

**PSYCHOLOGICAL IMPACT, COPING STRATEGIES AND SOCIAL SUPPORT
OF FEMALE SURVIVORS OF DOMESTIC VIOLENCE IN THOHOYANDOU**

BY

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(MA)

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DECLARATION

I, **Connie Livhuwani Ramashia**, declare that the dissertation for the degree of Masters in Clinical Psychology at the University of Limpopo, hereby submitted, has not previously been submitted by me for a degree at this or any other University, that it is my own work in design and execution and that all material contained herein has been acknowledged.

Signed:.....

Date:.....

DEDICATION

This work is dedicated to my late partner (Kenny Modise) and to my uncles. This study is also dedicated to my family, friends and daughters (Fhatuwani Florie and Andani Shellah) whose presence fill my life with joy, serenity and give me the strength to carry on.

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ABSTRACT

Aims: The aim of the study was to determine the psychological impact, coping strategies and social support structures among female survivors of domestic violence.

Participants: 112 female survivors of domestic violence who came to a trauma centre in Thohoyandou, Limpopo Province to seek help were selected as participants of the study. The participants in this study came from around Thohoyandou in the Thulamela Municipality district. The participants' ages ranged from 15 to 65 years.

Instruments: The questionnaire used was consisted of the following: 6 items covering the demographic variables of the participants such as age, marital status, level of education, employment status, number of years married, number of children; 37 items dealing with assessing the psychological problems i.e. depression and post-traumatic stress disorder; and 42 items dealing with seeking social support and coping strategies.

Results: A significant number of the physically abused women were suffering from depression ($z=2.8434$, $p<0.05$). The results further revealed that a significant number of physically abused women had PTSD ($z=15.31$, $p<0.05$). The findings of this study showed that physically abused women tend to seek help from informal social support rather than formal social support ($t=-8.572$, $df=104$, $p<0.05$ with Mean score=1.99, $SD=1.236$ for informal support and Mean score= .78, $SD = .951$ for formal support). This study further shown a significant difference on the use of escape-avoidance coping strategies compared to the use of many other coping strategies such as problem solving strategy ($t= 4.065$, $df= 110$, $p<0.05$); confrontive coping strategy ($t= -.42232$, $df=111$, $p<0,05$), seeking support strategy ($t= -8.740$, $df= 111$, $p<0.05$) and self –control coping strategy ($t= -5.451$, $df= 111$, $p<0.05$). There was no significant difference between the use of escape-avoidance coping strategy and the use of distance coping strategy ($t=.03348$, $df=111$, $p>0.05$) and responsibility coping strategy ($t=-.842$, $df=111$, $p>0.05$).

- **Conclusion:** This study provides data that can be used to motivate the implementation of intervention programmes to address domestic violence against women. Such programmes must include the implementation of cost-effective intervention aimed at reducing the psychological harm caused by physical abuse. The study also highlighted the need for psychological treatment services. These services must present an important venue to identify and manage depression and PTSD amongst physically abused women. Intervention strategies must include imparting physically abused women with help seeking and coping skills.

Key words: Psychological impact, Social support structures, Coping strategies, and female survivors.

CHAPTER 1: INTRODUCTION

1.1. Introduction

Domestic violence is a social problem. Domestic violence and the fear of violence committed against women have emerged as two of the most thorny issues in various countries worldwide. Although there is still a scarcity of statistics of domestic violence cases, population based research indicates that from twenty percent (20%) to fifty percent (50%) of women in most countries have experienced spousal abuse (Gillian & Steed, 2000). South Africa is still home to shockingly high cases of violence against women and children. In South Africa, statistics on domestic violence are notoriously difficult to obtain but it is estimated that every six hours a woman is killed by her intimate partner (Mathews, Abrahams, Martin, Vetten, Jewkes & Van der Merwe, 2004). Despite the enactment of the Domestic Violence Act 116, of 1998 and the constitution that safeguard women's rights, cases of women who have been physically abused continue to increase (Mathews, 2000). In South Africa, violence against women stems mainly from the brutal apartheid system with its implications of disadvantaging people. This contributed to situations of poverty, ill health and hardship embedded in the culture of violence (Vogelman & Eagle, 1991). Various studies indicate a high prevalence of both physical and psychological violence against women (Jewkes, 2002; Nkuna, 2003 & Smith, Thronton, De Vellis, Earp & Coker, 2002).

Gillian and Steed (2000) conducted two research studies highlighting the extent of violence against women in three rural provinces in South Africa. The three provinces were the Eastern Cape, Mpumalanga and Limpopo. One study was done with women in rural areas and the other with men in urban area. The findings of the research study show that twenty-five percent (25%) of the women interviewed had been assaulted by their intimate partners. It was also found that fifty-eight percent (58%) of the men interviewed admitted that they had physically abused their female partners. Eighty-four percent of these women suffered significant physical or mental health consequences as a result of the physical abuse. Another research study found that 19% of women in the Limpopo Province had been physically abused in their lifetime by current or former partners

(Mathews *et al.* 2004). Recent media reports reflect a disturbing increase of violent acts committed against women and some of these act even lead to family murder. Mashishi (2000) argues that an average of eighty percent (80%) of rural women are victims of domestic violence. Domestic violence is not only recognised as a major barrier to social and economic development but also associated with health problems among women ranging from physical injuries to depression and suicide (Usdin, Christofides, Malepe & Maker, 2000). Maconachie and Van Zyl (1994) indicate that many victims of domestic violence are traumatised to such an extent that some attempt to commit suicide, especially those who are isolated from any form of social support. According to Gelles (1987), social support is important for physically abused women because being victimized by another human being decreases their belief that the world is benevolent and caring. Advocacy for human rights project (2007) maintain that the significant others such as friends, extended family members, colleagues and neighbours play a role in the empowerment of the victim. Ferraro and Johnson (2000) state that if social support networks are effective then they can be successful coping mechanisms for the victim. Aldwin (1994) argues that the efficacy of an individual's coping dependent upon how well the culture provides a range of coping resources and transmits coping skills. He further mentions that coping strategies are influenced not only by cultural beliefs concerning the most appropriate means of handling specific types of problems but also by social and cultural institutions for problem solving and tension reduction.

Thoits (1984) conducted a study to examine the role that social support plays in the coping process. The study shows that individuals not only provide concrete aid in coping with problems but that they also provide feedback about the appropriateness of the appraisal process and emotional regulation. Mahlangu (1996) argues that the challenge to cope with domestic violence is to create a relevant interpretation of Afrocentric models when working with African people. Mahlangu (1996) further states that Eurocentric theories of human behaviour and coping with violence or trauma can never be fully relevant to an African society. In order for interventions to be effective, there is a dire need for people to understand and be sensitive to the cultural ethos inherent in to the victims. Thus, the present study is timely (Bent-Goodley, 2004).

1.2. Aim of study

The main aim of the study is to determine the psychological impact of domestic violence on physically abused women, their coping strategies and their social support structures.

1.3. Objectives of study

- To determine the psychological impact of domestic violence on physically abused women.
- To identify types of social support structures that are being used by physically abused women.
- To find out what coping mechanisms physically abused women use.

1.4. Scope of study

The research study will be conducted in the Limpopo Province of South Africa. The population targeted for the study consists of Venda and Shangaans women who attended a trauma centre.

1.5. Significance of study

Although some studies have been conducted on the experiences of abused women only a few of them were conducted in the Limpopo Province (Nkuna, 2003 & Makofane, 1999). This study will contribute to knowledge on the social support structures and coping mechanisms used by physically abused women. The present study is relevant to the society as it will deepen the knowledge of the community and mental health and other professionals in understanding the social support structures and coping mechanisms used by physically abused women. This study is of great importance as it will address the issue of domestic violence from an African perspective and give some insight into indigenous

interventions that may be helpful in dealing with domestic violence. The researcher also wants to explore this sensitive topic as a result of personal experience. The researcher developed an intense interest as a result of observations while working as a debriefer at a Trauma Centre.

1.6. Structure of the Study

The remainder of this study is structured as follows: Chapter 2 provides a background to the theoretical framework of domestic violence and gives the operational definitions of concepts. Chapter 3 reviews the existing literature, Chapter 4 deals with the research design and methodology while Chapter 5 sets out the research hypotheses and presents both the qualitative and statistical results. Chapter 6 presents the discussion of the study as well as the limitations and recommendations of the study.

CHAPTER 2: THEORETICAL CONCEPTUALIZATION

2.1. Introduction

In this chapter, operational definitions of concepts and the theoretical explanations of domestic violence will be presented.

2.2. Operational Definitions

The key words to be defined are as follows:

2.2.1. Domestic violence

Domestic violence wears many faces. Domestic violence is divided into different categories which include physical, emotional, psychological, sexual, and economic abuse between persons who are in domestic relationship with one another (Mathews & Abrahams, 2001).

2.2.1.1. Physical abuse

Physical abuse is regarded as the most extreme act of domestic violence. Physical abuse involves any physical contact such as biting, kicking, choking, stabbing or when a woman is forced to perform unwanted sexual acts (Dutton, Edleson & Tolman, 1992). Mullender (1996) maintains that physical abuse is the most familiar form of abuse men inflict on their partners. It involves violent acts such as slaps and punches that result in cuts and bruises.

2.2.1.3. Emotional, verbal and psychological abuse

Verbal and emotional abuse usually results in eroding the woman's self-esteem (Wallaby & Allen, 2004). It is an act of belittling the victim and entails threats, name calling, berating or using insulting remarks, ignoring and withholding information,

accusing a partner of having affairs or telling her/him that she/he is an unfit mother. Mullender (1996) states that emotional abuse involves all the words and actions designed to break the woman's/man's spirit and destroy her/his self-image and self-esteem while Ferraro and Johnson (2000) argue that emotional abuse can gradually alter a woman's/man's views of herself /himself, their relationship and their place in the world.

2.2.1.4. Economic abuse

Economic abuse includes limiting someone access to money, accusing the person of stealing money or stopping her or him from working (Mooney, 2000). Domestic violence is often used interchangeably with other concepts such as family violence and partner abuse. Partner abuse is defined as the abuse of a partner by a companion with whom she or he is cohabiting (Wiehe, 1998). Domestic violence is defined as an act that is aimed at physically injuring or emotionally hurting another person in the family. Such acts can be called physical, sexual, emotional, and psychological abuse (Gelles & Loseke, 1993).

The Domestic Violence Act No, 116 of 1998, defines domestic violence as follows: the physical abuse, sexual abuse, emotional, verbal & psychological abuse, economic abuse, intimidation, harassment, stalking, damage to property, entry into the complainant's residence without consent where they do not share the same residence or any other controlling or abusive behaviour towards a complainant where such conduct harms or may cause imminent harm to the safety, health or well-being of the complainant (Mathews & Abrahams, 2001). This definition was adopted in this research study.

2.2.2. Psychological impact

Psychological impact is often used interchangeably with the term psychological effect. There is no exact definition of psychological impact. Therefore, in this research study, psychological impact refers to those psychological effects that affect an individual emotions, behaviour, thoughts, memory, learning ability, perception and understanding.

These effects can manifest themselves through depression, anxiety, low self-esteem, post traumatic stress disorder (PTSD), suicide and fear. In this study, depression and PTSD as components of the psychological impact of domestic violence on physically abused women will be investigated.

2.2.3. Social support

Social support is defined as the emotional, instrumental and material support that members or a group in a social network provide. It involves both formal and informal social structures (Schuler & Vidmar, 1992).

2.2.4. Coping strategies

Coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce or minimize stressful events (Folkman & Lazarus, 1980).

2.2.5. Female survivors

Female survivors are women who have developed survival skills that allow them to continue living and functioning in the face of abuse (Kirkwood, 1993).

2.3. Theoretical framework

The theoretical basis of the study is as follows:

2.3.1. Psychological and social-psychological theory

This theory is one of the earliest theoretical explanations of domestic violence. It originates from Freud's psychoanalytic theory and focuses mainly on the personalities of the victim and the perpetrator (Boots, Wareham & Chevez, 2009). Dangor (1999) states that according to these theories, abusers are insecure people, with a low self-esteem and

are uncontrollable. According to Hansen and Harway (1994), the psychological nature of women is the main cause of domestic violence. Exponents of this theory postulate that women are masochistic by nature. Women derive pleasure from being abused. Women seek out mental or physical abuse as a life-long pattern. Hansen and Harway (1994) further argue that victims enjoy being abused because of childhood experiences with cruel people. The perpetrators are said to have learned no other means of relating to partners except through violence. According to Hansen and Harway (1994), physically abused women suffer from a personality disorder that causes them to seek out abusive relationships as a means of punishment or are addicted to abusive relationships. They further argue that in many cases a woman provokes her partner by “below- the belt” arguments prompting a violence response from her partner. The woman’s behaviour contributes to the build-up of tension in the man until the man explodes in a violent rage.

Malan and Paranee (1994) maintain that the notion that women are masochistic in nature is a myth that leads women and men to believe that women are pathological. Domestic violence is the result of the man is pathological jealousy and struggle to remain in control of his partner. The abuser tries to control every movement of his partner’s life. The abuser has a low level of frustration, tolerance and experiences problems with control. This means that the cause of violence lies in abnormalities in of the perpetrators of violence, such as inadequate self-control and sadism, a psychopathic personality and forms of mental disturbance (Gelles & Cornell, 1990). Psychological and social-psychological theorists postulate that a greater understanding of domestic violence can be gained by studying the nature of the social settings or situations within which it occurs (Ellis, 2006).

Gelles & Loseke (1993) state that violence against women is rooted in the nature of the family setting. This means that the family is more likely to be the location of many frustrating events. Therefore, men may beat their wives when they are under stressful events such as poverty and unemployment. Proponents of this theory further maintain that the more stressful experiences individuals and families have to deal with, the greater the likelihood of the occurrence of some form of family violence. Exponents of this theory also link the use of alcohol and drugs aspects to wife beating.

