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DEVELOPMENT OF A CHRISTIAN-BASED INTERVENTION PROGRAMME FOR PERPETRATORS OF INTIMATE PARTNER VIOLENCE

by

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Declaration

I declare that the thesis hereby submitted for the qualification DPhil (Criminology) at the University of Pretoria is my own independent work and has not been submitted at any other university or institution. All the sources that were utilised have been acknowledged by extensive referencing.

FULL NAME: Delia Anastasia Bernardi

SIGNED at Pretoria on 30 November 2018.

Dedication

To the men, women and children living with the devastatingly painful reality of intimate partner violence. May the God of our Lord Jesus Christ, the Father of glory, give abusive partners a spirit of wisdom and revelation to the full knowledge of Him. May they experience the good land who is Christ Jesus Himself. May His preeminence be known and His name be magnified throughout all the nations.

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Abstract

Intimate partner violence is a global evil and has reached pandemic proportions with ramifications that are devastating for all parties concerned. Characteristics and causal influences that were applicable to both abusive men and abusive women were identified in order to develop and streamline a treatment according to the evidence. It was purported that therapeutic change necessitates taking responsibility. Moreover, an activated conscience with concomitant empathy is pivotal in deterring partner abuse. Effective treatment strategies need to address issues such as factors that influence the resistance to change, trauma, alcohol abuse, possible biological correlates of violence, personality disturbance and emotional lability which seems to be activated within the context of an intimate relationship. Abusive partners need to reflect upon the possible association between external triggers and personal experiences that may influence destructive behavioural patterns. The developed programme emphasised self-compassion and forgiveness, which is conducive to bolstering self-esteem, feelings of worthiness and self-regulation. In pursuit thereof, an integrated bio-psycho-socio-spiritual and developmental conceptualisation of intimate partner violence was supported and challenged the prevailing gender paradigm that still forms the basis of the predominant treatment interventions that are based on the Duluth model.

The research approach adopted was that of mixed methods. The research project focused on intervention or action research and entailed designing and developing an innovative gender-inclusive Christian-based programme for perpetrators of intimate partner violence. A series of activities ensued, which included a collective case study, piloting, refining and finalising the preliminary draft intervention. There is a high correlation between male and female perpetration and depression. Upon completion of the intervention programme, the participants' reduced scores for depression were statistically significant, and as a result, it could be inferred that the programme has the potential to curtail intimate partner abuse. Recommendations included that children from abusive homes who remain largely conceptualised as “witnesses” rather than “victims” must form part of a treatment strategy. Children do not witness partner abuse passively from a distance but deeply feel and experience the aftermath. A comprehensive and integrated model of prevention is postulated that necessitates multiple services, such as screening for abuse during pregnancy and substance abuse programmes, in conjunction with a family, community and church response towards the eradication of violence towards women, men and children.

Keywords: Intimate partner violence; intervention; integrated perspective; multilevel strategies; faith.

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List of abbreviations and acronyms

ADRMs	Alternative Dispute Resolution Mechanisms
APD	Antisocial Personality Disorder
ARC	Acceptance • Repentance • Confession
BPD	Borderline Personality Disorder
BD	Borderline-dysphoric perpetrators
BIPs	Batterer Intervention Programmes
CBT	Cognitive-behavioural Therapy
CDC	Centers for Disease Control and Prevention
CJS	Criminal Justice System
DAIP	Duluth Domestic Abuse Project
DBT	Dialectical Behavioural Therapy
DV	Domestic Violence
DVA	Domestic Violence Act
FBO	Faith-based Organisation
FO	Family-only perpetrators
GLBTs	Gay Lesbian Bisexual Transgendered Communities
GVA	Generally violent-antisocial perpetrators
HIV	Human Immunodeficiency Virus
IDAP	Integrated Domestic Abuse Program
IED	Intermittent Explosive Disorder
IPA	Interpretative Phenomenological Analysis
IPV	Intimate Partner Violence
LLA	Low-level antisocial perpetrators
NGO	Non-governmental Organisation
NIHSS	National Institute for the Humanities and Social Sciences
NISVS	National Intimate Partner and Sexual Violence Survey
RJ	Restorative Justice
TDV	Teen Dating Violence
VIP	Very Important Person
VOC	Victim-offender-conferencing
VOCS	Victims of Crime Survey
VOM	Victim-offender-mediation
WHO	World Health Organization

CHAPTER ONE: Introduction and orientation towards the study

1.1 Introduction

Intimate partner violence (IPV) is a nefarious and pervasive problem worldwide. The war of attrition between intimate partners has no winners, with suicide, homicide and the perpetuation of violence into the next generation, not an uncommon sequel. A plethora of evidence points to an intergenerational transmission of IPV into adulthood (Corvo, 2006: 124; Ehrensaft, Cohen, Brown, Smailes, Chen & Johnson, 2003: 751; Ehrensaft & Cohen, 2012: 370; Gass, Stein, Williams & Seedat, 2011: 2765; Sadock, Sadock & Ruiz, 2015: 826; Walker, 2017: 113), for both men and women (Archer, 2000: 651; Ross & Babcock, 2010: 195; Straus, 2015: 85). Thus, the empirical evidence suggests that a propensity to perpetrate IPV is gender symmetrical (Straus, 2015: 91) and vested in an aetiology that is similar, as well as developmental across the lifespan for both sexes. Gender symmetry denotes that a significant proportion of men and women perpetrate IPV, but not necessarily equal (Winstok & Straus, 2014: 92). Thus, female-perpetrated abuse in intimate relationships is at least as common as male-perpetrated abuse and often extends to the same degree of severity (Carney, Buttell & Dutton, 2007: 113; Dutton & Corvo, 2006: 459). Furthermore, since IPV often emerges in subsequent generations, a fertile breeding ground is created for the perpetuation thereof.

The nature of a person's attachment in infancy seems to remain stable over the lifespan and is considered a vital construct in an individual's social development (Meyer, Wood & Stanley, 2013: 166). Insecure attachment is often a precursor of IPV and can destroy the potential to enjoy an abundant, joyful and fulfilling life, as a systematic corrosion of any sense of hope and self-worth is experienced by the victim(s) and even the perpetrator (Barnett, Miller-Perrin & Perrin, 2011: 436-437). Children who witness IPV and/or experience abuse receive a distorted message of love, relational expectations and may find it difficult to express their emotions appropriately, as their primary source (i.e. parents or caregivers) on whom they depend for a safe and nurturing environment (and secure attachment), is coloured with emotional instability and brutality (Savage, 2014: 165). Some children born into chaotic, dysfunctional and abusive homes grow up exhibiting socially inappropriate behaviour and are susceptible to exploit or to be exploited (Callaghan, Alexander, Sixsmith & Fellin, 2018: 1553; Straus, 2015: 93). Perpetrators of IPV often carry immense emotional pain, shame and guilt due to unresolved trauma originating from their formative years, at times resulting from their own victimisation (Sonkin & Dutton, 2002: 118-119). Severe adversities in childhood may be devastatingly painful and shut down the mentalising system as a dysfunctional means of self-protection (Brüne, Walden, Edel & Dimaggio, 2016: 29; Misso, Schweitzer & Dimaggio, 2018: 4). Healthy

mentalisation which is facilitated especially by early emotionally attuned interpersonal experiences, is crucial to the development of empathy or conscience (Brüne et al., 2016: 30) and conforming behavioural patterns. In other words, maltreatment in early childhood (and attachment insecurity) may have a detrimental and lasting effect on social information processing that may result in sociocognitive impairments (Ehrensaft et al., 2003: 741; Murphy, 2013: 213-214; Savage, 2014: 165). Subsequently, individuals may be predisposed to maladjusted behaviour for a lifetime (e.g. unable to regulate their emotions and/or self-regulate). Hence, the age-long debated dichotomy of nature versus nurture may, in fact, translate into nurture becoming nature (Meyer et al., 2013: 162). This stance does not propose that perpetrators are not culpable for their actions. They are indeed fully responsible for abusive behaviour and the cessation thereof (Jenkins, 1990: 54). Likewise, the very acknowledgement and the taking of responsibility for their conduct may culminate in a shift towards non-violent behaviour.

The current study embarked on the design and development of a Christian-based intervention programme for the perpetrators of IPV. The primary focus was on applied research to lay the groundwork for the possible dissemination of an innovative intervention programme to effect change pertaining to policy and practice (Steyn, 2012: iii). The endeavour involved collaborating with individuals and entities in Pretoria who have experienced or encountered the phenomenon of IPV, namely, perpetrators, victims, the criminal justice system (CJS) and other service providers (e.g. non-profit organisations that provide intervention programmes for IPV). Crucial to the current study was in-depth interviews with the participants during the developmental phase, as well as a sustained and intensive experience with the participants during the piloting of the intervention.

1.2 Definitions of key concepts

Definitions of key concepts are presented and then operationalised for the purposes of the current study. The operational definitions are formulated in keeping with other definitions and information that is relevant.

1.2.1 Domestic violence

Ireland and Rush (2011: 149) define domestic violence (DV) as a pattern of abusive behaviour which includes physical violence, emotional abuse, sexual assault, or economic coercion perpetrated by one or both partners in an intimate relationship. Sadock et al. (2015: 826) define DV and/or spouse abuse as “physical assault within the home in which one spouse is

repeatedly assaulted by the other". In addition, the authors distinguish between (a) high-severity abuse (e.g. being threatened or hurt with a weapon, burnt, choked, hit, or kicked, resulting in broken bones and head or internal injuries); and (b) low-severity abuse (e.g. being slapped, hit or kicked without injury, but also could include bruising, minor cuts and sprains).

Section 1 (viii) of the Domestic Violence Act (DVA) 116 of 1998 states that DV constitutes the following: Physical abuse, sexual abuse, emotional abuse, verbal abuse, psychological abuse, economic abuse, intimidation, harassment, stalking, damage to property, entry into the victim's residence without consent where the parties do not share the same residence and any other controlling or abusive behaviour towards the victim, where such conduct harms, or may cause imminent harm to the safety, health or well-being of the victim.

The Advocates for Human Rights (2014) recommend that the drafters of legislation should replace the term "psychological and economic abuse" with the term "coercive control" in a definition of DV. Coercive control includes psychological and economic violence and links the concepts to a pattern of domination through intimidation, isolation, degradation and deprivation, as well as physical assault. An abuser's tactics are often controlling and target the victim's autonomy, independence and dignity in ways that compromise the ability to make decisions to escape from the subjugation. Coercive control is defined as an act of assault, sexual coercion (e.g. rape or unwanted sexual practice), threats (e.g. harming the children, the victim's family, the pets or committing suicide), humiliation, intimidation (e.g. looks, gestures or actions such as leaving the victim stranded), or any other abuse that is used to harm, punish or frighten the victim. The control includes a range of acts designed to make victims subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain (e.g. controlling the victim's income), depriving them of the means needed for independence (e.g. insisting that the victim remain at home and not seek employment), resistance and escape. Additionally, coercive control extends to regulating the victim's everyday behaviour, and therefore, it includes two important forms of abuse that are not adequately expressed in the DVA, namely, (a) social abuse, where the victim is purposely socially isolated from friends and family and incorporates monitoring what the victim does and/or whom the victim sees or contacts; and (b) spiritual,[1] or cultural abuse, which occurs when the victim is denied the right to pursue religious, spiritual and cultural activities, or when forms of abuse are justified as religious dogmas or as acts supported by cultural tradition.

[1] See Medzani (2013: 18-19) who refers to "unnatural" forms of abuse such as bewitchment.

Operational definition: The current study focuses specifically on IPV and includes repeated forms of physical abuse, verbal abuse, psychological abuse, economic abuse and coercive control in an intimate relationship (though not restricted to married couples) that are committed by either a male or a female, or both parties. It is important to differentiate between abuse that is repetitive (e.g. cyclical) in nature and other forms of abusive behaviour. For instance, the current study does not consider being pushed or shoved in the odd heat of the moment, unintentional incidents, or abusive acts committed in self-defence and/or under extreme provocation as IPV. The IPV usually, though not exclusively, takes place in the home.

1.2.2 Domestic relationship

Ireland and Rush (2011: 149) refer to a domestic relationship as one that includes a member of one's family or household. Thus, a domestic relationship includes spouses, ex-spouses, parents, children, persons otherwise related by blood, persons living in the household, or persons formerly living there.

In terms of Section 1 (vii) of the DVA 116 of 1998, a domestic relationship refers to the relationship between a victim and a perpetrator in any of the following ways:

- They are or were married to each other (whether they are living together or not), including marriage according to any law, custom or religion.
- They are or were in an engagement, dating or customary relationship, including an actual or perceived romantic, intimate or sexual relationship of any duration.
- Unmarried couples in heterosexual and same-sex relationships (whether they are living together or not).
- They are the parents of a child or are persons who have or had parental responsibility for that child.
- They are family members related by consanguinity (i.e. blood relation, or the property of being from the same kinship as another person, or the quality of being descended from the same ancestor as another person), affinity (i.e. the relatedness that arises through marriage between each person), or adoption.
- They share or recently shared the same residence.

From the above, it is evident that the DVA no longer discriminates against victims based on their marital status and includes other types of relationships (e.g. dating couples and same-

sex relationships) which were previously not covered in terms of the Prevention of Family Violence Act (133 of 1993).

Operational definition: The IPV relationship describes recurring violent and non-violent types of abuse (e.g. threats, or the wilful damage or destruction of property) that occurs in an intimate relationship (not necessarily sexual, but relational), involving spouses, ex-spouses, cohabitants (i.e. couples who are living together) and non-cohabitants (i.e. couples who are dating). The IPV relationship includes heterosexual and same-sex relationships.

1.2.3 Victim

Although the term "victim" is generally used to refer to someone (individually or collectively) who has suffered harm, injury or damage, the cause of injury or damage need not necessarily be criminal in origin as in the case of a natural disaster (e.g. an isolated catastrophic event), or a life-threatening experience (Flemke, Underwood & Allen, 2014: 102). Nonetheless, Ireland and Rush (2011: 475) define a victim as a person who has been killed or suffered physical or mental anguish, or loss of property as a result of an actual or attempted criminal offence committed by another person.

Section 1 (iii) of the DVA 116 of 1998 refers to the victim as any person who is or has been in a domestic relationship with a perpetrator and who is or has been subjected, or allegedly subjected to an act of DV, including any child in the care of the victim.

Straus (2015: 85) states that a victim is usually identified on the grounds of whether a person is the target of a noxious behaviour or event, as well as whether the person is harmed by that behaviour or event. He contends that other criteria that are integral to the concept of victimisation are the presiding cultural norms and beliefs and how victimisation is morally and/or legally defined. Song, Wenzel, Yop Kim and Nam (2017: 360) concur by stating that the criminalisation of IPV, for instance, in South Korea has developed relatively recently compared to other countries such as the United States. Therefore, the legal ramifications are inadequate (e.g. a police response remains passive), and the public awareness of IPV being a crime and punishable is, to a large extent, not recognised (e.g. IPV is generally still considered to be a private matter). Another example is the acceptability of honour killings and genital mutilation in certain countries. A parallel can be drawn with Thorsten Sellin's culture conflict theory (Williams & McShane, 2014: 55), which essentially proposes that cultural values often dictate what is proper conduct.

Furthermore, there is what is termed vicarious or secondary victimisation, such as children who are raised in a hostile environment. Callaghan et al. (2018: 1552) choose not to use the term “witness to violence”, or to describe children as exposed to violence, or even vicarious victimisation, but rather to use the term “children who experience violence”. The authors argue that where abuse occurs between adult intimate partners, the violence and intimidation are often directed at both the adult and child victims, which makes it difficult to differentiate between two discreet categories, namely, IPV and child abuse (Callaghan et al., 2018: 1553). As indicated in 1.2.2 above, a domestic relationship includes children and is incorporated into the definition of DV. The children of partner abuse victims can be significantly affected and endure numerous psychological difficulties associated with the abuse throughout their lifespan (Callaghan et al., 2018: 1552). Hence, there is a strong association between IPV and child abuse.

Operational definition: The victim refers to any person who is or has been subjected to repetitive physical acts of violence and/or coercive control in a prior or existing intimate relationship. Criminal charges do not necessarily need to have been laid against the perpetrator for a person to be considered a victim. Additionally, children who “experience violence” are included in the definition of a victim regardless of whether it is secondary or direct victimisation. The intergenerational transmission of violence is pertinent to the current study.

1.2.4 Perpetrator

Ireland and Rush (2011: 349) define a perpetrator as the principal actor in the commission of a crime (i.e. the person who directly commits the criminal act).

Section 1 (xx) of the DVA 116 of 1998 refers to the perpetrator as any person who is or has been in a domestic relationship with a victim and who has committed or allegedly committed an act of DV against the victim.

The term “perpetrator” will be used interchangeably with offender, batterer, or abusive partner. Morley (2015: 227) makes the distinction that an important issue to consider is that perpetrators and/or offenders are considered recidivists based on the frequency of the crimes that they commit. Some individuals commit multiple crimes even after being released from the custody of a law enforcement agency. Therefore, recidivism is the tendency to relapse into undesirable behaviour. Moreover, violent perpetrators and/or offenders are likely to engage in other antisocial or self-destructive behaviours (e.g. alcohol abuse, promiscuity, or reckless driving).

When an individual at some point during the life course refrains from criminal activity or maladjusted behavioural patterns, it is referred to as desistance.

Straus (2015: 85) identifies with specific reference to IPV three types of perpetration, namely, male-only, female-only and bidirectional aggression, where the perpetrator is also the victim. Furthermore, Straus (2015: 93) states that perpetrators may also be victims and often are and that victims may also be perpetrators and often are.

Operational definition: A perpetrator is any person who is or has been in an intimate relationship with the victim and who repeatedly commits or has committed physical acts of violence and/or coercive control towards a prior or existing intimate partner. As mentioned, criminal charges do not necessarily need to have been laid for a person to be considered a perpetrator.

1.2.5 Intimate partner violence

Violence towards a romantic partner is often understood as DV. However, the legal definition of DV is broader than a definition for IPV per se as it includes abuse between individuals other than heterosexual and same-sexed intimate partners (e.g. DV includes child abuse, a child abusing an elderly parent, or a brother abusing his sister, or a husband abusing his sister-in-law, or assaulting a neighbour). In other words, DV incorporates abuse beyond intimate partners and immediate family members.

Haggård, Freij, Danielsson, Wenander and Långström (2017: 1028) widely define IPV as threats, violence or abuse between adults who are or have been in an intimate relationship. Hence, the term “IPV” overcomes the overly broad definition of DV and, at the same time, does not limit itself to the directionality and type of the abuse or the gender and marital status of the individuals involved.

In a definition of IPV, Misso et al. (2018: 1) include a pattern of behaviour where one person in an intimate relationship attempts to control and dominate the other person. Moreover, the context of the behaviour includes individuals who may be married, divorced, separated, unmarried and living together, or dating and who are in a heterosexual or same-sex relationship.

Operational definition: IPV[2] includes physical and non-physical forms of partner abuse among married, cohabitating and dating couples from all ethnic and cultural groups, in both heterosexual and same-sex relationships. The abuse can be male-only, female-only and bidirectional with a prior or existing intimate partner. It includes a pattern of coercive and/or manipulative behaviours perpetrated by one intimate partner against the other or by both intimate partners against each other.

1.2.6 Batterer intervention programmes

Batterer intervention programmes (BIPs) are typically court-mandated diversion or non-custodial sentencing options for perpetrators of IPV (i.e. most BIPs work in conjunction with the CJS). Cannon, Hamel, Buttell and Ferreira (2016: 227) state that intervention policies usually focus on providing services for victims. Law enforcement responses may include incarceration, probation or mandatory participation in psychoeducational treatment programmes (usually referred to as BIPs). Thus, instead of punishing perpetrators for their abusive behaviour, it is deemed that it would be more reasonable and effective to treat them for their problem behaviour.

A BIP is, therefore, a perpetrator or an offender-specific treatment programme that is considered an important strategy to stop IPV (Walker, 2017: 289), especially because, unlike other violent crimes, IPV is emotionally charged and involves people who are often in relationships that may not necessarily end with the adjudication of the case. A BIP enables the perpetrator to be sanctioned and at the same time, allows them to meet still their financial responsibilities towards their family (Radatz & Wright, 2016: 73). Thus, part of the role of the DV court is to be thoughtful about the possible continuing relationship between the victim and the perpetrator (Walker, 2017: 491) by opting for therapeutic justice (Walker, 2017: 489) and mandating treatment instead of incarceration and/or a fine.

Operational definition: For the purposes of the current study a BIP is a treatment or intervention programme that is specifically designed for perpetrators of IPV that includes both men and women.

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[2] To promote articulacy in the thesis, the term “intimate partner violence” is used interchangeably with terms such as violence, battering, aggression or abusive behaviour. Terminology such as women battering, or wife beating is avoided as they are restrictive and obscure the veracity of the phenomenon under investigation.

1.2.7 Prevention

In the context of DV, Barnett et al. (2011: 26) state that "prevention refers to social support and educational programmes designed to stop family violence before it occurs in the first place". Prevention aims to solve and prevent social problems that cause economic and emotional suffering. There are essentially three types of prevention strategies, namely, (a) primary prevention, such as creating a community awareness that a problem exists; (b) secondary prevention, such as establishing parent support groups for at-risk families or designing programmes targeted at selected groups such as high-risk adolescents or teenage pregnancy services; and (c) tertiary prevention (i.e. treatment or intervention).

In the context of crime in general, Bartol and Bartol (2011: 157) state that primary (or universal) prevention is designed to prevent undesirable behaviour before any signs of maladjustment occur. Moreover, many primary programmes require the promulgation of far-reaching policies and procedures, which often involve legislative authorisation and funding. Secondary (or selective) prevention consists of working with specific groups of individuals (e.g. adolescents) who are at high risk and who display early signs of maladjustment but have not yet been classified or adjudicated by the court as a delinquent or a criminal. The basic assumption of secondary prevention is that early detection and early intervention may prevent future offending. Bartol and Bartol (2011: 158) state that tertiary prevention refers to treatment (or intervention). The authors prefer to use the term "treatment" because it can be argued that primary and secondary prevention can also be considered an intervention. Moreover, there may be an overlap between secondary and tertiary prevention. For instance, juveniles in secondary prevention programmes often receive treatment. Thus, the authors reserve the term "treatment" to apply to programmes that are designed to reduce serious, habitual or antisocial behaviours by adjudicated individuals.

Operational definition: Prevention can be considered as a strategy that is conducive to combat, for instance, IPV and the recidivism thereof. Although BIPs can be regarded as part of secondary and tertiary preventative measures against IPV, they do not fall under the ambit of primary prevention.

1.2.8 Intervention

In the context of DV, Barnett et al. (2011: 26) state that intervention refers to a response to family violence after it occurs and includes programmes to identify and protect victims, criminal justice sanctions for perpetrators and various treatment options for perpetrators and victims.

Thus, interventions are usually developed to enhance and maintain the functioning and well-being of the individual, a family, a group, an organisation, the community and society in general.

Interventions are purposively implemented change strategies that often translate into social policies (Fraser & Galinsky, 2010: 459). In other words, the implementation of a particular intervention or change strategy (e.g. the provision of resources and services) may become multiplex and include the active participation and cooperation of the community, as well as all the relevant stakeholders such as government and non-government organisations (Steyn & Lombard, 2013: 348).

Operational definition: With the criminalisation of IPV and the advent of court-mandated diversion programmes, a BIP forms part of intervention and has become synthesised into treatment and punishment. The current study focuses on treatment for voluntary participants and rehabilitative intervention for court-mandated participants (i.e. tertiary prevention). A BIP is merely one service or treatment (i.e. intervention) and one component of a coordinated community response in the fight against IPV.

1.2.9 Christianity

Christianity is one of the many world religions and is based on faith in the Lord Jesus. Hebrews 12:2[3] states that Jesus is "the Author and Perfecter of our faith, … ". The hallmark of Christian fundamentalism is the belief in the final authority and infallibility of the Word of God. The Bible contains a clear definition of faith in Hebrews 11:1, namely, that "faith is the substantiation of things hoped for, the conviction of things not seen". The substantiation of things hoped for includes assurance, confirmation and the confidence that God is faithful and true to His promises in the Bible. God promises eternal life, daily salvation and liberation from all forms of oppression to those who believe in Him. Consequently, the Christian faith can prove to be instrumental in changing abusive behavioural patterns (Lund, 2017: 348). It is not so much about the doctrine of religion but the subjective experience of the living and all-sufficient Triune God.

[3] All the verses that are quoted throughout the thesis are taken from the Holy Bible: Recovery version (2003). It may be noteworthy to mention that when a word is capitalised in a verse after a punctuation mark other than a period, it refers to direct speech in place of quotation marks. OT denotes Old Testament and NT denotes New Testament.

The following are some basic principles of Christianity as outlined by Krüger, Lubbe and Steyn (2009: 297): (a) Jesus Christ is God; (b) He was born of the virgin Mary; (c) He died to atone for human sins; (d) He physically rose from the dead; and (e) He will return to end the present age. Lee (1979a: 150) defines Christianity or the object of faith and/or belief as follows:

> Our God, who is triune, became a man by the name of Jesus. He went to the cross and died for us, for our sins. After three days He was resurrected from the dead and ascended to the heavens, where He now is as our Redeemer, Savior, and Lord. At the same time, in His resurrection He became the life-giving Spirit, came into us, and now lives within us as our life, while His blood cleanses all our sins. … Whatever our age, nationality, or background, we are one because we have the same Spirit and the same faith.

A Christian-based intervention programme will, in all likelihood, be able to accommodate all denominations but will not be suitable for other religions.

<u>Operational definition</u>: A Christian is a person who believes that Christ Jesus is God in the flesh and defeated the devil in His humanity. God descended to earth to lead by example as a man, as well as to make men and women the same as Himself in His life and His nature. Christians believe that the Lord Jesus died for their sins and that God raised Him from the dead, which allows the Christian to receive the indwelling of the Holy Spirit, whereby the Christian can be referred to as a son or daughter of God. Thus, they subsequently enter into a relationship with the Triune God, who becomes their Father as He leads them in all truth and righteousness. God's purpose is to dispense Himself as life into every individual through a process of regeneration, sanctification, renewing, transformation, conformation and glorification. Transformation is a deep inward change that can only be accomplished by the all-inclusive life-giving Holy Spirit dwelling in the human spirit (i.e. becoming more Christ-like and conformed to His image). "But he who is joined to the Lord is one spirit" (1 Corinthians 6:17). Human beings need to grow in life and also to be transformed in life, as revealed in the following Bible verse.

> And we all with unveiled face, beholding and reflecting like a mirror the glory of the Lord, are being transformed into the same image from glory to glory, even as from the Lord Spirit (2 Corinthians 3:18).

1.3 Problem formulation

IPV is a global social and public health concern with multifaceted physical, psychosociological, economic and legal repercussions. The South African Victims of Crime Survey (VOCS, 2017: 41) shows that although IPV and DV are distinctly two different concepts, there are not always statistics for IPV per se and often, the terms are used interchangeably (e.g. in South Africa the special DV courts generally refer to the cases of IPV as DV as indicated in the preamble of the DVA). Nonetheless, IPV affects millions of people nationwide every day. The Centers for Disease Control and Prevention (CDC, 2018: 8-9) reaffirm the following 2015 statistics as outlined by the National Intimate Partner and Sexual Violence Survey (NISVS); that in the United States alone (a) more than one in three (36.4 percent or 43.6 million) women experienced contact sexual violence, physical violence and/or stalking by an intimate partner during their lifetime; and (b) approximately, one in three (33.3 percent or 37.2 million) men experienced contact sexual violence, physical violence and/or stalking by an intimate partner during their lifetime.

South Africa has one of the highest rates of IPV in the world (De La Harpe & Boonzaier, 2011: 147; Jefthas & Artz, 2008: 42; Mathews, Jewkes & Abrahams, 2015: 107). However, in South Africa, very little research has been done on interventions to combat IPV; the effects of BIPs on men's behaviour and the well-being of female partners, especially the long-term impact, are to a large extent neglected (De La Harpe & Boonzaier, 2011: 147). The South African VOCS (2015: 76, 78-79) indicates that (a) the majority of assault is committed by an intimate partner; (b) the majority of assault occurs in the home; and (c) the most cited motivation behind the assault is sudden personal anger. Moreover, the South African VOCS (2017: 42, 44) indicates that (a) 262 874 individuals aged 16 years and above were victims of assault, which is equivalent to about 0.7 percent of all adult people in South Africa; (b) it appears that the difference in the victimisation rates between males and females is not significant, in other words, 120 110 males compared with 142 763 females; and (c) that the repeat victimisation index dramatically increased between 2016 and 2017. Hence, from the above statistics pertaining to South Africa, the following deductions can be made:

- IPV is a serious and pervasive problem in South Africa.
- IPV seems to be a matter of lack of self-control.
- IPV is committed by both sexes.
- The sharp increase in revictimisation figures needs to be investigated as to the effectiveness or limitations of current preventative measures.

IPV has a detrimental impact on the intimate partner, and the effects of violence extend to other members of the household, including the children. Of great concern is that IPV is highly correlated with child abuse (Barnett et al., 2011: 112-113; Callaghan et al., 2018: 1553). Apart from children possibly being injured during violent incidents between their caregivers, child abuse can take on many forms in conjunction with witnessing IPV, such as physical abuse (where a parent or caretaker wilfully injures or causes injury to a child), emotional abuse (where a child is belittled, subjected to extreme and inappropriate punishment and the harming of pets), emotional neglect (where the parent fails to provide a child with the appropriate support, attention and affection), sexual abuse, child neglect (where the parent fails to provide a child with basic needs such as food, clothing, shelter, medical care, educational opportunity, protection and supervision) and child abduction (Flemke et al., 2014: 100). Moreover, children from an abusive environment are at risk to fall prey to either being revictimised in adulthood or may themselves become perpetrators of IPV (United States Department of Justice, 2017) and other violent crimes, thus perpetuating the intergenerational transmission of violence.

Callaghan et al. (2018: 1553) contend that witnessing IPV can be as impactful as being directly physically abused. Children are inevitably drawn into the abusive dyad of partner violence which is likely to be associated with conflict and distress. For instance, children are invoked to take sides or shift alliances against a parent and/or sibling(s). Split loyalties, parentification or other role inversions and scapegoating have the potential to produce long-term psychological distress. The perpetrator may directly involve the children in coercive control activities such as isolation, blackmailing, monitoring the abused parent and stalking. The perpetrator may directly involve the children in minimising, legitimising and justifying their violent behaviour (Callaghan et al., 2018: 1555). Family life is the basic fabric and cornerstone of society, and therefore, IPV has an immeasurably detrimental effect on the community and society as a whole. In recent years, the prevention of violence has been a priority, as reflected in the outpour of national and international directives against violence and the multilateral collaborations to find solutions. One such community response to the amelioration of IPV has been the development of BIPs.

The most influential intervention programmes for perpetrators of IPV, worldwide and in South Africa, are based on the Duluth model that attributes IPV to male privilege (Cluss & Bodea, 2011: 8; De La Harpe & Boonzaier, 2011: 148; Krieg Mayer, 2018: 245; Maphosa, 2015: 21; Misso et al., 2018: 2) and tends to embrace an ideology of patriarchy rather than being theory-driven and evidence-based (Eisikovits, Grauwiler, Mills & Winstok, 2008: 249). In the United States, 95 percent of BIPs operate under the philosophical framework that IPV stems from patriarchal factors of power and control (Babcock, Armenti, Cannon, Lauve-Moon, Buttell, Ferreira, Cantos, Hamel, Kelly, Jordan, Lehmann, Leisring, Murphy, O'Leary, Bannon, Salis &

Solano, 2016: 367). The gender paradigm has dominated BIPs and criminal justice policy for four decades (Dixon, Archer & Graham-Kevan, 2012: 197) even though the social science data consistently find that contemporary BIPs seem to be relatively ineffective in reducing recidivism (Babcock, Green & Robie, 2004: 1023; Babcock et al., 2016: 356; Canton & O'Leary, 2014: 207; Cluss & Bodea, 2011: 8; Ehrensaft, 2008: 281; Haggård et al., 2017: 1040). It is perturbing that ineffective interventions are mandated or enforced by the government through legislative policies, possibly due to the lack of other standardised replacement models. The Washington State Institute for Public Policy states the following (Miller, Drake & Nafziger, 2013: 1):

> We found no effect on DV recidivism with the Duluth model. There may be other reasons for courts to order offenders to participate in these Duluth-like programs, but the evidence to date suggests that DV recidivism will not decrease as a result. … We found five rigorous evaluations covering a variety of non-Duluth group-based treatments. On average, this diverse collection of programs reduced DV recidivism by 33%. Unfortunately, these interventions are so varied in their approaches that we cannot identify a particular group-based treatment to replace the Duluth-like model required by Washington State law.

Haggård et al. (2017: 1029) conducted a controlled quantitative study of the effectiveness of the Integrated Domestic Abuse Program (IDAP), which is a manual-based group intervention for adult male perpetrators of IPV. The programme originates from the Duluth Domestic Abuse Project (DAIP) and takes a pro-feminist, psychoeducational approach to violence that focuses on men's general use of power and control over women. The findings support the conclusions from systematic reviews that indicate the IDAP's poor effects on continued violent behaviour. In fact, none of the effects in the study of Haggård et al. (2017: 1040) could be secured statistically, which suggests an urgent need to develop improved interventions for perpetrators of IPV.

Almost a decade ago, Ross and Babcock (2010: 198) emphasised the need to improve upon current IPV treatments, specifically regarding the disconnect between empirical findings and public policy. A recent systematic review of 400 studies and a national survey of BIPs across the United States and Canada proposes that the limitation of existing BIPs is largely due to current State standards that regulate programme content as a prerequisite for service providers to receive support and public funding (Babcock et al., 2016: 360). The State standards usually promulgate a feminist and gendered ethos which is not grounded in the body of empirical research evidence and best practices (Babcock et al., 2016: 356). In reality, the

evidence supports the view that men usually learn from a relatively early age that it is socially unacceptable to hit a woman (Dixon et al., 2012: 206). The current study endorses the necessity to move beyond a patriarchal framework in the design and development of an alternative evidence-based intervention programme for perpetrators of IPV.

1.4 Rationale for the research

The development of an intervention programme "that works" and is empirically tested is of paramount importance in the fight against IPV. Martinson coined the term "what works" and proclaimed that "nothing works" in offender treatment (Martinson, 1974: 48-49). His famous article generated much debate on the effectiveness of rehabilitation (Johnson, 2011: 99). As an outflow from the "what works" debate, it is fundamental to identify causal influences that apply to both men and women who perpetrate IPV in order to streamline programmes according to the evidence at hand (Goldenson, Spidel, Greaves & Dutton, 2009: 753). The predominant BIPs that are often accredited and regulated by governmental standards and ideologies are not necessarily grounded in the body of empirical research evidence (Babcock et al., 2016: 356). Some BIP intervention philosophies, in particular, Duluth-type models, also do not accommodate female perpetrators of IPV (Babcock et al., 2016: 423; Carney et al., 2007: 112), nor bidirectional partner violence.

In addition, empirically supported treatment for female perpetrators of IPV is underdeveloped (Goldenson et al., 2009: 765). An ideological orientation towards IPV intervention and prevention could be a reason why certain victims based on their age, gender and sexual orientation are underserved and underfunded by services offered by governments or agencies that address IPV (Babcock et al., 2016: 359; Carney et al., 2007: 111). Hines and Douglas (2011: 20) found that when agencies are "unable" to offer their services to victims, the population tends to be adolescents and men. Furthermore, outreach services which were generally offered by all the 371 agencies in the authors' sample, seemed to be lacking, particularly for gay, lesbian, bisexual and transgendered communities (GLBTs). Men and GLBTs will, in all likelihood, not reach out to agencies for assistance given the perception that IPV agencies are for women victims and male perpetrators (Hines & Douglas, 2011: 23). Committing to social justice and human rights necessitates that the plight of excluded groups is taken into consideration (Steyn & Lombard, 2013: 345). Babcock et al. (2016: 421) argue that, given the lack of clear evidence supporting the effectiveness of the predominant Duluth-type models, continuing to mandate men to attend such BIPs is questionable and that it is time to explore different alternatives.

There is mounting evidence for an inverse relationship between religious commitment and crime or delinquency (i.e. an increase in religiosity is related to a decrease in crime). One extensive review of 272 faith and crime studies from 1944 to 2010 revealed that in 90 percent (i.e. 247 of 272) of the studies, more God means less crime and delinquency (Johnson, 2011: 78). However, the literature examining the relationship between faith and crime is limited (Kewley, Beech & Harkins, 2015: 143). Nonetheless, a rigorous evidence-based assessment of the effectiveness of faith-based programmes reveals that they "work" in reducing recidivism (Dodson, Cabage & Klenowski, 2011: 367). The study of Dodson et al. (2011: 380) utilised the Maryland Scientific Methods Scale[4] and included longitudinal measures to establish whether there were long-term treatment effects. The deliberation calls for continued research in the field of IPV intervention and indicates that there is scope to explore the incorporation of faith in a BIP. Therefore, the current study endeavoured to design, develop and pilot a gender-inclusive Christian-based intervention programme for perpetrators of IPV, that is theoretically sound and constructed on the existing evidence. Faith-based interventions generally lack evidence-based support, practices and an explicit causal model of how they enhance conforming behaviour and psychological well-being (Dodson et al., 2011: 368; Schaefer, Sams & Lux, 2016: 602). The current study is grounded in empirical evidence with a focus on promoting internal control mechanisms, prosocial bonds (Schaefer et al., 2016: 616) and attempts to demonstrate how a Christian-based programme might prevent IPV. Martinson (1974: 50) claimed:

> … it is possible that there is indeed something that works - that to some extent is working right now in front of our noses, and that might be made to work better - something that deters rather than cures, something that does not so much reform convicted offenders as prevent criminal behavior in the first place.

1.5 Aim and objectives of the study

The aim of the current study was to design and pilot a Christian-based intervention programme aimed at preventing the reoccurrence of IPV. In pursuit of the aim, the objectives were:

- To undertake a review of the literature to conceptualise and contextualise IPV intervention.
- To identify the strengths and limitations of existing BIPs in the literature review.

[4] "The Maryland Scientific Methods Scale is one of the most widely accepted tools for assessing scholarly works in criminology. It enables criminologists to critically evaluate the effectiveness of various types of justice-related programs including those focusing on crime prevention strategies" (Dodson, Cabage & Klenowski, 2011: 373).

- To conduct in-depth interviews with perpetrators, victims, CJS officials and service providers who have experienced or encountered the phenomenon of IPV to assist in the design and development of the prototype intervention programme (i.e. phase one).
- To pilot the prototype intervention with perpetrators of IPV (i.e. phase two) and finalise the preliminary or draft intervention.

For the purposes of the study and due to the deep-seated nature of IPV perpetration, a reasonable outcome of the intervention was considered as threefold, namely, (a) to foster a resolve or commitment to take responsibility for abusive behaviour (i.e. victim-blaming or neutralisation techniques are a great hindrance to changing undesirable behavioural patterns); (b) to assess whether the participants understood and found the content of the programme beneficial (i.e. whether the material resonated with the group members); and (c) to assess whether there was a shift in intrapsychic dynamics related to depression, stress and anxiety. Depression (Winstok & Straus, 2014: 94) and situational factors such as unemployment (Jefthas & Artz, 2008: 38) are highly correlated with IPV. Desistance from IPV is a process and is, of course, the ultimate goal of effective intervention. However, due to time and resource constraints, as well as the requirements for the degree to which the candidate would participate in the research, the developed intervention was not evaluated over an extended period of time. Instead, the development process was taken up to the pilot testing phase in order to obtain provisional insights into a Christian-based intervention programme for perpetrators of IPV.

1.6 Summary of research methods

Intervention research is the systematic study of purposive change strategies. It is characterised by both the design and development of interventions. Design involves the specification of an intervention which includes determining the extent to which an intervention is defined by explicit practice principles, goals and activities (Fraser & Galinsky, 2010: 459). The research approach adopted in the study was that of mixed methods (i.e. combining both qualitative and quantitative approaches in a single study) to lay the groundwork for the possible dissemination and application of a new BIP. The research strategy utilised the mixed methods approach sequentially, where phase one (i.e. the design of the prototype intervention) served to inform phase two, which entailed the early development and piloting of the prototype intervention in order to finalise the manual. The table to follow summarises the mixed methods approach used in the study.

Table 1: Two-phased mixed methods approach

	Phase one: Explorative	Phase two: Piloting
Aim	Needs assessment Focus on the central phenomenon of IPV intervention Inductive/non-causal Subjective	Identification of variables and their interaction (i.e. cause and effect) Deductive/causal Objective and subjective
Research approach	Qualitative	Mixed methods
Type of research	Applied	Applied
Research purpose	Explorative Descriptive	Explanatory Explorative
Research design	Collective case studies Triangulation of sources	Sequential transformative pre-experimental research design Triangulation of methods Triangulation of observers
Study population and sources of information	Perpetrators Victims Magistrates and prosecutors Service providers of intervention Literature review Documents	Court referrals (perpetrators and their victims) from a domestic violence court in Pretoria
Sampling approach	Non-probability	Non-probability
Sampling method	Purposive	Purposive (selection criteria participants from protection order applications or the contravention of a protection order)
Data collection	Personal interviews Observation Document analysis	Pilot study Face-to-face interviews Observation DASS21 pre-post-test Group-administered post-test structured questionnaire
Research instrument	Semi-structured interview schedule Observation sheet	Structured observation sheet Closed-ended questionnaire
Data analysis	Interpretative phenomenological analysis	One-group pre-test-post-test Wilcoxon signed-rank test (Statistical Package for Social Sciences) Researcher as observer
Data quality	Trustworthiness	Reliability Validity

Source: Adapted from Creswell (2009); Delport and Fouché (2011); Mentz and Botha (2012); Smith, Flowers and Larkin (2009).

The Research Ethics Committee of the Faculty of Humanities at the University of Pretoria granted ethical clearance for the research project with the following reference number: GW20150909HS. In addition, the standard and/or required ethical considerations associated with the social sciences and criminology were adhered to. A more detailed discussion of the research methods and the ethical considerations applicable to the current study is advanced in chapter four.

1.7 Value of the study

The research findings collaborate that a propensity to perpetrate IPV is vested in an aetiology that is both similar and developmental across the lifespan for both sexes. The research generated valuable theoretical insights into partner abuse whereby a bio-psycho-socio-spiritual causational and remedial approach towards IPV is postulated (i.e. intrapsychic and interpersonal theories with a social control perspective, including situational factors are integrated into a single explanatory framework for IPV). It is purported that the focus of intervention programmes for perpetrators of IPV needs to be broadened from targeting almost exclusively on changing attitudes that condone the use of violence towards women to a developmental approach that can be applied to both men and women. Additionally, applied research sets out to solve the social ills of the world in a practical way and to effect change. Hence, the current study has important implications for policy, practice, the beneficiaries of services and may aid in the prevention of IPV. The CJS in South Africa relies heavily on Alternative Dispute Resolution Mechanisms (ADRMs), such as adult diversion, to enhance service delivery. The developed gender-inclusive BIP provides a resource for therapeutic justice, especially when couples still want to remain with one another and are merely seeking an avenue for the abuse to end. Thus, the current study not only contributes to the body of knowledge but also boosts criminology as an academic and applied discipline.

1.8 Contents and layout of the research report

The researcher has divided the research report as follows:

- **Chapter 1**: **Introduction and orientation towards the study**. The chapter comprises a general introduction; the conceptualisation of key concepts; problem formulation; rationale for the research; aim and objectives of the study; a short overview of the methods; the value of the study; a division of the research report; and a summary of the chapter.
- **Chapter 2**: **Literature review**. The chapter consists of a general understanding of IPV in terms of its nature, prevalence and impact; national and international directives pertaining to IPV are succinctly presented; an outline of the causes of IPV and various theories ensues (e.g. attachment theory, learning theory, social control theory and the role of religion as a unifying philosophy of life); the construction of IPV is examined (e.g. various typologies for a batterer profile, Lenora Walker's cycle of violence, depression, shame, impulsivity and substance abuse); the call for a Christian-based intervention programme for perpetrators of IPV is provided; existing batterer interventions is discussed regarding

policy, practice, implications and recommendations; a three-pronged bio-psycho-socio-spiritual theoretical framework is proposed as a developmental pathway and remedial treatment strategy; a summary of the chapter follows.

- **Chapter 3**: **Research methods**. The research approach of the current study was that of mixed methods. The chapter incorporates a thorough description of the research methods pertaining to phase one (i.e. explorative) and phase two (i.e. piloting). The data quality and ethical aspects are discussed in detail, followed by a summary of the chapter.
- **Chapter 4**: **Phase one: Presentation and discussion of the empirical findings**. The chapter comprises data collection and analysis, specifically the write-up and interpretation of the research findings of phase one. The causes of IPV emanating from the data are discussed because a well-designed intervention should have a theoretical foundation that is supported by the research. A compilation of other emergent themes, such as the patterns of abusive behaviour and topics that may be relevant to IPV, is presented. The data is supported by verbatim transcript extracts or excerpts and the literature. The chapter is integral for the early development of the prototype intervention and to inform the pilot study. The chapter is summarised.
- **Chapter 5**: **Phase two: Programme development and piloting**. Early development entails an outline of the content of each session which is specified with an explanation of the objectives of each session. During piloting, the preliminary draft of the intervention is tested, revised and redesigned based on the data collected in phase two. The findings of phase two will be expounded upon (e.g. a profile for the participants will be outlined and the pre-post-test results will be discussed). The content of the programme will be finalised, and procedural guidelines will be detailed in a manual. A summary of the chapter ensues.
- **Chapter 6**: **Conclusion and recommendation**. An exposition of the motivation for the research project is presented, as well as issues raised by the researcher. The conclusion and recommendations for policy, practice and future research themes follow, and a summary is proposed in the final chapter of the thesis.

1.9 Summary

IPV is a global evil and has reached pandemic proportions with ramifications that are devastating for all parties concerned. Female-perpetrated violence in intimate relationships is at least as common as male-perpetrated violence and can be just as austere. The predominant BIPs worldwide and in South Africa are based on the Duluth model and tend to embrace an ideology of patriarchy rather than being theory-driven and evidence-based. The current study supports a developmental conceptualisation of IPV that includes bidirectional abuse. Recognising a developmental pathway to IPV also promotes secondary intervention by taking

at-risk groups into consideration. The gender paradigm has dominated BIPs and the CJS for four decades, even though the social science data consistently find that contemporary BIPs seem to be relatively ineffective in reducing recidivism. Of great concern is that perpetrators of IPV are court-mandated to attend interventions that may be marginally effective, which may seriously encroach upon the safety of the victims. One reason that has been posed for the questionable practice as to why Duluth-type models are still supported (e.g. accredited and regulated by governmental standards) is due to the lack of other standardised replacement models.

The inverse relationship between faith and deviant or criminal behaviour has long been established and supported by many penal systems. An evidence-based assessment of the effectiveness of faith-based programmes reveals that they "work" in reducing recidivism. Therefore, the research comprised an undertaking to develop a gender-inclusive Christian-based intervention programme for perpetrators of IPV that is theory-driven and evidence-based. The research approach is that of mixed methods with a focus on applied research to lay the groundwork for the possible dissemination of an innovative intervention programme to effect change. The endeavour involves commenting on future directions to bring about change, as well as includes policymakers, practitioners and beneficiaries of services in a bid to curtail or prevent partner abuse.

CHAPTER TWO: Literature review and theory

2.1 Introduction

The researcher conducted a thorough and extensive literature review and examined important empirical research and reported practices regarding IPV and the prevention thereof. Electronic databases were particularly helpful as a source of information for the construction and conceptualisation of IPV, as well as frequent visits (over six months) to the DV Court in Pretoria to encounter the pragmatic utilisation of the DVA (De Vos & Strydom 2011: 480). It is evident that contemporary research has not adequately explored the role of faith and treating IPV (Kewley et al., 2015: 143). Therefore, it was deemed prudent to investigate the relevance of how faith incorporated into a BIP could prove to be strategic in countering IPV. While recognising the universal richness of religion and spiritual diversity, the researcher focused on a Christian perspective. In an overview of BIPs, the concept of faith and the spirit is conspicuously absent. Hubbert (2011: 126) states:

> Mind, body, and soul are believed to be interdependent and interrelated phenomena. … Denying aspects of our spiritual dimension, means that we deny aspects of our human existence. Research has found that spirituality is a significant source of resilience, strength, comfort, and promotes psychological well-being, and enhances coping mechanisms.

Chronic shame is a malaise that presents in various mental health disorders such as depression, anxiety, stress, borderline personality disorder (BPD), addictions and IPV. Religion and spirituality are strengths that, if harnessed, can bring healing to insecure attachment and a damaged identity style, which is often associated with chronic shame (Park, 2016: 373) and IPV. Park (2016: 373) states that the restoration of one’s relationship with God may be a vital dimension that powerfully influences all aspects of an individual’s life and is crucially important for an effective and holistic treatment approach, especially when addressing shame. Even if perpetrators of IPV do not have a traumatic childhood, the act of abusive behaviour can be shameful. The following points manifested with regard to an understanding of IPV (e.g. the nature and extent of IPV, policy, statistics, impact and practice). An elucidation of the possible causes of IPV is presented, as well as the motivation for a Christian-based intervention programme for perpetrators of IPV.

2.2 Intimate partner violence

Child abuse is often concomitant to IPV (Callaghan et al., 2018: 1553; Sartin, Hansen & Huss, 2006: 437; Walker, 2017: 159) and is then referred to as DV. There are several robust linkages between child abuse and abusive behaviour in adulthood. For instance, adults who were physically abused as children are more likely (a) to both receive and inflict dating violence; (b) to inflict physical abuse on their marital partners; and (c) to be perpetrators of child abuse as adults (Barnett et al., 2011: 172). Thus, child abuse and/or IPV may predispose a person to a lifelong trajectory of violence (Walker, 2017: 113), either as a perpetrator or as a victim,[5] or increasing their susceptibility to participate in mutual violence.

The focus of the current study is specifically on IPV and refers to behaviour within an intimate relationship that causes physical, sexual or psychological harm and includes acts of physical aggression, sexual coercion, psychological abuse, controlling behaviours and damage to property. IPV has no boundaries and presents itself regardless of race, age, sexual orientation, religion, or gender. IPV affects people of all socioeconomic backgrounds and education levels (Dutton, 2012a: 102). It occurs in both opposite-sex and same-sex relationships regardless of whether the intimate partners are married, living together or dating (United States Department of Justice, 2017). In fact, abuse rates may be higher in lesbian relationships than in heterosexual relationships (Dutton, 1995: 568; Dutton & Corvo, 2006: 464). Both sexes evidence similar characteristics (Carney et al., 2007: 112; Dutton & Corvo, 2006: 475), such as exposure to interparental violence, personality disturbance and substance abuse, as well as similar motives to perpetrate abusive behaviour. An exploratory factor analysis identified five motives relevant to female-perpetrated IPV, namely, an expression of negative emotions such as anger characteristic of emotion dysregulation, self-defence, control, jealousy and tough guise (Caldwell, Swan, Allen, Sullivan & Snow, 2009: 672; Dutton & Corvo, 2006: 460) where the abuse is proactive in retaliation to being victimised.

