sphere is interlinked and influential in reducing gender-based violence.

a.   Individual causative factors

Individual causal factors are factors from within the perpetrator's or the victim's family that lead to violence. Violent acts incorporate but are not limited to intimate partner violence and child abuse. A history of male alcoholism and the age of both the victim and perpetrator are also determining factors of violence against women.

b. Relationships

The state of the relationships that one has can determine one's perception as well as coping mechanisms in violence against women. Issues like marital conflict and family dysfunction can aggravate violence against women. Furthermore, economic stress caused by large numbers of children, as well as male dominance within the family, causes friction that limits women's empowerment. Moreover, this is sometimes an effect of early marriages.

c.   Community

This refers to when communities do not rebuke the use of violence against women and instead use violence to solve any dispute. This is a catalyst for the metamorphosis of violence against women in society. The lack of shelters or other forms of sanctuary for abused women are some of the reasons that women endure violence in their households.

d.   Society

This includes traditional gender norms that give men economic and decision-making power in the household, social norms that justify violence against women, women's lack of legal rights (including access to divorce) and the lack of criminal sanctions against perpetrators of GBV (impunity) Heise (1998:265).

1.13 KEY CONCEPTS

1.13.1 Violence

According to the World Health Organisation (2002:4), violence can be defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation." In this study, violence encapsulates violence against women which is inclusive of domestic violence, which this study focuses on. The results of the violent abuse inflicted the victims of gender based violence is responsible for various the above mentioned psychological trauma.

1.13.2 Woman abuse

Woman abuse lacks a precise definition however a basic definition can be stated as "any act of force or coercion that gravely jeopardizes the life, body, psychological integrity or freedom of women in service of perpetuating male power and control Heise (2018:1). The acts included in the aforementioned statement are inclusive of battery, rape, homicide, psychological abuse, forced prostitution, sexual harassment, trafficking in women, genital mutilation and dowry related murder.

1.13.3 Healing

For the purposes of this study the researcher decided to refer to healing as "a restoration of well-being so that persons are able to carry out their aims and purposes in life" (Cassell 2012:xvii). Through healing workshops, the victims would be able to functional members within the society.

1.14 DELIMITATIONS

This study focused only on women who were victims of domestic violence within the Wentworth community in Ethekwini, South Africa. This was a possible delimitation as the study was confined to women who were primary from the Wentworth area, moreover, they were primarily coloured women and hence views from women from other racial backgrounds were not sought. Relevant data from the study and literature were used, as well as information from respondents, as this data was the more recent for which the views of the respondents would be valid and reliable.

1.15 LIMITATIONS

Not many studies have been done on gender-based violence in the Wentworth community, with much focus on domestic violence. Therefore, recent literature regarding GBV within the area was scarce. This is one of the reasons this study sought to provide a fresh pool of knowledge within the country. However, it is unclear if this study could be generalized in other areas. Although this study made important findings with regard to the research objectives, it had a few limitations, as follows:

❖ This study concentrated in one geographical region. Although data was collected to saturation, research with similar groups in other geographical areas could be beneficial. Studies in other areas could provide greater support for healing workshops as a therapeutic intervention with other abused groups.

❖ The safe house had no set period of duration of stay for the women, so the researcher faced the challenge of possibly implementing activities with different women than the ones that were involved within the initial interview process.

❖ Due to time constraints, the immensity of the topic that is gender based violence and limited resources, the researcher chose to focus on the domestic

violence form of gender-based violence against women in Wentworth, Ethekwini. There are other areas of gender-based violence, and not entirely limited to one community that have not been exhausted within this study.

1.16 CONCLUSION

This chapter focused on the introductory aspects of the study. It first focused on the background of the research, the statement of the problem and the research objectives. The significance of the study was also discussed, as well as the research methodology used and the theoretical framework. The delimitations and limitations of the study were also discussed. In the next chapter, relevant literature is reviewed.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

"We have an abundance of rape and violence against women in this country and on this Earth, though it's almost never treated as a civil rights or human rights issue, or a crisis, or even a pattern. Violence doesn't have a race, a class, a religion, or a nationality, but it does have a gender."

— Men Explain Things to Me (Solnit 2014:3)

There are varied concepts of a literature review and of what it comprises. Different authors have attempted to define a literature review in ways that best embrace and elucidate the research being conducted. A literature review provides the setting and the background of the current knowledge of the undertaken study, as well as the problem identified, so as to understand the current state of knowledge on a topic (DeVos *et al.* 2011:109). In this chapter, literature surrounding the research was reviewed with specific reference to the definition of gender-based violence, and specifically against women, its predominance, causes, effects, and the proposed interventions, while exploring what other authors have said about this problem.

2.2 DEFINING VIOLENCE

The World Health Organisation declared violence a "major public health issue" in the year 1996 (Krug *et al.* 2002:1083). This makes it one of the prominent causes of death globally. Every country experiences violence, the difference lies in the severity of the violence itself. Violence is a term that is subjective across cultures, nations and races. However, for the purposes of this research, violence was defined as the deliberate use of physical force or power intended to threaten or harm oneself, another person, a group or community. This usually results in injury, death, psychological harm, ill-development or deprivation of physical, emotional and physical needs (World Health Organization 2002:5).

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In the year 2000, an estimated 1.6 million people died from violent acts alone, yet the consequences of violence are far more comprehensive. The reason for this is that, not only does violence affect the victims, but it also impacts both the victims and their families emotionally and psychologically (Krug *et al.* 2002:100). There are three prevalent types of violence that are universal among all races and genders.

The first kind of violence is self-directed violence, where the perpetrator and the victim are the same individual and this encapsulates self-abuse and suicide. The second type of violence is collective violence, which refers to violence carried out by larger groups of individuals and can be split into social, political and economic violence. The last form of violence referred to is interpersonal violence, where the perpetrator and victim are different individuals. In this category, we find family and intimate partner violence, where the violence is subdivided into violence on children, family members, friends and stranger violence, and violence by an intimate partner (World report on Violence and Health 2002:6). The latter is the focus of this study, with particular interests in intimate partner violence, while paying close attention to domestic violence.

2.3 DEFINING GENDER-BASED VIOLENCE

In addition to the definition of gender-based violence provided in chapter one, USAID (2012: para. 2 line 2) further stated that women and girls are the ones most at risk of gender-based violence. Furthermore, the Commonwealth Secretariat's Manual (2002:4) summarised gender-based violence as "a violation of human rights that results in all forms of violence on gender relations." The list of violent acts includes physical harm, psychological abuse and economic deprivation (Dunne, Humphreys and Leach 2006:79). In addition, The Declaration on the Elimination of Violence Against Women (DEVAW) defined GBVAW as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations. International General Assembly: Declaration on the Elimination of Violence against Women 1994:1). The acknowledgement by international assemblies implies that violence

against women is an international problem that is rife and requires attention worldwide.

The Southern African Development Community (SADC) acknowledged the importance of this concern and its violation of human rights as stated in the Vienna Declaration and Programme of Action of 1993, by signing the SADC Declaration on Gender and Development. Gender violence can be categorized into two types, namely; explicit gender violence (sexual violence harassment, abuse, assault rape, etc.) and implicit gender violence (corporal punishment, verbal and psychological abuse) (Akiba *et al.* 2002:836; Dunne, Humphreys and Leach 2006:79).

2.4 HISTORY OF GENDER-BASED VIOLENCE

Gender-based violence is synonymous with violence against women (Russo and Pirlott 2006:179). This is violence aimed at a certain group of people solely because of their gender, in this case women. It is a brunt that women have had to endure for centuries. The United Nations documented that, "violence against women is a manifestation of historically unequal power relations between men and women" and that it is also "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men" (The United Nations Declaration on the Elimination of Violence against Women December 1994:1).

During the 18th and early 19th centuries, the Roman law gave married men the absolute power to chastise their wives, even to the point of death, while an 18th-century English common law allowed a man to punish his wife using a stick "no wider than his thumb" (Stedman 1917:453). Meanwhile, in 1800 BC, the Code of Hammurabi ruled that wives should be submissive to their husbands. This shows that women were viewed as subservient to men as well as their property, thus tipping the balance of power heavily in favour of men, making the above statement by the United Nations accurate. Owing to this, many women suffered in silence in fear of the bridle which was an iron cage placed over the head of the woman. It often had a spike, or pointed wheel put in the offender's mouth so that the tongue would be

pinned. Women who were disobedient could be punished with a bridle and paraded through the village and not released until they displayed remorse.

The abuse of women has been predominant throughout history. This is no different from the 21ˢᵗ century where women are surreptitiously punished economically, physically, emotionally and psychologically for speaking against their abusers. Such is the case for the women in this research. Jewkes *et al.* (2010:41) asserted that "gender inequity, and gender-based violence lie in the patriarchal nature of society, and ideals of masculinity that are based on control of women and which celebrate male strength and toughness." This is seen in the section of this review where reasons for violence against women are discussed. The term gender-based is used because it is violence shaped through gender roles and status within society (Russo and Pirlott 2006:179), with women as the obvious victims of this type of violence.

2.5 OVERVIEW OF GENDER-BASED VIOLENCE

2.5.1 Gender-Based Violence Against Women in A Global Context

Internationally, millions of women experience abuse and are living with its consequences. This phenomenon is not unique to South Africa but exists in various countries across the globe. A study by Watts and Zimmerman (2002:1232-1237) documented cross-country studies by the World Health Organisation on violence against women. The countries included Zimbabwe, India, Canada and Cambodia among others. The most common type of violence was intimate partner violence, which is an umbrella term from which domestic violence is derived. Venis and Horton (2002:1172) referred to violence against women as a global burden. This shows that violence against women stretches across cultures, races and traditions. One in five women have experienced physical and sexual abuse by a man and at least one in three women have experienced some form of victimisation in childhood (Garcia- Moreno *et al.* 2005:1282).

Globally, approximately 120 million women and girls have experienced forced intercourse or other forced sexual acts by current or former husbands, partners or boyfriends at some point in their lives. Every nation experiences gender-based

violence with different intensities. Figure 2 presents the global distribution of violence against women.

Global percentage of experience of any form of violence in a lifetime by women

49%
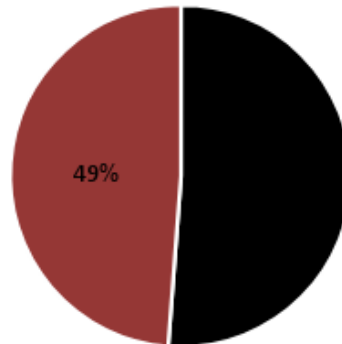
Figure 2 Global distribution of violence against women

2.5.2 Gender-based violence in South Africa

Violence against women is a violation of human rights (Heise 2018:1). South Africa experiences a multitude of problems including high rates of unemployment and persistent poverty that have continued to make development a challenge. Gender-based violence against women is amongst these problems. South Africa continues to top the world's rankings of rape and domestic violence, with six times the global average of homicide of women by intimate partners (Seedat *et al.* 2009:1011).

In addition, the South African Police Service (SAPS 2008:17) report for the period 1 April 2007–31 March 2008, noted that, "182 588 violent crimes were committed against women." These included 91 534 crimes of common assault, 62 368 crimes of grievous bodily harm and 2 606 acts of indecent assault (SAPS 2008:127). However, in South Africa domestic violence is allegedly recorded under assault and not all reported cases are documented.

These same statistics can be attributed to women's reluctance to report gender-based violence, which implies that the police are not adhering to their own policies in relation to recording domestic violence and, therefore, do not have an accurate picture of the extent of the problem facing the country. Garcia-Moreno and Watts

(2011:2) mentioned that violence against women has been described as "perhaps the most shameful and pervasive human rights violation." Women in South Africa face very high levels of violence every day. Information from the years 1994-1997 accounts that 44 571 rape cases were reported. This figure was relatively low compared to the 64 514 sexual offence acts reported to the SAPS in 2008. These estimated figures show increasing numbers of gender-based and sexual violence against women. The rate of violence against women seems to increase despite South Africa's initiative to ensure that women are treated equally and play an equal role in every aspect of the society and economy (Kim and Motsei 2002:1243). Estimations by the South African Law Commission asserted that there are 1.69 million rape cases per year with only an average of 54 000 charges laid or reported (Britton 2006:146; Srinivasulu 2012:6).

An average of 52.1% of women had experienced some form of gender-based violence both inside and outside their personal relationships. The accurate percentage of Gender-based Violence Against Women (GBVAW) incidents is probably higher than most reports suggest. The effects of this are irrevocable as "key actors are prevented from identifying and analysing trends, evaluating the effectiveness of protection responses, and developing effective policies and improved solutions around these key issues of violence" (Stark and Ager 2011:127). Though the prevalence of GBVAW is globally recognized, Garcia-Moreno and Watts (2011:2) asserted that, "investment in prevention and services for survivors remains woefully inadequate." These inadequate efforts of the law enforcement agents contribute to breeding a community desensitised about violence against women (Srinivaslu 2012:71).

In a cross-sectional study in various African countries, it was found that most of the violence perpetrated against women was by their intimate partners (Garcia-Moreno *et al.* 2006:1260). Moreover, "there is often a culture of silence around the topic of domestic violence, which makes the collection of data on this sensitive topic particularly challenging. Even women who want to speak about their experience with domestic violence may find it difficult because of feelings of shame or fear" (Kishor Johnson 2004:8). This makes domestic violence an inescapable way of life.

Violence against women is not only a demonstration of gender inequality, it is also injustice against women.

The World Health Organisation (WHO 2013:1) reported that one third of the world's women have experienced sexual or intimate partner violence, with one in thirteen women being assaulted by someone other than an intimate partner (Kaladelfos and Featherstone 2014:233). The United Nations recognised gender-based violence against women as an important health and development concern. Like a plague, gender-based violence has become globally prevalent. World organisations have generated various policies, public education, and action programmes aimed at reducing, preventing and defining GBVAW, and have sought ways to reduce this pandemic (Russo and Pirlott 2006:178).

Mathews *et al.* (2008:554) asserted that intimate partners were responsible for roughly half of all South African women murdered in 1999. This converted the prevalence to a rate of 8.8 per 100 000 women 14 years and older, making this the highest rate of intimate partner violence reported by research anywhere in the world. These statistics are relevant in this study as domestic violence is also violence perpetrated by an intimate partner and this in some cases results in death (Davis 2010:44-46). According to the South African Police Service, from April 2007 to 31 March 2008, there were 182 588 violent crimes that were committed against women. These included 91 534 crimes of common assault, 62 368 crimes of grievous bodily harm and 2 606 acts of indecent assault (SAPS 2008:127). The relationship to the perpetrator was not specified, but the likelihood that most of these attacks were perpetrated by intimate partners is high.

2.6 TYPES OF GENDER-BASED VIOLENCE

2.6.1 Intimate partner violence (IPV)

Intimate partner violence (IPV) is the most common type of violence against women. Intimate Partner Violence (IPV) is "behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship" (World Health Organization 2012:1). A study in 36 countries indicated that "between 10 %

and 60% of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate partner" (Lilienfeld and Schneider 2011:289). Thus, relationship violence is present but most of the violence is perpetrated by men against women (Heise *et al.* 2002: S6). In South Africa, "a culture of violence is a pervasive feature of the post-apartheid legacy, which partially accounts for the findings in a study on female homicide, which found that a woman is killed by her intimate partner every six hours" (Jewkes, Penn-Kekana *et al.* 2001:53).