Wilson, Mcfarlane, Malecha, Watson, Lemmey, Schultz, Gist, & Fredland (2000) state that a person who is potentially violent can drink with the sole purpose of providing himself with a "time out" in which he can lay blame for his violent actions on the alcohol. Wilson *et al.* (2000) further state that individuals who wish to carry out a violent act become intoxicated in order to deny what has occurred. Alcohol is one of the several factors that contribute to the circumstances in which domestic violence occurs but it is not a direct cause. It may trigger arguments that may lead to violence. Therefore, a person who is potentially violent can drink with the sole purpose of providing himself with a "time out" in which he can lay the blame for his violent actions on the alcohol.

According to Gelles and Loseke (1993), violent behaviours seem to be more accepted in our society when they are performed by a person who is intoxicated. They further argue that it is a society which holds the belief that alcohol releases violent tendencies. The normal rules of social behaviour are loosened when people are believed to be drunk. Ramudzuli (1997) further argues that men get drunk to give them an excuse to hit their spouses and children. It appears that there is a causal relationship between the consumption of alcohol and the violent behaviour of abusive husbands. Martin (1981) maintains that alcohol is one of several factors that often contribute to the circumstances in which marital violence occurs. It may be used as an excuse for violence and it may trigger arguments that lead to violence. According to Makofane (1999), alcohol abuse seems to emerge as another weapon to control and dominate in intimate relationships. In their research study, Motsei and Kim (2002) found that women expressed the belief that there are certain behaviours which might place women at increased risk. A husband's use of alcohol, a wife's "disrespectful attitude" and a wife sexual infidelity were identified as potential "triggers" for physical abuse. This theory has been criticized for viewing violence as arising out of psychological problems of the victims. It has been rejected as it portrays the perpetrator as mentally ill, whilst the victim is regarded as defenseless and innocent. There is no scientific evidence to support this view. According to Malan and Paranee (1994), this viewpoint does not explain why the same man may beat his partner when he is sober.

Exponents of this theory are also unable to explain which abnormal personality traits are associated with violence. This theory has been criticized for neglecting the

abuser's role in domestic violence as well as the social pressures to remain in such abusive relationships (Boots *et al.* 2009).

2.3.2. Social-learning theory

The social-learning theory is based on the assumption that violence is a result of learned behaviour (Cunningham, Jaffe, Baker, Malla, Mazaheri, and Puisse, 1998). Learning is a lifelong process and primarily begins in a family unit. The interactions embedded within the family further form the bases for which we are to become. A family characterised by increased instances of violence is sure to produce infants growing up with a legacy of violence. Children learn from observing important role models that could be their parents, or other members of their family. From these models, the child tends to imitate and adopt the patterns exhibited later in life (Ellis, 2006). Park, Fedler and Dangor (2000) are of the opinion that according to the social learning theory, violence is a learned phenomenon. Through experience or observation within families and societies, people become socialised to violent behaviours.

Proponents of this theory maintain that children observe the consequences of the behaviour of significant others and learn those behaviours, even if socially inappropriate. Mills (2001) further states that children who live in homes where fathers beat their mothers are affected by the environment of violence. The view that violent behaviour is learned is substantiated by Gelles (1987) who maintains that the exposure to violence provides a "role model" for violence. This means that men who have abusive fathers are more likely to be abusive toward their wives than men who grew up in non-violent families. In their study, Alsdurf and Alsdurf (1989), found that sixty percent (60%) of the abusers were abused themselves or saw their fathers abusing their mothers. They further maintain that violence often permeates a family lineage like a disease. It can live from generation to generation.

Research findings prove that men who had abusive fathers are more likely to be abusive toward their wives than men who grew up in non-violent families. According to Haj- yahia (1998), the family is a training ground for violence as it provides examples of

role models. Haj-yahia (1998) further argues that infants learn violent behaviours and attitudes that justify violent tactics to cope with various problems. Gelles (1987) substantiates this view by maintaining that violence is learned and is reinforced in childhood as a copying response to stress or a method of conflict resolution that is practised into adulthood.

Ammerman and Hersen (1990) maintain that children who witness their parents' violent and non-constructive means of resolving conflict will have frequent opportunities to acquire and produce similar behaviour in response to their own interpersonal conflict. Women who have been brought up in violent homes tolerate violent behaviour in their own marriages. According to Mills (2001), violence is a learned behaviour that is passed down from one generation to the next. As behaviour is learned through imitation, when children were exposed to violence on the part of their parents or educators, they themselves will more easily resort to violent actions than those who were not. The message is communicated through children that physical violence is socially acceptable. Gelles (1987) calls this the cycle of violence meaning that there is a correlation between violent behaviour in adults and growing up in violent homes. Bart and Moran (1993) postulate that each generation learns to be violent by being a participant in a violent family.

Malan and Paranee (1994) argue that not all men who experienced violence in childhood necessarily grow up to be abusers. Exponents of social-learning theory also point out that traditional sex-role socialization leads to the justification of violence against women. Sex-role socialization which teaches dominance, encourages a belief system which is labeled "learned helplessness" in women. When women are socialized to believe that they are helpless, the message conveyed is that in order to be successful and popular with the boys, it is necessary for girls to give their power away (Duffy & Momirov, 1997). This theory is criticized for ignoring the social influences that encourage a victim to persevere in violent relationships. It has been criticized for ignoring the unconscious and emotional dimension of men (Makofane, 1999).

2.3.3. Feminist theory

Feminist theory is one of the dominant models for explaining violence against women. Feminist theory links domestic violence to societal stereotyping as well as cultural and patriarchal values. Proponents of feminist theory see violence as a means of social control of women by men that is at once personal, institutional, symbolic, and material (Kirkwood, 1993). Haj-Yahia (1998) maintains that men use violence not only because they disagree with their partners' wishes but rather because men want to dominate and control women. Mills (2001) states that violence against women is rooted in a culture of women domination. Mills (2001) further argues that power differences encourage people with power in families to abuse others with less power.

Duffy and Momirov (1997) maintain that every social relationship is conditioned by inequality between men and women. Nkuna (2003) mentions that in most cultures, women are taught to adhere to their husband's dominance to show respect. Nkuna (2003) further argues that it is culturally very difficult for married women to assert themselves. This situation perpetuates the skewed power dynamics in the family to be in favour of the husband and thus creates an environment that may induce physical abuse. Bowker (1983) states that violent actions are acts carried out by abusers to compensate for their perceived lack or loss of power. Husbands may abuse their wives to compensate for feelings of powerlessness with regard to masculine ideals in society.

Haj-Yahia (1998) argues that men who believe their power and privileges are being challenged or threatened in any way usually resort to various patterns and forms of violence in order to restore their dominance in marriage. Dobash and Dobash (1979) purport that traditionally, a woman's father or husband is seen as an absolute ruler whose task is to maintain a powerful position in their family. Men who abuse their wives believe that their actions are justified in their use of violence especially, when their wives do not conform to the ideal of the "good wife". Violence is, therefore, justified as an act of punishment and a means of disciplining women.

In their study, Motsei and Kim (2002) found physical abuse is regarded as "discipline" or punishment. Men feel justified to beat women. In their study, they found that there was a general consensus amongst men whom they interviewed that "when they

don't listen" or when they stand for their rights women get beaten. Amongst the Vhavenda, there is the following idiom that "Vhuhadzi ndi Nama ya thole ha fhufhuma ri a fhunzhela," meaning that the woman must tolerate whatever happens in marriage even if it is painful (Milubi, 1982). Gerard (2000) support this view when they state that violence against women in any society may be recognized not as a problem as it is distinguished as a form of discipline or response to provocation. Muthien (2003) argues that both violence and power are justified in terms of culture and religion, with the reigning patriarchal ideology substantiating it. Amongst the Vhavenda, if a wife does something wrong, it is the husband who scolds her. It is he who corrects all her behaviour such as laziness in the performance of household duties and disrespectful behaviour. A wife who does not mend her ways usually gets a hiding from her husband. This means that the man may beat his wife if she neglects to perform her roles correctly (Van Warmelo & Phophi, 1948).

2.3.4. Sociological theory

The Sociological theory seeks to explain the roots of domestic violence by looking at the social structures or arrangements such as systems operations. According to sociological theorists, conflict is inevitable in the family setting like in any institution. People use economic power and prestige and when these means fail, they use force to get their way (Bowker, 1983). Sociological theories include socio-cultural theories such as the general systems theory, resources theory, subculture theory and attachment theory. These theories are discussed below.

2.3.4.1. Resource theory

This theory postulates that the more resources a person has, the more force he or she can master (Muthien, 2003). The more powerful tend to abuse the less powerful in marital violence. Wallace (1999) supports this statement by arguing that poverty is linked to gender based violence because women at the lower end of the economic spectrum are economically dependent and more vulnerable to all kinds of violence, even in their own

homes. Nkuna (2003) maintains that there has been a problem regarding access to finance by the battered women whereby some form of control is applied by the batterer. The occurrence of excessive financial control and the restriction of movement of a woman in a relationship are oppressive symptoms that tend to encourage women battering. A husband who wishes to dominate his family but has little education, income or prestige and lacks interpersonal skills often resorts to violence to maintain a dominant position (Duffy & Momirov, 1997).

2.3.4.2. Subculture analysis

Social values and norms provide meaning and direction to violent acts and its hypothesis supports the general middle class impression that violence is connected with lower income and ethnic minorities (Gelles & Loseke, 1993).

2.3.4.3. General systems theory

Becvar and Becvar (2000) state that a system comprises of parts that constitute a whole and that a change affecting one person would threaten the homeostasis of the entire system. Violence is seen as a system product rather than as the result of individual pathology (Jewkes, 2002). Strauss (1990) maintains that domestic violence is manifested in dysfunctional patterns which manifest in an imbalance of power and rigidity in boundaries, gender roles and efforts to maintain family cohesion. The family system operations can maintain, escalate or reduce levels of violence in a family. The origins of domestic violence thus lie in the nature of the family and not in the relationship between a man and woman or husband and wife. Violence is regarded as one of several strategies available to family members as they seek to deal with upheavals within the family system (Gerard, 2000).

This theory is of the view that individuals within the family system in some way contribute to the abuse that occurs and in turn are affected by the abuse (Wiehe, 1998). Kothari (2003) views the role of the family itself as a form of control. It is one of the most interesting forms of control because of its hidden and private characterization.

Placing the family in the private sphere by the law has allowed certain male domination within it to be without public regulation. For instance, rape within marriage and domestic violence serve as graphic examples. The notion that the family is a protective haven for its weaker members (women and children) has led to the almost complete denial or lack of seriousness about the issue of domestic violence.

According to Muthien (2003), the family is essential to women's socio-economic survival at the same time as it is the site of women's socio-economic oppression. The family may be an important source of emotional support for women while at the same time it being a site of emotional destruction and violent relationships. Jewkes and Abrahams (2001) suggest that poverty is a compounding factor in cases of domestic violence, which places women at greater risk due to the associated stress factors affecting their home life. Women are often "trapped" in their situation and are unlikely to overcome their position. Criticism has also been raised against this theory. It has been criticized for allowing the abusers to avoid assuming responsibility for their abusive behaviour (Kothai,2003).

2.3.4.4. Conflict theory

Conflict is an inevitable part of family life. In the explanation of family violence , it focuses on conflict management rather than on system management. According to Hoff (1990), levels of violence vary between social classes and various ethnic groups because of varying access to power resources. Duffy and Momirov (1997) state that conflict is inherent in families, with individuals seeking to live out their lives in accordance to personal agendas that inevitably differ.

2.3.4.5. Attachment theory

This theory postulates that the abuser may become violent as a result of his inability to maintain a relationship of trust and mutuality with his partner because of deficiencies in attachment to significant parental figures that he experienced as a child. Such individuals may have feelings of anger, anxiety and grief for their failures of their

earlier relationships that are carried over and expressed toward their partners (Wiehe, 1998). Sociological theories have generated a rich variety of explanations for violence against women but has elicited criticism as well. Sociological theories have been criticized for ignoring gender as an aspect that plays a role in domestic violence. They are also criticized for overlooking the cultural ideology of husband dominance (Duffy & Momirov, 1997).

2.3.5. Traumatic Bonding Theory

According to the proponents of this theory, power imbalance within the relationships play a role in domestic violence where the abuser perceives himself as dominating the other, and the intermittent nature of the abuse. This theory further postulates that as these power relationships polarize over time, the powerless individual in the relationship becomes increasingly dependent on the dominator. In addition, moments in between abuse are times when positive displays of love and affection cement the legitimacy of the relationship. This is similar to The Stockholm Syndrome, where the abused is intense grateful for small displays of kindness shown to her by the abuser. The abused rationalizes acts of violence and denies her own anger. Furthermore, the abused feels the need to "get inside the abuser's head" in order to know how to please him. She often sees the world from the abusers perspective and shows signs of Post-Traumatic Stress Disorder (Sana, 2001).

CHAPTER 3: LITERATURE REVIEW

3.1. Introduction

Domestic violence is a social problem. Each year, about one million women in South Africa suffer from nonfatal violence by their intimate partners (Mathews, 2000). According to Pillay (2005), South African women increasingly experience high levels of violence. Mashishi (2000) maintains that in South Africa about one out of four women are in abusive relationships and one out of every six women is killed by her partner. In reviewing the literature, the focus will thus be on several issues that play a role in the occurrence of domestic violence. According to Gelles and Loseke (1993), family violence does not occur in a vacuum but takes place within a social framework. In this study, the social and cultural aspects which facilitate the occurrence of domestic violence will be explored and discussed critically. Cultural and historical influences of domestic violence will be examined, as cultural values and beliefs regarding both women and marriage play a role in the occurrence of violent relationships. The study will also review the psychological effects of domestic violence on women and will discuss coping strategies and social support structures that abused women use to deal with abusive relationships.