2.2.1 Nature of intimate partner violence

IPV can be defined as a repetitive pattern of abusive behaviour in an intimate relationship where a partner uses abuse to gain or maintain power and control over the victim (i.e. intimate partner). IPV can be physical, sexual, emotional, economic or psychological actions or threats

[5] Sixty-eight percent of battered women reported that they were exposed to battering in their childhood (Walker, 2017: 91).

of actions that influence another person. It includes any behaviour that intimidates, manipulates, humiliates, isolates, frightens, terrorises, coerces, threatens, blames, hurts, injures or wounds an intimate partner. Illustrations of the various types of abuse are compiled from the United States Department of Justice (2017):

- Physical abuse includes hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, denying a partner medical care, or forcing alcohol and/or drug use upon him or her.
- Sexual abuse is coercing or attempting to coerce any sexual contact or behaviour without consent. Sexual abuse includes but is not limited to marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, treating a partner in a sexually demeaning manner, or forcing a partner to perform unwanted sexual practices.
- Emotional abuse can be considered as the undermining of an intimate partner's sense of self-worth and may include, but is not limited to, constant criticism, diminishing of one's abilities, name-calling, or damaging one's relationship with his or her children.
- Economic abuse is exploiting an intimate partner financially or attempting to make an intimate partner financially dependent by, for instance, controlling all financial resources, withholding the victim from access to money, or forbidding them to further their education or to seek employment.
- Psychological abuse includes but is not limited to causing fear by intimidation (e.g. looks or gestures), threatening physical harm to oneself (e.g. suicidal threats), to an intimate partner, children, or partner's family or friends, destruction of property, hurting pets, using religious dogmas or cultural tradition to support abusive acts, or forcing isolation from family and friends.

All forms of abuse are inevitably emotionally abusive (Simonič, Mandelj & Novsak, 2013: 341). Economic abuse is a unique construct and should not be subsumed under psychological abuse (Stylianou, 2018: 381-382). There is an abundance of literature on physical, sexual and psychological abuse as opposed to economic abuse. Moreover, economic abuse may be more prevalent than generally believed and is often surreptitious or covert in nature (Stylianou, 2018: 388, 390). For instance, a spouse could be financially exploited and controlled without a single blow ever being struck (Barnett et al., 2011: 24). Thus, it is important to expound a bit more on economic abuse. There are a variety of economic abusive tactics that can be just as debilitating as the other forms of abuse, if not more, since they threaten an individual's economic security, the potential for self-sufficiency and the means to leave an abusive relationship (Stylianou, 2018: 382, 389). Economic abuse occurs in mainly three ways, namely, (a) controlling the victim's access to economic resources; (b) sabotaging the victim's ability to obtain and maintain

employment; and (c) exploiting the victim's personal economic situation. Tactics include the following (Stylianou, 2018: 382):

- Denying access to money.
- Dictating the use of transport.
- Putting the victim on an unreasonable allowance.
- Monitoring all money spent.
- Abusers sabotage victims' ability to obtain employment (e.g. by discouraging or actively forbidding education, training and/or employment).
- Abusers sabotage victims' ability to maintain employment (e.g. by interfering with their partner's employment, such as sabotaging the car by disconnecting the battery, hiding the car keys, phoning incessantly, harassing the victim or other staff members at work, preventing sleep and inflicting injuries).
- Compromising the families' financial situation (e.g. stealing money, incurring unnecessary debt even in the victim's name, gambling and not paying the utilities).

Although abusive partners may resort to more than one type of abuse, abusive behaviours usually include economic abuse. For example, 93 percent of 457 female victims in the study of Stylianou (2018: 388) experienced economic abuse. In addition, there seems to be a significant association between economic abuse experiences and depression. Possible reasons are that the victim may have a sense of hopelessness as dependency on the perpetrator often prevents the victim from leaving (e.g. it impacts the victim's ability to take financial care of his or her children) and destroys an individual's economic security as the gaining and/or maintaining of economic opportunities is prevented (Stylianou, 2018: 389). The conceptualisation of economic abuse as an integral part of IPV has important implications for policy and practice.

The CDC (2017b: 7) includes stalking as a form of IPV and comments that abusive tactics can be perpetrated electronically through mobile devices and social media sites, as well as in person. As indicated in chapter one (1.2.1), the DVA includes intimidation, harassment and stalking as forms of partner abuse. The Protection from Harassment Act 17 of 2011 became operational on 27 April 2013 and affords victims of harassment and stalking outside a domestic relationship an effective remedy against such behaviour.

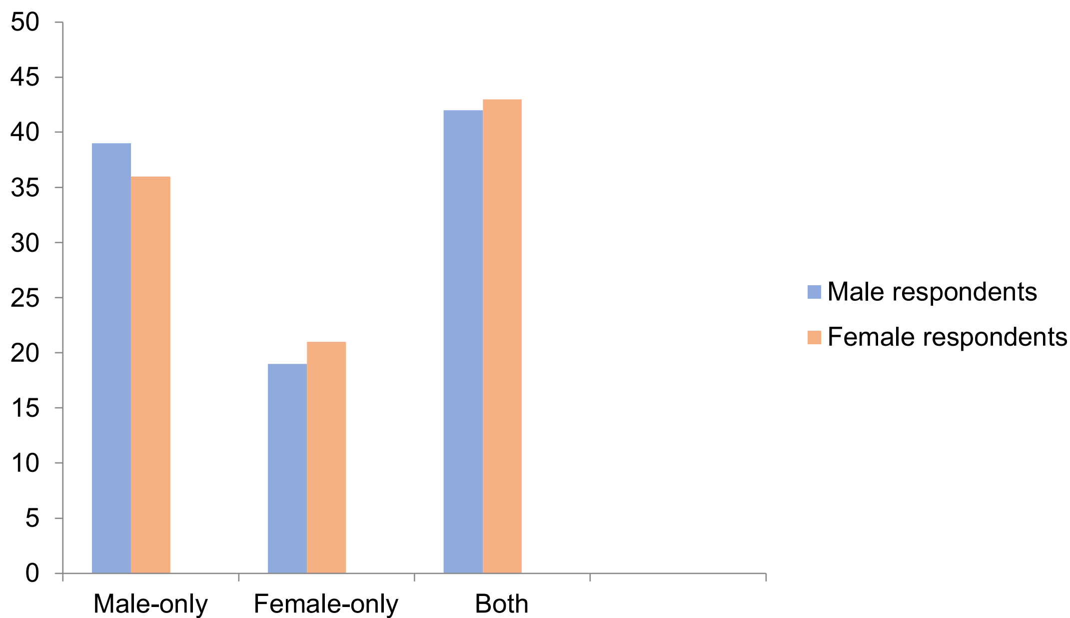
Section 1 of the Harassment Act 17 of 2011 provides a definition of harassment and includes (a) following, watching, pursuing, or accosting the victim or a related person, or loitering outside

of or near the building or place where the victim or related person resides, works, carries on business, studies or happens to be; (b) engages in verbal, electronic or any other communication aimed at the victim or related person, by any means, whether or not a conversation ensues; (c) sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the victim or related person, or leaving them where they will be found by, given to, or brought to the attention of the victim or related person; and (d) sexual harassment. Perpetrators of IPV frequently harass and stalk their partners before and especially upon the termination of the relationship. For example, with constant phone calls, following, threats and filing unfounded charges or filing for protection orders against the victim for abuse before the victim had an opportunity to do so against the perpetrator (Brewster, 2003: 207). Separation is a particularly dangerous time for the victim and often leads to femicide (Walker, 2017: 508). Brewster (2003: 216) attributes stalking to the need to control the victim, possibly due to an attachment style where the fear of abandonment heightens controlling behaviours in a frantic attempt to maintain the relationship (i.e. the perpetrator refuses to recognise that the relationship is over).

IPV not only affects those who are abused but also has a substantial effect on family members, friends, co-workers and the community. However, children who grow up witnessing IPV are among those who are most seriously affected (United States Department of Justice, 2017). In fact, Callaghan et al. (2018: 1553) regard all children from violent homes as direct victims of IPV (in contrast to vicarious victimisation), regardless of whether they are direct victims of child abuse or not. Children are significantly affected as witnesses of IPV and can be reasonably described as victims of abusive control (Callaghan et al., 2018: 1552). The impact of split loyalties between parents, parentification and other role inversions can produce long-term psychological distress (Callaghan et al., 2018: 1553). In addition, children may be directly involved in coercive control activities by the abusive partner, such as isolation, threats and intimidation, monitoring activities, and used in other ways to minimise and justify the violence (Callaghan et al., 2018: 1555). A traumatic childhood may initiate teen dating violence (TDV), which can be considered as a subset of IPV and is also linked to harmful health behaviours, including problem drinking, drugs, risky sexual behaviour and teenage pregnancies (Langhinrichsen-Rohling & Turner, 2012: 384). Studies examining IPV using community-based and school-based samples generally find female perpetration as high or higher than male perpetration (Johnson, Giordano, Manning & Longmore, 2015: 711). The progression from dating violence to full-blown IPV in adulthood for both sexes has important implications regarding policy, prevention and treatment programmes.

IPV is not only gender symmetrical but seems to be predominantly bidirectional, where both partners are abusive towards each other (Straus, 2015: 89). There is also a high incidence of the reciprocation of violence from both boys and girls in TDV (Capaldi, Kim & Shortt, 2007: 101). It is crucial to recognise the possible dyadic or reciprocal nature of IPV in an understanding of IPV, as well as in the treatment and prevention of IPV (Capaldi et al., 2007: 109; Langhinrichsen-Rohling & Capaldi, 2012: 410). An understanding of the interrelatedness of both perpetration and victimisation could provide useful information on how to address preventative measures (Straus, 2015: 84). The prevalence of bidirectional abuse is depicted in figure 1 below. The sample was drawn from eleven nations and consisted of 3642 men and women that experienced an assault in the previous twelve months in a World Mental Health Survey.

Figure 1: Intimate partner violence is gender symmetrical and often reciprocal

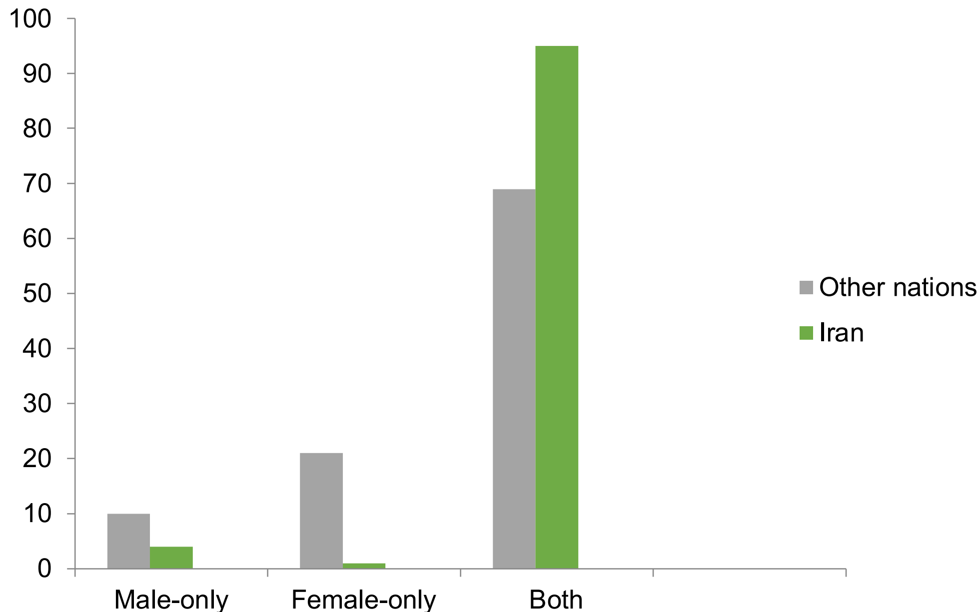


Source: Straus (2015: 85).

Another area of concern is the high rates of TDV. Figure 2 to follow corroborates the findings of other studies that confirm high rates of assault and female perpetration in younger dating couples (Archer, 2000: 651; Dutton & Corvo, 2006: 460). The sample was drawn from 32 nations that included western and non-western societies (Straus, 2015: 85) and consisted of 14 242 university students who reported a physical assault in a dating relationship. Figure 2 also demonstrates that men are not the predominant perpetrators of partner violence, even in a male-dominant country such as Iran. More students in the Iran sample experienced partner violence than in any of the other 31 nations (Straus, 2015: 85). Hence, the evidence clearly

shows that women also perpetrate IPV and that the term gender-based violence needs to be revisited.

Figure 2: Prevalence of teenage dating violence in western and non-western societies



Source: Straus (2015: 86).

The researcher concedes that the data collected in the above analysis (e.g. the experience of an assault during courtship) is not definitive of “women battering” or “husband battering” in the true sense. A slap in the face in the last twelve months is entirely different to the systematic pattern of abuse typically found in IPV perpetration, in other words, recurring abuse that instils fear and feelings of worthlessness (Johnson & Ferraro, 2000: 957). However, the focus of intervention needs to shift by considering secondary prevention strategies for at-risk groups (e.g. children with conduct disorder, or TDV), as well as from a patriarchal standpoint that considers men as the aggressors and women as the victims of IPV. Female-perpetrated violence and the possible bidirectionality or mutual perpetration of IPV have implications for court-mandated interventions that are based predominantly on Duluth-type models. Also, conjoint intervention or couple counselling could hold promise.

2.2.2 National and international directives pertaining to intimate partner violence

The DVA is the primary tool in addressing IPV in South Africa. The Protection from Harassment Act 17 of 2011 complements the DVA as it aspires to further reduce abuse against vulnerable groups, including women, children and those with disabilities. The efficiency of the DVA is dependent on various factors such as funding, how magistrates decide on the matters, how

the police respond to complaints and how healthcare practitioners attend to incidences of IPV (Artz, 2003: 7, 15, 31-32; Stuart, Temple & Moore, 2007: 561). The current study is concerned with a multidimensional (i.e. because a myriad of factors contributes towards IPV) and multiagency approach to preventing IPV, which also reflects the vision of the National Crime Prevention Strategy established in 1996.

In June 1998, a historical event took place at a conference in Kimberley, as the National Crime Prevention Strategy committed to translating the empowerment of victims into practice (Camerer & Kotze, 1998: 1). The prudence of Victim Empowerment Programmes in South Africa is where the interests of the victims of crime are acknowledged, their voices are heard and where the equilibrium of victim, offender and community is restored. Crime prevention is more than mere law enforcement (i.e. arresting and convicting offenders to reduce crime). Victim Empowerment Programmes are founded on the building and maintaining of partnerships. It involves the cooperation of the relevant stakeholders, including government (e.g. South African Police Services, Safety and Security, Justice and Constitutional Development, Health, Education, Social Development, Correctional Services and National Prosecuting Authority) and non-governmental (or non-profit) organisations on national, provincial, regional and local levels. Government and civil society (i.e. volunteers, businesses, academics, research institutions, community and religious groups) need to participate and coordinate their endeavours to empower all victims, enhance service delivery and heighten public awareness and policy formulation (Camerer & Kotze, 1998: 2). Victim empowerment includes social investment strategies in the form of resources and services (Steyn & Lombard, 2013: 339) to equip and enable victims, as well as offenders to be productive citizens of the community and society at large.

There are several national and international directives for interpersonal violence prevention. Table 2 to follow provides a brief synopsis of the central themes relating to IPV. Notwithstanding the fact that research indicates that IPV is perpetrated by both men and women and that partner abuse is often bidirectional (even in non-western countries), a commonality in the various mandates is that they continue to persist with a patriarchal orientation towards IPV that regards women as the primary victims of abuse. However, what is clear is an increasing awareness of the magnitude of the problem, as well as intolerance against violence, either in the public arena or in private spaces. To this end, prevention policies and programmes need to be developed and established that are aligned with basic human rights and that embrace a policy of mutual respect.

Table 2: Overview of national and international policies

Policy	Points of interest
World Health Organization Intimate Partner and Sexual Violence Prevention Strategies (2018)	• Reducing childhood exposure to violence. • Teaching safe and healthy relationship skills. • Strengthening economic support for families. • Challenging social norms that promote male authority over women. • Offering bystander empowerment and education. • Eliminating gender inequalities in employment and education. • Creating protective environments. • Patient-centred medical care, therapeutic interventions, housing programmes and legal services can reduce the negative consequences experienced by survivors.
United Nations Women Annual Report (2016 – 2017)	• IPV is the world's most pervasive human rights violation. • Ending violence requires laws and services geared towards protection and the provision of support to survivors. • Prevention of violence by addressing its root cause is vital.
Commission on the Status of Women Report on the 62nd session (12 - 23 March 2018)	• The Commission reaffirmed existing commitments to the eradication of violence and set out the following issues that require attention: (a) To strengthen normative, legal and policy frameworks; (b) to implement economic and social policies for the empowerment of all rural women and girls; and (c) to intensify the collective voice, leadership and decision-making of all rural women and girls.
African Charter on Human and Peoples' Rights (1986)	• The family shall be the natural unit and basis of society. It shall be protected by the State which shall take care of its physical health and morale (Article 18.1). • The State shall have the duty to assist the family, which is the custodian of morals and traditional values recognised by the community (Article 18.2). • The State shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions (Article 18.3). • The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs (Article 18.4).
Constitution of the Republic of South Africa Bill of Rights: Chapter 2 (1996)	• Everyone is equal before the law and has the right to equal protection and benefit from the law. • The State may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, … sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. • Everyone has inherent dignity and the right to have their dignity respected and protected. • Everyone has the right to life. • Everyone has the right to be free from all forms of violence from either public or private sources.
Service Charter for Victims of Crime in South Africa (2004)	• The right to protection, for instance, to be free from intimidation, harassment, fear, … and abuse (Section 4). • The right to assistance, for instance, prosecutors must ensure that special measures are taken in the case of sexual offences, domestic violence and child support or maintenance and that, where available such cases are heard in specialised courts (Section 5).

South African Department of Justice and Constitutional Development: Gender Policy Statement (1999)	The Gender Policy (Chapter 3), specifically with regard to violence against women, commits to (a) undertaking all possible measures within their mandate to eliminate violence against women in South Africa; (b) facilitating an integrated national response to violence against women as set out in the South African Development Community Declaration on the Eradication and Prevention of Violence Against Women; and (c) developing a specific policy framework on violence against women. Violence against women is understood to encompass but not limited to the following: • Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation. • Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution. • Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.
South Africa's National Policy Framework for Women's Empowerment and Gender Equality (2003)	In an attempt to reverse the history of women's discrimination and marginalisation, since 1994, the government has adopted a number of laws developed to promote equality between women and men regardless of race, class, disability and sexual orientation. The laws are to protect the interests of women and men in the family, the criminal justice system, employment, health, property, education and training, governance and institutional support and general equality. The intention is to empower women and promote gender equality, thereby making a non-sexist society a reality (Chapter 2).

Source: Compiled from the African Charter on Human and Peoples' Rights (1986); Commission on the Status of Women Report (2018); Constitution of the Republic of South Africa (1996); Service Charter for Victims of Crime in South Africa (2004); South African Department of Justice and Constitutional Development (1999); South Africa's National Policy Framework for Women's Empowerment and Gender Equality (2003); United Nations Women Annual Report (2017); World Health Organization (2018).

The theme of dignity for all persons is ratified in the culmination and promulgation of the DVA and the Protection from Harassment Act 17 of 2011, as well as is embedded in the CJS's shift to a coordinated community response paradigm or investment strategies within a broader social developmental context. In the correctional milieu, investment strategies include intervention programmes, diversion, restorative justice (RJ), substance abuse rehabilitation and ventures to eradicate poverty (Babcock et al., 2016: 365; Steyn & Lombard, 2013: 337-338). An effective response paradigm should translate into tangible benefits (i.e. the healing of relationships and the material welfare) for all the parties concerned regarding IPV – the victim(s), the perpetrator and the community. Developmental social work or a coordinated community response bridges the micro- and macro-service delivery divide by extending social investment strategies to embody the following (Steyn & Lombard, 2013: 347-348):

- An integrated and holistic approach that is embedded in human rights that values the dignity of both the victim and the offender.
- Commitment to social justice and the promotion of inclusiveness and equality.
- Structural violence and risk factors that lead to crime and violence in a society need to be addressed (e.g. racism, disadvantaged neighbourhoods, lack of economic opportunities and unemployment).
- Resources that are conducive to empowerment (e.g. education, skills development, advocacy for social change) and the provision of basic human needs (e.g. adequate housing, social grants, medical services, legal assistance, recreational facilities) should be prioritised.
- The active participation and cooperation of the relevant stakeholders includes government and non-government organisations, as well as civil society (e.g. individuals, families, social groups and the community).
- Vulnerable groups such as women, children, adolescents and offenders should be areas of focus regarding crime prevention.
- Evidence-based practice is an integral part of a coordinated community response (e.g. interventions need to be monitored and evaluated with regard to their effectiveness).

The above developmental social work framework adheres to the United Nations Standard Minimum Rules for Non-custodial Measures (i.e. Tokyo Rules, 1990), namely, (a) the Rules are intended to promote greater community involvement in the management of criminal justice, specifically in the treatment of offenders, as well as to promote among offenders a sense of responsibility towards society (Section 1.2); (b) Member States shall develop non-custodial measures within their legal systems to provide options, thus reducing the use of imprisonment, taking into account the observance of human rights, the requirement of social justice and the rehabilitation needs of the offender (Section 1.5); and (c) the development of new non-custodial measures should be encouraged, closely monitored and their use systematically evaluated (Section 2.4). As stated in chapter one (1.7) the CJS in South Africa relies heavily on ADRMs such as adult diversion to enhance service delivery.

Investment strategies can be equated with what the CDC (2017b: 7) refers to as a technical package which represents selected strategies based on the best available evidence to help communities focus on preventative measures with the greatest potential to prevent IPV and its consequences across the lifespan. The technical package is focused on IPV across the lifespan and, therefore, includes IPV, child abuse or neglect, TDV, abuse of people living with disabilities and elder abuse by caregivers and others. The strategies include teaching safe and

healthy relationship skills, engaging influential adults and peers, disrupting the developmental pathways towards IPV, creating protective environments, strengthening economic support for families and supporting victims to increased safety. An important strategy that is represented in the technical package is concentrating on TDV from happening in the first place or preventing it from continuing, as well as approaches to lessen the immediate and long-term harms of partner violence. Commitment, cooperation and leadership from numerous sectors, including public health, education, justice, healthcare, social services, business and labour (i.e. both public and private sectors), can bring about the successful implementation of the envisaged technical package.

2.2.3 Prevalence of intimate partner violence

Adequate record-keeping with regard to the statistics on IPV is challenging and needs to be kept in mind when reflecting on the incidence and prevalence of IPV. An important limitation in reflecting the real extent of IPV in South Africa is that IPV is not presented in its own crime category, in other words, there are no holistic and/or accurate statistics in South Africa for IPV per se. IPV is usually incorporated in the figures for assault (South African VOCS, 2017: 41). The gravity of each incident determines whether it is categorised under murder, attempted murder, assault with the intent to inflict grievous bodily harm, common assault, sexual offences and malicious damage to property. The official crime statistics for IPV in South Africa are compiled from three main sources, namely, (a) court statistics pertaining to the successful application of a protection order; (b) police statistics where IPV is reported to the police and a docket is opened; and (c) Department of Correctional Services statistics where sentences of imprisonment for the contravention of a protection order is imposed (Singh, 2011: 95). Furthermore, due to overcrowding in prisons and the fact that many victims are economically dependent on the abuser arrests and incarceration is not always the best way in which to deal with IPV (Artz, 2003: 50-51). Thus, IPV is often dealt with in the form of diversion or non-custodial sentencing and is not reflected in the statistics. To compound the shortfalls in adequate record-keeping of IPV, it is widely acknowledged that IPV is grossly underreported due to various reasons, inter alia (Artz, 2003: 53-55; Singh, 2011: 105):

- A fear that the abusive partner will exact revenge if a charge is laid.
- Others are intimidated at the prospect of appearing in court to testify as a witness against their partners.
- A belief that the violent incident will not reoccur.

- Shame and embarrassment (e.g. family members often dissuade the victim from applying for a protection order), or victims remain silent to maintain the appearance of a happy family home.
- A lack of confidence in the police and judicial system.
- A lack of access to the police, especially in rural areas.
- Financial restraints such as economic dependence on the perpetrator.
- Practical factors such as difficulties in finding childcare, transport or taking leave from work can also hinder the victim from pursuing criminal charges.
- Often, the victim does not wish to harm the abusive partner (e.g. women may become reluctant to subject their partners to public humiliation or to risk damaging their partners' reputation or career, and men may be reluctant to jeopardise the role of their wives as caregivers).
- It is a known fact that charges are often withdrawn by the victim, in which case the incident is not taken up in official crime statistics.

In addition, the gender-bound prevalence of IPV is possibly skewed due to female-to-male IPV being disproportionately underreported and trivialised compared to male-to-female reported incidents. Research suggests that men are ten times less likely to call the police than women (Dutton, 2012a: 101; Dutton & Corvo, 2006: 466).[6] Furthermore, study samples are predominantly drawn from female victims in shelters and male perpetrators caught up in the CJS and may, therefore, be biased (Dutton, 2012a: 100), reinforcing the notion that victims are usually female and perpetrators are usually men.

Nonetheless, IPV is a serious social, public health and human rights problem that affects millions of people around the world (De La Harpe & Boonzaier, 2011: 148) and across the lifespan (CDCb, 2017: 7). The onset of IPV is often when couples start dating in adolescence (CDCb, 2017: 7). Data from the NISVS indicate that nearly 1 in 4 adult women (i.e. 23 percent) and approximately 1 in 7 men (14 percent) in the United States report having experienced severe physical violence, such as being kicked, beaten, choked, burnt on purpose or have had a weapon used against them (CDC, 2017b: 7) from an intimate partner in their lifetime. Additionally, 16 percent of women and 7 percent of men have experienced contact sexual violence (e.g. rape, being made to penetrate someone else, sexual coercion, and/or unwanted

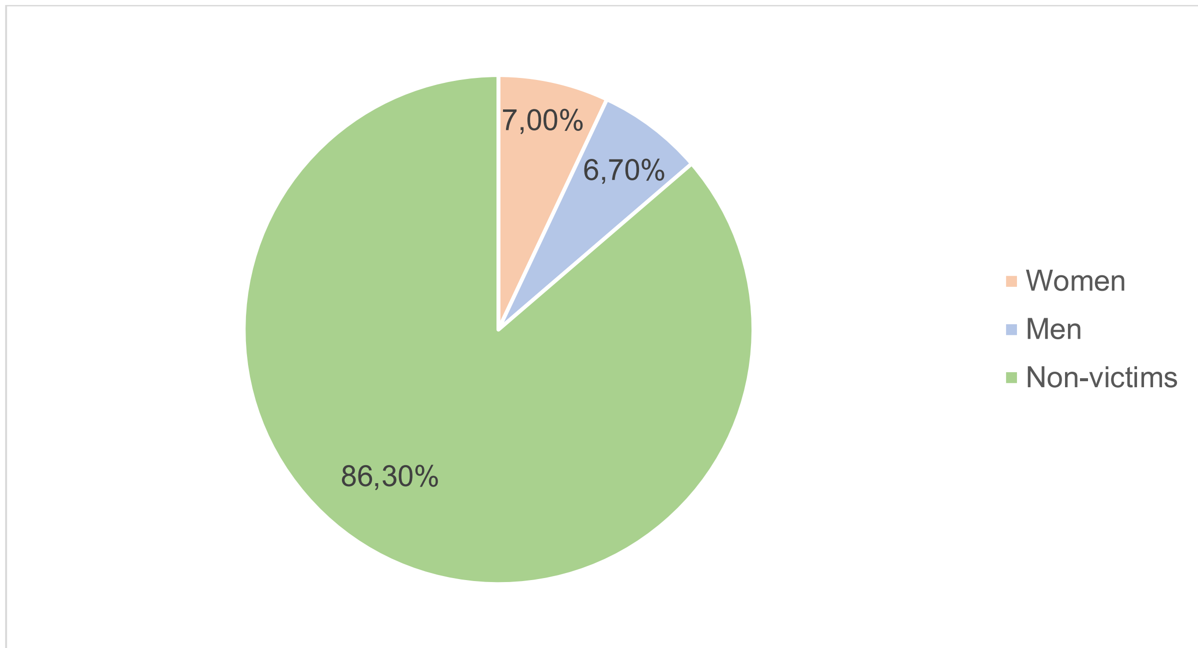
[6] Apart from the inherent limitations underreporting could be a reason why some studies reveal that only about 10 percent of women who are arrested for IPV are the primary aggressors (Henning, Renauer & Holdford, 2006: 363). In contrast, one report indicated a significant similarity in male and female victimisation rates, where 83 percent of men feared for their lives and were unilaterally abused by their female partners compared to 77 percent of women who were unilaterally abused by their male counterparts (Carney, Buttell & Dutton, 2007: 109).

sexual contact) from an intimate partner. Ten percent of women and 2 percent of men in the United States report having been stalked by an intimate partner. Nearly half of all women (i.e. 47 percent) and half of all men (i.e. 47 percent) have experienced psychological aggression, such as humiliating or controlling behaviours (CDC, 2017b: 7-8). Thus, the data from NISVS demonstrates that, just in the United States, IPV affects millions of people each year. An estimated 8.5 million women in the United States (i.e. 7 percent) and over 4 million men (i.e. 4 percent) reported experiencing physical violence, rape (or being made to penetrate someone else) or stalking from an intimate partner in their lifetime and indicated that they first experienced IPV by a partner before the age of 18 (CDC, 2017b: 8).

Of great concern is that according to the World Health Organization (WHO), globally, some 470 000 people are victims of homicide every year (WHO, 2018). The data from crime reports in the United States suggest that about 16 percent of murder victims are killed by an intimate partner and that over 40 percent of femicide victims are killed by an intimate partner (CDC, 2017b: 10). In fact, in South Africa femicide occurs at more than double the global rate (Mathews et al., 2015: 108). Nationwide, every day, millions more men, women, and children suffer non-fatal forms of interpersonal violence, including child maltreatment, youth violence, IPV, sexual violence, and elder abuse, with many suffering multiple forms.

Interpersonal violence may contribute to lifelong ill health and even untimely death (WHO, 2018). When all forms of abuse are considered, the NISVS survey conducted in 2015 indicated that in the United States, 36.4 percent or 43.6 million women (CDC, 2018: 8) and 33.3 percent or 37.2 million men (CDC, 2018: 9) experienced contact sexual violence, physical violence (i.e. minor or severe) and/or stalking by an intimate partner during their lifetime. Hence, the evidence suggests comparable rates of violence between men and women (Carney et al., 2007: 113). Figure 3 that follows reflects the results of a Swedish Crime Survey compiled by the National Council for Crime Prevention on offences in close relationships. The results of the report indicate an almost equal share of women and men having been victimised in close relationships (Brå report, 2014: 2). Keeping in mind that in South Africa, the statistics for IPV are usually incorporated in the crime category for assault (i.e. the results could be skewed because men may generally be more prone to getting into a physical altercation with other men), the results nonetheless portray a similar landscape (Crime against women in South Africa, 2018: 18-19).

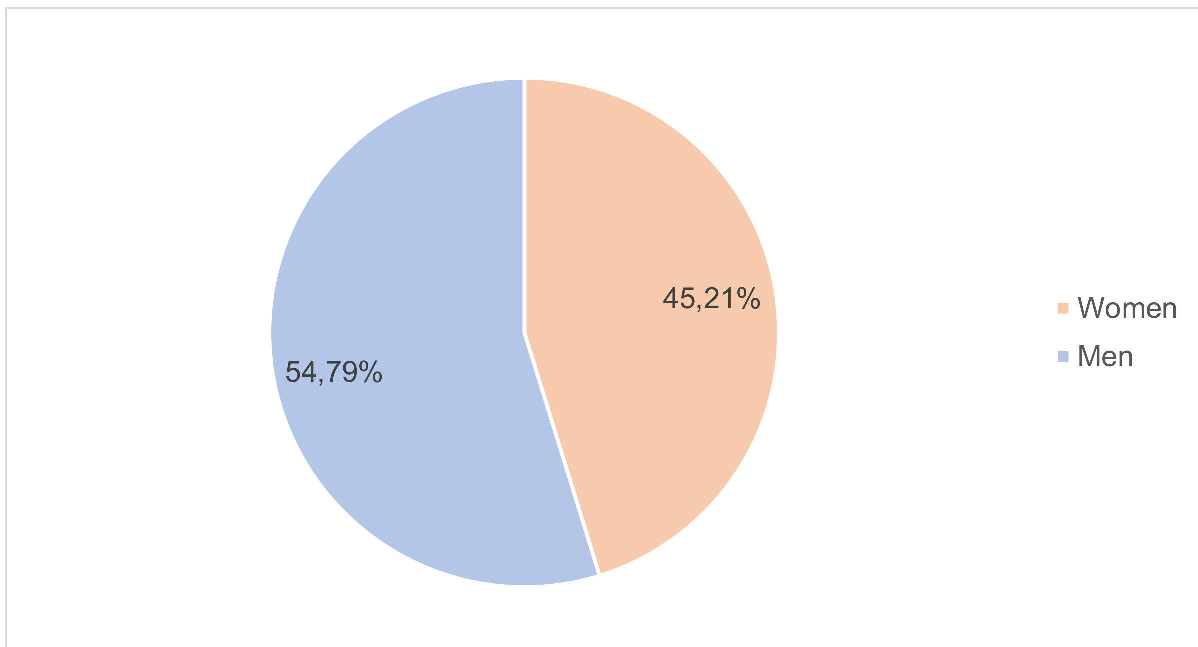
Figure 3: Intimate partner victimisation in Sweden



Source: National Council for Crime Prevention (Brå report, 2014: 2).

Figure 4 presents population estimates of men and women above the age of 16 who have experienced assault. The rates of victimisation for assault are similar for both sexes.

Figure 4: Assault victimisation in South Africa



Source: Crime against women in South Africa (2018: 18).

2.2.4 Impact of intimate partner violence

IPV is a widespread social problem and a major public health issue. The implications are both vast and complex in terms of physical, psychological and economic consequences. Victims and perpetrators of IPV experience higher rates of health problems, social dysfunction and can be afflicted for years and even decades. Apart from premature death (e.g. femicide or mariticide), victims must cope with physical injuries, which can be severe. Pregnancy is a high-risk period for IPV and often results in birth defects (Sadock et al., 2015: 826). IPV usually becomes more frequent and more severe during pregnancy (Carpenter & Stacks, 2009: 836; Lannert, Garcia, Smagur, Yalch, Levendosky, Bogat & Lonstein, 2014: 1967). Consequently, individuals who are exposed to violence are at increased risk of a wide range of immediate and lifelong behavioural, physical and mental health problems, including being a victim and/or perpetrator of further violence. All forms of violence undermine the social and economic development of whole communities and societies (WHO, 2018). Health implications can be categorised as fatal, physical, reproductive, psychological and social, as illustrated in the table below.

Table 3: Health consequences of intimate partner violence

Type	Consequences
Fatal	Femicide, mariticide, suicide, maternal mortality, antepartum haemorrhage, abortion, acquired immune deficiency syndrome and stillbirth.
Physical	Burns, fractures, chronic pain syndromes, seizures, human immunodeficiency virus, arthritis, migraine or headaches, hearing and sight complications, stomach ulcers, gastrointestinal disturbances, heart disease, circulatory conditions, hypertension, asthma, bladder and kidney infection, fibromyalgia, irritable bowel movement, central nervous system disorders and joint disease.
Reproductive	Unwanted pregnancy, low birth weight, premature labour, delayed prenatal care, sexually transmitted infections, pelvic inflammatory disease, gynaecological disorders and sexual dysfunction.
Psychological	Depression, anxiety, posttraumatic stress disorder, antisocial behaviour, low self-esteem, inability to trust others, especially in intimate relationships, fear of intimacy, emotional detachment, substance abuse, sleep disturbances and eating disorders.
Social	Restricted access to services, strained relationships with health providers and employers, isolation from social networks and homelessness.

Source: Centers for Disease Control and Prevention (2017a).

A study undertaken in the United Kingdom suggests that 29.5 percent of children under the age of 18 have been exposed to IPV and/or child abuse during their lifetime (Callaghan et al., 2018: 1552). The figures are staggering and disturbing since the intergenerational transmission of violence is one of the reasons why IPV is difficult to eradicate. Frequent exposure to violence in the home and in the community not only predisposes children to numerous social and physical problems but also teaches them that violence is a normal way

of life, thereby increasing their risk of becoming society's next generation of victims and abusers (United States Department of Justice, 2017). Moreover, children who grow up in abusive families have a higher risk of mental health difficulties throughout the lifespan and includes (Callaghan et al., 2018: 1552-1553; Walker, 2017: 113):

- An increase in physical health difficulties.
- A higher risk of educational drop-out and other educational challenges.
- The risk of involvement in criminal behaviour.
- Interpersonal difficulties in their own future intimate relationships (e.g. IPV) and friendships.
- Are more likely to be bullied and to engage in bullying behaviours themselves.
- Are more vulnerable to sexual abuse and sexual exploitation.
- The neurological impact can have far-reaching implications for lifelong psychological problems.

Witnessing IPV can be as impactful as child abuse. Early social experiences become ingrained into neurobiological development that builds the foundation of psychological functioning and well-being (Meyer et al., 2013: 162). There are numerous other health and psychological repercussions for all victims and perpetrators of IPV, such as lowered self-esteem, feelings of worthlessness, depression, fear, distrust, self-doubt, anxiety and a distorted sense of reality (Barnett et al., 2011: 434-435; Walker, 2017: 113). In addition, the oscillation between intense attachment and violent rejection, in other words, the ambivalence between love and hate, almost creates a symbiotic bond which is difficult to sever. This bond makes it challenging to end an abusive relationship (Walker, 2017: 88). In fact, separation usually heightens abusive behaviour and may culminate in homicide. It is estimated that 75 percent of emergency room visits and calls to the police by battered women occur after separation and that 50 percent of femicides occur after separation (Walker, 2017: 508). Apart from the healthcare and socioeconomic costs (e.g. injuries sustained can lead to hospitalisation and/or absence from the workplace), criminal litigation and the prosecution and/or incarceration of offenders are carried out at great public expense. In 2003, the costs for IPV alone exceeded 8.3 billion dollars in the United States (CDC, 2017a). The global economic cost of DV is approximately 4.5 trillion dollars per annum (Misso et al., 2018: 1).

2.2.5 Aetiology of intimate partner violence

A myriad of factors that are intricately intertwined may contribute towards IPV. Causational theories of IPV will be discussed in greater detail in the latter part of this chapter.

2.2.5.1 Biological correlates

Biological correlates of IPV have received little attention from theorists, practitioners and policymakers (Murphy, 2013: 213). Researchers have illustrated how unresponsive parenting and traumatisation can functionally impair mentalisation and emphasise the importance of neurobiology in maladaptive behaviour (Brüne et al., 2016: 29; Howard, 2012: 331; Misso et al., 2018: 3-5). A study looking at the neuropsychological correlates of IPV found that current cognitive status, prior brain injury, childhood academic problems, and psychosocial influences contribute to a propensity for IPV and coexisting emotional distress (Canton & O'Leary, 2014: 217-218). An adequate understanding and engaging in effective treatment for perpetrators of IPV necessitates a thorough evaluation of a possible violent childhood background. Conservative estimates indicate that at least 40 percent of male perpetrators have been victims of physical child abuse, with a concomitant increase in the likelihood of perpetuating IPV in adulthood (George, Phillips, Doty, Umhau & Rawlings, 2006: 345; Howard, 2012: 330). Otherwise stated, more than 40 percent of perpetrators are not exposed to DV in childhood.

A recent meta-analysis concluded that the prevalence of traumatic brain injury among perpetrators of IPV appears to be significantly higher than the prevalence of traumatic brain injury in the general population. The extent to which the association is causal is unclear. Nonetheless, traumatic brain injury (e.g. from possible child abuse or an accident) remains a risk factor for the perpetration of intimate violence (Farrer, Frost & Hedges, 2012: 77). Neuropsychological testing results reveal "neural signatures" and behavioural deficits, including a decrease in verbal skills, executive functioning, attention span and self-regulation in perpetrators of IPV as a result of head trauma. Hence, two important constructs in understanding a complex disorder and behaviour such as IPV are the following (Howard, 2012: 330):

- Equifinality describes the process by which a single disorder can be produced by different developmental pathways, suggesting that a single causational or mediational model will be insufficient for most dysfunctional behaviours.
- Endophenotypes denote a measurable index of brain functioning that can be neurophysiological, biochemical, endocrinological, neuroanatomical, or neuropsychological in nature.

Some researchers have posited an integrative biopsychosocial model for IPV because of the array of interrelated and/or interdependent biological, psychological and social factors (e.g. neurocognitive deficits, posttraumatic stress, depression and alcohol intoxication) that may

predispose an individual to violence (Howard, 2012: 330; Murphy, 2013: 212). Sometimes it may be difficult to assess whether the chicken or the egg came first. For instance, Siegel (1999: 13) asserts that the brain's development is an "experience-dependent" process. Developments in neural plasticity and epigenetics affirm that the brain is malleable and not limited to genetics (i.e. the environment plays a vital role in the development and functioning of the brain). Meyer et al. (2013: 162) postulate that the integration of neurobiological development, systems theory and attachment theory substantiates the proposition that nurture is nature. The authors state that the neurobiology and psychological functioning of any individual can be described as the systematic interaction between genetic composition and social and cultural influences (Meyer et al., 2013: 164). In other words, the environment plays an important role in the development of the brain which includes thought processes and emotional regulation.

Likewise, Murphy (2013: 212) denotes faulty social information processes (i.e. sociocognitive impairments), such as the attribution of negative partner intent or the perceived acceptability of violence as conducive to IPV. Moreover, personal situations and experiences continue to influence emotions and behaviour throughout the lifespan. If the environment is hostile or dysfunctional, thoughts, feelings and behaviours have the potential to be dysfunctional (Hubbert, 2011: 131). Nurture and life events often determine how an individual functions (Meyer et al., 2013: 162; Siegel, 1999: 13) and affects cognition, thinking patterns and beliefs. When core beliefs are self-defeating (e.g. rooted in self-doubt, self-hatred, self-rejection, self-condemnation, self-accusation, self-disapproval, guilt, poor self-image, low self-esteem, anger and shame), it often leads to maladjusted behaviour. Negative beliefs often manifest in IPV (Hubbert, 2011: 131) and may operate on a subconscious and/or neurocognitive level. Dynamic and complex intrapsychic, neurobiological, interpersonal and situational factors that interact across time may impact behaviour that is considered as controlling and abusive.

2.2.5.2 Personality disturbance

While macro-theories such as patriarchy, racism and structural violence help to illustrate why families within certain societies are violent, they are inadequate to explain violent behaviour on an individual or micro-level and eschew important psychodynamic factors (Dutton & Corvo, 2006: 465). Personality disturbances are often associated with IPV perpetrators (Ehrensaft, Cohen & Johnson, 2006: 474). Longitudinal studies suggest that personality disturbances and substance abuse are better predictors of IPV than patriarchy or gender (Brewster, 2003: 211; Dutton & Corvo, 2006: 473; Dutton & Corvo 2007: 659; Jackson, Sippel, Mota, Whalen & Schumacher, 2015: 103; Langenderfer, 2013: 153; Lawson, Kellam, Quinn & Malnar*,* 2012: 191-192). It is not so much drinking per se that is conducive to IPV, but drunkenness or

intoxication (Foran & O'Leary, 2008a: 1232). Furthermore, as the level of psychopathology increases, so does the severity and chronicity of the level of violence increase significantly (Lawson et al., 2012: 192). Evidence indicates that a myriad of factors that are intricately intertwined may contribute towards IPV (Barnett et al., 2011: 444-456; Corvo & Johnson, 2013: 176-180). Therefore, an integrated and developmental framework needs to be established to understand IPV perpetrated by both men and women in heterosexual relationships and by both sexes in same-sex relationships.

The evidence also suggests that the course of IPV has a long history of development stemming from early family influences such as witnessing violence, shaming and trauma (Bowlby, 1982: 350; Capaldi & Langhinrichsen-Rohling, 2012: 325; Carney et al., 2007: 113; Corvo & Johnson, 2013: 176; Dutton, 2012a: 99; Dutton, 2012b: 395; Dutton & Corvo, 2006: 458; Dutton & Sonkin, 2002: 4; Ehrensaft, 2008: 277; Friedman, 1998: 25-26), as well as insecure attachment (Barnett et al., 2011: 446; Bowlby, 1988: 40-41; Corvo, 2006: 117-118; Dutton & Corvo, 2006: 476; Dutton & Sonkin, 2002: 3; Ehrensaft, 2008: 278; Langhinrichsen-Rohling & Capaldi, 2012: 411; Langhinrichsen-Rohling & Turner, 2012: 385). Attachment styles are usually expressed in adolescence (e.g. conduct disorder and dating violence) and then develop into future adult intimate violent relationships (Langhinrichsen-Rohling & Turner, 2012: 385). A consideration of intergenerational factors would account for why IPV is so widespread and on the increase, making it sometimes even difficult to criminalise.

Insight into childhood trauma can be regarded as a significant causative factor in later adolescent and adult maladaptive functioning (Walker, 2017: 113). However, the relationship between childhood trauma and later difficulties in life is neither a simple nor an inevitable one (Friedman, 1998: 26). Society typically prefers to avoid understanding how trauma affects individuals lest it becomes an excuse for an offence or an extenuating circumstance that vindicates a crime (Friedman, 1998: 27). The observation is specifically relevant to IPV perpetration and current notions regarding intervention. For example, traditional intervention programmes based on the Duluth model (i.e. patriarchy) assume that addressing deprived childhoods would create an excuse to perpetuate further abuse (Padayachee, 2005: 27). Perpetrators of IPV are often survivors of abuse (Friedman, 1998: 28; Dutton & Sonkin, 2002: 5; Straus, 2015: 92) and it could account for their need to establish dominance and control in an attempt to counter feelings of powerlessness, vulnerability and rejection for self-preservation. Furthermore, survivors of abuse may be apathetic (in the case of the perpetrator) and more tolerant of abuse (in the case of the victim), as it may paradoxically be their comfort zone and what they are familiar with (Friedman, 1998: 29). The inclusion of trauma and attachment theory is vital to include in a causational model of IPV and the formulation of

intervention programmes for the perpetrators of IPV (Dutton & Sonkin, 2002: 6). Research supports the importance of addressing ingrained patterns of behaviour such as personality disorders, childhood trauma and attachment in working with a large percentage of male perpetrators (Lawson et al., 2012: 195). Aggression is not only multidetermined but may be defensive, premeditated or impulsive (Coccaro, 2012: 577). For instance, impulsive aggression represents a quick and typically angry response and is usually triggered by a social threat or frustration that is out of proportion to the situation. In contrast, premeditated aggression is thought out in advance and is perpetrated for a tangible objective (Coccaro & Grant, 2018: 89). Hence, IPV cannot be reduced to a singular causational model. IPV and family violence are complex and multifaceted and cannot be understood by merely focusing on macro-level social factors, such as patriarchy and cultural norms.

2.2.5.3 Structural violence

Research indicates that the intersection of socioeconomic conditions and racism plays a significant role in African American men who perpetrate IPV (Hubbert, 2011: 129). In South Africa, sociopolitical factors such as patriarchy and structural violence in the form of poverty[7] and inequality is particularly important as a backdrop to an understanding of the causes of IPV and violent crime (Clark, 2012: 80). Structural violence can be defined as any mechanism that impedes personal growth and that deprives an individual of the means to sustain their fundamental needs (Hubbert, 2011: 129). The vast inequalities regarding the distribution of wealth and opportunities in the workforce can essentially be traced back to the previous apartheid government's discriminatory policies. For example, meagre earnings often resulted in many black and coloured children not being able to complete their schooling and having to settle for menial jobs. Moreover, Jefthas and Artz (2008: 43) state:

> In the context of enduring patriarchal traditions, the complex socioeconomic and political inequalities created by apartheid fundamentally undermined men's ability to fulfil the roles conferred on them by a culture of patriarchy. Where their power and influence in the broader community is limited by structural imbalances, many men have attempted to assert their perceived authority in the one arena where they still can – the household. … This often has intergenerational consequences. There is overwhelming evidence to suggest

[7] Direct violence is easily identified and may entail, for instance, the infliction of verbal or physical violence. Structural violence is more indirect or a less conspicuous type of violence and is prevalent in South Africa most notably in the form of poverty and inequality (Clark, 2012: 80). The point being that if people are starving, or their fundamental rights are violated when it is avoidable then violence is committed (Galtung, 1969: 171). Structural violence or social injustice is conducive to direct violence.

that youth who experience violent home lives are more likely than others to engage in violent behaviour and to treat their own families violently in the future.

Today, even though a significant black middle class has developed since the end of apartheid through strategies such as affirmative action (Clark, 2012: 80), poverty remains rampant in conjunction with high unemployment rates (Jefthas & Artz, 2008: 37). The problem is compounded by the vastly inferior "Bantu education" that was delivered in the apartheid era and to some extent is still delivered today, especially in the townships or rural areas. Hence, many individuals, especially the previously disadvantaged South Africans, are ill-equipped for the job market (Clark, 2012: 81). The inability to find work and the lack of opportunity to rise above a no-to-low income status often results in frustration, which in turn can manifest in violence and criminal activities. In addition, patriarchal values embedded in rigid notions of masculinity and femininity and unequal power relations can create enormous conflict for both men and women (Jefthas & Artz, 2008: 38). The high unemployment rates in South Africa may cause men to feel unworthy, disrespected and insecure because they cannot provide for their families and women feeling vexed because their partners cannot perform the traditional role of breadwinner. Discord may arise because even though a man is unemployed, he may still be expected to provide.

With a focus on equality in contemporary society, men and women often receive contradictory messages about their gender roles and the dynamics of power during socialisation (Hubbert, 2011: 131), which can negatively impact identity formation and lead to unrealistic expectations of a partner within an intimate relationship. Affirmative action has also facilitated a process whereby possibly a disproportionate number of women have entered the workplace in higher-ranking positions, while their spouses struggle to find employment. Thus, the distribution of power is further disjointed within the family, leading to dissatisfaction for both sexes, which can translate into mutual partner violence (i.e. IPV perpetration and victimisation). For example, an unemployed man may become abusive in retaliation to being humiliated or belittled by his spouse, or "to punish" him, a woman may deny her husband his conjugal rights (or vice versa), which may heighten notions of infidelity and subsequent abusive behaviour.

Empowered women may also be less tolerant of their husbands' shenanigans or drinking bouts and become abusive towards them, for example, when they get intoxicated (Mngomezulu, 2016: 73). Hence, there is a correlation between sociopolitical (e.g. poverty, inequality and/or unequal power relations), poor socioeconomic factors (e.g. low educational achievement, low income and unemployment) and IPV. Hubbert (2011: 129) concurs and states that institutional and internalised racism cultivates low self-esteem. Other risk factors include (a) poverty; (b)

high rates of unemployment; (c) alcohol and drug abuse; (d) exposure to community violence; and (e) exposure to IPV within the family of origin (Hamberger & Hastings, 1986: 338; Hargovan, 2010: 38; Hubbert, 2011: 129). IPV is highly correlated with economic distress and residing in disadvantaged neighbourhoods.

In addition, the apartheid laws fostered migrant labour practices and a culture of violence. Migrant labour practices separated, disintegrated and marginalised many families and communities (Langa, 2010: 519; Mathews et al., 2015: 107). Consequently, many children had to contend with absent parents, or were raised predominantly by single mothers, or by extended family members where harsh or even cruel discipline, poverty and criminality were the order of the day. Many children are also homeless, either because both parents are deceased, for example, due to illness or the human immunodeficiency virus (HIV) epidemic, and there are no relatives to take care of them. Others are runaways whose families are just too poor to provide for them, or they leave home to escape various abuses. Family disintegration and the negative impact of insecure attachment are not new and are discussed later on in this chapter in greater depth.

It is generally accepted that IPV has no boundaries, and therefore, the intersection of race, social status, social context and violence is not typically addressed in the literature on IPV (Hubbert, 2011: 130). However, in light of the above, it is evident that apartheid established a culture of violence that has led to the belief among many South Africans that violence is an acceptable means of resolving conflict (Jefthas & Artz, 2008: 42) within the home and the community (Clark, 2012: 83). Young children are particularly at risk to internalise the violence that they experience in the home as normal and as an acceptable means of resolving conflict (Jefthas & Artz, 2008: 43), which may spill over to their interactions with peers at school and later interpersonal relationships in adolescence and adulthood. School impacts significantly on a young person’s socialisation process. Exposure to violence in the school (e.g. physical and sexual assaults, intimidation and bullying) denies many young South Africans the opportunity to achieve their optimal educational development (Jefthas & Artz, 2008: 46) and thereby obstructs career options and the individual’s development into their full potential is thwarted. Living in a violent society can, over time, socialise an individual to be more accepting of violence as the norm (Hubbert, 2011: 130). A desensitisation to violence is often further spurred on by the media (e.g. pornography is accessible and often objectifies women and glamorises rape and violence).