2.6.2 Domestic violence

Intimate Partner Violence (IPV) cannot be discussed without looking at domestic violence, as these two social ills are interlinked. Domestic violence is defined as "a pattern of behaviour used to establish power and control over another person through fear and intimidation, often including the threat or use of violence, when one person believes they are entitled to control another" (Panjak 2013:71). In 2003, Amnesty USA stated that "without exception, a woman's greatest risk of violence is from someone she knows" (Onyejekwe 2004:35). Domestic violence is usually synonymous with intimate partner or spouse abuse which is a form of gender-based violence and is used to intimidate and control women. For the purposes of this study, gender-based violence against women included all violent actions aimed at women by a male partner.

There are other various forms of gender-based violence. These include wife rape and sexual abuse, forced prostitution, female genital mutilation, and verbal or physical force (Heise *et al.* 2002: S6), being slapped, punched, beaten, choked, threatened or injured with a weapon (Jewkes, Levin and Penn-Kekana 2003:127). Fundamentally, it is any action "that causes physical, psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination" (Jensen 2016:37). Gender-based violence is linked to other types of violence (Johnson *et al.* 2005:173). In 1998, South Africa introduced the Domestic Violence Act 116 of 1998 which regulates domestic violence. The ulterior motive was to oblige law enforcement bodies to allow protection for women from domestic violence. Because

of the Domestic Violence Act, women can avail legal instruments which may prevent further abuse within their domestic relationships. Irrespective of this progressive legislation, South Africa faces one of the highest domestic violence rates in the world.

Physical abuse refers to any act or threatened act of physical violence directed towards the complainant. Rape and physical abuse are the most pervasive forms of gender-based violence that have been clearly described in South Africa (Kim and Motsei 2002:1244).

2.6.3 Sexual abuse

Sexual abuse constitutes various acts that aim at degrading and diminishing the self-esteem and confidence of women. Sexual violence includes "forced sex through the use of physical force, threats, and intimidation, forced participation in degrading sexual acts as well as acts such as the denial of the right to use contraceptives or to adopt measures to protect against sexually transmitted diseases" (Krantz and Garcia- Moreno 2004:819).

2.6.3.1 Rape

Before presenting the heterogeneous definitions of rape, it is relevant to note that rape is a pandemic irrespective of context. Still, South Africa has one of the highest reported rape cases and Human Immunodeficiency Virus (HIV) populations in the world. Globally, the occurrence of rape is widespread. A contemporary United Nations report estimated that over 250,000 cases of rape or attempted rape are reported each year internationally, with women being the most rape victims (Eileraas 2011:1). There is reason to believe that this figure is relatively low, considering that in South Africa alone in 2011, nearly 540,000 cases of rape were reported (Eileraas 2011:1).   This excludes the countless rape cases that went unreported or

unrecorded. Despite rape being a serious offense punishable by law, there is no existence of a concord regarding a universal definition of this crime.

A condensed definition of rape is "penetration of the vagina of the complainant by the penis of the accused by force and against the will of the complainant" (Tadros 2006:515). This implies that rape occurs when a woman is forced to have sex without her consent. Definitions of rape and what it includes differ across countries. South Africa offers an extensive definition of rape. According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 of South Africa, "any person ('A') who unlawfully and intentionally commits an act of sexual penetration with a complainant ('B'), without the consent of B, is guilty of the offence of rape". This includes oral, anal or vaginal penetration of a person with a genital organ, or anal or vaginal penetration with any object.

A survey was conducted in the Eastern Cape and KwaZulu Natal Provinces across rural, urban and city areas. The survey by the Medical Research Council of South Africa revealed that, "nearly one in two of the men who raped (46.3%), said they had raped more than one woman or girl. In all, 23.2% of men said they had raped 2-3 women, 8.4% had raped 4-5 women, 7.1% said they had raped 6-10, and 7.7% said they had raped more than 10 women or girls" (Jewkes *et al.* 2009:1). The notion of marital rape is usually dismissed by most men and women (Kim and Motsei 2002:1246), even though, in a study in 15 countries, women narrated disturbing experiences of forced sex within marriage as well as being forced to engage in sexual activities they found degrading (Heise *et al.* 2002: S6).

Among women 14 years and older, the prevalence rate of rape is 3.65 per 100 000 women, a rate which is higher than that of all female homicides in the United States (Abrahams *et al.* 2008:132). Although rape is the most prevalent type of sexual violence, other acts include, though are not limited to, touching in a sexual manner without consent and includes kissing and grabbing, forcing a person to perform sexual acts that may be degrading or painful, making unwelcome sexual comments or jokes; leering behaviour, and unfounded allegations of promiscuity and/or infidelity (Kumagai and Ishii-Kuntz 2016:37).

2.6.4 Other forms of violence

Other forms of violence are psychological violence which is also known as emotional abuse and emotional violence. There are lesser forms of violence against women like emotional or psychological abuse. These range from insults to disregard for the woman's feelings which can also be emotional abuse (Kim and Motsei 2002:1246). Figure 3 below describes other types of violence present in domestic violence.

Psychological violence (sometimes also referred to as emotional violence)	An action or set of actions that directly impair the woman's psychological integrity. Acts of psychological violence include: • threats of violence and harm against the woman or somebody close to her, through words or actions (e.g. through stalking or displaying weapons); • harassment and mobbing at the work place; • humiliating and insulting comments; and • isolation and restrictions on communication (e.g. through locking her up in the house, forcing her to quit her job or prohibiting her from seeing a doctor), • use of children by a violent intimate partner to control or hurt the woman (e.g. through attacking a child, forcing children to watch attacks against their mother, threatening to take children away, or kidnapping the child). These acts constitute both violence against children as well as violence against women.
Economic violence	Used to deny and control a woman's access to resources, including time, money, transportation, food or clothing. Acts of economic violence include: • prohibiting a woman from working; • excluding her from financial decision making in the family; • withholding money or financial information; • refusing to pay bills or maintenance for her or the children; and • destroying jointly owned assets.

Figure 3Other types of violence against women

Sources: adapted from Warshaw/Ganley (1996:86-92)

2.7 REASONS FOR GENDER-BASED VIOLENCE

Violence cannot be attributed to a single factor because its causes are multiple and take place at various levels (Krug *et al.* 2002:12). Collating reasons for why people act the way they do is not as simple as discovering why a disease manifests itself in a body or society. The following subsections present reasons for the existence as well as the prevalence of gender-based violence.

2.7.1 Patriarchal ideologies

gender-based violence against women has been attributed to social, cultural and traditional customs. Patriarchal, political and institutional societal structures have been seen as causes of gender-based violence against women (Kaladelfos and Featherstone 2014:233). For instance, men usually refer to physical abuse as a way of disciplining or punishing a women and this is justified if the woman shows insubordination, refuses sex and cheats on the man (Kim and Motsei 2002:1245; Watts and Zimmerman 2002:1234). When a man "disciplines" a woman, other men seem to approve this behaviour and consider it to be right, leading to different perceptions of masculinities. This can be attributed to hegemonic ideas of masculinity. Connell and Messerschmidt (2005:832) summarised hegemonic masculinity a societal contemporary pattern of practices that legitimize a man's dominant position as well as justifies the subordination of women and various marginalized ways of being a man.

Masculinity studies have demonstrated that there are numerous masculinities that change over time. Hegemonic masculinity has been "conceptualised as norms and institutions that seek to maintain men's authority over women and over subordinate masculinities" (Alison 2007:75). This insinuates that control or oppression is considerably essential to producing a framework for defining men in relation to women. Furthermore, Venis and Horton (2002:1172) suggested that violence was a

result of gender and income inequalities. It is important to note that in a household partaking in decisions about one's own needs and familial needs is an indication of women's engagement with and control over their immediate household environments. Episodes of domestic violence might be a result from women's efforts to control some of the decisions that are not normally recognized in the realm of women's control, for instance economic decisions (Kishor and Johnson 2002:54). This can easily be misconstrued as attempting to dominate over the husband in the relationship.

Moreover, adolescent men concurred that the use of violence on a woman bolsters their self-esteem and their dominion over the women, which makes the women reliant on the man (Johnson *et al.* 2005:175). This is not only a culture amongst the men, but the women also succumb to thoughts that insinuate that if a man does not use physical violence e.g. whip the woman, he does not love them (Johnson et al 2005:175). This shapes the view around the character of the man as well. To understand domestic violence, the characteristics of the husband or partner who is the supposed perpetrator of the violence needs to be studied.

Dating violence, which is also related to intimate partner violence, has been attributed to the violence that men experience in their families, which they establish and model as an adult. Gender-based violence has also been attributed to men having a violent nature which is caused by patriarchal social structures and cultural roles of women (Russo and Pirlott 2006:180) as well as their notions of masculinities and the need to reaffirm them.

2.7.2 Culture and socialisation

It is interesting to note that some men use violence to discipline their wives for having an extra marital affair. Accepting the violence is a way of securing the man that they are interested in (Kim and Motsei 2002:1246-7; Johnson *et al.* 2005:175). Men's ideas of sexual entitlement become a trigger for violence when women refuse to have sex, especially in relationships. *Lobola* is a practice whereby the groom's

family offers a large payment to the bride's family, traditionally of cattle, but in modern times, of money.

Matope (2013:192) asserts that the payment of *lobola* is a "gendered construct which constrains both the men financially and the woman by stripping her of her human rights. This is quite the contrary to the beliefs that *lobola* is a custom which involves the transferring and sharing of wealth between families (Posel and Rudwick 2011:1). However, this practice also fuels the idea that a woman is a commodity when the husband pays the bride price and, like children, she can also be disciplined every now and then. This is a clear depiction that, to some men, the use of violence on women is not a violation of human rights but, rather, a form of discipline, since the woman now belongs to the man and he can do as he pleases with her. Furthermore, women believe that this has heightened men's use of violence against women as this translates to women as being the property of the men (Kim and Motsei 2002:1247).

Barker and Ricardo (2005:3) argued that some of the violent acts that men commit are ways of affirming themselves and to prove their manhood in the society. They state that one of the most pressing issues in Africa is conflict and post-conflict recovery in a country and society. This is directly connected to how masculinities are formed. The feeling of being unsuccessful can lead to a man feeling that they are not living up to the standards of masculinity, while some of these masculinity beliefs have been misconstrued through the confusion of masculine identity (Gelles in Jewkes 2002:1424). Kishor and Johnson (2004:68) discovered a strong link between husbands' dominating behaviours and intimate partner violence. The risk for violence directly increased with the number of controlling behaviours on the part of the husband across the diverse cultures studied (Kishor and Johnson 2004:68).

2.7.3 Education and income

In their multi-country study, Kishor and Johnson (2004:33) discovered that, in most countries (Cambodia, Colombia, Egypt, Haiti, Nicaragua, Peru and Zambia), husbands who have secondary or higher levels of education have lower chances of

perpetrating violence against women. Hence, the opposite would be true for the above statement as Jewkes *et al.* (2009:43) conducted a study in the South African Provinces of KwaZulu Natal and the Eastern Cape on men's use of violence. The study found that most perpetrators of violence against women had received little education and did not own a tertiary qualification. In the study by Kishor and Johnson (2004:43), age, education and earnings were intricately linked to a man's use of violence against a woman. This same study concluded that formal education provides opportunities for both improved day-to-day life skills, as well as improved social status within larger communities. As such, education can be understood as a status indicator, with those who have more of it deemed as more powerful or influential than those who have less (Kishor and Johnson 2004:38).

Men aged 20 to 40 years old were more likely to commit rape than younger and older men. Likewise, the men were less likely to have attained a tertiary qualification or have wages of more than R500 per month (Jewkes *et al.* 2009, unpaginated). Consequently, those that are of equal social status are most likely to have a consonant relationship as opposed to those that do not. Jewkes (2002:1423) also discovered that poverty was a major reason for gender-based violence as this was stressful and often the men used violence against the women as a form of catharsis. This was a way to escape the feeling of being a failure, since there are fewer resources to reduce stress. Men use violence on women that they cannot control or can no longer support, so this becomes a case of dominance as well women's vulnerability (Jewkes 2002:1424). The living conditions, such as living in a neighbourhood with high levels of violence and poverty, also correlate with GBVAW (Johnson *et al.* 2005:173). Though some women argue that the use of violence to deal with issues is neither justifiable nor appropriate, there is a belief that women trigger men to use violence against them with behaviour such as disrespectful attitudes (Kim and Motsei 2002:1246; Johnson *et al.* 2005:177).

2.7.4 Childhood trauma

Childhood maltreatment has been connected to a variety of changes in brain structure and function and stress-responsive neurobiological systems (Anda *et al.*

2006:174). Childhood trauma can be described as deliberate trauma or physical injury caused by punching, beating, kicking, biting, burning or otherwise harming a child. Therefore, childhood abuse and exposure to domestic violence leads to copious changes in the structure and physiology of the brain that would affect multiple human functions and behaviours (Anda *et al.* 2006:176). People respond to and deal with stress differently. In a study on the enduring effects of abuse and related adverse experiences, it was found that children who experienced abuse were predisposed to smoking, alcoholism, drug abuse, difficulty in controlling anger and the risk of perpetrating intimate partner violence (Anda *et al.* 2006:180).

2.8 THE EFFECTS OF GENDER-BASED VIOLENCE AGAINST WOMEN

2.8.1 Health effects

Considerable research has revealed that the health consequences of violence are much more extensive than death and injuries. Victims of violence are susceptible to "psychological and behavioural problems, including depression, alcohol abuse, anxiety, and suicidal behaviour, and reproductive health problems, such as sexually transmitted diseases, unwanted pregnancies, and sexual dysfunction" (Krug *et al.* 2002:1085).

2.8.2 Emotional/psychological effects

Gender-based violence in the form of intimate partner violence includes a constellation of abuse like emotional abuse, where the woman is intimidated, humiliated and threatened by the partner as well as restricted from seeing friends and family. This form of violence against women impacts and determines the health state of the woman. Gender-based violence causes physical trauma in women. Women who have been victims of GBV are at risk of musculoskeletal, soft tissue and genital trauma that can lead to psychological trauma and stress. Psychologically, GBV has dire effects such as anxiety, depression, eating disorders and suicidal

thoughts and actions. Some women react to GBV differently by turning to substance abuse, drugs and tobacco which have long-term effects of causing non-communicable diseases such as cardiovascular diseases and hypertension or irritable bowel syndrome, chronic pain and chronic pelvic pain (WHO 2012:5-6).

Usually women who have gone through GBV are in the relationship because of excessive fear. This leads to limited sexual and reproductive control where the women lack contraception and the chances of unprotected sex are high. These also serve a high risk of abortion, unwanted pregnancies, HIV and gynaecological problems. The fear and control means that these women have difficulty finding proper antenatal care, which leads to miscarriages, low birth weight, as well as premature pregnancies. All the above effects of GBV have enormous significance leading to severe circumstances such as disability, death by suicide, homicide or other consequences of GBV(World Health Organisation 2012:5-6).