3. 2. Historical and cultural influences on domestic violence.

In African society, patriarchy is the predominant form of family decision-making. The traditional African family structure is patriarchal, as men are valued above females. Women and children enjoy a low status. A man is the leader in an African family and his authority is not questioned. Curran and Bonthuys (2004) state that male dominance is one of the foremost traditions of African life. Men serve both as heads of families and as leaders or decision makers. Women, on the other hand, are expected to be submissive and respectful to their husbands. According to Muthien (2003), women are socialized to believe that the failure of a marriage represents their failure as women. This also influences women to remain in abusive relationships because of the fear of being labeled

as failures or bad wives by the society. Muthien (2003) argues that a woman may feel guilty if she does not conform to the socially approved version of a good wife.

Muthien (2003) maintains that violence against wives is normal behaviour that has been accepted and promoted through the ages. Violence against women in the home is not abnormal or deviant. It is a form of behaviour which have existed for centuries as an acceptable and desirable part of a patriarchal family system within a patriarchal society. Ammerman and Hersen (1990) demonstrate this view when they state that the origins of domestic violence are at the cultural or societal level and also include patriarchal values. Roberts (2002) purport that domestic violence against women is systematic and structural and a mechanism of patriarchal control of women that is built on male superiority and female inferiority, sex stereotyped roles and expectation as well as on the economic, social and political predominance of men. Muthien (2003) states that due to women's subordinate status in society, women's choices are severely limited in a number of significant ways. In a patriarchal system women are disempowered by both the oppressive system and by their own internalization of values. Hence women often tend to remain in relationships that are violent physically, psychologically and or economically. Curran and Bonthuys (2004) argue that domestic violence is a function of the belief, fostered in all cultures, that men are superior and that the women they live with are their possessions which they can treat as they consider appropriate.

Ramphele (2002) states that any patriarchal system is harsh on the man in material and economic ways. It deprives men emotionally and spiritually. The reason why many men in our culture are angry and destructive is not because they have no money but because are devalued as persons. They are merely seen as units of production. This fails to nourish the heart and the soul and as such many men, including the affluent ones, feel soulless and heartless. These men are usually defined by the society as protectors, supporters through their roles as husband, father, soldier, and worker without looking at their life experiences in relation to those expectations. Ramphele (2002) further states that the assumptions of man as a supporter, protector, provider, and decision-maker were carefully nurtured in an attempt to protect the community from a moral or ethical breakdown during the apartheid years in South Africa. These issues are also captured in American Black feminist thought. This notion helps us to position how

violence against women was nurtured. It will also help us to start thinking about the challenges facing society in dealing with this violence.

3.3. Cycle of domestic violence

According to Walker's theory (Walker, 1984), domestic violence occurs in stages. These stages are often posited as the reason to explain why most women stay in abusive relationships.

3.3.1. Tension-building phase

According to Walker's cycle of violence theory, the beginning of an abusive relationship is intense. The abuser is often jealous and possessive of the victim and begins to isolate her from family and friends (Jewkes, 2002). In this phase, minor battering occurs. This phase is characterized by belittling and condemnation. It is in this phase where verbal abuse and psychological warfare increases. This phase can last for years before serious violence erupts. The abuser makes unrealistic demands that the victim works hard at satisfying. The victim begins to believe that she can control the abuse by satisfying her partner's needs but the abuser frustration escalates anyway (Jewkes, 2002). The victim may try to soothe or stay away. She often allows minor abuse to prevent major abuse, but this is a double-edged sword because her docile behaviour legitimizes his belief that he has the right to batter her. She covers up for his bad behaviour which increases her isolation (Gerard, 2000).

Dawes (2004) supports this view by maintaining that the victim may become nurturing, compliant and anticipate the man's every whim. She may even begin to believe that if she does this she will prevent his anger from escalating. The abused often ends up blaming herself when her efforts of pleasing the abuser no longer work. This may cause her to feel powerless and alone while shame may prevent her from seeking help (Gerard, 2000). According to Malan and Paranee (1994), the abused may even reason that she deserves the abuse.

3.3.2. The acute phase or explosion phase

This phase is triggered by something minor and results in violence that can last from 2 to 24 hours. According to Gerard (2000), this is the most violent point of the cycle and also the shortest. Gerard (2000) argues that during this phase the abused tries to fight back, escape or call for help but the abuse rarely stops. Wallace (1999) states that fighting back can fuel the abuser's rage, increasing the severity of the abuse. The abuser may come to a state of shock. The abused may not realize the seriousness of her injuries and may not get treatment.

3.3.3. Remorse phase

According to Jewkes, (2002), during this phase the abuser often feels ashamed and may be afraid of the consequences. He may deny and down play his actions as far as possible and the woman may go along with this.

3.3.4. Pursuit phase

The abusive man will try to buy back his partner with gifts and promises. When the woman does not cooperate, he may revert to threats and more violence, so many women forgive the abuser. The couple moves into the honeymoon phase whereby the perpetrator is more charming and manipulative in his attempt to make sure that she does not leave him (Wallace, 1999).

3.3.5. Honeymoon phase

The honeymoon phase is a period of reconciliation. It begins a few hours to several days after a domestic violence incident. This phase is characterized by affection, apology and an apparent end of violence (Jewkes, 2002). During this phase, the abused senses that the beating is over as the man is apologetic and makes promises of not doing it again.

During this phase, the abused is vulnerable to accept blame for the incident and may drop any legal charges (Gerard, 2000). Coleman (1997) maintain that during this phase, the abused hopes that the abuser will change but in most cases the cycle simply repeats itself. These stages are related to the traumatic bonding concept. According to the traumatic bonding theory, essentially strong emotional connections develop between the victim and the perpetrator during the abusive relationship. These emotional ties develop due to the imbalance of power between the batterer and the victim and because the treatment is intermittently good and bad. In terms of the power imbalance, as the abuser gains more power, the abused individual feels worse about herself and is less able to protect herself and is less competent. The abused person, therefore, becomes increasingly dependent on the abuser. The second key factor in traumatic bonding is the intermittent and unpredictable abuse. The abuse is set off by an increase in positive behaviours such as attention, gifts and promises. The abused individual also feels relief that the abuse has ended. There is thus intermittent reinforcement for the behaviour, which is difficult to extinguish and instead serves to strengthen the bond between the abuser and the individual being abused.

3.4. Psychological impact of domestic violence

Domestic violence has a profound impact on the physical and mental health of abused women (Hamberger & Phelan, 2000). Domestic violence does not only have psychological effects but also to severe injuries that may cause death (Campbell, 2002). Warshaw, Moroney and Banes (2003) report that about 30-90 % of women in domestic violence programmes have identifiable mental health problems. According to Barnett, Miller-Perrin and Perrin (1997) physically abused women have a high incidence of stress. They further maintain that depression, PTSD, panic attacks, sleeping disorders, eating disorders, elevated blood pressure, fear of closeness, suicide, alcoholism, drug abuse, and low self esteem are common to physically abused women. According to Strachan and Clark (2000), the susceptibility of this mental illness is similar in all the race groups of South Africa, although mental illnesses are expressed less frequently to the health service.

3.4.1. Depression

Depression is characterized by prolonged periods of any of the following: sadness, crying, feeling low, feelings of guilt, low self-esteem, the tendency to see the negative side of things, fatigue, decreased ability to concentrate, loss of pleasure in activities, changes in appetite and weight, trouble in sleeping, and thoughts of suicide. The course of clinical depression varies widely: it can be a once in a lifetime event or have multiple recurrences, it can appear either gradually or suddenly, and can either last for a few months or be a life-long disorder (American Psychiatric Association, 1994). International studies link depression with physical abuse. The literature review from international studies showed that more physically abused women are reporting depression (Carscadi, O'Leary & Schlee, 1999; Ehrensaft, Moffit & Shallom, 2006 & Rice, 2005).

Many of these women feel trapped and powerless, especially as they do not receive treatment for their depression. These feelings lead them to believe that suicide is the only way out (Vitanza, Vogel, & Marshal, 1995). Depression is the most prevalent mental health problem for physically abused women (Bean & Moller, 2002 & Warshaw *et al.* 2003). Research studies show that depression and suicide attempts are more likely to occur in female who have been severely physically abused than amongst women who are not in abusive relationships (Avdibegovic & Sinanovic, 2006 & Campbell, Sullivan & Davidson, 1995). Ross, Bailey, Yuan, Herrera and Lichter's 2006 study findings reveal that physically abused women were more likely to experience depression than non-abused women.

The cross-cultural research has been done concerning the prevalence of depression in different ethnic groups, in particular black women in South Africa. Bhagwanjee, Parekh, Paruk, Petersen, and Subedar reported in their 1998 study of minor psychiatric disorders amongst adult African population that 4.8% were suffering from depression. However, the first South African Stress and Health study reported that the overall prevalence of depression was 4.9 amongst adults. The prevalence rates were the highest in the Western Cape and Free State (Stein, Seedat, Herman, Moolmal, Heeringa, Kessler, & Williams, 2007).

3.4.2. Post-Traumatic Stress Disorder (PTSD)

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition or DSM-IV (American Psychiatric Association, 1994), PTSD presumes that the person has experienced a traumatic event involving actual or threatened death or injury to themselves or others, and where they felt fear, helplessness or horror. There are three main symptom clusters in PTSD. Firstly, there is an intrusive cluster. Intrusions can take the form of repeated, unwanted and uncontrollable thoughts of the trauma, and can include nightmares and/or flashbacks. Secondly, there is the avoidant cluster. These symptoms consist of the person's attempts to reduce exposure to people or places that may elicit memories of the event (or intrusive symptoms). This also involves symptoms such as social withdrawal, emotional numbing and a sense of loss of pleasure. The final category is termed hyperarousal, and refers to physiological signs of increased arousal, such as hypervigilance, or increased startle response (Barnett *et al.* 1997). In some cases these symptoms resolve within a few days or weeks of a traumatic experience. It is only when many symptoms persist for weeks or months, or when they are extreme and debilitating, that the diagnosis of PTSD can be made.

According to Kui and Kanai (2005), the typical PTSD symptoms that women in abusive relationship experience may include flashbacks (reliving the abusive incidents mentally), intrusive thoughts of the violence, and dissociative experiences. The symptoms may be similar to those found in the Rape Trauma Syndrome. In cases that involve sexual assault (which certainly may be a part of battering incidents), symptoms may include upsetting dreams and nightmares (e.g. dreams of retaliation against the abuser). In other words, the victim may become apprehensive about interacting with people or developing new relationships with people, thus maintaining her feelings of helplessness. International studies have investigated PTSD amongst non-abused women and it is estimated that the figure of women with PTSD ranges from 2% to 6%. Several studies have shown that PTSD is significantly common amongst traumatized individuals including abused women (Dinan, George & Gibson, 2004; & Houskamp & Foy, 1998 & Lawrence, Chau & Lennon, 2004).

It has been estimated that between 45 and 60 per cent of domestic violence survivors meet the diagnostic criteria for PTSD (Enns, Campbell, & Courtois, 1997). Warshaw *et al.* (2003) maintain that anxiety, Panic Disorder, Substance Abuse and PTSD are common amongst women in domestic violence. According to Rice (2005), along with depression, women in abusive relationships also experience PTSD. Bean and Moller (2002) found that between 33-83% of physically abused women had PTSD. In South Africa, PTSD has also been documented amongst the general population of women (William, William, Stein, Seedat, Jackson, & Moolman, 2007). The prevalence of PTSD amongst non-abused women is reported to be 3% (Seedat, 2007).

3.4.3. Fear of closeness

Shields and Hanneke (1992) found that female survivors of domestic violence experience difficulties in feeling close to another person and trusting others. They demonstrate fear of being taken advantage of by others.

3.4.4. Low self-esteem

According to Lee (2007), women's low self esteem renders them to be more willing to remain in abusive relationships and tolerate abuse. The damage to their self esteem also lowers their confidence in finding employment or leaving their abusive relationships. In his theory, Walker (1984) termed this learned helplessness syndrome. Learned helplessness syndrome is characterized by low self-esteem, a tendency to withdraw or perceptions of loss of control. The victim experiences not only a low self-esteem but also feelings of self-blame and guilt. These symptoms essentially take away the victim's sense of power and control. Unless the symptoms are treated, their effects may perpetuate to the point that the victim can no longer function effectively. Sealey and Plunkett (2002) reported that the woman may believe that she has no control over her situation and becomes submissive towards the abuser. She thinks she is the problem and that she must change herself. Seeley and Plunkett (2002) further argue that the woman

blames herself for not being able to change the situation and, therefore, suffers from low-self esteem.

Various research studies on the effects of physical abuse on a victim's self-esteem have revealed that physically abused women experience lower self esteem than their nonbattered counterparts. The researchers have also found that when abused women distance themselves from the perpetrator this has a positive impact on their self esteem (Lee, 2005). Mills (2001) indicates that victims of domestic violence lack self esteem and have difficulty expressing their needs. The victim eventually becomes psychologically paralyzed. They fail to seek help and may even appear passive before beatings. When the victim does contact a help source, they are very tentative about receiving help and likely to return to the perpetrator despite the opportunity to leave.

3.5. Social support structures

Mitchell and Hodson (2004) argue that social support is intrinsic to the human condition. According to Campbell, Sullivan and Davidson (1995), without social support, a person manifests signals of distress and is vulnerable to stress. Rumilla (1991) argues that an individual needs social support to buffer the possibly damaging effects of traumatic events. According to Carlson, McNutt, Choi and Rose (2002), a greater number of protective factors, including social support, buffer the effects of lifetime abuse. Research studies indicate that younger unemployed women with a large number of children, a low income and low levels of social support are more likely to experience mental health problems (Hughes & Jones, 2001). Mitchell and Hodson (2004) maintain that women who had little or no support tend to return to their abusers whereas women who had strong support systems do not. Mitchell and Hodson (2004) further indicate that symptoms, particularly of depression, may resolve when social support and safety increase.