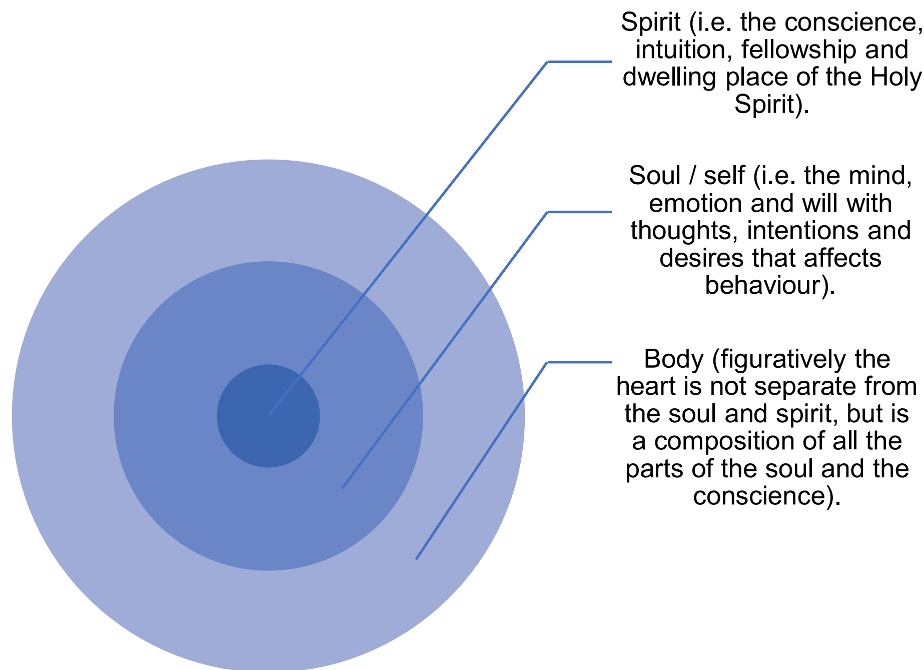
2.2.5.4 Spiritual correlates

More conspicuous is the scant attention given to spiritual correlates of IPV by practitioners and policymakers (Schaefer et al., 2016: 602). The spirit has been left out of many fields even though its role in the clinical situation is significant (Lee, 2015: 202). Despite the beneficial relationship between faith and prosocial outcomes, it is routinely excluded in research examining important social outcomes (Duwe & Johnson, 2013: 237). Violence often results from the interaction between biological, psychological and social (e.g. environmental or situational factors) correlates, but is not always reducible to one or the other. The spirit is an emergent property of all interactions and is capable of having an influence at any level of functioning (Lee, 2015: 202). Therefore, any prevention strategy will be incomplete if spirituality is not taken into cognisance.

The spirit is fundamental to well-being and human functioning. According to Zechariah 12:1, God ranks the human spirit as being of equal importance to the heavens and the earth (i.e. the universe). “The burden of the word of Jehovah … who stretches forth the heavens and lays the foundations of the earth and forms the spirit of man within him”. The heavens were created for earth (e.g. no living creature would survive without sunshine, water or air), the earth was created for the human race (e.g. the earth provides food and sustenance), and humans were created in the image of God for God (Lee, 1979b: 155). God is burdened concerning the spirit, and the reason is that it is through the spirit that God will head up the whole universe as the Lord Jesus makes His home in the hearts of the believers.

According to Lee (1979b: 155), our spirit is the part of us that connects with God and receives His presence. Just like our physical bodies need care and exercise, our spirit needs to be nurtured and strengthened. So, how can we do this? The answer is quite simple, namely, by (a) praying and talking to God; (b) calling upon the name of the Lord Jesus; (c) reading the Bible; (d) repentance; (e) confession; and (f) living in the freedom and victory that Jesus has already won for us, having defeated satan as a man. The book of Romans emphasises the importance of the connection between God's Spirit and our human spirit, made possible through our relationship with Jesus. “But if Christ is in you, though the body is dead because of sin, the spirit is life because of righteousness” (Romans 8:10). God formed the spirit to be a dwelling place for the Holy Spirit. In this way, God’s life and presence flow from the spirit and permeate through to the soul and eventually to the body, as depicted in figure 5 to follow.

Figure 5: Human beings are tripartite



Source: Holy Bible: Recovery version (2003: 756-757 NT); Lee (1979a: 38).

In line with social control theory (i.e. that human beings are inherently evil), with the fall (i.e. when Adam and Eve sinned), sin entered into the human body, bringing death with it. Sin cannot be uprooted or eradicated from humankind's fallen body (i.e. we are all constituted sinners). However, unlike the fallen human body, the regenerated human spirit is life (Holy Bible: Recovery version, 2003: 453 NT). Hence, one can either choose eternal life or death. The word life in Romans 8:10 refers to the "zoe" life or the eternal life of God Himself.

The New Testament in Greek uses three different words for life, namely, (a) "bios" from where the word biology is derived; (b) "psuche" can be translated as soul and refers to something other than physical life. It is also the root of the word psychology. When a person dies, their "bios" or body dies, but the "psuche" or soul continues; and (c) "zoe" refers to a higher life (Lee, 1979a: 121-122). An exemplar would be when the apostle John stated: "In Him was life, and the life was the light of men" (John 1: 4). John 3:16 goes on to state: "For God so loved the world that He gave His only begotten Son, that everyone who believes into Him would not perish, but would have eternal life". In other words, when an individual believes "into" the Son of God, they receive Him, take Him in and will also have a "zoe" life. "He who believes into the Son has eternal life;" (John 3:36). Notice "has" is present tense (refer to John 15 on abiding in the Lord Jesus and Him making a home in the hearts of men and women).

> But if the Spirit of the One who raised Jesus from the dead dwells in you, He who raised Christ from the dead will also give life to your mortal bodies through His Spirit who indwells you (Romans 8:11).

Romans 8:11 highlights the God-breathed nature of the Word by raising three fundamental issues regarding faith in merely one sentence, namely, (a) the entire Triune God is revealed (i.e. God, Jesus Christ and the Holy Spirit); (b) the process required for the Holy Spirit to abide in the human spirit is outlined. In other words, “Jesus” signifies His incarnation (i.e. becoming a man), “Christ” signifies His crucifixion and resurrection and “raised” emphasises Jesus' resurrection; and (c) His pouring out of Himself into believers is shown by the words “give life to your mortal bodies through His Spirit”. It also indicates that this dispensing of Himself occurs at the centre of one's being (i.e. the spirit) and permeates to the circumference of one's entire being. In other words, the Holy Spirit saturates the spirit and then the soul and then the body with His divine life (Holy Bible: Recovery version, 2003: 453 NT; Lee, 1979b: 92), as indicated in figure 5 above.

> But we have this treasure in earthen vessels that the excellency of the power may be of God and not out of us (2 Corinthians 4:7).

> He has made everything beautiful in its own time; also He has put eternity in their heart, … (Ecclesiastes 3:11).

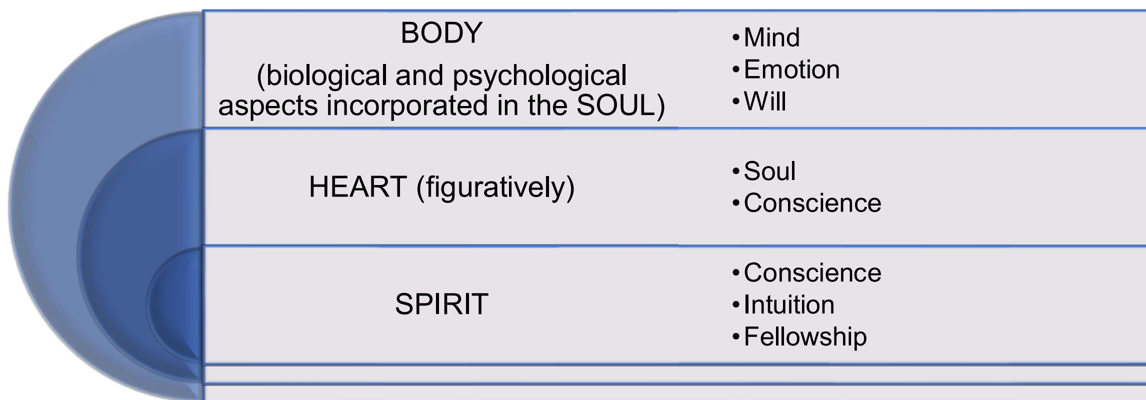
> But now we have been discharged from the law, having died to that in which we were held, so that we serve in newness of the spirit and not in the oldness of the letter (Romans 7:6).

> And the God of peace Himself sanctify you wholly, and may your spirit and soul and body be preserved complete, without blame, at the coming of our Lord Jesus Christ (1 Thessalonians 5:23).

The conscience is not in the mind or the brain. The apostle Paul conveys in the following two verses: “The Spirit Himself witnesses with our spirit that we are children of God” (Romans 8:16) and “I speak the truth in Christ, I do not lie, my conscience bearing witness with me in the Holy Spirit” (Romans 9:1), which proves that the conscience is in the human spirit (Holy Bible: Recovery version, 2003: 458 NT) and that the conscience governs or regulates human behaviour (i.e. the Holy Spirit witnesses with the spirit and the conscience bears witness with the Holy Spirit). The spirit is the innermost part of an individual that either accuses or excuses,

as clarified in the following verse: "Who show the work of the law written in their hearts, their conscience bearing witness with it and their reasonings, one with the other, accusing or even excusing them" (Romans 2:15). Hence, the conscience (i.e. empathy or lack of empathy) interacts with the heart and the mind (e.g. with healthy "reasonings" or impaired mentalising) interacts with the heart in a metaphorical sense (Lee, 1979a: 38-39) as schematically represented in figure 6.

Figure 6: The heart is the gateway to the soul and the spirit



Source: Holy Bible: Recovery version (2003: 756-757 NT); Lee (1979a: 38).

It is important to remember that mentalising includes affective mentalising (e.g. empathy and emotion) and cognitive mentalising (e.g. social cognition) processes (Brüne et al., 2016: 30). The reader may have heard the expression "have a heart", which means that a person is asking someone to be understanding and sympathetic. Society faces devastating consequences when individuals exhibit both a malfunction of the conscience and impaired mentalising or cognition of the mind. For instance, psychopaths have no conscience (i.e. they are devoid of empathy, emotion, guilt and remorse). Psychopaths are unscrupulous, manipulative and affectionless, which often leads to "repeated and unbridled antisocial behaviour and misconduct (often from an early age), impulsivity and aggressive conduct fuelled by a personality and temperamental nature of fearlessness, low anxiety and a quest for excitement" (Roux, 2017: 55, 58). They wreak havoc and suffering wherever they are and with whomever they come into contact with. Hence, psychopaths are loveless because they have a deadened spirit. "He who does not love has not known God, because God is love" (1 John 1:9).

The apostle Paul took care of his conscience through repentance and confession. Good and evil coexist (i.e. righteousness and unrighteousness). The apostle Paul writes: "Because of this I also exercise myself to always have a conscience without offense toward God and men" (Acts 24:16). The emphasis here is on God (i.e. repenting and confessing one's sins,

confessing one's dependence on Him, confessing one's burdens or anxiety and willing His habitation) and humanity (i.e. confessing one's shortcomings and wrongdoings to those whom one has hurt intentionally or unintentionally). Perpetrators of IPV are often hindered in changing their behaviour by various neutralisation techniques (e.g. they are master blame shifters) that inhibit taking responsibility. There is much liberation from shame and guilt in confessing to one another and asking for forgiveness. The more one confesses to God the more one is open for His dispensing of Himself in our spirit. The more one confesses hurtful actions towards others, the more likely one will feel genuine remorse for offensive and unacceptable behaviour.

> Therefore confess your sins to one another and pray for one another that you may be healed. The petition of a righteous man avails much in its working (James 5:16).

The researcher would like to reiterate the importance of including the human spirit in any analysis or evaluation of human behaviour and functioning. When God created the human race, He used two materials. Adam's body was formed "from the dust of the ground" (Genesis 2:7). The physical body was not living until God "breathed into his nostrils the breath of life" (Genesis 2:7). Only then did Adam become a living soul. When one takes one's last breath, the body rots and decays. The Hebrew word for "breath" in Genesis 2:7 is translated as "spirit" in Proverbs 20:27 (Lee, 1979b: 186), which states: "The spirit of man is the lamp of Jehovah, searching all the innermost parts of the inner being". Thus, it proves that the breath of life that God breathed into the human body is the spirit. The spirit may well be what Confucius was referring to when he said that there is a bright virtue within human beings (or what Freud possibly denoted as the superego). His thought was that this bright virtue needed to be developed and illuminated further. However, the Bible clearly reveals that the spirit needs to be regenerated by believing in Him.

What distinguishes humans from animals is the spirit and free will. Therefore, according to Lee, it would be foolish to accept Darwin's theory that human beings evolved from the ancestors of apes (Lee, 1979a: 39; Lee, 1979b: 154). It is Christ who lives in the believer and uplifts their human virtues. Adam was created by God, and Eve was built by God with one of Adam's ribs (Genesis 2:21-22). Adam typifies Christ and Eve typifies the church or the producing and building of the Body of Christ. The church is the totality of Christ in all His believers (Holy Bible: Recovery version, 2003: 15-16 OT). In sum, Lee (1979b: 115) states that (a) the mystery of the universe is God; (b) the mystery of God is Christ; and (c) the mystery of Christ is the church. The three mysteries are, in fact, three processes of one mystery,

namely, that God is to be found in Christ, who is to be found in the church. The church, then, is the mystery of Christ, who in turn is the mystery of God, who Himself is the mystery of the universe.

> That their hearts may be comforted, they being knit together in love and unto all the riches of the full assurance of understanding, unto the full knowledge of the mystery of God, Christ, In whom all the treasures of wisdom and knowledge are hidden (Colossians 2:2-3).

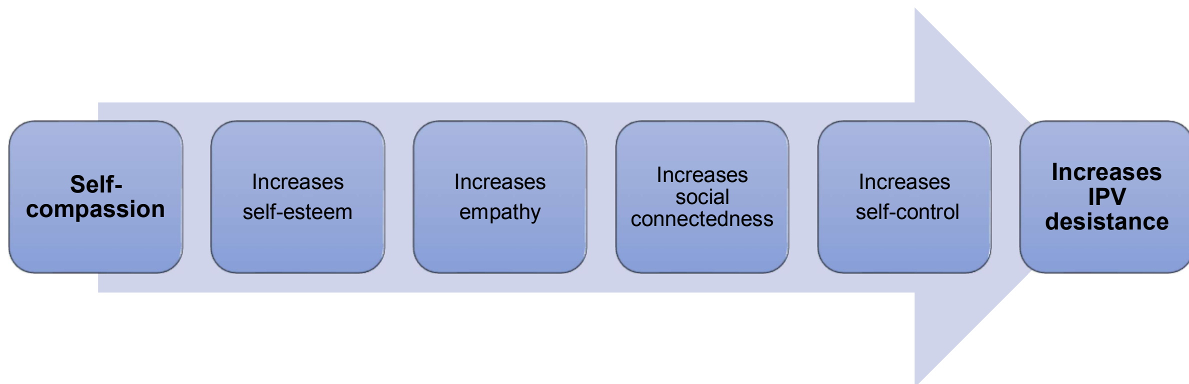
> … you can perceive my understanding in the mystery of Christ, … that in Christ Jesus the Gentiles are fellow heirs and fellow members of the Body and fellow partakers of the promise through the gospel (Ephesians 3:4,6).

> And to enlighten all that they may see what the economy of the mystery is, which throughout the ages has been hidden in God, who created all things, In order that now to the rulers and the authorities in the heavenlies the multifarious wisdom of God might be made known through the church, According to the eternal purpose which He made in Christ Jesus our Lord, (Ephesians 3:9-11).

A personal and intimate relationship with the Father provides a secure base or a secure attachment (Jankowski & Sandage, 2011:116), and the Holy Spirit elevates the conscience (e.g. empathy is pivotal for the cessation of IPV or other crimes) and renews the mind. For example, a renewal of the mind may entail the development of self-compassion, the enhancement of self-esteem, as well as the ability to forgive the self and others as opposed to self-loathing, shame, hatred, anger and resentment (i.e. through the work of the Holy Spirit). Abusive partners frequently replay trauma or a hostile childhood.

Self-acceptance and self-compassion (in contrast to self-esteem, which is often based on self-evaluation) embrace all aspects of personal experience and may gently disclose an awareness of personal suffering, thereby encouraging a motivation to alleviate the suffering (Morley, 2015: 233-234) and to steer away from the hurtful actions of others that may have impacted one's own life. In addition, self-acceptance is likely to challenge maladaptive beliefs (Morley, 2015: 234) and counteract neutralisation techniques or what Jenkins (1990: 54) refers to as "self-intoxicating preoccupations and beliefs" (e.g. self-deception and preoccupation with notions of unwarranted jealousy, feelings of worthlessness and incompetence). Self-compassion can play a fundamental role in curtailing IPV, as illustrated in figure 7 to follow.

Figure 7: Self-compassion and intimate partner violence desistance



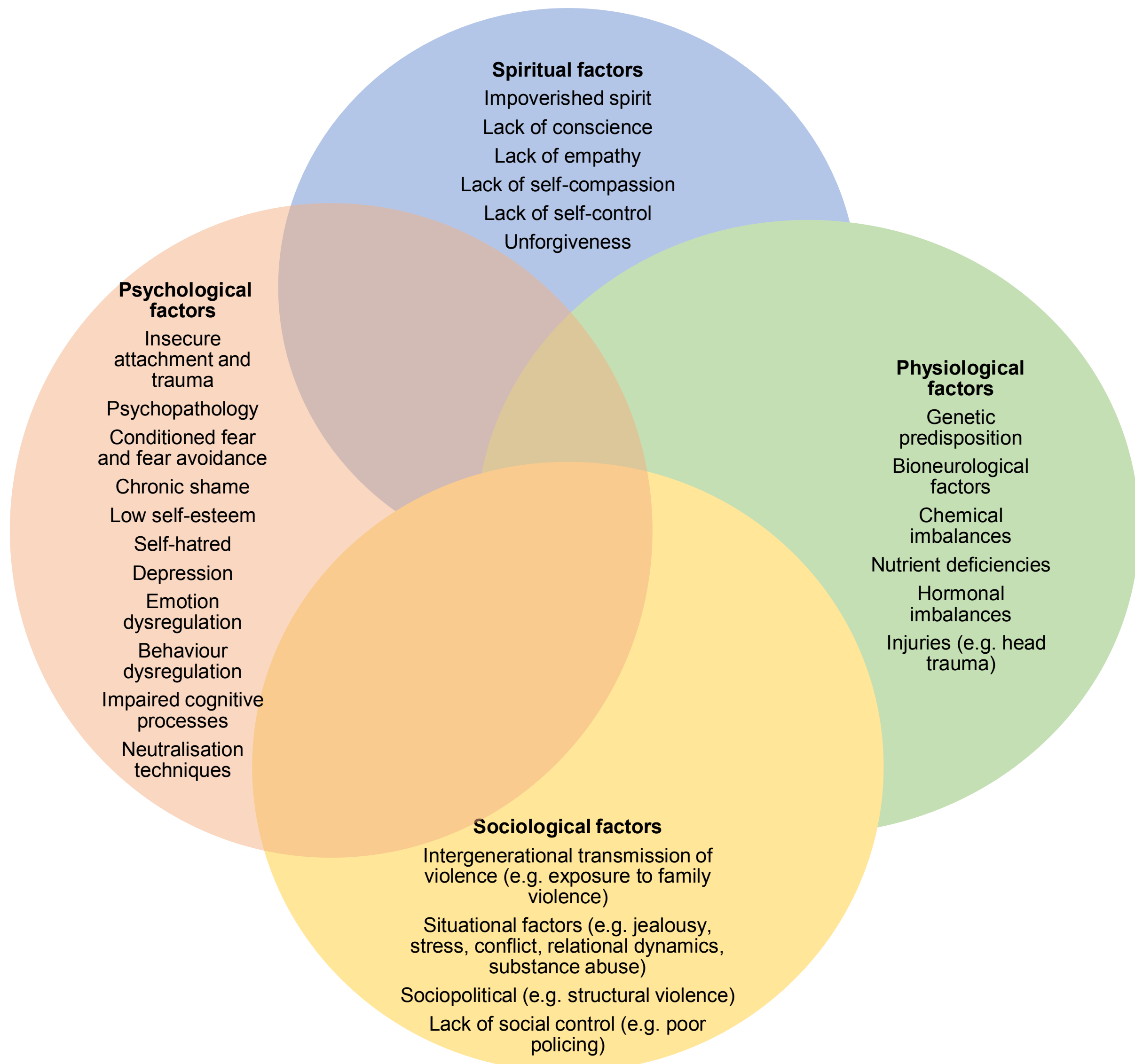
Source: Adapted from Morley (2015: 235).

Secular and faith groups need not be seen as incompatible but can form an impactful alliance in tackling social problems, such as mentoring at-risk youth and facilitating prisoner re-entry (Johnson, 2011: 184). An astronomical number of perpetrators could be reached if churches offered IPV care (i.e. not by condoning partner abuse and neither by vilifying the phenomenon). To illustrate, church-attending youth from disadvantaged or disorganised communities are less likely to use illicit drugs than youth from suburban communities who attend church less regularly or not at all. Moreover, youth from the same communities who participate in religious activities are significantly less likely to be involved in other problem behaviours, such as poor school performance and other deviant activities (Johnson, 2011: 178). In other words, the youth from invalidating environments can still turn out to be productive citizens if religious beliefs are regular and important in their lives. Hence, there is no doubt that faith has a "deterrent effect" in the sense that it fosters resilience to and protection from the negative consequences of living in impoverished environments (e.g. being exposed to violence).

Faith can be a vital agency of local social control (Johnson, 2011: 178-179). Additionally, the evidence suggests that religious experiences can play a critical turning point in the life course of an individual and change dysfunctional behavioural patterns such as substance abuse, prostitution and criminal behaviour (Johnson, 2011: 180). The positive outcomes of Alcoholics Anonymous and Narcotics Anonymous are not new. The programmes are cost-effective, and they "work". The evidence consistently affirms the positive outcomes of inmates who regularly attend faith-based programmes in prisons, which include that (a) they are less likely to commit institutional infractions; and (b) are significantly less likely to reoffend after their release from prison. Yet, researchers, policymakers and practitioners are sceptical about acknowledging the contribution of spiritual correlates in fostering prosocial and normative behaviour (Johnson, 2011: 180-181). The figure to follow is a concise depiction of the multitude of interrelated

factors that may serve as a causal explanation or as mediating and interdependent influences in the aetiology of IPV.

Figure 8: Contributing factors of intimate partner violence

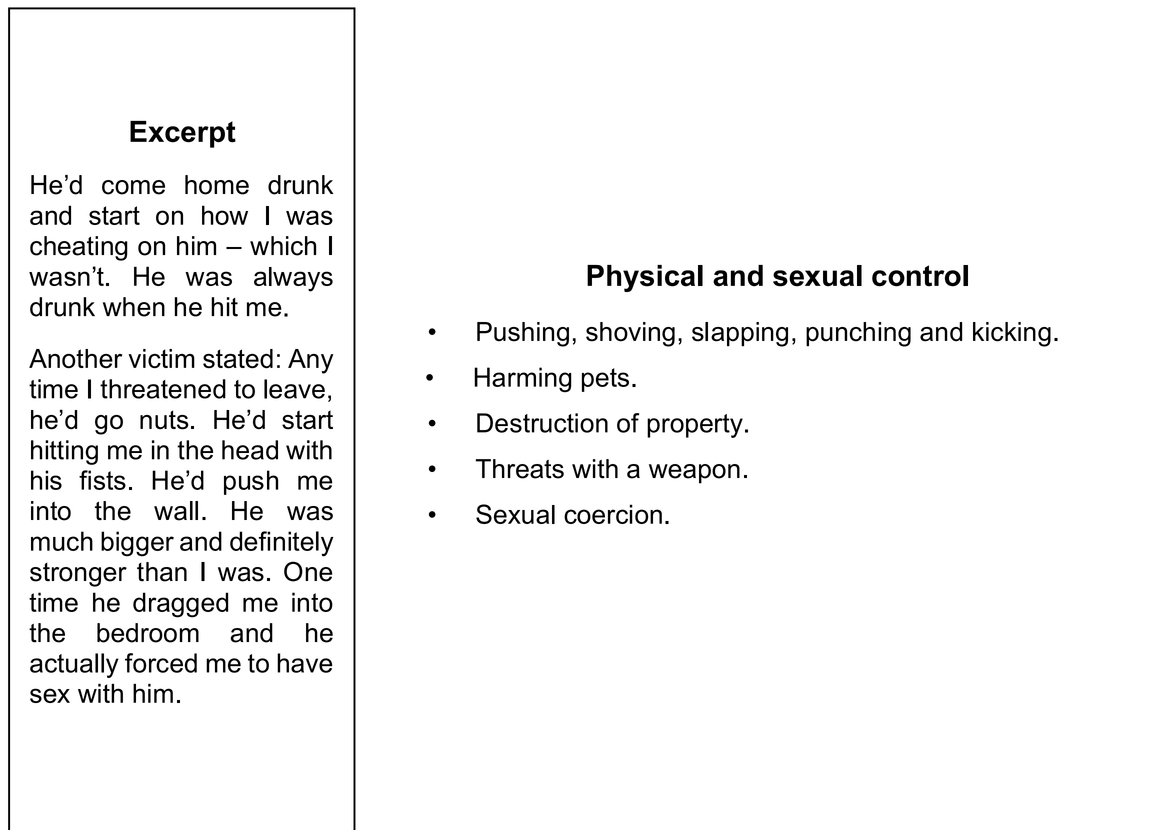


Source: Compiled from Barnett, Miller-Perrin and Perrin (2011); Clark (2012); Corvo and Johnson (2013); George, Phillips, Doty, Umhau, and Rawlings (2006); Hubbert (2011); Jefthas and Artz (2008); Mathews, Jewkes and Abrahams (2015); Meyer, Wood and Stanley (2013); Misso, Schweitzer and Dimaggio (2018); Morley (2015); Murphy (2013); Park (2016); Real (1997); Siegel (1999); Song, Wenzel, Yop Kim and Nam (2017).

2.2.6 The role of controlling behavioural patterns in intimate partner violence

The importance of power and control (i.e. patriarchy) in IPV has been addressed extensively by numerous researchers and theorists, particularly when the issue of IPV first penetrated the realm of academia and policy 40 years ago (Ehrensaft, 2008: 276). However, relatively little research has explored the role of controlling behavioural patterns in IPV. Indeed, there are power and control undercurrents in IPV. However, the dynamics and motivations are not necessarily founded in a tacit social sanctioning of male domination and the subordination of women. Many personality disorders (e.g. BPD) predict coercive controlling tactics in IPV (Hines, 2008: 300). Although the study of Brewster focused on stalking by former intimates (Brewster, 2003: 207), a parallel can be drawn to other forms of abusive behaviour as reflected in the following extracts depicted in figure 9.

Figure 9: Representation of types of controlling behaviour in intimate relationships



Excerpt

The police would come and I would be told, "just say everything's okay when they come to the door, or else you're out of here". And at the time, I had very little finances and he kind of trapped me in a way.

Economic control

- Controlling all the financial resources.
- Withholding access to money, credit cards and so forth.
- Withholding general financial information.
- Prohibiting a partner from seeking employment.
- Insisting on securing the full salary of a partner.
- Financial exploitation.

Excerpt

He would keep reminding me of how my ex-husband left me and how I was lucky to have anyone loving me. After a while, I actually started believing him. I thought I didn't deserve any better. He convinced me of that.

Psychological or emotional control

- The use of guilt, shame, fear, humiliation or blame to manipulate a partner's thoughts or beliefs.
- The use of religion or culture to condone abusive behaviour.
- Locking a partner out of the home.
- Forcing a partner to get out of a vehicle in the middle of nowhere.
- Verbal remarks that degrade a partner.
- Threats to harm the children or to commit suicide.
- Involving children to manipulate and coerce.
- Stalking
- Compulsive lying.
- Promiscuity.

Excerpt

He would listen in on my phone conversations. Any time I made plans, he would come up with some reason for me not to go. "I wanted to take you out to dinner that night".

Social control

- Restricting access to friends and family members.
- Following a partner to monitor their movements.
- Restricting phone call usage (e.g. setting limits to duration of calls or disallowing certain contacts).
- Eaves dropping on conversations.
- Constant checking up on a partner either with incessant calls at any hour, or unexpected visits.
- Taking cars keys to limit mobility.
- Forbidden to look at others, talk to others or window shop so as not to be accused of desiring someone else.

Source: Compiled from Brewster (2003: 210-211).

Brewster's content analysis of the interview data reveals a dominant theme of power and control (Brewster, 2003: 209), yet it plays out on a completely different level than a sociopolitical one. Violence may seem to manifest as a struggle for power and control, but often violence and abuse are a defence against feelings of insecurity, self-loathing, powerlessness and vulnerability. In other words, controlling behaviours may be more psychodynamic and functional in nature to ward off extreme feelings of low self-esteem, lack of control, fear of rejection and abandonment (Brewster, 2003: 216). The stalking that is associated with IPV is often due to avoiding the fear of loss (i.e. abandonment and rejection), as opposed to the less frequent form of stalking that is predatory in nature (George et al., 2006: 350). Thus, when the power and control themes are compared to the evidence at hand the themes in relation to attachment theory and psychopathology become increasingly apparent.

For instance, there are many borderline nuances evident in the excerpts depicted in figure 9 above, such as (a) tumultuous interpersonal relationships; (b) frantic efforts to avoid abandonment and an intense fear of rejection (real or imagined); (c) alternating between extremes of ideation and the devaluation of a partner; (d) substance abuse; and (e) inappropriate intense anger (Sadock et al., 2015: 750). A common defence against low self-esteem is to inflate one's own value by being belligerent towards another. Abusive partners often also ward off shame or feelings of being unworthy by a subtle or flagrant flight into grandiosity, sometimes referred to as a narcissistic defence (Real, 1997: 55). A perpetrator can feel invincible (i.e. powerful and in control) when being abusive such as slamming doors, throwing things around and name-calling (George et al., 2006: 347), or dictating the victim's every move.

Abundant empirical evidence reveals an association between BPD and IPV (Barnett et al., 2011: 438; Hines, 2008: 299; Spidel, Greaves, Nicholls, Goldenson & Dutton, 2013: 6). A typical characteristic of individuals with BPD is that they seldom take responsibility for their behaviour. Perpetrators of IPV have the propensity to project or attribute blame onto their intimate partner for feelings of dysphoria and to ruminate on the blaming attributions, which also serve to maintain abusive behavioural patterns (Dutton, 1995: 579). Other borderline features are an extraordinarily unstable affect, behaviour dysregulation and a distorted self-image (i.e. mood swings, frequent and intense displays of anger and recurrent fights, as well as suicidal threats and self-harming behaviour). Consistent with the behaviours of individuals with BPD is that perpetrators of IPV often suffer from symptoms of depression (Cavanaugh, Solomon & Gelles, 2011: 973). A cross-sectional study demonstrated that symptoms of depression and BPD are associated with self-harm behaviours, suicidal attempts and/or suicidal ideation for men (Wolford-Clevenger, Elmquist, Zapor, Febres, Labrecque, Plasencia

& Stuart, 2018: 151) and women who perpetrate IPV (Wolford-Clevenger, Febres, Elmquist, Zapor, Brasfield & Stuart, 2015: 12). The study of Sansone, Elliott and Wiederman (2016: 44) confirms the high prevalence of borderline traits, high-risk and low-risk self-harm behaviours, as well as alcohol abuse among female perpetrators of IPV. More than two decades ago, the essential characteristics of a borderline personality organisation that was relevant to abusive men were outlined as follows (Dutton, 1995: 570):

- Intense and unstable relationships.
- Sporadic undermining of a partner.
- Manipulation.
- Masked dependency.
- Unstable sense of self with an intolerance of being alone.
- Abandonment anxiety.
- Intense anger.
- Demandingness.
- Impulsivity.
- Proclivity for substance abuse and promiscuity.

Thus, a borderline personality organisation predicts physical, psychological and sexual abuse for both men and women, even in non-clinical settings (Hines, 2008: 299). Individuals with borderline features lack healthy skills to meet their emotional needs and expectations (Hines, 2008: 291), are inclined to become enmeshed in their intimate relationships (e.g. are dependent and demand constant attention and emotional support), and have a low frustration tolerance when needs or expectations are unmet. They often exert violence to coerce their partners into submission to get what they demand or feel that they need. A typical pattern of behaviour in these individuals is to oscillate between idealising a partner as extremely good and devaluing them as extremely bad, a phenomenon referred to as “splitting” (i.e. negative affect or emotion dysregulation), which may increase the likelihood of IPV. They have intense fears of abandonment and loneliness and frequently respond with intense, uncontrolled anger or rage (Flemke et al., 2014: 102). As stated in chapter one (1.3), the South African VOCS (2015: 79) confirms that the most cited motivation behind assault is sudden personal anger. Several other independent sources find that anger is prominent in physically assaultive men (Dutton & Corvo, 2006: 476). Expressing anger was also frequently cited in a community sample of 412 women who perpetrated IPV (Caldwell et al., 2009: 693). In addition, perpetrators of IPV often exhibit risk-taking behaviours such as promiscuity that may lead to

unfounded notions of infidelity and pathological jealousy, which could also escalate partner abuse and controlling behavioural patterns.

Borderline traits predict coercive controlling tactics in IPV (Hines, 2008: 300). Economic control can, for instance, be a ploy to keep a partner dependent in order to make it difficult to leave the relationship. Social isolation can be ascribed to an attempt to hide the abuse and to contain volatile behaviour, feelings of social inadequacy and jealousy (i.e. to have more control over the violence). IPV is often triggered by a perceived threat such as jealousy, a fear of rejection, separation and abandonment, or a fear of intimacy due to childhood trauma. Ironically, IPV is sometimes used as a defence against the pain of alienation, but aggressive and obnoxious behaviour only alienates the perpetrator more (Real, 1997: 270). When victims end the relationship, perpetrators may become so obsessed with reconnecting with an intimate partner (i.e. due to a fear of loss) that their behaviour can border on stalking. Perceived threats of jealousy sometimes verge on paranoia and can be irrational. Perpetrators report a sense of relief and a reduction in anxiety when communication is re-established (George et al., 2006: 349-350). Obsessive phone calls throughout the day in an attempt to reconcile after a violent incident are common.

Paradoxically, physical, economic, psychological and social abuse may, therefore, operate to conserve a relationship. Manipulative and controlling behaviours may be used to avoid abandonment and coerce partners not to end or leave the relationship (Hines, 2008: 291). Ironically, violence may also be used to create distance between intimate partners due to a pervasive fear of rejection. The juxtaposition of two oppositional emotional needs could cause immense discomfort, anxiety and tension. Perpetrators often exhibit emotional lability, overreacting to innocuous social cues and use isolative behaviours to avoid external stimulation (George et al., 2006: 350). Also, with an unstable sense of self and the inability to tolerate aloneness, many perpetrators depend on their partners to prevent their fragile selfhood from disintegrating (Dutton, 1995: 578). Thus, as Dutton puts it, the abusive relationship is fraught with what he refers to as a “dysphoric stalemate” whereby the perpetrator is unable to communicate their intimacy needs while at the same time being extremely demanding.

2.3 Construction of intimate partner violence

Several researchers have independently documented the existence of different types of perpetrators of IPV with seemingly overlapping categories. One of the most influential and supported typologies is the one that was developed by Holtzworth-Munroe and Stuart in 1994

(Huss & Ralston, 2008: 711; Sartin et al., 2006: 435; Stoops, Bennett & Vincent, 2010: 325). Holtzworth-Munroe and Stuart delineated three batterer subtypes, namely, relationship or family-only (FO); borderline-dysphoric (BD); and generally violent-antisocial (GVA) perpetrators of IPV (Holtzworth-Munroe & Stuart, 1994: 476). The three categories included descriptive measures, such as anger, depression, substance abuse, the severity of violence, the generality of violence and psychopathology (Holtzworth-Munroe, Meehan, Herron, Rehman & Stuart, 2000: 1000-1001;[8] Huss & Ralston, 2008: 711):

- FO perpetrators were theorised to comprise 50 percent of all batterers and were predicted to engage in the least severe marital violence, with little violence outside the home, were relatively free from personality disorders and exhibited low to moderate alcohol abuse and depression.
- BD perpetrators were theorised to comprise 25 percent of all batterers and were predicted to engage in moderate to severe marital abuse (although low to moderate general violence could be evident), display borderline features and moderate substance abuse with high levels of anger and depression.
- GVA perpetrators were theorised to comprise 25 percent of all batterers and were predicted to engage in moderate to severe marital abuse, have the highest levels of generalised aggression, criminal behaviour, difficulties with substance abuse and were most likely to be characterised by antisocial personality disorder (APD).

The Holtzworth-Munroe and Stuart development model included (a) distal or historical correlates of IPV such as genetic or prenatal influences, violence in the family of origin and an association with violent peers (Holtzworth-Munroe & Stuart, 1994: 483); and (b) proximal correlates as potential risk factors for IPV such as attachment-dependency (e.g. fear of rejection and jealousy), impulsivity, lack of social skills in both marital and other relationships, a hostile attitude towards women and/or attitudes that support violence (Holtzworth-Munroe & Stuart, 1994: 487-488). Although there has been widespread interest in the above classification system, efforts to replicate and test the predictive ability of the proposed typology have met with mixed success (Canton & O'Leary, 2014: 211; Stoops et al., 2010: 325). The study of Boyle, O'Leary, Rosenbaum and Hassett-Walker (2008: 47) suggested that a more

[8] The Holtzworth-Munroe, Meehan, Herron, Rehman and Stuart (2000: 1016) study identified a fourth category or cluster, namely, the low-level antisocial (LLA) perpetrator. LLA batterers fell between familiy-only and generally violent-antisocial batterers on many measures. It was hypothesised that the fourth cluster would bridge the gap between the generally low levels of violence found in community samples and the high level of violence typically found in clinical samples.

easily applied method of distinguishing between subgroups of IPV perpetrators could rather be based on theoretically important behaviour distinctions instead of descriptive dimensions such as the severity or generality of the violence committed.

Boyle et al. (2008: 47) differentiated between the generally violent perpetrator and the partner-only violent perpetrator. Overall, their findings indicated that, generally, violent perpetrators of IPV are characterised by a lifelong pattern of violence against others and antisocial behaviour. For example, they exhibit conduct disorder and delinquent behaviour in adolescence. The pattern of violence continues into adulthood with greater antisocial behaviour and violence in general, intimate partner psychological abuse and behavioural disinhibition or impulsivity (Boyle et al., 2008: 52; Sartin et al., 2006: 437). In terms of the implication for treatment, the findings support more traditional criminal sanctions (e.g. incarceration) for the generally violent perpetrators in contrast to partner-only violent perpetrators who may be better candidates for a BIP (Boyle et al., 2008: 53). The evidence for the existence of different types of perpetrators is particularly strong for a distinction between GVA and FO or partner-only batterers. The particular typology has been replicated by independent investigators using different methodologies and has been shown to be both reliable and valid. The typology has been found useful in predicting both treatment completion and recidivism rates (Canton & O'Leary, 2014: 212). That is, FO or partner-only perpetrators are more likely to complete treatment and are less likely to be rearrested.

The significance of the research on batterer typologies is threefold, namely, (a) it affirms developmental trajectories to abusive personality styles; (b) it confirms that although there are common themes (Jenkins, 1990: 21), perpetrators form a heterogeneous group; and (c) interventions need to be more tailor-made. For example, it is hypothesised that a subset of GVA batterers are psychopaths and that, in such cases, all treatment is likely to be ineffective (Holtzworth-Munroe et al., 2000: 1016). Thus, a shift from a one-size-fits-all treatment to a focus on assessing the needs of the perpetrator could be informative with regard to a treatment strategy with optimal results. Non-criminogenic needs include low self-esteem and unemployment, while criminogenic needs are risk factors that are associated with reoffending, such as APD, hostile family backgrounds or disorganised environments (Radatz & Wright, 2016: 76). A succinct overview of a few batterer typologies is depicted in table 4 to follow. Some commonalities across the typologies include personality disturbance, attachment styles, male-perpetrated violence, female-perpetrated violence and bidirectional abuse.

Table 4: An overview of batterer typologies

Author	Subtypes
Hamberger and Hastings (1986)	Schizoidal/borderline Narcissistic/antisocial Dependent/compulsive
Gondolf (1988)	Typical batterers Sociopathic batterers Antisocial batterers
Karras (1989)	Intermittent explosive disorder
Holtzworth-Munroe and Stuart (1994)	Family-only Borderline-dysphoric Generally violent-antisocial
Dutton (1995)	Borderline personality organisation
Hamberger, Lohr, Bonge and Tolin (1996)	Nonpathological Passive-aggressive-dependent Antisocial
Dutton and Tweed (1998)	Instrumental group (antisocial-narcissistic-aggressive profile; preoccupied attachment style) Impulsive group (passive-aggressive, borderline and avoidant profile; preoccupied and fearful attachment style)
Babcock, Jacobson, Gottman and Yerington (2000)	Secure Preoccupied (wife withdrawal significant predictor of husband violence; violence in response to fears of abandonment) Dismissing (wife defensiveness significant precursor of husband violence; violence instrumental in asserting authority and control over wives)
Holtzworth-Munroe, Meehan, Herron, Rehman and Stuart (2000)	Family-only Borderline-dysphoric Generally violent-antisocial Low-level antisocial
Johnson and Ferraro (2000)	Common couple violence Intimate terrorism Violent resistance Mutual violent control
White and Gondolf (2000)	Narcissistic/conforming style Avoidant/depressive style Antisocial disorder Narcissistic disorder Paranoid disorder Borderline disorder
Cavanaugh and Gelles (2005)	Low-risk offender Moderate-risk offender High-risk offender
Boyle, O'Leary, Rosenbaum and Hassett-Walker (2008)	Generally violent Partner-only violent
Kelly and Johnson (2008)	Situational couple violence Coercive controlling violence[9] Violent resistance Separation-instigated violence

[9] In 1995 Johnson used the term "patriarchal terrorism" for the pattern of coercive controlling violence. Recognising that not all coercive control is rooted in patriarchy the term was later changed to "intimate terrorism". However, due to stigmatisation it has been changed to "coercive controlling violence" (Kelly & Johnson, 2008: 478-479).

Langhinrichsen-Rohling (2010)	Dyadic dominance Dyadic dysregulation Dyadic couple violence
Stoops, Bennett and Vincent (2010)	Low-level criminality Dysphoric volatile behaviour Dysphoric general violence
Fowler and Western (2011)	Psychopathic Hostile/controlling Borderline/dependent
Straus (2015)	Male-only (perpetration) Female-only (perpetration) Both (mutual perpetration)

Source: Babcock, Jacobson, Gottman and Yerington (2000: 402); Boyle, O'Leary, Rosenbaum and Hassett-Walker (2008: 47); Cavanaugh and Gelles (2005: 155); Dutton (1995: 578); Dutton and Tweed (1998: 217); Fowler and Western (2011: 620-621); Gondolf (1988: 187); Hamberger and Hastings (1986: 323); Hamberger, Lohr, Bonge and Tolin (1996: 277); Holtzworth-Munroe and Stuart (1994: 476); Holtzworth-Munroe, Meehan, Herron, Rehman and Stuart (2000: 1000- 1001); Langhinrichsen-Rohling (2010: 179); Johnson and Ferraro (2000: 949-950); Karras (1989: 67); Kelly and Johnson (2008: 476); Stoops, Bennett and Vincent (2010: 325); Straus (2015: 83); White and Gondolf (2000: 473).

Although not all perpetrators of IPV present with psychopathology and not all perpetrators have violent family backgrounds, there are many trajectories towards IPV, of which insecure attachment is of particular importance (Babcock, Jacobson, Gottman & Yerington, 2000: 403). The typologies affirm developmental trajectories and various personality disorders (e.g. BPD and APD in particular) towards a propensity for IPV. Studies indicate that at least 50 percent of men who are court-ordered for IPV present with marked personality disorder traits. Some studies report rates as high as 80 percent to 90 percent in both court-referred and self-referred men (Lawson et al., 2012: 191-192). Furthermore, 60 percent of male perpetrators are victims of family violence and/or witnessed interparental violence (Lawson et al., 2012: 192). As stated in 2.2.5.1, conservative estimates indicate that at least 40 percent of male perpetrators have been victims of physical child abuse, with a concomitant increase in the likelihood of perpetuating IPV in adulthood.

Intermittent explosive disorder (IED) has been in the DSM since the first edition (i.e. DSM-III) and was thought to be rare. However, the diagnostic criteria for IED were poorly operationalised, and the empirical research on IED was limited until the past decade when new research criteria were developed (Coccaro, Lee & McCloskey, 2014: 260). Community-based studies published in the mid-2000s have documented IED to be as common as many other psychiatric disorders (Coccaro, 2012: 579; Coccaro et al., 2014: 261). Epidemiological data suggests that IED affects approximately 5.4 percent of the population in the United States

according to the narrow definition (i.e. three high-severity episodes in the current year). In other words, a staggering 16 million people (Coccaro, 2012: 579). The mean onset for IED ranges from 13 to 21 years and is usually persistent and follows a chronic course of at least twelve years to nearly the whole lifetime. Thus, IED may begin at any stage of life but usually appears between late adolescence and early adulthood. The onset can be sudden or insidious, and the course can be episodic or chronic (Sadock et al., 2015: 611). IED can co-occur with a variety of other disorders, such as depression, anxiety and substance abuse (Coccaro, 2012: 580). It is documented that substance abuse can also escalate violence (Foran & O'Leary, 2008b: 141). Individuals with IED do not readily seek treatment and when they do, it is usually for other related symptoms, such as alcohol abuse and episodic aggressive outbursts that remain unaddressed. The DSM-I (1952) originally called the disorder "passive-aggressive personality" (Coccaro et al., 2014: 260), which is included in the typology of Dutton and Tweed's (1998: 217) impulsive group. Coccaro and colleagues made five significant revisions to the criteria for IED (Coccaro, 2012: 578), which is now included in the DSM-5:

- The criteria operationalise the range and frequency of the aggressive behaviour, namely, (a) the presence of high-frequency and low-intensity aggressive outbursts (criterion A_1); and (b) low-frequency and high-intensity aggressive outbursts (criterion A_2).
- The criteria require that the aggressive behaviour must be impulsive in nature.
- The research criteria is that subjective distress (e.g. social, occupational, legal or financial difficulties) needs to be linked to aggressive behaviour.
- The criteria allow the inclusion of subjects with APD, BPD and disruptive behaviour disorders (e.g. conduct disorder, oppositional defiant disorder or attention deficit hyperactivity disorder) to be diagnosed with IED if they otherwise meet the research criteria.
- The criteria disallow subjects with a current history of major depression, mania or psychosis.

Thus, according to the DSM-5, the range and intensity of the recurrent behavioural impulsive outburst need to manifest by either of the following diagnostic criteria for A_1 or A_2 (Sadock et al., 2015: 610):

- Criterion A_1 threshold is set at two episodes a week within an average period of three months and includes verbal aggression (e.g. temper tantrums, tirades, verbal arguments or fights) or physical aggression towards property, animals or other individuals. The

physical aggression does not result in damage or destruction of property and does not result in physical injury to animals or other individuals.

- Criterion A_2 threshold is set at three severe behavioural outbursts within a period of one year and includes damage or destruction of property and/or physical assault involving physical injury against animals or other individuals.

Hence, the aggressive behaviour includes all forms of aggression ranging from (a) verbal assault (e.g. screaming, arguing, insulting and threatening); (b) non-destructive damage to objects (e.g. throwing things around and slamming doors), hurting animals such as kicking the dog and hurting other individuals (e.g. pulling hair, pushing and slapping), in other words, physical assault without injury; including (c) destructive damage to objects (e.g. turning over the television set or breaking the crockery) and injurious physical assault or aggression towards animals and other individuals (Coccaro et al., 2014: 261). Perpetrators often describe feeling energised and devoid of any painful stimuli as they hit the wall, punch the door, bang the table with their fists, cut themselves, or strike the victim (George et al., 2006: 347). The aggressive outbursts have been described as spells or attacks and may appear within minutes or hours and, regardless of duration, remit spontaneously and quickly (Coccaro & Grant, 2018: 91; Sadock et al., 2015: 609). Episodes typically last for less than 30 minutes and in response to a minor provocation by a close intimate or associate. Individuals with IED often have less severe episodes of verbal and non-destructive property aggression in between the more severe assaultive or destructive episodes (Coccaro, 2012: 578). IED differs from BPD and APD because, with personality disorders, aggressiveness and impulsivity are part of the individual's character and are present even between violent outbursts (Sadock et al., 2015: 610). IED is conceptualised more as a Jekyll and Hyde type of behavioural disorder where an otherwise normal and well-behaved person abruptly goes from being mild-mannered to full-blown rage, then back to being mild-mannered as if nothing had happened (Coccaro et al., 2014: 260; George et al., 2006: 347). Conduct disorder is distinguished from IED by its recurring and resistant behaviour (Sadock et al., 2015: 610), as opposed to a sporadic pattern.

It has been suggested that explosive outbursts occur as a defence against narcissistic injurious events (Sadock et al., 2015: 609). Feelings of inadequacy and shame often precede an episode with a high level of anxiety, guilt and depression afterwards. A hostile childhood background is often the case with predisposing factors in infancy and childhood, such as perinatal trauma, infantile seizures, head trauma, encephalitis, minimal brain dysfunction and hyperactivity. Identification with an assaultive parental figure, early frustration, oppression and hostility have also been stressed. Situations or persons that are directly or symbolically reminiscent of early deprivations can evoke an outburst. Disordered brain physiology,

particularly in the limbic system and altered serotonin function has also been identified (Coccaro, 2012: 584; Sadock et al., 2015: 609). Individuals have elevated relational aggression, suggesting that aggressive impulses are aimed at damaging interpersonal relationships. Individuals demonstrate (Coccaro, 2012: 584; Coccaro & Grant, 2018: 92):

- Greater hostile attribution bias and greater negative emotional responses to socially ambiguous stimuli suggest a psychological mechanism that triggers impulsive aggressive outbursts.
- Greater affective lability and affective intensity suggesting attachment and neurobiological pathways to IED.
- A greater degree of immature defence mechanisms such as acting out, dissociation, projection and rationalisation.

Although no unitary profile can be discerned for abusive partners, there are common themes as depicted in the various typologies which occur frequently in descriptions of perpetrators of IPV (Jenkins, 1990: 20-21). As stated above, one significant implication of the research on batterer typologies is that they affirm a developmental trajectory towards an abusive personality. Clinical evaluations show that abusive partners have a distinguishing set of behaviours and diagnoses related to substance abuse, anxiety, depression, BPD, APD and IED (George et al., 2006: 345). Witnessing parental violence or an invalidating environment that brings about shaming and insecure attachment are factors that contribute to an abusive personality that sees, feels and acts differently than most people (Dutton & Sonkin, 2002: 3). Forty percent (George et al., 2006: 345; Hamberger & Hastings, 1986: 338; Howard, 2012: 330) to 60 percent of male perpetrators are victims of family violence and/or have witnessed interparental violence (Lawson et al., 2012: 192). Early exposure to violence in the home has been found to be detrimental for a child and may set in motion a series of problems in adjustment across the lifespan (Ehrensaft, 2008: 278; Walker, 2017: 113), especially if violence is condoned in the community (Hubbert, 2011: 130; Walker, 2017: 113), combined with ineffective law enforcement.