2.8.3 HIV/AIDS and Gender-based Violence Against Women

Despite the small body of literature, they have provided comprehensive information about the intersections between HIV/AIDS and GBVAW (Jewkes, Levin and Penn-Kekana 2003:126). GBVAW comes in various forms in the current society, and is presented under the veil of social and traditional customs, in the name of honour and cultural beliefs, as well as misconceptions that sex with a virgin will cure one of HIV/AIDS (Russo and Pirlott 2006:178). Studies have discovered that the gender power imbalance within society is one of the causes of GBVAW because this will translate into power imbalance in sexual relationships, leading to exposure to HIV/AIDS. This is especially true for women whose morals, characters and responsibilities are rationed by society and who are often economically dependent. Women with violent behaviours or who control male partners are at an increased risk of contracting HIV. A survey among 1,366 South African women showed that women who were beaten by their partners were 48 percent more likely to be infected with HIV than those who were not (Dunkle *et al.* 2004:1146).

2.8.4 Gender-based violence and suicide

A study on women's health by the WHO (2012:7) showed that the most prominent risk factors for suicide were sexual abuse and intimate partner violence, both of which originate from gender-based violence. There is little documentation on the suicidal behaviours among women in the health sector (Devries *et al.* 2011:80). Gender-based violence and suicide are stigmatised ills of society, and its acceptability varies across the cultures (Devries *et al.* 2011:84).

2.9 INTERVENTIONS AGAINST VIOLENCE AGAINST WOMEN

There is a clear need to improve and put more effort into preventing GBVAW as well as providing premium services to women who have been victims of gender-based violence against women (GBVAW). The WHO (2010:11) submitted guidelines on how to tackle situations of violence against women. The foremost intervention that can be implemented is challenging the structural, economic and sociocultural issues that nurture violence against woman (WHO 2010:11). It is vitally important to contest social norms that sustain men's authority over women by decreasing childhood levels of/and exposure to violence, by restructuring discriminatory family law, by economically and legally empowering women, and by eradicating gender inequalities of fair wages and secondary education.

Those who have experienced violence need access to health care provided for by the state. The health sector plays a substantial role in assisting victims of GBV. In response to this, the WHO has drafted clinical guidelines on how to assist and to respond to victims of GBV. Health care providers need to be aware of the link between exposure to violence and women's ill health so as to identify situations that demand extra support, as well as linking to other continua of services for women that have been abused. The 49th World Health Assembly Resolution declared the prevention of violence, including gender-based violence, to be a public health priority (Kim and Motsei 2002:1251). The public health sector has been encouraged to treat gender-based violence as a health concern. Nurses should be trained on how to

work with women who have experienced GBV, even though the nurses themselves might be going through the same thing in their homes (Kim and Motsei 2002:1241).

In the past years, NGOs and government departments have collaborated to form interventions against gender-based violence against women. In 2003, the South African Department of Education along with UNICEF spearheaded the Girls Education Movement (GEM) which was to combat gender inequality and promote girls' rights and safety in schools (Wilson 2009:4). This movement was successfully implemented in South Africa. The Men as Partners and Brothers for Life focuses on men working together, while The Prevention In Action movement works on bringing together men and women to fight against GBVAW in Wentworth. This was achieved by creating violence free zones which are a community effort against GBVAW (Srinivasulu 2012:64). Other interventions proposed have been "the development of gender consciousness among men and the increase in the care of children" (Lang et al 2004:10).

Whereas most attention has been on how women can avoid gender-based violence, less focus has been put on researching and finding why men use violence against their partners in relationships as well as how young people can be agents in the prevention and reduction of gender-based violence. Organisations have focused on adults and less on young people as agents in fighting GBVAW. A further inquiry about GBVAW with input from young people in fighting this endemic issue can lead to the re-construction of non-violent masculinities and participation of young people in curbing gender-based and intimate partner violence. Heise, Ellsberg and Gottmoeller (2002: S5) mentioned that women's advocacy groups have been directing much attention to physical, psychological and sexual abuse of women and the need for more action against this.

2.10 CONCLUSION

This chapter presented a review of pertinent issues on gender-based violence. The literature reviewed a wealth of information mainly from international studies which highlighted the different forms of abuse that inflicts injury on women. There are

different types of therapeutic interventions that can be used as pathways to eradicate abuse. Therapeutic workshops are one of the ways to find inner peace and closure. Chapter Three presents the design and methodology that guided the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter, the researcher delves deeper into the definitions of a qualitative design and the reasons for its selection for this research. This chapter details the methodology used in the study. It also outlines the research design used, population, sample selected, data collection, analysis procedures, issues of reliability and validity and the ethical considerations regarding this study.

3.2 RESEARCH DESIGN

For the purpose of this study, a qualitative research methodology was used. Qualitative research is a blanket term for various research methodologies and approaches vis-a-vis subjective, rationalist and objectivist approaches (Maree 2010:354). This type of research can also be referred to as an inquiry because of its use of multiple philosophical assumptions, methods of data collection and analysis (Creswell 2012:5). This study aimed to explore the effects of domestic violence on women as well as the impact of healing workshops with the women. With this in mind, the data collected in this study could not be quantified or weighed, therefore the researcher chose an exploratory approach informed through a qualitative research methodology.

Whereas Creswell (2012:4) described the qualitative research methodology as "an approach of exploring and understanding the meanings individuals or groups ascribe to a social or human problem," Maree (2010:51) added that this type of research aimed "to understand the processes and the social and cultural contexts which underlie behavioural patterns" through interaction with participants *in situ*. The researcher found this relevant to the study because the participants were women who were victims of gender-based violence within the community in which the study

was undertaken. Therefore, it was the appropriate methodology, as the researcher intended to explore the impact of seven healing workshops with women who had been victims of gender-based violence.

In addition, De Vos *et al.* (2011:66) indicated that, in contrast to a quantitative research design that seeks to explain and control the environment, as well as focus on the scope of information, a qualitative design is more understanding, in a natural milieu, of the personal exploration of reality from the view of an insider. Qualitative research methodology can be used to describe small groups, communities and organisations (Welman *et al.* 2005:191); therefore, it best suited this research. In this study, the primary focus was on women who have survived domestic violence. Furthermore, a naturalistic approach encouraged the exploration of attitudes and behaviours that are best understood in their natural setting as opposed to an artificial environment like a laboratory, as employed in a quantitative study.

Owing to the nature of the study, a qualitative methodology gave the participants an opportunity to describe their experiences in detail and in their own, thus giving the researcher rich data to work with during the study. Therefore, the researcher engaged a naturalistic approach as the study was done in the participants' natural context. The researcher determined the ontology of the study through qualitative research, as stories were told through the eyes of the participants, through their own eyes and their own experiences. This enhanced the researcher's understanding and interpretation of deeper meanings of the population's social actions.

The research undertaken required that participants be able to express and tell their own experiences in a comfortable unaltered environment through their own eyes. The nature of this study required that the researcher seek rich data. Therefore, this study focused on information from the participants to provide in-depth information with regards to the research topic. Given that this methodology could lead to unknown discoveries related to the topic, the researcher deliberately chose qualitative research methodology as an appropriate approach to guide this study.

3.3 RESEARCH APPROACH

Interestingly, exploratory, explanatory and descriptive approaches among others are the three most common attributes of qualitative research. Explanatory research seeks to explain things by addressing questions of 'why?' (Babbie 2011:69). Descriptive studies aim to describe events and circumstances, mostly what was observed (Babbie 2011:68). This study employed an exploratory approach for the reason that the researcher aimed to explore the effects of healing workshops on women who were victims of gender-based violence in the Wentworth area. This is a relatively new area as not many healing workshops have been facilitated in the Wentworth area, particularly the safe house where these women seek refuge. Another added advantage of an exploratory approach is that it is suitable for persistent occurrences, in this case gender-based violence which is a worldwide pandemic (Babbie 2011:67).

3.4 STUDY SETTING

This study was undertaken in the Wentworth community, south of the city of Ethekwini in South Africa. Wentworth has been described as an ill-resourced community whose population is mainly coloured people since the apartheid era (Firmin 2013:49). Different authors have defined the impoverished and gang-infested Wentworth community as a war zone with high rates of violence, drug abuse and HIV/AIDS (Firmin 2013:48). Poverty and unemployment levels are high in the district. Some of the residents in Wentworth use turn illegal resources to boost their income(Firmin 2013:48).

3.5 STUDY POPULATION

A population can be described as people that have certain characteristics from whom we want to draw conclusions (Babbie 2011:186). The population in this study

were women who were victims of gender-based violence in the form of domestic violence from the Wentworth community safe house.

3.6 STUDY SAMPLE

It is impossible to always include the whole population in a study. To avoid wasting time and incurring unnecessary costs, the researcher selects a group of participants that are representative of the entire population that the researcher intends to study. This is particularly true in qualitative research approaches. Therefore, the researcher chooses a small sample to represent the population. A sample is derived from a population that the researcher is interested in or that has vital information for the study. Hence, a sample is a representative group of participants chosen to make suggestions or conclusions about the populations from which they are derived (Creswell 2014:158).

In accordance with the objectives of this study, the sample comprised of women who experienced domestic abuse and were placed at the Wentworth safe house for care and safety. They were selected because they met the sample criteria. The researcher was presented with an opportunity to listen to their experiences of abuse.

The study sought to investigate the experience of domestic violence through the experiences of the women at the centre. The researcher chose a study sample that reflected the population, thereby obtaining in-depth, rich data until data saturation was reached. The size of the sample depends on the research and the purpose. In this regard, there are no guidelines as to how large a sample should be when it comes to qualitative research (De Vos *et al.* 2011:224-225). The researcher carried out eight interviews where saturation was reached. Therefore, no further selection was done.

3.7 SAMPLING PROCESS

The process or the activity of recruiting the sample is called sampling. DeVos *et al.*, (2011:223) wrote that a sample, "comprises of elements or a subset of the population considered for the actual inclusion in the study." In addition, Haber and LoBiondo-Wood (2014:65) also defined sampling as the selection of a part of the entire population that is a true depiction of the subjects for the study. Bloor and Fiona (2006:153) asserted that there are various sampling methods; however, there are two types of sampling methods used in qualitative enquiries, namely, non-probability and probability sampling. The purpose was to explore the effects of gender-based violence as well as the effects of seven healing workshops on these women. The researcher chose purposive sampling for this research because the participants best demonstrated some features that were of specific interest for the study (Babbie 2011:179).

These features included being victims of domestic violence, being residents of the Wentworth community and seeking shelter at the safe house as a result of the abuse they had experienced. Polkingorne (2005:140) also stated that purposive sampling in qualitative research concentrates on small samples that can offer rich information regarding the problem being explored. The researcher used the aforementioned criteria to select an appropriate sample which adequately represented the population that ensured efficient data would be provided for the study. The participants also showed interest in the study and had valuable contributions towards it. The study sample was women that were victims of domestic violence and were being housed at the Wentworth community safe house. When selection of participants is completely random without any human interference, probability sampling is assumed within the study (Maree & Pietersen 2007:172).

Probability sampling is inclusive of four sampling methods, that is, simple random sampling, systematic sampling, stratified sampling and cluster sampling. However, the researcher did not focus much on these as they are commonly used in quantitative studies. Non-probability sampling methods do not make use of random selection criteria. Instead elements are purposely chosen to reflect certain features

of/or groups within the sampled population (DeVos *et al.* 2011:231). There are four techniques of selecting participants in non-probability sampling, namely, snowball sampling, quota sampling, purposive and convenience sampling. In brief, snowball sampling is most efficient where the population for the study is difficult to acquire or the group has an interconnected population (Creswell 2014:209). Convenient sampling solely relies on easily available subjects. This is a fast and low-cost way of doing a study with a few respondents (Babbie 2011:192-3). In this study, the researcher had a specific purpose in mind

Sample 1

A purposive sample of women that had experienced domestic violence regardless of age was selected from the Wentworth community safe house. Only those who were harboured at the safe house for care due to being abused were sampled. Critically thinking about the limitations in purposive sampling is important for the researcher as this enables them to choose their sample wisely (De Vos *et al.* 2011:392). Creswell (2014:106) emphasised that, in qualitative research, it is important to obtain a sample from communities or participants that firmly inform and understand the research problem being investigated. Therefore, qualitative research requires small samples as opposed to larger samples. This places the focus on the quality of the study rather than the quantity.

Women who experienced domestic abuse were selected as participants for this study. This was important because it provided information on the effects and influence that abuse had on these women and how healing workshops would enable psycho-social healing. Participants ranged from 26 to 48 years old. To ensure the privacy of each participant and their information, pseudonyms were assigned for each woman. All twelve women had to have been a victim of domestic violence and were living at the safe house as a result of that abuse. Participants were residing at the safe house from a week up to a month. The researcher met each participant in their natural environment which was the lounge at the safe house to conduct the interview. This ensured that inconvenience to the participants was avoided. This also ensured that the researcher's data was not altered by the environment, or made the participants uncomfortable.

3.7.1 Inclusion criteria

- Sample 1 consisted of all women that were at the safe house as a direct cause of domestic violence
- Women who were willing to participate

3.7.2 Exclusion criteria

- Women who had not been victims of gender-based violence (domestic violence)
- Women who were not at the Wentworth community safe house.

3.8 SAMPLING METHOD

Ethical approval was received from the Institutional Research Ethics Committee of the Durban University of Technology. Permission to interview women who had experienced abuse was first obtained from the social worker in charge of the Wentworth safe house and then the participants (Annexure 1B). Purposive sampling was applied and data collected until saturation was reached. Initially, twelve participants were involved in this study. After eight interviews, the researcher stopped interviewing participants as saturation had been reached.

Study sample

Step 1:

The researcher approached the social worker in charge of the safe house at the community centre. This was done to make the management aware of the study to be conducted and the process involved. A full explanation of the objectives and the benefits of the study were outlined. The management was also informed about the type of participants required for the study. The social worker and house mothers (

the women that where entrusted to care for the victims in the safe house as well as take responsibility for the day to day running of the safe house) identified the women who had been victims of gender violence, with the focus on domestic violence and those who could be potential participants.

Step 2:

The researcher then respectfully introduced herself to the women and acquainted herself with them. They were informed about the purpose of the study to avoid deceiving the participants (Creswell 2014:96). A courteous approach which provided full information regarding the study allowed participants the opportunity to decide if they wanted to be involved in or excluded from the study (Annexure 2). This was done because it was important for the participants to feel that they voluntarily consented to participating in the study and that they were not being coerced.

Following this initial approach, an informal interview was done with each woman who agreed to participate. This was conducted in a private room in the safe house. The researcher respectfully provided answers to any queries they had. The inclusion criteria were used to select participants. The criteria for selection according to the inclusion criteria as mentioned previously, was of vital importance to maintain rich data from women who had experienced mainly gender-based violence. Participants who were particularly victims of domestic violence were selected. Each prospective participant was then given a letter of information which further informed her of the purpose of the study, its objectives and the benefits of the study.

The letter emphasised the importance of voluntary participation and the right to withdraw from the study whenever she wished. Each participant was assured that there would be no harm through participation. Each one was also given the opportunity to ask questions. When the mother agreed to participate, each participant was asked to sign an informed consent form (Annexure 3) which confirmed her consent to participate in the interview process. The informed consent form was to acknowledge that the participants' rights would be protected during data collection throughout the course of the study (Creswell 2014:96). The participant was assured of confidentiality and anonymity, and they were also informed that they would be given a pseudonym to protect their identity.