Dunlop, Beulaurier, Seff, Newman, Malik and Fuster (2005) argue that there are also barriers that prevent women from seeking help. There are forces that tend to prevent women in abusive situations and effectively prevent them from seeking help, even when they are conscious of the abuse. Many women feel that there is no help available for them

or that their needs will not be met by such support structures. Social support structures are categorized as formal and informal. The informal social support structures include family, friends, neighbours, and peer group members. Formal social support systems include the police, and welfare agencies (Hoff, 1990).

3. 5.1. Informal social support structures

Gelles and Cornell (1990) state that social support is important for women because being victimized by another human being decreases their belief that the world is benevolent and caring. As most women seek help from family members and friends, the significant others play a major role in the empowerment of the abused women. Ferraro and Johnson (2000) argue that, if the social support networks are effective, this can be a successful coping mechanisms for the victim of domestic violence. Maconachie and Van Zyl (1994) maintain that many victims of domestic violence are traumatized to such an extent that some attempt to commit suicide. According to Fry and Barker (2002), social support systems may have negative and positive influences on domestic violence. For instance, if the attitudes of family and friends are not uniformly supportive and in some cases are judgmental, then this might have a negative effect on the abused. According to Krishnen, Hilbert and Van Leeuwen (2001), women in rural areas have more problems with isolation, lack of available social support services, have patriarchal family structures, and views or strongly held religious beliefs that prevent them from receiving help and information from other social support structures.

Advocates for human rights project (2007) maintains that abused women often turn to members of their own families for assistance. Goodkind, Gillum, Bybee and Sullivan (2003) demonstrates this when he states that most of the women first turn to their extended family for help. Coker, Smith, Thompson, Mckeown, Bethea and Davis (2002) maintain that women often minimize their experiences of abuse in discussions with friends and family. Coker *et al.* (2002) further argue that women who lack family support are more prone to engage in avoidance coping strategies. The women's extended family may become an ineffectual support system once the perpetrator gets familiar with

the women's escape while family members are often extremely helpful, offering shelter, money and a variety of interpersonal supports to help the wife overcome the abuse.

According to Mullender (1996), in-laws are much less likely to be utilized as help sources than the wife's own family members. In some cases the abused may be turned away by their partners' families, sometimes being told that they deserve the violence committed against them or that it is their own fault. In most cases, this makes women not to approach their in-laws unless they believe that the in-laws will be sympathetic. When in-laws decide to help the victims, they could be very effective in offering advice about dealing with their abusive husbands because of their intimate knowledge of the habits, preferences, strengths, and weaknesses of the husbands (Moult, 2005). The family support structure becomes a safe haven when the violence at home becomes uncontained. According to Van Warmelo and Phophi (1984), in the case wherein there is a conflict between the wife and her husband, other members of the family are contacted, especially "Vho-Makhadzi" (aunts) who mediate between the two partners. If beatings or violence becomes worse, matters may be reported to the chief's kraal where members of "Khoru" (traditional court) will mediate in order to resolve the conflict. Goodkind *et al.* (2003) further maintain that family and friends feature as major sources of support women use.

According to Hargreaves, Vetten, Schneider, Malepe and Fuller (2005), friends are the second most common informal help source consulted at the time of the first abuse incident. Leone (2003) maintains that friends are important in an effort to end domestic violence. In most domestic incidents, friends are rated as one of the most successful and common sources of informal help. That is the reason why in most cases the perpetrators often isolate women from their friends. Curan and Bonthuys (2004) state that women living in abusive relationships are subject to strict controls over their mobility and abusive partners may go to great lengths to keep them from getting help. Bui (2003) mentions that abused women may lose touch with friends and family due to their partners control over their activities. Jackson (1996) argue that friends are often not welcome in abusive homes because they may detect some subtle signs of abuse.

Moult (2005) indicates that support from friends as well as relatives contributes uniquely to the reduction of problems and have the greatest impact on reducing loneliness. Friends produce freer and more open conversations about matters that people

feel less comfortable about discussing with relatives. Jewkes and Abrahams (2001) maintain that neighbours, on the other hand, have emerged as a support system that fulfils a peripheral function. According to Mullender (1996), neighbours generally provide material aid and direct service to the abuse women. According to Hargreaves et al. (2006), support for women who are victims of both domestic violence and rape from members of the community is virtually non-existent. Added to the lack of community understanding and support, violence against women remains cloaked in silence and retreat.

3. 5.2. Formal social support

According to Jewkes and Abrahams (2001), the unsympathetic treatment of women by the criminal justice system has been considered to be “secondary victimization” with the police identified as the most problematic for women. Rasool (1995) found that only 30% of the 269 women reported the incident of abuse they considered most serious to the police. Of these few women, most were not informed of their rights. Hotaling and Buzawa (2006) argue that the police do not provide effective services. In most cases, the police are the last sources of help that women contact for aid. The police are consulted less frequently than other sources of help such as the social service agencies and lawyers. According to Violet (2005), police dealing with victims often do not regard domestic violence as a crime. The police have traditionally used alternative crisis intervention techniques that avoid arrest and seek to reconcile the perpetrator and the victim rather than advise them to separate.

Stephens and Stephens (2000) argue that indications that the police are reluctant to act proactively at domestic violence events also come from the officers themselves. The police offer inadequate intervention practices which give little or no protection to the victim and in response to initial research which indicated that arrest does deter subsequent assaults. Stephens and Sinden (2000) further argue that the police hold stereotypes that domestic violence victims are unreliable and unpredictable witnesses and will drop charges as they often choose to remain in abusive situations. According to Motsei and Kim (2002), victims try to resolve the issue within the family rather than refer

it to the judicial system. It will depend on the severity of the “injury” that determines whether or not to involve those outside the family. Artz (1998) in her research study found that abused women had few positive experiences with the courts. The women were expected to wait in the same area as the accused, prosecutors did not consult with the women before the trial, the reasons whether to prosecute a case or not were not clearly explained to the women, the preparation for the court case was inadequate and did not make use of witnesses. Dunlop *et al.* (2005) in their study found that women participants spoke of fear of police brutality toward the victim, negative thoughts about jail sentences and the perception that arrest, restraining orders or court intervention do not help. Women are also concerned that fear police will not understand the situation and the fear that the police will ridicule them. Hoff (1990) found that social services are involved in 7 % of the first domestic violence incidents. Social services or counselling agencies are rated as working best for abused women (Roberts & Roberts, 2005).

3.6. Coping strategies

Holahan and Moos (1987) maintain that coping strategies include individuals’ directly attempts to alter threatening conditions themselves. Therefore, coping has a dual function of problem solving and of a regulation of emotional distress.

3.6.1. Victims’ coping strategies of dealing with domestic violence

As domestic violence is a painful reality, women in abusive relationships may also go through similar stages, such as the Kubler-Ross stages of dealing with loss. These stages are regarded as adaptive coping process of repudiating a painful reality for women in abusive relationships. Abused women are more likely to go through the following stages:

3.6.2. Denial

Denial is often thought of as a process of repudiating a painful reality and sometimes replacing it with a more pleasant version (Corless, Germino & Pittman, 1994).

According to Taylor (1995), denial is another self deceptive way used to get a person through a crisis. It is an important self-protective mechanism. It enables a person to keep being overwhelmed or rendered helpless by the depressing events of life and to direct her attention to more rewarding experiences. In abusive relationships women may deny that their partners are abusers. During this stage, the abused may refuse to believe what is happening to her. This means that she may not want to believe that she is in abusive relationship (Taylor, 1995).

3.6.3. Anger

This stage is characterized by emotional outbursts. During this stage, the person becomes angry with herself (Taylor, 1995).

3.6.4. Bargaining

During this stage, anger fades and is replaced by a desperate attempt to buy time. This involves attempts to negotiate more time or greater relief from pain. In an abusive relationship, the woman may try to take away the reality of what has happened to her (Laviolette, 1993).

3.6.5. Depression

In this stage women may feel guilty and begin to believe that they may have done something to deserve the abuse. The person may feel that she is being punished for what she did wrong (Taylor, 1995).

3.6.6. Acceptance

During this stage, the person fully accepts reality. In abusive relationships this is the stage wherein the abused begins to accept that there is a problem. An accepting

person is more likely to contact the significant people and be ready to leave abusive relationship (Lavolette, 1993).

3.7. Other coping strategies that women may use

According to Ferraro and Johnson (2000), there are other coping or personal strategies that women in abusive relationships may use to cope with violent incidents. Women may use personal strategies such as hiding and running away as the most effective way of coping with domestic violence. Other personal strategies that woman in abusive relationship use include avoiding the husband when he is in a violent mood. Other women make threats to call the police or file for divorce. Roberts and Roberts (2005) maintain that certain strategies are more effective than others at stopping violence. Ferraro and Johnson (2000) indicate that women also adopt certain strategies such as patience, tolerance, remaining silent, hiding from their partner, ignoring him, having sex with him or doing exactly what he asked. The major strategies that abused women use to survive in abusive relationships include to have temporary safe housing, support groups, empowerment counseling, networking with social support services, and legal advocacy.

Ferraro and Johnson (2000) note that the coping strategy that has received the most attention is leaving. Separation is clearly problematic for most women because abused women are judged if they leave. They are accused for breaking up their family and they are judged if they stay or remain with an abuser. Fineman and Mykitiuk (1994) state that violence does not end when a woman decides to leave a relationship. In most cases, separation attack occurs wherein the abuser attacks his partner to keep her from leaving, or to force her to return or retaliate against her departure. Parker (2007) maintain that emotion focused strategies such as constructive efforts to regulate affective response to a stressor have been found to moderate the adverse influence of negative life events on psychological functioning.

Emotion focused strategies include those that are used to reduce psychological distress through disengagement from the abusive person and environmental transactions. Problem focused strategies include those which are geared directly at managing the abusive person. These include strategies such as problem-solving, seeking social support,

expressing emotions, and cognitive restructuring. Problem focused coping relative to total coping efforts has been associated with reduced depression. Roberts (2002) state that coping strategies involving negotiation and optimistic comparisons have been linked to reductions in concurrent stress as well as to a lessening of future role problems even when initial distress is controlled.

Mitchell and Hodson (2004) found a positive association of avoidance coping strategy with psychological distress. Women who use avoidance coping strategies show more symptoms of psychological and physical abuse. Billings and Moos (1981) argue that better educated respondents are more likely to rely on problem focused coping strategies and less likely to use avoidance coping strategies. According to Lazarus and Folkman (1984), situational factors including the stressful demands of a situation play an important role in shaping the coping strategies individuals choose. Follingstad, Neckerman and Vormbrock (2002) maintain that the type of stressor significantly affects the choice of coping responses with the pronounced coping differences between challenging life events that are usually positive and negative events involving loss or threat. The goodness-of-fit hypothesis model gives explanations of physically abused women's use of emotion-focused or "passive" strategies in the face of an uncontrollable situation. According to this model, women are likely to use emotion-focused strategies when they perceive the situation as uncontrollable, whereas if the situation is perceived as controllable, women tend to resort to problem-focused strategies.

Mahlangu (1996) argues that the challenge to cope with domestic violence is to create a relevant interpretation of Afrocentric models when working with African people. Mahlangu (1996) further mentions that Eurocentric theories of human behaviour and coping with violence or trauma can never be fully relevant to an African society. In order for this intervention to be effective, there is a dire need to understand and be sensitive to the cultural ethos inherent in those whom we serve.

In dealing with domestic violence amongst South African communities involves a symbolic method. That is, a ritual is performed wherein the couple in dispute is taken outside of the home and is then sprinkled with water or ash. The ash symbolizes the burial of the bad vibes that existed and the water quantifies the cleansing and removal of the bad elements. The symbolism of this ritual is assuring to the victim because the issues

are resolved publicly, and so the assumption would be that the behaviour would be curtailed or extinct because there are family members present to witness the repentance and forgiveness. This ritual is known as “Ukuhlambulula” (Mahlangu, 1996). Amongst Vhavenda tribe, when a man and a woman quarrel without a real cause, a diviner will be called to throw his divine bones to discover the cause of the trouble. If it is found that the man has what is called “Tshibonda” (to have a club) which means that he continually and without reason beat his wife, a traditional healer is called in to treat him and cool him down so that whenever he gets the impulse to beat his wife, his heart becomes soft and his blood calm (Van Warmelo & Phophi, 1948).

Albertyn, Goldblatt, Hassim, Mbatha and Meintjies (1999) argue that to deal with issues of violence against women in South Africa it is important to take into account patriarchal traditions of control and possession of women. Dewdey and Harris (1991) maintain that some of the barriers that prevent intervention to be effective can be ascribed to mismatching help sources and information needed by women. Their study shows that female survivors of domestic violence are often sent to agencies that provide the wrong type of service for their needs. Dewdey and Harris (1991) also established that many agencies misunderstand the type of help or service being sought and provide irrelevant information or referrals to other agencies that are not useful. Agencies usually support services or interventions that are designed to help women to leave abusive relationships. However, these women may still love their partners and instead of seeking a way to get out of the relationship, they are seeking methods to help them survive within the relationship.

3.9. Hypotheses for study

This study was designed to address the following hypotheses:

Hypothesis 1: A significant number of physically abused women suffer from depression.

Hypothesis 2: A significant number of physically abused women suffer from PTSD.

Hypothesis 3: Physically abused women more often seek help from informal social support than from formal social support.

Hypothesis 4: Physically abused women are more likely to use escape-avoidance coping strategies than other coping strategies.

CHAPTER 4: METHODOLOGY

4.1. Introduction

This chapter describes the plan, the processes, the tools, and procedures employed in this study.

