

https://dspace.org/

Women's experiences in leaving abusive relationships

Baholo, M

2012
http://hdl.handle.net10539/13906

Downloaded from a DSpace repository. https://dspace.org/

Women's experiences in leaving abusive relationships

A research report submitted to the Family Medicine Department, Faculty of Health Sciences, University of the Witwatersrand, in partial fulfillment of the requirements for the degree of Master of Family Medicine

M. Baholo

Mmed (Family Medicine)

02/10/2012

Supervisors

Dr Nicola Christofides

Dr Ann Wright

Department of Family Medicine
University of Witwatersrand

Declaration:

I, Masemetse Baholo declare that this research report is my original work. It is submitted in partial fulfillment of the requirements for the degree of Master of Family Medicine, in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in this or any other university.

Signature ……..

Masemetse Baholo
Student no. 344030

ABSTRACT

Background: Intimate partner violence is problem world-wide and has been attributed to many factors. South Africa has one of the highest IPV statistics in the world and therefore poses a definite need to address it. For abused women the process of leaving an intimate partner is difficult and mired in an abundance of complex and entwined factors which influence the decision to leave or stay in an abusive relationship. This qualitative study explored women's experiences of leaving abusive relationships and the critical factors that pushed them to leave their abusive relationships.

Methods: In-depth interviews were conducted with eleven women (over 18 years) who had experienced partner abuse and were current residents of Ikaya Le Themba Women's Shelter in Johannesburg. All interviews were audio-taped with consent, and translated where necessary and transcribed verbatim. Thematic analysis, which entails an analysis of emerging themes from the interviews, was conducted in order to understand factors that led to abused leaving abusive relationships.

Results: Two themes were identified as instrumental to freeing women from abuse. These were reaching a turning point and leaving the abusive relationship. The important turning points were progression of violence, realization that the partner will not change, effect of abuse on children and women's feelings due to abuse. Leaving the abusive, relationship was facilitated by social and family support, access to shelters and availability of an opportunity to leave.

Conclusions: Findings suggest that increasing awareness about existence of shelters is crucial to facilitate early departure. Social and family support was fundamental in facilitating leaving abusive relationships.

DEDICATION

I dedicate this project to the brave women at Ikaya LeThemba, who gave selflessly of their time and their intimate stories. I am inspired by their spirit of courage despite their challenges and I hope in future women's lives will be worth much more.

ACKNOWLEDGEMENTS

This project is a product of the efforts of many people. I would like to thank my never-tiring supervisor, Dr Nicola Christofides, for her support and expertise. I would not have been at this stage were it not for her dedication. To Dr Anne Wright, thank you for your support and encouragement throughout this project. I would like to express my gratitude to my family that carried me through the hard times and celebrated the good times with me. I thank Thabo Mosala for his enduring support. I would also like to express my gratitude to my mother, Mabaholo Baholo and brother, Baholo Baholo for always encouraging me and for their unquestioning dedication. My deepest gratitude to Dr Rachel Jewkes for allowing me to rotate in her department at the MRC and availed her staff to assist me with this research project. I would also like to thank Nwabisa and Yandisa for training me in conducting interviews and for their support whenever I called on them. Lastly, I thank the staff at Ikaya LeThemba shelter for allowing me to conduct interviews on their clients and for always making sure that clients kept their appointments.

TABLE OF CONTENTS

Declaration: ii
ABSTRACT iii
DEDICATION iv
ACKNOWLEDGEMENTS iv
INTRODUCTION 1
1.1 STATEMENT OF THE PROBLEM 4
1.2 AIM 4
1.3 OBJECTIVES 5
LITERATURE REVIEW 6
2.1 Defining IPV 6
2.2 Risk factors of IPV 7
2.3 Consequences of IPV 10
2.4 Experiencing IPV 11
2.5 Interventions to deal with IPV 12
METHODS 15
3.1 Study design 15
3.2 Study site 15
3.3 Study population 16
3.4 Sample 16
3.5 Scope of study 17
3.6 Data collection 17
3.5.1 Demographic questionnaire 19
3.5.2 Problems encountered 19
3.6 Data analysis 20
3.7 Ethics 21
RESULTS 23
4.1 Characteristics of the eleven women who participated in the study. 23
Table 1: Characteristics of the interviewed women. 23
4.2 The turning point 24
4.2.1 Progression of violence 25
4.2.2 Realization that the abuser will not change 26
4.2.3 Effect of abuse on children and Child abuse 28
4.2.4 Women's feelings due to abuse 30

4.3 Leaving the abusive relationship 33
4.3.1 Supportive environment 34
4.3.2 Access to shelters 36
4.3.3 Opportunity 38
4.4 Types of abuse experienced 39
4.5 The role of alcohol 43
4.6 Criminal charges 44
4.7 Future plans 45
4.8 An ideal partner 47
4.9 Communication with partner while staying in the shelter 48
DISCUSSION 50
5.1 FACTORS THAT INFLUENCED LEAVING THE ABUSIVE RELATIONSHIP 51
5.2 FACTORS THAT INFLUENCED ABUSE 56
5.3 TYPES OF ABUSE 58
6.1 CONCLUSION 61
6.2 RECOMMENDATIONS 62
6.2.1 Health services 62
6.2.2 Police and social services 63
6.2.3 Media 64
REFERENCES 65
Appendix A : The Interview Guide 66
Appendix B : Socio-demographic questionnaire 66
Appendix C : Participation Information Leaflet - Women's experiences leaving abusive relationships 66
Appendix D: INFORMED CONSENT FORM 66
Appendix E: INFORMED CONSENT FORM – Audio-tape 66
Appendix F: HREC form 66

LIST OF TABLES

Table 1: Characteristics of the interviewed women ……. 22

Abbreviations and acronyms

HIV - Human Immunodeficiency Syndrome

IPV - Intimate partner violence

CHAPTER 1

INTRODUCTION

As a medical doctor working in a primary health setting, I often saw women who had been physically injured as a consequence of IPV. The majority of women I saw were frequently subjected to violence in their relationships but my attempts to refer them to places of safety were not taken up. It was with growing frustration that I realized that though the women were frequently injured physically and emotionally hurt in their relationships, that did not translate in their wanting to leave their partners. On the other hand, I knew of women who had left abusive relationships and I became interested in understanding the elements that resulted in some women leaving while others stayed in abusive relationships.

Intimate partner abuse is an important issue worldwide.1 Intimate partner violence (IPV) is a persistent problem that has existed for many generations and transcends age, sex, race, culture and socioeconomic status.[1] In this research, intimate partner violence (IPV) is defined as "any behavior directed towards a partner during or following consensually initiated romantic relationship that results in emotional, social or physical harm to that partner."[2] All over the world women are abused emotionally, physically and psychologically[3]. As a result, IPV also has a major impact on substantial economic costs to the health sector.4

Despite changes that have seen women's roles become more prominent in the society, women still suffer violence in their intimate relationships. In South Africa, IPV is very common and is perpetuated by the low status that women hold in society which in turn disadvantages them socio-economically.[4] Due to effects of abuse such as direct injuries and other indirect consequences of abuse such as depression, abused women may present to healthcare facilities to seek help.[3] As such healthcare workers are in a prime position to offer help to women who have suffered IPV.[4]

In 2002, World Health Organization reported that out of a population-based survey across 45 countries, 10 – 68% of women were attacked by male partners.[2] In South Africa, 24.6% of women were found to have been assaulted by a partner or ex-partner in their lifetime and 9.5% of them had been assaulted in the previous year.4 Intimate partner violence is very common in South Africa and it is associated with mortality and morbidity in women and children.[4] In addition, South Africa has a high rate of intimate femicide, which is defined as murder of women by intimate partners.[5] A pilot study conducted in South Africa in 1995 estimated that one woman is a victim of femicide every six days.[5] This highlights the need for tertiary prevention through our health sector in South Africa.

Recognizing abuse in women has gained favor as being critical in reducing mortality and morbidity associated with IPV.9 It has been noted that the longer the woman is exposed to IPV, the increase in adverse health outcomes.[6] This would therefore induce an increase

in medical services utilization. Although women who have suffered from IPV declared that they want healthcare providers to inquire about IPV, these women have also confessed that it is not always easy to talk about IPV and they may also not be ready to take advantage of available resources.[7] The women also reported that change in the environment of IPV is slow and can occur over months to years.[7]

Several health models have been proposed by researchers and one such model is the Psychosocial Readiness Model.[8] This model stipulates three interpersonal factors that are necessary to prompt women towards change: awareness, perceived support and self-efficacy or perceived power.[8] Therefore, if healthcare workers can improve their motivational skills, they may be in good position to positively influence abused women's predisposition towards changing their situation.[8] Also, healthcare workers' understanding of mechanisms that urge women towards change would be beneficial in augmenting counseling methods.

This study will explore the perspective of abused women who have successfully left abusive relationships with the view to understanding the complex set of circumstances that resulted in making the decision to leave.

1.1 STATEMENT OF THE PROBLEM

IPV is a serious problem in South Africa. It is estimated that one in three women experiences IPV in her lifetime.[14] IPV can result in short and long term mental, sexual and reproductive health consequences and even death.[21] Secondary and tertiary prevention is critically important if these consequences are to be ameliorated.

There are different levels on which targeted intervention towards prevention of IPV can be implemented. This study focuses on increasing our understanding of what leads women to leave abusive relationships which will inform interventions that can assist women who present to healthcare facility seeking help. IPV should become unacceptable in society but even more importantly, those who have suffered from IPV should be given adequate assistance that will empower them and assist them to make safer choices for them and their children. Interventions for male perpetrators would be a very important support for interventions aimed at women because they will target causes rather than consequences.

1.2 AIM

The aim of the study was to explore the experiences of women resident in a shelter in Johannesburg, which led to them leaving their abusive relationships from March to June 2010.