Insecure attachment is of particular importance in the development of IPV (Babcock et al., 2000: 403). An insecure attachment fosters shame. Shame is fundamentally about a broken connection between an individual and others. The disconnect can result in a breach in the understanding and expectations when relating to others that is necessary to be a valued member of society (Mollin, 2002: 142). In other words, affective mentalising (e.g. empathy and emotion) and cognitive mentalising (e.g. social cognition or social information processes) are compromised. It is evident that as early as elementary school, perpetrators lost control, threw

things around, or turned over desks when confronted by figures of authority at school (George et al., 2006: 346). Hostile interactions with siblings and peers are reported already in childhood leading to behavioural problems at school and later delinquency (Walker, 2017: 113). When the adolescent moves out of the family of origin home, the aggressive behaviour typically shifts towards an intimate partner and/or the self that manifests in risk-taking behaviours such as promiscuity, cutting and substance abuse (George et al., 2006: 346). Most batterers have little insight into their behaviour and typically do not acknowledge that their behaviour is problematic (George et al., 2006: 346). Perpetrators of IPV are usually master manipulators and are prone to minimise the IPV and project the blame for abusive behaviour onto their intimate partners (George et al., 2006: 346; Jenkins, 1990: 21). The perpetrator believes that they can change and control their aggression (Jenkins, 1990: 55), especially if the victim conforms to their demands which are often unrealistic. In fact, batterers often manage to convince the victim that if the victim changes certain “unreasonable” behaviours, then the violence will end.

Perpetrators of IPV typically feel that they are the victims of “unreasonable” behaviour (e.g. the dinner not being ready on time, the dishes not being done, a partner accidentally throwing over a glass of milk, breaking a plate, speaking too long on the cellular phone, not answering the cellular or door fast enough, or having friends of the opposite sex). In other words, they have unrealistic or unattainable expectations of their partners (Jenkins, 1990: 21), and if their demands are not met, it may make them feel devalued and disrespected at work and especially at home (George et al., 2006: 346). Umpteen descriptions of batterers include low self-esteem, feelings of inadequacy, fears of insufficiency and inferiority in relationships (Jenkins, 1990: 21). In addition, changes in the central nervous system modulate the processing of sensory stimuli which could contribute to why perpetrators typically overreact to environmental stimuli. They may, for example, interpret a look, a tone of voice, a gesture, a slight, or the person not being attentive enough, as devaluing, criticism or rejecting. The interpretation is usually imprecise and contributes to the perpetrator’s propensity to overreact to environmental stimuli with a sense of threat, difficulties with trust, jealousy and/or paranoia (George et al., 2006: 349). Their fear of rejection or abandonment and high level of emotional dependency on their partners is documented, which often activates a strong desire to control and dominate their partners (Jenkins, 1990: 21), as illustrated in figure 9 (refer to 2.2.6).

Perpetrators frequently display high levels of social anxiety and evaluate interpersonal cues more negatively and threateningly (George et al., 2006: 349). Thus, a seemingly benign request or remark frequently transpires into an urge to defend themselves by either being verbally or physically aggressive. For example, a simple request by an intimate partner could be interpreted as being bossed around, nagged and disrespected (George et al., 2006: 346).

Batterers often describe feeling threatened and experiencing others as hostile and rejecting (Jenkins, 1990: 21). Perpetrators typically exhibit an affective instability typified by rapid changes in mood. Mood states range from anxiety and fear, to feelings of emptiness and depression, to anger and rage. Mood states such as fear are usually out of proportion to the situation or any physical threat and rapidly shift in response to a situational stimulus that is perceived as irritating or threatening (George et al., 2006: 346). In a study of 37 incarcerated women, 90 percent reported having at least one vivid memory from childhood that still triggered them to feel rage as adults. The memories fell into three general categories of trauma, namely, (a) experiences of physical and/or sexual abuse; (b) memories of feeling unprotected by caregivers; and (c) having witnessed IPV (Flemke et al., 2014: 103). A profound dichotomy exists between the calm and engaging side of perpetrators versus the mental state during a battering incident. The disparity is sometimes referred to as a Jekyll and Hyde personality.

Differences in mental states have been described as ranging from a free-floating fear and anxiety to extreme discomfort and racing thoughts which impair the ability to focus. Perpetrators of IPV often overreact to perceived personal affronts or slights, which increase the rapidity of thought intrusions. A request, a conflict, a critique, or uncertainty increases the rapidity of thought intrusions that may culminate into a sense of threat, fear and a feeling of being out of control (George et al., 2006: 346). The racing thoughts can lead to substance abuse, where it is not about having a good time but merely finding relief (Real, 1997: 196). George et al. (2006: 348-350) expound on how conditioned fear responses (i.e. fight, flight and freeze) elucidate many facets of IPV perpetration. A primary mode of coping with fear, anxiety and racing thoughts is to shut down emotionally in order to decrease the sensory stimulation. Perpetrators evidence varying degrees of social withdrawal, ranging from not answering the phone to more socially disengaging behaviours, even to the extent of isolating their intimate partners from family and friends. Isolative behaviours often accompany a change in mental state where racing thoughts are partially replaced by feelings of indifference, emptiness, numbness, sadness and loneliness (George et al., 2006: 346). When an isolative state is interrupted by an argument, or a perception of being devalued, not listened to, or something trivial like not answering the door fast enough, or an intimate partner threatens to leave, perpetrators can experience a return of rapid thoughts and anxiety.

Two options may ensue, namely, “flight”, where perpetrators report a profound desire to terminate the discussion, to storm out of the room, even to go for a jog (i.e. the perpetrator feels panic and being trapped), or “fight” and fly into a rage to discharge feelings of anxiety and fear (George et al., 2006: 347). Victims report cues from their partner, such as pacing up and down, eyes changing colour or shooting daggers, a harsh and intimidating voice tone, or

a clenched jaw just before a violent incident. The neurons that mediate a fight and rage response to a perceived danger or threat are responsible for the loud voice, facial grimacing, increased breathing, heart palpitations and reduced pain sensations evidenced by perpetrators of IPV (George et al., 2006: 349). Therefore, attempts to stop the progression of events are typically unsuccessful. The batterer is described as irrational, and the onset of the violent outburst is usually rapid and unpredictable. Perpetrators even report that the battering incident happens so quickly that they are unable to identify the emotions that are coupled with the aggression. Perpetrators concede that apart from experiencing an escalating sense of racing thoughts, anxiety and fear, there is automatic arousal (e.g. heart palpitations, increased respiratory rate and nervousness), a surge of energy and a compelling urge to be on the defence (George et al., 2006: 347). Hence, IPV can tragically serve an important function of what is experienced as basic survival and limit self-disintegration.

Features such as the presence of warning sensations (e.g. changes in respiration, cognitive sensations and mood states) and partial or spotty amnesia suggest the possibility of an epileptoid state (Sadock et al., 2015: 609) or a micro-psychotic episode (Sadock et al., 2015: 750) during some violent outbursts. George et al. (2006: 347) attribute the Jekyll and Hyde mood states, where perpetrators often act as if nothing happened after a violent incident, to the subsiding of racing thoughts that often accompany IPV. Racing thoughts could include an entourage of thoughts pertaining to feelings of inadequacy, shame (Mollin, 2002: 50), self-reproach, self-hatred (Real, 1997: 194, 196), or paranoia regarding a partner's faithfulness. Perpetrators of IPV often report abusive childhoods and may experience deep-seated feelings of shame. While one reaction to shame is withdrawal, another can be rage or an attack on a person or circumstances perceived as causing humiliation (Mollin, 2002: 45). Hence, the victim is often the punch bag no matter what they do, or do not do (i.e. the triggers are usually trivial in nature). Prior to the onset of violence, perpetrators are largely unaware of the surroundings, and the victim (e.g. intimate partner, child, dog, or property) becomes the focus of attention, which could explain why there is usually no regard for the potential consequences of their actions (George et al., 2006: 347). It also suggests that they "see red" and that the violent outbursts may be impulsive.

Physical aggression seems to diminish the perpetrator's racing thoughts and promotes an internal sense of peace. Hence, abusive behaviour can provide immediate relief in contrast to the prolonged discomfort of thought intrusions and anxiety that perpetrators may experience when they try to divert a violent incident (George et al., 2006: 347). Therefore, the violent outburst almost acts as a catharsis which can be rewarding in itself and perpetuate a cycle of recurring violence (i.e. positive reinforcement). Many perpetrators report that substance abuse

calms them down when they are anxious or angry. However, substance abuse also shortens the reaction time to a perceived threat and increases the likelihood of “fight” rather than “flight” (George et al., 2006: 347-348). Conditioned fear responses (i.e. fight, flight and freeze) to a perceived threat is an important consideration as it alludes to neurobiological and neuropsychological correlates of IPV perpetration.

To recapitulate, personality deviance is notable in batterer typologies and batterer profiling. The two most often occurring personality features in IPV perpetration are BPD and APD (Lawson et al., 2012: 192; Spidel et al., 2013: 6), for both men and women in clinical and community settings (Dowgwillo, Ménard, Krueger & Pincus, 2016: 418). Also, the rates of borderline and antisocial personality traits have been shown to be higher in IPV perpetrators than in non-violent men in numerous studies. Perpetrators of IPV also tend to have more severe conduct disorder and higher anger if these personality traits are present (Romero-Martínez, Lila & Moya-Albiol, 2016: 347). In the study of Romero-Martínez et al. (2016: 347), the sample consisted of 144 perpetrators of IPV. High borderline and antisocial personality traits in their sample were associated with a higher risk of recidivism. Furthermore, the correlation was moderated by a deficit in mentalisation such as empathic skills (e.g. a diminished efficiency to adopt the perspective of others) and dysfunctional social information processing (e.g. the misinterpretation of others’ intentions), which could be mechanisms that partially explain the overall reduced social functioning and the increased risk of continued IPV (Romero-Martínez et al., 2016: 355). Research also indicates that the lack of self-compassion is associated with emotional dysregulation and an increase in levels of aggression (Morley, 2015: 235). Romero-Martínez et al. (2016: 355) assert that with all facts considered, it would be essential for a BIP to take empathy into account.

All the perpetrators exemplified IED in the study of George et al. (2006: 348). However, due to the exclusionary criteria employed in the DSM-III-R at the time for making a diagnosis of IED, only 9.9 percent of the perpetrators fulfilled the criteria of IED. Nonetheless, given the relative frequency of IED in the United States and elsewhere, it is likely that the new DSM-5 criteria for IED will allow for another appropriate identification of individuals with recurrent, problematic and impulsive aggressive behaviour (Coccaro et al., 2014: 266), where treatment strategies such as the combination of pharmacological and a psychotherapeutic approach have rendered favourable results (Coccaro, 2012: 585; Sadock et al., 2015: 611). Gass et al. (2011: 2765) concur that IED is a risk factor in the perpetration of IPV. Hence, although a single personality profile of an abusive partner does not exist, there is a growing body of evidence indicating that both men and women in abusive relationships show signs of psychopathology (Dowgwillo et al., 2016: 417; Ehrensaft, 2008: 283). As far back as 1986, Hamberger and Hastings identified

three profiles based on unique combinations of schizoidal/borderline personality disorder, narcissistic/antisocial personality disorder and dependent/compulsive personality disorder (Hamberger & Hastings, 1986: 323). Moreover, they found that only 12.12 percent of the male batterers in an intervention setting exhibited no personality pathology of some kind (Hamberger & Hastings, 1986: 338). Impulsive aggression is associated with significant physical and psychosocial harm to the perpetrator, the victim and society.

2.3.1 Walker cycle theory of violence

Lenora Walker (1979) delineated a sequence in male-to-female battering that states that there are three distinct phases that are associated with a recurring battering cycle. The cycle usually begins after a loving period of courtship where the victim is doted on and even lavished with gifts. Some women have described that the attention is often marked by stalking or surveillance, incessant phone calls, or unannounced visits at home and at work. Usually, by now, the batterer has convinced the victim that he will change and undertakes that the abuse will never happen again, which is seldom the case as the phase ushers in the onset of phase one (Walker, 2017: 94). The three phases can be described as follows (Barnett et al., 2011: 419; Walker, 2017: 94-98):

- Phase 1: The tension-building phase is accompanied by a rising sense of danger where minor incidents of abuse may occur along with pent-up anger. The phase may include devaluing the victim, insults, provocation, jealousy, threats and property assault, which eventually escalates into phase two.
- Phase 2: The acute battering incident in which the major violent outburst occurs. Phase two is characterised by the uncontrollable discharge of the tension built up in phase one. The batterer typically unleashes a barrage of verbal and physical aggression (i.e. rage) that can leave the victim severely shaken and even seriously injured. The triggering event is usually trivial in nature, and the violence is typically justified (e.g. the perpetrator may say that he wanted to teach the victim a lesson when, in actual fact, the perpetrator loses control). Sometimes, the victim provokes phase two when the situation or tension becomes unbearable, knowing that once it is over, things will be calm again. Thus, the victim can, at times, try to exert some control over behaviour that is otherwise unpredictable, which may account for some bidirectional IPV perpetration.
- Phase 3: The loving contrition or honeymoon phase follows, and the batterer may apologise profusely and promise to change. Phase three is loving, reconciliatory and the perpetrator is usually remorseful, afraid of separation, and the victim is reminded of the

person they originally fell in love with. The perpetrator promises it will never happen again, begs forgiveness and musters up every bit of charm.

Noteworthy in the seminal work of Walker (2017: 97) is that she refers to phase two as being characterised by an "uncontrollable discharge" of tension and that the victim may precipitate the "inevitable explosion", which suggests that the battering incident is often impulsive. Phase two also has an element of catharsis, which, as stated above, can serve as positive reinforcement to perpetuate a recurring cycle of violence. Walker (2017: 99) subsequently revised her cycle theory of violence to include that over the course of a battering relationship, the tension-building phase may become more common, and the loving and contrite phase may decline. Thus, all too soon, the tension starts building up again, and the cycle of events repeats itself more frequently until the victim, for instance, finally leaves or is fatally injured. Of concern is that abusive partners usually continue to be violent even if they change partners. Research indicates that IPV often intensifies in frequency and severity over time (Barnett et al., 2011: 419), which substantiates Walker's modified cycle of violence where she includes a life-threatening cycle (Walker, 2017: 96). Abusive behaviour can escalate in severity especially if there are no consequences such as legal intervention.

Nonetheless, Walker's cycle of violence is not descriptive of all battering incidents. Although many batterers are typically remorseful and vow never to be abusive again (George et al., 2006: 346), a substantial body of evidence suggests that APD is a major risk factor for both sexes' involvement in partner abuse (Lawson et al., 2012: 192; Spidel et al., 2013: 6). Various typologies include an antisocial IPV profile which is succinctly outlined below:

- Narcissistic/antisocial batterer (Hamberger & Hastings, 1986: 323).
- Antisocial batterer (Gondolf, 1988: 187; Hamberger, Lohr, Bonge & Tolin, 1996: 277).
- GVA batterer (Holtzworth-Munroe & Stuart, 1994: 476).
- Antisocial-narcissistic-aggressive batterer, which is included in Dutton and Tweed's (1998: 217) instrumental group.
- GVA and LLA batterer (Holtzworth-Munroe et al., 2000: 1000-1001).
- Antisocial disordered batterer (White & Gondolf, 2000: 473).
- Dysphoric general violence batterer (Stoops et al., 2010: 325).
- Psychopathic batterer (Fowler & Western, 2011: 620-621).

A hallmark of antisocial behaviour is the lack of remorse (Sadock et al., 2015: 749), which is atypical of Walker's phase three in the cycle of violence. In addition, Walker's model may

adequately explain the unilateral IPV committed by an individual with IED,[10] but fails to explain the unilateral IPV committed by individuals with borderline and antisocial traits where mood swings (Sadock et al., 2015: 750) and aggressiveness are part of the individual's character and occurs between violent outbursts as well (Sadock et al., 2015: 610). APD presents with a pervasive pattern of disregard for and the violation of the rights of others (Sadock et al., 2015: 749), and individuals with APD are inclined to be generally aggressive. Furthermore, Walker's cycle of violence is not useful in understanding bidirectional IPV (Cannon et al., 2016: 254), which seems to be common in couples who are experiencing IPV.

The cycle theory of violence, as described by Walker, correlates well with IED. The symptoms (i.e. several discrete episodes of loss of control associated with aggressive outbursts), which are often described as spells or attacks, can appear within minutes and remit almost as quickly. There are usually early warning signs, for example, anxiety (tension-building phase) and increased heart rate (the acute battering incident). After phase two, the individual typically shows genuine remorse. Guilt and depression usually ensue after an episode (Sadock et al., 2015: 609). Generalised impulsivity or aggressiveness is absent between the aggressive outbursts. Regret, self-reproach and a temporary absence of abusive behaviour may easily translate into a phase of contrition and reconciliation.

2.3.2 Depression

In line with the socialisation process, Real (1997: 22-23) alludes to society covering up depression in men. Society seems to teach men that vulnerability and the expression of pain are signs of weakness or femininity. Vulnerability is thought of as something that men should rise above. Depression may also have the stigma of it being a mental illness. During socialisation, girls or women are often taught to internalise their pain and draw into themselves, whereas boys or men are taught to externalise pain (e.g. "boys do not cry"). Thus, in the event of men feeling distressed, it may be more politically correct to react with aggression than with tears. In general, boys are not encouraged to be emotionally expressive, and therefore, in many cases, when depression presents itself, it may remain hidden (i.e. what Real refers to as covert depression). Depression in men is often not recognised by themselves or those around them and may explain why depression in clinical and non-clinical settings is twice as prevalent among women as among men in western societies (Winstok & Straus, 2014: 93). Needless to

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[10] IED is characterised by a sense of feeling ineffectual and unable to change the environment just before an episode of physical violence (cf. the tension-building phase and the acute battering incident), followed by a high level of anxiety, guilt (cf. the honeymoon phase) and depression (Sadock et al., 2015: 609).

say, while it is beyond the scope of the current study to delve into the various mood disorders, with regard to dysthymia there are no gender differences for incidence rates.

Dysthymia means "ill-humoured" and can be described as the presence of a depressed mood that lasts most of the day and is present almost continuously (Sadock et al., 2015: 380). Likewise, depressive personality disorder seems to be common and to occur equally in both men and women (Sadock et al., 2015: 757). Nonetheless, the combined effect of lost productivity and medical expense due to depression runs into the billions each year, yet between 60 percent and 80 percent of people with depression never get help (i.e. the condition goes mostly undiagnosed), despite the high success rate of treatment for depression (Real, 1997: 22-23). Real is of the opinion that covert depression drives several behaviours that society normally thinks of as being typically male, namely, IPV and substance abuse (Real, 1997: 22) and states (Real, 1997: 24):

> Too often, the wounded boy grows up to become a wounding man, inflicting upon those closest to him the very distress he refuses to acknowledge within himself. Depression in men, unless it is dealt with, tends to be passed along. That was the case with my father and me.

Depression may have a biological component, but it is most likely an inherited predisposition compounded by psychological injury. Thus, depression is a complex interplay of biological, psychological and social factors (Real, 1997: 24; Winstok & Straus, 2014: 93). Real (1997: 44) is of the belief that covert depression is at its core a disorder of self-esteem. Real concurs with Bowlby and purports that it is a caregiver's warm regard that is likely to infuse a capacity for self-regard. Low self-esteem may propel an individual to find substitutions such as aggression, promiscuity or excessive alcohol use in order to feel "better" or to alleviate the discomfort and negative feelings surrounding depression due to unfulfilled needs, loss and to relieve the anxiety or tension that may arise (Real, 1997: 45). Abusive partners often have unrealistic demands and expectations from an intimate partner possibly to fill the void, in addition to feelings of loneliness and emptiness (Flemke et al., 2014: 102; George et al., 2006: 346). Sullivan viewed the phenomena of loneliness as the experience of frustration due to the privation of intimacy or attachment.

Sullivan attributed the development of loneliness to "parental failures in providing appropriate tenderness and respect for the child's uniqueness", as well as the lack of friends during the juvenile stage. Moreover, the experience of loneliness is more powerful than anxiety in that the individual may search for companionship even though it causes considerable anxiety (Evans,

1996: 117). Sullivan considered the juvenile stage through to pre-adolescence as a critical period of child development because it is a time of becoming social with new socialisation influences from peers, teachers, authoritative figures, etcetera (Evans, 1996: 105). Insecure attachment contributes to poor peer relationships and social withdrawal, which in turn contributes to loneliness (Erozkan, 2011: 190). Compare Hirschi's social control theory in 2.5.3.3, which emphasises attachment or bonds formed with significant others such as parents and peers.

Individuals who suffer from BPD cannot tolerate being alone and often enter into companionships no matter how unsatisfactory they are. For example, to alleviate loneliness, they may take a stranger as a friend or behave promiscuously (Sadock et al., 2015: 750). Individuals with BPD often complain of feelings of emptiness, boredom and depression. An insecure attachment is significantly correlated with loneliness and depression (Erozkan, 2011: 186). Loneliness can be defined as an enduring condition and is also a factor in the development of depression, which in turn can cause more loneliness as a vicious cycle develops. Moreover, loneliness can further undermine self-esteem and confidence in the ability to develop and maintain interpersonal relationships and a meaningful connection with others (Erozkan, 2011: 191). Human beings are hardwired for connection and belonging, and when thwarted, indifference may set in.

Depression is known to negatively affect a person's thoughts, feelings and behaviour (Winstok & Straus, 2014: 93). Research indicates that there is a high correlation between depression and many types of aggression including child abuse and IPV for both men and women who perpetrate violence and who are victims of IPV (Barros-Gomez, Kimmes, Smith, Cafferky, Stith, Durtschi & McCollum, 2016: 4; Winstok & Straus, 2014: 93-94). IPV is consistently associated with high rates of depression and anxiety (Ehrensaft & Cohen, 2012: 371). Interestingly, research reveals that the level of depressive symptoms is higher for sole male perpetrators than when they are solely victims, which indicates that IPV perpetration has a significant impact on causing depression (Straus, 2015: 89). Winstok and Straus (2014: 93) state that depressed individuals struggle with communication and are inclined to be negativistic. In turn, their partners also express criticism and marital dissatisfaction that can easily escalate into conflict. Thus, depression in one or both partners can precipitate IPV.

Within an attachment framework, depression can be seen as a loss of trust in others and a loss of self-esteem (e.g. a sense of the self as being bad, unlovable and incompetent). Children with violent family backgrounds often exhibit aggression and delinquency, as well as psychological effects, which include anxiety, depression and low self-esteem. The long-term

effects naturally will include low self-esteem, greater depression and lower levels of social competence (Johnson & Ferraro, 2000: 957). How an individual views the world is inseparable from self-concept, and a worldview is impacted by relationships (Gomez-Perales, 2015: 2). Hines (2008: 291) contends that IPV is impulsive and a function of mood rather than of an external stimulus as presented in the trivialities that normally trigger abuse. Abusive partners tend to be emotionally volatile, angry, depressed, jealous and insecure. The fear of abandonment could be so overwhelming that when a victim innocently converses with a friend, especially of the opposite sex, the batterer could feel ignored, betrayed, neglected and spiral into the doldrums of previously unmet needs possibly experienced in early childhood and react with rage (Mathews et al., 2015: 119-121; Real, 1997: 66-67). Thus, often relive the chaos of their childhood in the moment.

Anger dyscontrol and depression have been found to be key issues in the profile of abusive partners (Dutton & Corvo, 2006: 476; Winstok & Straus, 2014: 93). George et al. (2006: 349) are of the opinion that the depression found in IPV perpetration is exacerbated by the inability to modulate responses to environmental stimuli and isolating behaviours in an attempt to have more control of otherwise unpredictable behaviour. Hence, depression (e.g. as a consequence of an individual's exposure to childhood trauma, life stressors and the unique developmental reaction to them) may be a major risk factor for the perpetration of IPV. Violent childhoods give rise to shame, which could then be compounded by further feelings of shame (i.e. depression and guilt) brought about by IPV perpetration in adulthood. Perpetrators may then be caught up in a vicious cycle of repeated attempts to regulate feelings of low self-worth and self-control. Violence, which can be seen as masked control, may bring about temporary relief from feelings of powerlessness and emptiness.

Apart from the overt symptoms of depression, such as feelings of helplessness and despair (e.g. possibly from the umpteen attempts to control the abuse), many abusive partners experience a state of numbness referred to as alexithymia (Real, 1997: 55). Alexithymia refers to the inability or difficulty in describing or being aware of one's emotions or moods (Sadock et al., 2015: 1407). In other words, apart from feeling bad, in every sense of the word, they lose the capacity to feel at all. After an aggressive outburst, self-esteem may plummet further and unfold back into a state of depression and shame with feelings of worthlessness and a confirmation of how "bad" the perpetrator is (Mollon, 2002: 43). Therefore, depression can also be seen as violence towards the self (i.e. violence internalised), as the abuser reproaches and punishes himself or herself (Real, 1997: 54-55). The cycle is repeated over and over again in a never-ending attempt to find relief and a reduction in anxiety or tension. Covert depression

needs to become overt, and for that to happen, disavowed pain must be acknowledged, which, according to Real (1997: 87), is the first step towards restoration and wholeness.

Devries, Mak, Bacchus, Child, Falder, Petzold, Astbury and Watts (2013: 1) conducted a systematic review and meta-analysis of longitudinal studies (more than 22 000 records from 20 databases were searched) and concur that IPV is associated with depression and suicide, specifically for women. The authors conclude that although their study did not find clear evidence as to the relationship between IPV and depressive symptoms and suicide for men, few studies in their survey included men (Devries et al., 2013: 8). The authors cite three modes of association plausible in any combination, namely, (a) IPV exposure causes subsequent depression and suicide attempts; (b) depression and/or suicide attempts cause subsequent IPV; and (c) there are common risk factors for IPV, as well as for depression and suicide attempts that may explain the association between them. Early life exposures to violence and other trauma may predict both IPV and depression, for example, by contributing to insecure attachment styles (Devries et al., 2013: 2). Thus, IPV may lead to depression and depression may lead to IPV perpetration and/or victimisation.

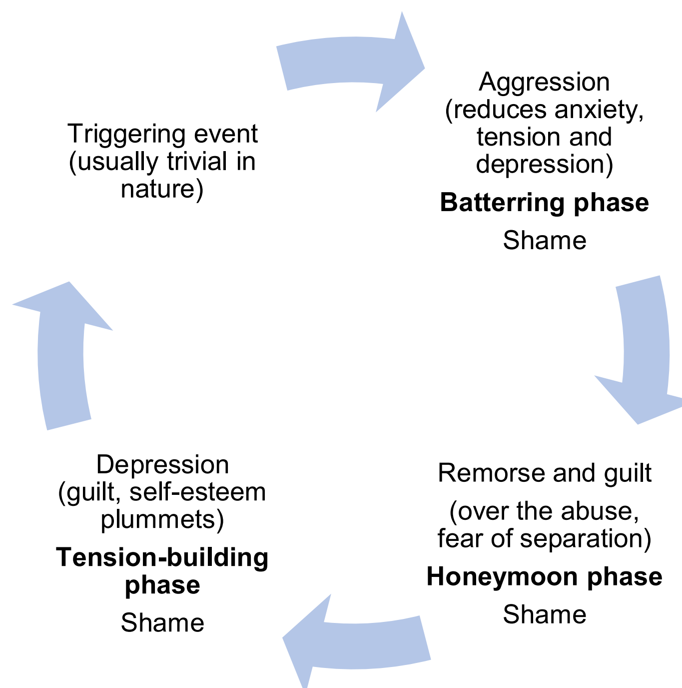
The findings of Devries et al. (2013: 8-9) suggest that interventions that focus on the prevention of IPV need to be explored in their efficacy in reducing different forms of depression. The evidence seems to indicate that both male and female perpetrators (as well as victims) have increased levels of depression (Winstok & Straus, 2014: 94). However, there seems to be a disproportionate number of women affected by depression when compared to men. An explanation may be that due to socialisation, men are more prone to hide depressive states, and they go undetected. Real (1997: 22) states:

> Somewhere between 60 and 80 percent of people with depression never get help. The silence about depression is all the more heartbreaking since its treatment has a high success rate. … My work with men and their families has taught me that, along with a reluctance to acknowledge depression, we often fail to identify this disorder because men tend to manifest depression differently than women. Few things about men and women seem more dissimilar than the way we tend to handle our feelings.

There are usually five basic psychodynamic factors in depression, of which more than one may be operative in a single case (Hammer, 1972: 159-160), namely, (a) an attempt to regain self-esteem; (b) hostility that is being blocked from expression and then turned back on the self; (c) events, feelings or thoughts that have produced a great deal of guilt (e.g. IPV) and then the

depression may be an attempt to expiate the guilt through the discomfort that it brings; (d) the loss of a loved one; and (e) the need to reaffirm control and security. Figure 10 below is the researcher's impression of how the role of depression intersects with Walker's cycle of violence. The schematic representation suggests that depression could act as a defence against feelings of low self-worth and self-punishment to atone for the battering phase (Hammer, 1972: 169). The function of the aggression could serve as a catharsis or relief from all the pent-up negative feelings (Hammer, 1972: 165), as the hostility towards the self is vented through unacceptable and destructive behaviour such as partner abuse. It is a repetitive and self-defeating cycle.

Figure 10: The role of depression superimposed on Lenora Walker's cycle of violence

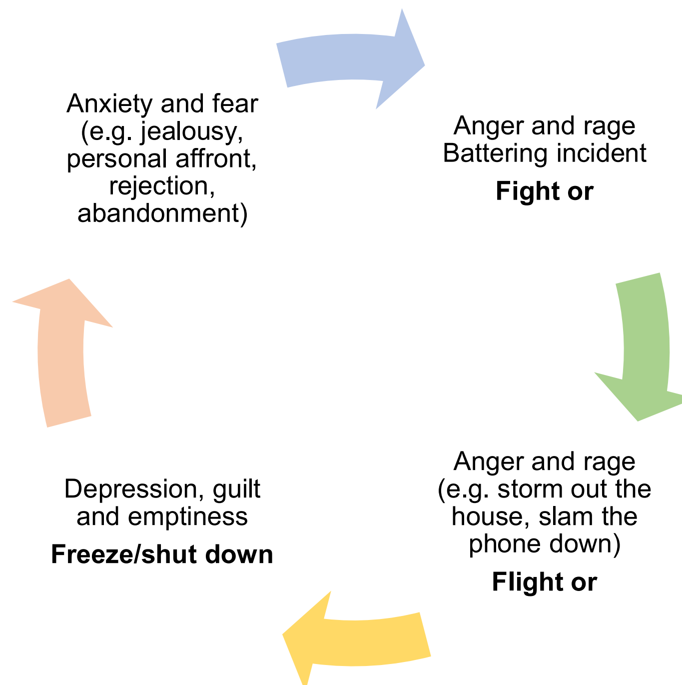


As stated in 2.2.5.4, self-compassion is vital to eradicate abusive behaviour. Self-acceptance is also likely to challenge maladaptive mentalising, enhance self-esteem and social connectedness. Perpetrators of IPV exhibit an inability to modulate their responses to stimuli, even non-threatening stimuli in the environment. Abusive partners are oversensitive and exhibit social ineptness, most likely due to low self-esteem. Research indicates that self-compassion is also associated with emotional regulation (i.e. self-control) and a decline in aggression (Morley, 2015: 235), thereby establishing healthy modes of relating to others. The unpredictability of IPV must assuredly be a source of immense embarrassment and feelings of powerlessness. Therefore, depression may exemplify hopelessness and a desire to have control over impulsive behaviour. Perpetrators tend to isolate themselves and their intimate

partners, perhaps in an attempt to alleviate anxieties and to control aggressive impulses by minimising external stimuli.

George et al. (2006: 349) state that a primary mode of coping with fear, anxiety and negative thought intrusions is to shut down emotionally in order to decrease the sensory stimulation. In other words, the authors deem that depression may, in fact, serve as a coping mechanism. The neurons that mediate a response of either "fight", "flight", or "freeze" are in close proximity to each other. Abusive partners are known to have rapid shifts in mood and behaviour. In other words, their moods can swing from anxiety and fear, to anger and rage, to depression, guilt and emptiness (loneliness), as depicted in figure 11.

Figure 11: Emotional lability in perpetrators of intimate partner violence



Source: George et al. (2006: 349).

It may be interesting to note that according to the DSM-5, persistent and chronic depressive or mood disorders such as dysthymia (American Psychiatric Association, 2013: 155) often coexist with personality disturbance and are strongly associated with Cluster B (i.e. antisocial, borderline, histrionic and narcissistic personality disorders) and Cluster C (avoidant, dependent and obsessive-compulsive) personality disorders, anxiety disorders and substance use disorders in particular (American Psychiatric Association, 2013: 171). Major depressive episodes that develop against the backdrop of other disorders, of which BPD, anxiety, substance use and the presenting depressive symptoms are among the most common, often follow a more obstinate course and may obscure or delay the recognition of depression

(American Psychiatric Association, 2013: 166). Individuals suffering from major depressive episodes report or exhibit increased irritability (e.g. anger, a tendency to respond to external stimuli with angry outbursts and project the blame onto others, as well as an exaggerated sense of frustration over minor matters). Psychomotor agitation may include an inability to sit still, pacing or retardation in speech, thinking and body movement (American Psychiatric Association, 2013: 163). Children (up to age twelve) can also present with persistent irritability and frequent episodes of behavioural dyscontrol, which falls under a new diagnosis of disruptive mood dysregulation disorder (American Psychiatric Association, 2013: 155). In addition, self-harm behaviours are associated with IPV. Salari and Sillito (2016: 27) cite that the prevalence of intimate partner homicide-suicide is estimated at between 1300 and 1400 deaths annually in the United States.

2.3.3 Impulse dyscontrol

Some personality-disordered individuals are impulsive, are unable to regulate emotions, exhibit an impairment in mentalisation or social cognition, and reflect a lack of empathy and insight into the consequences of their behaviour. Sadock et al. (2015: 742) define a general personality disorder as:

> … an enduring pattern of behaviour and inner experiences that deviates significantly from the individual's cultural standards, is rigidly pervasive; has an onset in adolescence or early childhood; is stable through time; leads to unhappiness and impairment; and manifests in at least two of the following four areas: cognition, affectivity, interpersonal function, or impulse control.

Impulsivity can be defined as a predisposition towards rapid, unplanned reactions to either internal or external stimuli without regard for negative consequences (Grant, 2008: 60; Coccaro & Grant, 2018: 89). Furthermore, impulsivity manifests in a spectrum of externalising behaviours that are associated with a personality trait of disinhibition (in contrast to constraint) and negative emotionality. Disinhibition could account for the high level of comorbidity with other disorders, such as personality disorders (American Psychiatric Association, 2013: 462). As outlined in table 4 in 2.3, personality deviance is most notable in batterer profiling. The perpetrators in the study of Mathews et al. (2015: 121) exhibited behaviour that oscillated between extreme ideation to the devaluation of a partner, which is typical of BPD. Conduct disorders often precede full-blown IPV, which in itself can be considered as a behavioural pattern that exhibits emotion dysregulation, as well as behaviour dysregulation.

Grant (2008: 19) proposes that individuals with impulse control difficulties share common features with the following core elements of addictions early in the behaviour, namely, (a) an urge to engage in behaviour even if there are negative consequences (i.e. cannot inhibit or delay the impulse); (b) mounting tension unless the behaviour is completed; (c) a rapid, but temporary reduction of the urge after performing the behaviour; (d) external cues unique to the behaviour; (e) secondary conditioning of external or internal cues (e.g. relief or reduction in anxiety, dysphoria, boredom or feelings of emptiness); and (f) a hedonic state (i.e. immediate gratification, a rush or a high). As stated in 2.3.5, abusiveness can be thought of as a destructive addiction because the perpetrator knows only one way to reduce tension and regain feelings of control (Dutton, 2002: 20). The evidence seems to suggest a correlation between impulsivity and substance abuse with especially high rates reported during adolescence and young adulthood (Sadock et al., 2015: 609; Grant, 2008: 20). Also, there seems to be a rapid progression from the initial behaviour to the behaviour becoming problematic.

Conduct disorder is usually associated with childhood or adolescence (and IED) and is a disorder of impulse control (Sadock et al., 2015: 608). As was discussed in 2.3, impulsivity is reflected in the distinctive behaviours and scenarios of IPV perpetration depicted by George et al*.* (2006: 346-348). Walker (2017: 97) documents the mounting tension that precedes a battering incident, as well as the relief of tension following a violent episode in her cycle theory of violence, as noted in 2.3.1. Individuals with impulse control difficulties frequently report that although the behaviour is problematic, it is nonetheless pleasurable in the sense that it alleviates negative states. Sadock et al. (2015: 608) define an impulse as follows:

> An impulse is a disposition to act to decrease heightened tension caused by the buildup of instinctual drives or by diminished ego defenses against the drives. The impulse disorders have in common an attempt to bypass the experience of disabling symptoms or painful affects by acting on the environment.

In fact, many individuals with impulse control disorders report that depression drives their behaviour. After impulsive behaviour, individuals describe feelings of guilt and a depressed mood (Sadock et al., 2015: 609), which is mirrored in Walker's cycle of violence. Thus, Grant (2008: 22) proposes two models to explain impulsivity, namely, (a) a behavioural addiction model; and (b) an affective disorder model. Support for the latter model comes from favourable treatment responses with antidepressants and mood stabilisers (Coccaro, 2012: 585). Depression in impulse control disorders may represent a response to shame and

embarrassment (Grant, 2008: 22). Shame, embarrassment and the fact that IPV is a criminal offence may contribute to the reluctance of perpetrators to acknowledge that they have a problem (Grant, 2008: 90). Furthermore, behaviours associated with impulse control disorders exist along a continuum of severity. Thus, weeks or months can go by without incident, which may give rise to the illusion that the individual has effectively dealt with the problem (Grant, 2008: 90-91). Addressing deviant behaviour in the early window of risk period, namely, early adolescence, is highly recommended (Grant, 2008: 58). Ehrensaft and Cohen (2012: 380), Langhinrichsen-Rohling and Capaldi (2012: 412) and Langhinrichsen-Rohling and Turner (2012: 393) concur.

Due to the repetitive nature of IPV and the continued engagement therein despite adverse consequences (i.e. unstable relationships, occupational hazards, legal and financial repercussions), as well as the iterated promises to change, there seems to be a definite impaired control over the aggressive outbursts. As disclosed in chapter one (1.3), the South African VOCS (2015) indicates that the most cited motivation behind assault is sudden personal anger (cf. Hargovan, 2010: 32). IPV seems to be driven by an irresistible compulsion towards aggressive behaviour. Elevated rates of depression and anxiety are associated with impulse control disorders (Grant, 2008: 81). As mentioned earlier, engaging in a particular form of impulsive behaviour, such as IPV, may be the only way that the individual knows how to alleviate tension. The findings of Mathews et al. (2015: 117) suggest that all the perpetrators of femicide in their study were not in control of their actions at the time of the murders. Paradoxically, although anxiety and tension are reduced by aggressive acts, there is concomitant distress that results from the inability to control the aggressive impulses and subsequent lowered self-esteem. Ensuing negative self-evaluative thoughts, depression and guilt may serve to perpetuate the cycle of violence (Grant, 2008: 82-83). Shame begets shame.

2.3.4 Shame

Aggression is often a defence against feelings of shame and weakness, for example, jealousy and low self-esteem, with ensuing guilt (Mollon, 2002: 28). Anger, shame and guilt are commonly regarded as key emotional components of depression (Mollon, 2002: 42). Shame evokes rage and hatred towards the self and others (Mollon, 2002: 43). Shame tends to be hidden (Mollon, 2002: 124) and is integrally connected to attachment. Mollon (2002: 50) explicates that a mother and child should be exquisitely attuned to one another and engage in highly synchronised conversions of voice, facial expressions and responsiveness. It begins with a smile. A mother responds empathically, and the infant feels recognised and responded to with warmth. Love, trust and empathy are evoked to respond emotionally to others, and a

sense of value is established. On the other hand, unresponsive and insensitive mothers create distress, and the infant may withdraw with ensuing shame. The infant may feel impotent, ineffectual and as having no emotional significance. A child who fails to evoke an empathic response from a mother may feel a fundamental sense of inadequacy, feelings of worthlessness and distrust. In adulthood, the child may feel that attachment relationships are threatening to the self. The formation of an attachment or a relationship in adolescence or adulthood could, therefore, in itself, give rise to immense anxiety and conflict, resulting in possible TDV or IPV. The more intimate the attachment, the greater the anxiety, which may motivate repeated attacks on the relationship (Mollon 2002: 72). IPV is profoundly relational and intimate.

Insecure attachment is often a precursor of shame and low self-evaluation. In the researcher's interpretation of the role of depression in some forms of IPV, as depicted in figure 10 (2.3.2), it is evident that shame may be compounded by the perpetration of IPV. The fear of shame can precipitate panic, rage, the wish to disappear and, in extreme cases, psychosis, suicide and homicide (Mollon, 2002: 19-20). Aggression could be the preferential defence against feelings of weakness (e.g. jealousy) and shame because it may be better to feel strong with the accompanying remorse and guilt than to feel weak, insecure and vulnerable (Mollon, 2002: 28). Jealousy often plays a dominant role in IPV to the point of paranoia (George et al., 2006: 347). Possessiveness can be regarded as an underlying feeling of insecurity. The irony of the situation is that abuse, which is often evoked by unfounded jealousy, nearly always destroys a relationship and engenders what is feared most, namely, rejection and/or abandonment, which can be experienced as betrayal. Abusive partners are often promiscuous, possibly in an attempt to counter feelings of low self-esteem and depression. In other words, promiscuity and other risk-taking behaviours may give a false sense of power or competence and restore a sense of well-being. Jealousy can thus be a projective attribute of infidelity onto an intimate partner in accordance with an abusive partner's own impulse to be promiscuous (Mollon, 2002, 87-88). The findings of Mathews et al. (2015: 113-114) concur. The perpetrators of femicide in their study revealed high levels of jealousy even though they themselves were not monogamous.

Aggression and guilt can be considered integral components of depression (Mollon, 2002: 42). In addition, when one listens to the ruminations of depressed individuals, there is an overwhelming theme of shame and trauma. The sensitivity to slights and criticism can be viewed as a reaction to feelings of shame and a devaluation of the self (Mollon, 2002: 43). It is well documented that IPV perpetration is almost always out of proportion to the triggering event or psychosocial precipitating factor, for example, the dishes not being done (George et

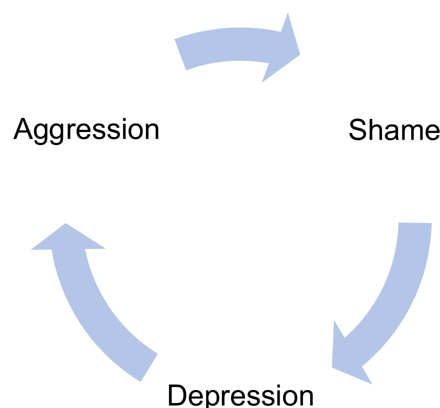
al., 2006: 346). Furthermore, when intimate partners threaten to leave, the violence usually escalates (Walker, 2017: 508). Most of the men's relationships in the Mathews et al. (2015: 118) study had fallen apart at the time of the murders, and nearly half of the women had protection orders against the perpetrators. There is much shame and humiliation (e.g. feelings of rejection, threat and loss) inherent in a failing relationship.

The shame that coexists with an insecure attachment often translates into self-hatred and hatred or rage towards others (Mollon, 2002: 28). Hatred can be construed as a defence against the memory of a humiliating and hostile past and protects an individual from the risks of an intimate relationship. Defences such as aggressive behaviour to avoid shame often afford both relief and more shame (Real, 1997: 79). A parallel can be drawn between depression and alcohol abuse. Intoxication may temporarily alleviate depression while simultaneously inducing further depression. In addition, aggressive behaviour can have adverse interpersonal, occupational and legal implications that may intensify an already fragile sense of worthiness. In light of the above, treatment programmes that harness a component of shame (e.g. by referring to group members as having a "bad attitude") could have a detrimental effect (Dutton, 2002: 7). Reinforcing shame may maintain anger at a high level to keep the shame at bay (Dutton, 2002: 9). As social beings there is a need for recognition, belonging and approval. The very seeking of treatment for the perpetration of IPV can in itself be a shameful admission of inadequacy and may contribute to the reason why many abusive partners rarely seek help (Mollon, 2002: 125). An antidote to shame is empathy, in other words, self-love and a compassionate response from others (Mollon, 2002: 43). It is important to emphasise that shame and trauma need to be addressed and understood within a BIP. Shame needs to be exposed, expressed and articulated to an empathic listener (Brown, 2015: 195; Hammer, 1972: 169). Secrecy, silence and judgement provide a fertile ground for shame to flourish.

Although shame is universal, those who are fortunate enough to have had sufficient love in childhood may be more proficient in drawing upon positive internalised experiences and finding their own self-directed empathy. However, for those who have not, shame may expand without limit (Mollon, 2002: 43). The evidence suggests that a hostile home environment during childhood plays a significant role in affective and cognitive disturbance (Brüne et al., 2016: 29; Coccaro, 2012: 584; Ehrensaft et al., 2003: 741; Erozkan, 2011: 186; George et al., 2006: 345; Misso et al., 2018: 1; Murphy, 2013: 212). Impaired mentalisation includes hostile attribution bias, the denial of maladaptive behaviour, the lack of empathy, the lack of insight into the consequences of harmful actions, pathological jealousy, low self-esteem, depression, aggression, anxiety and shame (Bowlby, 1988: 112). Stated otherwise, emotional and behavioural dysregulation (i.e. the lack of self-regulation or self-control).

In sharp contrast to the philosophy behind Duluth-type models that do not address trauma, it is conferred that it is imperative for a BIP to detoxify shame (Dutton, 2002: 9). It may be plausible to assume that in instances where depression is associated with IPV, if the depression and coexisting shame are addressed, the violence towards an intimate partner would in all likelihood succumb. The researcher purports that if one of the constructs in the vicious triadic cycle of shame, depression and aggression, as depicted in figure 12, is eliminated, then the cycle of violence will, in all likelihood, be broken.

Figure 12: Triadic cycle of shame, depression and aggression that may fuel intimate partner violence



It would seem that shame, depression and aggression coexist and thrive on one another in many instances of IPV. One remedy to defeat IPV could well be to treat depression.

2.3.5 Substance abuse

The association of substance abuse with IPV is well documented (Foran & O'Leary, 2008a: 1222). George et al. (2006: 349-350) state that perpetrators use alcohol and drugs to reduce fear and anxiety. Perpetrators exhibit high anxiety, as well as social anxiety levels that prejudice their interpretation of potential threats (i.e. fear recognition). Thus, inebriation can exasperate an already explosive situation by further diminishing an impaired ability to regulate affect and behaviour. At the same time, one's frustration tolerance may be lowered. Moreover, substance abuse may alleviate feelings of depression and shame. Other reinforcements to self-medicate may be the self-soothing effects, a temporary feeling of well-being and a heightened sense of bravado (i.e. substance abuse may lower inhibitions), which can be especially appealing to individuals who lack adequate social skills. Self-medication may enhance self-esteem by converting feelings of shame to grandiosity and feelings of worthlessness to worthiness. This shift in consciousness can be referred to as a form of

"intoxication" (Real, 1997: 63). Even if the altered state from emptiness to well-being is transient, it serves as some form of relief.

The persistence of any behaviour in the face of possible deleterious consequences (e.g. substance abuse, gambling, promiscuity and violence) can be considered an addiction (Real, 1997: 62). Dutton (2002: 20) refers to IPV as a destructive addiction where an abusive partner plays out a position of authority (i.e. inflated sense of power and esteem) by controlling an intimate partner with violence. Violence may transform a state of depression and shame into a transient feeling of grandeur and importance, whereby the individual may shift from a sense of helplessness to being powerful, capable and in control (Real 1997: 65). An addiction can be established with a substance (e.g. alcohol, drugs and medication) or an activity (e.g. gambling, pornography, promiscuity and violence) where a high or a rush is achieved through the sudden shift of consciousness (Real, 1997: 63). Like all addictions, violence can provide decreasing amounts of relief (e.g. from tension and anxiety) while requiring an ever-increasing amount of indulgence (Real, 1997: 79). IPV often increases in frequency, as well as in severity if it is not interrupted (e.g. by legal action or the victim leaving). In 2.3.1, it was revealed that Walker (2017: 99) subsequently revised her cycle theory of violence to include that over the course of a battering relationship, the tension-building phase may become more common, and the loving and contrite phase may decline. IPV regarded within a framework of addiction may shed light on why it is particularly difficult to treat, especially when it is regarded within an intrapsychic framework of commitment as outlined by Hammer et al. (2014: 14) of self-protection and identity self-affirmation.

Instead of confronting painful feelings and emotions, individuals may avoid them by escaping into substance abuse and/or violence. In the study of Mathews et al. (2015: 115) the perpetrators of femicide frequently abused alcohol as a means to deal with painful experiences and depression. Heavy drinking had a detrimental impact on their intimate relationships and often alienated them from their families. Depression combined with substance abuse can be a deadly cocktail and fuel destructive behavioural patterns. Abusive partners need to confront their fears, come to terms with their pain and find a pathway to attain healthy esteem. Efforts to self-medicate or to escape feelings of shame are ineffectual, and it may involve much more than administrating an antidepressant. The self-defeating or destructive commitment to the shame cycle has to be arrested, which necessitates that the individual also moves into a state of sobriety (Real, 1997: 80). It could be an overwhelming experience with much anguish as it is with withdrawal symptoms from addictions in general. In other words, things may seem to get worse before they get better.

The imperative for a BIP to identify mental health issues, as well as substance abuse, prior to participation in the BIP has frequently been pointed out (Canton & O'Leary, 2014: 210). Although alcohol abuse does not cause IPV, it may facilitate or heighten partner abuse. Numerous studies attribute IPV to behavioural patterns learnt in childhood and/or to the disinhibiting effects of alcohol (Ehrensaft et al., 2003: 741; Foran & O'Leary, 2008b: 141). Nonetheless, as mentioned in 2.2.5.1, more than 40 percent of perpetrators are not exposed to an abusive childhood. Likewise, at least 76 percent of perpetrators are abusive when they are not drinking (Foran & O'Leary, 2008a: 1222; George et al., 2006: 345). Some perpetrators of IPV do not abuse substances at all, which emphasises the importance of including biosocial and spiritual correlates of IPV in both a causal and remedial model for partner abuse.

2.3.6 Self-regulation

The section on shame (2.3.4) indicates that shame is highly correlated with violence, depression, addiction and other self-destructive behaviours. To reiterate, empathy (i.e. the conscience and self-compassion) is the antidote to shame (Mollon, 2002: 43). The conscience or empathy is a function of the human spirit. In God's sovereignty, He preserved the human race by creating an element of conscience when He created man and woman. Before the fall of Adam and Eve, God's presence was the controlling essence (i.e. divine government). When human beings fell (i.e. when Adam and Eve sinned and ate from the tree of knowledge or the tree of good and evil) from God's presence to self-government, it was necessary for the conscience to regulate behaviour (Lee, 1987: 482-483). When Adam and Eve sinned, they immediately hid.

> And the eyes of both of them were opened, and they knew that they were naked; and they sewed fig leaves together and made loincloths for themselves. And they heard the sound of Jehovah God walking about in the garden in the cool of the day, and the man and his wife hid themselves from the presence of Jehovah God among the trees of the garden (Genesis 3:7-8).