4.2. Research design

4.2.1. Quantitative methods

Quantitative research is defined as the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect (Denzin & Lincoln, 1994). In this study, the quantitative method was used to collect data using items adapted from Ways of Coping Scale (Lazarus & Folkman, 2003), Social Support Questionnaire, Beck Depression Inventory, and PTSD Checklist Scale.

4.2.2. Qualitative methods

Denzin and Lincoln (1994) define qualitative research as an investigation in which the researcher attempts to understand some larger reality by examining it in a holistic way or by examining components of that reality within their contextual setting. Qualitative research is used to explore and understand people's beliefs, experiences, attitudes, behaviour, and interactions. It generates nonnumerical data (Holloway, 1997). In this study the unstructured interview was used as a method of collecting data. The rationale for choosing the qualitative method was to find in- depth descriptions of female survivors' views about domestic violence.

4.2.3. Rationale for the choice of methods used

According to Marshall and Rossman (1989), in choosing a research design, the appropriateness of the chosen methods used to carry out the research must be demonstrated. The triangulation approach which had both qualitative and quantitative components was used in this study. Through the use of both quantitative and qualitative methodology a more holistic and integrated understanding of the context became apparent. Parahoo (1997) defines triangulation as the combination of two or more theories, data resources, methods or investigators in the study of a single phenomenon. The advantage of using triangulation is that it can enhance interpretability. According to Robson (1993), triangulation improves the quality of data and in consequence the accuracy of data.

4.3. Sampling

In this study, female survivors of domestic violence who sought help from a Hospital Trauma Centre at Vhembe District under the Thulamela Municipality were the population of this study. Systematic sampling procedure was used to select every second women on the list from the record registry book used to compile the names of abused women who came to the Tshilidzini Hospital Trauma Centre for help. Twelve participants from the sample were selected by using purposive sampling procedure. Babbie (1992) defines a purposive sampling as a sample in which you select the units to be observed on the basis of your own judgement about which ones will be most useful or representative. An advantage of using purposive sampling was that the participants selected were qualified to assist in the research study. The rationale for selecting the participants through purposive sampling at Tshilidzini Hospital Trauma Centre was because the centre deals with assisting traumatized people, especially women and children who have been raped and physically abused. Therefore, the researcher acknowledges that the Trauma Centre help women who had appropriate characteristics that best suited the aims of the study.

4.4. Participants

The sample of this study was drawn from the pool of the identified population. The criteria for selecting the participants was that they should be women who had been physically abused by their spouses or partners for the past previous month prior to the research study. A sample of 112 participants aged between 15 to 65 years old was drawn for the purpose of the study. The participants were divided into groups using age as a criterion. The participants came from the following ethnic groups: Venda and Shangaan.

4.5. Data collection instruments

4.5.1. Quantitative approach

The quantitative component of the study was introduced in the form of a standardized questionnaire (**See Appendix A**). A questionnaire was used as a method of collecting data from female survivors of domestic violence. Parahoo (1997) defines a questionnaire as a method that seeks written or verbal responses from people to a written set of questions or statements. A questionnaire is potentially a relatively confidential and frequently anonymous method of collecting large amounts of information. A questionnaire was appropriate for this study as it is efficient in providing data and in measuring concepts and constructs such as social support, coping and stress. The primary reason for using the questionnaire was to avoid the interviewer effect. The questionnaire was modified for the purpose of this study. The questionnaire was appropriate as it made the female participants feel comfortable in discussing their views without the presence of the interviewer. The questionnaire was translated from English to Tshivenda and Shangaan. The accuracy of the translation was subsequently checked by a university professor of Tshivenda. The following five subsections were contained in the questionnaire used for this study: Demographic Information, Beck Depression Scale, PTSD Checklist (PCL), Social Support Questionnaire, and Ways of Coping Questionnaire.

4.5.1.1. Biographical data

The first section included items asking for basic demographic details including age, marital status, education qualifications, and occupation (**See Appendix A, Section A**).

4.5.1.2. Beck Depression Inventory (BDI)

The second section of the questionnaire included questions to assess the psychological impact that domestic violence had on the women (**See Appendix A, Section, B**). The Beck Depression Scale which has 21 statements was used to assess the presence of depressive symptoms (Beck, Steer & Garbin, 1988). The Beck Depression Scale (BDI) has been widely used and has well-established validity and reliability. A study by Bumberry, Oliver and McClure (1978) reported a high reliability and validity of BDI with a coefficient alpha of .85. Growth-Marnat (1990) reported that the re-test reliabilities ranged from .48 to .86. Richter, Werner, Heerlim, Kraus, and Sauer (1998) reported high content validity in differentiating between depressed and non-depressed persons. Clements and Sawhney (2000) found a coefficient alpha ranging from .76 and .83. Saunders (1994) found the split half-reliability of the scale was high ($r=0.62$) and internal consistency of the scale calculated as the Cronbach alpha was also high ($\alpha=0.82$). In the South African setting, several studies have provided reliability and validity estimates for the BDI used in black South African samples (Pretorius & Heppner, 2002 & Pretorius & Norman, 2002). Pretorius and Heppner (2002) found the coefficient alpha conducted for their study was .81.

In this study the participants were asked to select statements that best described how they had been feeling for the past two weeks including the day of the testing. The questions were answered and scored on a 2 point scale ranging from 0 -1, with a score on 1 indicating “Yes” and a score 0 indicating “No”. The total scores of scales were calculated in such a way that a score of above 10 meant the presence of depression amongst physically abused women.

4.5.1.3. PTSD checklist (PCL)

The participants also completed this section derived from the PCL 17-item scale which assesses DSM-IV symptoms of PTSD (Weathers, Hitz, Huska, & Keane, 1993). For the purpose of this study, the participants were asked to rate the items on a 2 point scale to indicate whether they had been bothered by a particular symptom over the previous month where a score of 0 indicated “No” and a score of 1 indicated “Yes” (See **Appendix A, Section, C**). The researcher used Weathers *et al.* (1993) scoring suggestion, where a score of 1 on a given PCL item was a cut-off score and was considered to indicate PTSD. The PCL demonstrated strong psychometric properties. Weathers, et al., (1993) and reported PCL test-retest reliability of .96 and internal consistency, as measured by an alpha coefficient, was .97. In South Africa studies, a test-retest internal consistency (Cronbach Alpha) was reported at .96 at 2-3 days and .89 at 1 week (Blanchard, Buckley, & Forneris, 1996, Farley, Baral, Kiremire, & Sezgin, 1998).

4.5.1.4. Social support questionnaire (SSQ)

In this section, the participants were asked to complete the questions on ten items adapted from the 6 item version of the *Social Support Questionnaire* (SSQ) (Sarason, Levine, Basham, & Sarason, 1983). The items were used to measure the number of social support as well as satisfaction with social support (See **Appendix A, Section, D**). The SSQ reported a number of desirable psychometric properties (Sarason *et al.* 1983). It was found to have stability over a four week period of time and high internal consistency among the items. The test-retest correlations were .83 and .90 respectively at four week interval (Sarason *et al.* 1983). The SSQ has been used in South Africa and it has reported good test-retest reliabilities and high internal consistencies (both $r=0,95$) with a sample of South African students (Pretorius & Heppner, 2002). The SSQ is scored by generating two scores from the responses, where one score (the number score) is the average number of people perceived to be contacted and available for social support. In this study, the items are scored on a four point scale with 1 point for none of the time, 2 points for some of the time, 3 points for most of the time and 4 points for all of the time responses.

4.5.1.5. Ways of coping questionnaire

This section included items derived from the *Ways of Coping Scale* based on Lazarus and Folkman's (1980) Ways of Coping Mechanisms Scale which assesses the thoughts and actions people use to handle stressful encounters and identifies the processes people use to cope with stressful situations (**See Appendix A, Section, E**). The items or statements on the questionnaire reflected a number of thoughts and action women use to deal with domestic violence. The questionnaire was modified for the purpose of this study to identify various coping mechanisms used by female survivors of domestic violence. A 50 items section which consisted of coping statements reflecting ways and actions that people use to cope with stressful events was used. The questionnaire included 50 coping statements that were divided into 7 subscales. The Ways of Coping Scale has been found to be valid in various research studies conducted in South Africa (Brink & De la Rey, 2001; Govender & Killian, 2001; & Mashego, 2005). Madu and Roos (2006) reported the internal consistency coefficient form 0.46 to 0.64 for six of the subscales. The subscales used to assess the components and determinants of coping are described as follows (Lazarus & Folkman, 2003):

Subscale 1 is the **Confrontive Coping Scale** which describes aggressive efforts to alter the situation and suggests some degree of hostility and risk taking.

Subscale 2 is the **Distancing Coping Scale** which describes the cognitive efforts to detach oneself and to minimize the significance of the situation.

Subscale 3 is the **Self-Controlling Scale** which describes efforts to regulate one's own feelings.

Subscale 4 is the **Seeking Social Support Scale** which describes efforts to seek informational support, tangible support and emotional support.

Subscale 5 is **Accepting Responsibility** which acknowledges one's own role in the problem with a concomitant theme of trying to put things right.

Subscale 6 is the **Escape Avoidance Scale** which describes wishful thinking and behavioral efforts to escape or avoid the problem. Items on this scale contrast with those on the distancing scale which suggests detachment.

Subscale 7 is the **Planful Problem Solving Coping Scale** which describes deliberate problem focused efforts to alter the situation, coupled with an analytic approach to solving the problem and positive reappraisal which focuses on creating a positive meaning by focusing on personal growth.

The Ways of Coping is scored on a four point scale. The responses are scored 1 point (none of the time), 2 points (some of the time), 3 points (most of the time) and 4 points (all the time).

4.5.2. Qualitative approach

For the qualitative data, an interview guide was developed as a tool to gather data. According to Rubin and Babbie (2001), an interview guide ensures that the interviewer covers the same material and keeps focused on the same predetermined topics and issues while at the same time remaining conversational and free to probe into unanticipated circumstances and responses. The interview guide was self-developed based on the relevant literature and research (**See Appendix B**). The interview guide focused on exploring the coping mechanisms of the participants and also on social support structures that female survivors used to deal with domestic violence. An unstructured interview was used as a method of collecting data. An unstructured interview is defined by Nichols (1991) as an informal interview not structured by a standard list of questions wherein the researcher is free to deal with the topics of interest in any order and to phrase their questions as he or she thinks best. An unstructured interview was appropriate for this

study as it provided a framework for the participants to speak freely about the phenomenon in their own terms.

4.6. Procedure

The researcher asked for permission from the coordinator of the Hospital Trauma Centre to use one of their offices for the purpose of conducting this study. The setting was appropriate as it is a place of safety for women who have been abused and the study was conducted without any disturbances. The researcher took the ethical responsibility of informing and getting the consent of the participants before the administration of the questionnaire. A letter was attached to each copy of the question to inform the participants about the aims and procedures of the study before the administration of the questionnaire. On the agreed dates, with the co-operation of the debriefers (trauma counselors), the researcher administered the questionnaire to all the participants. The participants were first told the purpose of the research and were requested to ask questions for the clarity before completing the questionnaire. The researcher and the research assistant were always present while the participants were completing the questionnaires. The administration of the questionnaires started in October 2006 and was completed within 8 weeks. Arrangements were then made with the participants who had completed the questionnaire to continue with the interviews.

Before an actual interview was conducted, a pilot study was done with a group of individuals with similar characteristics as those of the target group. The purpose of conducting a pilot study was to check whether the subtopics were appropriate and if they could be interpreted differently by different people. Interviews were conducted a week after the completion of the questionnaires. The unstructured interviews were conducted with female survivors with the aim of collecting data on strategies and social support structures that the female survivors were using to cope with domestic violence. The interview took 30 to 45 minutes. A tape recorder was used to record the interviews. The protocols from the interviews were translated to English.

4.7. Data analyzing

The purpose of analyzing data in research is to organize the description of observations so that they become manageable (Mouton & Marais, 1990).

4.7.1. Quantitative method of analyzing data

Quantitative responses were analyzed using the SPSS statistical methods. As this is a comparative study in which the responses of the participants to the questionnaire were compared with one another, the z-test was used as a statistical method of choice. The z-test was used to assess whether a sample drawn at random from a population tends to have the same characteristics as the population from which it is taken (Mouton & Marais, 1990). The z-test was used to determine if the difference between a sample mean and the population mean was large enough to be statistically significant. The significance value (alpha) used was 0.05 with the critical value of 1.645. The t-test was used to analyse the data and testing of the hypothesis. Numbers and tables were used to describe the data.

4.7.2. Qualitative method of analyzing data

For the qualitative component of the study, Van Manen's (1990) six steps of phenomenological analysis were adopted to analyse the data obtained from the qualitative components. A phenomenological based approach was appropriate for this study as it seeks to bring the forefront the everyday experiences of individuals (Van Manen, 1990). Each of the interview transcripts were analysed in accordance with the following steps of Van Manen's method of analyzing data:

- The researcher first repeatedly read the participants' descriptions until the researcher was familiar with what had been said.
- The second step was re-reading the data again, identifying and highlighting meaningful phrases, statements or words that seemed to be important for the phenomena being studied.

- The researcher then took each significant statements and these statements were then given codes or numbers.
- Different statements were organized into clusters of themes.
- Common or similar themes of meanings were identified and grouped together.
- The researcher then tried to find the links between the themes and described and summarized them. Regularities and sets of similar ideas grouped into categories were compared (Van Manen, 1990: 85).

4. 8. Ethical considerations

During the study process, the researcher also assured the participants that the information shared during the interview would remain confidential unless the participants have given consent not to do so. To ensure confidentiality and anonymity, pseudonyms were used. This was done to protect them and their families from being identified. According to De Vos (1998), participants can be harmed in a physical or emotional manner. In this study, there were no risks or discomforts but prior arrangements with psychologists and trauma counsellors were made for female survivors if a need should arise for counselling and psychotherapy.