1.3 OBJECTIVES

1) To explore the types of abuse women experienced from their intimate partners.
2) To explore women's perceptions and experiences that led to leaving their abusive relationship:
3) To explore women's narratives about the preparation and support they accessed to leave their abusive relationships

CHAPTER 2

LITERATURE REVIEW

2.1 Defining IPV

IPV can be perpetrated in different ways. Four types of intimate partner abuse have been defined: physical, emotional, battering and sexual abuse. Battering is differentiated from physical abuse because of its chronic and constant or incessant character.[9] It is defined as a state in which "one member of an intimate relationship suffers psychological vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual, psychological and/ or moral force."[10] Physical abuse is the use of force against another person and includes: pushing, slapping, kicking, shaking or hitting.[11] In emotional abuse, victims experience humiliation in front of others, being threatened or insulted while sexual abuse occurs when there's forced sexual intercourse but also includes kissing and intimate touching without consent.[11] In most abusive relationships, women often experience all the four types of abuse though in some cases emotional abuse and battering can occur independently. The term psychological battering is used to define groups of women who experienced fear, loss of power and control as a result of battering without associated physical or sexual abuse.[9] However, emotional abuse and battering usually underlie all other types of abuse. Intimate femicide is of particular concern in South Africa. It has been established that four women are killed daily and in half of the women killed by a known perpetrator, the perpetrator was an intimate partner.[5] This is the highest reported

rate of intimate femicide in the world.4 High Intimate femicide rate coupled with high rates of IPV demand urgent and interventions especially by police and the judicial system.5

2.2 Risk factors of IPV

Even though the risk factors of intimate partner violence are complex, two prominent factors have been identified: the unequal position of women in a given relationship or society and use of violence in conflict.[4] Either one of these factors is necessary for the occurrence of intimate partner violence.[4] According to some research, in patriarchal societies, gender expresses power that relates to a strict hierarchy of gender relations that perpetuates male domination over women.[12] It has been established that in societies where femininity and masculinity form the basis of hierarchical order, this construct has a negative impact on relations between men.[12] This encapsulates the Feminist Theory which views male perpetration of violence in a patriarchal society as a way of imposing male domination over women. In the labour sector, women have low earning power as a result of unequal pay and exclusion from some occupations.[7] It's been noted that if women are elected into positions where they are able to influence the law, important law reforms can be formulated to uphold gender equality.[7] This will give women a voice and sensitize the society to women abuse and highlight that ill-treating women is unacceptable.

Other theories have been formulated to explain the basis of IPV and Heise's ecological framework has gained prominence.[14] This framework espouses that IPV results from an

interaction of personal, situational and socio-cultural factors at different levels in a social environment.[13] At the individual level, factors include being abused in childhood or observing marital violence at home, having an absent father or being rejected by the father.[13] At the level of family or relationship, the factors are alcohol, male power over wealth and decision-making and conflict in the marriage.[13] At the community level the issues include poverty, unemployment, social isolation of the woman and male involvement with aberrant peer connections.[13] At the societal level factors include male ownership of women, masculine ideologies of aggression and dominance, inflexible gender roles, acceptance of violent behaviour in personal relationships and acceptance of physical reprimands.[13]

Another theory that attempts to explain the basis of IPV is the Resource Theory.[11] This theory argues that the husband and wife's resources determine the balance of power in a marriage rather than social position.[11] This perspective determines that the more resources an individual has (social, individual or financial), the more power he/ she commands.[11] However, this argument does not sufficiently explain why some women who have good social standing and are financially independent, are still victimised by their intimate partners. Moreover, a person with fewer resources will most likely try to reclaim their power by using force.[9]

In South Africa, high levels of violence have been linked with its violent discriminatory past.[8] The apartheid era was responsible for state-initiated violence and the resultant community uprisings.[14] As a result, many people employ violence to resolve

interpersonal conflict.[14] Violence has been used to resolve interpersonal conflict, for example, between couples, nurses and patients and between neighbours.[14] In addition, injury is the most prominent cause of death among youth and 58% of deaths associated with injury are due to homicide.[15] Physical violence features prominently in intimate relationships, from the beginning of dating during teenage years.[14] Forms of violence exist within a range that includes slapping, threats of hitting, hitting with a fist or other objects, pushing, stabbing with a knife, shooting and rape.[16]

An American study found several attributes of women that correlated with incidence of all types of IPV.[6] These attributes include insurance status, currently divorced or separated and witnessing intimate partner violence in the home of origin.[9] Other significant correlates were increasing age and current unemployment status.[9] Another important factor is that past violence highly correlated with violence in future relationships.[9] Mathews and Abrahams established that cohabiting males were highly likely to kill their intimate partners compared to husbands or boyfriends.[17] They also found that men who killed their partners were in possession of legal firearms and had a history of problematic alcohol use.[17]

A study done in South Africa proposed a model that depicted the risk factors for IPV.[15] This model's central theme was the societal perpetration of ideologies of male superiority.[14] This theme espouses male authority over women's behaviours and use of

force to implement conservative gender roles.[15] These gender roles enforce male superiority through subordination of women by use of violence which in turn impacts on women's sense of worth and self-sufficiency.[15] The overall identification of factors related to IPV is important in order to formulate more sophisticated assessment and treatment interventions.

2.3 Consequences of IPV

Apart from women being susceptible to IPV, they may also be prone to diseases other than those conditions that occur as a result of experiencing IPV. Public health and psychological perspectives consider that gender inequalities and inconsistencies in expectation engender exposures and risk factors that influence harmful outcomes of women's health.[18] IPV is regarded as a serious health problem consequently increases women's risk of acquisition of HIV.[19] This occurs as a consequence of physical abuse where a man has significantly more power than the woman and can impose sexually risky behaviours on his female partner.[20] A study conducted on women attending antenatal clinics in Johannesburg determined that women involved with abusive and controlling male partner are at risk of acquiring HIV.[20] In Sub-Saharan Africa, it was reported that other gynaecological and reproductive health problems such as other sexually transmitted infections, unwanted pregnancies, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections were noted.[21]

2.4 Experiencing IPV

Women experiencing IPV reported a general lack of effective communication in their intimate relationships.[19] It was also found that this poor communication rendered women vulnerable to HIV infection because their efforts towards discussing safer sexual practices were ineffectual.[19] According to Campbell J et al, women are not passive against abuse but offset abusive behavior from the onset.[27] Campbell et al's research observes that women lose certain parts of themselves in order to curtail abuse and secure their position as a means of freeing themselves from the abuse.[27]

In a study of Nicaraguan women, submissive means of coping with abuse were seen as the first stage of breaking free of the abuse and was followed by the 'establishment stage' that signified a period of recognizing that they are abused and looked for support.[28] The women were first fearful as the abuse escalated and eventually this fear for themselves and their children inspired an awakening that shifted their thinking towards recognizing that they have no power to prevent the violence.[28] These studies have demonstrated that leaving an abusive relationship is experienced in stages.[25,26,28] Abused women were often observed to go through stages of adapting to the abuse, acknowledging that they are in an abusive relationship and finally recognizing their need to be free of the abuse.[25,26,28]

Eventually, the women would seek outside support which emboldened them to be more assertive hence confront the reality of their relationships.[27,28] This new outlook facilitated their final departure from the abusive relationship.[27,28]

2.5 Interventions to deal with IPV

The high rates of IPV and intimate femicide in South Africa are compelling reasons to find quick solutions in order to reduce IPV. Due to the complexity of factors that are associated with IPV, primary, secondary and tertiary levels of interventions are required to effectively deal with IPV. Currently, a significant amount of women have already been victims of IPV therefore strategies to prevent further abuse and to also tackle existing risk factors, such as reducing alcohol abuse, are imperative. Even though the current literature has not yet established the effectiveness of screening methods to reduce IPV or to improve women's health outcomes, it's important for healthcare practitioners to be vigilant and refer women at risk for appropriate supportive services.[22] However, a study done in South Africa indicated that screening of IPV by lay counsellors at VCT sites was viewed favourably by women attending these sites.[23] This study recommended the screening to embrace the broader topic of gender inequality which would then impact the HIV acquisition risk.[23]

In formulating these solutions, the Chicago Women's Health Risk Study determined how healthcare workers could intervene in order to reduce the incidence of intimate femicide. This study suggests that when practitioners see women who have been abused by intimate partners, they should inquire specifically about the nature, how recent and the frequency of the violence.[24] Choking, being burnt, head injury or broken bones are classified as severe injuries that are associated with increased future likelihood of death of the victim.[24] Attendance of an IPV victim at a healthcare facility should inform the

health practitioner about the seriousness of the injury.[24] When practitioners are aware of these risks, they should not miss the opportunity to intervene when IPV sufferers present for care. Additionally, these factors highlight the importance of grading of risk of death of IPV sufferers. Healthcare workers and police service need to efficiently coordinate their responses in order to help those who suffer IPV.

A common question asked by health care providers when managing abused women is "Why don't they leave?".[12] Questions such as this suggest that women who choose to stay in abusive relationships are responsible for their abuser's violence.[12] Moreover, the process of leaving an intimate partner is difficult and mired in an abundance of complex and entwined factors.[13,14] Early researchers advocate that leaving an abusive relationship is a process that spans over a period as opposed to occurring as a single episode and involves three overlapping processes: Breaking up, becoming free and understanding.[25] In addition to the processes, several factors might influence the decision to leave or stay in an abusive relationship: financial, cultural, legal and emotional.[13,14]

Some studies have tried to determine the predictors and the process of leaving an abusive partner.[26] Availability of shelter services was found to be highly influential in determining how early a woman would leave an abusive partner.[18,20,29] Evidence from other studies generally established that women who received coping resources which included shelters, were more liable to leave an abusive partner.[26,29] Moreover, other studies have determined that due to availability of external structures of support, abused

women felt relieved from their sense of isolation and felt supported in their decision to leave.[8,28]

In trying to assist women who are victims of IPV, it is important not to reduce the concept of women remaining in abusive relationships as merely a matter of will or psychology.[13,14] Younger women, women belonging to minority-groups, women under the poverty level and women in long-term relationships are least likely to leave abusive relationships early.[14] Understanding the intricacies of leaving, the different categories of health-care workers may be better equipped to give proper guidance to women who suffer from IPV.

Though many studies have been conducted on intimate partner violence, not many have specifically researched factors associated with cutting ties from abusive intimate relationships in South Africa. In addition to detailing and providing better understanding of these factors that are associated with partner violence, areas and methods of intervention may be identified to assist victims of IPV. This study attempts to build on earlier literature to explore the critical factors that pushed women who suffered from IPV to finally end their abusive relationships.

CHAPTER 3

METHODS

3.1 Study design

This was a qualitative study exploring the experiences of women that compelled them to leave their abusive relationships. Qualitative method of research is primarily concerned with describing a situation, phenomenon, problem or event through in-depth interviews.

3.2 Study site

The study was undertaken at an abused women's shelter in central Johannesburg. The name of the shelter is Ikaya Lethemba which means 'The home of hope' in the Zulu language. Ikaya Lethemba is an 8-storey shelter for survivors of domestic violence and sexual offences and is run by the Gauteng Department of Community Safety in Braamfontein, Johannesburg. It can accommodate a maximum of 150 women with their children. Based on individual assessments made at admissions, a woman can be accommodated for a maximum of nine months.

Ikaya Lethemba houses a multi-disciplinary team that offers a wide variety of services within the centre. The residents have access to medico-legal services, court preparation for children and adults, child assessment and specialized counselling from the Teddy Bear Clinic for those children who were physically and sexually assaulted. Social work is

offered by the Alberton Methodist Care and Relief Enterprise (AMCARE). AMCARE, a non-profit organization, is an outreach program established by the Alberton Methodist church to offer help to the destitute. AMCARE provides social work, preventative education and psychological counselling. In addition, 15 stipend paid volunteers are also utilized for social work.