Why did Adam and Eve hide? They hid because when they sinned, they felt ashamed for erring in their behaviour, and their conscience was activated. The conscience plays a pivotal role in self-control and conforming behaviour, as explained in 2.2.5.4. The first violent act recorded in the Bible is when Cain murdered his brother Abel (Genesis 4:8). The next verse (Genesis 4:9) clearly depicts Cain's lack of conscience when God asked him where his brother Abel was, to which Cain replied, "I do not know. Am I my brother's keeper"? Cain not only lied to God the Creator, the Judge Himself, but exhibited a lack of self-control and empathy. Cain's behaviour

depicts a distinct malfunction of his conscience (Bernardi, 2016) and a denial of the victim is portrayed. Psychopathy lies on the extreme continuum of the gross failure of conscience and empathic function. South African expert on psychopathic offenders Jannie Roux (2017: 11-12, 19-20) writes:

> The behaviour of psychopaths shows an alarming lack of remorse and feelings of guilt for their socially deviant actions and behaviour. They do not hesitate to admit that they did wrong, even with some bragging. They can make themselves guilty of the worst form of deviant behaviour, with a total absence of pity and remorse for their actions. There is a total absence of the inhibitory factor, namely the conscience. … Several of the personality disturbances displayed by psychopaths have a connection with a deep-rooted lack or even absence of empathy or affection for others. Empathy means the ability to put yourself into another person's shoes, and then to feel what he or she feels. As a result they can commit the most gruesome and brutal acts against people without the least feeling for their victims. They remain totally indifferent to the rights and suffering of other people, and even family members are not spared.

Social control theory assumes that humanity is evil, and therefore, deviant behaviour is to be expected (Williams & McShane, 2014: 164). From the time that humankind violated the conscience, among other things, violence ensued, and society had to resort to a human government for law and order (Lee, 1987: 485). Thus, the imperative for effective human governance, especially when mentalising or the ability to empathise is impaired. The conscience convicts and normally constrains criminal and socially unacceptable behaviour. Overpopulated correctional centres, specifically in South Africa (Hargovan, 2012: 13; Jefthas & Artz, 2008: 37), as well as legal systems which are often inundated with heavy caseloads, testify to the fact that the law, the courts and the police (i.e. external control mechanisms) are simply not adequate in controlling crime (Lee, 1987: 484). Criminal sanctions are but one manner in which behaviour in a society is formally controlled (Messing, 2011: 159). Healthy cognitive mentalisation and affective mentalising, which evoke empathy and feelings of guilt when transgressing, are crucial for conforming behaviour. As will be indicated in 2.5.3.1, Reckless asserts that inner containment, such as self-control and empathy, plays a far more important role in criminal desistance than outer containment, such as the law. The Old Testament is a semblance that human beings fail dismally under human government alone.

> And as Isaiah has previously said, "Unless the Lord of hosts had left us a seed, we would have become like Sodom and been made like Gomorrah." What then

> shall we say? That the Gentiles who did not pursue righteousness have laid hold of righteousness, but a righteousness which is out of faith; But Israel, pursuing a law of righteousness, did not attain to that law. Why? Because they pursued it not out of faith, but as it were out of works. They stumbled at the stone of stumbling, (Romans 9:29-32).

The law cannot change a person's heart and often compliance with the law is driven by fear and the consequences of criminal behaviour. In one BIP evaluation, Maphosa (2015: 79) found that the two most important factors that emerged as deterrents to reoffending were the fear of incarceration and that the victim may end the relationship.

2.4 Batterer intervention programmes

Intervention programmes for domestically violent men began in the late 1970s and were pioneered by Anne Ganley in the State of Washington (Babcock et al., 2016: 358; Dutton & Sonkin, 2002: 1). In South Africa, intervention programmes for perpetrators of IPV were initiated in 2001 (Padayachee, 2005: 8). Programme content both abroad and in South Africa (Padayachee, 2005: 5-6; Maphosa, 2015: 3) is typically derived from a feminist-psychoeducational perspective of which the Duluth model is the most widely recognised, as well as cognitive-behavioural therapy (CBT) models (Langenderfer, 2013: 153; Lawson et al., 2012: 190; Babcock et al., 2016: 361). Programmes based on feminism are designed to help men examine their sexist assumptions and patriarchal beliefs about relationships (i.e. the focus is on the readjustment of attitudes). In contrast, CBT models are based on the supposition that perpetrators of IPV have deficits in anger management, lack communication skills and have distorted thinking patterns about themselves and their partners (Babcock et al., 2016: 361). In reality, BIPs often reflect a combination of the above two theoretical concepts and intervention techniques (Babcock et al., 2016: 360-361; Cluss & Bodea, 2011: 8; Stuart et al., 2007: 560). However, the extent to which CBT models address patriarchal ideologies and the extent to which the Duluth model addresses learnt and reinforced aspects of violent behaviour remains unclear (Babcock et al., 2004: 1026). Even then, CBT models are not strictly cognitive or behavioural because they may include emotional components of IPV, such as jealousy and the lack of empathy for the victim.

Throughout the last 40 years, the notion of patriarchy as the causation of IPV has exerted a large influence on how government, non-government and civil society understand and respond to abusive behaviour, which is captured in lexicons such as violence against women and children (Dixon et al., 2012: 197) and the battered women syndrome (Walker, 2017: 3). As

stated in chapter one (1.3) the predominant and contemporary intervention strategies are based on the Duluth model that presumes that IPV is a manifestation of patriarchal social structures that promote male superiority and the insubordination of women. In other words, that IPV is deeply entrenched in social and cultural structures that result in unequal power relations between men and women (Maphosa, 2015: 3-4). More than a decade ago, research indicated that BIPs yield a small and often non-significant effect size in reducing partner violence (Babcock et al., 2004: 1023; Ehrensaft, 2008: 281; Stuart et al., 2007: 560). For example, the frequently cited meta-analysis of 22 treatment programmes found a small effect size (i.e. a five percent increase in success rate attributable to treatment over and above the effect of the legal intervention) with regard to reducing recidivism among domestically violent men (Babcock et al., 2004: 1023). To date, not much has changed. More recent systematic reviews constantly reveal that the predominant Duluth-type models are marginally effective in decreasing the rates of IPV (Babcock et al., 2016: 356; Canton & O'Leary, 2014: 207). To recapitulate the evidence presented in chapter one (1.3):

- The systematic review of Miller et al. (2013: 1) found no effect on IPV recidivism with the Duluth model.
- A national survey of 3 246 BIPs across the United States and Canada found that the Duluth model is the primary treatment approach and that outcome research suggests that they are moderately successful in reducing recidivism (Cannon et al., 2016: 227).
- A systematic review of 400 studies indicated that BIPs are limited in their effectiveness in reducing recidivism in large due to State standards that endorse a feminist and gendered programme philosophy which is not grounded in the body of knowledge (Babcock et al., 2016: 356).
- The findings of Haggård et al. (2017: 1029) reveal that, at best, the IDAP's (i.e. a pro-feminist and psychoeducational approach to violence) reduction in violence and recidivism was marginal and that none of the effects were statistically significant.

However, in contrast to the Duluth-type models, alternative models reduced IPV recidivism by 33 percent (Miller et al., 2013: 6) and included (a) cognitive-behavioural group treatments with an emphasis on improving empathy and communication; (b) relationship enhancement where the focus is on relational dynamics within an intimate context; (c) substance abuse treatment because alcohol and/or drug abuse is a frequent precursor of an abusive incident; and (d) group couple counselling especially for couples who want to remain together (Miller et al., 2013: 7). Other promising treatment approaches that have yet to be evaluated are itemised below (Miller et al., 2013: 7-8):

- A multisite study indicated that 25 percent of the IPV offenders exhibited severe psychopathology, specifically BPD and posttraumatic stress disorder. Dialectical behavioural therapy (DBT) is an evidence-based treatment for BPD and is sometimes used for IPV offenders.
- Mind-body bridging is an approach that focuses on the mind-body state of the offender before the abusive incident. A strategy would include that physiological cues be heeded to take a timeout to diffuse the violence.
- Moral Reconation Therapy (e.g. the reinforcement of positive behaviour, development of positive identity formation, self-image, frustration tolerance and a higher sense of moral compass).
- Interactive journaling as an adjunct to group work. The module incorporates evidence-based practices that effectively assist individuals in making positive and lasting life changes and includes motivational interviewing,[11] stages of change and structured expressive writing.
- Faith-based treatment for IPV offenders where individuals turn to their churches to resolve family issues.

As stated in chapter one (1.3), Babcock et al. (2016: 356) indicate that the limitations of existing BIPs are largely due to the State standards regulating the interventions that are not grounded in the body of knowledge or best practices. In many countries, standards have been created which determine the type of treatment allowed and are typically based on the theory of power and control. A study conducted in 2008 revealed that there were 48 states in the United States with such standards (Canton & O'Leary, 2014: 205), and as noted in chapter one (1.3), 95 percent of these standards specify that power and control issues are to be included as the major focus in programme content (Babcock et al., 2016: 367). Dixon et al. (2012: 209) concur when they remark that Respect's position statement outlines the ethos that informs their practice which is overall unsupported by the evidence at hand. Respect is an organisation in the United Kingdom that is responsible for setting the accreditation standards for many of the BIPs (Dixon et al., 2012: 197) and requires that a treatment model for IPV adheres to the following eight assumptions (Dixon et al., 2012: 200-208):

- Most IPV, in general, is committed by men.
- Gender is the most significant factor in being a perpetrator or victim of IPV.

[11] Motivational interviewing focuses on creating a supportive and non-threatening atmosphere by aligning with a client in an empathic manner. The stance reduces an opposition to treatment, enhances a collaborative working alliance and creates an expectancy of meaningful change for the individual (Lawson, Kellam, Quinn & Malnar, 2012: 195).

- Women's violence is frequently committed in self-defence or retaliation.
- Gender is a risk factor for intimate partner homicide.
- There are some female primary aggressors and some male primary victims.
- Men and women have different environmental and social opportunities.
- Assumptions about roles and expectations in intimate relationships are gendered and related to the justification of IPV.
- Gender understanding is critical in the prevention of IPV.

Recent reviews of studies assessing the outcome of existing interventions reveal that there is very little support for the efficacy of the predominant and often state-regulated interventions (Babcock et al., 2016: 356; Cannon et al., 2016: 227; Canton & O'Leary, 2014: 207; Haggård et al., 2017: 1040; Miller et al., 2013: 1). Paradoxically, ineffective interventions for perpetrators of IPV are being court-mandated. In South Africa, the status quo is similar. For example, Qhogwana's (2016: 26) findings substantiate "forced" State programme attendance even though the rehabilitation proves to be ineffective. The study of Qhogwana reveals that there is a mismatch between what the State offers with regard to a sample of high-security female offenders and what the women need. The outcome was ineffective rehabilitation. The offenders expressed their dissatisfaction because they were "forced" to attend anger management even though they felt that they did not have anger issues. The findings correlate with Martinson (1974: 25, 48), who undertook a comprehensive survey of what was known about prison reform or rehabilitation at the time. Martinson conferred that with few and isolated exceptions, the rehabilitative efforts that had been reported had no "appreciable" effect on recidivism, which leads him to render that "nothing works".

Existing BIPs not only seem to have a limited impact but are mainly based on the assumption that men are the primary perpetrators of IPV, even in the face of consistent findings that women perpetrate, too (Archer, 2000: 651). In fact, studies reveal that the most common form of IPV is mutual perpetration (Dutton & Corvo, 2007: 661; Hines, 2008: 290; Straus, 2015: 89). Possible explanations for the high rates of bidirectional partner violence are outlined as follows (Capaldi et al., 2007: 109; Langhinrichsen-Rohling, 2010: 187; Straus, 2015: 90, 92):

- No doubt some female IPV perpetration is in self-defence. However, the impetus cannot account for female-only perpetration where the consequences may be as severe for men as they are for women (e.g. where fear is instilled in the male victim).
- Behaviour in relationships tends to be characterised by reciprocity (i.e. an eye for an eye or tough guise).

- Retaliation or a response to provocation such as verbal abuse or being kicked in the groin. Violence perpetrated by a female is a strong predictor of her being victimised in the process.[12]
- Exposure to similar risk factors, such as violent childhoods, may predispose individuals to experience difficulties in regulating their emotions, as well as dampen communication and social skills required for conflict resolution.
- Violent societies pervade the lives of both men and women. The adverse effects that the media, music, movies, television, video games and pornography can have on behaviour and beliefs are well documented.
- Couples can be imperilled by situational factors such as stress or excessive alcohol use, which can escalate violence.
- The tendency to select partners with similar backgrounds, such as race, education and status, is common practice. Under the same auspices, individuals are also attracted to one another based on socially undesirable characteristics (e.g. borderline personalities often partner with antisocial personalities).
- Retribution for a “wrong”, for example, warranted or unwarranted jealousy can evoke aggressive behaviour, especially regarding infidelity.
- Coercion or manipulation (e.g. constraining a partner from leaving during conflict).

2.4.1 Integrating faith in a programme for perpetrators of intimate partner violence

Park (2016: 363) states that since the 1980s, there has been a resurgence of interest in religion and spirituality in social work, which reflects an increased awareness that religion and spirituality are important aspects of human existence and essential to the worldview of many individuals. Moreover, research has connected religion and spirituality to a wide range of positive outcomes, such as a greater sense of purpose, higher levels of hope and optimism, enhanced psychological adjustment, higher life satisfaction and increased resilience and coping mechanisms. Thus, Park (2016: 363) contends that social workers arguably cannot claim to provide holistic care without addressing the spiritual dimension of personhood. The concept of spirituality emerged from Brown’s (2015: 10) research, without exception, as a critical component of resilience and overcoming struggle.

Psychological, physiological, sociological and spiritual factors are not inherently incongruent but rather coexist with each other. Therefore, an effective model of intervention needs to

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[12] In a general survey of 446 wives in violent relationships, more than half of the women (i.e. 53.1 percent) indicated that they initiated the violence (Langhinrichsen-Rohling, 2010: 181).

consider all levels of functioning. The twelve-step programme has been beneficial in bringing restoration and healing to those who struggle with addictions worldwide (Park, 2016: 365). Central to twelve-step programmes is (a) a belief in a Higher Power, or God, or however one chooses to understand God; (b) it involves accepting a Higher Power, or God, or however one chooses to understand God; and (c) it involves the conscious decision to turn one's will and life over to a Higher Power, or God, or however one chooses to understand God (Park, 2016: 365). The central aspect of a Christian-based programme would be to repent and to turn to Christ and to restore an intimate relationship with God through which healing can take place by the renewing of one's mind through the Holy Spirit (i.e. the Triune God). Essentially, it would entail the following:

- Accepting and confessing with one's mouth that Jesus is Lord and believing with all one's heart that God has raised Him from the dead (Romans 10:9). In addition, those who believe should be baptised (Mark 16:16).
- Accepting the things that one cannot change, like the past (cf. Philippians 3:13).
- Accepting oneself as one is while desiring to be conformed to the image of the Firstborn Son of God (e.g. becoming more Christlike in His life and nature, which includes love, joy, peace, long-suffering, kindness, goodness, faithfulness, meekness and self-control, i.e. the fruit of the Spirit spoken of in Galatians 5:22-23).
- Surrendering to the total dependence, reliance, trust and confidence in God in everything and for all things (Proverbs 3:5-6).
- Resting in the finished works of Christ (John 19:30), as God operates both the willing (e.g. inward dynamics) and the working (e.g. outward behaviour) for His good pleasure (Philippians 2:13). God's operation begins from the human spirit and permeates into the mind, emotion, will and eventually into the physical body (Holy Bible: Recovery version, 2003: 651 NT).

Perpetrators of IPV often carry immense emotional pain and shame due to unresolved trauma possibly resulting from their own childhood victimisation (Dutton & Sonkin, 2002: 5), which may be exacerbated by IPV in adulthood. Shame primarily results from profound relational disconnection and is often a symptom of relational trauma rooted in childhood (but not always) and is characterised by repeated disrupted attachment with primary caregivers (Park, 2016: 355). IPV is also fundamentally relational, and therefore, one could surmise that because the phenomenon of shame and IPV occurs between people, it will also heal between people (Brown, 2012: 75; Steyn & Lombard, 2013: 337). Individuals who experience shame often have a sense of being unlovable or unworthy to be connected with others. Shame can, therefore, be construed as the fear of disconnection because one is deserving of rejection and/or

abandonment. Yet, at the same time, yearning for connection because all human beings are wired for connection. Connection, love and belonging give purpose and meaning to one's life (Brown, 2012: 68-69; Park, 2016: 355). Shame can be described as follows (Park, 2016: 354):

> Shame is a painfully self-conscious emotion that entails unexpected, unwanted exposure combined with negative internal evaluations of the self. Shame involves a sense of feeling fundamentally flawed, deficient, and defective. It alienates a person from others and from oneself, causes a person to want to hide in order to escape exposure, and leads to aggressive and blaming behaviors. Shame is a universal human emotion, but when it is repeatedly internalized over time, shame becomes an ingrained dispositional style.

Flemke et al. (2014: 102) substantiate that trauma has a major impact on self-development, including an overall negative sense of self, self-loathing, depression, anger and chronic shame. Within a South African historical context, the apartheid system was a brutal and dehumanising regime that lasted for decades. It created massive family disruptions that restricted fathers from being the head of their households and from providing for their families. As a result, men were impeded from fulfilling their traditional patriarchal roles (Mathews et al., 2015: 107). This structural violence has had a major impact on exposure to violence in the home. Hostile childhood environments are often associated with trauma and shame. Moreover, when children witness IPV and/or experience child abuse, they could easily hold a distorted image of God since children often project onto God the image that they have of their fathers. Trauma often translates into chronic shame, which is associated with an internalised and pervasive sense of badness. A sense of self-reproach and self-loathing can be heightened when it is combined with a distorted image of God and/or a disapproving God (Park, 2016: 364). Hence, IPV can destroy the image of God the Father and severely compromise one's spiritual growth, which is integral to healthy human functioning.

Self-concept is not only inextricably linked to one's worldview and vice versa, but it is also typical for people to do, follow, believe and carry out what they think. For example, thoughts often dictate behavioural patterns, even though thoughts are not always facts. "For as he thinks within himself, so he is" (Proverbs 23:7). Shame fosters withdrawal and isolation to prevent the intensification thereof through further exposure (Park, 2016: 359). A hallmark of abusive relationships is social isolation (e.g. perpetrators typically isolate themselves and the victim from family and friends) which further decreases resilience. Human beings are not only wired for connection but have also been created to be loved, and God is love. "… His lovingkindness endures forever" (Psalm 118:1). His love is perfect and complete, as depicted in Romans 8:39,

which states: "Nor height nor depth nor any other creature will be able to separate us from the love of God, which is in Christ Jesus our Lord". Although the effects of shame differ from individual to individual and depend on personal, contextual and cultural factors, several often debilitating effects are commonly identified in the literature (Park, 2016: 359-361):

- Shame often causes people to withdraw and disconnect from others and from themselves (e.g. isolation).
- Shame reduces a person's capacity for empathy.
- Shamed individuals initially direct anger towards the self.
- The painful experience of the lack of self-compassion due to shame may elicit angry, aggressive and blaming responses in both children and adults.
- Addictive substances and behaviours serve to relieve the pain of shame temporarily and can be substituted for intimacy because of the fear of rejection and/or abandonment.
- Shamed individuals may overcompensate feelings of low self-worth with narcissism (e.g. excessive overvaluation of the self and ranking oneself superior to others which often leads to self-obsession, arrogance and contempt).
- Shame can foster power-seeking and controlling behaviours to hide feelings of powerlessness and vulnerability.
- Shame can lead to perfectionism in an effort to compensate for feeling inherently defective.

Integrating faith in a programme for perpetrators of IPV provides an unprecedented and extraordinary platform to detoxify shame (Lund, 2017: 361) and disconnection as a person comes to know the knowledge-surpassing love of Christ (Ephesians 3:19). In God, one is able to discover and experience the epitome of a secure base and be assured of hope in all things, because He is able to do superabundantly above all that one can ask or think, according to the Holy Spirit that operates in the human spirit (Ephesians 3:20). Shame thrives in secrecy, silence and isolation. Therefore, healing shame should include (a) recognising shame; (b) speaking about shame; and (c) engaging in relationships (Brown, 2012: 75; Park, 2016: 362). The Bible instructs individuals to confess to one another in order to be healed (James 5:16). Naming experiences and feelings of shame begins the liberation process as a person reaches out and connects with others as they share their narratives with those whom they can trust (Park, 2016: 362). From the above, it is clear that repentance and confession can be an effective antidote to shame.

The Bible emphasises that there is no condemnation to those who are in Christ Jesus (Romans 8:1), which facilitates that our stories get authentically integrated and not edited to hide parts

of oneself (Brown, 2015: 41) that a person may be embarrassed about in an attempt to self-protect. The mere knowledge that God loves one just as one is, regardless of what one has done, is comforting and conducive to self-compassion. Self-compassion may activate certain regions of the brain that are impaired by exposure to violence (e.g. self-esteem, empathy, social connectedness and self-regulation), thereby increasing IPV desistance (Lund, 2017: 347). Self-compassion is helpful in overcoming being self-conscious and has been shown to reduce impulsivity (Morley, 2015: 235). In other words, self-compassion promotes self-control (refer to figure 7 in section 2.2.5.4), which seems to be noticeably absent in many instances of IPV. Attachment difficulties and borderline traits are two factors that cannot be overlooked in the development of effective treatment interventions for IPV and apply to both sexes (Goldenson et al., 2009: 764). Self-regulation is an important dynamic in attachment-related issues and personality pathology, and therefore, strategies to reduce impulsive behaviour are critical to incorporate into a BIP. Self-acceptance is also likely to challenge maladaptive mentalising (Morley, 2015: 234), thereby counteracting, for instance, neutralisation techniques and faulty social information processing.

A Christian-based programme has the potential to activate the conscience and trigger empathy. Violent individuals are often reported to have disturbed attachment representations accompanied by a history of abuse and a lack of empathy (Savage, 2014: 166). Personality disorders (e.g. antisocial and borderline) and impulsivity are highly correlated with IPV, for both men and women in heterosexual or same-sex relationships, in clinical and non-clinical settings (Hines, 2008: 299; Spidel et al., 2013: 6). Given that IPV is often associated with antisocial behaviour and other personality disorders it is vital that a BIP evokes feelings of empathy. Moreover, experiencing empathy for the victim's pain is key to perpetrators "embracing accountability and decreasing objectivity" (Zosky, 2018: 743). Romero-Martínez et al. (2016: 347) highlight the importance of empathy deficits in perpetrators of IPV and that BIPs need to be developed that focus on improving empathic skills (Misso et al., 2018: 4; Romero-Martínez et al., 2016: 356). Empathy and an empathic response from others also counteract shame (Brown, 2012: 74; Mollon, 2002: 43), initiates self-compassion (Brown, 2012: 75) and facilitates forgiveness. Forgiving the people that have hurt one and, more importantly, forgiving oneself is of paramount importance. A growing number of empirical studies (e.g. in the field of positive psychology) reveal that forgiveness correlates positively with emotional, mental and physical well-being (Brown, 2015: 150-151; Park, 2016: 372; Ryckman, 2015: 463). Forgiveness is not always natural to human beings (Park, 2016: 372), but through faith and grace, forgiveness is attainable (Lund, 2017: 347). To reiterate, forgiveness is crucial to the healing process and to be set free from resentment, anger and hatred.

It is important to remember that guilt is not synonymous with shame. The primary distinction is that shame focuses on the self as the object of evaluation, whereas guilt focuses on a specific action or behaviour (Park, 2016: 356). Brown (2012: 71) contrasts the difference as “I did something bad” in the case of guilt as opposed to “I am bad” in the case of shame. Guilt can also be beneficial as opposed to the adverse effects of shame (Lund, 2017: 347).[13] Various authors highlight the importance of the recognisance of trauma and shame in a BIP (Dutton & Sonkin, 2002: 6; Spidel et al., 2013: 9). Unresolved family issues increase the risk of post-treatment recidivism (Hines, 2008: 301; Sartin et al., 2006: 431). In effect, perpetrators of IPV need to be re-engineered (Real, 1997: 239) and redemption facilitates the reinvention of a new identity from “I am bad” to “I am God’s masterpiece” (Ephesians 2:10). Faith may encourage perpetrators of IPV to deal with hurt and past transgressions by acknowledging guilt and taking responsibility for their actions to move forward towards a new self and a new way of living that is free from violence, rather than being paralysed or debilitated by feelings of shame and badness (Kewley et al., 2015: 146). Through the faith in Christ Jesus, a person can receive a new identity.

For Christians, baptism is associated with the bestowal of a new identity and an entrance into a spiritual and corporate family (Park, 2016: 366), namely, the church, which is also referred to as the Body of Christ. Baptism signifies that the “old creation” or the former self (i.e. the “old man”) is being buried in the death of Christ (Romans 6:3) and delivers the believer from the darkness of the world (i.e. slavery and oppression such as IPV or addiction) so that he or she may enter into the resurrected life of Christ as a “new creation” or the one “new man”. Having passed through baptism, the believer has been delivered from numerous forms of bondage, whether the forms involve sins, weaknesses, sicknesses, dysfunctional behaviour, bad habits, frustrations, or anxieties. Baptism is related to the forgiveness or the washing away of sin and opens the New Testament dispensation marking the beginning of the enjoyment of the New Testament blessings.

In John 3:5, the Lord Jesus said, “… Unless a man is born of water (i.e. baptised) and the Spirit, he cannot enter into the kingdom of God”. The first meaning of baptism is burial (i.e. doing away with the “natural man”), and the second meaning is resurrection (i.e. putting on Christ). Salvation is received by the blood, and when one is baptised, one is delivered from the bondage of the world and satan. The blood of the Passover lamb enabled the Israelites to escape God's wrath (i.e. salvation), but they were freed from slavery in Egypt (which is symbolic of the world) when they crossed the Red Sea. Regeneration is to terminate people

[13] Guilt is not always constructive and may have adverse effects when an individual feels compelled to self-punish as expressed in depression (Hammer, 1972: 169) and self-mutilation.

of the "old creation" with all the old ways and to bring forth people in the "new creation" with the divine life (Holy Bible: Recovery version, 2003: 267-268 NT). The human spirit, together with the Holy Spirit, becomes the spirit of the mind (i.e. humanity merged with divinity). It is important to remember that transformation or the receiving of a new identity in Christ is a process (Lund, 2017: 348) and necessitates cooperation and daily salvation. "For if we, being enemies, were reconciled to God through the death of His Son, much more will we be saved in His life, having been reconciled" (Romans 5: 10). "Therefore we do not lose heart; but though our outer man is decaying, yet our inner man is renewed day by day" (2 Corinthians 4:16). The new identity alters the criteria on which a person bases their worth. Self-worth is no longer based on status, success, wealth, education or moral righteousness but on God's love (Park, 2016: 366) and the fact that human beings are created in His image.

> That you put off, as regards your former manner of life, the old man, which is being corrupted according to the lusts of the deceit,[14] And that you be renewed in the spirit of your mind And put on the new man, which was created according to God in righteousness and holiness of the reality (Ephesians 4:22-24).

"So then if anyone is in Christ, he is a new creation. The old things have passed away; behold, they have become new" (2 Corinthians 5:17). The full acceptance and internalisation of the new identity requires grace (Park, 2016: 366) as a person is transformed and conformed to the image of Christ in life and in nature. Prayer allows a person to enter into the Holy of Holies and approach the throne of grace. Prayer is God's dynamite, and grace includes unfathomable riches such as healing by freeing a person from the fear of rejection and abandonment associated with shame (Park, 2016: 367) and IPV. In fact, the receiving of the flow of grace in prayer can be more important than having one's prayers answered. Moreover, the deep realisation that nothing can make a person unacceptable to God makes it possible to accept oneself as one is (Park, 2016: 368), while desiring to change abusive behaviour.

The seeming paradox is an essential component of DBT as it uses dialectics or opposing ideas in an attempt to find a balance between two extremes, namely, acceptance and change. DBT for IPV includes self-acceptance (i.e. self-compassion) and the acceptance of one's current situation, problems and difficulties with a focus on change. DBT seeks validation such as shedding light on possible reasons for abusive behaviour and that every person is valuable (Fruzzetti & Levensky, 2000: 440). Knowing that "all have sinned and fall short of the glory of God" (Romans 3:23) sets a milieu of non-judgement and approval, which also counters

[14] Deceit refers to the deceiver satan who is the source of sin and all the darkness in the world (Holy Bible: Recovery version, 2003: 631 NT).

feelings of shame. Validation may serve a number of other functions, such as therapeutic alliance, and fuels the commitment and the motivation to change. The challenge in treating abusive partners is twofold (Jenkins: 1990: 16), namely, (a) deriving an approach that will engage the perpetrator in a way that facilitates their taking responsibility for their actions; and (b) encouraging an active interest and motivation in changing their own behaviour as opposed to relentless blame and modes of changing their partner's behaviour. Developing a more supportive working relationship with abusive partners reduces defensiveness and increases the willingness to explore the need for change in contrast to the more confrontational approaches (Stuart et al., 2007: 560) such as the Duluth model.

DBT is one of the strongest contenders in the domain of treatment for perpetrators of IPV (Babcock et al., 2016: 363). A biopsychosocial theory provides the framework for DBT and encourages a balance and synthesis between acceptance and change (Cavanaugh et al., 2011: 974). DBT has proven to be extremely successful in the treatment of BPD who share many of the characteristics inherent in those who are at risk for IPV (Barnett et al., 2011: 438; Cavanaugh et al., 2011: 973; Goldenson et al., 2009: 764; Hines, 2008: 299; Spidel et al., 2013: 6). Consistent with the behaviours of individuals with BPD is that perpetrators of IPV often exhibit sudden and explosive anger, experience unstable and chaotic relationships, are often isolated, experience low self-esteem and suffer from symptoms of depression (Cavanaugh et al., 2011: 973). An intervention that targets shared features such as emotional dysregulation, impulsivity (e.g. lack of self-control) and denial in conjunction with the maladaptive behaviour of partner violence could be conducive to enduring change (Spidel et al., 2013: 9). It also highlights the need for an awareness of trauma when dealing with IPV.

The findings of a literature review conducted by Frazier and Vela (2014: 156) suggest that DBT has a positive impact on the reduction of anger and aggressive behaviour, even when adaptations or modifications were made to the standard DBT treatments to accommodate the specific needs of various populations across studies (e.g. court-mandated groups for partner abuse). The ability of abusive partners to change is enormously hampered by their own well-intentional yet unhelpful and misguided attempts to control the abuse (Jenkins, 1990: 55). However, when the apostle Paul wrote to the saints in Philippi, he revealed the secret (Philippians 4:12) to overcome any circumstance and natural disposition, namely, that "I am able to do all things in Him who empowers me" (Philippians 4:13).

The apostle Paul wanted to live out Christ and to be saturated by His very element when he was in prison. Prison can be equated with being unemployed or having financial constraints, a tumultuous marriage, depression, anxiety, stress, etcetera. Human beings do not choose their

biological parents, and the environment is often not a choice. One may not like one's circumstances, but the apostle Paul's focus was on the things above and not on the things which are on the earth (Colossians 3:2). There are two types of salvation: (a) The one is to be saved from perdition and to have eternal life; and (b) the other is the salvation that Paul speaks about in Philippians which is to live Christ that He may be expressed. Paul does not ask the Lord to get him out of prison (i.e. to change his environment) but prays that the Lord be magnified in his body.

> For I know that for me this will turn out to salvation through your petition and the bountiful supply of the Spirit of Jesus Christ, According to my earnest expectation and hope that in nothing I will be put to shame, but with all boldness, as always, even now Christ will be magnified in my body, whether through life or through death. For to me, to live is Christ and to die is gain (Philippians 1:19-21).

In this manner, one does not need to become anxious concerning the changing of undesirable behavioural patterns. Becoming anxious about changing only causes more anxiety, especially when the change is not forthcoming. The dialectical behavioural theory provides a contextual conceptualisation of behaviour that recognises the interrelatedness between individuals, their childhood environments and the necessity to alter negative responses to perceived invalidating experiences (Cavanaugh et al., 2011: 975; Fruzzetti & Levensky, 2000: 444). For a Christian, the Holy Spirit does the renewing work as opposed to "I will never hit you again". Hence, instead of being misguided by attempting to control the abuse (Jenkins, 1990: 55), which is often impulsive and without thought (e.g. lack of self-control), the believer relies on God for healing and transformation. Jenkins (1990: 55) confers:

> Most abusive males fail to attend to their own experience which precedes abusive acts. Spouse abusers often describe themselves as inexplicably moving from a calm state to an abusive state. They spend little time thinking about and noticing the process of self-intoxication as they escalate their own self-righteous thinking, feelings of blame towards their partners and self-justification of violence, prior to the acts of abuse. … Most abusive men only think about their abusive actions immediately after the occurrence of abuse. Feelings of guilt, remorse and shame may be felt at such times for short periods. These feelings and experiences are painful and difficult to face. Consequently, they tend to be quickly pushed out of experience and avoided. Justifications,

which excuse the abusive behaviour and shift responsibility elsewhere, are soon developed.

The Lord Jesus can renew the mind of all faulty or distorted thinking patterns (i.e. neurobiologically and psychologically). It is not a matter of “I must change”. Christ does it for the believer. It is Christ Himself as an excellent virtue lived out in the believers (Holy Bible: Recovery version, 2003: 658 NT). It is a matter of gaining more of Christ so that He can dispense Himself throughout our being (i.e. spirit, soul and body). When we fellowship with Him and spend more time with Him, He becomes one with us as the Holy Spirit inhabits the human spirit. The secret is not “me”. The secret is “Christ”, who has a bountiful supply for each and every individual. The secret to overcoming any obstacle is to be conformed to the image of the Lord Jesus through God dispensing Himself into a person’s being. As noted in 2.2.5.4 it is Christ who lives in the believer that uplifts their human virtues. The believer takes Christ as their living, their pattern, their goal and their power. By such inward empowerment, the apostle Paul was able to write two-thirds of the New Testament and, in fact, wrote the book of Philippians while in prison (i.e. in dire circumstances). What a remarkable testimony. God is true to all His promises, and His Word assures Christians that they will enjoy the fruit of the Spirit described in Galatians 5:22-23, which includes self-control. “But seek first His Kingdom and His righteousness, and all these things will be added to you” (Matthew 6:33).

To recapitulate, according to the Centre for Justice and Crime Prevention in South Africa, exposure to physical violence within the home and the community is often the norm rather than the exception (Leoschut, 2009: 3). In fact, the levels of DV in South Africa are among the highest in the world (Jefthas & Artz, 2008: 42) as indicated in chapter one (1.3). Moreover, the readily available alcohol and drugs may fuel violence. For example, in the township of Imizamo Yethu in Cape Town, there are approximately 3800 households and 63 shebeens or pubs (Clark, 2012: 83). In South Africa where the majority of citizens continue to live in poverty and where access to counselling and support services is limited, if not non-existent (Jefthas & Artz, 2008: 51; Mathews et al., 2015: 107), the church can play a pivotal role in the amelioration of IPV. Johnson (2011: xi) has also irrevocably demonstrated that church attendance has positive outcomes, even for those from invalidating environments. One of the most significant shifts in getting to know God through His Word is that a church life may be rekindled. Recovery can be a lengthy process as a new identity vested in wholeness is conceptualised and takes place mainly outside treatment (Lund, 2017: 348). Moreover, fellowship and the church also provide an ongoing support structure (Lund, 2017: 362) that is usually unavailable after an intervention.

Fellowship and the church life can fuel engagement and connection with God, with others and with an authentic self without pretence and shame. Thus, apart from the constraining function of faith (e.g. opposing alcohol abuse or violent behaviour), faith promotes purposive, prosocial and law-abiding behaviours (Duwe & Johnson, 2013: 237). In addition to the power of personal prayer that connects a person with God to form an intimate relationship with the Father, the power of corporate prayer can be utilised in a group or the community to enhance solidarity with one another (Park, 2016: 367). Research supports that prayer and scripture promote self-affirmation, well-being and mental health (Park, 2016: 371). God's love is accessible to every single individual. "In this we know love, that He laid down His life on our behalf" (1 John 3:16) attests to this fact.

To date, the role of religion in the correction and rehabilitation of offenders remains pervasive (Duwe & Johnson, 2013: 227). In this context, spirituality and religion have long been associated with criminological theory and criminal justice practice. Christianity is widespread and is also the dominant religion in South Africa (Krüger et al., 2009: 12). Faith-based social services provide a relatively inexpensive resource (Schaefer et al., 2016: 601) and have yielded positive outcomes in changing undesirable attitudes and behaviours (Schaefer et al., 2016: 600). The InnerChange Program is a voluntary correctional programme that was developed by Prison Fellowship Ministries in the United States and during its first six years of operation, it is estimated that a saving of three million dollars was made predominantly due to the programme's impact on reducing recidivism (Duwe & Johnson, 2013: 227). The inmates who completed the faith-based prison programme were significantly less likely to be either rearrested or incarcerated during a two-year follow-up after being released from prison (Johnson, 2011: 110). A systematic review by Kewley et al. (2015: 143) also found overwhelming evidence that religious affiliation and practice have beneficial outcomes for those who are incarcerated, and for those who are reintegrated into the environment. The positive outcomes might operate in two meaningful ways, namely, (a) as a catalyst for change; and (b) as a maintenance mechanism for desistance from unacceptable behaviour.

The catalyst for change is particularly important (Schaefer et al., 2016: 602) and adheres to one of the principles of effective intervention used in correctional evidence-based practices, namely, the responsivity principle which includes the motivation to change (Radatz & Wright, 2016: 76). One potential reason for the ineffectiveness of BIPs is that perpetrators are typically court-mandated to attend treatment and may be unwilling or unmotivated to take responsibility for the abuse (Stuart et al., 2007: 560-561). They may perceive the situation as "having a gun pointed to their head" and forced to attend against their will. Perpetrators typically resent intervention, especially initially, and blame their partners and/or the system for their situation

(Stuart et al., 2007: 561). Attendance is often a mere formality or tick-box to get out of the CJS. Although the study of Steyn (2010: 118) relates to child diversion in South Africa, offender readiness is an important consideration for effective adult diversion (i.e. "service providers must guard against prioritising the needs of offenders over those of victims"). A Christian-based programme can elicit a deep and personal reason to change, which is also a goal of motivational strategies to attain more enduring behavioural changes (Stuart et al., 2007: 561). Correctional programmes that adhere to the principles of effective intervention (viz. risk, need, responsivity, treatment and fidelity) report an average reduction in recidivism of 50 percent. Their success is so prominent in the correctional vernacular that they are identified among the best practices and synonymous with evidence-based offender treatment (Radatz & Wright, 2016: 75). Therefore, the current study purports that a Christian-based intervention could be a springboard to incorporate "what works" and bridges the gap of gender exclusivity that is characteristic of the predominant programmes for perpetrators of IPV.

A rationale for the emphasis on faith-based prison interventions is the common criticism that traditional prison programmes are not effective in rehabilitating inmates or helping former prisoners become law-abiding citizens once they are released back into society (Duwe & Johnson, 2013: 227). Understanding how religion might prevent crime or help youth from hostile or disadvantaged neighbourhoods build resilience in the face of adversity is an area worth considering (Duwe & Johnson, 2013: 228), especially in light of the fact that an alarming 50.5 percent of youth in South Africa are exposed to violence in their communities (Leoschut, 2009: 3). Moreover, faith-based programmes that focus on mentoring, alcohol and drug rehabilitation, RJ processes, cognitive restructuring and spiritual transformation already exists in most communities (Duwe & Johnson, 2013: 228). Similarly, because existing BIPs seem to be only marginally effective and that resources and funding are limited it is argued that faith does matter.

2.4.2 The effectiveness of batterer intervention programmes

As a rule, methodological deficiencies plague batterer outcome studies. Two issues that have especially been acute in an evaluation of programme effectiveness are the lack of random assignment and attrition rates (Barnett et al., 2011: 555). There is often as many as 40 percent of batterers who attend the initial session but fail to complete the BIP (Sartin et al., 2006: 428). There is the continuing problem of theoretical constructs and definitions that vary widely across studies, such as what constitutes IPV, how does one define and measure emotional abuse, what constitutes severe abuse because abusive acts can be placed on a continuum ranging from mild to severe and what constitutes recidivism (Sartin et al., 2006: 428)? Different

methodologies and sampling techniques make comparisons and generalisations to the general population difficult.

For instance, there has been much deliberation about whether data gathered from clinical samples (e.g. court referrals) can be compared to data gathered from community samples. For example, clinical samples often represent more serious abuses (Sartin et al., 2006: 428), and community samples may reflect participants who are more motivated to change (Holtzworth-Munroe et al., 2000: 1017). In addition, defence mechanisms such as minimisation, denial and justification are characteristic of abusive partners. Therefore, response bias may exist in data collection measures such as self-reports. Measures involving retrospective reports may also not be accurate (Holtzworth-Munroe et al., 2000: 1017). The context of the assessment process (e.g. court-ordered evaluation to determine probation conditions) may also influence participants to underreport their own negative behaviour (Henning, Renauer & Holdford, 2006: 364; Sartin et al., 2006: 428). Data collection can also be affected by treatment fidelity. For example, are key elements delivered constantly, are group facilitators experienced and are manual guidelines available? Fidelity or quality programme implementation can, therefore, greatly influence intervention outcomes (Radatz & Wright, 2016: 77-78). Researcher bias and dominant philosophical perspectives can also cloud the objectivity of evaluating programme efficacy.

Another major challenge in determining the efficacy of existing BIPs is what constitutes a successful intervention. A relapse(s) or recidivism during and even after intervention may be an inevitable one. Old habits die hard, especially when they are established over time (Friedman, 1998: 27). IPV often emanates from an insecure attachment and countless injurious events. As stated in 2.2.6, abusive partners often ward off shame or feelings of inferiority with abusive behaviour referred to as a narcissistic defence (Real, 1997: 55). Destructive behaviours can be enduring when they are used as coping mechanisms and are reinforced by providing relief from tension and anxiety (George et al., 2006: 347), or if there is secondary gain such as when the violence successfully coerces the victim to comply with the whims of the perpetrator. Recovery may entail numerous small victories (Real, 1997: 277). Therefore, it is unrealistic to presume that IPV, which is often a pattern of behaviour entrenched over the years, will abruptly stop (Barnett et al., 2011: 558; Dutton, 2002: 20; Sartin et al., 2006: 434). A relapse need not be seen as a failure but rather as part of the recovery process.

Case studies reveal that an individual may even backslide before recuperating. For instance, an alcoholic in recovery may be flooded with debilitating depression when they stop drinking, and their situation may appear to be worse (Real, 1997: 101). In fact, recidivism may be a

given to the extent that it has been suggested that a BIP includes a “relapse prevention” mechanism that allows perpetrators to drop in on new groups should the need arise (Dutton, 2002: 20). Thus, broadening the criteria of success could be more useful in evaluating the effectiveness of a BIP in contrast to recidivism as a measure of success. Regardless of whether batterers stop abusive behaviour entirely post-treatment, studies indicate that many batterers make favourable changes after intervention (Barnett et al., 2011: 557-558). For instance, there are reduced dysphoric symptoms such as depression or anger and diminished substance abuse. They may start attending church, adopt more adaptive cognitive processing styles, exhibit improved social skills and more socially acceptable behaviour, employ more effective coping mechanisms and experience enhanced self-worth, with a corresponding decrease or elimination of physical violence. Various studies have noted that when the physical violence ceases, other forms of abuse may continue (De La Harpe & Boonzaier, 2011: 154; Maphosa, 2015: 78; Sartin et al., 2006: 429), such as harassment or verbal and psychological abuse. Hence, it would be unwise to dismiss existing treatment efforts just because the IPV was not entirely eliminated (Sartin et al., 2006: 434) or the batterer reoffended. Differences in the severity of assaults, the time between the assaults, and the rates of rearrests could be important measures when evaluating a BIP.

Finally, in an evaluation of BIPs, it is important to recognise that possibly most of the studies included in meta-analyses or reviews consist of various types of batterers in one group due to the predominant Duluth-type model. Hence, participants in the group with violent histories that are associated with antisocial behaviour may help to explain why researchers evaluating treatment outcomes of IPV have found the programmes to lack efficacy (Boyle et al., 2008: 54; Canton & O’Leary, 2014: 211). In other words, different types of batterers may need different treatments for optimal results (Boyle et al., 2008: 53; Stuart et al., 2007: 561). Perpetrators classified as generally violent or antisocial tend to have poorer treatment outcomes and are more likely to reoffend after treatment (Huss & Ralston, 2008: 721). Recently, Stoops et al. (2010: 325) provided a behaviour-based typology to predict both treatment programme completion and recidivism, namely low-level criminality (25.6 percent), dysphoric volatile behaviour (42.2 percent) and dysphoric general violence (32.2 percent) perpetrator. The dysphoric general violence perpetrator is consistent with generally violent and antisocial types of batterers found in most other studies and also predicted poor programme compliance, non-completion and high rates of recidivism. The study provides support for the use of a behaviour-based assessment prior to intervention and may have implications for policy (e.g. within the CJS) and practice regarding intervention for perpetrators of IPV (Stoops et al., 2010: 331-332). For instance, a batterer with neurological problems due to a head injury would be beyond the capacity of most BIPs (Dutton, 2002: 21). A violent serial offender with extensive comorbid

psychopathology may need to be incarcerated (Stuart et al., 2007: 561). Thus, substantial evidence suggests that perpetrators of IPV represent a heterogeneous group and that a one-size-fits-all approach to treatment does not suffice (Canton & O'Leary, 2014: 219), as depicted in the various typologies.

Nonetheless, Cluss and Bodea (2011: 3) compiled a detailed report regarding the efficacy of BIPs. The data collection included empirical studies published between 1990 and mid-2010, yielding a comprehensive list of relevant articles. Literature reviews and meta-analyses published since 2000 were also identified. As already indicated above, due to the predominant Duluth-type models, most of the studies that they reviewed looked at court-mandated group interventions that employed the feminist-psychoeducational (i.e. Duluth model), or cognitive-behavioural approaches, or a combination of the two theoretical concepts and intervention techniques. The interventions were typically provided in all-male group formats and lasted anywhere from twelve to 52 weeks. As noted in chapter one (1.3), the findings of Cluss and Bodea (2011: 8) concur with Babcock et al. (2004: 1023), Babcock et al. (2016: 356), Canton and O'Leary (2014: 204), Ehrensaft (2008: 281), Haggård et al. (2017: 1040) and Miller et al. (2013: 1), when they state:

> The results of the rigorous individual studies reviewed here, as well as most meta-analyses and systematic reviews conclude that there is no solid empirical evidence for either the effectiveness or relative superiority of any of the current group interventions. Across many rigorously conducted studies, treatment effects are small, if an effect exists at all, when comparing intervention to no intervention (control). Likewise, there is no significant, scientifically-verified [sic] difference between the effectiveness of different program models.

Cluss and Bodea (2011: 15-16) conclude that (a) there is very little or no empirically demonstrated effectiveness of the widely available group interventions; (b) the existing BIPs have at best very modest results; (c) the BIPs that are widely implemented by States and judicial systems lack empirical backing; (d) perpetrators who attend the BIPs lack motivation for treatment; (e) mandated treatments seem "blind" to the variability of needs and contexts of the participants; and (f) the theoretical approaches informing BIPs are based less on empirical premises and more on ideological positions. To restate, Duluth-type models are ineffective and fail to consider the variability and heterogeneity of perpetrators of IPV.

2.4.3 Implications for intervention programmes for abusive partners

The Duluth model that once pioneered intervention seems to have become an impediment to effective IPV intervention programmes and the criminal justice responses to IPV (Dutton & Corvo, 2006: 477). Globally, present policy and practice often do not corroborate empirically based findings (Babcock et al., 2016: 356; Dixon et al., 2012: 209; Eisikovits et al., 2008: 250) and seem to continue to adhere to outdated theories for IPV (Cannon et al., 2016: 256). The prevailing interventions provided for the victims who are experiencing IPV and the change options for those perpetrating IPV focus largely on distinct feminists and gendered services, using a one-size-fits-all approach (Krieg Mayer, 2017: 244). In Krieg Mayer's 15 years of experience in the field of working with families who are dealing with DV, as well as BIPs, it became clear that gendered approach services are inadequate. Duluth-type models do not address the complex systemic issues, especially when a couple desires to restore their relationship or marriage, nor provide options when the abuse is bidirectional (Krieg Mayer, 2017: 245), nor is it an option for female-perpetrated violence.

In female IPV intervention programmes, it has been recommended that the BIP addresses female perpetration as well as female victimisation (Barnett et al., 2011: 567; Caldwell et al., 2009: 673). Although research reveals that women are often not the primary perpetrators and may be acting in self-defence or retaliation (Barnett et al., 2011: 567; Henning et al., 2006: 351), childhood trauma and bidirectional abuse are common occurrences. According to Carney et al. (2007: 110), studies on female violence reveal a developmental history of violence preceding their current abusive relationship. Therefore, female-perpetrated violence often cannot be dismissed as self-defence Childhood abuse, exposure to interparental violence and early conduct problems featured significantly in the backgrounds of coercively violent incarcerated women for IPV (Henning et al., 2006: 363). Hence, it is vital to address trauma in a BIP, and this should not be regarded as giving an excuse for or justifying abusive behaviour.

It has been shown that the courts increase compliance and reduce rates of recidivism (Babcock et al., 2016: 363; Maphosa, 2015: 78). Studies provide some evidence for the "stake in conformity hypothesis", which means that individuals who have more to gain (e.g. those who fear imprisonment or who have some stake in remaining in their jobs and marriages) are more likely both to complete treatment and to refrain from further episodes of violence. In other words, perpetrators who are employed, have higher incomes, own a home and are married are more likely to complete treatment and are less likely to recidivate than those who are not (Canton & O'Leary, 2014: 208; Maphosa, 2015: 79). Dropouts tend to be younger, unemployed and less educated (Sartin et al., 2006: 429). The need to identify substance abuse or mental

health issues (e.g. personality pathology) prior to participation in a BIP has frequently been pointed out (Canton & O'Leary, 2014: 210; Stuart et al., 2007: 561). Other variables that have been deemed relevant to both treatment completion and outcome have included (a) frequency and severity of the aggression; (b) the developmental stage of the relationship in which the aggression occurs (e.g. TDV versus a chronic pattern of abuse in a marriage); (c) stage of motivation for change of the perpetrator; and (e) the directionality of the violence. If the violence is reciprocal and not in self-defence, it would be important to include both members in treatment. Attention to individual differences may improve treatment efficacy (Canton & O'Leary, 2014: 211). For instance, various studies (Coccaro, 2012: 577; Farrer et al., 2012: 77; George et al., 2006: 345; Howard, 2012: 330; Murphy, 2013: 212) suggest that for a group of perpetrators, there may be some biological determinants (e.g. head injury or neurocognitive deficits) involved in the perpetration of IPV. In support of the importance that BIPs need to pay attention to individual differences such as personality disturbance and possible physiological correlates of IPV, Canton and O'Leary (2014: 218) assert:

> It is obvious that treatment for these men should focus on remediating these deficits and not simply on power and control issues. It is questionable whether mandating men with impulse control issues because of head injury to partner abuse education programs will result in any positive outcome if such men are assigned to an intervention based solely on a power and control model.

Insecure attachment is a form of borderline personality organisation and is notoriously difficult to treat (Dutton & Sonkin, 2002: 4; Hines, 2008: 301). Research suggests that individuals with higher levels of personality dysfunction are also more likely to reoffend after treatment completion (Sartin et al., 2006: 435). Moreover, IPV may arise from a conditioned fear response which is intended to promote survival. Fear response behaviours will usually persist and be difficult to extinguish (George et al., 2006: 351). Therefore, treatment may require more than focusing on attitudinal changes and should include the addressing of trauma. Emotion perception, impulsivity, attachment and substance abuse are the proposed mechanisms that explain, for instance, the BPD and IPV association (Jackson et al., 2015: 95). No clear sex differences in the magnitude and direction of the BPD and IPV association were evident from the systematic review of 29 articles from 2010 to 2014 by Jackson et al. (2015: 103). However, the findings have important implications for treatment strategies because the borderline personality organisation or BPD constructs appear to be more present in legally involved samples, such as individuals who are court-mandated to attend IPV treatment (Hines, 2008: 301; Stuart et al., 2007: 561; Jackson et al., 2015: 104). The results emphasise that IPV is

often a mental health issue that calls for a thorough medical examination, such as the possible administering of an electroencephalography and/or clinical assessment.