CHAPTER 5: ANALYSIS AND INTERPRETATION OF THE FINDINGS (RESULTS)

5.1. Introduction

This chapter focuses on the analysis and interpretation of the findings through testing of hypotheses and the use of tables. This study constitutes both a combination of quantitative and qualitative research.

5.2. Quantitative Results

5.2.1. Bibliographical Data

Table 1: Participants' age

	<i>Number (N)</i>	<i>Percentage (%)</i>
15-29	38	34%
30-39	42	37%
40-65	32	29%
Total	112	100%

Table 1 indicates that the majority of the participants were under 40 years of age.

Table 2: Educational status of the participants

	<i>Number (N)</i>	<i>Percentage (%)</i>
None	2	2%
Primary	23	20%
Secondary	76	68%
Tertiary	11	10%
Total	112	100%

Table 2 shows that the majority of the participants had secondary school education.

Table 3: Marital status of the participants

	<i>Number (N)</i>	<i>Percentage (%)</i>
Married	87	77%
Single	22	20%
Cohabiting	3	3%
Total	112	100%

Table 3 shows that the majority of the participants were unemployed.

Table 4: Occupation status of the participants

	<i>Number (N)</i>	<i>Percentage (%)</i>
Employed	28	25%
Unemployed	80	71%
Total	108	96%

Table 4 reveals that the majority of the participants were unemployed.

Table 5: Mean and standard deviations for the number of children of the participants

<i>Children</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>
	91	3.64	2.214

Most of the participants had about 3-4 children.

5.2.2. Hypotheses testing

Hypotheses 1: A significant number of physically abused women suffer from depression.

Table 6: Chi-square scores for depression

	<i>Observed N</i>	<i>Expected N</i>
No Depression	100	56.0
Depression	12	56.0
Total	112	

The z-test were used to assess whether a significant number of the physically abused women were suffering from depression or not (**See Table 7, below**). The significance level (alpha) used is 0.05 with the critical value of 1.645. The formula for calculating the z- scores is as follows:

$$z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0(1 - p_0)}{n}}}$$

where: \hat{p} (observed population) is 12/112=0.107

p_0 (general population) is 4.9= .049 (Stein *et al.* 2007)

n (Sample Size) is 112

$$z = \frac{0.107 - .049}{\sqrt{\frac{.049(0.951)}{112}}}$$

$$z = \frac{0.058}{0.02039761}$$

$$z = 2.8434$$

Table 7: z-test scores for depression

<i>Depression</i>	<i>z-scores</i>
	2.8434

Table 7 reveals that a significant number of the physically abused women were suffering from depression ($z = 2.8434$, $p < 0.05$). Therefore, the hypothesis that a significant number of physically abused women suffer from depression is accepted as the computed z- score of 2.8434 is greater than the critical value of 1.645.

Hypothesis 2: A significant number of physically abused women suffer from PTSD

Table 8: Chi-square scores for PTSD

	<i>Observed N</i>	<i>Expected N</i>
No PTSD	100	56.0
PTSD	31	56.0
<i>Total</i>	<i>112</i>	

The z-test was used to assess whether there was a significant number of physically abused women with Post-Traumatic Stress Disorder (see **Table 9, below**). The significance value (alpha) used is 0.05 with the critical value of 1.645.

The formula for calculating the above z scores is as follows:
$$z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0(1-p_0)}{n}}}$$

where: \hat{p} (observed population) is 31/112=0.27678
 p_0 (general population) is 3% =0.03 (Seedat, 2007)
n (Sample Size) is 112

$$z = \frac{0.276785714 - 0.03}{\sqrt{\frac{0.03(0.97)}{112}}}$$

$$z = \frac{0.246785714}{0.016118977}$$

$$z = 15.31$$

Table 9: z-test scores for PTSD

PTSD	<i>z-scores</i>
	15.31

Table 9 shows that a significant number of the physically abused women were suffering from PTSD ($z = 15.31$, $p < 0.05$). Therefore, the hypothesis that a significant number of physically abused women suffer from PTSD is accepted as the z- score of 15.31 exceeds the critical value of 1.645. This means that a significant number of physically abused women suffer from PTSD compared to the general population with the value of 0.5120.

Hypotheses 3: Physically abused women more often seek help from informal social support than from formal social support.

Table 10: Mean scores and standard deviation for informal and formal social support

	<i>N</i>	<i>Mean</i>	<i>Std.dev</i>	<i>Sd.error</i>
Informal	105	1.99	1.236	.121
Formal	105	.78	.951	.093

The above mean scores were used to interpret the t-test analysis of informal and formal social support (See table 11, below).

Table 11: t-test scores on informal and formal social support

	<i>t</i>	<i>df</i>	<i>Sig.</i>	<i>Mean</i>	<i>SD</i>	<i>Std. Error</i>	<i>95% Confidence Interval for Mean</i>	
							<i>Lower</i>	<i>Upper</i>
Formal & Informal	-8.572	104	.000	-1.210	1.446	.141	-1.489	-.930

Table 11 reveals that there was a significant difference between the scores of the participants seeking help from informal and formal social support ($t=-8.572$, $df=104$, $p<0.05$ with mean score=1.99, $SD= 1.236$ for informal support and mean score= .78, $SD = .951$ for formal support). This result indicates that physically abused women more often

seek help from informal social support than from formal social support. Therefore, hypothesis 3 is accepted.

Hypothesis 4: Physically abused women are more likely to use escape-avoidance coping strategies than other coping strategies.

Table 12: Mean scores and standard deviation for avoidance coping strategy and other coping strategies

	N	Mean	Std. dev	<i>Sd.error</i>
Escape- avoidance	111	2.1605	.37059	<i>.03517</i>
&				
Problem solving	111	1.8829	.66386	<i>.06301</i>
Responsibility	112	2.1071	.63823	<i>.06031</i>
&				
Escape-avoidance	112	2.1607	.36892	<i>.03486</i>
Seeking Support	112	1.7649	.47205	<i>.04460</i>
&				
Escape-avoidance	112	2.1607	.36892	<i>.03486</i>
Self-control	112	1.7455	.71658	<i>.06771</i>
&				
Escape-avoidance	112	2.1607	.36892	<i>.03486</i>
Distance	112	2.1942	.56424	<i>.05332</i>
&				
Escape-avoidance	112	2.1607	.36892	<i>.03486</i>
Confrontive	112	1.7384	.34360	<i>.03247</i>
&				
Escape-avoidance	112	2.1607	.36892	<i>.03486</i>

The above mean scores were used to interpret the t-test on avoidance coping strategy and other coping strategies (See Table 13, below).

Table 13: t-test on coping strategies

	t	df	Sig.	Mean	95% Confidence Interval for Mean	
					Lower	Upper
Problem-Solving & avoidance	4.065	110	.000	.27764	.14229	.41299
Confrontive & Escape-avoidance	-.42232	111	.000	-.42232	-.51592	-.32872
Seeking Support & Escape-avoidance	-8.740	111	.000	-.39583	-.48558	-.30609
Self-control & Escape-avoidance	-5.451	111	.000	-.41518	-.56611	-.26425
Distance & Escape-avoidance	.03348	111	.607	.03348	-.09516	.16212
Responsibility & Escape-avoidance	-.842	111	.402	-.05357	-.17969	.07255

The t-test results indicate that there is a significant difference on the use of escape-avoidance coping strategies compared to the use of many other coping strategies such as the problem solving strategy ($t= 4.065$, $df= 110$, $p<0,05$); confrontive coping strategy($t=$

-.42232, $df=111$, $p<0,05$), Seeking support strategy ($t= -8.740$, $df= 111$, $p<0,05$) and self-control coping strategy ($t= -5.451$, $df= 111$, $p<0,05$). The results also revealed no significant difference on the use of escape-avoidance coping strategy compared to the use of distance coping strategy ($t=.03348$, $df=111$, $p>0,05$) and responsibility coping strategy ($t=-.842$, $df=111$, $p>0,05$). Therefore, the hypothesis that physically abused women are likely to use the escape-avoidance coping strategy than any other coping strategy is accepted only when compared to the problem solving strategy, confrontive coping strategy, seeking support strategy and self-control coping strategy but is rejected when compared to distance coping strategy and responsibility coping strategy.

5.3. Qualitative results

The following open-ended questions were asked to 12 participants selected from the pool of participants in the qualitative phase of the research: “Tell me about your experiences as female survivors of domestic violence”; “Did you get any support after the incidence”; “Who gave you support”; “Describe how you were supported”; “Tell me if you would have liked to be supported differently”; How did you cope with the situations and what was your reaction after the event?”

The following emerged from the participants’ responses:

5.3.1. Experiences of female survivors

The participants were asked to describe their experiences as female survivors of domestic violence. From the interviews conducted it appears that most of the female survivors experienced more than one type of abuse. All of the participants reported being physically, psychologically and verbally abused by their partners. The participants reported that they were abused especially over money issues and refusing to have sex. The following direct quotes from the interviews corroborate their experiences:

“My husband shouts at me and beats me. Most of the time we fight over money issues, children making noise and about my son from my previous relationship.”

“Most of the time it is when I refused to have sex. Sometimes, it is when he demands to have child’s grant money and when I refuse he starts hitting me and calling me names.”

“Today, the fight started because I told him that I was going home to attend my sister’s child’s graduation ceremony, and he told me to leave for good. When I replied, he picked up a brick and threw it at me but it did not hit me. I ran away but he caught me. He then started slapping and shoving me.”

“In 1990, he started abusing me by kicking and hitting me with his fists. I was badly injured and was admitted to Elim Hospital. In 1996, I was operated because of his beatings and the operation had an impact on my physical well being as I can no longer work.”

5.3.2. Depression

Some participants reported feeling sad, ashamed, crying, having difficulty sleeping, feeling helpless and powerless for the previous two weeks. Several participants indicated feeling guilty and feeling that they must have done something to cause the abuse. Some further indicated that they were feeling angry and easily irritated and they were developing a need to isolate themselves from other people, a loss of energy, and diminished ability to think and make decisions. Some participants also perceived that they were experiencing fear of being killed by their partners and appear to have low self-esteem.

The following quotations indicate some of depressive symptoms from the participants:

One participant articulated the views of few of the participants when she said: *“I feel sad and I cannot sleep as I cannot stop thinking about it. I sometimes blame myself as I feel that I must be doing something wrong that makes him treat me this way. I cry a lot and I*

thought of committing suicide several times but I fear that my children will suffer if I am not around to take care of them. I feel helpless as I have no one to help me.”

One participant reported that *“I feel as if I am not good enough to be his wife or to do anything as he is always telling me that there is nothing I can do right. I am starting to believe that it might be true that I am useless. I have lost interests in socializing with others and feel bored most of the time.”*

Another participant stated that *“I cry easily as well and I am always anticipating his violence all the time.”*

5.3.3. Post-traumatic stress disorder (PTSD)

The qualitative results indicated that some of the participant reported to have symptoms that are associated with PTSD. The quotation below indicates what one participant said:

“The incident traumatized me and I could not eat and sleep for days. I had nightmares about the incident. I cannot stop thinking about it”

5.3.4. Social support structures

The participants were asked about the social support structures they used to deal with the domestic violence. Most of the participants stated having received help from informal social support structures, namely, their relatives, friends, neighbours and community leaders. The help they received from the informal support structures were viewed as positive. However, the participants mentioned their own family members as the main social support structure that they approached for help. A few women mentioned seeking social support from formal support structures such as social workers and the police.

The following quotes from the transcripts testify to the support the participants received from the family members:

“Initially, I did not want to tell anyone as I believe it is a private family problem. Lately, I share this with my friend and my relatives. They have been very supportive to me. I feel relieved by just talking to them even if the abuse still continues.”

“I speak to my manager at work. She is very supportive and always gives me advice. She is like a friend to me.”

“My sister and my mother were very supportive. My sister advised me to apply for protection order.”

“My mother is very understanding and she wants me to come home but the problem is that there is no enough space to accommodate all of us.”

“Talking about it is a healing process for me. I share this with my sister. I feel relieved by just talking about it. Even today I felt more at peace because I received counseling.”

“My aunt is the one who supports me through these difficult times. When we had a fight I run to my aunt’s house and I stay there as he is afraid of her.”

These findings demonstrate that most of the participants were seeking help from informal support structures such as relatives, friends and community leaders rather than from formal structures such as the courts, police, social workers, and psychologists.

5.3.5. Coping strategies

The participants were asked about the coping strategies that they used to deal with domestic violence. Most of the participants reported using passive coping strategies such as escape-avoidance and denial. The participants used strategies such as avoiding talking

to the abuser and pretending as if nothing had happened in an effort to minimize the consequences. Some typical responses made by the majority of the participants included the following:

“To avoid being abused I just try to please him by doing whatever he wants me to do. For instance, he used to come with his concubine in our house many times. Sometimes, he will ask me to move from our bedroom and find a place to sleep somewhere. To avoid being abused, I used to do that and even agreed to allow his concubine to stay with us. I thought, if I do that he will stop abusing me.”

“At home, I pretend to be a good woman by keeping quiet. I try to avoid doing things that will provoke him.”

“I pray a lot about it that maybe he will change, but he does not stop. I am tired of the way he treats me (Crying).”

“Sometimes, I think of leaving him but I fear that it will have an impact on our children. I have done everything to try to make our relationship to work. Initially, I tried to please him by buying expensive clothes and gave him money but the abuse did not stop.”

“It is very difficult. I just keep quiet and avoid talking to him when he is angry.”

“Initially, I used to pretend as if nothing has happened. I used to avoid thinking about it and it made me feel better.”

“I sometimes pretend as if it did not occur. But there are days when I feel powerless and just burst into tears as I cannot handle the situation any more. There are days when I just ignore him and distance myself from him.”

These findings prove that physically abused women use escape–avoidance coping strategies than any other strategies. The study also reveals that some of the participants reported seeking social support from family members and talking as a way of coping.