3.3 Study population

The study population was all women who had experienced abuse by an intimate partner and were current residents of Ikaya Lethemba at the time of the study. The abuse could be physical, emotional or sexual and an intimate partner could be a husband or boyfriend. All women invited to participate in the study were over the age of 18 years and able to provide consent to be interviewed for the study.

3.4 Sample

Eleven women were purposively selected to participate in the study. Purposive sampling is a method that is used when the researcher is seeking a specific, predefined group of participants. Women were selected based on maximum variation. Women of different ages (over 18 years), with or without children staying in Ikaya Lethemba women's shelter were recruited to participate. Maximum variation relates to capturing themes that cut across different participants (participants of different races, ages etc). In addition, all the women had to have left their abusive relationship and be living in the Ikaya Lethemba

shelter in central Johannesburg at the time of the study. Interviews were conducted in the first half of the year 2011.

Women were interviewed until saturation was reached. Saturation is the point beyond which new ideas will no longer emerge with respect to main areas of inquiry.

3.5 Scope of study

Interviews were conducted using an in-depth interview guide. After collecting the demographic data for each participant, an opening question was used to prompt the participant to tell her story (see a) below). The interviews were recorded using a voice-recording device. The in-depth interview guide (see Appendix A) covered the following:

a) How the women came to live at Ikaya LeThemba b) Types of abuse experienced by women c) Experiences that led women to leave the abusive relationship d) Preparation and support obtained to facilitate leaving the relationship. These domains were based on existing literature. A voice recording device was used to record the interviews for transcription later.

3.6 Data collection

In-depth interviews were used to collect information from the participants. The interviews were guided by an interview guide. The interviewer asked open-ended

questions to prompt responses from participants and allowed them time and extent to talk about their experiences. The interviews lasted between one and one and half hours.

Before the researcher conducted the interviews, she liaised with shelter staff to select women who were in abusive relationships. Then the researcher held a meeting with all the women and briefed them about the research. All women who had interest in participating reported to a nominated shelter staff member who informed the researcher and arranged appointments on the day the researcher came to conduct in interviews. Information leaflets were given to interested candidates to digest before the interviews.

All the interviews were conducted directly by the researcher who is a medical doctor studying towards a Mmed Family Medicine. All participants signed a consent form (see Appendix D and E) on the day of the interview after reading the information leaflet (see appendix C) and having understood what the study entails. Participants who were illiterate had the information leaflet read to them in their language of choice. All the participants were able to write their names and could therefore sign the consent forms. All the participants' questions about the study were addressed before the interviews commenced. The participants were offered light refreshments at the end of their interview sessions.

Due to the cultural diversity of the residents of Ikaya Lethemba, the participants were interviewed in their language of choice (e.g. Zulu, Sotho, English or Tswana). The

researcher is conversant in all these languages. Each interview was audio-taped after informed consent was obtained. All interviews took place at the Ikaya Lethemba shelter in a private room where auditory privacy was assured. Before the interviews, the researcher scheduled appointments with each woman for a suitable time to carry out the interviews. A participant identifier was assigned to each participant in order to ensure confidentiality through de-identification.

3.5.1 Demographic questionnaire

Demographic data was be collected from each participant and included the following information: age, marital status, number of children, employment status and ethnicity (White, black, coloured or Indian). See Appendix B.

3.5.2 Problems encountered

After the first few interviews, other participants were reluctant to come because they had assumed that the researcher would offer other services such as medical consultations. The researcher had to hold another information session to clarify points that seemed problematic for participants. Another challenge was that at some point there were no new women being admitted to the shelter therefore there were weeks that the researcher had to wait for new candidates after going through willing participants already in the shelter.

3.6 Data analysis

Transcription of interviews was chiefly done by the interviewer with only a couple of interviews transcribed by an experienced translator/ transcriber. Data analysis of each interview was done promptly to inform further data collection. The interviewer checked the transcriptions done by the other translator/transcriber against the audio recordings to ensure quality. All interviews were translated into English as they were transcribed.

The transcribed interviews were stored as Word documents and then converted into Rich Text Format that was then imported into Max QDA. The Max QDA software was used to facilitate the coding of the interviews. Thematic analysis was carried then out. Initial codes were compared to those of an independent researcher to maintain congruency. From transcribed interview text, patterns of experiences were coded. Some codes were derived from the data itself while the rest of the codes were sourced from existing literature. Related codes were grouped together to form core categories. The core categories that emerged from the participants' related experiences were combined and a comprehensive picture of their collective experiences was formed. The themes that occurred commonly throughout the interviews were analyzed and a picture of participants' views and actions emerged. From the analysis, the researcher was able to make conclusions.

Data from qualitative data are drawn from the researcher's interaction with data therefore it's important to express the researcher's competence. The researcher attended a course on qualitative research methodology from the 6th - 10th September 2010 to improve her

ability to use qualitative research methods. In addition, the interviewer engaged in a pre-testing interview with her supervisor. This interview occurred before the participants' interviewing began and consisted of the researcher answering her own interview schedule of open-ended questions. The transcriber was hired on the basis of his competence in qualitative methods and knowledge of various South African official languages. In addition, the researcher's supervisor (Dr Nicola Christofides), who is highly competent in qualitative research, assisted the researcher throughout the research process.

Due to the sensitive nature of the research, the researcher had debriefing sessions with her supervisor during the period of conducting interviews. The debriefing sessions alleviated build-up of emotional stress that resulted from the interviews.

3.7 Ethics

This research protocol was approved by the Wits Human Research Committee, clearance certificate number M10805(see Appendix F). Onsite social workers were available for participants that experiences distress during the interviews. No participant required social worker services due to stress during the interviews. Participants felt that talking about their experiences unburdened them of the stress as a result of abuse.

Informed consent was obtained and participants signed consent forms which were stored under strict conditions with limited access to the researcher and the University of Witwatersrand staff. The participants were also offered information leaflets, explaining

the purpose of the study and the risks and benefits. These will be provided in their language of choice. Participants had the right to withdraw from the study at any point. There were no negative consequences linked with refusal to participate and their shelter stay was not compromised. There were no withdrawals from those who chose to participate. All information gathered from participants was strictly confidential and only the researcher and supervisors were privy to it. Once all the interviews were transcribed, audio tapes are stored in a locked filing cabinet for two years post the end of the study when they will be destroyed.

Additionally, the transcriber was also bound to uphold the confidentiality of the data. The transcriber was also not privy to the names of the participants and only dealt with audio-taped interviews.

CHAPTER 4

RESULTS

4.1 Characteristics of the eleven women who participated in the study.

Most women interviewed were African with only one participant being of Indian descent. Seven of the women were cohabiting with their partners while five were married. About half of the participants (5) went as far as high school but not completing it, while two participants never finished primary school and three had post-matric education. Six out of the eleven women were unemployed and had relied on their partners for financial support before their stay in the shelter.

Table 1: Characteristics of the interviewed women.

Name	Age	Race	Children	Marital status	Education	Employment status
*Naledi	21yrs	African	3	Cohabiting	Grade 12	Unemployed
*Mary	45yrs	Indian	None	Cohabiting	Degree	Unemployed
*Melinda	28yrs	African	3	Married	No formal education	Employed
*Lerato	33yrs	African	2	Cohabiting	Diploma	Employed
*Sarah	23yrs	African	1	Cohabiting	University student	Unemployed
*Milly	45yrs	African	3	Married	Grade 12	Self - employed
*Thato	35yrs	African	1	Married	Grade 12	Employed

*Mbali	25yrs	African	1	Cohabiting	Std 6	Unemployed
*Anna	42yrs	African	3	Married	Grade 8	Unemployed
*Mpho	23yrs	African	None	Cohabiting	Grade 11	Employed
*Dineo	20yrs	African	2	Cohabiting	Std 7	Unemployed

In analyzing the results of the participants' interviews, the narratives give an account of how women changed over the course of their relationships to become free of abuse. This process of being free describes the factors that facilitated the ending of the violence in their relationships. This process is represented by two categories: The turning point and leaving the abusive partner. The turning point was represented by four elements; progression of violence, realization that the partner will not change, effect of abuse on children and women's feelings due to abuse. Leaving abusive relationships was facilitated by three elements; the supportive environment and access to shelters and opportunity.

4.2 The turning point

The turning point, in some cases, was not represented by a specific incident but was more of a fluid process that, over time, entailed the women's change of view regarding themselves and their relationships. In other cases, there was a specific incident that spurred the women to think of leaving. It describes a process that had influence over their decision to leave their relationships. This turning point can also be said to mark a pivotal point where the women reviewed their relationships and reclaimed their power to change their circumstances.

4.2.1 Progression of violence

The change in the participants' relationships was insidious and they all experienced a change after they co-habited with their partners. Over time, the abuse started with arguments that became very heated and later physical abuse ensued. Most of the women hid from others the violence in their relationships. They felt embarrassed and to some degree were also protecting their partners from being judged by those around the couple. However, after incidents of physical abuse, it was not easy to hide the evident signs of battering on their faces and sometimes they would be forced to run from their homes and seek shelter with the neighbours or relatives. Nevertheless, the evidence of abuse to others was also useful to those who suffered from abuse in that they were forced to confront the reality of abuse in their lives instead of hiding from it.

As the violence escalated, it became difficult for the women to bear. *Mpho felt unable to cope with the violence any longer:

> He beat me again and he tried to hit me with a hockey stick but hit the child instead. I argued him why he's doing all this; the child fell after he hit him. I started to think that there's nothing for me here. I couldn't take his beatings so I went to report him at the police station.

*Mary experienced abuse for many years and felt that there was progression of abuse from having arguments to being beaten often:

> The other years we would only argue. I even cut my hair, he would pull it. If I don't agree with him or say I don't know if he asks me something, he beats me up. My legs have scars, scars of abuse. I thought if I stay I'll die and leave my child... I'm leaving because he was beating me every day. Before he'd beat me

and weeks would pass without being beaten. I think he was going to kill me in the end; I was getting beaten every week.

*Milly felt belittled by her abuser and also suffered from the increasing violent behaviour in her relationship:

> They don't change instead they just becoming more and more violent. And the more you humble yourself, the more he thinks you are a doormat.

The escalating violence in the participants was an indicator that things were moving from bad to worse. It was some kind of a 'wake-up' call for the participants because many were hoping that things will change and the abuse will stop. This was evident in that for the most part, women would abide by their partners' dictates in order to ward off incidents of violence. In the end, however, the abuse became too much to bear and therefore served as an impetus for the women to find a way out of their relationships.

4.2.2 Realization that the abuser will not change

Most of the participants stayed in their relationships despite continual abuse because they held the hope that their partner would change. After episodes of physical or emotional abuse, there would be a period of respite and the abuser would apologise and the situation will be harmonious for a while. Then the cycle would start again and with time there'd be an increase in frequency of abusive episodes. At this point, the women would feel that a beating was always imminent and therefore lived in fear of triggering it. However, this hope that these abused women lived in, made them resilient to the abuse in the long term. It gave them a sense that even though their partners seemed to have changed, there was always a memory of the loving partner that they believed would emerge and life would go back to the way it was before the abuse started.