2.4.4 Recommendations for intervention programmes for abusive partners

The various typologies depict the varied nature of the abusive partner population. Moreover, the fact that the predominant BIPs prove to be marginally effective and are not evidence-based should raise red flags. The focus needs to be broadened from targeting almost exclusively on changing attitudes that condone the use of violence towards women, to a developmental approach that will also promote secondary intervention by taking at-risk groups into consideration (Ehrensaft, 2008: 284; Langhinrichsen-Rohling & Capaldi, 2012: 410). A paradigm shift towards developmental trajectories (e.g. based on attachment theory) that address traumatic experiences could offset more effective standardised interventions. Much time and effort have been wasted on programmes that are not theoretically sound and that continue to be mandated even though they prove to be relatively ineffective (Langhinrichsen-Rohling & Capaldi, 2012: 413). Moreover, the safety of the victim is compromised when perpetrators are mandated to attend a programme that is expected to have a negligible impact on abusive behaviour (Dutton & Corvo, 2006: 463). Numerous researchers and abundant literature propose that perpetrators of IPV constitute a heterogeneous group with a unique set of causational factors for the violence.

Tailored intervention programmes meeting the needs of a specific subtype of perpetrator, or the needs of an individual client may improve treatment efficacy (Stuart et al., 2007: 562; Canton & O'Leary, 2014: 204). IPV researchers need to extract variables that consistently contribute to IPV and then identify specific intervention techniques accordingly (Ross & Babcock, 2010: 197) For instance, Jackson et al. (2015: 104) note that BPD appears to be more prevalent in clinical samples (e.g. individuals that are mandated by the court to attend IPV intervention). Individuals with borderline traits are likely to commit more serious acts of IPV perpetration (Jackson et al., 2015: 101) and contribute to higher attrition rates. Thus, targeting the specific attributes (e.g. emotion dysregulation, attachment style, trauma and feelings of low self-esteem, social anxieties, depression and substance abuse) may form a more appropriate and effective prevention strategy, as well as improve treatment retention. The typologies indicate various characteristics and dimensions pertinent to IPV. Therefore, it may be prudent to consider the following important factors with respect to treatment planning (Canton & O'Leary, 2014: 219):

- The development stage of the IPV in terms of the chronicity thereof, in other words, as to whether the abusive behaviour is a long-standing pattern in the relationship.
- The frequency and severity of the abuse, for example, has the abusive behaviour escalated from minor bruising to broken ribs.
- Drug abuse and especially alcohol abuse are significantly associated with increases in aggression between intimate partners. Perpetrators of IPV would benefit from a comprehensive drug and alcohol assessment at intake and a referral to substance abuse rehabilitation prior to or in conjunction with the BIP.
- Childhood trauma needs to be taken into consideration in treatment planning. It is contended that whether or not an individual has experienced child abuse or witnessed interparental violence in childhood, it appears to matter at some level in perpetrators and victims of IPV.
- Personality types need to be considered because attachment expectations developed in infancy, childhood and adolescence may persist throughout the lifetime.
- Researchers have shown an association between head injuries and the perpetration of IPV (Farrer et al., 2012: 77; Howard, 2012: 330).
- An awareness of the importance of readiness for change (e.g. taking responsibility) has led to the development of motivational interventions. Studies suggest that there are differences with respect to the stage of motivation for change and the level of moral development in perpetrators who are mandated to attend intervention programmes. Also, the differences may be related to both treatment completion and outcome.

Conjoint couple treatment remains controversial in terms of intervention due to concerns over the safety of the victim (Stuart et al., 2007: 562). In other words, (a) their safety may be compromised by continued interaction with the perpetrator; (b) couple treatment may imply that the victim is partly to blame for their own victimisation; (c) the disclosure of IPV in the presence of the perpetrator may lead to further anger and revenge; and (d) fear of retaliation may lend itself to unresponsiveness (Babcock et al., 2004: 1027; Corvo & Johnson, 2003: 273), in other words, the abusive partner could manipulate conjoint sessions. However, many clinicians do report success with couple counselling, especially when excessive drinking patterns are addressed and where couples are committed to making things work (Corvo & Johnson, 2003: 273-274). Furthermore, due to the prevalence of bidirectional abuse, couple therapy may be of more value than what was previously thought (Langhinrichsen-Rohling, 2010: 189-190; Straus, 2015, 92). Thus, BIPs may want to consider the possible dyadic interactional processes that may be at play in partner violence. Langhinrichsen-Rohling (2010: 190) identifies three different dynamics, namely, dyadic domination, dyadic dysregulation and

dyadic couple violence. The latter seems to be common because most individuals enter a relationship with unresolved matters.

Conflict is inevitable and depends to a large extent on contextual factors and the resilience to overcome hardships. Dyadic couple violence will, therefore, be served poorly by traditional BIPs that are based on unilateral perpetration. Safety issues are paramount, and cautions related to providing conjoint treatment are well delineated (Langhinrichsen-Rohling, 2010: 189). Hence, as stated above, when the abuse is bidirectional, it could be advantageous if both parties attend a BIP. Additionally, where both parties are still interacting with each other and are looking for solutions to abusive behaviour and marital discord, contact with both parties could increase the effectiveness of an intervention (Krieg Mayer, 2017: 246; Maphosa, 2015: 86-87; Stuart et al., 2007: 562). Victim/perpetrator attendance of a BIP need not be construed as victim-blaming nor decrease the safety of the victim. The couple could clarify misunderstandings in a facilitated space and in a non-judgemental atmosphere of care and trust. Furthermore, tools such as timeout, which is a conventional anger management strategy, could be used more effectively if both parties are informed of how and when to utilise it to diffuse situations that could escalate into violence. Psychoeducational components can be conjointly explored and healthier modes of relating to one another could be negotiated (Krieg Mayer, 2017: 246). Dowgwillo et al. (2016: 431) confirm the high rate of mutual IPV perpetration (e.g. 76.1 percent of dating participants in a non-clinical setting resorted to bidirectional abuse).

Secondary prevention programmes (e.g. TDV, programmes that focus on effective parenting skills and teen pregnancy services) that are geared towards at-risk (e.g. youths living in economically disadvantaged areas that may succumb to drug or alcohol abuse often associated with IPV), or high-risk population groups seem to hold promise. Family-based interventions have the potential to interrupt the intergenerational transmission of IPV (Langhinrichsen-Rohling & Capaldi, 2012: 412; Langhinrichsen-Rohling & Turner, 2012: 393), In addition, “before the fact” interventions are proving to be beneficial as they hold the potential to disrupt delinquency that is frequently associated with conduct disorder (Sadock et al., 2015: 1251; Sartin et al., 2006: 437) and other types of externalising behaviours that seem to appear well before IPV within adult intimate relationships (Ehrensaft & Cohen, 2012: 380; Langhinrichsen-Rohling & Capaldi, 2012: 412; Langhinrichsen-Rohling & Turner, 2012: 393). Conduct disorder for both boys and girls is a significant predictor of IPV perpetration in adulthood (Dutton & Corvo, 2006: 474; Ehrensaft et al., 2003:741) and often precedes an APD.

Targeting high-risk population groups may, therefore, inhibit future IPV perpetration and/or victimisation. Secondary intervention programmes also target a population group that is normally in transition. An adolescent moving towards adulthood or into parenthood could be more receptive and motivated to change as maladaptive patterns may not yet be too entrenched (Ehrensaft et al., 2003: 751; Langhinrichsen-Rohling & Capaldi, 2012: 412). Moreover, "after the fact" interventions for IPV seem to be marginally effective, and therefore, it may be prudent to invest in secondary preventative measures (Dutton, 2012b: 395). In other words, to focus on individuals who are potentially at risk to perpetrate IPV, such as adolescents who have been exposed to violence, or who have parents with psychopathology, or who exhibit excessive alcohol use (Dutton, 2012b: 396). Helping vulnerable youths to become resilient youths (Duwe & Johnson, 2013: 229) can play a fundamental role in the prevention of IPV. Successful secondary intervention will invariably impact intergenerational effects because potentially less IPV will be witnessed by the programme participant's prospective children.

In South Africa, the youth make up a significant proportion (i.e. approximately 40 percent) of the population. Violence often occurs in environments that should typically be considered safe zones for children and adolescents, namely, the home, schools and the community (Jefthas & Artz, 2008: 37). Secondary prevention that addresses individual risk factors in conjunction with the past structural inequalities and current high unemployment rates could prove to be advantageous in the prevention of IPV. Furthermore, mainstream interventions underrepresent the intersection of IPV and child abuse and are inclined to treat each problem in isolation. Secondary prevention can make a substantial difference in bridging the gap in services to address the co-occurrence of partner violence and child maltreatment. Addressing parenting issues in domestically violent homes is not intended to blame victims (Ehrensaft, 2008: 280-281). On the contrary, it would be a community response that is supportive in an atmosphere of ubuntu (Friedman, 1998: 26). Prevention efforts need to be in keeping with the empirical data on IPV as a one-size does not fit all.

The study of Stoops et al. (2010: 325) provides support for the development of typological assessment in the CJS and BIP settings for early identification of perpetrators who may need additional interventions. Adjunct services could be rendered within the BIP, such as victim impact panels and victim impact statements to increase a perpetrator's sense of empathy (Zosky, 2018: 740), rehabilitation for substance abuse via referrals, assisting unemployed individuals in finding work, or even a platform from where the voices of children can be heard. For instance, alcoholism and unemployment significantly increase the probability of recidivism post-treatment (Hines, 2008: 301; Sartin et al., 2006: 431). According to one study, attending rehabilitation for substance abuse can reduce IPV recidivism by 30 to 40 percent (Stuart et al.,

2007: 562). The victim's own history of substance abuse also increases the risk of being revictimised (Sartin et al., 2006: 435). The legal ramifications of IPV can be complicated because the CJS is usually interested in the charge at hand (e.g. an assault or murder charge) and not in what preceded the incident. For example, in the case of an abusive partner being murdered, the "perpetrator" could, in fact, be the victim who acted in self-defence. Some women who are incarcerated for murder may have resorted to violence to prevent further abuse (Walker, 2017: 509). Hence, treating the female offender as a victim (e.g. by providing counselling services) rather than a perpetrator (e.g. by mandating an anger management programme) would be a more appropriate treatment strategy. Thus, a holistic and coordinated system of services is advocated. Additionally, a collective compassion for all the brokenness in society needs to be instilled and embraced with humility so as not to exacerbate the effects of trauma.

The monolithic model of male domination distorts the full reality of the phenomenon of IPV (Canton & O'Leary, 2014: 204; Dutton, 2012a: 103; Dutton & Corvo, 2006: 461). The high levels of recidivism and attrition rates, even in the face of legal sanctions, suggest that an integrated theoretical perspective and a collaborative community approach are essential to address a multifaceted and complex problem such as IPV (Sartin et al., 2006: 438). For instance, taking the role of quantitative electroencephalography, the hypothalamus-pituitary-adrenal axis, the sympathetic nervous and the serotonergic system into consideration could enrich the current conceptualisation and treatment of IPV (Howard, 2012: 330). A synergy between therapeutic strategies and neuroscience holds promise for those where treatment outcomes are poor (Howard, 2012: 334) and recidivism rates are high.

Neurobiological and neurodevelopmental events have emerged as seminal contributors to IPV. Traumatic head injury, posttraumatic stress disorder and depression should become an integral part of a BIP (Howard, 2012: 335). Coccaro et al. (2014: 266) contend that the new DSM-5 criteria for IED will properly identify individuals with recurrent, problematic and impulsive aggression, which may be a critical step in IPV prevention because the vast majority of individuals are not diagnosed and relatively few are treated for IED, despite the efficacy of synergising both pharmacology and CBT in a single treatment (Coccaro, 2012: 585). If batterer subtypes could be more consistently identified, then treatment and prevention could be targeted more effectively according to the specific needs of the perpetrator (Sartin et al., 2006: 431). Hence, the context of partner violence, readiness for change and overall individual variability need to be taken into consideration to enhance the efficacy of a BIP (Stuart et al., 2007: 561). Recommendations for improving BIPs and social work practice are (a) adopting ethical standards supporting the right to effective treatment; and (b) giving up seeking

discipline-specific knowledge and focusing on interdisciplinary efforts instead (Barnett et al., 2011: 558-559). A systematic and theoretically based intervention that is empirically tested might improve the quality of interventions for perpetrators of IPV (Stuart et al., 2007: 561). In conclusion, a multidisciplinary approach that includes the spirit in a BIP as a dimension of well-being could ultimately shape a lasting and effective treatment response to a heterogeneous population of male and female perpetrators of IPV.

2.4.5 The role of faith

Attachment theory, integrated with interpersonal theory, suggests that if an insecure individual experiences a secure attachment, intrapsychic processes could be developed that are conducive to substantial and sustainable therapeutic change (Florsheim & McArthur, 2009: 386). God can provide a secure base to make one more open to the feelings and thoughts of others, as well as to explore one's own feelings. Moreover, prayer can be thought of as an important affect-regulation strategy to experience security during states of distress (Jankowski & Sandage, 2011: 116). While Bowlby (discussed later in 2.5.1) proposes exploration on an intrapsychic level that includes self-discovery, Sullivan (discussed later in 2.5.1.1) emphasises an exploration from an interpersonal perspective (e.g. developing new relationships and new interests) to foster security, a more positive sense of self and others as trustworthy (Florsheim & McArthur, 2009: 387-388). Christianity teaches that the optimal or most secure relationship is the intimate experience that all individuals can have with God because His love for humanity is beyond measure and human understanding.

If a therapist's relational effect can outweigh the effects of any specific modality or technique (Florsheim & McArthur, 2009: 391; Sonkin & Dutton, 2002: 129), then how much more can a relationship with the omnipotent and omniscient heavenly Father accomplish to reconfigure a working model of the self and others? Intimate relationships need to be experienced in a new and positive way (Sonkin & Dutton, 2002: 130). When an individual sincerely and with a pure heart invites the Lord's habitation, the Holy Spirit will indwell in their human spirit, enabling regeneration to take place. Regeneration changes the way in which one thinks by the renewing of the mind and may culminate in a dispositional transformation. Transformation is much more than a placebo effect or a New Year's resolution. It is a deep inward process that, with time, can bring about a complete shift in dysfunctional lifestyles, behaviours and attitudes as the believer receives daily salvation. Jesus is the all-inclusive Christ. Nothing is impossible for God, who raised the decaying body of Lazarus from the dead. Through the redemption of the blood of Jesus, restoration can take place. The reader is probably *aux fait* with the saying that a healthy body promotes a healthy mind and vice versa. Conversely, Christianity assumes that

a healthy spirit is conducive to both a healthy body and a healthy mind. God gave His Son to sinners and the Holy Spirit to the ones who believe in His Son so that they may be empowered to overcome sickness (physical or mental), sin and death. The Bible gives equal weight to both truths (Nee, 2002: 157-158). In other words, the believer can overcome all negative circumstances or situations by faith.

The Bible states that a lack of faith towards what Christ has accomplished can stifle healing and restoration. In order to experience spiritual deliverance and healing it is vital to believe and to be obedient to the Word of God (Nee, 2002: 166). The Bible reminds us that if we love God, we will keep His commandments (John 14:15). Humanity is created in the image of God (Genesis 1:26). In other words, we are created to hold the Holy Spirit in the human spirit. Thus, human beings are earthen vessels created to receive God and to enable men and women to conform to His image, as mentioned in 2 Corinthians 4:7 (refer to 2.2.5.4). Through maturity, which is facilitated by the inhabitation of the Holy Spirit with the human spirit, individuals can overcome sin and malaise, such as addictions, depression and yes, even IPV.

Abusive partners can begin to control aggressive behaviour that they frequently do not have control over, not by their own strength but by the power that lives within them. Many like-minded researchers like Allport (discussed later in 2.5.4) believe that a commitment to religious beliefs that are based on faith is constructive and gives meaning to life. Allport claimed that religious beliefs organise and help to integrate personality and produce consistent morality. And that faith is conducive to individuals being more compassionate, personally competent, emotionally secure and more flexible in their reactions to a crisis. Faith counters prejudice, anxiety and fear and overall enhances a sense of well-being (Ryckman, 2013: 197-198). Allport adopted an interdisciplinary, morphogenic and idiographic approach towards personality and human behaviour (Engler, 1985: 242). Allport's emphasis on the healthy and mature attributes of every individual is progressive and remains applicable still today. Various theoretical perspectives that are relevant to IPV are discussed in the remainder of this chapter, and an integrated theoretical causal and remedial model for IPV is postulated. In relation to policy and practice, the impetus for a theory arises out of an awareness that a problem exists (e.g. the social problem of IPV and recidivism).

2.5 Theory

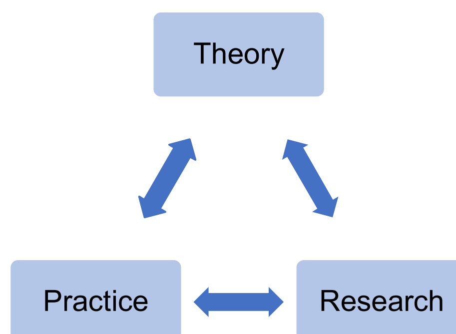
Theory is not merely a popular belief, opinion or value-driven explanation of a phenomenon, such as IPV. On the contrary, theory is the product of a scientific approach (Williams & McShane, 2014: 1). A theory can be very simple or very complex depending on the number

and types of relationships expressed by it. In other words, a theory is a highly organised statement of the basic assumptions and logically interrelated assertions about the subject matter. Theories attempt to describe, predict, explain and control the "real world" (i.e. they allow for the development and testing of potential solutions to problems encountered in everyday life). Scientific theories reflect systematic observation, repeated evidence and careful logic (Williams & McShane, 2014: 2-3). Theories are crucial to the entire process of research and can be categorised into three basic types of theories, namely, biological, psychological and social. A good theory should have the following characteristics (Rule & John, 2011: 92-93; Williams & McShane, 2014: 6):

- It should be simple and yet have explanatory power.
- It should be coherent and logically constructed.
- It should be based on the evidence at hand and supported by subsequent research.
- It should stimulate and generate further research and theorising.
- It should be falsifiable (i.e. it should be possible to disconfirm the theory by finding contrary evidence).

A good theory will also depend on the extent to which it provides realistic and useful solutions in dealing with the problem under investigation. Hence, theory, research and practice are interrelated (refer to figure 13 below) and build on each other in a manner where they are mutually supportive. Moreover, theory, research and practice are shaped by the context in which they are located (Rule & John, 2011: 94). The context of the current study is IPV and intervention.

Figure 13: Schematic representation relating to theory, research and practice



Source: Rule and John (2011: 93).

Theory and research are both relevant and beneficial to practice (Rule & John, 2011: 94). At times, policymakers implement programmes and policies without the advantage of theory or research. Periodically the efforts are later found to be inadequate and are eventually abandoned because they were instituted before sufficient research had been done to validate them (Williams & McShane, 2014: 11). A parallel can be drawn with BIPs. The United States began to enforce the arrest of perpetrators of IPV in the 1980s. The promulgation of the imposed arrest laws inevitably led to an overwhelming awareness to address the needs of victims and the implementation of BIPs which were usually court-mandated post-arrest by most jurisdictions in the United States. Unfortunately, due to the huge demand for BIPs in an effort to reduce recidivism, research and endeavours to assess the effectiveness of the various intervention programmes were outpaced (Stuart et al., 2007: 560). As a result, the predominant Duluth-type models continue to be widely used today, despite concerns about their efficacy. In the current study, theory informed the research in all aspects (Rule & John, 2011: 100):

- The literature survey.
- The identification and selection of the collective case study.
- The formulation of the research purpose, which was both exploratory and explanatory in nature.
- The questions to be asked.
- The collection and analysis of the data.
- The presentation and interpretation of the findings.

Theory is a crucial dimension of a case study research design. Moreover, there can be a productive interaction between the theory and the research at different stages of the research process in both inductive (i.e. qualitative approach) and deductive (i.e. quantitative approach) research (Rule & John, 2011: 101). The current study sought to understand the causation of IPV to provide a theoretical framework as a conduit to "how" and "what" to explore (e.g. what to look at or observe and what questions to ask), in an endeavour to design and develop an intervention programme for the perpetrators of IPV. Significant theoretical concepts that are supported by research evidence pertaining to IPV were identified and incorporated in the chapter to inform the research project, which in turn shaped the design of a BIP (Williams & McShane, 2014: 10). Theory is embedded in the current study to inform the development of policies that deliver evidence-based practice.

As noted in 2.2.5 evidence-based research indicates that a myriad of factors that are intricately intertwined may contribute towards IPV. The evidence suggests that the course of IPV has a

long history of development stemming from early family influences such as witnessing violence, shaming and trauma. Therefore, an integrated and developmental theoretical framework is advocated to understand IPV perpetrated by both men and women in heterosexual relationships and same-sex relationships. The three basic types of theories relate to biology, psychology and sociology (Williams & McShane, 2014: 6). Attachment theory, learning theory and social control theory are the main theoretical concepts that will be integrated into a single explanatory framework for IPV at the end of the chapter. Social control mechanisms can be rooted in the family, community and church (Messing, 2011: 158). The focus of the micro-theory relates specifically to perpetrators of IPV and attempts to provide a causal mechanism of how and why abusive behaviour unfolds in relationships (Williams & McShane, 2014: 7). The proposed model includes a spiritual dimension and can be considered as a bio-psycho-socio-spiritual causational model of IPV. An understanding of the aetiology of IPV may assist in formulating effective tertiary prevention or treatment strategies for IPV.

2.5.1 Attachment theory of John Bowlby

John Bowlby was born in 1907, and developed attachment theory. Bartol and Bartol (2011: 516) describe attachment theory as follows: Infants have a strong need to establish close emotional bonds with significant others in their social environments, and the nature of the emotional bond (or attachment) will determine the quality of social relationships later in life. In other words, our attachment experience predisposes behaviour and continues throughout the lifespan. Many theorists consider a child's first human relationship, normally being the mother, as the foundation stone of personality. Maternal stress may even influence the development of neural pathways as early as the prenatal period (Ehrensaft, 2008: 277). According to Bowlby, attachment behaviour in adult life is a straightforward continuation of attachment behaviour in childhood and is elicited by an individual's unique set of circumstances (Bowlby, 1982: 207-208). Attachment theory is crucial to the present study and is regarded as being fundamental to an understanding of IPV (Sonkin & Dutton, 2002: 105). Moreover, attachment theory is compatible with a framework adopted by modern biology (Meyer et al., 2013: 162) or neurophysiology (i.e. neuroplasticity, epigenetics and the ongoing development of neurological pathways that can influence behaviour).

Bowlby differentiates between a secure and insecure attachment pattern that stems from a validating or an invalidating environment, respectively. Secure attachment patterns develop when a mother responds to an infant's signals (e.g. the cries, smiles, gestures and touch) and needs (e.g. food, shelter, protection, need of proximity and exploration) promptly and appropriately (i.e. in a nurturing, caregiving and sensitive manner). There must be a constant

social engagement that is pleasing, delightful and rewarding to the mother (or caregiver) and the child (Bowlby, 1982: 316). An attuned mother responds to the infant's emotional cues with care and soothing, which is crucial in the development of healthy cognition and affect regulation. Caring mothers assist the infant to cultivate an identity of worthiness and competence, as well as to view adults and the world as safe and reliable (Gomez-Perales, 2015: 53-54). Trust, security and confidence in an ability to explore and negotiate in their *Umwelt*[15] develop as opposed to feelings of insecurity, confusion, vulnerability and powerlessness.

Nonetheless, the researcher would like to reiterate that although insecure attachment can be regarded as a major influence in adolescent and adult maladaptive functioning, the experience of later difficulties in life is not an inevitable one (George et al., 2006: 345; Friedman, 1998: 26). For example, under favourable environment conditions a variation in the adaptive behaviour of a child could be attributed to a genetic disposition or other physiological factors (Bowlby, 1982: 296). Bowlby also recognises that situational factors such as poverty, stress, divorce and substance abuse can affect conforming behaviour.

2.5.1.1 Interpersonal theory of Harry Stack Sullivan

Harry Stack Sullivan was born in 1892. He is regarded as the father of interpersonal psychiatry (Florsheim & McArthur, 2009: 382-383) or psychodynamic theory (Evans, 1996: 55). In spite of Sullivan's important contribution to psychoanalysis, psychiatry, psychology and the social sciences, his work is by and large not given the full credit it deserves. Four reasons have been posited for the seeming lack of recognition, namely, (a) his influence is so widely incorporated in all psychological theories and has become integral and almost self-evident aspects of modern notions of human development, personality and psychopathology; (b) his writing skills were limited, and therefore, the corpus of his writing is sparse, incomplete and inadequately tested; (c) he criticised his peers such as Freud and much of the psychoanalytic canon that was in vogue at the time; and (d) he was somewhat obnoxious and rumoured to have his own mental health issues (Evans, 1996: 12,20). Nonetheless, Sullivan's ideas were progressive and have been developed in the works of later well-known theorists such as Bowlby (Evans, 1996: 68). Sullivan refuted that human behaviour could be understood purely in intrapsychic terms and claimed that interpersonal relations are a core component of personality (Engler, 1985: 137). Sullivan pointed out that the human experience is a dynamically unfolding interaction between interpersonal, environmental and intrapsychic factors (Evans, 1985: 7).

[15] *Umwelt* is a German word that means "environment".

One of Sullivan's essential postulates is the importance of a developmental approach towards human behaviour (Evans, 1996: 71). Sullivan identified six stages that contribute to personality development prior to adulthood, namely, infancy, childhood, the juvenile epoch, pre-adolescence, early adolescence and late adolescence (Engler, 1985: 142-143). Although he hypothesised that adulthood characterised a stabilisation of personality, he never considered personality to be rigid because future interpersonal situations would continue to shape an individual's adjustment or maladjustment. For Sullivan, the understanding of normal human developmental processes continues throughout the lifespan, which is critical to interpersonal theory (Evans, 1996: 71). Additionally, Sullivan did not negate the importance of biology and in fact, insisted on the inclusion of neurobiology in the Washington School of Psychiatry's curriculum, of which he was a founding member (Evans, 1996: 44, 56).

Sullivan emphasised the role of anxiety originally transmitted from the mother to the infant. Anxiety can be described as any painful feeling or emotion that may arise from a need that is not met, such as physical neglect, an absent parent, a rejecting mother, an overbearing or controlling mother, loss (death of a loved one, divorce or loss of employment) and poverty. The source of anxiety can, therefore, be internal or external. Hence, anxiety is evoked by threats to feeling secure or when relationships are threatened (Florsheim & McArthur, 2009: 384). Individual-specific situations, thoughts and feelings can arouse anxiety. To alleviate anxiety or tension, individuals may resort to psychotic, neurotic, aggressive or prosocial behaviour. For instance, anxiety acts as a catalyst, and aggressive behaviour is the catharsis or relief from feeling anxious or tense. Secure individuals tend to have healthy esteem and feelings of competency, which enables them to be more proficient socially, for example, regarding problem-solving, assertiveness and communication, and therefore find it easier to relieve or alleviate anxiety and conflict in non-violent ways.

Sullivan regarded anger, especially in the early stages of development, as a primary way to discharge anxiety and tension. Sullivan alleged that individuals alternate between feelings of euphoria and tension. Euphoria is a sense of well-being arising from the reduction or elimination of tensions related to biological and psychosocial conditions (Evans, 1996: 64). If parental authority is repressive towards a child's anger, he or she learns to conceal its expression in the form of resentment. When resentment is met with parental disdain it too becomes covert. Sullivan termed the extreme consequence of a parent's repressive or brutal use of authority malevolent transformation, which is the anticipation that the need for nurturing will bring about anxiety and pain (Evans, 1996: 103). Sullivan differentiated between two distinct types of tension, namely, tension derived from unmet needs and tension derived from anxiety (Evans, 1996: 64). Various defence mechanisms are then utilised to reduce distress

and self-protect as the individual adapts experiences of weakness and helplessness into a demeanour of exploitation. Sullivan emphasised the social function of anger and its mutation under adverse experiences such as cruel parents who ignore, ridicule, lie to and hurt a child, causing anxiety, tension, anger, shame, resentment and malevolent transformation or controlling and manipulative personality traits (Evans, 1996: 102-103). Sullivan contended that once malevolent transformation is established, it becomes the core organisation of the self-system and is extremely resistant to change because it serves a critical protective function (Evans, 1996: 104). The protective function of exploitative and manipulative designs is usually twofold. Namely, they can be regarded as a defence mechanism against feelings of inferiority and low self-esteem, as well as a means to alienate the individual from others in an attempt to avoid pain (e.g. the fear of intimacy and rejection).

Sullivan referred to the process as disparagement, which he considered as a defence or a “security operation”, which lowered anxiety arising from low self-esteem by noting how unworthy everyone else was (cf. BPD). The individual gets temporary relief from feelings of unworthiness by using disparagement but pays a high cost for the relief by being ostracised by others (Evans, 1996: 111-112; cf. IED). Sullivan contended that disparagement could be socially debilitating. In contrast to the aetiology of IPV vested in the power and control theory of patriarchy, Hammer, Hammer and Butler (2014: 8) state:

> Basically, the manipulator tries to control others because he is frightened and rejecting [sic] his feelings of vulnerability. When such a person feels vulnerable or insecure, he becomes fearful because he is convinced that overwhelming pain or destruction is sure to come. … He does not trust people, and is convinced that others will hurt him and take advantage of him if he is not always one step ahead of the other person by manipulating and controlling the other individual in some way.

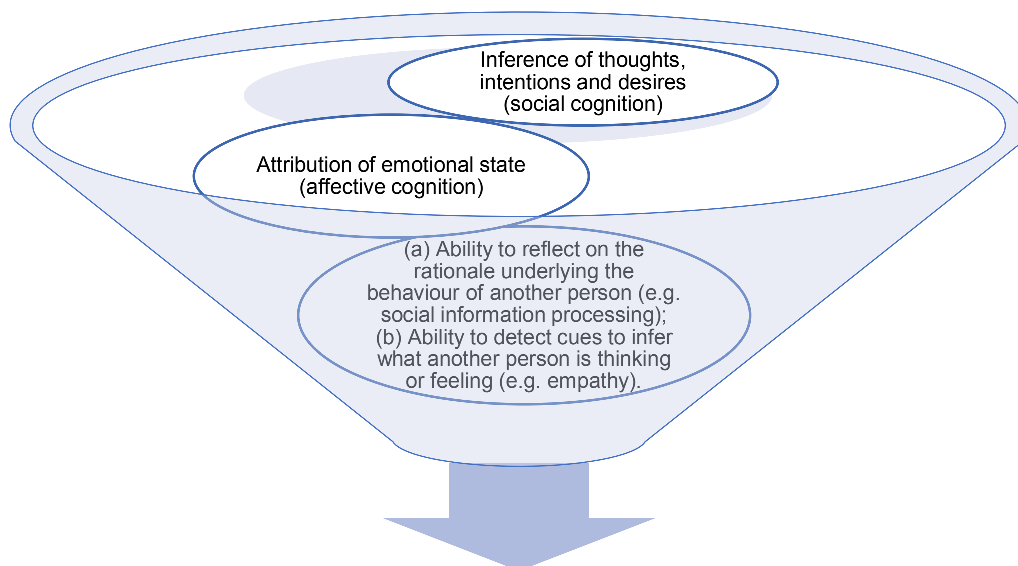
The controlling behaviour of abusive partners is more a matter of defence or survival and a “fight” response (George et al., 2006: 345) than a gendered phenomenon with men using violence to maintain power and control.

2.5.1.2 Insecure attachment, malevolent transformation and impaired mentalisation

Sullivan’s concept of malevolent transformation can be linked to cognitive modes of thinking such as hostile attribution bias (cf. Coccaro, 2012: 584; cf. Murphy, 2013: 212), rumination (cf. George et al., 2006: 346) and impaired mentalisation (cf. Brüne et al., 2016: 29). Batterers

often describe feeling threatened and experiencing others as hostile and rejecting (Jenkins, 1990: 21). Unresponsive, insensitive parenting and traumatisation not only can cause the development of faulty cognition but can also lead to the functional impairment of mentalisation. Mentalisation processes are sometimes used interchangeably with terms such as social cognition, metacognition and theory of the mind (Misso et al., 2018: 3). Healthy mentalisation is the ability to reflect upon one's own mental state and that of others. When a hostile parent forces a child to continually deny the abuse, the victim can lose confidence in the appraisal of their own and others' thoughts and emotions. The incongruous and erratic interaction may eventually shut down the mentalising system as a dysfunctional means of self-protection (Brüne et al., 2016: 29). When a parent's actions fluctuate between reward and punishment for no apparent reason (e.g. abuse, rejection and apathy), the negative emotions of feeling unworthy, unloved and reprehensible could be devastatingly painful. Furthermore, it would be overwhelming to question, unpack or understand an abusive parent's actions because they should, after all, protect and not endanger the child who is dependent on the parent for nurture. Mentalisation can, therefore, also be seen as a process that evokes empathy (Brüne et al., 2016: 30). Perpetrators of IPV exhibit personality traits that are associated with deficits in empathy (i.e. low cognitive empathy and impairments in emotional decoding processes), emotion recognition and social cognition, which also partially explains the high risk of recidivism or maintenance of IPV (Romero-Martínez et al., 2016: 354-355). Figure 14 depicts facets and confluences of mentalisation which operate on conscious and unconscious levels.

Figure 14: Schematic representation of mentalisation



Source: Compiled from Brüne et al. (2016).

Diminished metacognitive capacity (i.e. difficulties in identifying and expressing emotions) is related to high arousal states. Therefore, it has the potential for violence (Misso et al., 2018: 4). The concept of mentalisation is useful in explaining why many abusive partners overreact even to the most non-threatening, unobtrusive remarks and are extremely sensitive to criticism or trivial slights (George et al., 2006: 346). When emotionally aroused, their ability to form a realistic picture (or expectation) of what their partner is thinking and feeling, or the motives underlying their partner's actions, is severely compromised. Enhanced sensitivity to the intention of others is often a response to ambivalent parenting, where warmth and rejection oscillate unpredictably (Meyer et al., 2013: 167). The detection of early warning signs of possible abuse or rejection can be seen as a defence mechanism in an attempt to control the environment (Brüne et al., 2016: 29). Therefore, hypersensitivity is another response to impaired mentalisation. Mentalisation shapes our understanding of others and ourselves and is central to communication and relationships (Misso et al., 2018: 3). Cognitive and affective processes seem to be fundamentally interconnected to the various attachment styles. Individuals with insecure attachment are prone to have unstable interpersonal relationships. In addition, a survey of a sample of 652 participants (i.e. 339 males and 313 females) indicated that insecure attachment is significantly correlated with loneliness and depression (Erozkan, 2011: 186). Erozkan (2011: 191) attributes the finding possibly to the turbulence in their relationships and comments:

> As a consequence, such individuals tend to use deactivating strategies to keep distant from others and are less likely to feel comfort in disclosing their feelings. They were also more depressed and more likely to use destructive behaviors in conflict situations. The present results suggest that attachment styles have a profound impact on the loneliness and depression of individuals and on their psychological state.

An individual's ability to have close relationships with other people is one of the most important features of a healthy personality (Erozkan, 2011: 186). It is evident that the brain and/or the mind can also be regarded as being socially constructed and that the earliest relationship in infancy, especially between mother figures and the child, is of paramount importance. Children who are confident in their attachment figures experience less chronic fear and anxiety than those who are insecure, as well as develop self-worth and a positive internal working model or representation of others (Erozkan, 2011: 186). In contrast to this, insecure attachment is

associated with malevolent personifications[16] (Evans, 1996: 81), hostile attribution bias or impaired mentalisation (Misso et al., 2018: 1). Conditioned fear responses are learnt and elucidate many facets of IPV perpetration (George et al., 2006: 348-350). Therefore, mentalisation processes necessitate greater attention when considering the perpetration of IPV.

2.5.1.3 Similarities between attachment theory and interpersonal theory

There are striking points of convergence between attachment theory and interpersonal theory. Sullivan insisted that an infant must form a sense of secure interpersonal connectedness; otherwise, behavioural problems would ensue. Interpersonal security is similar to what Bowlby refers to as a secure base or secure attachment pattern (Evans, 1996: 81). Sullivan relied heavily on the concept of learning through experience. As indicated in 2.2.5.1, various authors indicate that the brain's development is an "experience-dependent" process (Meyer et al., 2013: 162; Murphy, 2013: 212; Siegel, 1999: 13). Sullivan coined the term "good mother" whereby the infant experiences reward, approval, tenderness and security creating an empathic bond. "Bad mother" encounters such as disapproval communicated through facial gestures, words, tones and hostile actions create concern over the loss of tenderness. Hence, when the mother is not attuned to the infant's needs, there may be a sense of loss of attachment, which often evokes intense anxiety and dysphoria (Evans, 1996: 80-81). Dysphoria is a feeling of unpleasantness, discomfort or a mood of general dissatisfaction and restlessness, which occurs in depression and anxiety (Sadock et al., 2015: 1411). A child's self-concept begins in the first attachment relationship (Gomez-Perales, 2015: 54). The parenting style leads to what Sullivan refers to as "good me" and "bad me", which is crucial in the development of self-esteem. Self-esteem is a concept that is integral to Sullivan's theoretical framework.

Sullivan hypothesised that when an infant's behaviour is met with reward, approval and tenderness from the "mothering one", the infant will feel secure through the empathic link, experience less anxiety and exhibit higher levels of self-esteem. In addition, when acceptance is communicated to the child, the child develops a sense of belonging, boundaries are defined, and the child is able to recognise and internalise socially appropriate behaviour and the confidence to meet these expectations (Evans, 1996: 87). Sullivan also described the "not me"

[16] Sullivan's concept of personification (Evans, 1996: 80) can be paralleled to what is referred to as internal working models or representations of both other people and the self. Various types of internal working models produce predictable patterns of behaviour which are often termed attachment styles. For example, a fearful attachment style has a negative view of both the self and others (Erozkan, 2011: 186-187).

that could arise from extreme anxiety provoking interpersonal experiences and manifest in dissociative behaviour where people do and say things of which they are unaware of, but which are observable to others. The dissociative state operates automatically and unwittingly to avoid severe distress or overwhelming painful experiences derived from interactions in the past (Evans, 1996: 88-89). A parallel can be drawn between trauma theory and dissociative behaviour.

Similarly, Bowlby (1982: 378) concludes that a secure attachment pattern develops via an encouraging, sensitive and responsive mother (and later a supportive father) and fosters a sense of worth and value. Perpetrators of IPV characteristically present with low self-esteem, an inability to trust others and do not have a favourable model to assimilate in future relationships. Secure attachment styles enable a child to explore the world with confidence and deal with it effectively, thereby promoting a sense of competence. Early positive patterns of thoughts, feelings, and behaviours tend to persist and usually allow an individual to become more resilient and in control even under adverse circumstances. Likewise, an insecure attachment cultivates feelings of vulnerability, weakness and helplessness, which may become embedded in personality structures of lowered resilience and defective control (emotional and behavioural) in the face of adversity, such as rejection (which may be real or imagined) or loss.

2.5.1.4 Integration of attachment theory and interpersonal theory

As stated in 2.5.1.1, Sullivan asserted that interpersonal relationships form the foundation of personality, with the formative years and late adolescence being of particular significance. Thus, like Bowlby and various other authors, Sullivan regarded personality and behavioural patterns as dependent on accumulated life experience. In other words, behaviour and personality are continually being shaped by interpersonal processes throughout the lifespan (Meyer et al., 2013: 162; Mollon, 2002: 143-144; Siegel, 1999: 13), which become internalised and form the basis of our persona (Florsheim & McArthur, 2009: 385). Therefore, a working model that incorporates the self and others would postulate that early attachment experiences shape beliefs, attitudes and expectations of others, as well as the strategies that will be used to achieve intimacy (Florsheim & McArthur, 2009: 383). The existence, impact and significance of IPV can effectively be understood within a framework of attachment styles and the interactional processes in intimate relationships.

Both Bowlby and Sullivan claim that behaviour is shaped by our earliest efforts to reduce anxiety. IPV is profoundly relational and intimate. An attachment-interpersonal perspective (i.e. intrapsychic and interpersonal or interactional dynamics throughout the lifecycle) provides a

powerful exposition of the maladjusted behaviour that falls under the umbrella of IPV, such as heightened feelings of distrust and jealousy, fear of rejection, fear of abandonment, anxiety and anger (Florsheim & McArthur, 2009: 384). IPV is often an attempt to reduce anxiety and the fear of rejection or abandonment by an intimate partner, particularly when the partner wants to end the relationship. As indicated in 2.2.4, separation usually heightens abusive behaviour and may culminate in homicide (Walker, 2017: 508). In addition, IPV often masks feelings of weakness, vulnerability, powerlessness, low self-esteem, jealousy, shame and depression. Studies have determined a clear correlation between insecure childhood attachment and later IPV (Lawson et al., 2012: 191). However, developmental perspectives are generally absent from the predominant theoretical framework for IPV based on patriarchy. Therefore, developmental perspectives have not effectually penetrated current BIPs. Apart from social learning theories, the basic research on violence and aggression is not always considered in standard interventions (Ehrensaft, 2008: 277). To bridge the gap, Ehrensaft et al. (2003: 741) propose a developmental theory of partner violence and draw from sociobiological theories of human development, suggesting that from an early onset, the parent-child relationship will affect the child's ability to regulate their emotions, their behaviour, as well as influence their expectation of those with whom they will be intimate with in adulthood.

Conduct disorder is a significant predictor of IPV perpetration in adulthood for both boys and girls (Ehrensaft et al., 2003: 741). Bowlby and Sullivan suggest that insecurity and anxiety-ridden relationships undermine constructive neurobiological processes that can translate into deficits in interpersonal skills and result in unstable or chaotic relationships (Florsheim & McArthur, 2009: 384). Children who are raised in an invalidating environment express poor modulation of emotions such as anger, frustration, sadness and their behaviour is often impulsive (Ehrensaft et al., 2003: 741). Children with conduct disorder demonstrate the following behaviour: (a) physical aggression or threats to harm other people (e.g. they are verbally abusive, hostile, bullies and cruel towards peers); (b) destruction of their own property and/or that of others (e.g. vandalism); (c) theft or acts of deceit (e.g. persistent lying and frequent truancy); and (d) frequent violation of age-appropriate rules such as disobedience to parents, rebelliousness, rudeness or being ill-mannered, promiscuity and substance abuse (Sadock et al*.,* 2015: 1247). The chronic lack of having their own needs met in childhood often results in an impairment of mentalisation, for example, a lack of empathy and insight into the consequences of their behaviour, even into adulthood (Sadock et al., 2015: 1248). An unresponsive or absent parent, or a parent who rejects and scorns (i.e. parents who exhibit gross empathic failure), can cause an individual to develop behaviours that persistently attempt to avoid intimacy (e.g. IPV and disparagement) and an entrenched reluctance to communicate emotional needs. To restate, perpetrators of IPV have elevated relational aggression,

suggesting that aggressive impulses are aimed at damaging interpersonal relationships (Coccaro, 2012: 584; Coccaro & Grant, 2018: 92). IPV almost always destroys an intimate relationship (Mollon, 2002: 19). The evidence suggests that incorporating attachment theory into a BIP is well founded (Sonkin & Dutton, 2002: 110):

- Insight into attachment patterns enables the batterer to perceive a broader pattern in their reaction to loss and separation in their intimate relationships.
- Attachment theory supports the notion that the batterer needs to learn emotion and behaviour regulation during periods of anxiety.
- Attachment theory suggests that therapeutic change is possible by altering the working models of self and others and by providing a secure base.

As stated in 2.5.1.1, Sullivan emphasised the social function of anger and its mutation under unfortunate circumstances into patterns of resentment and malevolent transformation. Moreover, he regarded the phenomena as learnt behaviour (Evans, 1996: 102). Sullivan observed that rage can already emerge in early infancy and may emanate from the failure to fulfil a child’s physical and security needs (Evans, 1996: 103), or from early experiences of cruelty in parenting figures (Evans, 1996: 148). A “bad mother” personification (or an insecure attachment pattern) can evoke anxiety whereby reliable and consistent representations of interpersonal cooperation are thwarted, and the world becomes a dangerous place full of malevolent others (Evans, 1996: 81). Similarly, phenomena such as hostile attribution bias and impaired mentalisation (i.e. brain development) are as Siegel (1999: 13) contends “experience-dependent” and serve to self-protect. Sullivan argued that if the childhood pattern of malevolent transformation continued relatively unaltered “by later good fortune”, it could become ingrained in a personality that expressed itself as oppressive towards others and “be parents’ sad legacy to the next generation and generations to come” (Evans, 1996: 148). Nevertheless, what is implicit in both Bowlby’s attachment theory and Sullivan’s interpersonal theory, is that individuals have the potential and ability to change undesirable behaviour because they are constantly involved in social contexts where more prosocial or secure relationships could be experienced.

2.5.1.5 Trauma theory

Trauma theory elucidates the deleterious and extended effects of traumatic events on a child’s normal and healthy development. Experiences and relationships affect the development of neurobiological processes, not just through infancy and early childhood but also throughout

the lifetime (Gomez-Perales, 2015: 18). Neuroplasticity supports the idea that the brain is continually responsive to social interactions (Gomez-Perales, 2015: 19; Meyer et al., 2013: 162). For example, trauma can impair neurological development and facilitate a short attention span, learning difficulties, language disorders, poor impulse control, depression and anxiety disorders (Gomez-Perales, 2015: 9). Trauma can be conducive to disabling the integration of sensory, cognitive and affective information effectively and thus cause a disconnection between verbal and visual memory and the accompanying emotional experience (Gomez-Perales, 2015: 7, 28). An infant is dependent on a caregiver for every need. Thus, the inability to elicit a caring response can be experienced as life-threatening and extremely traumatic. Children that are responded to in an inconsistent and painful way do not learn to be soothed by others, nor by themselves which may lead to an inability to experience, understand and manage emotion (Gomez-Perales, 2015: 10). Difficulties in affect regulation and interpreting or understanding social cues (e.g. mentalisation and social information processing) in turn can lead to anger and behaviours that are inappropriate and out of proportion to alleged triggers (Gomez-Perales, 2015: 11; Murphy, 2013: 215). Trauma has an impact on several important developmental domains that are interdependent on each other (Gomez-Perales, 2015: 7):

- Attachment.
- Biology.
- Affect regulation.
- Behaviour regulation.
- Disconnection or dissociation.
- Cognition.
- Self-concept.
- Worldview.
- Social development.

As indicated in 2.2.5.2, many perpetrators of IPV of both sexes have histories of violence in their families of origin (Ross & Babcock, 2010: 195). It is, therefore, of imperative importance that trauma be taken into recognisance in the development of a BIP. Perpetrators of IPV need to gain insight into possible triggering events and the possible dynamics of their aggressive outbursts. Furthermore, even when family backgrounds are stable, trauma is part of life and presents itself in many contexts, such as war, natural disasters, death of a loved one, illness, racism, crime and violence that is present in many communities. Both past experiences (i.e. attachment) and an individual's present situation (i.e. interpersonal dynamics) need to be addressed and put into perspective.

Insight and an understanding of attachment and trauma may shed light on some of the conscious or subconscious dynamics (e.g. intrapsychic or neurobiological factors) that may play a role in abusive behavioural patterns. Once the dynamics are exposed, they will be inclined to lose their power, which may provide a more secure foundation for personal growth and modify dysfunctional patterns of interaction to initiate change. Dealing with the past, as well as the acceptance of personal failures and limitations, may be conducive to taking responsibility. Narratives need to be revisited without distorting or editing them in order to understand one's thoughts, feelings and behaviour (Brown, 2015: 40-41). Thoughts influence behaviour, and if one can change the way one thinks, then destructive behavioural patterns such as IPV can also be altered.

2.5.2 Learning theory

Learning theory incorporates three broad components of learning, namely, (a) social learning through modelling; (b) classical conditioning (e.g. reflexive or automatic learnt responses such as fear); and (c) operant conditioning (e.g. behaviour that is learnt through positive reinforcement). The basic principle of learning theory is that individuals are inclined to imitate the behaviours that they observe, especially if the behaviour is reinforced (Grant, 2008: 83). It includes vicarious learning (e.g. via the media), imitation and observational learning. It is a process theory whereby an individual models and internalises the behaviours (e.g. family-violent behaviours or excessive alcohol use) and cognitions (e.g. attitudes and beliefs) of those with whom they interact, of which significant others (e.g. parents and peers) play a particularly important role.

Learning theory is widely accepted as playing a role in family violence (Barnett et al., 2011: 50, 273) and can be understood from an attachment and interpersonal theoretical perspective. Learning theory also serves to clarify the intergenerational transmission of violence, which is regularly accepted as a risk factor in the aetiology of IPV (Barnett et al., 2011: 178). However, as noted in 2.2.5.2, not all children who are exposed to violence emulate abusive behaviour later in life. Human behaviour is complex and multifaceted.

The researcher would, therefore, like to expound on Sutherland's theory of differential association and various social control theories in the course of the following sections in an endeavour to eventually integrate the relevant theories into a comprehensive explanation for the occurrence of IPV.

2.5.2.1 Sutherland's theory of differential association

Edwin Hardin Sutherland was born in 1883. He is regarded as one of the most popular criminological theorists of the twentieth century. Sutherland provides a much less complex yet coherent approach to the cause of crime and delinquency that is evidence-based. Sutherland criticised and rejected the prevailing notions during the 1920s and 1930s that considered a crime to be the result of biological or mental deficits. Sutherland developed a general theory of criminal behaviour and insisted that all behaviour is learnt in a social environment. His approach led to the advancement of sociological criminology (Williams & McShane, 2014: 67). In contrast to social control theories (i.e. that humanity is inherently evil), the learning perspective considers that humanity is born neutral. According to differential association theory, criminal behaviour is not the result of emotional disturbance, mental illness, or innate qualities of good or evil. Rather, individuals learn to be deviant by the messages that they receive from significant others and then internalise them to make them their own (Bartol & Bartol, 2011: 5). Nonetheless, the two perspectives need not be seen as incompatible.

From a Christian viewpoint, after the fall of Adam, humanity is born in sin (i.e. all individuals are constituted sinners), but the purpose of life is to mature in the Lord Jesus through a process of sanctification. Sanctification is not a sinless perfection, but it includes a change in a person's natural disposition through faith (Lee, 1987: 554). Human beings are not naturally good. If they were, there would be no need for the law. Hence, there is a constant tug of war between the corrupted human body with all its lusts and the regenerated spirit (i.e. the human spirit infused with the Holy Spirit and God's holiness and righteousness). The apostle Paul declared:

> For the flesh lusts against the Spirit, and the Spirit against the flesh; for these oppose each other that you would not do the things that you desire. But if you are led by the Spirit, you are not under the law (Galatians 5:17-18).

To coin Johnson's (2011) expression in his book title, more God (e.g. love, kindness, goodness, faithfulness and self-control), less IPV (e.g. strife, jealousy, outbursts of anger and bouts of drunkenness as described in Galatians 5:20-23). Christ is a living Person and an intimate relationship with Him can be attainable through the Word of God. The Bible is the embodiment of the Triune God (i.e. the Father, the Son and the Holy Spirit) and of all the divine attributes. Human beings were created to communicate with God, to receive the Spirit in the human spirit and to be conformed to the image of the Son (Lee, 1979b: 38-39). Hardships are an inevitable part of life, but future positive relational experiences can build trust and encourage

prosocial or conforming behaviour. In other words, there is an interpersonal and developmental trajectory towards well-being and well-adjusted behaviour throughout the lifespan.