Subsequent to this, each participant was informed that the interview would be conducted at the safe house; therefore, no extra costs would be incurred on their part. Participants were also informed that, if they were not comfortable with the interviews being conducted, they had the right to withdraw at any point in the research. The participants' contact details were obtained during the initial interview and consent secured. In this study, the women that the researcher approached were willing to participate in the study and to engage in the seven healing workshops. The 8 participants took part in the healing workshops through various healing activities at the Wentworth community safe house in Ethekwini. A total of seven exercises were implemented with the participants regrouping and discussing the activity after every session. See Appendix 4A for an overview of the workshops.

3.9 PILOT STUDY

A pilot study is a test run on the same population. It is intended to recognise feasibility and faults or unanticipated problems during the research process (Polit and Beck 2006:296). A pilot study enabled the researcher to establish if the data collection tool would get substantial data from the participants and if the questions were clear. The women involved in the pilot study were able to narrate sufficient amounts of information. The first open-ended question read: "Can you share with me your experiences of gender-based violence?" During the pilot study interview, one of the women enquired as to whether she should talk about one violent experience or multiple occasions. The researcher immediately developed the question and it read: "Can you share with me your experience of gender-based violence?" The remaining questions were understood by the women who were involved in the pilot study.

Women who participated in the pilot study were not chosen for the actual research study. This ensured that there was no contamination of the research process. It also gave the researcher an opportunity to refine her interviewing and data collection skills. The social worker at the safe house who was an expert in dealing with abused women was engaged in reviewing the interview guide. This was done to secure constructive feedback on the quality of the questions in the interview

guide.   Adjustments were made as suggested.   For optimal results from the questions, the interview guide was arranged according to the nature of questions and for the questions to follow a sequential and logical pattern. After the researcher was satisfied that the questions would yield sufficient information for data analysis, the semi-structured questions on the interview schedule were then approved by the Institutional Research Ethics Committee of Durban University of Technology.

3.10 DATA COLLECTION

In qualitative research, data collection methods are used to collect data that are used for their refined descriptions (Polkinghorne 2005:142). Data can be collected from and through interviews with participants, from observations and documents among others. The data collection tool used in this study was a semi-structured, in-depth interview. An interview is a direct conversation with a person that is identified to possess the knowledge for which the researcher is looking (De Vos *et al.* 2011:342). An interview is described as any dialogue – person to person, either face to face or otherwise, between two or more individuals – with a purpose in mind (Kumar 2011:137). Whereas quantitative research utilises a formal interview approach using a homogeneous interview schedule, in contrast, a qualitative inquiry engages semi-structured or in-depth interviews. Semi-formal or semi-structured in-depth interviews adopt an informal, conversational character, partly shaped by the interviewer's guide.

3.10.1 Semi-structured interviews

For the study sample, the researcher used semi-structured, in-depth interviews as the method for collecting data. In qualitative research methodology, interviews are one of the most commonly used methods of data collection (DiCicco-Bloom and Crabtree 2006:314). The purpose of the interviews in this case was to investigate the effects of domestic violence and how best the researcher would create workshops that accommodated the various forms of abuse the women had faced.

Semi-structured interviews were efficient for the nature of this study because they gave the researcher the time to plan and organise the questions for the participants (Van Teijlingen 2014:3).

In-depth, semi-structured interviews are an interactive method that gives flexibility for other questions to emerge from dialogue, and not be restricted to the interview questions (Whiting 2008:36). It is easy for a researcher to steer respondents towards certain answers in order to prove or discredit a certain theory in research, especially after reading previous literature. The researcher was wary of this and avoided judging or arguing with the interviewees throughout the interview process. It is important to note that the interview gave the interviewees an opportunity to discuss the issues they were going through regarding the topic. It almost seemed as a form of catharsis. This was due to the interview provoking strong emotions. This is common with in-depth, semi-structured interviews, especially in this study where the participants had to discuss how being victims of domestic violence affected them.

An interview schedule with open-ended questions was used for the sample. This gave the researcher an opportunity to probe further into responses for the benefit of the research. An interview schedule is "the guide an interviewer uses when conducting an interview. It has two components: a set of questions designed to be asked exactly as worded, and instructions to the interviewer about how to proceed through the questions" (Fowler 2004:518).

3.10.2 Interview schedule

An interview schedule was also used in this study (see Annexure 4). The key function of the interview schedule was to enable women to discuss the effects of the abuse, to narrate their own experiences that led to their admission into the safe house. The interview guide comprised of open-ended questions to allow participants to share their stories and express themselves in a way that was meaningful and easier for them. The first question of the interview schedule allowed participants to share with the researcher more about their life experience of domestic abuse. This

assisted the researcher to determine which questions on the interview schedule would be appropriate to ask the participants without making them feel uncomfortable. The participants then spoke about their history, the experience of abuse and the number of times they had been in the safe house prior to the researcher's arrival.

The following questions and the probing questions allowed the researcher to acquire additional information about their feelings and emotions regarding their experiences, as well as how they personally felt that gender-based violence against women could be reduced. This was required to fulfil the purpose and objectives of the study. The content of the interview guide was aligned with the research objectives.

3.11 INTERVIEW PROCESS

The interviews took place between March and October 2016 as arranged between the participants and the researcher. The interviews were also subject to the availability of the women at the safe house in Wentworth. The interviews were personally conducted by the researcher who is a qualified child and youth care worker. On arrival, each participant was welcomed, made comfortable on a soft chair, and given light refreshments. It was important to protect the identity of the participants; hence, before the interview commenced, the researcher wrote down each participant's demographic details including their age and gender.

Each participant was also reminded that they were assigned a pseudonym to protect their identity to maintain confidentiality and anonymity. This ensured that the information given was trustworthy and accurate (Babbie 2011:482). The researcher then proceeded to request their verbal consent to begin the interview.

Step 1

The women were briefed by the community social worker before the researcher interviewed them. Thereafter, the researcher proceeded with introductions and

explained the study in full. The participant was given an opportunity to ask questions and to clarify any concerns.

Step 2

After the introductions and the briefing on the study, consent forms and letters of information were presented and these were signed before the interviews commenced. Prior to interviewing the participants, the researcher read out the questions to the participants so that they could reflect on responses as well as any questions that they did not fully understand. Initially twelve participants were interviewed for the study; however, eight participants participated in the seven workshops. One participant refused to be tape recorded while the other eleven consented to being tape recorded. To avoid any discomfort or stress this was respected. The interviews were planned to last for about 45 minutes; however, in most cases, they lasted an hour.

After data saturation was reached, the researcher concluded the interview process. Data saturation was evident when it became obvious that there was a recurrence of information from participants, as well as a similarity to literature reviewed. The same interview schedule was used for all the participants, which guaranteed consistency from all respondents (Flick 2009:39). The interview began with questions such as, "Can you please share your experience of domestic violence?" This was an extensive open-ended question which required the researcher to probe where needed. However, the researcher was cautious not to interrupt the interviewee's thoughts and story. The interviews were carried out in a polite and tactful manner that allowed good rapport between the participant and the researcher.

3.11.1 Focus group

Focus group discussions were also applied in the study (see Annexures 4A and 4B). According to Rabiee (2004: 655), the main function of focus groups is "to understand

and explain the meanings, beliefs and cultures that influence the feelings, attitudes and behaviours of individuals." For the benefit of the study, the function of the focus group was to investigate their views regarding the seven healing workshops. After the interviews, the women were then invited for focus group sessions. During these sessions, the participants took part in various activities designed from the data that the researcher had collected from the interviews. In this case, women who were interviewed also took part in the seven healing workshops. Thereafter, these women were invited for a focus group discussion.

The participants in the focus group were chosen because they had something to say and were comfortable talking to the interviewer and each other about the workshops activities and their experiences. During the focus group process, the researcher acknowledged that the participants provided information about a variety of feelings regarding the issue of gender-based violence and the healing workshops. Owing to the number of participants involved, the researcher chose focus groups since that simplified the collection of large amounts of data in a moderately short time span. The participants were already living with each other at the safe house and, therefore, the rapport among the participants due to partaking in the healing workshops as a group automatically created a synergy that allowed the participants to be comfortable with the researcher throughout the interview process.

This was a predetermined group and thus trust was already established in the group. This stimulated honest and spontaneous responses and expression of views. The focus group consisted of eight women who were victims of domestic violence. Discussions were conducted at a given time and within a permissive and non-threatening environment. The number of women enabled the provision of rich data while giving each person an opportunity to be heard (Ruff, Alexander and McKie 2005:135). The homogenous group ensured that quality data was collected, as a heterogeneous group would compromise the data. According to Grudens-Schuck, and Larson (2004: para. 7 line 5), this is because people tend to repress their ideas in the presence of people who are greatly different from them in power, status, work, income, education, or personal characteristics.

The focus group sessions lasted for two hours with an activity each day over a period of a month. The participants were made aware of the time duration of the workshops. Through focus groups, data was collected until saturation was. The focus group methodology increased the possibility of attaining data saturation because participants had the chance to interact. This further facilitated a group consensus on the question under discussion (Ruff *et al.* 2005:135). The researcher facilitated the discussions. In setting up the room, the chairs were arranged in a circular pattern to enhance group discussion for each group. To begin the activity and the discussions, the researcher began by introducing herself to the participants. The researcher further explained the purpose of the study carefully explaining the need for confidentiality regarding everything that was discussed during the meeting.

The researcher made the participants aware that there would be a tape recorder to record the data and the need for confidentiality was reiterated. The researcher answered questions raised by the participants subsequent to their completing the informed consent and prior to the focus group discussion. Each participant was encouraged to share their opinions and observations throughout the discussion. The discussion commenced with the researcher asking the opening question, moving on to the next discussion-generating questions until all the questions on the interview schedule where exhausted. The participants were encouraged to say anything they wanted to say in the group.

3.12 DATA CAPTURING AND ANALYSIS

The data was captured and transcribed into written text to start the process of analysis. This ensured that the data produced essential descriptions of the experiences in their truthfulness. Thematic analysis was used to assess the data. According to Braun and Clarke (2006:79), thematic analysis is "identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail." However, it frequently goes further than this, and interprets various aspects of the research topic. The researcher included reading data to search for meanings and patterns, then generated codes by identifying

features of the data that appeared interesting. Thereafter, different codes were sorted into potential themes and collated. The themes were then reviewed and the researcher decided which themes were necessary. Some were merged while others were disregarded. The chosen themes were defined and named; these were explored in chapter 4 that follows.

3.13 DATA TRUSTWORTHINESS AND RELIABILITY

Bloor and Wood (2006:147) postulated that "reliability is the extent to which research produces the same results when replicated," while "validity is the extent to which the research produces an accurate version of the world." According to Golafshani (2003:597), "the use of reliability and validity are common in quantitative research and now it is being reconsidered in the qualitative research paradigm." In addition, Drost (2011:114) mentioned that validity and credibility can be described as the extent to which the features of the research tools measure what they are intended to measure. Drost (2011:106) further reiterated that reliability and validity is the "consistency of measurement or stability of measurement over a variety of conditions in which basically the same results should be obtained." Therefore, reliability is concerned with the extent to which the research findings can be reproduced or duplicated.

There has been an argument that reliability is a difficult principle to achieve in practice because various researchers will always present numerous versions of the social world. Taking regard of this, the researcher improved the reliability of the study by maintaining detailed records of data and thoroughly documenting the process of analysis. Hence, the data received during the interviews and the reflections collected after each workshop were accurate and reliable, and can be used in the future. According to Malterud (2001:483), trustworthiness is described as the extent to which qualitative researchers want to reflect the truth. Trustworthiness is an important element in qualitative research because the findings should actually reflect the experiences of participants from their perspective. Research is not valuable if it does not benefit or add value to the participants involved and the surrounding

communities.   To ensure trustworthiness in this qualitative inquiry, the criteria of credibility, transferability, dependability, confirmability and authenticity were used.

3.13.1 Confirmability

Confirmability refers to the objectivity of the researcher throughout the study (Creswell and Miller 2000:126). Bitsch (2005:87) stated that this element is equivalent to objectivity since "confirmability deals with the issue of bias and prejudices of the researcher." Confirmability is also the degree to which a study's results could be confirmed or validated by others. This displays that the data and its interpretation are not fabrications by the researcher. The reliability of this research was centred upon the data and the research process. To ensure the quality of the research, the process itself included intricate documentation with an audit trail that permitted data to be tracked to its sources. The data and processes throughout the research were logically explained, and interpretations were integrated within a comprehensible research description. Data was also rigorously revised including going back and checking the original sources in transcripts, documents and journals used.

3.13.2 Dependability

Bitsch (2005:86) defined dependability as the stability of findings over a period of time. Dependability is a situation where the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results in duplicated studies. In this study, the researcher ensured that a systematic description of the method of sampling, data collection, data analysis and data interpretation was attained. To ensure dependability the researcher described the process of the research at each stage in rich detail, this allows the study to be repeated. The pilot study also allowed the researcher to evaluate the effectiveness of the data collection tools selected. Data was stored in their original form, namely. the typed and the transcribed material were the exact replica of the original data. Documents such as correspondence letters, signed consent forms, the interview guide, reflection notes were also stored safely.

3.13.3 Credibility

According to Thomas and Magilvy (2011:151), credibility is what allows the research to be relatable through others recognizing the experiences assimilated within the study "through the interpretation of participants' experiences." Attainment of credibility happens by checking that the data represents the population facing similar issues being studied. This is the truthfulness of the research undertaken (Macnee and McCabe 2008:173). The results should be true for the participants and can be applied in other the contexts with other people. To ensure credibility the researcher carried out data collection until saturation was attained.

The researcher was also mindful of her own biases during the research so these notions would not skew the results. The researcher made sure that the same interview guide was used to interview all the participants in the study. The researcher visited the safe house on a regular basis to facilitate engagement with the participants to build a trusting relationship and connection during data collection with the participants). A continuing review of the evolving themes, coding process and interpretation of the data was done by the researcher and supervisor until an agreement was reached on a final data analysis and no new themes emerged. Other means of ensuring credibility was the numerous reviews of the written notes and audiotapes.

3.13.4 Transferability

Transferability refers to the extent to which the study findings can be applied beyond the milieu in which the study was carried out (Malterud 2001:485). The element of transferability was accomplished by the provision of rich, descriptive, thematic data in the research report. The rich description of data also enables readers to determine the relevance of the study in their situation (Mertens and McLaughlin 2005:17). Data was supported by the results and inserting direct quotations from the participants into the report. The current study was carried out in a safe house for women in Ethekwini in KwaZulu-Natal. Although a small sample was used, this study could be relevant in

other areas in KwaZulu-Natal. This research could be useful in this district and in the remaining safe houses in other communities, universities and other provinces of South Africa.

3.13.5 Authenticity

According to Seale (1999:468), authenticity is when researchers show that they have represented a range of different realities and promoted fairness within the research. In this study, the researcher ensured authenticity by presenting all the differences, views, and conflicts within the study. In this study, it was ensured that an adequate amount of data was obtained and excerpts of participants exact words were used. This added to a rich description and interpretation of the data. This would enable readers to understand the context in which the chosen sample for the study experienced their problem and the reasons for the study.

Ethics involves processes and criteria that researchers should follow when conducting research studies on humans as participants. These are also guidelines or a set of principles that advise good professional practice, which serve to guide and steer researchers during their study (Bloor and Wood 2006:64). The researcher obeyed the principles of research ethics by obtaining ethical clearance from the Durban University of Technology prior to data collection. The Durban University of Technology: Faculty of Management Sciences' Research and Higher Degrees Committee had reviewed the research proposal, after which final ethical clearance was obtained from the Institutional Research Ethics Committee. Given that this study was based on women's experiences of abuse, it was imperative that participants were treated with sensitivity as they were seen as a vulnerable population (McCosker, Barnard and Gerber 2001: para 6 line 11).