Even though the hope that the partners would change gave them strength to bear the violence, it also led to denial and served as a way of holding reality at bay. The participants loved their partners despite the abuse they suffered so it was unbearable for them to consider the fact that they needed to re-evaluate their relationships and make new decisions. Also, due to the erosion of their self-esteem, it was difficult to gather strength to leave this partner that they have been with for so long. *Mary puts it succinctly as she relates her level of dependence on her abusive relationship. She felt that her boyfriend was the only constant she could hold on to. On the other hand though, *Mary also felt humiliated by the abuse; she held a notion that her partner would change in the long run. This demonstrates the complexity of emotions that often accompany IPV. Moreover, her experience depicts how difficult it is to leave this abusive situation that has somehow become an acceptable 'normal':

> I would meet my friend for a short time if I go to the shop and she kept telling me to leave, but where to? Who do you talk to?
> I was tired, really tired. I could see that he was not going to change. I realised that he's not going to change. When I stay there after abusing me over and over, I thought he will change, I know he will change, you see? And you know, people always talk and I said I won't give them the satisfaction.

Mary's story is very poignant in its demonstration of how tiring it was to maintain the notion that the abuser might change. In the end, just like the others, she finally accepts that things will not change no matter how difficult it was to give up on the relationship. It is when the women finally accept that the abuser will not change that they, the women, change and therefore look at their relationships objectively.

4.2.3 Effect of abuse on children and Child abuse

Most times, the interviewed women were abused in-front of their children. Women described how this experience left the children traumatized and confused. Children were affected by witnessing their mothers being abused or they were victims of abuse themselves. Mothers felt helpless against their abusive partners but felt even more helpless to protect their children from the abusive environment. Even though most of the participants had been in abusive relationships for a long time, the thought of their children living in these abusive environments helped them to make the choice to leave. Some women feared for their lives and thought they might leave their children behind. Others felt embarrassed by the thought of having to explain to their children in the future about why they stayed in abusive relationships .The women felt afraid most of the time and even feared for their lives. *Milly's concern was the long-term effects of the abuse on her children:

> He thinks you are the worst stupid ever and I think whoever is in the same relationship, they must quit for the sake of the children because it does not harm us only but it affects the children: their schoolwork, their emotions, spiritually. They really get hurt. If I tell you about my kids, they really got scars in their hearts.

Being disempowered in their relationships, the women were sometimes unable to make better choices for their children. Mpho was working and her partner was not employed and therefore left their child with his father while she was at work. Her partner repeatedly followed her to work and left their child locked in the house alone. She was not able to

confront her partner about his behaviour and constantly lived in fear of something bad happening to her son while he's locked inside the house.

> The police brought me here because he was abusing me, insulting me as well as my parents. As he was doing this, he has locked up our two year old child in the room so that he can follow me to work to make sure that I'm not walking with other men. He wanted to make sure that I was really going to work. These are the kind of things I was living with. He locked the child in the room in April and it didn't sit well with me that he could lock her up; it haunted me. I kept thinking that she can die or the house might burn down with her there, trapped or even shocked by electricity. He didn't seem to mind and didn't think of such things he's just concerned about whether I'm going to work or not....What if I go to the police station and I meet him on the way? What will happen? He might kill me and this child. I just thought that I can't live this way, one day I'll come back from work and this child would be dead.

Children were not only emotionally or physically abused but were, at times, subject to sexual abuse by their fathers. Anna's child was sexually abused by her father and Anna found out through the child's school and the social worker. She relates the experience:

> Then after the social worker went, I ask my daughter, are you sure your uncle didn't touch you somewhere. My daughter said no he only just kiss me ugly. No she said to me, only daddy. I say, only daddy what? She say daddy touch me here. And when I washed her she used to do this (wince when her mother touched her genitals). It was like she's having pains when I'm washing her vagina. Then I have to come to the social worker again to explain to say when I ask the child are you sure, sure your uncle didn't touch you anywhere else, she say no only daddy. So now I told him you must sleep there in the baby's room, me I'll sleep here with my daughter.

Eventually, participants who had children, the fear of their children being harmed or their fear of being killed by their partners and leaving their children behind moved the women towards leaving.

4.2.4 Women's feelings due to abuse

During the interviews, the participants were emotional and often cried when relating some parts of their experiences. The interviews seemed to bring a lot of emotions to the surface. However, participants reported that they felt less burdened by their experiences at the end of the interviews. When the abuse started, the incidents occurred at long intervals. Due to the lull in-between episodes of abuse, especially physical abuse, life would seem normal and the women would forgive their partners and even forget the incidents.

When the abuse began to be more frequent, the participants reported feeling fearful and always walking on egg-shells in order not to trigger a violent incident. They were less likely to believe and accept their partners' apologies at this time. The abused women were fearful of going against their partners' wishes and therefore tried to comply with the men's demands. They complied out of fear of retaliation and fear that the violence might escalate. The fear rendered the women vulnerable and less likely to seek outside help.

The women struggled to rise above a range of emotions they felt as a result of the abuse: feeling helpless, fear, sadness, confusion, feeling unloved, anger and self-blame. Their struggle with these emotions hampered an assertive reaction to their partners' violence. They felt they had no control of their situation and therefore felt helpless. Their

attachment to their partners made it difficult to act against the abuse. For most of the women, they couldn't understand this change in their partners' behaviour and were consequently confused by the change. They also felt that their partners had changed from being loving partners to being critical and violent. This change made them feel unloved and unappreciated. The abused women then tried to accommodate their partners' demands with the hope that they will again get the loving feeling that characterized their relationships in the early stages.

> I thought that I'm chasing nothing here; I was very angry at him. I was also afraid of him because of the beatings. (*Mpho)

*Dineo also had a range of feelings about her abuser:

> And then one day he took a piece of paper; I think you know the story of a woman who was murdered by her boyfriend. On computers there were these stories. He told me to read this story. We didn't argue that time but it was my thought. I read the story and I thought maybe this thing will happen to me also. That's when I like, started panicking around, I didn't even trust him. I was even afraid to go outside because he's jealous.

Even though these emotions hampered the participants at some point in their relationships, they were also responsible for the changes in their perception. The thought of staying in the relationships while the abuse was escalating and living constantly with negative self-images became so burdensome that the women found a way to break-free of these violent relationships.

> My life comes first... I was always looking for a solution... I could see that if I don't leave I'll get out in a coffin (*Mary).

> Now I don't care about what people say, I don't care about anyone now. Now it's about me. I want to be free. It was always like when he's coming back, I'm scared now. I thought now is time, It's time for me to move on (*Sarah).

For some women, the anger at the abuse impelled them to want to kill their partners and the realization that they have come to the point of considering murder pushed them to seek other alternatives such as leaving. The anger resulted from the feelings of helplessness and self-blame. Most women felt that they were responsible for the abuse, a notion that was in part instilled by their partners. At some point the abused woman tended to feel as if there was no way out of the abuse and started to contemplate alternatives such as suicide or murdering their partners. Mary felt shocked that she was contemplating murder and decided to leave:

> It started three years ago and I always thought it's my fault, you know? Then staying and trying to fix, trying to fix, then I realized I'm not the one with the problem. It happened for so long and it came to a point when I was thinking how I could kill this man and then I said, no, this isn't the way out for me. There are better things out there for me and I thought, no, enough is enough. I just took my school books and a bag with my papers, no clothes no nothing and I left. I actually walked and it's an hour and a half to the police station. I got very angry and you know, just a mere fact of thinking of how to kill another person when it's so easy just to pack up and go.

An important milestone in women's perception of their relationships was to recognise that they could not control or prevent the violence. It was an important turning point in

that the women started to think beyond simply adopting strategies to avoid or hold-off the violent episodes by appeasing their partners but rather by finding a way out of the abuse. Seeking help from friends, family or healthcare workers signified a behavioural change in their responses to their partner's violence.

4.3 Leaving the abusive relationship

This phase signifies the period where the women left their homes and went to seek shelter elsewhere. The time of leaving was different for each participant; some left within a year of being abused while others left after many years of abuse. It seems from the interviews that women who were married left much later than those who were just co-habiting with boyfriends. This may be due to the pressure that the married women felt from the family and the community to make the relationship work.

The process of ending abusive relationships was strongly influenced by the women's environment: support from family and friends, access to shelter and the opportunity to leave. In this phase of change, women reported to be more relaxed, happier and more optimistic about the future. They seemed to have regained their sense purpose, were more mature, had a higher sense of worth and had more autonomy. However, leaving the abusive relationship did not necessarily mean the end of the relationship. It provided an interim period where the women were separated from their partners and the violence but were still in contact.

4.3.1 Supportive environment

Most women had family members providing support in difficult times. Although it seemed to be difficult for the women to confide in others, they turned to friends and family during those times when they were desperate for support. With family and friends they gained better perspective on their abusive situation and they also gained information on alternative places for shelter and counselling support. The presence of people that they could confide in, assured abused women that they were not alone and as such they felt strong enough to consider changing their situations. Sometimes, they planned with friends on how to escape or were able to go to friends' houses as they escaped the violence. Mostly, family members and friends provided temporary shelter and support during transition to the shelter. Naledi is one of those women who were fortunate to have support and this is how she relates the role of her family:

> I got some support from my sister and my cousin. My cousin sister especially because I talked to her, she's the one I told that I'm positive (HIV) because of this one. My sister also like to defend me, she say that I don't stay with my boyfriend, I should not let myself be abuse victim always.

Due to jealous partners, the women had few friends and even those relationships were not deep in nature. This arose due to less times spent with friends because the women were suspected of seeing other men if they went to visit friends. Others had migrated to Gauteng and were far from their families who could support them. Even then, they still found support in friends and were able to leave their abusive partners. At the shelter, those who didn't have family close-by, felt more lonely and isolated.

Even though others reported less support from their family members, they still found at least one family member that they could turn to. At times family members withheld support subject to the abused relative following their recommendations. Although those family members had the best interest of their relative in mind, the hurdle was their demands were not perceived as support and hence the abuse woman would feel misunderstood and dictated to. This is how *Mary relates her experience:

> I didn't have anyone, like I said my family wasn't there for me and I don't expect them to be. All my life I was a loner, you know and i used to do my own things. I never asked them for anything. They knew what I was going through but they wouldn't have just picked up the phone and said, are you ok? Do you need anything? They said they won't help me as long as I'm with this man. They don't know what I'm going through but they are giving me options; it's either my family or them. So I know him for so long, how do I go to my family and ask for help there? No. That's why I came here because I don't wanna be burden for nobody.