Sutherland asserts that all behaviour (conforming and non-conforming) is learnt through social interactions with other persons. However, Sutherland purports that it is the content or the message of what is communicated by significant others that should be considered crucial, in contrast to the mere association or contact with parents who lack parenting skills, or bad role models, or bad friends, or delinquent peers, or unsupportive teachers (Williams & McShane, 2014: 71). The major difference for Sutherland between conforming and criminal behaviour is in "what" is learnt, rather than "how" it is learnt (Williams & McShane, 2014: 67). Thus, criminal behaviour may be determined by the exposure to a criminal element, as well as by the absence of alternative prosocial patterns or messages to fall back upon. The main points of Sutherland's differential theory of association are outlined as follows (Williams & McShane, 2014: 74):

- Criminal behaviour (e.g. IPV) is learnt in the same way as any other behaviour.
- Learning takes place in social settings and through "what" the individuals in those settings communicate, of whom significant others are of particular importance.
- Learning includes (a) techniques; and (b) definitions that support the behaviour (e.g. motives, drives, rationalisations, values and attitudes).
- How a certain behaviour is learnt and defined may be in opposition to the legal codes (e.g. witnessing IPV sends a message from a caregiver that abusive behaviour is an acceptable means to resolve conflict even though it is against the law).
- The weight of the definition (differential association) is determined by the significance of those with whom an individual interacts (e.g. we learn values from important people such as parents, spouses, close friends, peers or colleagues).
- It is expected that the individual will be law-abiding to the extent that the weight of the definition or value system is against criminal behaviour.
- In an ever-changing society, diverse groups and cultures make it possible to learn about different definitions and values that define acceptable and unacceptable behaviour.

Children are usually dependent on caregivers for an extraordinarily long time, and if the definition or message is communicated that abusive behaviour is acceptable, then according to Sutherland, the risk is high that children from such homes may either resort to IPV perpetration or become the victims of IPV in the next generation. The situation is compounded if there is exposure to violence in the community and a passive response towards IPV from the police and the public (Song et al., 2017: 360). Thus, even where there are legal ramifications

against violent crimes and IPV, "what" is communicated is a culture of violence (Jefthas & Artz, 2008: 42) that has been normalised and that IPV is appropriate and a private matter.

The process of learning criminal behaviour involves the same mechanisms that are involved in any other learning process (e.g. social learning theory, classical and operant conditioning). However, the notion of identifying with an abusive mother or an abused father figure is too simplistic (Dutton, 2002: 7; Real, 1997: 208-209). Children do not internalise characteristics but rather interactions. In other words, behaviours are learnt through the interaction with other persons through a process of communication. Thus, the interactive theme of abusive behaviour is patterned and may reflect various vicissitudes as an individual establishes other relational bonds and experiences, each with their own unique set of circumstances throughout the lifespan. As with other learning theories, differential association reflects a dynamic process and can be considered as a theory of optimism as opposed to a nihilistic or deterministic viewpoint regarding human behaviour. Change is possible, and the intergenerational transmission of violence can be disrupted. Over time individuals who exhibit maladjusted behaviour may interact with new conforming groups and, depending on the weight of the relational interaction, learn new sets of definitions that are more conducive towards prosocial behaviours, attitudes and beliefs (Williams & McShane, 2014: 76). Striving towards non-violence and changing maladaptive behaviour is an endeavour that will take effort and could be a process with challenges, as is life for all individuals.

2.5.3 Social control theory

Social control theory assumes that humanity is evil and, therefore, deviant behaviour is to be expected (Williams & McShane, 2014: 164). Thus, social control theorists attempt to elucidate what influences individuals not to commit, for instance, criminal or delinquent behaviour (Williams & McShane, 2014: 165). Social control theory postulates that the most important way in which individuals exercise control is through the process of socialisation, both informally (e.g. the family, the community and peers) and formally (e.g. government and schools). In other words, the presence of other individuals assists in promoting conventional behaviour. Early child-rearing practices are of particular importance in keeping basic human nature aligned with social norms and values, as well as conveying healthy societal expectations (Williams & McShane, 2014: 165). As stated in 2.5.2.1, from a Christian perspective, human beings are constituted sinners. In Romans 5:12, the apostle Paul explains that it is not what the human race has done but what we are. Even when individuals do not sin, they still consist of sin. When an apple tree does not bear fruit, it does not change into something else. It remains an apple tree. Thus, even though we are able to do good deeds and exhibit conforming

behaviour, in our being, we are constituted sinners (Lee, 1984: 381; refer to Romans 7), regardless of whether we sin or not.

> Therefore just as through one man sin entered into the world, and through sin, death; and thus death passed on to all men because all men have sinned – (Romans 5:12).
>
> For just as through the disobedience of one man the many were constituted sinners, so also through the obedience of the One the many will be constituted righteous (Romans 5:19).
>
> If we say that we do not have sin, we are deceiving ourselves, and the truth is not in us (1 John 1:8).

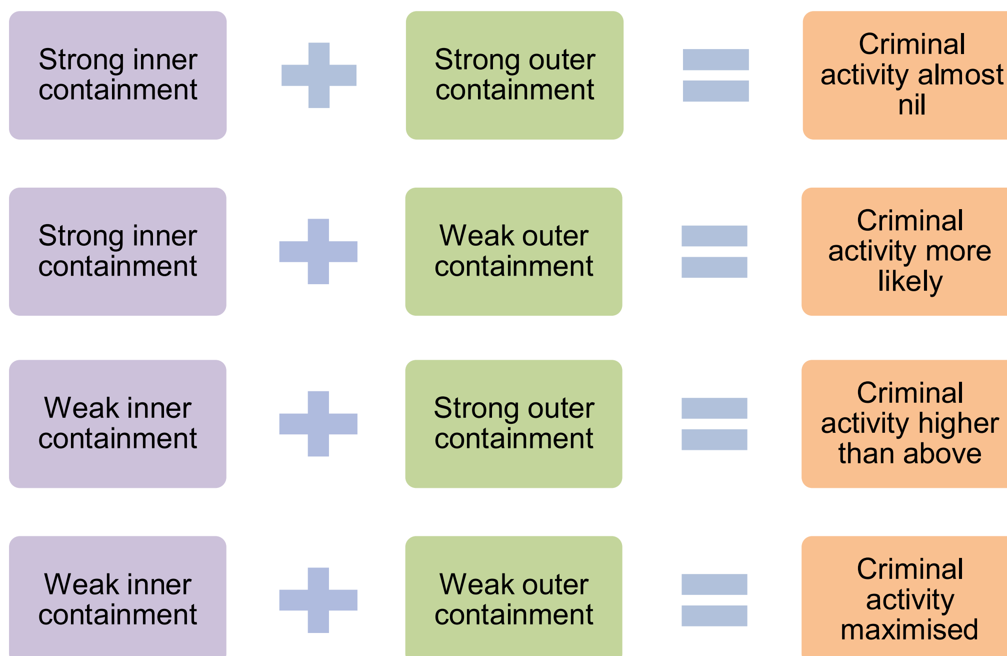
To restate, social control theory posits that human beings have an innate nature to be "bad", and therefore, they need to be controlled by society (Bartol & Bartol, 2011: 5). Similarly, the first nine chapters of Genesis in the Bible reveals three types of control mechanisms to constrain unacceptable behaviour, namely, divine government, self-government (e.g. the conscience) and human government (Lee, 1987: 485). All three types of control are important to regulate human behaviour. The law in itself is insufficient, as clearly demonstrated in the high crime rate and overcrowding of prisons in South Africa (Hargovan, 2012: 13; Jefthas & Artz, 2008: 37). Various theories fall under the social control theory genre.

2.5.3.1 Reckless and containment theory

Walter Reckless was born in 1899. He developed what is known as containment theory to explain delinquency. Reckless posited that both internal and external forces operate within individuals when they decide to either commit a crime or avoid criminal behaviour, namely, internal or inner containment and external or outer containment (Van Der Westhuizen, 2011: 154-155). Hence, containment theory explains both deviance and conformity. Inner containment is presented predominantly as components of the "self" and includes self-control, a good self-concept, ego strength, a well-developed superego or conscience, high frustration tolerance, a sense of responsibility and being goal orientated. Examples of outer containment are stable family environments, supervision, discipline, proper schooling, the provision of opportunity (e.g. employment) and communities that sustain the mores of society. In other words, a society that effectively enforces laws, provides alternatives to crime, reinforces a sense of identity and belonging, as well as provides individuals with meaningful roles and

opportunities (Van Der Westhuizen, 2011: 155; Williams & McShane, 2014: 168). Reckless depicted the impact of inner containment and outer containment on deviant and conforming behaviour by categorising the constructs as either strong or weak, as illustrated in figure 15 below. The schematic representation clearly shows that inner containment plays a crucial role in conforming behaviour.

Figure 15: Schematic representation of how strong or weak inner and outer containments influence criminal behaviour



Source: Van Der Westhuizen (2011: 156).

Reckless demonstrated that internal control mechanisms play a far larger role in fostering conforming behaviour than external control mechanisms. In other words, if one's self-concept is "bad", outer social controls may have little effect on an individual (Williams & McShane, 2014: 168). Reckless viewed his theory as being particularly helpful in explaining violent and economically driven crimes. He was of the opinion that crime prevention interventions should incorporate approaches that enhance self-esteem, eradicate poverty and address the deterioration of social structures (Van Der Westhuizen, 2011: 156). Therefore, it is evident that inner control mechanisms such as self-control (refer to 2.3.3 and Williams & McShane, 2014: 211), empathy or conscience (Romero-Martínez et al., 2016: 354-355) and self-compassion (Morley, 2015: 235) are vital for conforming behaviour.

2.5.3.2 Sykes and Matza's neutralisation-drift theory

Gresham M'Cready Sykes (born in 1922) and David Matza (born in 1930) expanded on the concept of external controls by deliberating on why some individuals bond with the mores of society (even those who live under unfortunate circumstances) and others do not. In other words, if theories of crime are correct, then some individuals will be criminals all the time, and others will not deviate. Sykes and Matza reflected on why external social controls sometimes became ineffective and developed what is termed the neutralisation-drift theory. In essence, the theory suggests that an individual may feel sanctioned to defer societal values and lawful conduct by techniques of neutralisation. For example, an individual may rationalise, minimise or justify criminal behaviour and enter into a state of limbo or drift that makes deviancy permissible and even acceptable. Thus, offenders can constantly drift between conforming behaviour and criminality (Van Der Westhuizen, 2011: 153; Williams & McShane, 2014: 169). Sykes and Matza identified five types of neutralisation techniques (Williams & McShane, 2014: 170):

- Denial of responsibility.
- Denial of injury.
- Denial of the victim.
- Condemnation of the condemners.
- Appeal to higher loyalties.

IPV is considered a criminal act in most parts of the world and is frequently impulsive, as reflected in the trivial triggers. Thus, it may not only lead to shame and embarrassment, but also prosecution and possible incarceration. It would then seem natural for perpetrators to avoid the admission and the disclosure of abuse in its various forms for basic self-preservation (Grant, 2008: 102-103). Perpetrators of IPV notoriously do not take responsibility for their behaviour and often admit to being out of control. The abuse is often minimised even to the extent of being oblivious to the consequences of their behaviour (e.g. "the children aren't aware of anything"). Blaming the victim and justifying actions are typically employed (e.g. "my partner is unfaithful, and therefore, she deserved what she got"). Perpetrators of IPV are often pathological liars, perhaps in an effort to avoid rejection or the consequences of the abuse and other risk-taking behaviours such as promiscuity. Embellished narratives may also inflate feelings of low self-worth. Perpetrators frequently resort to condemnation of the condemners (e.g. "my partner is the one who is crazy") and appeal to higher loyalties (e.g. "I need to beat the demons out of you for your own good"). The use of neutralisation techniques can also be seen as a desperate attempt to hide the predicaments that are intrinsic to impulsive disorders

(Grant, 2008: 134). Neutralisation techniques can be considered as defence mechanisms. Sadock et al. (2015: 743) state:

> When defenses work effectively, persons with personality disorders master feelings of anxiety, depression, anger, shame, guilt, and other affects. Their behavior is ego syntonic; that is, it creates no distress for them even though it may adversely affect others. They may also be reluctant to engage in a treatment process; because their defenses are important in controlling unpleasant affects, they are not interested in surrendering them.

Perpetrators of IPV may also depersonalise the victim due to the inability to attune to their partners empathically (Hammer et al., 2014: xvii). Hammer et al. (2014: 3) differentiate between growth-orientated relationships and transitional or object relationships[17] where the individual only relates to another person concerning what can be exploited from that person for their own gratification (Sadock et al., 2015: 160). For example, by making the other person a "security blanket" for some form of emotional, social, sexual or financial security and gratification. The principle is clearly demonstrated in relationships that include economic abuse.

2.5.3.3 Hirschi's social bonding theory

Travis Hirschi was born in 1935. He sought to explain why individuals do not deviate and provides a clear understanding of social bonding. He argued that internalised norms, conscience and the desire for approval encourage conformity. Hirschi blamed broken or weakened bonds with society and also saw behaviour as being motivated by self-preservation and self-interest (i.e. immediate gratification). Similar to Reckless, Hirschi contended that society constrains unacceptable behaviour, but as soon as the restraints weaken, criminality may follow. Hirschi recognised four elements that encourage an individual to conform or bond with conventional societal norms and beliefs (Van Der Westhuizen, 2011: 156-157; Williams & McShane, 2014: 172):

- Attachment and bonds developed with significant others such as parents (being the most influential), peers and teachers.

[17] Object relations refers to the infant's very early internalised representation of relationships with others (e.g. the infant-mother relationship and other significant figures). In other words, the capacity to form mutually satisfying relationships is related in part to patterns of internalisation stemming from the earliest of interactions (Sadock, 2015: 160).

- Involvement such as engaging in conventional activities such as church attendance, school-related activities, work, sports, recreation and hobbies.
- Commitment to convention, such as going to school, being goal-orientated (e.g. career aspirations), avoiding premature involvement in adult activities like sexual relations and substance use, as well as having reverence for respectability and decency.
- Beliefs that refer to an individual's sense of responsibility and obligation to conform to the mores of society (i.e. a moral compass and respect for the common value system and authoritative figures) and the absence of neutralisations.

From the above, it can be inferred that apart from insecure attachment styles, poor school performance, dislike of school, lack of religion, the rejection of school authorities and participating in deviant behaviours with peers heightens the risk for delinquency and criminal behaviour later on in life. Good parenting requires nurturing and setting limits and guidance (Real, 1997: 107). A commitment to education can prove exponentially valuable to feelings of worthiness and opportunity. "Bad" friends can predispose an adolescent to be rejected by peers conforming to socially accepted norms, causing the adolescent to be alienated from learning to interact with others in an adaptive manner, regardless of whether they have stable home environments or not (Ehrensaft, 2008: 278). However, the situation would not be conducive to conforming behaviour if the adolescent still had to contend with a hostile home environment. Thus, the four elements can interact with each other to produce varying degrees of effect (Williams & McShane, 2014: 172). Hammer et al. (2014: 13-14) expound on more of an intrapsychic commitment, which is also fundamental to maintaining healthy relationships, and state the following:

> All of us are committed to something or other. Our commitments determine the theme and direction that our life takes, and are the means by which we organize our lives. Most people are committed to the gratification of their egoistic needs for psychological self-protection, or preserving their preconceived self-definitions, involving identity self-affirmation, as well as validating self-consistent cohesiveness and enhancement, or aggrandizement, of one's sense of identity, but do not always consciously recognize that commitment.

Commitment also involves being devoted to the constructive developmental growth and well-being of another human being (Hammer et al., 2014: xxi). Additionally, to accomplish a deep mutual understanding and experiential intimacy, two individuals must share a compatibility of values. Basic compatibility produces a mutual empathic understanding of one another

(Hammer et al., 2014: xxi). A Christian-based BIP provides a promising platform to accomplish and attain a healthy commitment and orientation towards conforming behaviour. In accordance with Hirschi's view on beliefs, Hammer et al. (2014: 24) concur that essential values determine how an individual will basically see life and how they will function.

A recent and popular version of social control theory is Michael Gottfredson (born 1951) and Travis Hirschi's "general theory of crime", usually referred to as self-control theory (Williams & McShane, 2014: 209). According to Gottfredson and Hirschi, every act of crime is due to a lack of self-control. Any action taken to increase self-control will not only affect crime but will also decrease all other undesirable social behaviours (Williams & McShane, 2014: 211). The theory is compatible with the assumptions that human beings are by nature deviant, have self-interest at heart, and that behaviour is often propelled by immediate gratification. The choice of deviance usually focuses on situational stimuli. In the case of IPV, it may include an intimate relationship, stress factors such as unemployment or intoxication and mechanisms that deter offending, such as the threat of legal sanctions and a sense of morality. Although the focus is on internal control mechanisms, the presence of inhibitions derived from the bonds with society in general has significance. Conforming, criminal or deviant behaviour lies on a continuum depending on the individual's vulnerability and ability to restrain themselves at any given moment (Williams & McShane, 2014: 210). Similarly, IPV may fluctuate in terms of frequency and severity depending on other life stressors and comorbid symptoms such as substance abuse.

Gottfredson and Hirschi consider child-rearing practices (which may include other caregivers such as relatives, teachers and peers) as having a major influence on the formation of certain propensities or traits (e.g. impulsivity, cognitive ability, self-centredness and indifference). Moreover, the traits develop at an early age and may persist throughout life. Traits that are conducive to low self-control, such as a lack of conscience (or empathy), may affect the individual's ability to assess the impact of their behaviour on others (and thus a higher probability of deviance). The concept of opportunity also plays an important role in self-control theory. IPV is relational and characterised by emotional instability that seems to transpire within the context of an intimate relationship. Self-control theory accepts that the propensity or predisposition towards certain behaviour includes psychological and biological factors as evidenced by individual differences, as well as sociological or structural influences (Williams & McShane, 2014: 210-211). In light of the above, it is vital to design an intervention programme for perpetrators of IPV that will include components to cultivate empathy and to deal with faulty mentalisation processes in order to reinforce inner control mechanisms that constrain and inhibit socially unacceptable behaviour. An empathic ability is essential for establishing any

healthy relationship, enhances self-understanding (Hammer et al., 2014: 27) and promotes accountability and change (Zosky, 2018: 740). It is imperative for a BIP to incorporate measures to encourage the taking of responsibility.

In sum, social control theory has been the most popular of all criminological theories for over three decades (specifically Hirschi's version) and assumes that deviance is natural (Williams & McShane, 2014: 209). Thus, human behaviour must be restrained and regulated for the benefit of all (Williams & McShane, 2014: 174). Both the levels of inner containment and outer containment will determine the extent to conforming or non-conforming behaviour, as was depicted in figure 15 (2.5.3.1), of which self-regulation (i.e. inner control mechanisms) is of particular importance. There seems to be a consensus that contemporary social control theory focuses on three theoretical perspectives, namely, general strain theory,[18] self-control theory and a developmental or life-course approach (in addition to the older social learning theory). The common denominator in all three perspectives is the importance of factors early in life, yet the argument is posed that early developmental problems can be overcome later in life (Williams & McShane, 2014: 208). As indicated in 2.5.1.4, what is implicit in both Bowlby's attachment theory and Sullivan's interpersonal theory is also a developmental or life-course approach whereby individuals have the potential and ability to change deviant or undesirable behaviour.

2.5.4 Allport's role of religion as a unifying philosophy of life

Gordon Allport was born in 1897. His advocacy of interdisciplinary studies paved the way for a humanistic and holistic approach that embraces the complexity of personality and human behaviour (Engler, 1985: 230-231). Allport fastidiously (i.e. each word in the definition is carefully chosen) defined personality as "the dynamic organization within the individual of those psychophysical systems that determine his characteristic behavior and thought" (Engler, 1985: 232):

- Personality is dynamic, in other words, developing and changing.
- Personality is organised or structured.

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[18] The best known of the contemporary versions of strain theory is that of Robert Agnew. Traditional strain theories look at difficulties in attaining positively valued goals (e.g. employment) as contributing to deviant or criminal behaviour. Agnew adds another theoretical construct, namely, a deficit in coping mechanisms to avoid painful or negative stimuli such as stress (e.g. environmental factors). Situations such as a hostile home environment, school drop-out, peer rejection may yield levels of frustration and anger as high as those that block aspirations (Williams & McShane, 2014: 208-209).

- Personality is psychophysical, involving both the mind and the body.
- Personality is determined or influenced by past experiences, predisposing individuals to certain future behaviours and outcomes.
- Characteristic behaviour and thought refers to the uniqueness of every individual.

Allport referred to personality as a hypothetical construct but suggested that, in time, science would demonstrate that personality involves neural, physiological and psychological components (i.e. what is referred to today as modern biology). Unlike Freud, who focused on intrapsychic processes seeking balance and equilibrium (i.e. homeostasis), Allport envisaged personality as a dynamic growth system that included significant environmental interactions (Engler, 1985: 232). Theories that posit fixed stages for personality development have the potential to imply discontinuity and are inclined to be deterministic (Engler, 1985: 233). In contrast, Allport saw personality as continually evolving and changing, which he referred to as a process of “becoming” (Ryckman, 2013: 194). Hence, he believed in a developmental approach towards self-actualisation that may stretch over the lifespan. The developmental process may involve periods of hardship, abrupt changes, or discontinuity. Allport viewed the normal or mature individual as qualitatively different from the abnormal or immature individual (Ryckman, 2013: 194). In other words, striving for normality and maturity can be a lifelong process.

Although situational factors have an effect, it is the individual’s own perception of these influences that determines behaviour. Hence, in Allport’s view, internal forces often impact how a person responds to external forces. In other words, Allport focused on the uniqueness of an individual and the internal cognitive and motivational processes that influence behaviour, which are often determined by situational factors such as interactions with the environment and significant others. Internal processes and structures include intelligence, reflexes, drives, habits, skills, beliefs, intentions, attitudes, values and traits (Ryckman, 2013: 189). Thus, Allport saw personality as jointly determined by biology and the environment. Moreover, Allport regarded inherited structures and processes also as being susceptible to being shaped by environmental experiences or “experience-dependant” (Siegel, 1999: 13). In addition to Allport’s biopsychosocial approach to human behaviour, other parallels regarding his theoretical perspectives can be drawn with constructs such as impaired mentalisation, social information processes, containment theory and Hirschi’s social bonding theory.

As noted in chapter one (1.4), it may be prudent to focus on what “deters rather than cures” (Martinson, 1974: 50). Allport is one of the earliest personality theorists to pay attention to a healthy and mature personality as opposed to the neurotic, immature personality (Engler,

1985: 242). Allport believed that there are subtle biological factors that influence a person's development throughout their lifespan. In addition, as a person matures, changes occur through interactions with the environment and the accompanying learning processes (Ryckman, 2013: 189). It is evident that Allport's viewpoint is positive and optimistic compared to the more reductionistic theories at the time. Allport considered mature individuals as being free from the excessive reliance on earlier motives and proposed six criteria for maturity (Engler, 1985: 242; Ryckman, 2013: 196-197):

- Extension of the sense of self: Mature persons are concerned not only with their own welfare but also about the well-being of others, a view that is also advocated by the major religions of the world.
- Warm relatedness to others: The mature individual is capable of relating warmly to others. Allport distinguished between two kinds of warmth, namely, (a) intimacy and the capacity for love, whether it be family or friends; and (b) compassion.
- Emotional security and/or self-acceptance: Mature persons are emotionally secure and do not overreact in matters beyond their control. They have a high frustration tolerance because they have reached the point of self-acceptance. In contrast, immature individuals tend to act impulsively and blame others for their mistakes (i.e. they lack self-control).
- Realistic perception of reality: Mature persons do not distort reality and have the knowledge and skills necessary for effective performance and living (i.e. they are problem-centred and not ego-centred).
- Self-objectification: Mature persons know themselves and have insight into their abilities and limitations. Correlated with insight is a sense of humour (i.e. mature individuals can be amused by their own mistakes and not deceived by their own pretentiousness).
- A unifying philosophy of life: Mature individuals have developed a clear comprehension of the purpose of life. They are goal-orientated, have a sense of direction, have a clearly defined self-image and have developed a set of standards that guides their conduct. The standards are not necessarily religious, but they can be.

> Until we all arrive at the oneness of the faith and of the full knowledge of the Son of God, at a full-grown man, at the measure of the stature of the fullness of Christ, That we may be no longer little children tossed by waves and carried about by every wind of teaching in the sleight of men, in craftiness with a view to a system of error, (Ephesians 4:13-14).

According to Allport, religion can play an important part in helping individuals become more mature. In Ephesians 4:13-14 a "full-grown man" refers to a mature man, and "little children" refers to the believers who are young in Christ and lack maturity in life. To no longer be little children, the believer needs to grow more in Christ, in other words, to have Christ magnified in the human spirit until the believer attains maturity where the Holy Spirit permeates throughout one's entire being (Holy Bible: Recovery version, 2003: 629-630 NT).

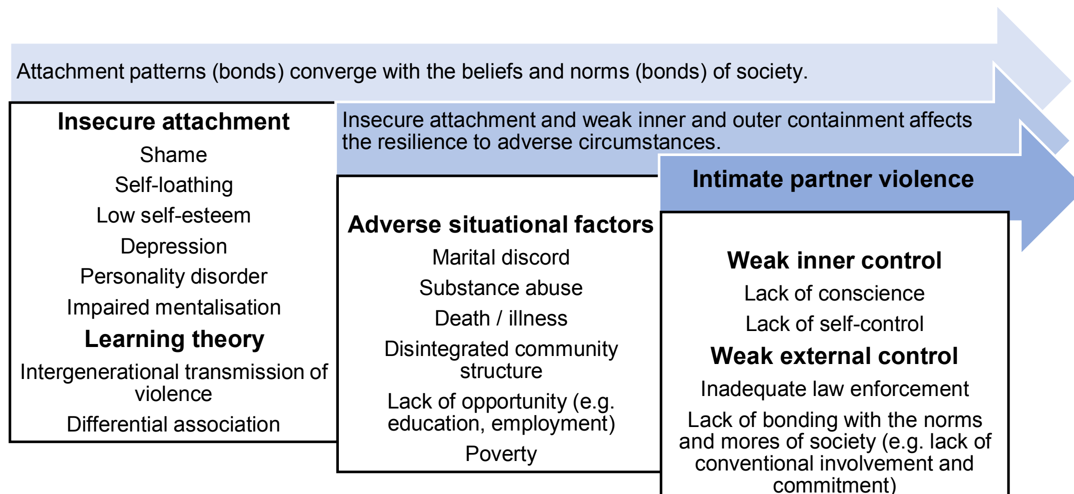
As noted in chapter one (1.2.1), two other forms of abuse that are not adequately expressed in the DVA are (a) social abuse (e.g. where the victim is purposely socially isolated from friends and family members); and (b) spiritual or cultural abuse which occurs when the victim is denied the right to pursue religious, spiritual and cultural activities, or when forms of abuse are justified as religious dogmas or as acts supported by cultural tradition. Allport differentiated between two views of the importance of religion in each person's life and distinguished between mature (i.e. "good") and immature (i.e. "bad") religious orientations. He associated intrinsic religious orientations with maturity and extrinsic religious orientations with immaturity. Intrinsically orientated church members consider their beliefs as ends in themselves, whereas extrinsically motivated individuals use their religion as a means to an end. Allport maintained that such people tend to use their religion primarily for self-serving and ulterior motives such as status or establishing business contacts (Ryckman, 2013: 197-198). Another ulterior motive could well be to coerce and control victims of IPV. Similarly, cultural abuse such as "I am the man of the house" is also an exemplar where patriarchy is used as a means to an end.

2.6 A bio-psycho-socio-spiritual causation and remedial model of intimate partner violence

An evidence-based theoretical understanding of the aetiology of IPV is essential in developing an intervention programme for the perpetrators of IPV. A well-designed BIP should have an explicit theoretical foundation which is supported by empirical research. The review of Dixon et al. (2012: 196) highlights the need to investigate IPV from a scientific and gender-inclusive perspective. Moreover, in addition to social control theory, the forgoing chapter substantiates the imperative for a spiritual component to be included in a BIP. It is important to remember that faith is not to be seen as anything as outward as religion. As stated in 2.2.5, a myriad of factors that are intricately intertwined (i.e. that are interdependent and interrelated) contribute towards IPV (Barnett et al., 2011: 444-456; Corvo & Johnson, 2013: 175-181). Therefore, an integrated theoretical causal and remedial model for IPV is postulated. In order to achieve the intent, various theoretical perspectives of IPV are synthesised into a single framework that operates on a macro-micro and situational level, whereby all the component theories are

merged into one cohesive model that refers to the individual, group and environmental units of analysis. Accordingly, a three-pronged explanation or trajectory of IPV is proposed and is schematically represented in the following figure.

Figure 16: Proposed model for intimate partner violence



The first tenet is (a) insecure attachment and learning theory (e.g. complex trauma emanating from child abuse and/or witnessing IPV that may impair mentalisation processes); (b) the second tenet being adverse situational factors (e.g. unemployment, stress, substance abuse and jealousy); and (c) the third tenet being weak internal control (e.g. a lack of conscience, or a lack of self-control) and weak external control mechanisms (e.g. the lack of adequate bonding to the mores of society, a lack of consequences to disruptive behaviour, or inadequate law enforcement). Hence, a bio-psycho-socio-spiritual causational and remedial approach to IPV is advocated that integrates intrapsychic and interpersonal theories with a social control perspective, including situational factors into a single explanatory framework for IPV (Bernardi & Steyn, 2018: provisionally accepted). Attachment theory, learning theory and social control theory, combined with situational factors, also provide a framework that explicates an individual's resilience to criminal and deviant behaviour.

The integration of intrapsychic and interpersonal factors with a social control perspective introduces the importance of secure attachments and forming bonds with others. During an individual's lifespan, he or she is involved in a continuation of experiences and processes whereby childhood attachment patterns (bonds) converge with the values and norms (bonds) of society. Therefore, although insecure attachment patterns and weakened bonds with society often play a role in IPV, they are not set in stone. The first tenet of the proposed model emphasises that a healthy parent-child bond is an essential part of what it means to be human, in other words, well-adjusted and adequately socialised. Parent-child relationships are

fundamental and influence how an individual will manage events such as divorce, the death of a loved one and the tasks required in intimate relationships later on in life (Corvo, 2006: 118). Early relationships and interactions between the infant and parent (or caregiver) have a profound impact on an individual's social, emotional, intellectual and spiritual growth. Maternal deprivation, erratic caregiving, abandonment (or threats thereof), rejection, scorn, gross empathic failure, neglect and physical abuse can predispose an individual to mental health (Bowlby, 1988: xiii) and behavioural problems. However, later positive attachments are not to be underestimated. Sullivan emphasised that human developmental processes continue throughout the lifespan, which is an essential component of interpersonal theory (Evans, 1996: 71). Similarly, individuals also mature with regard to their faith, which is much more than "experience-dependent" because it includes daily salvation.

Insecure attachments foster jealousy, anxiety, depression and anger (Bowlby, 1988: 3-5; Dutton & Corvo, 2006: 476). In addition, attachment patterns between parents and children usually persist into adolescence and adulthood. For instance, attachment theory is consistent with Sullivan's concept of malevolent transformation and sheds light on why certain individuals are unable to relate to the affectionate advances of others later in life. Difficulties with emotional closeness and intimacy (e.g. relationships that are exploitative, controlling and rejecting) epitomise abusive relationships (Corvo, 2006: 118). Insecurely attached individuals may also perceive their partners as unavailable and experience separation anxiety, which they may respond to with hostility and IPV (Jackson et al., 2015: 102). The third tenet of the proposed model suggests that insecure attachment patterns often lead to an impairment of mentalisation processes (e.g. impaired social information processes, a lack of empathy for others and self-loathing, diminished affective and behavioural self-control) referred to as weak inner containment. The propensity to commit IPV is compounded when external control mechanisms are compromised (i.e. weak outer containment), such as structural violence that stunts personal growth and deprives an individual of the means to sustain their fundamental needs (Hubbert, 2011: 129; Jefthas & Artz, 2008: 43), violence in the community (Hubbert, 2011: 130) and a passive response towards IPV from the police (Song et al., 2017: 360). The first tenet and the third tenet often have generational consequences.

The intergenerational transmission of violence (Barnett et al., 2011: 446; Bowlby, 1988: 40-41; Corvo, 2006: 118) is well documented in incidences of IPV. In contrast, a society which protects its children, and exerts effective law enforcement, provides alternatives to criminal activity, reinforces a sense of identity and belonging, in other words, a society that provides individuals with meaningful roles (Van Der Westhuizen, 2011: 155; Williams & McShane, 2014: 168) affords the individual more resilience towards crime, delinquency, dysfunctional behavioural

patterns, even in the face of adverse life and situational factors which makes up the second tenet of the proposed model for IPV. Thus, it would be sensible for secular and faith-based organisations (FBOs) to work together to develop an evidence-based approach towards combating IPV. It is becoming increasingly apparent that any strategy that endeavours to target the prevention and amelioration of a number of social ills is incomplete unless religion and religious communities are integrally involved (Duwe & Johnson, 2013: 237-238; Raymond, Spencer, Lynch & Clark, 2016: 1046). The inclusion of faith need not be seen as incompatible with secular service delivery.

In light of the above, a bio-psycho-socio-spiritual causational and remedial approach to IPV is enshrined within a transpersonal developmental approach towards IPV. Renowned clinical psychologist Max Hammer acknowledged and understood the potential impact of humanistic and transpersonal psychology on contemporary society (Hammer et al., 2014: v). The current study is a multidimensional and multidisciplinary approach towards IPV and highlights the possible consideration of transpersonal criminology, especially when dealing with the rampant and social evil of IPV. Most studies on human behaviour wittingly overlook theological principles as if they are in conflict with science. However, a premise of the current study is that the human spirit is as integral to human functioning as is the body and the mind.

2.7 Summary

Insecure attachment and complex trauma are often viewed as the origin of subsequent psychopathology. Poor parental bonds have been linked to behavioural problems such as aggression, delinquency, antisocial and externalising behaviours (e.g. dependency, moodiness, hostility, inadequate social skills and a lack of self-control) in children ranging from toddlers to adolescents, including IPV in adulthood. In contrast to the child who forms an internal working model of a caregiver as trustworthy and the self as worthy of care, insecure attachments may translate into feelings of grief, despair and depression. Negative attachments due to a comfortless and unpredictable environment foster jealousy, anxiety, depression and anger. Attachment and trauma theory is compatible with a theoretical framework of modern biology, learning theory and social control theory, of which parental attachment is considered crucial because parents provide the initial socialisation and have a tremendous impact on the internalisation of values and norms. Attachment theory poses a rich conceptual framework for understanding IPV with regard to affect regulation and the difficulties encountered with intimacy. Combined with a social control perspective, the theories have explanatory value as to why shame, depression, anxiety, anger, low self-esteem, jealousy, lack of self-control and isolation are factors often associated with IPV. The lack of accountability, dysfunctional

cognitive and affective mentalising, controlling and isolating behaviours are characteristic of perpetrators of IPV.

The feminist-psychoeducational model remains the most influential approach in intimate partner intervention. Central to the development of a BIP is a thorough understanding of the aetiology of IPV and what will affect the change of abusive behavioural patterns. A single causal model based on feminism does not embrace the complexity and intricacy of IPV and aggressive behaviour. IPV intervention programmes necessitate a shift towards knowledge utilisation based on empirical evidence. To try and salvage an aetiology of IPV that is vested in patriarchy defies the utilisation of knowledge and does not conform to evidence-based practice. In addition, it is a travesty that many CJSs worldwide mandate ineffectual BIPs. The focus of intervention programmes for perpetrators of IPV needs to be broadened from concentrating almost exclusively on changing attitudes that condone the use of violence towards women, to a transpersonal developmental approach that will also promote secondary intervention by taking at-risk and high-risk groups into consideration. The monolithic model of patriarchy eschews individual differences and moral development. Biosocial criminological research has gained momentum over the past decade. Genetic, psychological, biological and neurological correlates of IPV, as well as the unique circumstance of every individual, need to be taken into consideration in a causal and remedial model for IPV perpetration that is valid for both men and women.

The current study proposes that most perpetrators of IPV have behavioural problems that stem from insecure attachment patterns, adverse life circumstances, as well as weak internal (e.g. a lack of empathy and self-control) and external control mechanisms (e.g. weak social control bonds). Attachment security and personality organisation are crucial aspects to consider in both male and female IPV perpetration. Key considerations should also be to include individuals who are at risk for violence perpetration in prevention strategies. Thus, secondary prevention can play a significant role in ameliorating IPV (e.g. the future of IPV prevention lies in providing intervention for children from abusive families, as well as addressing the IPV within the family). The goal of preventing IPV needs to be strived for and regarded as of paramount importance, as depicted in national and international directives. In the fight against IPV, an investment strategy mobilising FBOs should not be underestimated. Evidence-based practice can be incorporated into programmes that are delivered by FBOs. An incomprehensibly vast number of people can be served by FBO programmes nationwide. Service delivery is usually long-standing and cost-effective. FBOs are often the first source of help when individuals encounter stressful life situations. In addition, the community can play an important supportive role in condemning violence and reinforcing conscientious efforts to prevent IPV.

Crime prevention and combating recidivism of IPV is much more than mere law enforcement, especially with a focus on advocacy against IPV and the advent of diversion, non-custodial sentencing and other ADRMs. Due to the heterogeneous nature of IPV BIPs may need to interface with various investment strategies to fully address the needs of both the perpetrator and the victim by providing, for instance, case management (e.g. addressing unemployment), rehabilitation for substance abuse, medical, legal and mental health services. Thus, a multidisciplinary and multiagency approach with a coordinated system of services as a response to the prevention of IPV is advocated.

Although abusive partners form a heterogeneous population, it is not the intention of the current study to compartmentalise, categorise, diagnose or label perpetrators of IPV. However, just as borderline traits have been used to construct typologies and risk factors for IPV, the latest IED criteria could be used as another batterer profile to guide treatment strategies that are evidence-based and have undergone rigorous testing. Clinical evaluations show that abusive partners have a distinguishing set of behaviours and diagnoses related to anxiety, depression, posttraumatic stress, BPD, IED, traumatic head injury and substance abuse. Thus, it is purported that therapeutic change necessitates addressing issues such as problem drinking, factors that influence the resistance to change, possible biological correlates of IPV, personality disturbance and emotional instability, which seems to be activated within the context of an intimate relationship. In pursuit thereof, an integrated bio-psycho-socio-spiritual and developmental conceptualisation of IPV is supported that challenges the prevailing gender paradigm that still forms the basis of the predominant treatment interventions.

Perhaps one of the most significant effects of a Christian-based intervention would be that prayer and reading the Bible are encouraged. A nurtured and strengthened spirit activates the conscience and, therefore, could be crucial to developing self-compassion, self-esteem, empathy, social connectedness and self-control - and, therefore, desistance from IPV. The conscience can also be considered as an inward conviction that encourages repentance, confession and the taking of responsibility. The Greek translation of repent is to change the way one thinks. Perpetrators of IPV typically engage in erroneous thinking patterns, faulty cognition and are master blame shifters. Neuroscience is not new. Approximately in 60 A.D., the apostle Paul wrote to the saints in Rome (Holy Bible: Recovery version, 2003: 427 NT).

> And do not be fashioned according to this age, but be transformed by the renewing of the mind that you may prove what the will of God is, that which is good and well pleasing and perfect (Romans 12:2).

A change in mindset could be considered a defining moment as to whether an intervention may be successful or not. The primary goal should be to create a shift in awareness and provide liberating insights into abusive behaviour. A change in mindset includes sincere repentance, self-acceptance, accepting the past as it is, taking full responsibility for one's actions and committing to change. Transformation is only possible through the indwelling of the Holy Spirit, leading to increased self-empathy and empathy for others. Transformation is a change that comes from the heart, as God's love and redemption bring about complete healing, restoration and wholeness from all brokenness. Violent episodes may systematically become less frequent and/or severe and, with time, may totally dissipate. With the armament of faith, there is the possibility of an enduring and desired aspiration to change abusive behaviour. Indeed, for recovery, perpetrators of IPV need to have a burning desire to change and to will the Lord's habitation, a quest that goes beyond recovery. The effects on behaviour might not be immediate because change is a process.

CHAPTER THREE: Research methods

3.1 Introduction

The current study embarked upon the design and development of a Christian-based intervention programme for the perpetrators of IPV that was gender-inclusive in an endeavour to ameliorate or prevent the reoccurrence of partner abuse. In pursuit of the aim, the objectives were to (a) conceptualise and contextualise IPV intervention; (b) determine the benefits and shortfalls of existing BIPs; (c) to conduct in-depth interviews with various participants who have encountered the phenomenon of IPV to assist in the design and development of the prototype intervention programme (i.e. phase one); and (d) to pilot the intervention and finalise the preliminary or draft intervention (i.e. phase two).

3.2 Research approach

The research approach adopted in the current study was that of mixed methods and entailed the combining of qualitative (text information) and quantitative (numeric information) approaches in a single study. The merging of qualitative and quantitative components enhanced the merit of the study because the strengths of both approaches were utilised to address the complexity of IPV. For example, a qualitative approach enriched the data quality, whereas a quantitative approach helped to neutralise researcher bias. Moreover, the merging of qualitative and quantitative data collectively provided a more comprehensive understanding and analysis of an intervention programme specifically designed for the perpetrators of IPV (Creswell, 2009: 203; Delport & Fouché, 2011: 434-436). Mixed methods allowed for a broader study and a well-established standard whereby the research could be replicated in the future.

3.3 Type of research

The present study falls within a research paradigm of realism or critical theory. The study sought to study and understand the phenomenon of IPV and treatment, as well as to bring about change or transformation and thus favoured applied research. Applied research sets out to solve practical and social problems of the world. Substantial effort was taken to facilitate the actual implementation of the recommendations that stemmed from the empirical investigation that could possibly benefit court-mandated intervention programmes for perpetrators of IPV (Steyn, 2012: iii). The impetus for the current action research was innovation and change and entailed designing and developing an intervention programme over a series of activities which included a collective case study, piloting, refining and finalising the preliminary draft

intervention (Fraser & Galinsky, 2010: 459-465; Rule & John, 2011: 10-11). The developed intervention can, at a later stage, be evaluated where more controlled tests can be utilised to examine the efficacy of the new BIP. The scope of the research encompassed the following five (i.e. the developed intervention was not evaluated) of the six stages or activities as outlined by De Vos and Strydom (2011: 476-485):

- **Problem analysis and project planning:** The predominant BIPs are based on the Duluth model, yet the literature reveals that they are marginally effective in ameliorating IPV. Although no existing intervention seems to be significantly more successful than the other (Lawson et al., 2012: 190-191), Miller et al. (2013: 1) found no effect on DV recidivism with the Duluth model. Indeed, they found five rigorous evaluations covering a variety of non-Duluth group-based treatments that, on average, reduced DV recidivism by 33 percent. Intervention programmes for IPV seem to be predominantly designed for men who perpetrate IPV. Female IPV perpetration is often viewed as an act committed in self-defence and retaliation or deemed as less serious (Langhinrichsen-Rohling, 2010: 181-182), which is certainly not the case (Bernardi & Steyn, 2018: provisionally accepted). In addition, human behaviour navigates between all levels of functioning. In other words, the soul (emotion, intellect and will) and the body, as well as the spirit. However, there is a dearth of literature on BIPs that focuses on a spiritual component.
- **Information gathering and synthesis:** The aim and objectives that were discussed in chapter one (1.5) guided the acquisition of information or knowledge that was relevant to the current study. A robust and intense review of the existing literature was carried out. The research was initiated by forming partnerships with a population where the concerns of IPV were of interest to themselves (i.e. perpetrators and victims), other researchers (e.g. who support outcome-based evaluations) and society such as the CJS and various service providers (i.e. participants who were familiar with the problem of IPV and intervention), in order to investigate the strengths and limitations of existing BIPs. In-depth interviews were conducted with the participants and voice recorded. The interviews were transcribed verbatim.
- **Designing the intervention:** Designing included an observational system that identified procedural elements to serve as commentary to shape the initial or preparatory draft of the intervention. Functional and useful elements of existing intervention models were identified and integrated to formulate and create the prototype intervention aimed at curtailing IPV. In other words, best practices were incorporated into an innovative programme to help broaden existing services by possibly providing an alternative intervention to the predominant Duluth-type models.

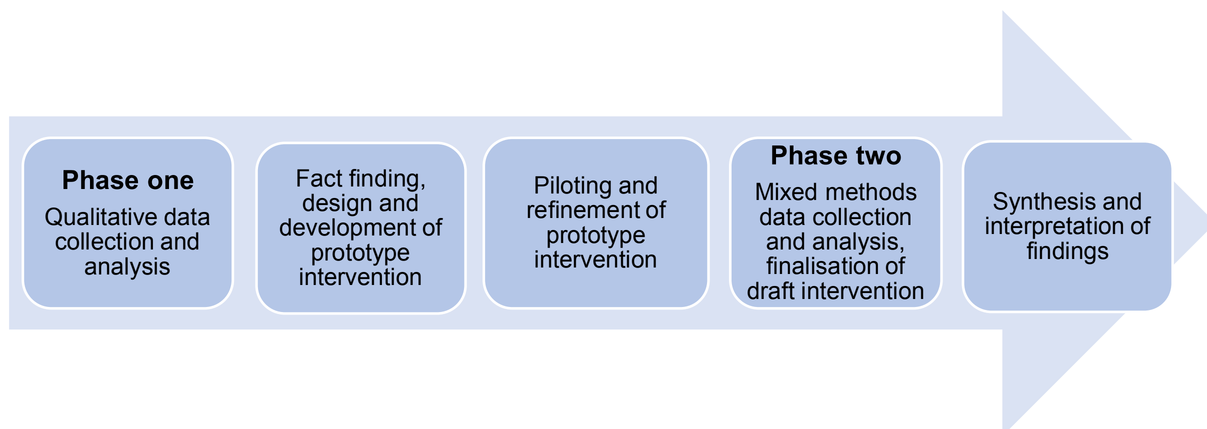
- **Early development and pilot testing:** Early development incorporated the preparation of a preliminary draft of the intervention. It involved formulating, creating and applying the appropriate procedures, instruments and informed design criteria to implement and pilot the prototype intervention under similar field conditions on a trial basis. The prototype was tested, revised, and redesigned as deemed necessary based on the data collected in phase one and phase two. Procedural guidelines were detailed in a manual to facilitate the possible replication of the intervention.
- **Dissemination:** The primary focus of the current study was on action research and utilised a mixed methods approach to lay the groundwork for the possible dissemination of a new BIP. It is anticipated that the findings of the dissertation will be informative to the government and various NGOs where programme material is aligned with diversion, non-custodial sentencing and other remedial and intervention processes regarding IPV. In other words, the findings will be available to policymakers, practitioners and consumers (Fraser & Galinsky, 2010: 464). Moreover, the developed BIP can, at a later stage, be evaluated under various field conditions, which will lend itself to assess the generalisability of the intended effects of the intervention programme. As the BIP is retested over a series of studies, it can be improved until a benchmark for efficacy and effectiveness is achieved, which forms an essential part of evidence-based practice. In addition, one of the participants (viz. Joshua) gave a retrospective account of events pertaining to DV. The participant was the victim of child abuse at the hands of his mother, and he witnessed many years of IPV inflicted upon his father. This data was used in the write-up of an article that utilised a psychological autopsy case study design. An intrinsic case study of DV was presented to provide insights regarding the nature and impact of female-perpetrated violence (Bernardi & Steyn, 2018: provisionally accepted).

3.4 Research purpose and design

A sequential transformative research design was utilised, which is a two-phased procedure with a theoretical lens. Unlike the sequential exploratory and explanatory designs, the sequential transformative strategy had a theoretical perspective guiding the research. In other words, the theoretical perspective was deemed important in guiding the research rather than the use of the research approach or methods on their own (Creswell, 2009: 212). A sequential transformative strategy involved having a first phase where qualitative data was collected and analysed, followed by a second phase where a triangulation of methods was used. Thus, quantitative and qualitative data were collected and analysed, which built on the results of the first qualitative phase, as illustrated in figure 17 to follow. Phase two did not generate extensive statistical findings. However, as with sequential exploratory and sequential explanatory

strategies, the weight of a sequential transformative strategy can also be placed on the first phase (Creswell, 2009: 211). Hence, the quantitative data in phase two complemented the qualitative data collected in both phase one and phase two of the current study. The mixing of qualitative and quantitative data yields a more comprehensive and holistic synthesis of the data collection and analysis by way of a triangulation of sources, methods and observers. Additionally, mixed methods make a qualitative study more palatable to those who are well-versed in quantitative research. A two-phased sequential transformative design with a mixed methods approach was useful for exploring the phenomenon of IPV and intervention for perpetrators of IPV. In addition, the research design was conducive to giving a voice to those who participated in the research (Creswell, 2009: 213), which was critical to finalising the preliminary draft of the intervention and presenting the key findings.

Figure 17: Schematic representation of the sequential transformative strategy



Source: Adapted from Creswell (2009: 209).

The research purpose or intent of **phase one** was to explore and describe IPV and intervention programmes for the perpetrators of IPV. In pursuit of the research purpose, the researcher undertook a needs analysis and a thorough literature review that included an investigation of the benefits and shortfalls of prevailing BIPs. The research was explorative and necessitated creativity and the consideration of diverse informants (e.g. a triangulation of sources). The research was also descriptive and focused on “what” and “how” questions. In other words, the information was compiled and described in depth in order to have a systematic overview of the phenomenon under investigation (Nieuwenhuis & Smit, 2012: 125). The strategy enabled the researcher to enter the field with confidence and certain expertise regarding the topic matter. In addition to the in-depth interviews that were conducted, the researcher attended a ten-week BIP predominantly as an observer (i.e. researcher as a participant) to experience the pragmatics and group dynamics of a treatment programme specifically designed for the perpetrators of IPV. The researcher looked for convergent and divergent patterns of behaviour

among the perpetrators and endeavoured to understand the assumptions, values and beliefs of the participants and make sense of the dynamics of the BIP (Nieuwenhuis, 2016b: 91). There were 16 participants (i.e. 15 men and one woman was included because of the researcher being female). The researcher also attended some of the sessions of an anger management programme. The group consisted of 21 participants, of whom twelve were males and nine were females. Furthermore, 20 case files were examined to get an indication of possible emerging themes that could be pertinent to the phenomenon under investigation. Anecdotal (i.e. short descriptions of basic actions that were observed) and running records (i.e. more detailed, continuous and sequential accounts of what was observed) were maintained throughout the research process (Nieuwenhuis, 2016b: 91). The exploratory and descriptive components of the research assisted the researcher in designing and developing a prototype intervention programme that was implemented in phase two.

An interpretative collective case study design and triangulation of sources were employed in the research design of phase one (Nieuwenhuis, 2016b: 82). In addition to the literature review, which provided past and current trends and debates regarding IPV and treatment (Nieuwenhuis, 2016b: 88), a triangulation of sources (e.g. personal interviews, observation and document analysis) facilitated an understanding and the acquisition of knowledge relevant to the phenomenon under investigation. Thus, phase one entailed a systematic and empirical inquiry into IPV and intervention programmes. The information was gathered, compiled and meticulously described to assist in the ensuing interpretative phenomenological analysis (IPA) of the data. The collective case study facilitated the consideration of multiple perspectives because it included the voices of perpetrators and victims, as well as other relevant stakeholders who were familiar with the phenomenon of IPV (Nieuwenhuis, 2016b: 82). Moreover, the collective case study afforded the researcher to investigate IPV and intervention programmes over a sustained period within a real-world context (Creswell, 2009: 13; Nieuwenhuis, 2016b: 81). The exploratory (i.e. in-depth analysis) and descriptive components of the research guided and assisted the researcher in designing and developing the preliminary draft of a Christian-based intervention programme for the perpetrators of IPV. Phase one encompassed the early development of the study, which advanced to pilot testing.

The prototype intervention was implemented in **phase two** of the research and involved a pilot study. The research approach in phase two was mixed and included a triangulation of methods. Descriptive associations of both a qualitative and a quantitative nature with regard to the participants' experience and feedback were recorded throughout the pilot study (i.e. from the initial intake and assessment of the participant through to pre-testing and post-testing). The information was also compared and analysed against the backdrop of the literature pertaining

to BIPs. The appropriate procedures, instruments, and informed design criteria to implement the prototype intervention were applied, and a triangulation of observers was included. The sampling was purposive with a pre-experimental design (i.e. there was no control group to compare with the single or experimental group) where the researcher studied a single group and implemented the intervention (Creswell, 2009: 158). The purpose of the pilot study was twofold, namely, (a) the researcher could assess whether the intervention had an effect; and (b) it aided in improving on the prototype intervention (i.e. assisted in determining what changes needed to be made to optimise the intended purpose for which the programme was developed). The latter activity required a continuous refinement and modification of the preliminary draft according to the participants' experience and feedback during the intervention, as well as the input of a triangulation of observers (i.e. Observer A), which formed an integral part of the current study. Observer A is a registered social worker with many years of involvement and expertise in remedial work, intervention planning and RJ. Observer A's insights were invaluable to the development of the programme. The researcher as an observer is typically found in action research, where the researcher and the triangulation of observers become part of the research process and work with the participants in a real-world context to design and develop new intervention strategies (Nieuwenhuis, 2016b: 91). Early programme development and piloting were two complementary processes that informed the final draft of the intervention.