The researcher ensured that the participants remained anonymous by using pseudonyms. The safe house had a social worker who agreed to assist with counselling and the debriefing sessions if any discomfort arose. The Faculty of Management Science Research Committee has reviewed the research proposal

after which ethical clearance was obtained from the Ethics Committee. Data was stored in a password protected file and stored safely after being analysed. Once data is analysed it was deleted and hard copies were discarded as per DUT policy. Participants completed a written informed consent form (Annexure 3) so that they were fully informed about the nature of the research study. The informed consent was signed after the participants received an information letter which informed them about the details of the study. Being fully informed meant that the participants' "knowingly, voluntarily and intelligently, and in a clear and manifest way" gave their consent (Fouka and Mantzorou 2011:4).

Confidentiality was maintained by not disclosing any personal information about the participants to any person. Participants were given pseudonyms which protected their identity and therefore confidentiality was maintained. They also received an information letter (See annexure 1A) informing them about the purpose, the procedure, confidentiality of their identity, and that they could withdraw from the study at any time due to it being voluntary engagement.

3.14 ETHICAL CONSIDERATIONS

3.14.1 Beneficence

Beneficence is when the researcher benefits the constituents of the study and does no harm (Fouka and Mantzorou 2011:5). This means that it is the researcher's professional mandate to conduct effective and significant research that serves and promotes the welfare of the participants. The aim of this study was to ensure that the findings create awareness about the impact of abuse on women and the interventions that would minimise the effects of this abuse. The topic under study required that participants shared their experience of abuse. Participants could have become emotional considering that they had traumatic experiences. For the women, all the interviews, reflections and the focus group discussion were conducted during leisure hours at the safe house. Provisions were made for the referral of any participants who became emotional and required counselling. The participants had

the liberty to decide if they wanted to reschedule appointments or withdraw from the study completely.

3.14.2. Non-maleficence

Distress emanates from pain which is a product of harm. The concept of non-maleficence means that the research did not inflict harm on the participants in any way (Omonzejele 2005:23). Participants in this study were assured that they could withdraw from the study at any time since it was voluntary. They were also assured that no harm or physical discomfort would be caused to them during the study. A psychologist was available for trauma counselling following the interviews.

3.14.3 Respect for human dignity

According to Polit and Beck (2008:160), this principle involves the right to self-determination and the right to full disclosure. The researcher respected the rights of the participants to decide to take part in the study or not. To allow the participants to make informed decisions about participating in the study, a detailed explanation of the study was given by the researcher. This included, but was not limited to, the purpose of the study, the right to withdraw at any point of the study, and possible gains or risks associated with participating in the study. Following full disclosure of information about the study to the participants, they were requested to voluntarily sign a written consent to participate in the study. The researcher witnessed the signing and countersigned the consent form.

3.14.4 Justice

This principle includes the participants' right to fair treatment and their right to privacy (Polit and Beck 2008:172). The researcher guaranteed that all participants would be treated appropriately by respecting their culture, morals, values and beliefs. Privacy

was maintained throughout the study, and participants were assured that the information they provided was going to be treated and stored in strict confidence.

3.15 CONCLUSION

This chapter presented the methodology of the study. This study was qualitative in nature, and explored and described women's views of gender-based violence and how the seven healing workshops served as a therapeutic tool among them. The qualitative paradigm was the guiding design for this study. A semi-structured, in-depth interview and a focus group discussion were the methods of choice to collect important data and to enable the participants to share their experiences. Thematic analysis was used to analyse the data, thus ensuring proper organization of the data. This method allowed for the exploration of the descriptions of abuse endured by the women, and how healing workshops with women facing similar issues could ameliorate the trauma of gender-based violence.

CHAPTER FOUR

ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the data collected from both the interviews and focus group discussion. It also presents the discussion of the findings. The main purpose of this study was to explore whether the seven healing workshops had therapeutic benefits for abused women. More particularly, it was to explore if they were able to find a sense of peace and healing through this intervention. An interview schedule with open-ended questions was used first, in order to explore the impact of the abuse on each woman. This was followed by a seven-session therapeutic healing workshops (Appendix 4B). Reflections were collected after each session to explore the effects of this intervention with each woman. Finally, a focus group discussion was held after the healing workshops to investigate the collective benefits of the trauma healing workshops on the women.

This data was then analysed in two parts, namely the data from the interviews and then the data related to the healing workshops. Data from the latter was analysed collectively with the reflections written by each woman; this is presented holistically. For both sets of data, namely the interviews and the focus group discussion, a process of thematic analysis and coding was used. The data in this chapter is presented according to themes and sub-themes which emerged following the analysis. The themes served to illustrate the essence of each woman's experience. Rich descriptive data was obtained by getting them to share their experiences of abuse as well as through reflections and a group discussion on how the healing workshops sessions helped them therapeutically. The data collected from the in-depth interviews is presented first, followed by data from the reflections and focus group discussion. The sample comprised of eight participants who were available at the safe house during this time. All eight participants eventually took part in the seven healing workshops following the interviews.

4.2 RELATIONSHIP BETWEEN THE OBJECTIVES AND THE DATA COLLECTION PROCESS TOOLS

The objectives and data collection tools for this study are reflected in Table 4.1 below.

Table 4.1 Objectives and Data Collection Tools

OBJECTIVES	DATA COLLECTION TOOLS
1. To explore each woman's experience of abuse. 2. To investigate the impact of that abuse on them.	**Phase 1:** Interviews
3. To explore what activities they have used personally and at the facility to cope.	**Phase 1:** Interviews
4. To inquire about whether the healing workshops had therapeutic benefits.	**Phase 2:** Reflections collected after healing session; Data from focus group discussion.

4.2.3 DEMOGRAPHIC PROFILES

The demographic profiles of the participants are provided in Table 4.2 below.

Table 4.2 Demographic Profile of Participants

Pseudonym	Age
W1	25
W2	32
W3	32
W4	44
W5	19
W6	22
W7	35
W8	24

4.3 DATA FROM PHASE ONE

In this section data derived from the individual in-depth interviews is presented.

4.3.1 Interviews

The e women were interviewed at the onset of the study. The interview schedule contained a number of questions that allowed each woman to share their experience of abuse. The questions on the schedule were as follows:

1. Can you tell me more about why your experience of domestic abuse?

2. Can you share with me how this experience has affected you?

3. What has the organisation done to help you through this difficult experience?

4. Tell me more about your support systems and how they have helped you cope?

5. What have you done personally to help yourself through your experience?

4.3.2 Data Analysis and Findings

This section presents the analysis and findings derived from the data. The data was grouped into four main themes and 16 sub-themes. The themes presented are from the participants' responses during the in-depth interviews. Responses showing similar characteristics related to each question were grouped together. The themes are indicated in Table 4.3 below:

Table 4.3 Themes Derived from the In-Depth Interviews

Themes	Sub- Themes
Abuse	- Lack of care - Physical Abuse - Psychological abuse

Psychosocial effects of abuse	• Low self-esteem • Animosity towards partner • Feelings of entrapment • A sense of shame and guilt • Suicidal thoughts
Support received at the safe house	• Place of support • Sense of safety • Sense of security • Love and care from housemates • Family/group support
Interventions personally used by the women	• Faith in God • Prayer • Support from faith based organisation

The themes and sub-themes are discussed below. The meaning of each is presented by using verbatim excerpts from participants.

THEME 1 – Abuse

Sub-Themes:

- Lack of care
- Physical Abuse
- Psychological abuse.

The first main theme related to the abuse experienced by the women. The sub-themes related to the type of abuse that they each had endured. Lack of care, physical abuse and psychological abuse were found to be the most common forms of abuse experienced by all the participants. The sub-themes derived from the data are captured in some of the excerpts of the participants presented below.

He was not worried about me and the children. He would leave me with the kids at home with no food; I had to go to the neighbours to ask for food... I was so irritated because he was leaving everything to me and wasn't doing anything to help me. (W5)

When I told him I was going for a drink he locked me up inside the house and beat me up. This was the first blue eye I ever got. (W1)

My boyfriend would swear at me, call me names. I told him I couldn't do this anymore. He cornered me, closed the windows and locked the doors. He beat me up until I was black and blue. I had two black eyes. I stayed inside; my mother was coming to see me the next few days and I had to cover myself with calamine lotion. (W6)

He hit me in front of my five-year-old daughter; I can never forgive him for that. (W2)

The other argument started with the pots. We argued because he wanted me to use certain pots. He beat and kicked me and left me lying on the kitchen floor. (W4)

After I left I didn't want to go back home (to him), but he kept sending me messages saying my baby needs me. I decided to go back home, but when I got there I locked the door behind me. When he returned, he started shouting at me. He threatened to break the door open. I quickly unlocked the door and ran to the bathroom. I tried to close the door but he was too powerful. The way he smacked me I was actually crying blood …. He shoved me into the bathroom. The way I was bleeding it was like somebody had cut me open. He hit me into the bathroom tap; you can actually still see the scars. The next day he wouldn't let me go outside. (W8)

He insulted me and used to say that he doesn't love me because I have slept with other men from other countries. He would swear at me and call me names, but I still loved him. (W7)

I couldn't even smile at other people, especially guys, because he would call me names and it hurt my feelings. (W3)

Physical violence and threats to commit them are common forms of domestic violence. One type of violence is commonly accompanied by another type of violence. For example, emotional abuse may be accompanied by physical abuse. The Domestic Abuse Intervention Programmes (DAIP), a program to improve the criminal justice system in Duluth, Minnesota developed a wheel of power and control, regarding domestic violence. This was established to understand the pattern of abusive and violent behaviours. Most traits on the wheel are similar to what the women described in their experiences. From the excerpts, there were hints of threats, emotional abuse, isolation, using children and economic abuse. In addition, actions include isolation from neighbours and family, calling the women names and making them afraid to the point of suicidal thoughts or low self-esteem.

There are three stages involved in the abusive cycle for the perpetrator and the victim. These can be seen in table 4.4.

Table 4.4 Three stages involved in an abusive cycle

TENSION-BUILDING PHASE	Woman feels: Nurturing, submissive, "walking on eggshells," afraid to express feelings, may use alcohol and/or drugs to avoid situation
	Perpetrator feels: Verbally abusive, fits of anger, silent, controlling, arrogant, possessive, demanding, irritable, may use alcohol or drugs
CRISIS PHASE	Woman feels: Frightened, trapped, helpless or numb. May try to protect self, hit back, submit helplessly, get away, or seek help
	Perpetrator feels: Angry, enraged, "right," jealous and/or

	frustrated. Dangerously violent, has a deliberate desire to hurt or kill, out of control, irrational
HONEYMOON OR REMORSE PHASE	Woman feels: Relieved, angry over the incident, resentful, guilty, hopeful, in denial over the seriousness of the incident. Offers excuses for the batterer, may be withdrawn, tries to solve or prevent future incidents, hopes/believes changes will last
	Perpetrator feels: Apologetic, remorseful, forgetful about degree of violence, self-righteous, unable to understand why the woman is still angry. Makes promises to change, blames her or others for the problem, may use alcohol or drugs as an excuse

Adopted from Walker (1979).

The excerpts derived from the data support the social theory of battered women by Walker (1979:55) as presented in the table above. The excerpts describe incidents of different types of violence represented at every level in the table above. Some women stated that their partners would seem remorseful and apologise for their actions. However, they would still exhibit controlling behaviour by preventing them from leaving the house or socialising with friends, family and neighbours. This was because the partners did not want the neighbours to see the scars of the marks from the violence. Some partners would use the children to persuade the victims to return home but, after a week, the violent behaviours would continue. This turned into a recurring cycle from the tension-building phase through to the honeymoon phase and back to the tension-building phase.

This cycle also gives an idea of why women who are battered take time to leave their abusive situations, as there is a false hope that the partner will change from their

abusive behaviour. This hope is usually established within the honeymoon phase where the partner shows remorse for their actions and the situation normalises for a short time. However, it manifests again, and hence, the cycle of abuse is repeated.

THEME 2 – Psycho-social effects of abuse

Sub-Themes:

- Low self-esteem
- Animosity towards partner
- Feelings of entrapment
- A sense of shame and guilt
- Suicidal thoughts.

The second main theme derived from the data reflected the psycho-social effects of abuse on the women in the group. Excerpts from the data revealed that their experiences of abuse had caused the women to experience low self-esteem, animosity towards their partners, feelings of entrapment, a sense of shame and guilt, and thoughts of suicide. This is reflected in some of the excerpts that follow:

It was affecting my work … he was possessive. He would come to my place and call me and say I'd better come straight home … He wouldn't allow me to leave the house, and he would torture me. (W3)

He said he would change and things improved for a while. I learnt I was pregnant and he seemed happy. But after a few months, when he came home drunk, we argued and he punched me in the stomach. I remember waking up in the hospital with a burst lump on my ovary, but the baby was fine. The baby was all right. I stayed, as I could not see a way out. (W8)

I wanted to kill myself. I said, 'I don't think I will come out of this hospital with this baby.' I wanted to end the pregnancy or kill the baby soon after it was born. I secretly hoped the baby would die. Many times during the pregnancy, and with the way this man was treating me, I just wanted to have an abortion and also end my life. (W5)

I feel like a failure my parents are so disappointed. They sent me to school and everything, and I ended up here. (W1)

I can handle the beatings and the marks on my body – they heal … but hurting my emotions is what stays there. I have insecurities about myself, and everything; you know. (W6)

My husband's friend threatened me with a gun for reporting him for beating me up. I called the social workers, but nothing has been done until this day. (W4)

I feel like I am in a big hole that I cannot get out of. I have many regrets. Maybe if I didn't meet this man, maybe if I didn't come here. Everything happens for a reason. (W2)

From the above excerpts it is evident that participants endured several forms of psycho-social trauma, ranging from low self-esteem to suicidal thoughts. According to Devries *et al.* (2011:79), one of the most significant contributors to the worldwide affliction of diseases amongst women are suicidal behaviours. More importantly, the aforementioned study also found that the high incidences of suicidal thoughts and attempts at suicide were strongly associated with violence against women. The study supports the findings made in this study and leads to the necessity of prioritizing the minimization of gender-based violence in suicide reduction strategies for women (Devries *et al.* 2011:85).

Abusive partners also used degradation as part of abusing women, by belittling them so that they start to lose confidence in the way they look, and gradually they feel defeated. Eventually women start to believe the words that abusive partners throw at them. Hence, they develop low self-esteem, feelings of guilt, and shame. These were also reflected within the excerpts from the data. What was most interesting to note was that abusive behaviour and relationships seemed to be a repetitive cycle. One of the participants acknowledged that this was the third abusive relationship she had been involved in, as well as the fact that her partner was raised in an abusive home. In their multi-country study, Devries *et al.* (2011:79) acknowledged that most abused women experienced suicidal thoughts, and recommended the necessity of prioritizing strategies for suicide reduction for women.

Kumar, Nizamie and Srivastava (2013:5) reported that women facing domestic violence are likely to languish in depression. From the excerpts, it is also clear that the women lived in fear due to the physical abuse that the partners inflicted. Therefore, fear is another psychological effect of physical abuse (Kumar *et al.* 2013:6). Furthermore, Kumar *et al.* (2005:63) similarly found that approximately 40% of Indian women who suffered various forms of spousal violence throughout their marital life experienced poor mental health. Women who experience sexual assault either in childhood or as adults were more likely to suffer from depression and attempted suicide than non-victims.