Mary described that she was uncertain about what her options were if she were to consider leaving her relationship. These obstacles were perceived to be overwhelming. Mary's narrative highlights that having someone tell her that she needed to leave the relationship was not enough. She needed practical support to enable her to do so. Advising someone to leave without the necessary support, may make such a decision difficult or even inappropriate. The ultimate decision in made by the person who is experiencing the IPV and happens when they are able to make the change. Therefore sometimes those who are in a position to support women experiencing IPV may tend to dictate what decisions the abused woman should make. There was also a level of humiliation at the idea of having failed to maintain a relationship.

In few women's experiences family members ignored call for help and sometimes urged the abused woman to tolerate the abuse. *Melinda was not fortunate enough to find understanding family members. However, they may have responded to her the best they knew how especially with societal norms that calls for a woman to bear her burdens in marriage and their own perception of how to deal with conflict in marriage.

> My family used to say I should bear it because there are no happy families.

Ending their relationships was difficult to determine because though they had left their homes they still held hope that their partners would change. Thus their leaving may not necessarily mean that they have ended their relationship rather they have induced a separation that may cause a change in their partners behaviours. However, most of the participants resolved to end their relationships once they were in the shelter and could reflect on the effect of abuse on them and their children. Preparation to leave was not a significant factor because most women left at the spur of the moment rather that planning their strategy to leave.

4.3.2 Access to shelters

Most of the participants were not aware of shelters before they came to live in Ikaya LeThemba. They ended up at the shelter through referral by the police and social workers. Only one participant heard of Ikaya LeThemba through her friend. Most women had accessed the shelter through the police. Given that Ikaya LeThemba is run by the Gauteng Department of Community Safety is makes sense that the police are aware of the

shelter and refer women. *Melinda is one of the women who went to the police for help and they brought her to the shelter:

> He told the police I'm a prostitute and I mix many men. I only took the children's clothes that were not far, I couldn't pack properly because I wanted to leave with the police. They left me here and after 2 weeks we were in court and he told the magistrate that he doesn't beat me, it's my friends who beat me.
> I was beaten by my boyfriend. I went to the Jeppe police station. He used to do this but I'd never gone to the police. So the last time he did I went and they asked me if I needed a shelter and I said yes. So they came here with me.

*Milly went to social workers for counselling and they referred her to Ikaya LeThemba:

> I come here at Ikhaya after our transfer. Social workers from hospital I was living in surrounding clinics for the depression, the social worker gave me the information about Ikhaya and I come to register.

*Mbali came to know about this shelter through her friend:

> I was told by friend about Ikaya Lethemba. She told me that Ikaya Lethemba is a place for abused people.

Shelters provided women with an interim period of reflection, a place of safety and also gave them psychological support. The women found the shelter to be very essential for them to uphold their decision to separate themselves from their violent partners. They found the shelter to be peaceful and safe for them and their children hence felt an enhanced self-worth. Moreover, some women have reported that had they known about shelters they would have left abusive relationships earlier.

4.3.3 Opportunity

Opportunity to escape from a violent husband or boyfriend was crucial in enabling the women to leave. Most women felt trapped and were under constant threat such that leaving the abuse partner was not easy. They were not bold enough to leave with their partners around and also knew that the partners may be incensed by their leaving hence trigger a violent episode. Therefore most women awaited an opportune time to leave without being seen by their partners. *Lerato left for work in the morning but later decided to go to the police station to seek help:

> So I thought I needed to do this, I had to report this. Then I ended up going to the police station even though I was afraid. I wanted them to help me quickly so that when he came back we'd be back at the police station already.

*Dineo was terrified of her boyfriend who watched her every movement and one day got a chance to escape:

> That day he was not at the flat, he went to the tavern and that's why I ran away and my friend's place is in the same block of flats. I sent my friend to check him and they told her he's in another tavern so I took off.

Family, friends and police played a crucial role in providing a way out. Friends provided a place to stay before the women came to the shelter. The police were important as a referral system as well as for protection and law-enforcement. Therefore the enabling

environment was an important contextual element in assisting women's exit from abusive relationships.

4.4 Types of abuse experienced

The women had experienced different types of abuse including emotional/economic, physical and sexual abuse. Some women labelled the abuse that they experience using these terms while others described behaviour of their partners and experiences that they had which can clearly be categorised into these abuse categories. The most pervasive type of abuse described by participants was emotional abuse, which in the way it was reported seemed to be more pervasive and to underlie all the other types. Two of the 11 women only suffered emotional abuse while the rest suffered from a combination of different types of abuse. The emotionally abused women experienced insults, being shouted at and economical deprivation.

While most of the women suffered physical abuse, their accounts indicated that emotional abuse preceded the physical abuse. Experiences of physical abuse were described as a reason for ultimately deciding to leave the abusive relationship. The interviewed women who were physically abused report that with time the beatings got worse and more frequent. They were punched, pushed, kicked and for some, threatened with guns and knives. *Naledi gave a harrowing account of her experiences:

> He started to beat me, beat me. His friend thinks we are playing or what. He beat me serious, I push him, I beat him with my shoes. Then he push me down and press my eye like this, he pressed until blood came out. I cried too much, that's when his friend started to wake up that we are not playing...Then I go out, I was

> crying so loudly and I thought my eye is out, this man took my eye out. I thought my eye was out because blood was coming out like falling water...Then he take me to the bathroom, he opened hot water, he beat me, he pushed me inside the bath and the hot water and then he pushed me against the bath on my back. He take the knife and say, you, you give me too much stress, you give me too much stress. You are a stupid girl.

*Milly was stabbed and eventually threatened with a gun:

> On 29 December he attempted to kill me. He stabbed me on my finger and took me to the field where there is no one and I try to convince him to leave the place and because he was accusing me of having a relationship, an outside relationship. And then I survived after he stabbed me with a key on my spine but I try to get away…. He started threatening me with a gun that he's going to shoot me and kill me.

*Mary felt obliged to tolerate the abuse for a long period because she believed she was not a good woman, as her husband was repeatedly telling her:

> So I kept on and on and on with it and he'd beat me until I pass out and I did nothing until this time when he nearly killed me. I was admitted, I was now severally admitted in depression hospitals and at last I managed to tell him that I'm tired of this abuse.

When their relationships started, the participants said that they were in love with their partners and enjoyed their relationships. They felt loved and appreciated. The women remembered the 'good times' with fondness and related that they held a belief after the abuse started that things would change back to the way they were at the beginning. This view highlights the hope that women had in that their relationships would work.

As their relationships progressed, participants committed to their partners by moving in with them. The married women also cohabited with their partners before they got married. It is then that they started to experience a difference in their partners' behaviours. Most could remember the first instance when they got beaten up. On reflection, they realized that the relationships had deteriorated and they had long been emotionally battered by the time the physical abuse came into picture. Though the emotional abuse was hurtful and affected their sense of self-worth, the majority of women only considered changing their circumstances after the escalation of physical abuse. However, a couple of women only suffered emotional abuse and still left their partners. *Naledi enjoyed her relationship before the abuse started and recounted her experience:

> Cos before I was staying alone because I was working and I was sharing a room with another girl so at that time we didn't have problems, he just didn't do nothing. He didn't abuse me, he didn't beat me, he didn't assault me, nothing.

Emotional abuse was often characterised by the controlling behaviour of a partner. Women described how they were not given food and how they were kept locked inside the house by their partner. *Mbali, who experienced emotional abuse only, related her experience:

> **I:** When you said your boyfriend was abusing you. How was he abusing you?
> **R:** He didn't give me money. He used to eat at work and not buy food for me even though I was pregnant. I used to eat at the neighbour's house. I went to report him at the police station. One day he took the key with him to work and I called the police who took me to his workplace and demanded that he give me the

> key. He refused a few times and eventually gave it to me. The police then took me home and he never came home that day.

Triggers for episodes of abuse were mainly identified as male partners decided that the women had done something wrong or defied the men's instructions. *Lerato tells of a life in which she couldn't freely communicate with others because of restrictions imposed by her boyfriend:

> I didn't have a phone for all the time I was with him. I only bought it when I got here. He doesn't want my family to call me. When there's a deposit in my account, he's supposed to see it, when I withdraw even a rand from the account, he wants to know how I spent it.

This highlights men's controlling beliefs and behaviour in the context of their intimate relationships and is an example of how gender inequity manifested in the women's relationships. Violence was a means of stopping the women from going against the men's wishes, stopping women from doing what they wished and forcing them (women) to do as their partners wished. The women then became trapped because of the fear that may bring on a beating by not complying. They also thought that by obeying their partners, they could curb the violence. As the abuse continued, most could see the signs leading up to an episode of physical abuse. After an episode of abuse there would either be a stand-off where the man would not speak to the woman for a while or the man would immediately be remorseful and seek forgiveness.

*Mary is one of the majority of the women who suffered a range of abuses:

> It was not just an argument, it's like a cycle. Every morning it's the same thing, everyday, day and night. It won't stop. I know the signs already, I know how he

> puts his mouth, you know he'll stare at me and I know to get ready for argument. He was abusing me physically, mentally, emotionally and sexually. Emotionally, I think that's the worst.

4.5 The role of alcohol

Alcohol was mentioned by a few women to contribute to the circumstances of the abuse. This was, however, not a general theme. For those women whose partners drank alcohol or used drugs, bouts of substance abuse usually went hand-in-hand with an episode of physical violence. These episodes of substance use were associated with increased levels of aggression of the abuser. *Sarah's experience is an example of aggressive behavior that was borne out something minor but which produced a reaction that seemed out of proportion.

> I was from school and when I got home he was drinking all the stuff. We decided with my friend that we are going to do a study group that day and then when I got home I asked his friend to call him. So when he got inside, he asked me why I asked someone to call him, he was seriously angry; just because I asked his friend to call him. It became an issue. I told him I just wanted to tell him that I'm coming back tomorrow, he became angry, grabbed me.

In some narratives alcohol was described as fuelling abuse. In other narratives alcohol was not mentioned at all. While alcohol may play a role in some circumstances, other things were found to be more pervasive contributors to violence among this group of participants.

4.6 Criminal charges

Even though most women accessed shelters through the police, not all of them pressed criminal charges against their abusive partners. The interviewed women were mostly reluctant to press charges because they felt the abuse was a private matter, they were protecting their partners and felt they had to protect their children by not exposing them to their fathers' arrest. This highlights the under-reporting of incidents of IPV. *Milly was reluctant to press charges even though she had initially gathered evidence to present to the police and she relates her experience of being in this dilemma:

> Sometimes, I'd phone my sister and tell her, sometimes she'd come and take me to the doctors and so many attempts were made of arrests because doctors would give the J88 forms to open a case for him. But I didn't because I didn't know what I was going to say after to my kids. I was going to have to explain and I didn't know what explanation to give to the kids if the father is arrested.