CHAPTER 6: DISCUSSION OF FINDINGS

6.1. Introduction

This chapter discusses the results in relation to the literature review and other related information. This chapter also presents the limitation, conclusion and recommendation of this study.

6.2. Discussion

6.2.1. Depression

The result shows that a significant number of physically abused women in the present study experienced depression. This finding concurs with the results of most of the findings in various research studies that revealed that depression is one of the most prevalent mental disorders amongst physically abused women (Ehrensaft, Moffit & Shallom, 2006; Feerick & Snow, 2005; Mullender, 2003 & Riggs, 2000). This finding also corresponds with the results of Carscadi *et al.* (1999) who found that 32% of physically abused women in their study met the criteria for depression. A similar study in Asian country was conducted by Fikreeu and Ghatti (1999) to assess the prevalence and health consequences of domestic violence among women. They found that 72% of physically abused women were depressed. Furthermore, physical abuse was a major predictor of anxiety and depression. Recent studies have revealed that there are a variety of mental health problems in women exposed to violence including depression and anxiety (Pillay & Kriel, 2006; Thabet & Tawahina, 2006). In their study, Ehrensaft *et al.* (2006) found that women in abusive relationships were more likely than men to experience consequences such as depression and marijuana dependence.

In South Africa, depression is reported to be significantly more common in women who are in intimate partner violence than non-abused women (Joyner, Theunissen, De Villiers, Suliman, Hardcastle & Seedat, 2007) while Marais *et al.* (1999) in their study found depression to be more common in about 48,2% females with a history of domestic violence than 11.4% non-abused women. In support of the

hypothesis, Joyner *et al.* (2007) in their study on emergency care provision and the psychological distress in survivors of domestic violence, reported that 45% of the females had depression. This results are also similar to those of Pillay and Kriel (2006) in their study of various sociodemographic and clinical variables pertaining to 422 women using district-level clinical psychology services in Pietermaritzburg, South Africa. The study showed that over one-third had relationship problems, 21% depression, and 14% suicidal behaviour. In comparison with data from the studies on the prevalence of depression of women in South Africa, the results of the present study demonstrate that a significant number of physically abused women suffer from depression. This finding shows a strong correlation between physical abuse and depression and, therefore, reflects the impact of domestic violence on South African women's mental health.

6.2.2. Post-traumatic stress disorder

One of the aims of this research study was to establish whether a significant number of physically abused women suffer from PTSD. The results revealed that significant number of physically abused women had PTSD compared to the prevalence rate of PTSD of the general population. The findings of the present study agree with those of various research studies that found the prevalence of Post-Traumatic Stress Disorder amongst physically abused women to be very high (Avdibegovic & Sinanovic, 2006; Ellsberg, Winkvist, Pena, Stenlund, 2001; Halle, Burghardt, Dutton & Ferrin, 1991; Ross *et al.* 2006 & Strauss, 1990). In his study, Gleason (1993) found 31% of his sample had PTSD. Vitanza *et al.* (1995) interviewed 93 women reporting to be in long-term, stressful relationships. The researchers looked at the relationships among psychological abuse, severity of violence in the relationship and PTSD. The results of the study showed a significant correlation between domestic violence and PTSD. In each group in the study women scored in the significant range for PTSD. Overall, 55.9% of the sample met diagnostic criteria for PTSD. According to Murphy (1997), a significant number of women in domestic violence relationships suffer from mental problems such as PTSD.

Along with depression, domestic violence victims may also experience PTSD which is characterized by symptoms such as flashbacks, intrusive imagery, nightmares, anxiety, emotional numbing, insomnia, hyper-vigilance, and avoidance of traumatic triggers. The present study confirms the findings of Carscadi *et al.* (1999) found that a significant number of physically abused women suffer from PTSD. Carscadi *et al.* (1999) established that 30% of his sample had PTSD. In further support of the strong relationship between domestic violence and PTSD, Mertin and Mohr (2000) interviewed 100 women in Australian shelters, each of whom had experienced domestic violence. They found that 45 of the 100 women met the diagnostic criteria for PTSD.

Hughes and Jones (2000) supported this finding in that their study revealed that 19% of women whose partners had victimized them at any time during their lifetime had posttraumatic stress disorder. Woods (2000) and Johnson and Leone (2000) in their meta analysis of 11 studies on PTSD in physically abused women found a mean prevalence of 64%. A study by Hughes and Jones (2000) showed that 19% of women whose partners had victimized them at any time during their lifetime were suffering from PTSD. The finding also corresponds with that of Hamberger and Phelan (2004) who reported that PTSD is one of the most harmful correlates of domestic violence. This study is also consistent with most of the studies concerning violence against women and mental health (Golding, 1999; Logan, Shannon, Cole, & Walker, 2006; Sharhabani-Arzy, Amir & Swisa, 2004; Stuart, Moore, Gordon, Ramsey, & Kahler, 2006).

Other studies in South Africa found PTSD to be more common in 35.3% female patients with a history of domestic violence than 2.6% female patients in nonabused relationships (Pillay & Kriel, 2006). In comparison with data on the prevalence of PTSD amongst women in South Africa, this study has show that the difference between the percentage of physically abused and non-abused women from the general population was significant. Seedat (2007) reported the prevalence of PTSD in South Africa to be 3%. Based on the results of the present study, it is evident that a significant number of physically abused women suffer from PTSD and this shows that PTSD is a public health problem amongst physically abused women in South Africa.

6.2.3. Social support structures

It has been speculated that physically abused women more often seek help from informal social support than from formal social support. According to this study, physically abused women more often seek help from informal social support than formal social support. The results confirm the findings of other international and South African studies (Bollen, Artz, Vetten, & Louw, 1999; Coker, Derrick, Lumpkin & Aldrich, 2000; Mont, Forte, Cohen, Hyman & Romans, 2005). Bollen *et al.* (1999) in their study reported that police, legal advisors and courts were vastly underutilized. Only 30% went to the police, 13% sought legal assistance while a mere 9% had been seen by a district surgeon. Only seven of the 269 women surveyed, said the worst incident of abuse that happened to them resulted in a court case. As with the findings of Coker *et al.* (2000), physically abused women often seek assistance from informal supports agencies. The results similar to the ones recorded in this research were also reported by some researchers such as Fry and Barker, 2002; Leone, 2003; Krishnen, Hilbert and McNeil, 2002 and Moulton (2005) who found evidence that informal support structures are rather used by women in dealing with domestic violence than formal support structures.

The results further lend support to the views of Schneider and Vetten (2006) who stated that physically abused women are more likely to utilize informal social support than formal support structures. This also corresponds with Rose and Campbell's (2000) study. Rose and Campbell (2000) conducted three separate interviews with thirty-one women experiencing domestic violence to investigate components of social support and the effectiveness of such support. The participants were asked who they had talked to in the past six months about their abusive relationships and how helpful these disclosures were in dealing with the abuse. The results indicated that informal (family, friend) support was more often utilized by the women than formal (professional) support. Girlfriends were identified as a source of support by 55% of the participants while 29% reported mothers as the person that they talked to. The supportive role that family and friends play for victims of crime in general has been documented in other victimisation studies as the most popular. Informal sources of assistance such as friends, family and religious bodies were the more likely choice for domestic abuse survivors.

These results contradict the findings of researchers such as Kyu and Kanai (2005) who established that women in domestic violence relationships seek help from formal sources of support in preference to seeking help from informal sources of support. According to Campbell and Soeken (1999), formal support structures provide the much needed and essential services to them as well as an avenue to talk about their experiences and seek advice on coping strategies. The researcher, however, is of the view that there may be several factors which may be influential in physically abused women's decision to choose informal source of help more frequently than formal sources. The first factor may be a lack of awareness of the law enforcement and other formal sources of help to stop the violence. The other reason may be because physically abused women lack information and understanding about the available resources of such structures. The researcher is of the opinion that physically abused women seek help from informal social support as they have knowledge of such social support structures and their functions. The other factor may be because physically abused women lack of faith in those formal structures and the belief that it will be useless to go to such sources as they will not receive the help they need. Another explanation of this finding may be that physically abused women avoid the formal support structures because of the possibility that their partners would be arrested ,thus leaving no one to provide for the family.

6.2.4. Escape-avoidance coping strategy

The results showed a significant difference in the use of escape-avoidance coping strategies compared to the use of other coping strategies such as problem solving strategy, confrontive coping strategy, seeking support strategy and self-control coping strategy. However, the results further revealed no significant difference in the use of escape-avoidance coping strategy compared to the use of distance coping strategy and responsibility coping strategy. This study is consistent with the previous research findings that revealed that women in relationships characterized by domestic violence are more prone to engage in avoidance coping strategies (Waldrop & Resick, 2004). This was also confirmed by Mitchell and Hodson (2004) research findings that physically abused women rather use avoidance coping strategy than other coping strategies. Furthermore, Follingstad et al. (2002) indicates that physically abused women reported frequently

using escape coping strategies such as ignoring their abuser, doing exactly as asked or remaining silent. They further stated that women regarded the avoidance coping strategy as more effective than any other strategy. From the literature review, avoidance is one of primary coping strategies used amongst traumatized people. According to Yoshihama (2004), physically abused women cope less effectively because they use fewer active problem-solving and more passive coping strategies such as avoidance and denial. The reason cited were that physically abused women tend to block out the violence to try and avoid the problem. This is done because of the belief that their action may decrease violence in their relationship or that they have the ability to control it in the future. Another explanation for the use of the escape-avoidance coping strategy is that people in general tend to cope less effectively when the amount of stress is overwhelming or perceived to be outside their control.

In their study, Mitchell and Hodson (2006) found that higher levels of violence were associated with more avoidance coping. Women who received negative reactions to their active coping strategies are more likely to engage in avoidant responding. In their sample of 60 women, Waldrop and Resick (2004) found that women's use of avoidance coping increased with the frequency of physical abuse they experienced. According to goodness-of-fit theory of coping, people are likely to use emotion-focused strategies when they perceive the situation as uncontrollable, whereas if the situation is perceived as controllable, people tend to resort to problem-focused strategies. This theory helps to explain physically abused women's use of emotion-focused or "passive" strategies in the face of an uncontrollable situation such as their partners' violence (Yoshihama, 2004). This means that coping strategies employed by individuals are often dependent upon the individual's appraisal of the situation. Specifically, the individual appraises the potential for harm and/or loss (i.e. to self, friendships, self-esteem) that results from the stressor and evaluates the resources or options at his/her disposal to reduce the stress. The individual will then implement a strategy based on these evaluations. It seems logical that exposure to abusive events would influence the selection of avoidant coping strategies. The researcher is also of the opinion that physically abused women often develop their own unique set of coping strategies that they regard as protective strategies based on their past experiences of what is effective in dealing with their violent partners.

6.3. Limitations of the study

The results of this study cannot be generalized to all female survivors of domestic violence in South Africa since the study was conducted on the sample of female survivors of domestic violence who came to a hospital trauma centre for help. If physically abused women from other areas were included in this study more information would have been collected from them.

6.4. Conclusion

The findings of the study are supportive of other research findings that physical abuse has a psychological impact on women. The present study illustrates that a significant number of physically abused women suffer from depression. Furthermore, the study also revealed that a significant number of physical abused women suffer from PTSD. Physically abused women more often seek help from informal social support structures than from formal support. The results further illustrate that physically abused women are likely to use the escape-avoidance coping strategy rather than any other coping strategy but not when compared to distance and responsibility strategies.

6.5. Recommendations

Based on the findings of the study, the following are recommended:

- The findings of the present study emphasize the psychological impact of domestic violence on women. It is, therefore, recommended that psychological services be incorporated in the intervention programmes of domestic violence. This must also include the screening of mental illness such as depression and PTSD amongst physically abused women. Health practitioners such as psychologists, doctors and psychiatrists need to play a major role in the assessment and treatment of psychological problems.
- Psychological treatment services must present an important venue to identify and manage physically abused victims.

- Information regarding available services need to be disseminated to the community at grassroots level. This must include empowering community stakeholders by providing them with trainings so that they gain knowledge and understanding of the range of practical issues that can be used in assisting physically abused women.
- School curricula must also include domestic violence. Children need to be taught about domestic violence from an early age.
- As there are little data on coping strategies and social support structures used by physically abused women amongst the South African sample, it is therefore suggested that further research be conducted to fill up the gap.
- Intervention programmes for physically abused women need to include teaching them effective ways of coping with stressful situations.

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Appendix A

SECTION A: Biographical Data

Instruction

Thank you for being part of this study. Kindly answer the following questions sincerely and honestly.

How old are you?-----

What is your marital status?-----

If married, for how long you have been married?-----

How many children do you have?-----

Are you employed?-----

What is your level of education?-----

SECTION B: Beck Depression Inventory (BDI)

Please tick the correct response that describes the way you have been feeling for the past week. Tick “yes” or “no”

No= (0)

Yes = (1)

0 1

Do you feel so sad or unhappy that you can't stand it?		
Do you feel that the future is hopeless and that things cannot improve?		
Do you feel that you are a complete failure as a person?		
Do you get dissatisfied or bored with everything?		
Do you feel guilty?		
Do you feel that you are being punished?		

Do you hate yourself?		
Do you blame yourself for everything bad that happens?		
Do you feel like killing yourself when you have the time?		
Do you cry more than usual?		
Do you become annoyed or irritated more easily than you used to be?		
Have you lost interest in other people?		
Do you have great difficulty in making decisions?		
Do you worry that you look old and unattractive?		
Do you have to push yourself very hard to do anything?		
Do you wake up early every day and cannot get more than five hours sleep?		
Do you become too tired to do anything?		
Have you lost your appetite?		
Have you lost interest in activities?		
Have you lost more weight?		

SECTION C: Post Traumatic Stress Disorder Checklist (PCL)

Please tick the correct response that describes the way you have been feeling for the past week.