Furthermore, additional health outcomes that are related to domestic violence include, "violence-related physical trauma, chronic pain, migraine headaches, gastrointestinal symptoms, sexually transmitted disease, chronic pelvic pain, and mental disorders such as depression, anxiety, suicide, and post-traumatic stress disorder" (Campbell 2002:1331). Such effects emphasise the importance of healing therapies to alleviate these effects.

THEME 3 – Support received at the safe house

Sub-Themes:
- Place of support
- Sense of safety
- Sense of security
- Love and care from housemates
- Family/group support.

Support received at the safe house was the third main theme derived from the data. The sub-themes derived from the main theme were feelings of belonging at the safe house and being loved and cared for. This appeared to have emanated from having a sense of safety and belonging after being placed in the organisation. The fact that they had a safe space away from the abuse was important. Together with the presence of house mothers who supervised them, they were able to feel positive,

loved, cared for and peaceful. The following responses reflect both the third theme and its sub-themes, as follows:

Being placed in this organisation, my thoughts are more peaceful, settled and I feel better … When I get depressed, I talk to the other ladies and it feels good being away from that man. (W5)

This place has given me emotional and mental support. The social worker is there when I need to talk to someone, and this place has given me stability. I do not worry too much; it's home for me now, and the ladies here are wonderful and strong. (W3)

Being placed in this safe house … is truly a blessing … I have made friends and family… I am also happy to have the social worker who shows care for me and even my babies. I feel they care about us. (W7)

Since being here … I have counselling every Tuesday. I feel better since admission. I was scared at first, but the social worker provided support. We support each other here at the safe house; we are family. (W6)

Being at the organisation is a good experience … I am loved here. The institution has provided me with safety and security to help heal the abuse that I had suffered. (W4)

One very important sub-theme that emerged from the data is that the safe house provided the women with a sense of safety and security. This was important due to the sense of fear and insecurity they felt within their homes during their experience of abuse. Participants further indicated that being at the safe house provided a feeling of belonging in terms of providing a new family for them. Not only did the safe house care for them but it also extended the benevolence to their children. This made them feel loved and cared for. Studies have shown that women refrain from reporting abuse to formal service providers (Barrett and Pierre 2011:50). Therefore, safe houses encourage women to seek assistance and possible manoeuvres through legal systems with adequate knowledge of their rights. The participants mentioned that the social worker was very supportive and provided counselling sessions.

This facilitated their ability to settle into the safe house, providing a comfortable environment to explore feelings and build trusting relationships. The routines at the safe house provided the women with a sense of responsibility as well; the routine provided stability and consistency in their lives. Group support has always played a major role in healing and recovering from trauma. Support groups provide survivors of domestic violence with a supportive, reassuring and understanding atmosphere through which to discuss their various experiences and provide mutual help to other survivors (Sullivan 2012:3). The above excerpts also illustrate that the women understood the nature of their abuse and the commonalities of the experiences with other women. This was a significant learning experience for the women as well as the researcher. The researcher found that there was a sense of commonality as the women discovered that they were all in "the same boat". Sullivan (2012:3) asserted that this phenomenon "relieved the guilt that many of the women felt about being abused by intimate partners."

THEME 4 – Spiritual interventions used by the women

Sub-Themes:

- Faith in God
- Prayer
- Support from faith-based organisation

The fourth major theme derived from the data related to spiritual interventions used by women at the safe house.

The sub-themes that emerged from this main theme were prayer and faith in the Creator, and places to find a sense of peace and hope, such as a church fellowship. These are reflected in the verbatim excerpts that follow. Spirituality seemed to be an important component within the lives of the women.

We pray in the evenings before we sleep. (W2)

When I feel like I'm in pain I pray, I believe in God and that he takes care of me and my situation. (W4)

Nothing happens for nothing. I pray to God that he protects my babies. I always talk to Him to help me and guide me. (W7)

I attend the church down the road. I have made new friends there. I seek advice from the church pastor and his wife. They understand my situation and encourage me to pray. (W8)

I never used to pray or go to church, but since I came here, we go together and we pray together. It brings us closer to each other. (W1)

The data further reflected that personal and organisational religious support systems had provided crucial underpinning in assisting the women to cope with the abuse. This was reflected in the following statements:

My support system is going to church. (W8)

My support is prayer and going to church. I pray at night and during the day; its helps me heal and it keeps me calm. Even my babies sleep well. (W5)

My strength is prayer. (W7)

I have faith in God … I pray to Him; I ask Him in prayer and He answers me. And I know it's why I am here at this place; he is protecting me. (W3)

The current study, however, revealed that religious institutions in collaboration with religious leaders form religious support groups for victims of violence. Institutions can also train congregation members on less violent ways to respond to diverse violent situations. Additionally, faith-based organizations can inform communities about domestic violence while providing information on GBV issues, based on religious scriptures and teachings. Ushe (2010:110) further reiterated that a religious leader, therefore, is someone chosen through members of the congregation by God to lead the organization to make sure that the groups' objectives are met.

According to Mapuranga *et al.* (2015:126), "the church proclaims the moral order of the human universe and this moral order is based upon the dignity of every human being which flows out of the fact that everyone is created in the image of God from which the word of love and peace is perpetuated as peace is a gift of God." For this reason, faith-based organisations and their leaders play a vital role within society in assisting victims of gender-based violence as they are respected and are said to be

leaders chosen by the divine; hence, people usually look to them for support and advice, as well as comfort and safety.

The same study conducted in Zimbabwe also found that the church held various activities from counselling, prayers and formation of support groups for abused women. Ushe (2015:110) further asserted that the psychological impact of extreme fear that violence will recur again is embedded in the woman. This exhibits as low self-esteem, guilt, shame, depression, and even feelings of hatred and the desire for revenge. Faith-based organizations have religious leaders and scriptures that assist members to heal from the violence and provide spiritual ways to forgive perpetrators instead of seeking revenge and living in fear.

4.5 DATA FROM PHASE TWO

Academic and applied researchers widely use focus groups for various studies. According to Krueger and Casey (2009:2), "a focus group study is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment." Hence, the decision by the researcher to conduct the focus group discussions at the safe house where the women had the therapeutic workshops and were comfortable discussing issues with one another and then sharing these views with the researcher. Conventionally, focus groups are a means of accumulating qualitative data, which fundamentally involves engaging a small number of people in an easy-going group discussion (or discussions), arranged around a certain topic or set of issues (Onwuegbuzie 2009:3).

The research aimed to explore how the workshops helped in healing the trauma the woman had experienced due to abuse. Within the confines of the focus group, the women supported each other and found that many of their experiences were unique. But the common denominator was that they had all been abused by a partner they loved. The focus group discussion questions were as follows:

- What was your experience of the workshops?
- How did the activities in the workshops help you heal?

- Would you participate in healing workshops again to help you to cope?
- Would you recommend healing workshops to other women?

As stated, there were two sources of data gathered in this phase, namely the reflections collected after the workshops, and data from the focus group discussion. The data from both sources was considered holistically in the analysis and the six main themes and 16 sub-themes flowed from this. Responses showing similar characteristics in each question were grouped together; the themes and sub-themes are presented in Table 4.5.

Table 4.5 Themes and sub-themes gathered from the reflections and group discussion

Themes	Sub-Themes
Groups as a healing tool	- Increased group support - Shared sense of strength - Increased sense of peace
Benefits of meditation	- Equanimity and balance. - Improvement in psychological well being
A sense of self-worth and dignity	- Improved self esteem - Restored sense of dignity - Awareness of personal strength
Forgiveness	- Opportunity to achieve closure - Sense of peace - Release of negative feelings
Catharsis	- Regained sense of hope and empowerment - Reframing of negative thoughts into positive ones - Identifying with other victims - Confronting important issues about abuse
Therapeutic activities as an on-	- Workshops were beneficial to self

going practice	and benefit to others.

4.5.1 The process of analyzing the focus group data

The themes and sub-themes are discussed below; the significance of each theme is presented by using the participant's excerpts.

Theme 1: Groups as a healing tool

Sub-Themes:

- Increased group support
- Shared sense of strength
- Increased sense of peace

The first main theme derived from the reflections and focus group discussion was the importance of groups as a healing tool. The sub-themes of feelings of trust and positive relational dynamics flowed from this main theme. These were reflected in the words of participants as follows:

The sessions help me to know my sister here. When I came, I was very quiet, but the workshops helped me to open up. I am feeling better and I see hope. (W6)

I thought that the women here were going to judge me and I would not get along with them. I was even doubting the workshops, but I have been at peace since you came, and now we even pray together at night and we help each other. (W2)

After participating in the healing workshops … the sessions had helped me … to build trust and to create positive relations among women in my group here at the safe house. (W6)

Since I have been involved in these activities, we talk to each other more. Knowing each other's stories just made us realize we are stronger. So, when one (of us) is not happy, we support each other because this situation [abuse] is not easy. (W4)

After participating in the workshops … I was able to build close bonds and relationships with my group members in the safe house ... My experience of this workshops was very therapeutic and healing. (W1)

The therapeutic activities have made me trust the house mother and the social workers also when I know what they have done for other women and the ladies that are here. I truly see that they care, and this creates positive relations. (W5)

From the above excerpts, it is evident that the activities have enabled the women to develop a sense of trust with other participants and to also know which support systems they have. It also seemed to have positively influenced their relationships with the 'organization family'. This is because groups give a safe and regulated environment that allow the women to have positive social interactions with each other and create supportive bonds. The bonding also meant that the women had developed the social skills to relate to each other and to communicate in a way that other women appreciated and understood. Hence, the change in how the women related with each other resulted in a familiarity with each other's experiences and feelings.

Participants also reported that activities enabled them to feel positive and had contributed to gaining a sense of peace through the cathartic activities in which they were involved. Catharsis has been acknowledged as a healing, cleansing, and transforming experience. This is because catharsis is assumed to be an emotional discharge equated to "the behaviour of expressing strong emotions, some of which emphasize the cognitive aspect and the new awareness that emerges after reliving traumatic events from the past" (Powell 2007:1). The activities from the seven workshops enabled the women to re-live their experiences cognitively. This gave them an opportunity to consider their actions and situations. They were able to find meaning and strength through expressing repressed emotions from the traumatic experience of domestic violence.

The second main theme which emerged from the data was the therapeutic benefits of the healing workshops. It is important to note that there were common therapeutic benefits, which enhanced well-being across each of the activities undertaken over the sessions. The activities included the "Blast your own horn worksheet"; "How to

love yourself again"; "Forgiveness letters" and a movie relevant to the women's situation. All these activities, both individually and then collectively through the final group discussion, were found to have significant positive psychological benefits. They enabled the participants to achieve a sense of peace and equanimity that helped them transcend their experience of abuse. What emerged significantly as the sub-themes from this main theme were a sense of peace, equanimity and balance, a sense of restored dignity and self-worth, forgiveness, and a sense of empowerment.

Theme 2 – Benefits of meditation

Sub-Themes:

- Feelings of peacefulness.
- Equanimity and balance.
- Improvement in psychological well-being.

These sub-themes were evident in one way or another across the excerpts derived from the various sessions. The analysis that follows is presented according to the different therapeutic activities for a deeper understanding of which techniques had certain therapeutic benefits.

Peace through meditation activity

The excerpts below reflect most participants' views of the therapeutic benefits of the peace through meditation session. They said:

After participating …. I felt a sense of control over my own thoughts *… The peace meditation was very good … I could feel my body and notice everything … I felt at peace with myself. I felt very happy when I opened my eyes and I had forgotten about my situation. I just listened to the researcher's voice … it took away all my negative feelings and replaced them with positive ones … I feel more relaxed with myself now than before the meditation session. (W1)*

Here at the safe house, it's hard to forget the abuse because we don't do anything ... This activity helped me forget about the trouble that I have; I forgot that I actually don't have clothes for my babies – the negative things, you know. The meditation made me feel special when I just cleared my mind and thought about me now. (W3)

What I enjoyed about the peace meditation, (was that) I think my blood pressure went low. (laughs) … I was at ease with myself; I felt and realised that whatever bad had happened to me, I should think of the word 'peace' … and it also helped me to realise that, no matter what happens in life, … you must move on and think about peace … I was able to maintain a stable mind and forget about my abuse, and I was able to clear my mind of all negative thoughts … and I had created happy and peaceful memories. (W2)

That was very nice ... I've been abused for three years now, and I usually don't have time for myself. This activity is the most time I have had for myself with no stress in a long time; (this very moment) is the freest I've ever felt after a long time. My body is so much more awake right now and my mind wandered only a few times throughout the whole activity. I can't believe how amazing I feel right now. Thank you so much. (W7)

Ample literature supports the health benefits of meditation. It is believed that meditation is physiologically more invigorating than deep sleep. Meditation has physiological, mental, and spiritual benefits. Horowitz (2010:223), Chu (2010:177) and Rosenzweig *et al.* (2010:30) have written extensively about the physical benefits of meditation. Arch and Craske (2006:1858) stated that meditation has become a useful non-clinical intervention which promotes emotional regulation and improves psychological and physical functioning. In their study on meditation programmes for psychological stress and well-being, Goyal *et al.* (2014:357) reported that meditation programmes can minimize the multiple negative dimensions of psychological stress. Hence, meditation interventions have become popular in modern psychology (Hofmann *et al.* 2011:1126). Furthermore, they should be considered as important in healing when working with women who are victims of domestic violence.

As suggested by the excerpts above, meditation provided inner and mental well-being. It provided a gateway for the women not to focus on their situations but,

rather, to appreciate the positive atmospheres all around them. The women there had a renewed sense of hope on life and saw their problem from a different point of view, a positive outcome perspective.

Theme 3 – A sense of self-worth and dignity

Sub-themes:

- Improved self-esteem
- Restored sense of dignity
- Awareness of personal strength

Confidence and self-esteem activities

I feel stuck sometimes, like I'm nobody, especially after you have been with a person you love and they call you names. You start to think something is wrong with you. I couldn't even look myself in the mirror any more. The activities helped me remember that I am beautiful and the good things about me. (W7)

We have prayer warriors in this house (laughs). This session has taught me to value others and to feel comfortable around them too. I had lost self-respect after being abused. I am more proud of myself and my accomplishments now, and with these women also. (W3)

For me the exercise about knowing my strengths and the nice things that people say about me was important. I looked at my role model who is my mum. She is a strong woman. I respect her and I love her, so even though I have been hurt by this man, I know that she loves me and I trust her. It made me realise the important areas of love in my life. (W8)

The self-esteem activity enabled me to increase my self-awareness … I now am aware of my potential and inner-strength … My experience of these sessions was very motivational and inspirational. (W2)

The confidence exercise in these sessions were very helpful … as it enabled me to remember things I had forgotten about myself … People say I have beautiful eyes and that my smiles cheer them up. So this makes me feel good. The activity was fun! (W6)

As is evident in the excerpts above, the practice of self-esteem and confidence boosting activities appeared to have created feelings of self-awareness and self-worth. Most importantly, it was evident that the activity induced a sense of equanimity and balance within the milieu of a distressed psychological state. It would also appear that it taught participants that, in affirming themselves, they could avoid and overcome negative feelings towards themselves and their surrounding environment. It also taught them that they could distance or disengage themselves from previous negative, painful or destructive and degrading slurs that they had experienced. Furthermore, it also appeared to have enabled a re-focus on positive thoughts, which appeared to have motivated and inspired them to remain optimistic and positive. As these activities brought on increased concentration on one's positive attributes, the women had become more self-aware and, in particular, more aware of their inner strengths.