However, one of the women felt that the problems between herself and her husband were better handled according to her culture although she had initially pressed charges. Lerato shared her experience:

> For a while now I could see that I was abused, I then opened a case but I later dropped the charges. This was because he has paid lobola so we have to go home and discuss our issues with the elders.

*Naledi was very protective of her abusive partner and just couldn't face her partner going to jail. She narrated:

> Then they say I must bring the statement. Then the police were saying he must be in the jail, why is he behaving like this. So me I was crying and asked the police if they are taking him to that big jail and the police say yes he is supposed to go there. Then I was crying more and the police were saying to me that this one is abusing me and if I drop the case, I'll see myself and he will run away.

*Anna finally found the courage to bring charges against her husband after her daughter told her about being abused by her father:

> She told me in October and I reported it in December. I thought he'd change but he and his brother were always harassing us and one day he beat my child where she had an operation (appendicectomy). Then I felt, ah, this man is not gonna change. So I decided to report him because I saw there's no life here.

4.7 Future plans

Though the participants' experiences were painful and they mostly suffered from hopelessness and helplessness, they were very optimistic about the future. They could reflect on fulfilling the dreams they had put aside and some even looked forward to their new-found freedom. Most women were excited to make plans about the future and felt empowered to dream again. They felt that the shelter had created a space for them to see their potential for standing on their own. They played with different ideas on what to do next. Ultimately their goal was to be independent, especially financially. They were aware of their capabilities and being out of the negative environment they used to live in, they had hope that the future was promising. Their most critical need was to be financially secure and to them that meant having a job. Those who were not working were trying to find a job by the time that they had to leave the shelter.

> I want to live alone, not with anybody. I want to stand on my own feet so that I can raise my child. I'm hoping to find a shelter where there are courses for women like being a chef, doing some computer courses and even training to be a security guard. The one that I like most is the computer course then the being a chef (*Mbali).

*Mary wished to finish high school in order to fulfill her dreams. She had a job and didn't have a child so her goals were to finish high school so that she can get a better job to fulfill her other dreams:

> I wanna do my matric. I have worked with children so I wanna go for another course of working with old people. So I'm gonna see a social worker and find out how to go about it. As long as I've got my matric, you are never too old to learn. Then I've got something to fall back on and also to open a small crèche to support myself. I can work for the Government; working for the Government you get house subsidies. Those are the things that I want now for myself in the next five years. I wanna travel the whole of South Africa before I go overseas.

For some women, it was not clear how to achieve immediate financial independence. That was especially the case for those who had very young children and those who were unemployed. Those with young children had difficulty going out to seek employment because they had to take care of their children. The other challenge was that, with very young children it would be difficult to work since their children were too young to be left behind and the mothers could not afford to hire a nanny. *Mpho was one of the unemployed women and had been struggling to get a job:

> Right now I'm fighting to get a job, any job. I want a job so desperately.

Staying at the shelter seemed to give these women time to find solutions for their immediate problems such as looking for employment. Women admitted to the shelter were getting counseling support from trained counselors and were also given legal assistance for pending court cases. Therefore at the end of their stay at the shelter they are likely to be emotionally stronger and able to address their challenges more effectively.

4.8 An ideal partner

One of the questions that the women were asked was what were their ideas on the features of a good relationship. Their responses reflected their need to have a different experience from the one they had with the partners they had left behind. Since they felt that their past relationship had eroded their self respect, they reflected that a better relationship would be one that enhanced their self-worth and one that was not hurtful; physically or emotionally. Others recognized the importance of bringing a content self into a relationship so that they are not in need of validation from their partners. *Milly's response was as follows:

> A good relationship, is when a person gives you respect, loves you, cares about you. When there are problems he talk to fix the problem. That's what I was expecting but I just never got that. I never got respect, I never had the love I expected instead I was always pushed away, he would criticize me and say everything nasty that'd hurt me.

*Mary reflected beyond what she needs from a partner but also on how her state of mind would influence happiness in a relationship:

> I had a good relationship in those two years. Respect for the woman, respect me. Accept me for who I am, don't change me. I want commitment, I want trust, I want happiness. I want to wake up in the morning and ask God, what can I do for you today? Ask God what I can do for you, not what He can do for me and be happy. To be content with yourself, you know, inner peace. Be happy inside first, it will show outside. There's so much things that you want but you can't have but you have to have a goal and work towards it and be a strong person.

Reflecting on what makes a good relationship may assist the participants to realize what they need from a partner and possibly take that into account when choosing a partner in the future.

Not all women left their partners. In some instances the male partner initiated the separation. Though the women were not yet ready to leave, they seemed to accept the situation and appreciate that it was the best decision considering the discomfort they had been feeling in their relationships. *Mbali was driven out of her house by her partner. Her partner took her to the social workers so that they may find a place for her to stay:

> When we went to the Family Court, they told us that our case has to be handled by social workers. So when we got to the social workers, he told them that he doesn't want to live with me anymore. They asked him if he'll give me money and he said he will give me money to support the child.

4.9 Communication with partner while staying in the shelter

Most of the women in the shelter were still in communication with the partners that they left. For most of them being in the shelter and reflecting on their past and current experiences with their partners it was evident that their relationships have not changed. Even though some of the partners apologized and wanted their girlfriends or wives back, the women were not convinced that it was beneficial for them to go back. Some had already initiated divorce proceeding and others who were not married felt that they wanted nothing of their old partnerships. Mary's partner visited her and as she spent more time with him she became more convinced that he still hasn't changed.

> We meet one another in town and talk. I don't think anything has changed. I think his drinking and use of drugs made him behave the way he did.

*Dineo was not even prepared to see her partner when he came to visit.

> He came here and the house-mothers told me I have a visitor downstairs and I told them I don't wanna see him. I don't wanna talk to him.

Some of the women were fortunate that their partners were still supporting their children. Naledi's boyfriend sent her money to support her children.

> Yes, since he gets paid on Fridays, he send someone here to give me money. He was begging my sister to see me. Then my sister told me and I say me, I say I don't know. I love him but I want to be at a distance to him. Because if I come out of here I will start to stay with him again and he will give me stress.

Even though the participants had left, they were still emotionally attached to them. The shelter gave them some space for reflection on what they have gone through and what they intended to do next.

Leaving abusive relationships signifies the women's strength. However, constant support is essential for them to uphold their decision. Shelters provide critical services that serve to empower women for the future and these services need to be supported by skills training to ensure financial independence at the end of their stay.

CHAPTER 5

DISCUSSION

This study demonstrates that leaving an abusive relationship is a complex process that does not necessarily imply the end of the relationship. This is a concept that has been noted in other studies.[26,28] Since the study was done in a shelter, all the women had left their homes but some were still in communication with their partners. Some women's relationships had ended as a result of moving to the shelter, others were still contemplating ending their relationships while the rest were hoping that the move will change their partners' behavior. Therefore leaving and ending the relationship were independent of each other.

The shelter where the participants of this research were housed had different roles. It offered shelter, counselling services, assistance with legal matters. The services available for the participants may be said to be empowering to these women. The shelter offered a supportive environment that provided emotional support and catered for the women's basic needs. This environment was also critical in heightening the participants' self-esteem, easing their sense of isolation and giving them independence. Thus the participants had a positive outlook to the future and felt they had an opportunity to fulfil their dreams.

5.1 FACTORS THAT INFLUENCED LEAVING THE ABUSIVE RELATIONSHIP

This study identified that the process of breaking free from an abusive relation entailed two core factors: the turning point and leaving the abusive relationship. These themes have been reflected in other studies. Many studies have discussed the concept of the turning point and Campbell et al. described a number of turning points including 'his abuse or violence' and 'child related'.[27] 'His abuse' relates to the escalation of violence and 'child related' were two of the turning points that emerged from this research.[27] Other factors that signified 'a turning point' were realization that the partner will not change and women's feelings due to abuse. Realization that the partner will not change denotes an objective view of the nature of their relationships. Even though the participants were abused over a long period, they never vocalized their relationship status as being abusive but their change in perception of their relationships gives emphasis to the fact that they realized that the relationships were not as they should be. It has been demonstrated that recognizing the relationship as abusive is one of the important phases that abused women experience in the course of leaving their abusers.[25,26] In other studies, women vocalized having changed as a consequence of social and family support.[26,28,29] This supportive environment was responsible for women's enhanced self-esteem that transformed their responses from powerlessness to being more assertive and less tolerant to abuse.[26,27,28,29]

This study expressed commonalities, with literature, of the factors that impelled women to leave. The point of change came when women's existing experiences and perceptions were challenged. These perceptions or experiences were in regards to their relationship,

partner and the violence and capability towards changing their situation. Some literature found that ending abuse had three distinct features: “I came to a turning point”, “I changed”, and “the relationship ended”[28]. Though the participants do not distinctly point out a change within themselves, the change in their perspective of their situations indicate a deeper change within them. At the time that they left their relationships they had come to realize that the abuse was not temporary and it also defied general characteristics of a loving relationship.

Through interactions with others, friends or family members, they were exposed to availability of external sources of support. They came to learn about the availability of shelters and could envisage a way of changing their situation. The support they found in others also assured them that they were not alone and in turn gave them strength to change. This is consistent with earlier literature which emphasises the importance of social support services as being integral in assisting women to leave abusers.[26,29] The violence not only affected the women but also affected their children. The effects of abuse on children were direct and also indirect. Children were subjected to neglect and were abused physically as well as sexually. They also were likely to be traumatized by seeing their mothers being abused. Their mothers felt guilty and were concerned about the future welfare of their children. Some women were initially determined to tolerate the violence because of the children but their perceptions also changed in this regard and the impact of the violence on the children offered a strong motivation to leave.

Friends and family support was very critical in assisting women's exit. The support offered them an outlet to discuss their problem and therefore created a space for objective reflection of their experiences. They also gained other information that assisted their decisions to leave. In other instances it offered them an interim solution for shelter while in other occasions this support assisted in executing an exit plan. Support from family and friends was viewed to be very important and it offered a much needed assurance that the participants were loved. However, other participants viewed family support as negative concerning their needs. They perceived family to be dictatorial and their support to be conditional. This negative perception of family support reinforced feelings of being unwanted and being controlled by others. In the study done in Nicaragua, it was noted that women whose family members gave conditional support, the women were reluctant to take it.[27] Moreover, this study found that this conditional support might have delayed the capacity to end IPV.[27]

Women's leaving was in general unplanned. They left at the spur of the moment and escaped to friends' or family members' houses. However, most women looked for help at police stations. The police not only helped with opening of assault cases, offering advice towards acquiring protection orders but also referred and transferred women to the shelter. This study was located at a women's shelter and the pattern of leaving abusive relationships may be different from those women who stay with family or move into their own accommodation. Only four women reported having consulted with a healthcare professional at a point prior to leaving the relationship. These few consultations indicated

a lack of relevant knowledge by healthcare practitioners and hence a poor referral system to places of safety.