No= (0)

Yes = (1)

0 1

Do you avoid activities because they remind you of stressful situation?		
Do you feel jumpy or easily startled?		
Do you experience repeated disturbing memories or images of the stressful situation?		

Do you experience difficulty falling asleep?		
Do you feel irritable or angry?		
Do you have trouble remembering important parts of past trauma?		
Loss of interest in activities which you previously enjoyed		
Feeling emotionally numb or unable to have loving feelings for those close to you		
Feeling as if your future will be cut short		
Trouble falling or staying asleep		
Difficulty concentrating		
Suddenly acting or feeling as if trauma from the past were happening		
Feeling very upset when something reminds you of past trauma		
Avoiding thinking or talking about past trauma or avoiding having feelings related to it		
Being 'super alert' or watchful or on guard		
Repeated, disturbing dreams of past trauma.		
Repeated, disturbing memories, thoughts or images of past trauma		

SECTION D : (Social Support Questionnaire)

Please rate the following social support structures in terms of which have had the strongest effect on you. Please mark with an x in the appropriate box that corresponds with your answer.

A= none of the time (1)

B =Sometimes (2)

C = Most of the time (3)

D = All the time (4)

	1	2	3	4
Did you find social workers to be helpful?				
Did you find the psychologist to be helpful?				
Did you find the police to be helpful?				
Did you find the legal services to be helpful?				
Did you find friends to be helpful?				
Did you find your relatives to be helpful?				
Did you find your in-laws to be helpful?				
Did you find traditional healers to be helpful?				
Did you find community leaders to be helpful?				
Did you find spiritual or religious leaders to be helpful?				

SECTION E: (Ways of Coping Strategies)

Read the following coping strategy statements and choose the response that corresponds with the coping strategy that you have used. Choose your response from the five response choices given. Please put a cross (x) in the box (block) given that corresponds with your answer.

A= None of the time (1)

B =Sometimes (2)

C = Most of the time (3)

D = All the time (4)

Subscale 1: Confrontive Coping

What coping strategies do you use with any stress that you have encountered during abuse?

1 2 3 4

Do you threaten to leave?				
Do you threaten to open a case against him?				
Do you stand your ground and fight back?				
Do you retaliate with violence?				
Do you withhold consent to sexual relations?				
Do you carry out domestic tasks to a lower standard?				
Do you invoke supernatural revenge?				
Do you flaunt a relationship with a lover?				
Do you express anger towards your partner?				
Do you leave the abuser and return to your parents' home?				

Subscale 2: Distancing

1 2 3 4

Do you try to forget the whole thing?				
Do you refuse to think about it too much?				
Do you go on as if nothing had happened?				
Do you make a light of the situation, refuse to get too serious about it?				

Subscale 3: Self-Controlling

1 2 3 4

Do you try to keep your feelings to yourself?				
Do you keep it a secret from your families from knowing how bad things are?				

Subscale 4: Seeking Social Support

1 2 3 4

Do you talk to someone you trust for advice?				
Do you seek help from the police?				
Do you seek help from social workers?				
Do you seek help from a psychologist?				
Do you seek help from religious leaders?				
Do you seek help from community leaders?				
Do you go to traditional healer for help?				
Do you talk to your partner's relatives (parents or aunts)?				
Do you complain to the abuser's employers or friends?				

Subscale 5: Accepting Responsibility

1 2 3 4

Do you blame yourself for causing problems?				
Do you apologise or do something to make up?				

Subscale 6: Avoidance and Escape Coping Strategies

1 2 3 4

Do you take it out on other people?				
Do you wish that a miracle will happen?				
Do you pray that your partner will change?				
Do you wish that the abuse will stop?				
Do you try to make yourself feel better by drinking alcohol?				
Do you try to make yourself feel better by eating?				
Do you deny that it happened?				
Do you avoid doing something that will make the abuser angry?				
Do you try to do everything to please the abuser?				

Do you invite relatives to come and stay with you?				
Do you try to avoid it by concentrating on household tasks				

Subscale 7: Planful Problem Solving

1 2 3 4

Do you apply for a protection order?				
Do you make any plan of action and follow it?				

Appendix B

INTERVIEW GUIDE

1. Introduction

- Explanations about the nature and purpose of the study.
- Obtaining permission from the participants to use an audio-tape.
- Agreement on confidentiality of the information discussed will be ensured.

2. Focus area will be on the following:

- Tell me about your experiences as female survivors of domestic violence
- Who gave you support?
- Describe how you were supported.
- Tell me if you would have liked to be supported differently.
- How did you cope with the situations?
- What was your reaction after the event?
- How did you feel after the incident?

UNIVERSITY OF THE LIMPOPO
ETHICS COMMITTEE

APPLICATION FOR HUMAN EXPERIMENTATION

(Completed forms, preferably typed, should reach the Chairperson of the Ethics Committee at least one month before the experimentation is due to start. Projects where the researcher only receives human material for analysis without actually being involved with collection from the experimental group must still register in the normal way. Researchers who are involved with projects which have been approved by Ethical Committees of other Institutions should provide this Committee with the necessary information and provide it with a shortened protocol for approval)

PROJECT TITLE: Psychological Impact, Coping Strategies and Social Support Structures of Female Survivors of Domestic Violence in Thohoyandou.

PROJECT LEADER: C.L Ramashia

DECLARATION

I, the signatory, hereby apply for approval to execute the experiments described in the attached protocol and declare that:

1. I am fully aware of the contents of the Guidelines on Ethics for Medical Research, Revised Edition (1993) and that I will abide by the guidelines as set out in that document (available from the Chairperson of the Ethics Committee); and
2. I undertake to provide every person who participates in any of the stipulated experiments with the information in Part II. Every participant will be requested to sign Part III.

Name of Researcher: C.L Ramashia

Signature:

Date:

Appendix C

PROJECT TITLE: Psychological Impact, Coping Strategies and Social Support Structures of Female Survivors of Domestic Violence in Thohoyandou

PROJECT LEADER: C.L Ramashia

APPLICATION FOR HUMAN EXPERIMENTATION: PART II

Protocol for the execution of experiments involving humans

1. Department: Psychology
2. Title of project: Psychological Impact, Coping Strategies and Social Support Structures of Female Survivors of Domestic Violence in Thohoyandou.
3. Full name, surname and qualifications of project leader:
Connie Livhuwani Ramashia B.A (HONS)
4. List the name(s) of all persons (Researchers and Technical Staff) involved with the project and identify their role(s) in the conduct of the experiment:
Name: Qualifications: Responsible for:

Ramashia C.L B.A (Hons) Project leader and analysis of data
5. Name and address of supervising physician: Prof. S.N. Madu.
6. Procedure to be followed: The total of 112 participants of female survivors of domestic violence will serve as the researcher's sample. A

questionnaire and unstructured interviews will be used as tools to gather information on coping strategies and social support structures.

7. Nature of discomfort: No discomforts are expected but if there is a sign of psychological distress, psychological services will be given.

8. Description of the advantages that may be expected from the results of the experiment:
The results of the study will address the issue of domestic violence from an African perspective and may give some insight into interventions that may be helpful to deal with domestic violence.

Signature of Project Leader:

Date:

PROJECT TITLE: Psychological Impact, Coping Strategies and Social Support Structures of Female Survivors of Domestic Violence

PROJECT LEADER: C.L. Ramashia

APPLICATION FOR HUMAN EXPERIMENTATION: PART II

INFORMATION FOR PARTICIPANTS

1. You are invited to participate in the following research project/experiment:
Psychological Impact, Coping Strategies and Social Support Structures of Female Survivors of Domestic Violence in Thohoyandou.
2. Participation in the project is completely voluntary and you are free to withdraw from the project/experiment (without providing any reasons) at any time. You are, however, requested not to withdraw without careful consideration since such action might negatively affect the project/experiment.
3. It is possible that you might not personally experience any advantages during the experiment/project, although the knowledge that may be accumulated through the project/experiment might prove advantageous to others.
4. You are encouraged to ask any questions that you might have in connection with this project/ experiment at any stage. The project leader and her/his staff will gladly answer your question. They will also discuss the project/experiment in detail with you.
5. Your involvement in the project will be to assist the researcher by taking the time to be interviewed and to fill in the questionnaire. By taking part in the research you are really assisting the researcher to find the best possible ways or interventions of dealing with domestic violence.

Appendix D

UNIVERSITY OF THE LIMPOPO ETHICS COMMITTEE

PROJECT TITLE: Psychological Impact, Coping Strategies, and Social Support Structures of Female Survivors of Domestic Violence in Thohoyandou.

PROJECT LEADER: C.L. Ramashia

CONSENT FORM

I, _____ hereby voluntarily consent to participate in the following project: *(it is compulsory for the researcher to complete this form before submission to the ethics committee)*

I realise that:

1. The study deals with Psychological Impact, coping strategies and social support structures of female survivors of domestic violence (e.g. effect of certain medication on the human body);
2. The procedure or treatment envisaged may hold some risk for me that cannot be foreseen at this stage;
3. The Ethics Committee has approved that individuals may be approached to participate in the study;
4. The experimental protocol, i.e. the extent, aims and methods of the research, has been explained to me;
5. The protocol sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the

- anticipated advantages for myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage;
6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation.;
 7. Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research;
 8. Any questions that I may have regarding the research, or related matters, will be answered by the researchers;
 9. If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact a member of the research team;
 10. Participation in this research is voluntary and I can withdraw my participation at any stage;
 11. If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor;
 12. I indemnify the University of the Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

SIGNATURE OF RESEARCHED PERSON

SIGNATURE OF WITNESS

SIGNATURE OF PERSON THAT INFORMED THE RESEARCHED PERSON

SIGNATURE OF PARENT/GUARDIAN

Signed at _____ this ____ day of _____ 2006

Appendix E

Z- Score Table

Z	0.00	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09
0.0	0.5000	0.5040	0.5080	0.5120	0.5160	0.5199	0.5239	0.5279	0.5319	0.5359
0.1	0.5398	0.5438	0.5478	0.5517	0.5557	0.5596	0.5636	0.5675	0.5714	0.5753
0.2	0.5793	0.5832	0.5871	0.5910	0.5948	0.5987	0.6026	0.6064	0.6103	0.6141
0.3	0.6179	0.6217	0.6255	0.6293	0.6331	0.6368	0.6406	0.6443	0.6480	0.6517
0.4	0.6554	0.6591	0.6628	0.6664	0.6700	0.6736	0.6772	0.6808	0.6844	0.6879
0.5	0.6915	0.6950	0.6985	0.7019	0.7754	0.7088	0.7123	0.7157	0.7190	0.7224
0.6	0.7257	0.7291	0.7324	0.7357	0.7389	0.7422	0.7454	0.7486	0.7517	0.7549
0.7	0.7580	0.7611	0.7642	0.7673	0.7704	0.7734	0.7764	0.7794	0.7823	0.7852
0.8	0.7881	0.7910	0.7939	0.7967	0.7995	0.8023	0.8051	0.8078	0.8106	0.8133
0.9	0.8159	0.8186	0.8212	0.8238	0.8264	0.8289	0.8315	0.8340	0.8365	0.8389
1.0	0.8413	0.8438	0.8461	0.8485	0.8508	0.8531	0.8554	0.8577	0.8599	0.8621
1.1	0.8643	0.8665	0.8686	0.8708	0.8729	0.8749	0.8770	0.8790	0.8810	0.8830
1.2	0.8849	0.8869	0.8888	0.8907	0.8925	0.8944	0.8962	0.8980	0.8997	0.9015
1.3	0.9032	0.9049	0.9066	0.9082	0.9099	0.9115	0.9131	0.9147	0.9162	0.9177
1.4	0.9192	0.9207	0.9222	0.9236	0.9251	0.9265	0.9279	0.9292	0.9306	0.9319
1.5	0.9332	0.9345	0.9357	0.9370	0.9382	0.9394	0.9406	0.9418	0.9429	0.9441
1.6	0.9452	0.9463	0.9474	0.9484	0.9495	0.9505	0.9515	0.9525	0.9535	0.9545
1.7	0.9554	0.9564	0.9573	0.9582	0.9591	0.9599	0.9686	0.9693	0.9699	0.9706

1.8	0.9641	0.9649	0.9656	0.9664	0.9671	0.9675	0.9686	0.9693	0.9699	0.9706
1.9	0.9713	0.9719	0.9726	0.9732	0.9738	0.9744	0.9750	0.9756	0.9761	0.9767
2.0	0.9772	0.9778	0.9783	0.9788	0.9793	0.9798	0.9803	0.9808	0.9812	0.9817
2.1	0.9821	0.9826	0.9830	0.9834	0.9838	0.9842	0.9846	0.9850	0.9854	0.9857
2.2	0.9861	0.9864	0.9868	0.9871	0.9875	0.9878	0.9881	0.9984	0.9887	0.9890
2.3	0.9893	0.9896	0.9898	0.9901	0.9904	0.9906	0.9909	0.9911	0.9913	0.9916
2.4	0.9918	0.9920	0.9922	0.9925	0.9927	0.9929	0.9931	0.9932	0.9934	0.9936
2.5	0.9938	0.9940	0.9941	0.9943	0.9945	0.9946	0.9948	0.9949	0.9951	0.9952
2.6	0.9953	0.9955	0.9956	0.9957	0.9959	0.9960	0.9961	0.9962	0.9963	0.9964
2.7	0.9965	0.9966	0.9967	0.9968	0.9969	0.9970	0.9971	0.9972	0.9973	0.9974
2.8	0.9974	0.9975	0.9976	0.9977	0.9977	0.9978	0.9979	0.9979	0.9980	0.9981
2.9	0.9981	0.9982	0.9982	0.9983	0.9984	0.9985	0.9985	0.9986	0.9986	0.9989
3.0	0.9987	0.9987	0.9987	0.9988	0.9988	0.9989	0.9989	0.9989	0.9990	0.9990