Through the affirmation exercise, participants were able to choose a short word or phrase that they could repeat silently to themselves. Self-esteem is determined by how much value people place on themselves. Baumeister *et al.* (2003:2) asserted that what a person believes about himself or herself would determine their actions and shape the society's reality about them. Therefore, positive values of one's self and high self-esteem determined how the women would cope once they returned home and within their societies. In addition, another motive for high self-esteem is the desire to feel good about one-self.

It was important to motivate for high self-esteem because individuals with low self-esteem are not only negative about themselves, but also, "they express a generally negative attitude toward many events, circumstances, people, and other realities" (Baumeister *et al.* 2003:7). This usually manifests as constant thoughts about bad things that have happened and the failure to recall the many good things that have happened in one's life. As is evident from the excerpts, the women felt positive emotions and also joy, high self-esteem and a renewed self-worth.

Theme 4 – Forgiveness

*Sub-themes***:**

- Opportunity to achieve closure
- Sense of peace
- Release of negative feelings

Letters of forgiveness

With particular reference to this study, participants wrote forgiveness letters to their abusers. These letters comprised of feelings and emotions that the abused felt but were unable to express towards the abuser. The participants also included words they wanted to say to their partners and how the abuse had affected their lives and relationships. The end note of the letter was to be able to release the repressed feelings and emotions, letting them go and, hence, replacing that space with forgiveness. The excerpts below reflect the participants' views regarding the benefits of the writing the letters of forgiveness:

It was my first time of doing the letters …. After participating in the letter writing, I realised that I felt more free. (W4)

I finally got a chance to say what I have wanted to tell him, except that he just was not there. But it felt good; I feel peaceful. (W3)

I feel like something has been lifted off my chest and I feel so much better. This letter writing really helped me. I am at peace. (W1)

My heart feels lighter now. It's not good to keep things bottled up for so long. Writing the letters has set me free. But I still have not forgiven him for some things. (W5)

I feel happier since the exercise. I said all that I wanted to tell him, and when I burnt the letter, it's as if my emotions were also going away and I was letting go of the hurt and the grudge. (W6)

I need longer time to forgive him. But I enjoyed the exercise, and I realised that I had deeper feelings of hurt and that what he did was hurtful. It is difficult to forgive. (W2).

I will try to forgive him and give him an opportunity to correct his mistakes. (W7)

Forgiveness has been used as a therapeutic intervention for people hurt in relationships. According to Orme (2010:101), "in genuine forgiveness, one who has suffered an unjust injury chooses to abandon his or her right to resentment and retaliation, and instead offers mercy to the offender." The women had the opportunity to abandon their negative painful feelings toward their abusers through letter writing. Through doing the exercise, the participants also got to explore their feelings of hurt and to confront feelings that were deeply entrenched through years of domestic abuse. The women also understood that forgiveness was a personal choice and it was up to them to forgive or not to forgive. The researcher selected a forgiveness exercise for the women because not forgiving is stressful and, therefore, forgiveness is important to reduce stress and provide release (Worthington and Scherer 2004:385).

Over the centuries, various studies have applauded the health and psychological health benefits derived from expressive letter writing for trauma victims (Barclay and Skarlicki 2009:511; Smyth, Hockemeyer and Tulloch 2008:86; Smyth and Pennebaker 2008:1; Mogk *et al.* 2006:1; Baikie and Wilhelm 2005:339). The participants in this study claimed that they experienced reduced blood pressure and improved mood effects through using these interventions. The aim of this activity was also achieved as the researcher noticed that the participants had feelings of improved psychological well-being. Overtime, it has been established that expressive writing improves the overall well-being of trauma victims because they confront inhibited emotions and feelings.

This is due to the repeated exposure to the traumatic events, thus coming to terms with the negative emotions and confronting them (Baikie and Wilhelm 2005:340).

Writing letters of forgiveness might be seen as a simple activity, but this expressive form of writing "has great potential as a therapeutic tool …or as a means of self-help" (Baikie and Wilhelm 2005:342). The women in this study confirmed this.

Theme 5 – Catharsis

The word catharsis is derived from the Greek word "katharsis" which means purification or cleansing. This involves the purification of emotions through art or any extreme change in emotion. The movie session enabled the participants to feel various forms of catharsis in a relaxed environment.

Sub-themes:
- Regained sense of hope and empowerment
- Reframing of negative thoughts into positive ones
- Identifying with other victims
- Confronting important issues about abuse.

Movie therapy

The excerpts below reflect most participants' views regarding the movie session*:*

After watching the movie, I could see myself as one of the women in the movie… it assisted me to know that I am not alone in this abuse. And, seeing how strong the women were, I appreciate my friends now and I know I am strong and that I can overcome my abuse experiences. (W1)

Watching the movie, I felt what the characters in the movie felt because I also was in the same situation as the women there. But afterwards, it turned out okay in the movie, so I feel that my situation will also be better. I have to be strong, strong for my children. (W4)

I also felt sorry for the women in the movie, especially the one who lost her babies because of her boyfriend. I do not want to be that woman, ever. I love my children, and I want a safe and stable home for them. So it had helped me to realise this. (W3)

Sometimes, as women, we let men hurt us because we love them, but they hurt us and we still forgive. By watching this movie, it has taught me to love myself and my children and to also support my fellow ladies here at the safe house. (W2)

Watching the movie, I was able to relax and to also keep my mind from the abuse. I was able to feel what the women in the movie felt because I have also been beaten by my husband. (W7)

The women in this movie are strong, especially the one woman whose husband killed the children. If she had left before that, they would have been alive. I do not want that to happen to me. (W5)

Family is important. I will be returning home to my parents. I do not want to live with this man any more. They are there to support me and they will understand. (W6)

As can be seen from the excerpts above, the movie therapy provided a new gateway for the women to see themselves in a new light and to renew feelings self-esteem, belonging and independence. It enabled them to see a positive aspect in their vast negative experiences. The researcher sensed that there was hope in the women that they could walk with their heads held high through their different adversities. The movie therapy evoked deep feelings in the women. This allowed personal reflection and provided new perspectives on external events. The women in the movie therapy session revealed that they felt liberated and hopeful after watching the movie. They revealed that their desires were also to be independent and be strong again while living life without fear of being abused. In addition to entertainment, movie therapy can offer hope, offer role models, and assist in reframing problems.

The excerpts also showed that the participants were much more relaxed and some were ready to face their fears, like leaving their abusive environments. Moreover,

the women were able to discuss how they could relate their own lives to the characters in the movie.

Theme 6 – Healing workshops as an on-going practice

Sub-themes: Benefit to self; benefit to others

I would encourage other women who have experienced a similar type of abuse to consider) the healing workshops sessions. I feel confident, like a new person, you know? (W7)

I would refer other women who had experienced abuse so that they can be at peace the way that this has helped me deal with the abuse and feel as if I can do anything. I know who I am. I wish we could have these meetings often because we don't get to do much here (at the safe house). (W6)

I really enjoyed this workshops. It took my mind of the struggles I have been having. I think I can do it alone also and not depend on him. Yes, it is possible. (W4)

I would love to participate in the healing workshops sessions all over again … it will be good for other women to also do this thing. (W1)

It was very helpful, thank you. (W3)

I really enjoyed the activities, you should come again (to the safe house). (W2)

These excerpts mirror participants' views that the workshops were beneficial and that they would use it in the future. They also thought it should be used by others as it would benefit other women in the same situation. This provides support for its consideration in therapeutic work with women who have been victims of violence.

4.6 CONCLUSION

All the women were enthusiastic and participated wholeheartedly in the workshops and research study. The main themes and sub-themes extracted from the data are

reflected in Tables 4.3 and 4.4. A deeper and more profound understanding of the impact of the abuse was derived through the in-depth interviews. The impact of the healing workshops sessions was then derived from the data and presented in the discussion. There were no negative experiences in terms of the healing sessions. The chapter that follows presents the conclusion and recommendations.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The main purpose of this study was to explore whether healing workshops had therapeutic benefits for women who had experienced domestic violence. The data presented in Chapter Four reflected that there were ten main themes and 30 sub-themes. These were in respect of both the interviews and the focus group discussion. As indicated in the previous chapter, the reflections were also analysed in conjunction with the data from the focus group discussion. The data analysed was also discussed in Chapter Four. The discussion that follows summarises the major findings made in respect of the themes and sub-themes that were presented in Chapter Four. This chapter ends with brief recommendations, conclusions, limitations and suggestions for future research.

5.2 DISCUSSION

The four main themes drawn out of the data from the interviews were as follows:
- Abuse
- Psycho-social effects of abuse
- Support received at the safe house
- Therapeutic healing activities that were used by the women.

The 16 sub-themes generated from the interviews were as follows:
- Lack of care
- Physical Abuse
- Psychological abuse
- Low self-esteem
- Animosity towards partner
- Feelings of entrapment

- A sense of shame and guilt
- Suicidal thoughts
- Place of support
- Sense of safety
- Sense of security
- Love and care from housemates
- Familial support
- Faith in God
- Prayer
- Support from faith based organisation

The six main themes drawn from the data out of the focus group discussion were:

- Group as a healing tool
- Benefits of meditation
- A sense of self-worth and dignity
- Forgiveness
- Catharsis
- Therapeutic activities as an on-going practice.

The 17 sub-themes from the focus group discussion were as follows:

- Increased group support
- Shared sense of strength
- Feelings of peacefulness
- Increased sense of peace
- Equanimity and balance
- Improvement in psychological well-being
- Improved self-esteem
- Restored sense of dignity
- Awareness of personal strength
- Opportunity to achieve closure
- Sense of peace
- Release of negative feelings
- Regained sense of hope and empowerment
- Reframing of negative thoughts into positive ones

- Identifying with other victims
- Confronting important issues about abuse
- Workshops were beneficial to self and to others.

5.3 THE IMPACT OF THE ABUSE

The data revealed that the women had experienced varied types of abuse ranging from physical and emotional trauma to neglect. What seemed to be a significant factor is that there was always the presence of dependence that went hand-in-hand with prolonged periods of abusive behaviour from the partner. Growing up in dysfunctional families and in single parent households where the mother was in an abusive marriage or relationship was a contributory factor to both the abuse and dependency on the abuser. An additional reason why women stayed with abusive partners was because of their children, and the security that the men provided for them. Furthermore, there was family neglect on the basis that they chose to stay with the abuser regardless of their advice, thus resulting in family segregation. This leaves the partner or spouse as the only means of support available. So it is better to stay in an abusive marriage/relationship than to leave and destabilise the future of their children.

The study also found that the women were deeply traumatised. This was not surprising, especially since they had to be removed from their perpetrators and placed in a secure care facility. While this was known, the data strongly reflected the deep level of psychological trauma that had been caused. Not only were the women anxious, depressed with a deep sense of hopelessness, but they were also experiencing problems in bonding and relating to other women. These effects were similar to those reported in other research studies (Mechanic *et al.* 2008:634). Another significant finding that emerged in the data was the support received at the safe house. The facility appeared to have served as a safe haven for the women, a place where they could focus on raising their children in a stable environment while contemplating the next move they would take after leaving the safe house.

During the study, it was apparent that most of them had not furthered their education and were dependent on men for sustenance. This made it difficult to leave the abuser, thereby encouraging or perpetuating the cycle of violence. According to Sharma (2015:134), the quality of education is important in the minimisation of domestic violence where women are victims. There were no official therapeutic activities implemented at the centre to assist the women in dealing with their trauma. Most of them admitted to relying on their spirituality to deal with and to heal from domestic violence. Their methods included reading the Bible, daily devotions, prayer and attending church services. The women were allowed to practice this, signifying that the safe house is aware of the importance of spirituality in their lives and in helping the women heal.

According to Du Plessis and De Klerk (2012:1), conquering painful, traumatic memories through prayer can assist a person to mature spiritually and recover emotionally. Gillum *et al.* (2006:240) made similar findings by confirming that the "extent of religious involvement predicted increased psychological well-being and decreased depression." This was echoed in the data presented from the interviews with the women, as the religious involvement also increased social support from their religious affiliations.

It is important for women who have gone through domestic violence to receive support from the community. Besides others from the workshops, it was important to note that the women did not receive much support from their family relations. Therefore, it was vital to create a supportive environment in the safe house. Even though shelters offer a secure place for women who are at risk of, or have been exposed to, violence, they also enable women who have experienced abuse and their children to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life. The workshops provided the women with these experiences, which enabled a holistic approach for their healing and well-being.

Psychological abuse also resonated from the study, with the women mentioning excessive jealousy, the control of activities, verbal aggression, harassment or stalking, threats of violence, constant belittling and humiliation. This affected their self-esteem and provided misconceptions about their self-worth. A participant

mentioned that the workshops were beneficial and she appreciated herself more than she had before the workshops. The workshops were able to assist with self-actualisation as well as reminding the women that they could reframe negative experiences into positive ones. Forgiveness letters were beneficial when incorporated into the workshops for the women who had experienced domestic abuse. Cinematography was another method used by the women at the safe house during the study. However, the strong support received during the healing workshops had therapeutic benefits. Therapeutic benefits were noted across all the types of healing activities, namely 'toot your own horn', self-esteem and confidence boosting worksheets, forgiveness, letter writing, movie therapy, and peace meditation.

The most important finding was that it had helped the women to feel peaceful, and this indicates that the aim of the study was met. The common benefits associated with the workshops were a boost in self-esteem and renewed self-actualisation. There were also better interpersonal relationships and lessened tensions in the house. Furthermore, the workshops enabled the release of negative memories of the abuse, and transforming destructive thoughts into positive ones. All eight women also reported that the healing sessions were very helpful and they would use them in the future. In conclusion, there was a strong consensus that self-esteem activities were the most important of all those used in the workshops.

The entire sample reported that, by participating in the therapeutic activities, they gained a sense of peace while releasing negative feelings, which together, had helped them to heal and to cope better. Despite the use of other approaches as well, they all agreed that self-esteem and confidence meditation activities were most beneficial as they had led to an enhanced state of well-being and feeling more relaxed and comfortable. There were also reports of decreased negative emotional states of fear and anger. In addition, their self-confidence had improved and there was a more positive ability to refocus on their children and future as well. This suggests that quality, holistic care of women in safe houses requires that there be available therapeutic activities to assist in healing the psychological trauma which results from domestic violence. Even though these activities were done at the safe

house, the researcher specifically chose activities that different women in abusive situations or survivors of abuse could also adopt regardless of the context.

One's perception of themselves after abuse should be very important as it determines their actions towards others and their surroundings. Hence, it is important for the housemothers or social workers to be able to assess and determine what therapeutic healing is needed by the women and how it can be implemented. This means that the housemothers must be trained to be sensitive to the experiences and feelings of these women, while facilitating the creation of positive bonds and support systems among the women in their care. Strong consideration must be given to enabling practitioners or university students as volunteers to be able to provide these activities at safe houses for abused women. The women found the healing workshops activities to be useful. This coheres with the conceptual framework adopted at the beginning of the study.