Regardless of whether a woman suffered from only emotional abuse or a range of abuses, at some point the abuse was difficult to live with and hence their choice to leave. Just over half of the women were unemployed at the time that they left their partners and when they came to a point of leaving their dependence did not impede their choice to leave. However, some women mentioned that had they known about shelters, they might have left earlier. Research suggests that women who had access to IPV services including shelters, were more three times more likely to leave violent partners than those who did not receive such service[19,21,29].This seems to suggest that during the course of the abuse dependency may have induced the women to tolerate abuse for longer than they would have had they been more independent. On the other hand, employed women who were self-sufficient still stayed for long periods in their abusive environments before they opted to leave. Thus leaving an abusive relationship seems to be complex and though women who work have an advantage of a certain degree of financial independence, staying with an abusive partner did not appear to be influenced by their financial independence. This is supported by the research undertaken by Jewkes et al that determined that higher education levels and financial independence of the woman were not individually protective from abuse rather in combination with their consequence of greater social empowerment.[14]

There were different perceptions of what made the abuse intolerable. Abuse only became a factor over time and in most cases due to its escalation and its effect on children. All the women who participated in this study did not prepare for the event of leaving but once they decided that they want to leave, they waited for an opportunity to escape. A very important factor to note is that most of the participants only felt the abuse was intolerable when it reached extreme levels. They stayed in abusive relationships for long periods and this suggests that the women are vulnerable to being killed by their partners as abuse escalates. This was also echoed in another study that determined that severity of abuse did not always correlate with a woman leaving an abusive relationship but only when abuse reached excessive levels did the woman consider leaving.[27]

Leaving their partners did not necessarily signify the end of the participants' relationships. However, the shelter provided a neutral medium where the women could deeply reflect on their experiences and decide on how to proceed forward in their lives. For those who were unemployed, the challenge was to think about how they can be financially independent and they also had a chance to look for work while their basic needs were being catered for by the shelter. The women's conversations with their estranged partners signified a lack of change in their (men) behaviour. It's at this point that the abused women had to decide on whether they are moving on alone without their abusive partners or will give them another chance. Though at the time of conducting interviews with these participants their testimonies indicate that they choose to end their relationships with their violent partners, the real test will come when their allowed period of stay at the shelter is up.

5.2 FACTORS THAT INFLUENCED ABUSE

Abusive behavior of men on their romantic partners seemed to be used to control their partners as violence is usually used as a ploy in relationship conflict. Women were often abused in order to curb behaviors that were deemed to be undesirable by the men. In other instances, abusive behavior was used to enforce the abuser's status as a power figure in the relationship. Women were treated as subordinates who were forced to abide by the rules defined by their male partners and the fear that women felt due to abuse ensured that they unlikely to defy the men. At some point, women believed they were responsible for the abuse and that further fuelled their need to appease their partners.

On the other hand, use of violence in conflict is a sign of poor coping skills in conflict situations. In different cultures, research has shown that societies that hold strongest ideologies of male superiority are associated with high levels of IPV.[4] Cultural norms in South Africa regarding male and female roles may have an influence in the high levels of IPV. These ideologies affect female autonomy, the criminal system's effectiveness in dealing with IPV cases and traditional ideas of men regarding women's status in society.[4] These ideologies of male superiority give credence to disciplinary measures taken by men against women in the practice of traditional norms of men and women's roles.[4]

Some factors that have been explored in literature as influential in IPV were found in this research. Alcohol and drugs were important players in some of the violent interactions. Alcohol and drugs seemed to perpetrate and fuel violence, that is, the violent partners

were more likely to be violent after drinking alcohol or using drugs. This account has been evidenced in other studies that found that alcohol and drug use were correlated to high incidence of violence in intimate relationships.9 However, in another study alcohol use by the woman was more associated with IPV as opposed to use by the abusive man.[14] Also, low socio-economic background of these relationships was also another factor that was highlighted as a risk factor in IPV. Societal factors such as an acceptance of violence in interpersonal relationships were evident from some of the accounts from the participants on the responses of family members. Some family members seemed to believe that violence in relationships was the norm and was therefore acceptable. The abused women in this factor research became more socially isolated as the abuse progressed. Also, the abusers ensured their isolation by disapproving of the women's links to others in the community. These factors have been found to be part of the complex interplay of factors associated with origins of IPV. Studies have established that social isolation is a common factor in abusive relationships and gives the abuser more control over the abused.[14]

Cultural norms and practices are important key factors that influence IPV.[4] It has been found that partner abuse is linked to community tolerance of gender violence.[4]

Some responses from relatives in this study suggest an acceptance of violence in relationships. In recent times there have been social processes promoting activism against gender violence. These movements challenge normative values related to gender relations and encourage law enforcement participation in addressing gender violence. Since gender relations are dynamic and are reshaped by prevailing social processes there's hope that

this campaigning and enforcement of legislation that protects women, will facilitate a society that espouse women empowerment.

5.3 TYPES OF ABUSE

Emotional abuse underpinned all the other forms of abuse for the participants. The women were subjected to threats, stalking, infidelity, isolation and humiliation. This form of battering resulted in the women withdrawing while it also induced fear in them. In one study, it was found that emotional/ psychological abuse occurred more often than other individual forms of abuse.[9] The emotional abuse systematically tore the women's sense of worth consequently causing them to be vulnerable and more dependent on their partners. As the abusive behavior escalated, most women were subjected to physical abuse. The men also used their financially secure positions to control women and women's dependence also reduced their ability to negotiate in their relationships.

However, some of the abused women were the breadwinners in their relationships and that correlates with the finding that unemployment of either partner was associated with IPV.[9]

Physical abuse was more evident and more likely to be noticed by others. By the time it occurred, there were many emotional scars already that were evident in the fear they felt and the need to please their partners. Coker et al noted that most women who experienced physical abuse, they were also emotionally battered.9 However, the women's emotional attachment to their partners made it difficult for them to review their relationships when the abuse became a fixture in their relationships. Moreover, the cycle of abuse, apologies

and reprieve before the next episode served to give women hope that things would change. Financial dependence was an important issue as it made the women less likely to leave in the early stages. It has been noted that support services that provide material necessities enable women to leave abusive environments.[26,29]

The women were also subjected to sexual abuse where their partners would demand to have sexual intercourse without the women's consent. As with other forms of abuse, it represented another mode of control and a way to exert power.

Interventions for men as well as women are needed to address IPV. It's important to empower women and assist them through structures that affect their lives positively. Individual factors that are associated with IPV are important and need to be explored in order to address male issues. If interventions on men are not prioritized the root of the problem is not addressed. An abusive man whose partner leaves still has a potential to abuse their next partner.

Gender violence is a pervasive problem in South Africa and all over the world. A group of women interviewed for this study represent a very small percentage of women who are abused in South Africa but give us an indication of the seriousness of the problem. In addition, the related stories of reluctance in reporting abuse indicate possibility of poor capture of IPV statistics. Others who have suffered abuse may not have information about shelters and therefore use informal structures to escape abusive partners. A major concern

is a portion of those who live in terror daily and the possibility of ending up as femicide victims.

CHAPTER 6:

6.1 CONCLUSION

Women's experience of abuse was varied. This study found that women's became free of abusive IPV through two mechanisms: women reaching a turning point and leaving the abusive relationships. The turning point signified a pivotal moment when the women viewed their relationships differently. The major factors that facilitated leaving the abusive relationships were social and family support. Police services were essential for shelter referrals in the majority of the interviewed women. Only a few women in this study utilized healthcare services.

Social and family enabled the abused women to be intolerant to their partners' abusive behaviour. It is therefore important for the society in general to encourage an environment that is less tolerant of abuse thus confronting the norms that are supportive of abuse in communities. If communities develop projects that encourage women suffering from IPV to seek help and also develop networks with government or NGO structures that assist abused women, these women can access help within their communities. They therefore do not have to stay with abusive partners because they are not aware of alternative choices.

Shelters provide a critical service for women leaving abusive relationship. It is important for governments to create shelter where women do not have access to social support. This research highlighted the lack of information on how to access shelters.

Emotional abuse was the most pervasive and affected women's self-esteem. The abused women expressed a range of emotions that were characteristic of the impact of the abuse on them and in some resulted in developing mental illness. Thus healthcare workers should be very vigilant in screening women who present with psychological problems for IPV.

6.2 RECOMMENDATIONS

6.2.1 Health services

Even though some research does not support routine screening for IPV, women who seek medical attention due to IPV can be reviewed regularly for and given necessary information to assist them. Healthcare workers' constant inquiry into circumstances in the women's homes on consequent clinic or hospital visits may assist women to regularly reflect on their circumstances which might then change their perspective about their abusive environments. It is also important for healthcare workers to also engage abusive partners and provide counselling services for them. This can assist families to stay together and keep children in safe homes.

The health sector could carry out campaigns that raise awareness and champion intolerance of IPV. These campaigns should also remind women of their rights as well as seeking to change the traditional cultural norms regarding female and male roles in the

society. Moreover, these campaigns would also remind women that healthcare services are also available to assist with IPV.

6.2.2 Police and social services

As evidenced by the reports of women in this research, police services play an important part in rendering help to women in abusive relationships. In strengthening these services, dedicated units of police that have been trained specifically in assisting those who suffer from IPV are very important in ensuring prosecution in this cases as well as giving protection to victims. These units addressing crimes against women and children will be useful to re-establish in order to fight the high prevalence of abuse against women and children. The 2010/2011 SAPS strategic plan proposes the formation of specialized units dealing with different aspects of crime including those dealing with abuse against women and children so there's hope that in the near future this specialized unit will effectively fight IPV.

Social services are very useful in assisting and intervening in the cases of IPV in the community. They are able to assist women who have been abused, assisting men who are perpetrators of abuse as well as advocating for children in IPV. There is a scarcity of social workers and it'd be highly beneficial if more personnel is trained in order to assist with this huge burden of IPV.

6.2.3 Media

Abused women feel isolated and sometimes do not know where to turn to help. Since research has shown that shelters can be instrumental in assisting timely exit from abusive relationships, information about shelters should be more accessible. Media (newspapers, magazines, radio and television) can be used to give information on help-lines and on how to access shelters. The media also assists in campaigns to raise awareness and promoting women's rights.

REFERENCES

[1] Brown C, Transgrud H, Linnemeyer RM. Battered women's process of leaving: a 2 year follow-up. Journal of Career Assessment 2009 Nov; 17(4): 439-56.

[2] Murphy KA, Smith DI. Adolescent girls' responses to warning signs of abuse in romantic relationships: implications or youth targeted relationship violence prevention. J Interpers Violence 2010 Apr; 25(4).

[3] Garcia-Moreno, Jansen H, Watts C, Elsberg M, Heise L. Prevalence of intimate partner violence: WHO multi-country study on women's health and domestic violence against women. Lancet 2006; 368: 1260-69.