The conceptual framework does not separate each intervention from the emotional scarring that occurs at each level of the ecological model. Rather, it intervenes within the interconnectedness of the cycle and views these dimensions holistically. The interconnectedness of each dimension can be seen in that this intervention had a positive impact through healing the physical, psychological and social impacts that were caused by abuse. The healing therapy practices used in this study included peace through meditation, confidence building and self-esteem activities like 'toot your own horn', the self-confidence worksheet, 'How to be yourself again, the letter of forgiveness, and the movie therapy.

5.4 CONCLUSION

This study highlighted the deep emotional impact of different forms of abuse on women. The most prevalent were traumatic memories, difficulty in forgiving the perpetrator, low self-esteem, anxiety and thoughts of suicide. To some extent, the placement of these women in the safe house from their abusive environments was beneficial, as they were able to feel a sense of belonging, protection and care. What was important to find as well is that the women where happy regarding the activities,

and this gave them a chance to escape their experiences as well as reframe their thinking from negative to positive. The women were already using religion as a coping and healing tool throughout their abuse experiences. The safe house not only looked after the women by providing basic necessities, but it also provided support for the babies and their children as well. Support was in the form of diapers, milk, clothes and food, as well school placements, so that they could continue with their education and have somewhat normal development. These mainly came as donations from affiliate organisations.

The data revealed that therapeutic activities are valuable tools for abused women. This study was able to document that therapeutic activities have the following positive or beneficial effects: reframing of negative thoughts into positive ones; feelings of empowerment; a sense of self-actualisation; more positive interpersonal relationships; a sense of restored dignity and self-worth; a renewed sense of empowerment; anger control; forgiveness; and positive self-esteem. Healing activities that help work through psychological trauma from domestic abuse should be considered by more safe houses as in house facilities. In order for this to occur, safe houses must prepare their practitioners for using such interventions. The recommendations below highlight suggestions to advance this area of the study and to add value to the well-being of many women in safe houses across the country.

5.5 RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:
- ❖ There is a considerable number of women that do not know the services of the safe houses; therefore, it is necessary to advertise in departments and communities about the services offered at safe houses and the processes for admission. This will raise awareness for prospective donors interested in the cause. In addition, this can minimise the risks and effects of prolonged exposure to domestic violence or abuse. Research has acknowledged that these experiences cause deep trauma that often leads to negative social behaviour if not dealt with. Hence, it is crucial for the caregivers or house

mothers to be trained or to be familiar with therapies and their benefits regarding abused women in their care.

❖ Students can also be used to offer therapeutic services. For example, they can play a role in implementing workshops for the benefit of the students and the women. In turn, they can assimilate the training as part of practical training in curriculum. The students can also be an alternative in the event of a shortage of staff as the students can offer the workshops and therapy.

❖ Given the shortage of research on the therapeutic benefits of healing workshops incorporating various healing activities, further work must be explored within the domestic violence field as this is an under-explored field, and not much research is available on therapeutic benefits.

❖ In-service education, courses, seminars and workshops can be arranged at institutional level. The incorporation of new knowledge into both the theory and practice of university students, particularly those in the social sciences/humanities field, is important in order to keep these practitioners and other social service professionals updated regarding healing activities for domestic violence victims.

❖ Stern penalties should be implemented for assaulting women, even in situations as private as households. Therapy or counselling should occur for both parties involved as it becomes futile when the women return to the same abusive environments.

❖ The police force should be able to follow up on protection orders issued to these women and to ensure that they are enforced.

5.6 FURTHER RESEARCH

While the present study explored women's experience of healing activities as a therapeutic intervention, there is need to explore its benefits over a longer time span, and with other groups such as abused children. There is also a need to explore the levels of knowledge and awareness regarding therapeutic activities for abused women placed in care at safe houses.

"Belief, like fear or love, is a force to be understood as we understand the theory of relativity and principals of uncertainty. These are phenomena that determine the course of our lives. Yesterday, my life was headed in one direction. Today, it is headed in another. Yesterday, I believe I would never have done what I did today. These forces, that often remake time and space, that can shape and alter who we imagine ourselves to be, begin long before we are born and continue after we perish. Our lives and our choices, like quantum trajectories, are understood moment to moment. That each point of intersection, each encounter, suggests a new potential direction."

— DAVID MITCHELL

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Annexure 1

LETTER OF INFORMATION

Dear participant welcome to my study which will be focusing on the role of healing workshops in enabling women to heal from the psychologically traumatic experiences of domestic violence that disrupt well-being. Thank you for taking time to participate in my study.

Title of the Research Study: An exploratory study on the effectiveness of healing therapeutic healing workshops with abused women at a safe house.

Principal Investigator/s/researcher: Acholia Shoniwa, Child and Youth Care (BTech)

Co-Investigator/s/supervisor/s: Raisuyah Bhagwan (PhD)

Brief Introduction and Purpose of the Study:
This pandemic of domestic violence is not foreign to South Africa. South Africa has one of the most liberal constitutions in the world yet its streets are rife with crime and violence with recent reports indicating that violence against women is rampant. This encouraged this study to focus on the role of healing workshops in enabling women to heal from the psychologically traumatic experiences of domestic violence that disrupt well-being. The study seeks to understand the personal experiences of domestic violence experienced by women and the extent to which it has affected their psychological wellbeing. Very little research has been done on the role of psychotherapeutic programs to assist in healing women who have been victims of domestic violence. Furthermore, most centres for women house victims from the

perpetrator without any specific treatment program. The main aim of this study is to explore the experiences women have of domestic violence, its impact and to explore the benefits of a therapeutic healing workshops with the women at the centre.

Outline of the Procedures: you will be introduced to seven workshops on the use of therapeutic activities to heal from effects of domestic abuse. These sessions will be conducted at the safe house. A follow up would be done on the effectiveness on the whole workshops experience. I will also undertake an evaluation after my workshops to determine and explore the effect of the activities as a healing tool.

Risks or Discomforts to the Participant: There are no foreseeable risks or discomforts that might be caused to the participant.

Value of the study: Presentation of a paper at relevant conference pertaining to the research findings and publication of papers on domestic violence and therapeutic interventions related to research findings.

Reason/s why the Participant May Be Withdrawn from the Study: There are no anticipated or foreseeable reasons leading to the withdrawal of the participant. There will be no adverse consequences for the participant should they choose to withdraw**.**

Remuneration: There will be no form of remuneration. Participation is voluntary.

Costs of the Study: You will not be asked to cover any cost relating to the study.

Confidentiality: All the information collected will be kept confidential. You will be allocated an alphabet and all your details will be recorded under that alphabet. This means that anyone who looks at my records will not be able to trace it to you. This is done to protect your privacy. In addition, a statement of confidentiality will be signed by both my supervisor and me.

Research-related Injury: There be will not be research-related injury or adverse reaction

Persons to Contact in the Event of Any Problems or Queries:

My supervisor: Raisuyah Bhagwan, 031-3732197. Please contact the researcher: Acholia Shoniwa, 0782782636 or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

Annexure 1A

Wentworth Victim Friendly
Centre
118 Austerville Drive
Wentworth

Dear Jenny Gomes

RE: Permission to collect data at the Wentworth Community Safe House

I would like to request for permission to conduct a study with the women at your organization. My study is an exploratory study on the effectiveness of therapeutic healing workshops with abused women at a safe house. If I am granted permission may I please have a consent letter to collect data? I will conduct interviews, known as the workshops followed by a focus group discussion with all the women.

(Please note that my supervisor, Prof R Bhagwan, will assist with counselling should there be a need for debriefing following the interviews).

Thank You

_____
Acholia Shoniwa (Researcher)
Contact Details: 0782782636 /

_____
Prof R Bhagwan (Supervisor)
Contact Details: 031 373 2197 /

Annexure 1B

118 Austerville Drive;

Wentworth

4052

South Africa

WENTWORTH VICTIM FRIENDLY CENTRE AUSTERVILLE KWAZULU NATAL

19 November 2016

This letters serves to confirm that Acholia C.
Shoniwa has been given permission to conduct research, an exploratory study on
the effectiveness of a healing therapeutic healing workshops with abused women at
a safe house in Ethekwini, South Africa, with a group of 12 victims
who will be identified by the Social Workers and who have been given full disclosur
of the intent of the research and written consent of their agreement to participat
e in the said research.

Jennifer Gomes
Co-ordinator:

Annexure 2

Dear Participant

Re: Invitation to participate in research study

The purpose of this letter is to request your support and participation in a research study. The title of the study is "an exploratory study on the effectiveness of healing therapeutic healing workshops with abused women at a safe house in Ethekwini, South Africa."

Your participation in this study may help you heal from the psychological trauma. In this study my aim is to explore the use of therapeutic activities as a tool to heal abuse. I wish to do this by exploring whether therapeutic healing workshops can help you heal from abuse and cope with your experience and find peace.

Should you wish to participate in this study, you will go through an interview process and later be part of a focus group discussion. The information that you give will be kept confidential and your name will not be used in the write up of the final dissertation. You may withdraw from the study at any time that you wish to.

Your time and cooperation is greatly appreciated.
Sincerely

_____

Acholia Shoniwa (Researcher)
Contact Details: 0782782636 /

_____

Supervisor: Prof R Bhagwan

Contact Details: 031 373 2197 /

Annexure 3

LETTER OF CONSENT FROM PARTICIPANTS

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, Acholia Shoniwa, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,

I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.

I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.

In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.

I may, at any stage, without prejudice, withdraw my consent and participation in the study.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____ _____ _____ _____

Full Name of Participant Date Time Signature / Right Thumbprint

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____ _____ _____

Full Name of Researcher Date Signature

_____ _____ _____

Full Name of Witness (If applicable) Date Signature

_____ _____ _____

Full Name of Legal Guardian (If applicable) Date Signature

Annexure 4

Interview schedule

1. Can you tell me more about why your experience of domestic abuse?

2. Can you share with me how your experience of domestic abuse has affected you?

3. What has the organisation done to help you with this difficult experience?

4. Tell me more about your support systems and how they have helped you cope?

5. What types of activities have you used to get through your experience?

Annexure 4A (Workshops Activities)
Activity 1

God Grant Me the Serenity

Aim

To discuss the quote, God grant me the serenity to accept the things I can't change, the courage to change the things I can, and the wisdom to know the difference.

Objectives

To remind the participants that they have the power to move forward from the past and their situations whilst focusing on the future and what they can change.

Method

He participants will make two lists, "The things I can change" and "The things I can't change." On each side, they will list the things they can and can't change in their life. On another sheet of paper, they will draw how their life would look after they successfully changed the things on their list, "The things I can change."

Activity 2

Toot your own horn

Aim

To implement an activity to boost self esteem

Objectives

- To enable victims to have a positive attitude about themselves.
- To enable victims to appreciate the positive experiences and support systems in their lives.

Definitions

A worksheet with various questions that bring to light the qualities and positive traits of the women. This will remind them of their natural resources and personal power.

Method

The women will look for a quiet space to answer the following questions on pieces of paper.

- I like myself because:
- I'm loved by:
- The person I admire the most is:
- Goals for my future are:
- I laugh when I think about:
- I feel peaceful when:
- People say I am a good:
- I feel good when I:
- People compliment me about:
- What I enjoy most is:

The women will then regroup and share their answers with the group leading into a discussion.

Activity 3

<u>How to love yourself</u>

Aim

To remind the women to appreciate and honor themselves.

Objectives

To introduce affirmations that they are beautiful and loveable.

Definition

An activity when one lists their gifts, talents, skills, abilities. The ladies will then say the gifts, talents, skills, abilities out to themselves as affirmations so that they feel a sense of hope and self-renewal.

Method

The women will sit in a circle. The researcher will give them the following questions to consider: Here are some questions to consider while making

their list:

- What do I appreciate about who I am?
- What are my strengths?
- What do my friends appreciate about me?
- How would people who love me describe me?

After thinking about the answers to these question the women will then share their responses where they will begin each statement with the words,

(their name), I love your . . .

e.g. (Acholia, I love your smile) alternatively they can begin each statement with the words, I love my . . .

e.g. (I love my commitment to working hard)

Activity 4

Forgiveness letter writing

Aim

- To implement the activity.
- To assist the women to achieve peace through forgiveness.

Objective

- To assist women to release bottled up feelings from experiences of abuse.
- To achieve healing through expression of feelings and emotions by writing letters.

Definition

Letters written by a victim to the perpetrator expressing themselves and letting go of the negative feelings they have been holding on to. This is an opportunity to express what they never had an opportunity tell their perpetrator through writing.

Method

The women will look for a quiet and private spot where they will write their letters. After which we will make bonfire and throw the letters into the fire. The burning of the letters will symbolize the process of forgiveness and feelings of freedom.

Activity 5

Movie therapy

Aim

To facilitate group bonding over shared experiences.

Objectives

- To help the women Regain a sense of hope and empowerment
- For the women to be entertained and also identify with other victims.

Definition

The use of movies to achieve a sense of catharsis through entertainment.

Method

The women will get comfortable in the lounge of the safe house and watch the movie "For Coloured Girls". This was an appropriate movie as it explores that various challenges that women face behind the scenes in a world oblivious to prominent issues or women abuse. After which we will discuss the themes that emerged strongly for them and how the movies made them feel. If they received any inspiration and what messages were communicated to them.

Activity 6

Peaceful meditation

Aim

- To improvement in psychological well being

Objective

- Relaxation and to make the participants focus on themselves and put aside negative motions or situations they were going through.
- The meditation was an escape from the current situation and trauma from the violence

Definition

Meditation has become a useful non-clinical intervention which promotes emotional regulation and improves psychological and physical functioning (Arch and Craske 2006:1850).

Method

Step 1: Participants will be asked to look for a spot that they can lie on in a comfortable way. They can sleep in any comfortable posture but ideally they will be requested to lie face up with their back on the ground or sitting on a comfortable chair with feet resting on the floor, palms facing up and their feet falling slightly apart.

Step 2: the researcher will then ask the participants to lie/sit very still for the period of the exercise.

Step 3: next, participants will be asked to focus on their breathing, noticing the rhythm, the experience of breathing in and out. The researcher will explain that nobody should try to change the way they are breathing but rather keep their breath rhythm.

Step 4: Next, the researcher will guide attention to the body: how it feels, the

texture of clothing against the skin, the contours of the surface on which the body is resting, the temperature of the body and the environment.

Step 5: the researcher will guide awareness to the parts of the body that are tingling, sore, or feeling particularly heavy or light. The participants will be asked to note any areas of their body where they did not feel any sensations at all or were oversensitive.

The researcher will move with the exercises through the various parts of the body from toes of both feet to the rest of the feet (top, bottom, and ankle) then to the lower legs, knees, thighs and pelvic region- buttocks, tailbone, pelvic bone, genitals. From there moving to the Abdomen, then the chest, lower back, upper back- back ribs and shoulder blades, hands (fingers, palms, backs, wrists), arms (lower, elbows, upper), neck, face and head (jaw, mouth, nose, cheeks, ears, eyes, forehead, scalp, back and top of head), and finally ending with the blow hole Preceding the activities, the women will be asked to reflect on the exercises identifying the activity that impacted the participant the most and the reasons for this.

Annexure 4B

Focus group questions

- What was your experience of the workshops?
- How did the activities in the workshops help you heal?
- Would you use the above-mentioned intervention again to help you to cope?
- Would you recommend healing workshops to other women?