[4] Jewkes R. Intimate partner violence: causes and prevention. The Lancet 2002 Apr; 359: 1423-9.

[5] Vetten L. "Man shoots wife". A pilot study detailing intimate femicide in Gauteng, South Africa. Crime and Conflict 1996; 6: 1-4.

[6] Bonomi AE. Anderson ML. Rivara FP. Thompson RS. Health outcomes in women with physical and sexual intimate partner violence exposure. J Wom Health. 2007; 16(7): 987–997.

[7] Zeitler MS, Paine AD, Breitbart V, Rickert VI, Olson C, Stephens L et al. Attitudes about intimate partner violence screening among an ethnically diverse sample of young women. J Adoles Health 2006; 39(1):119.

[8] Chang JC, Dado D, Hawker L, Cluss P, Buranosky R, Slagel L et al. Understanding turning points in intimate partner violence: Factors and circumstances leading women victims toward change. J Women's Health (Larchmt) 2010; 19(2); 251-59.

[9] Coker AL, Hall Smith P, McKeown RE, King M. Frequency and Correlates of Intimate Partner Violence by Type: Physical, Sexual, and Psychological Battering. Am J Public Health 2000; 90:553–559.

[10] Smith PH, Danis M, Helmick L. Changing the health care response to battered women: a health education approach. Fam Community Health 1998; 20:1–18.

[11] Bollen S, Artz L, Vetten L, Louw A. Violence against women in metropolitan South Africa: A study on impact and service delivery. Institute for Security Services 1999 Sept; Monograph no. 41.

[12] Chege J. Interventions linking gender relations and violence with reproductive health and HIV: rationale, effectiveness and gaps. Agenda Special Focus 2005: 114-23.

[13] Heise, L. Violence against women: an integrated, ecological framework. Violence Against Women 1998: 4; 262.

[14] Jewkes R, Levin L, Penn-Kekana L. Risk factors for domestic violence: A South African cross-sectional study. Social Science & Medicine 2002:1603–1617.

[15] Peden M. A profile of Injuries in 15–34 year olds in South Africa 1999. Report. Parow. National Injury Surveillance System, Medical Research Council; 2000

[16] Wood K., Jewkes, R. 'Dangerous' love: reflections on violence among Xhosa township youth. In: R. Morrell, editor. Changing men in Southern Africa. Pietermaritzburg and London: University of Natal Press and Zed Books Ltd; 2001.

[17] Mathews S, Abrahams N, Jewkes R, Martin LJ, Lombard C and Vetten L. Bull World Health Organ. 2008; 86(7): 552-58.

[18] Glenwood GN, DiClement RJ. Application of theory of gender and power to examine HIV-related exposures, risk factors and effective intervention in women. Health Educ Behav 2000; 27: 539.

[19] Fox AM, Jackson SS, Hanen NB, Gasa N, Crewe M, Sikkema KJ. In their own voices: a qualitative study of women's risk for intimate partner violence and HIV in South Africa. Violence Against Women 2007; 13: 583-602.

[20] Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntrye JA and Harlow SD. Gender-based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa. The Lancet 2004; 363(9419): 1415 – 21.

[21] Watts C, Mayhew S. Reproductive health services and intimate partner violence: shaping a pragmatic response in Sub-Saharan Africa. Reproductive Health Services and Intimate Partner Violence 2004 Dec; 30(4): 207-12.

[22] Nadine W, McMillan H. Interventions for violence against women: Scientific review. JAMA 2003; 289(5): 589-600.

[23] Christofides N, Jewkes R. Acceptability of universal screening for intimate partner violence in voluntary HIV testing and counselling services in South Africa and service implications. AIDS CARE: Psychological and socio-medical aspects of AIDS/HIV 2010; 22(3): 279-85.

[24] Block C. How can health practitioners help an abused woman to lower her risk of death? NIJ 2003; 150

[25] Enander V, Holmberg C. Why does she leave? The leaving process(es) of battered women. Health Care for Women International 2008; 29: 200-226.

[26] Anderson DK, Saunders DG. Leaving an abusive partner: an empirical review of predictors, the process of leaving and psychological well-being. Trauma, violence and abuse 2003; 4: 163-91.

[27] Campbell J, Rose L, Kub J and Nedd D. Voices of strength and resistant: A contextual and longitudinal analysis of women's responses to battering. J Interpersonal violence 1998; 13: 743-61.

[28] Salazaar M, Hogberg U, Valladares E, Ohman A. The supportive process of ending intimate partner violence after pregnancy: The experience of Nicaraguan women. Violence Against Women 2011; 1411: 1-19.

[29] McCloskey L, Lichter E, Williams C, Gerber M, Wittenberg E and Gary M. Assessing intimate partner violence in health care settings leads to women's receipt of interventions for improved health. Public Health Rep 2006; 121(4): 435-44.

APPENDICES

Appendix A : The Interview Guide

Women's experiences leaving abusive relationships

IN-DEPTH INTERVIEW GUIDE

Tell me about how you came to live here at Ikaya LeThemba?

(If this has not already come up) Tell me about your relationship with your boyfriend or husband (the one that you left to come here)
Probes:

- Tell me more about the abuse (type, frequency)
- Who did you turn to when this happened (if anyone)?

What finally made you leave your husband/ boyfriend?

Probes:

- How many times have you tried to leave?
- How did you prepare to leave (if you did anything at all)?
- What support did you get to help you leave (if any at all)?

What are your plans for the future?

Appendix B : Socio-demographic questionnaire

Basic questions that all participants were asked:

1. Study ID [ ] [ ]
2. Date of interview ___/___/_____
3. How old are you? [ ][ ]
4. Are you married? Yes No
5. Did you live together at the time that you came to the shelter?

   Yes No
6. How many children do you have? [ ] [ ]
7. Are you working? [ ] [ ]
8. How long was your last relationship? [ ] [ ]
9. Which race group do you identify with?

   White

   Coloured

   Indian

   African (Black)
10. What is the highest standard or grade you have completed at school?

    No schooling.....1
    Primary school incomplete 2
    Primary school complete (grade 7) 3
    High school incomplete.....4
    High school complete.....5
    Further degree/Qualification incomplete...6
    Further degree/Qualification complete.....7

11. Do have a source of income?
    - If so, how much do you make per month, on average

Appendix C : Participation Information Leaflet - Women's experiences leaving abusive relationships

INTRODUCTION

Good day, my name is Masemetse Baholo. I am a Masters student from the University of Witwatersrand. I am conducting research on the experiences of women who were in abusive relationships.

We are inviting you to participate in this study. This information document is to help you decide if you would like to take part in the study. Before you agree to take part in the study, you should understand fully what the study entails. You should not agree to take part in the study unless you are completely happy about all the procedures involved.

Purpose of the study
The purpose of the study is to gain a better understanding into the experiences of woman before, during and after their decision to leave an abusive partner. The study will be conducted in a women's shelter in central Johannesburg (Ikaya LeThemba).

We have invited you to be a participant in this study because you are a resident of Ikaya Lethemba.

WHAT PROCEDURES ARE INVOLVED

You are being asked to take part in an interview. With your consent, I will be asking you some questions about your life and past relationship. There is no right or wrong answer to the questions; we want to know about you, your opinions and experiences.

I will be using this digital voice recorder to record what you say. The audio tapes will be destroyed at the end of the project. After the interview, the recordings will be written down word for word and then translated into English. I will be using these written documents to write my research report. Your name will not be written in the documents – only a unique identification number that you will be given, so no-one outside of the interview will be able to tell, from the written documents, what you have said.

RISKS

We will be talking about the sensitive issue of abuse which may be upsetting to you. It is possible that talking about things that have happened in your life could open up some unresolved issues. We will help to link you to support and counseling if this happens. Remember, though, that you are free to not answer any question that makes you feel uncomfortable.

POSSIBLE BENEFITS OF THIS STUDY

There are no direct benefits that you may get from participating in this study. However the information collected from this study may be helpful in improving the care of women who are abused by their intimate partners in Johannesburg and nationally.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time without giving any reason. Some of the questions might be very personal. Please remember that you are free to not answer a question if it makes you feel uncomfortable. Also, you are free to leave the interview at any stage and for any reason.

CONFIDENTIALITY

All the information that you give in this study will be kept strictly confidential. The consent forms that you will be asked to sign will be securely stored and access will be limited to the research team. The results of the study will be presented in a respectful manner and no information which could enable anyone to identify you personally will be reported.

COSTS
There is no cost to you for participating in this study.

HAS THE STUDY RECEIVED APPROVAL

The study has been approved by the University of Witwatersrand. Additionally, permission has been sought from the shelter manager. In terms of ethical clearance, the study received ethical clearance from the Wits Human Research Committee (HREC).

SOURCES OF ADDITIONAL INFORMATION

If you have any questions or need more information, please feel free to contact:

Dr Masemetse Baholo
Tel no: 011 345 1200
Fax no: 011 825 5425

If you want any information regarding your rights as a research participant, or complaints regarding this research study, you may contact the Chairperson of the University of the Witwatersrand, Human Research Ethics Committee (HSEC),

which is an independent committee, established to help protect the rights of research participants at (011) 717-2230/1.

Important phone numbers:

Women abuse Helpline	0800 150 150
Bambanani (food and clothing)	011 905 2696
POWA	011 642 4345
FAMSA (counseling for families)	011 975 7106/ 7107

Appendix D: INFORMED CONSENT FORM

Women's experiences leaving abusive relationships

I hereby confirm that the researcher has given me all the information on this study to my satisfaction. I understand the purpose of the study, the procedures involved, risks and benefits and my rights as a participant in this study.

I have received the information leaflet about this study, had enough time to read the information and asked questions on points that needed clarification. Any questions that I had have been answered to my satisfaction.

I have been assured that any information that I give will be confidential and that the information will be anonymously developed into a research report that may be published. I am aware that the report and any publications from it will be shared with the Ikaya Lethemba shelter management and the researcher will keep me informed on the progress of the research.

I am aware that I can withdraw my participation from this study anytime and I willingly give my consent to participate in the study.

Participant's name (Print)……

Participant's signature or thumb print…….

Researcher's name (Print)……

Researcher's signature…….

Appendix E: INFORMED CONSENT FORM – Audio-tape

Women's experiences leaving abusive relationships

I hereby confirm that the researcher has given me all the information on this study to my satisfaction. I understand the purpose of the study, the procedures involved, risks and benefits and my rights as a participant in this study.

I am aware that my interview will be recorded. I have been assured that the information in the recording will only be heard by the research team and that the recording tapes will be destroyed.

I am aware that I can withdraw my participation any time without fear of reproach and I willingly give my consent to be audio-taped in the study.

Participant's name (Print)…….

Participant's signature or thumb print……..

Researcher's name (Print)……

Researcher's signature…….

Appendix F: HREC form