3.5 Research methods

The following is an outline of the research methods that emanated from the research design. As mentioned, the current study was divided into two phases, namely, a qualitative phase and a quantitative phase that included a triangulation of methods.

3.5.1 Phase one: Explorative

Phase one fell within a research paradigm of phenomenology and focused on the meaning of IPV and what intervention held for each participant (Nieuwenhuis & Smit, 2012: 132). The researcher undertook to be innovative in a systematic manner with the intention of contributing to the body of knowledge by developing a gender-inclusive Christian-based intervention programme specifically designed for the perpetrators of IPV. To formulate and create the prototype intervention, the data on existing BIPs were used as a springboard, and best practices were incorporated in the preliminary draft. In addition to experiencing the dynamics and context of a real-life BIP, the researcher strove towards a rich and comprehensive understanding of how each participant interpreted IPV and intervention programmes. Hence,

phase one adopted a qualitative research approach and included an in-depth analysis of each participant's experience and understanding of the same phenomenon (Nieuwenhuis Smit, 2012: 132). Phase one stretched over several months and was laborious in nature (e.g. each transcript entailed hours of work). The preliminary draft of the intervention was piloted in phase two.

3.5.1.1 Study population

Collaboration is an effective mechanism to establish a meaningful dialogue between all parties affected by an offence (Babcock et al., 2004: 1049; Steyn & Lombard, 2013: 335). Thus, it was deemed that a cooperative and collective exchange of ideas with various case studies would be useful to gain knowledge and insight into IPV, as well as to determine whether existing interventions have value and the variables that may affect the success of interventions for IPV (De Vos & Strydom, 2011: 481). Therefore, the study population included perpetrators and victims of IPV, the CJS (e.g. magistrates and prosecutors) and various service providers of interventions based in the Pretoria and Johannesburg area. Additionally, a literature review in conjunction with document analysis formed part of the data gathering strategy.

3.5.1.2 Sampling method

The sampling method was purposive or non-random. In other words, the researcher selected a sample or subgroup of the population that she deemed would maximise the objectives of the current study. A limitation of the sampling method was that generalisable claims could not be made. However, purposive sampling facilitated an in-depth investigation and a trustworthy account of each case (Rule & John, 2011: 64). The sample size was determined by a saturation of the data (i.e. until no new themes emerged from the data collected in phase one). Numerous telephonic interviews were held with different organisations to initiate the authorisation requests and to establish the scope and nature of IPV services that were available in Pretoria and Johannesburg. Not all the interview requests met with a favourable response. In due course, permission to conduct the research was granted by various government institutions (e.g. the Department of Justice, the Department of Social Development and the National Prosecuting Authority) and non-governmental or non-profit organisations (e.g. a shelter) to interview perpetrators, victims and staff members which are referred to as gatekeeping. Some participants who agreed to participate in the research were recruited from civil society. All the necessary authorisation letters were submitted to the Research Ethics Committee (refer to Appendix I).

Approval was also granted to attend two adult diversion programmes and to peruse relevant case files. Every participant (i.e. even the group members of the perpetrator of the IPV programme and the anger management group) signed a letter of informed consent (refer to Appendix A), which included a stipulation of the purpose of the study, a clause of confidentiality and participant rights. For instance, the participants were assured that they did not have to answer any question if they chose not to do so, as well as that they could withdraw from the research at any point in time upon which all information thus provided would be destroyed. Informal interviews were spontaneously generated in the field and contributed to further elucidation of the phenomenon of IPV. The relevant literature (e.g. empirical research) and documents (e.g. the case files) pertaining to IPV and intervention were included in the sample.

3.5.1.3 Data collection

A thorough examination of the literature was undertaken in addition to the consideration of reported practice in Pretoria and Johannesburg. The literature review provided the researcher with an overview of the trends and debates regarding IPV and BIPs (Nieuwenhuis, 2016b: 88). Apart from the 20 case files that were examined, the researcher relied predominantly on secondary source documents (e.g. books and journals that were available in the library and on electronic databases such as articles, official reports, web pages, brochures, speeches, papers and policy directives). Careful attention was given to the accuracy, authenticity and publication date of the documents that were scrutinised (Nieuwenhuis, 2016b: 88-89). The data collection was also derived from personal in-depth interviews that were guided by semi-structured interview schedules (i.e. open-ended questions) and assisted in the exploration of the participants' experience of IPV and intervention programmes (refer to Appendix B, C, D and E).

All the participants were given pseudonyms, and some were interviewed on more than one occasion. The information was chronicled via handwritten field notes and a voice recorder. Field notes recorded empirical observations, the researcher's interpretations, feelings and thoughts while observing, as well as a depiction of the surroundings. All the participants whose interviews were transcribed gave their consent for the interview to be voice recorded (Ogletree & Kawulich, 2012: 71). The interviews were transcribed verbatim. Observations of the participants' non-verbal communication (e.g. facial expressions, cues, laughing, accentuated words and pauses) were described and documented in detail. The semi-structured interviews enabled the researcher to probe, explore deeper and corroborate data emerging from other data sources (Nieuwenhuis & Smit, 2012: 134). Interviews with the perpetrators and victims allowed for a better understanding of their *Umwelt*, in other words, their internal frame of

reference regarding perceptions, experiences and reality of IPV. Magistrates and prosecutors in the CJS were interviewed on matters relating to the DVA, policy and practice. Service providers were interviewed to gain insight into the standard practice of ADRMs, such as diversion, the strengths and limitations of various intervention programmes, the beneficiaries of the services and to what extent BIPs have been successful in changing aggressive behavioural patterns and reducing recidivism. Table 5 includes the pseudonym of the participant, the date and the length of the in-depth interviews that were conducted. Informal interviews were also held and are not listed in the table below.

Table 5: Overview of participants, date and duration of the interviews

Perpetrators	Date	Length of interview
Jan	05 October 2015	2hrs
Jan	12 October 2015	2hrs 30min
Jermaine	05 July 2016	1hr
Grace	15 November 2016	2hrs
Victims	**Date**	**Length of interview**
Lesedi	22 April 2016	2hrs
Zodwa	29 April 2016	1hr 30min
Amy	11 May 2016	1hr 30min
Belvie	12 May 2016	1hr 30min
Joshua	29 December 2016	2hrs 30 min
CJS and other service providers	**Date**	**Length of interview**
Donald	02 October 2015	1hr
Thato and Jabulile	20 April 2016	1hr
Thato	21 June 2016	1hr 45min
Anneline	08 August 2016	1hr
Mpho	13 September 2016	1hr 30min
Roy	14 September 2016	1hr 45min
Justice	16 September 2016	1hr 30min
Total hours of interviewing:		**26 hrs**

As stated earlier, the researcher also attended a mandated intervention programme for the perpetrators of IPV to enhance her understanding of the intervention and the benefits and shortfalls of existing programmes and outcomes. Observation was an essential data gathering technique in the study as it provided the researcher with an insider perspective of the group dynamic and behaviours in a real-life setting (Nieuwenhuis, 2016b: 90). During the sessions, the researcher focused mainly on her role as an observer (i.e. researcher as a participant).

The observations were recorded and included (a) thick descriptions of activities and events during the sessions; and (b) the researcher's reflection on the activities and events. In other words, her thoughts and ideas about the meaning of what was observed (Nieuwenhuis, 2016b: 91-92). Table 6 provides the timeframe for the ten-week court-mandated BIP that the researcher attended as a participant.

Table 6: Outline of the date and duration of the sessions of the intervention attended

BIP: A group of 16 participants	Date	Duration of session
Session 1	10 May 2016	1hr 30min
Session 2	17 May 2016	1hr 30min
Session 3	24 May 2016	1hr 30min
Session 4	31 May 2016	1hr 30min
Session 5	07 June 2016	1hr 30min
Session 6	14 June 2016	1hr 30min
Session 7	21 June 2016	Cancelled due to riots
Session 8	28 June 2016	1hr 45min
Session 9	05 July 2016	1hr 30min
Session 10	12 July 2016	1hr
Total hours of the intervention:		**13hrs 15min**

3.5.1.4 Data analysis

As stated in 3.4, the current study utilised IPA to analyse the data. As an interpretivist, the researcher assumed that access to the construction of knowledge, or the reality of the phenomenon, is through language (e.g. narratives, what is said and what is not said, body language, expressions), consciousness and shared meanings. Therefore, the researcher's orientation towards the data analysis was based upon the following assumptions as outlined by Nieuwenhuis (2016a: 61-62):

- **Human life can only be understood from within**: The researcher focused on the subjective experiences of the participants. In other words, how they constructed the reality of IPV and treatment programmes by shared and interrelated meanings. Moreover, the researcher is a survivor of IPV and endured many years of abuse in various forms and from different partners. Her own healing was initiated when she respectfully acknowledged that her mother was a perpetrator of IPV. Her father's whole married life oscillated between being idealised and intensely devalued. The researcher's ontological orientation, therefore, is that she would derive some knowledge from past experiences. Thus, the present study

incorporated an interpretivist perspective, which viewed the researcher's own subjective experience of the phenomenon of IPV as one of the strengths of the current study. IPA was incorporated in the analysis of the data, which dealt with the participants' perception of events and the researcher's own interpretation of the reality of the phenomenon under investigation.

- **Social life is a distinctly human product:** The researcher assumed that reality cannot be objectively determined but is rather socially constructed. IPV is profoundly relational. The uniqueness of the particular social context was important to understand and interpret how the participants constructed their reality and perception of IPV. Phase two incorporated a mixed methods approach because during piloting much insight was derived from each participant's personal and interactive experience of the prototype intervention in a real-world context. Subjective feedback from the participants and objective feedback from a triangulation of observers enabled the researcher to modify and refine the preliminary draft of the intervention programme developed in phase one. In phase two, the distinct situation where all the participants were in some way or another caught up in the CJS for IPV was essential in understanding and interpreting the data.
- **The human mind is the purposive source or origin of meaning:** The researcher developed a sense of understanding of the meanings construed by the participants regarding IPV (e.g. the causes and possible prevention thereof) through an in-depth exploration of IPV via a robust literature study, interviews and the textual transcripts. It was an explorative and descriptive undertaking that yielded richness to the interpretation of the data, as well as providing a holistic perception of the complex and intricate nature of aggression and abusive behaviour.
- **Human behaviour is affected by knowledge of the social world:** The researcher proposed that there are multiple realities of phenomena and that the realities can differ across time and place. The predominant BIPs are based on the Duluth model and support a patriarchal hypothesis as the root cause of IPV. Patriarchy could possibly have sufficed as a theoretical framework in the early 1900s, where abuses against women were depicted against a backdrop of the suffragettes who campaigned for equal voting rights. However, today, the definition of IPV is much broader than that of a political agenda for equality and the empowerment of women. A plethora of evidence points to an intergenerational transmission of IPV into adulthood and that partner abuse is not gender bound. Interestingly, although there are many studies that have been conducted in South African townships, a recent rural-based study that used a purposive snowball sampling technique revealed that male traditional leaders are now reporting IPV perpetrated by their spouses. The paper was delivered at the National Institute for the Humanities and Social Sciences (NIHSS) national doctoral conference and raises serious questions as to whether partner

abuse is attributable to male privilege (Mngomezulu, 2016). As knowledge (e.g. evidence-based research) and an understanding of the social world expands, so too are theoretical and conceptual frameworks enhanced. A mutually beneficial relationship exists between research, theory and practice as depicted in figure 13 of chapter two. The social sciences represent a dynamic elucidation of reality that demands continual contextual analysis.

- **The social world is not independent of human knowledge:** The researcher played an instrumental role in both the data collection and analysis. An a priori knowledge of IPV, for example, intuition, values, beliefs, personal experience and a robust literature study (e.g. that depression, substance abuse and jealousy are highly correlated with IPV), inevitably influenced the understanding of the phenomenon under investigation (Creswell, 2009: 176; Kawulich & Holland, 2012: 244). Most of the critique levelled at a qualitative approach entails subjectivity and the inability to generalise the findings. However, it was the very a priori knowledge of IPV that was useful to identify accounts of the commonality or exceptions of the lived experience in the collective case study that assisted in the interpretation of the data (Smith, Flowers & Larkin, 2009: 112). In this manner, having knowledge of the phenomenon of IPV aided in identifying and understanding how various themes and patterns were interwoven and interrelated. The explorative, descriptive and idiographic nature of an IPA yielded a richness and depth that would not have been attainable with a quantitative approach.

The qualitative data analysis entailed a detailed and interpretative examination of the participant's lived experience of IPV and intervention. As stated in 3.5.1, the researcher strove towards a rich and comprehensive understanding of how the participants interpreted, understood and experienced the phenomenon. To assist in the endeavour, the researcher utilised IPA to interpret the data. The researcher was concerned with a detailed analysis of convergent and divergent themes (i.e. connections and distinctions) across multiple cases (Smith et al., 2009: 200). In keeping with the goal of IPA, the researcher set out to determine how the participants made sense of personal experience and to describe the shared experience of the participant's *Umwelt* or lifeworld (Kawulich & Holland, 2012: 238). The ideographic nature of IPA called for a detailed examination of one case followed by the other cases, one by one, until the whole collective case study was included in the analysis (e.g. a cross-analysis ensued to identify common or shared phenomena). The "case" is generally a bounded entity, such as a person or an organisation, that is representative of a social phenomenon such as IPV (Niewenhuis, 2016: 81). Cross-analysis assisted in identifying convergent and divergent themes. IPA is primarily inductive and interrogative, and therefore, the cases could be discussed in terms of the prevailing literature (i.e. an argument was developed from the specific and progressed to the general). However, when theory is used in

the analysis, the associations ought to be set out and used hypothetically (Kawulich & Holland, 2012: 239), which limits the generalisability of the findings.

To initiate the data analysis, the researcher familiarised herself with all the information collected in phase one (i.e. the literature, relevant documents, the interviews, field notes and the transcripts) to gain a holistic impression and understanding of the entire set of qualitative data. For instance, the voice recordings were listened to again, and the transcripts were read and re-read. The important and useable data that provided an understanding of how the participants experienced IPV was highlighted, and detailed preliminary observations and themes were compiled (i.e. the initial noting of information embedded in the transcripts was executed). The exercise enabled the researcher to identify reoccurring patterns, formulate meanings and discern significant information from that which was superfluous. Excerpts from the interview process were used to provide verbatim accounts of the context in which IPV was experienced (Kawulich & Holland, 2012: 240). Consequently, a mound of raw data was reduced and organised in such a manner that meaningful interpretations thereof could be provided. Thus, through inductive reasoning, the researcher sorted and categorised the information collected and reduced it to abstract underlying themes (Creswell, 2009: 175) to generate findings pertaining to IPV and intervention programmes.

IPA is characterised by a set of common processes (i.e. moving from the particular to the shared and from the descriptive to the interpretative) and principles, namely, (a) IPA is committed to an understanding of the participant's point of view; and (b) IPA focuses on a psychological and personal meaning of a phenomenon in a particular context (Smith et al., 2009: 79). Typically, analysis is described as an iterative and inductive cycle. The interpretation of the qualitative data evolved from the strategies outlined by Smith et al. (2009: 79-80):

- The interpretation of the qualitative data commenced with a close line-by-line analysis of the experiential claims, concerns and understanding of each participant.
- Clusters of meaning were then developed from the statements, and emergent themes (i.e. categories) and patterns were identified. Once the themes were identified, they were used to write descriptions of each participant's lived experience of IPV. Two basic essential questions were (a) "what" did the participant experience; and (b) "how" did the participant experience it? The researcher also detailed her own ideas, thoughts, perceptions, and experiences regarding the reality of IPV. A composite description that presented the essence of the phenomenon was then written with a focus on shared experiences (i.e. attention was given to convergent and distinctive characteristics or trends). An examination

of the first case progressed across multiple cases until the collective case was included in its entirety in the analysis.

- A robust literature study and a priori knowledge led to the development of a more interpretative account of the statements.
- The researcher organised the data into a spreadsheet with three columns. The middle column contained the highlighted statements from the original transcript. The researcher then made exploratory comments on the right-hand column. Finally, emergent themes were deciphered in the left-hand column (e.g. child abuse). The left-hand column was also colour-coded according to whether the participant was a perpetrator, a victim or from the CJS and various other service providers. The table below illustrates how the data was organised and interpreted (i.e. how the initial comments were decoded into the development of emergent themes).

Table 7: Excerpt to illustrate interpretative phenomenological analysis

Emergent themes	Original transcript	Exploratory comments
Shame Structural violence Absent parents Attachment Non-biological abusive caregivers Child abuse Anger Structural violence Anger Learning theory	**Mpho**: *Yes (emphasis). Ja [yes], I grew up. Now you got me (pause). My father and parents were working and they were not coming home every day. I had to live with my relatives, officially I was ill-treated. I had to do other chores more than the other kids. That angered me. … And you know to be ill-treated consists of anger. … Even at school, I was beaten for nothing. They said I was a tsotsi.*[19] *… How can I be a hooligan at my age? It's too tender to be a hooligan. We have respect for others but when they beat me up, that angered me and I did not respect [them]. So if someone bullies me, I'll bully back. I'll bully back (emphasis).*	Family disintegration is an important causal factor. Apartheid laws fostered migrant labour practices and a culture of violence. Bullied at school. Exposure to community violence. Verbally abused, ridiculed and labelled. Learnt to fight back, survival. "When we experience shame, we are hijacked by the limbic part of the brain that limits our options to "flight, fight, or freeze." Those survival responses rarely leave room for thought, which is why most of us desperately shift around under the rock, looking for reflexive relief by hiding, blaming or lashing out, or by people pleasing" (Brown, 2015: 217).

- The researcher then identified patterns from the emergent themes, which involved paying attention to convergent and divergent ideas, as well as to distinctive characteristics or trends within the cases. The organisation of related and other distinguishable themes was then developed into a new cluster referred to as superordinate themes, which included

[19] Colloquial South African slang word for "crook".

contributing factors of IPV, patterns of abusive behaviour, intervention, and remedial strategies. The developed superordinate themes were listed chronologically (Smith et al., 2009: 96-97), in other words, in the order in which the trends or categories occurred. The findings were then articulated in conjunction with the literature. For example, the relevance of attachment theory (Bowlby, 1982: 207-208; Sonkin & Dutton, 2002: 105), the intergenerational transmission of violence (Barnett et al., 2011: 446; Bowlby, 1988: 40-41; Corvo, 2006: 118) and how structural violence in South Africa plays a role in IPV (Hubbert, 2011: 129; Jefthas & Artz, 2008: 43).

- Perceptions and insights were reviewed with the researcher's supervisor and peers (e.g. a clinical psychologist and social workers) outside the context of the study (Kawulich & Holland, 2012: 243). Hence, multiple investigators (i.e. peer-reviewers) and collaboration (i.e. integration of similar-status colleagues' understanding and interpretations) assisted in developing the coherence and plausibility of the analysis.

To recapitulate, the researcher developed a detailed commentary on the data, theme-by-theme, which included superordinate themes. The open-ended questions allowed for a wealth of complex data to be collected. Thick and detailed descriptions of the data ensued, which also enhanced the data quality (Kawulich & Holland, 2012: 240, 243). Verbatim excerpts from the transcripts were included in the write-up of the empirical findings in support of the superordinate themes and to render a detailed account of the context in which the participants experienced and made sense of IPV. The final commentary in the discussion of the empirical findings included the empirical data, meanings derived from a comparison of the findings with the information that was gleaned from the literature and theories (Creswell, 2009: 189), as well as reflected the researcher's own perceptions, conceptions and processes.

3.5.1.5 Data quality

Due to possible researcher bias and the subjective nature of a qualitative approach, the data quality (i.e. trustworthiness and credibility of the research) was enhanced by the following strategies:

- **Unobtrusive measures**: Qualitative research is based on a naturalistic mode of investigation and seeks to understand phenomena in context or in real-life settings. The researcher submerged herself in the field for several months. The prolonged engagement and persistent observation in a real-world context amplified the richness and depth of the fieldwork and was conducive to collecting authentic data (Creswell, 2009: 192; Nieuwenhuis & Smit, 2012: 137). The researcher also did not make a quick entry to collect

the data and then exit (Ogletree & Kawulich, 2012: 71). In fact, she stayed in contact with many of the participants after data gathering. It proved helpful since key informants could explain complex issues that later emerged as the research progressed. The environments where the data was gathered were safe and non-threatening (i.e. settings that the participants were familiar with). The researcher managed to establish an open, relaxed and trusting rapport with the participants, who were reassured that all the information that they shared would remain confidential (Nieuwenhuis & Smit, 2012: 137). Furthermore, the researcher maintained a stance of sensitivity throughout the data collection.

- **Triangulation of sources**: The researcher utilised multiple sources in her data collection to counter especially possible researcher bias, namely, the in-depth interviews, observation, literature, theory, and document analysis (Creswell, 2009: 191-192; Kawulich & Holland, 2012: 243; Nieuwenhuis & Smit, 2012: 138). During the write-up and analysis of the findings, it was evident that there was a correlation between the findings and other empirical research findings, which enriched the trustworthiness of phase one.
- **Member checks**: The researcher verified any data that was unclear with the participants to ensure that their input was captured accurately (Nieuwenhuis & Smit, 2012: 138; Rule & John, 2011: 108). Constant member checking was maintained throughout the interviewing process when appropriate to evaluate whether the content of what was being said was understood. For instance, clarification probes included reflection, paraphrasing and summarising (Nieuwenhuis, 2016b: 94). Formal and informal follow-up interviews (Creswell, 2009: 191) were conducted with some participants to minimise any ambiguity.
- **Rich and thick descriptions**: The researcher provided vivid, lucid and detailed narratives to convey the data so that the findings could be transferred to other contexts and with other participants (Rule & John, 2011: 108). In this manner, it added an element of shared experiences (Creswell, 2009: 191-192) and provided a solid framework to determine whether the results were viable interpretations. Rich and detailed descriptive data also helped to reach a point of saturation regarding the data.
- **Peer-reviewing**: As mentioned in 3.5.1.4, the researcher reviewed her perceptions, insights and analysis with similar-status colleagues outside the context of the study (Creswell, 2009: 192; Kawulich & Holland, 2012: 243). The input from multiple investigators helps to ensure the trustworthiness of the qualitative data.
- **Contradictory evidence**: Discrepant or negative information that ran contrary to the themes or the superordinate themes was acknowledged and addressed as far as possible to heighten the validity of the findings (Creswell, 2009: 192). For instance, although alcohol abuse is not the cause of IPV, some of the participants' perspectives included alcohol abuse as the main contributing factor.

- **Referential adequacy**: The data was voice recorded and transcribed verbatim. The voice recording facilitated capturing the essence of each case comprehensively and accurately. In addition, the researcher maintained an audit trail by keeping a painstaking record of all the data collected and kept all the data in its original form (Rule & John, 2011: 108). Transcripts, field notes and observations were recorded as soon as possible after each interview (Nieuwenhuis, 2016b: 92). The researcher engaged in ongoing self-reflection to identify and address potential biases (Creswell, 2009: 192) that may have arisen from her personal connection to the topic.

The researcher achieved trustworthiness and objectivity in phase one by giving attention to the following criteria:

- **Credibility**: The first criterion refers to the extent to which the collective case study recorded the fullness and essence of the cases' reality. In other words, credibility is an alternative to the internal validity of a study, which is relevant in quantitative studies (Rule & John, 2011: 107). Additionally, the term addresses activities that make it more credible that the findings were derived from the data (Kawulich & Holland, 2012: 243). To achieve credibility, the researcher accurately identified and described IPV and intervention programmes. Participants were interviewed until data saturation was attained with prolonged engagement and persistent observation in the field. The transcripts were continually checked while transcribing to ensure accuracy. The voice recordings were listened to again during the write-up phase to ensure that the extracts were accurately depicted. In addition, the researcher delivered a paper at two national conferences and one international conference. The critique or feedback was practical and valuable. Hence, critical eyes that were independent and distanced contributed to the credibility and confirmability of the findings (Rule & John, 2011: 108). Furthermore, multiple sources were helpful in reducing the inaccuracy or bias introduced by the reliance on a single source, theory or researcher (Rule & John, 2011: 109). Triangulation facilitates high-quality research.
- **Transferability**: The second criterion refers to the extent to which the findings might be applied to other cases and contexts. In other words, the generalisability or external validity of a study is relevant in quantitative studies (Rule & John, 2011: 107). The provision of thick descriptions and detailed information in its original form, which was presented in conjunction with a rigorous literature review and document analysis (i.e. triangulation of sources), allowed for the findings and conclusions to gain a level of transferability (Kawulich & Holland, 2012: 243; Rule & John, 2011: 105). Furthermore, purposive sampling enabled the researcher to purposely explore and examine data that is characteristic and

uncharacteristic of participants experiencing IPV and intervention. A preliminary draft of the intervention was designed that detailed the programme content and procedural guidelines to facilitate the replication of the intervention in phase two.

- **Dependability**: The third criterion is reliability, which is achieved by providing an audit trail (Kawulich & Holland, 2012: 243). Reliability can be equated with replicability in quantitative studies (Rule & John, 2011: 107). The audit trail, as described under referential adequacy, attests to the accuracy of the information derived from the various data sources and provides the means for ensuring the confirmability of the findings.
- **Confirmability**: The findings did have the potential to be skewed by researcher bias. Due to the sensitive nature of the study and an a priori knowledge of IPV, the researcher did find it challenging not to "play therapist" and possibly impose her own ideas on the participants (Nieuwenhuis & Smit, 2012: 133). Nevertheless, researcher bias was countered by constant academic supervision and a triangulation of sources. In addition, full disclosure of the research process was provided, including the limitations, the researcher's positionality, and the ethical requirements that were adhered to (Rule & John, 2011: 107). The above criteria guided the researcher to achieve high-quality and respectful research in phase one.

3.5.2 Programme development

Case studies and action research pay attention to the particular. In other words, both usually operate on a small scale with a view to representing a phenomenon (e.g. IPV and intervention programmes) in its wider context. The primary focus of the current study was on action research and was concerned with process and change and could, therefore, be understood as a collective case in motion (Rule & John, 2011: 10) that utilised a two-phased procedure for data collection. The early development of the study included the preparation of an operational prototype of the intervention based on the findings in the explorative phase, which advanced to piloting the intervention and programme development in phase two. Although the current study incorporated a collective description of IPV and intervention programmes, the emphasis was on (a) reviewing recent literature to inform the intervention; and (b) the development and expansion of useful elements of current intervention or treatment knowledge and the utilisation thereof. Qualitative and quantitative descriptions of the participants' experience of the phenomenon under investigation in phase one and phase two were methodically recorded. The current study maximised triangulation to capture and analyse the data in order to ultimately develop an evidence-based gender-inclusive Christian-based intervention programme for the perpetrators of IPV. Due to the overriding qualitative flavour of the current study, in addition to

a triangulation of sources, the researcher also utilised a triangulation of methods and observers in phase two to enhance objectivity.

A pilot study was undertaken to modify, refine and adjust the programme material according to the data collected in both phases of the research. Refinement included revisiting the content of each session, the number of sessions and the duration of each session. In conjunction with the acquired information base and disciplined creativity, the researcher selected a triangulation of observers or an external consultant who assisted in the piloting of the current study. Thus, the process of the development of the intervention was seen through an objective lens and facilitated an effective and thorough review of the programme. Briefly, the collective case study had four objectives, as demonstrated by Rule and John (2011: 9), namely, (a) to portray, analyse and interpret the uniqueness of real individuals and real situations through accessible accounts; (b) to capture the complexity and distinctiveness of IPV and intervention programmes; (c) to contribute to action or intervention research; and (d) to present and represent the reality of the phenomenon under investigation within a real-world context.

3.5.3 Phase two: Piloting

Phase two adopted a mixed methods approach, which included a triangulation of methods. The mixing of quantitative and qualitative data yielded a more comprehensive and holistic synthesis of the data collection and analysis by means of a triangulation of sources, methods and observers (i.e. the qualitative data analysis was substantiated by the quantitative data collection and meaningful statistical findings). In addition, the qualitative element in phase two fortified the interconnectedness of the sequential transformative research design and reinforced the theoretical perspective of the current study. The main function of piloting was to revise and redesign the preliminary draft of the intervention by (a) securing the participants' experience and feedback of the intervention; and (b) incorporating the comments of Observer A (i.e. triangulation of observers) in the development of the final draft of the manual.

The pilot study employed a single-group pre-test-post-test design to assess the preliminary draft of the intervention (Creswell, 2009: 160-161; Mertler, 2012: 117). The standard notation for the pre-experimental design can be illustrated as N O X_1 O or diagrammed as follows: Group N (non-random assignment) → O (pre-test) → X_1 (treatment condition) → O (post-test).

The single-group pre-test-post-test design included a pre-test measure, namely, the DASS21 (refer to Appendix G), followed by the treatment (i.e. the intervention) and a post-test measure for a single group (Creswell, 2009: 160). The DASS21 was re-administered post-intervention,

and a group-administered post-test structured questionnaire was included to assess whether the participants understood the content of the programme (refer to Appendix H). The DASS21 measured the participant's level of depression, anxiety and stress pre-test and post-test. As indicated in chapter two (2.3.2), there is a high correlation between depression and IPV (Winstok & Straus, 2014: 93) for both men and women who perpetrate violence and who are victims of IPV (Winstok & Straus, 2014: 94). Research reveals that the level of depressive symptoms is higher for sole male perpetrators than when they are solely victims which indicates that IPV perpetration has a significant impact on causing depression (Straus, 2015: 89). Moreover, depressed individuals struggle with communication and are inclined to be negativistic. In turn, their partners also express criticism and marital dissatisfaction that can easily escalate into conflict (Winstok & Straus, 2014: 93). Hence, it was presumed that if the levels of depression decreased, then the levels of partner abuse would also decrease which could be indicative that the treatment had a positive effect on the participants.

Observations and face-to-face interviews regarding the participants' experience and feedback were captured throughout the piloting. The data was compared and analysed (e.g. the Wilcoxon signed-rank test was used to measure whether the levels of depression, anxiety and stress showed a statistical significance post-test) against the backdrop of the accumulated information pertaining to IPV and intervention programmes. Phase two culminated in finalising the preliminary draft of the intervention and the compilation of a manual that detailed procedural guidelines and the programme content.

3.5.3.1 Study population

The researcher attended a DV court located in Pretoria every day from 12 February 2018 until 01 March 2018 for anticipated court referrals (i.e. for approximately three weeks). The study population included six perpetrators (i.e. excluding the six victims who participated in the face-to-face interview during the initial intake) caught up in the CJS for IPV. One participant was court-mandated to attend the intervention for the contravention of a protection order. However, the participant's attendance of the "diversion" programme was on a voluntary basis. The other five participants also attended the intervention voluntarily. During the interim protection order applications and the granting of a protection order (i.e. on the return date), the five participants indicated to the presiding magistrate that they were interested in salvaging their marriages. Another possible reason for their interest in attending the prototype intervention could have been the expectation that pending protection orders would be set aside. A detailed profile of the participants is provided in chapter five (5.4).

3.5.3.2 Sampling method

The sampling method included participants who were purposively (i.e. non-randomly) selected because certain selection criteria needed to be adhered to. Criteria for participation in the pilot included that the participant be (a) either male or female with at least Grade 10; (b) married, cohabiting or dating the victim; and (c) if the abuse was bidirectional, both parties could attend. A minimum of Grade 10 was included in the selected research criteria because the participants would be required to have the necessary cognitive abilities to meaningfully engage within a group setting and to learn from the programme content (Steyn, 2010: 166). In this regard, adequate writing and reading skills (i.e. literacy) were essential to participate in the intervention programme. All the participants signed a letter of informed consent (refer to Appendix A) and were made aware that the programme was rooted in Christianity and that the participation was voluntary. The participants were also selected in a real-world context where they were experiencing the phenomenon under investigation (i.e. the participants were referrals from a DV court in Pretoria). As was the case in phase one (refer to 3.5.1.2), purposive sampling helped the researcher maximise the current study's objectives (i.e. to assess the effectiveness or ineptness of the prototype or preliminary draft of the intervention).

3.5.3.3 Data collection

The pilot study formed an integral part of the data collected where the prototype of the intervention programme was developmentally tested for its adequacy (De Vos & Strydom, 2011: 483-485). The court and adjacent police station provided a locality in which to pilot the intervention. The researcher supplied refreshments, a Bible, notes and stationery to all the participants, as well as money for transport for two participants who were unemployed. Piloting included an initial intake and assessment (refer to Appendix F) of six court-referred perpetrators of IPV prior to implementing the intervention. Face-to-face interviews were held with the participants and their spouses (i.e. all the participants were married), and a structured observation sheet (i.e. closed-ended questionnaire) was utilised to capture the data. Assessments allowed the researcher to establish whether the participant met the research criteria, as well as to procure biographical information and a background history of the participant. The interview included the spouses to ensure fidelity regarding the data collected, as well as allowed the researcher to confirm findings and to be supportive during intervention. The programme consisted of eight sessions that were two and a half hours in duration. It was imperative that all the sessions were attended to test each session. However, due to unforeseen circumstances, not all the group members attended each session. For instance, one participant was admitted to a heart hospital in Pretoria during the intervention. Some

sessions that were unattended by group members were made up at a later stage by coming in earlier before the next session. Hence, a limitation was that some participants possibly forwent important programme content that could have affected the findings negatively. Nevertheless, there were no attrition rates, which seemed to indicate that cohesion and bonding were fostered among all the group members. In fact, the group members were keen to initiate a support group post-intervention.

The quantitative data that was collected also consisted of a one-group-administered pre-test and post-test standardised questionnaire (viz. DASS21), as well as a one-group-administered structured post-test questionnaire that included (a) rating scales; and (b) two questions pertaining to what the participants regarded as beneficial during intervention and suggested improvements to the prototype intervention. Data collection entailed face-to-face interactions and observations that extended throughout the eight weeks of intervention. Additionally, as stated earlier, an external consultant (i.e. triangulation of observers) assisted in facilitating the intervention to optimise objectivity. Observer A made a fundamental contribution to the current study. Her input (e.g. comments and suggestions of what to modify) added value to the finished project by recognising the strengths and the limitations of the prototype intervention.

3.5.3.4 Data analysis

Investigating a phenomenon in a real-world context (i.e. IPV and intervention) with face-to-face interactions and observation over time is typical of qualitative research (Creswell, 2009: 175). However, in addition to a triangulation of observers, phase two incorporated a triangulation of methods to analyse the data in phase two (i.e. the research approach of the current study was that of mixed methods). Descriptive associations were both exploratory and explanatory in nature with regard to the participants' experience and feedback that was recorded throughout the piloting. The researcher explored and described IPV and existing BIPs in order to design the prototype intervention during phase one. Then, the information gathered in phase two was compared and analysed against the data collected in phase one. The analysis continually referred back to the theoretical orientation of the current study. Finally, the DASS21 pre-test and post-test were analysed utilising the Statistical Package for Social Sciences (version 25) (IBM Corp, 2018) in conjunction with an analysis of the structured post-test questionnaire. Thus, a triangulation of both qualitative and quantitative approaches was employed to capture and analyse the data, and to construct an innovative and gender-inclusive Christian-based intervention programme for perpetrators of IPV aimed at curtailing partner abuse.

3.5.4.5 Data quality

Reliability concerns the replicability of the findings (Rule & John, 2011: 104). The researcher provided a detailed outline of the methods and utilised an established measure such as the DASS21 to enhance the reliability of the current study. The Wilcoxon signed-rank test is a non-parametric test (i.e. is distribution-free and makes use of non-random sampling methods) and was applied to compare the pre-test and the post-test scores that emanated from the same group of participants (i.e. the single-group's level of depression, anxiety and stress was compared pre-test-post-test). There are several published studies showing that the DASS21 has the same factor structure and gives similar results to the DASS42 in clinical and non-clinical settings (Psychology Foundation of Australia, 2018). In other words, studies assessing the psychometric properties of the shorter 21-item version of the DASS42 proposed by Lovibond and Lovibond (1995) support the construct validity and the internal reliability of the DASS21 scales and with various populations (Sinclair, Siefert, Slavin-Mulford, Stein, Renna & Blais, 2012: 273). The DASS21 has also been used in other South African studies without any reported challenges (Steyn & Hall, 2015: 82). The current study's test results for the entire DASS21 yielded Cronbach's alpha coefficients at 0.916 for the pre-test and 0.920 for the post-test, all of which are well above the acceptable level of 0.7, thus indicating a high degree of the internal reliability of the DASS21 (Field, 2018: 826). A minor change was made to statement one of the DASS21 in order to strengthen face validity and facilitate the local understanding of the expression. In other words, "I found it hard to wind down" was changed to "I found it hard to become calm" (cf. Steyn & Hall, 2015: 82).

The DASS21 is a self-report instrument and necessitates no special skills or professional qualifications to administer it. The DASS21 questionnaire is also in the public domain, and therefore, permission to use it is not required. The DASS21 questionnaire and scoring key may be downloaded from the Depression Anxiety Stress Scales (DASS) website and copied without restriction (Psychology Foundation of Australia, 2018). Moreover, both the DASS21 and DASS42 consistently reflect test-retest reliability (Field, 2018: 821-822), especially with reference to the adequacy of the depression scale (Sinclair et al., 2012: 276). Hence, both versions can be used as a tool to assess typical dysphoria and sadness, physiological arousal and fear, as well as states of tension and stress (Psychology Foundation of Australia, 2018; Sinclair et al., 2012: 261). Although the DASS42 possibly gives more reliable scores and more information about specific symptoms, the DASS21 has the advantage of taking only half the time to administer. Table 8 to follow is a comparison of the α coefficient in the current study that utilised the DASS21 (i.e. six valid cases with seven items) and across two other independent studies. The values are slightly lower than the values attained for the entire

DASS21 (i.e. six valid cases with 21 items), with the pre-test stress score nearing the acceptable level of 0.7.

Table 8: Internal reliability for the DASS21 and DASS42 α coefficient

	Current study	DASS21	DASS42
Depression Pre-test Post-test	 0.795 0.791	0.91	0.906
Anxiety Pre-test Post-test	 0.842 0.756	0.80	0.808
Stress Pre-test Post-test	 0.608 0.812	0.84	0.881

Source: Sinclair, Siefert, Slavin-Mulford, Stein, Renna and Blais (2012: 269); Steyn and Hall (2015: 89).

It is important to consider the internal (e.g. that the differences between the two observations pre-post-test were due to the treatment and not due to chance or researcher bias) and external validity (e.g. the generalisability of the intended effects of the intervention programme) of a study in order to formulate accurate conclusions regarding the findings. Internal validity refers to being able to make claims that what was chosen as the focus or phenomenon under investigation was actually studied (Rule & John, 2011: 104). The focus of the current study was on IPV and intervention programmes. The DASS21 scores included a measurement of depression, which is often associated with IPV, and therefore, the current study adhered to face validity (i.e. the instrument measured what it was supposed to measure), which allowed for meaningful deductions to be made from the pre-test and post-test scores (i.e. a true measurement of the foci). The sampling method was also purposive, whereby the researcher could make the correct inferences about the participants (i.e. perpetrators of IPV) from the data collected (i.e. the attendance of a BIP). Furthermore, there were no attrition rates which often threaten the internal validity of a study (Creswell, 2009: 162-163; Mertler, 2012: 121). Hence, deductions and conclusions could be reached regarding the sample population with confidence (i.e. that the developed intervention had an effect).

External validity refers to the extent to which the findings can be generalised to the entire population (Creswell, 2009: 162). Three factors (i.e. population validity) improved the external validity of the current study. There were similarities between (a) the sample used in phase two (i.e. all the participants were perpetrators of IPV); (b) the population from which the sample was drawn (viz. referrals from the DV court); and (c) the target population to which the results are to be transferred to (Mertler, 2012: 121). However, due to the small sample size, generalisations must be made with caution.

3.6 Ethical considerations

Research involves collecting data from individuals and often about themselves. The researcher endeavoured to promote trust, safety and integrity throughout the research project (Creswell, 2009: 87). Trustworthiness and fidelity are reinforced by scholarly rigour, transparency and professional ethics (Rule & John, 2011: 107). The following ethical principles were adhered to:

- **Gatekeeping**: Gatekeeping refers to the people that enabled the researcher to gain entry to an organisation or community to conduct the research (Ogletree & Kawulich, 2012: 64). Permission was sought from the relevant gatekeepers (e.g. the Department of Justice and the various service providers) via email and appointments were scheduled to "sell" the concept of the anticipated research project. The research proposal, together with all the authorisation letters, was submitted to the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria. After completing phase one, the researcher approached a DV court in Pretoria to pilot the study. After an appointment was scheduled with the court manager and the chief court magistrate, it evidenced that two more authorisation letters, in addition to the consent from the Department of Justice, would be required, namely, (a) that the prototype intervention be accredited by the Department of Social Development which was given in writing on 23 March 2017; and (b) piloting also had to meet with the approval from the National Prosecuting Authority which was attained on 26 May 2017. Finally, the researcher had to get the senior and controlling public prosecutors, magistrates and clerks of the court on board.
- **Voluntary participation**: Social research requires that experimental participation must be voluntary. Participation in the first phase of the research was voluntary, as attested by the permission granted from the gatekeepers (Rule & John, 2011: 112). However, participation in the second phase of the research posed a grey area, particularly for the participant who contravened a protection order. Although the attendance of court-mandated programmes is voluntary, the alternative to attending a diversion programme could entail a criminal record in addition to a jail sentence, a fine or both. Hence, voluntary participation regarding diversion could be seen as somewhat of an enigma. The court made it clear to the participants that the intervention was completely voluntary but could possibly be recommended in lieu of their current situation. During the assessment, it was also brought to the attention of potential candidates that it was a Christian-based programme for perpetrators of IPV and that their participation would be voluntary. The voluntary nature of the research project was included in the consent form so as to avoid any misunderstanding (Ogletree & Kawulich, 2012: 68-69). Voluntary participation places the onus on the researcher to respect and protect all the individuals who are involved in the research by

complying with their right to be fully informed and to decide whether to participate in the project, as well as to withdraw from the research if they so deemed (Rule & John, 2011: 112). Nonetheless, in addition to voluntary participation, the selection criteria created an inherent bias in that the participants, in all likelihood, would not be adequately representative of the general population (e.g. due to their circumstances, the sample population may have been more motivated to strive towards conforming behaviour).

- **Informed consent and deception**: A letter of informed consent (refer to Appendix A) was signed by all who participated in the research project (i.e. prior to engaging in the research). The letter acknowledges and serves to protect the rights of all concerned during data collection (Creswell, 2009: 89; Ogletree & Kawulich, 2012: 69). The consent form included the following eight points, namely, (a) the purpose of the research (b) the procedure (i.e. what would be expected from the participant); (c) any potential risks and discomforts (e.g. that the researcher could be contacted at any time in the event of any emotional distress); (d) that there would be no compensation for participating in the research (barring that the researcher decided to provide transport money to the participants who were unemployed as a retaining strategy); (e) the participant's rights (e.g. that the participant need not answer any question that they felt uncomfortable with and that they could withdraw from the research at any point in time); (f) confidentiality (e.g. that the published research would not contain any identifying information); (g) the researcher's contact information was provided; and (h) that the research data would be archived. Hence, all who participated in the research project had full knowledge of the intention of the researcher and were in no way deceived as to the purpose and procedures of the research endeavour (Ogletree & Kawulich, 2012: 67), or coerced in any way to participate.
- **Avoidance of harm to participants**: The participants were protected against unwarranted physical, psychological and emotional harm, as well as any discomfort that may have emanated from the research project. IPV can be an emotionally charged topic and the researcher was empathic, sensitive and always displayed a genuine interest in the person. Participants were not judged, criticised, condemned or discriminated against and were reminded that shared information would not be disclosed. The researcher respected the worth of every participant and strove towards preserving their reputation and dignity. Participants were never inconvenienced (e.g. the researcher made sure that she was punctual for all the scheduled interviews and sessions, and there were no unduly cancellations), and their well-being was not compromised in any way. During phase two, the researcher and Observer A were readily available to deal with any negative repercussions during the intervention, such as suicidal thoughts, continued partner abuse and matters relating to pending protection orders. One family was referred to the Hope Centre at Hatfield Christian Church because the victim wanted her children to receive

counselling (Ogletree & Kawulich, 2012: 65-66). Moreover, there was a dedication to increasing every participant's knowledge of human behaviour in an attempt to equip them to use the knowledge for self-growth and a possible progression towards a lifestyle that would be free from violence. The principle of beneficence (i.e. for the good of the public) is an important outcome for action researchers (Rule & John, 2011: 112), in addition to contributing to the body of knowledge (Creswell, 2009: 90). The researcher followed up on most of the participants after data collection in both phases of the research project.

- **Power sharing**: During interviewing and intervention, the researcher did share information about her own life experiences to enable the participant to feel that there was equity within the research process (Ogletree & Kawulich, 2012: 68). Ironically, it was helpful that the researcher herself was a victim of IPV because many scenarios resonated between the researcher and the participants, which was conducive to authenticity. The researcher did not simply want to take without giving back or sharing something about herself. Not at any point did the researcher abuse her power by acting as if she was better than anyone else, in other words, better educated, more affluent or successful (Creswell, 2009: 90; Ogletree & Kawulich, 2012: 68). Action research is collaborative and can be seen as a joint enterprise between the researcher and researched. The researcher did not regard the participants as subjects but rather as experts based on their mere experience of the phenomenon of IPV. Hence, there were no power imbalances between the researcher and the participants (i.e. the current study encompassed the principles of democratic dialogue and participatory equality for all who were involved in the research project). Democratisation also assists in the ethical dilemma when there is a potential conflict between organisational policy and the needs of the service-user.
- **Reciprocity**: The research was beneficial to both the researcher and those who participated in the project (Creswell, 2009: 90). Some of the findings were shared with various gatekeepers (Ogletree & Kawulich, 2012: 66). Pledges that were made were kept. For example, putting in a good word for a participant who was seeking employment. Also, in phase two, the participants wanted the researcher to investigate the possibility of setting up an NGO funded by the Department of Social Development in support of other perpetrators and victims of IPV, which she did (Ogletree & Kawulich, 2012: 67). The researcher aspired to be professional in her conduct at all times.
- **Anonymity**: The participants in phase one were given pseudonyms to safeguard their identities (Creswell, 2009: 91). Although direct excerpts may serve as a source of identification, the researcher left the descriptions of the organisations from where the participants were recruited vague (Ogletree & Kawulich, 2012: 70). Anonymity could not be guaranteed during piloting due to the small number of participants that were involved in the preliminary IPV intervention, the intimate nature of the study and the fact that they were

on record in the court system. However, the researcher removed all personally identifiable information.

- **Confidentiality**: Personal disclosure and the information shared remained private and confidential (Ogletree & Kawulich, 2012: 70; Rule & John, 2011: 112). Apart from the signed letter of informed consent that included a confidentiality clause, the participants in phase two also had a contract with one another that whatever was discussed during the sessions would remain within the group. In addition, the transcripts and questionnaires were kept safe to ensure their security and privacy. The records were only accessible to the researcher, her academic supervisor and the social worker who helped to facilitate the intervention. Information was not disclosed to any unauthorised person(s).
- **Debriefing of participants**: The termination of the intervention was handled with sensitivity (e.g. perceptions of the intervention were discussed and reflected upon). Participants were given the opportunity after piloting to work through their experience of the intervention and its possible aftermath. The researcher continued to make herself available to group members who needed support. Questions were answered, and misconceptions were addressed. By the last session, most of the group members had exchanged cellular numbers with one another, and a WhatsApp group was formed. Debriefing completed the learning experience for both the participants and the researcher.
- **Analysis and reporting**: Methodological flaws, negative results and the limitations of the current study were reported. None of the data collected was in any way falsified or fabricated (Creswell, 2009: 92). The researcher strove to maintain objectivity and truthfulness throughout the research process. The researcher adhered to the technical requirements of the write-up of the data and the thesis and provided detailed procedures of the methods as presented in the current chapter (Creswell, 2009: 92). Accurate data analysis and reporting assist the reader in determining the credibility of the research.
- **Actions and competence of researchers**: Researchers are expected to be competent, honest and adequately skilled when undertaking a research project. The researcher conducted herself in a professional manner throughout the study (e.g. attention was given to the appropriate dress code). During piloting, there was a triangulation of observers where a qualified social worker assisted the researcher in facilitating the prototype intervention. The social worker was well-versed in RJ principles and had many years of experience regarding intervention.
- **Research ethics and society**: Ethical clearance was granted for the research project on 01 October 2015. The application was submitted to ensure that the interests of all the participants were protected. The research was funded by grant SDS14/1080 from the NIHSS and in part by a University of Pretoria postgraduate doctoral bursary. It was an overwhelming privilege to receive such funding. Hence, the researcher strove to conduct

the study to the best of her ability in a diligent, socially responsive and responsible manner. She also engaged with the above sponsors throughout the research endeavour. For instance, conferences, workshops and various doctoral retreats were attended. A paper was delivered on 08 September 2016.[20] A second paper was delivered during a two-day conference on 02 November 2016.[21] A third paper was delivered during a three-day international conference on 03 August 2017.[22]

- **The role of contributors and sponsors**: The researcher acknowledged all the contributors (e.g. the Head of the Department of Social Work and Criminology, academic supervisor, external consultants and participants) who were involved in the research process, as well as the institutes that contributed financially towards the project.
- **Release and publication of findings**: Some of the findings are provisionally accepted by an accredited and peer-reviewed international academic journal (Bernardi & Steyn, 2018: provisionally accepted). The information was formulated and conveyed clearly and unambiguously. Plagiarism was avoided.

3.7 Limitations of the study

The sampling method was purposive in both phases one and two, and therefore, smaller samples could be considered as representative of the population. However, in addition to the small sample size in phase two, a limitation of a purposive sampling method is that generalisable claims could not be made. Also, although phase one was inductive (i.e. non-causal) and shifted to causal inferences in phase two, small sample sizes limit deductions. Therefore, causal linkages should be done with caution and should be considered in conjunction with the evidence at hand. Furthermore, a limitation inherent in a single-group pre-test-post-test pre-experimental research design is that there was no control group against which to make comparisons (Mertler, 2012: 118). In addition, the post-test results could include a placebo effect that often occurs immediately after an intervention.

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[20] Bernardi, D. 2016. Intimate partner violence: Not a matter of patriarchy, but rather a malfunction of conscience. Paper presented at the Postgraduate Student Conference on Humanities Day. 8 September, University of Pretoria, Pretoria.

[21] Bernardi, D. 2016. Intervention for intimate partner violence. Paper presented at the NIHSS (National Institute for the Humanities and Social Sciences) Doctoral Conference. 2-3 November, Tambo Conference Centre, Johannesburg.

[22]Bernardi, D. 2017. “Mother, you put my dad in his grave”: An intrinsic case study of domestic violence. Paper presented at the CRIMSA (Criminological and Victimological Society of South Africa) International Biennial Conference. 2-4 August, Indaba Hotel, Johannesburg.

As indicated in chapter two (2.2.5.1), biological markers are closely associated with violent behaviour. For instance, the prevalence of traumatic brain injury among perpetrators of IPV appears to be significantly higher than the prevalence of traumatic brain injury in the general population (Farrer et al., 2012: 77). Also, personality disturbances, as outlined in chapter two (2.2.5.2) are often associated with IPV perpetration (Ehrensaft et al., 2006: 474). Due to the inherent methodological limitations such as third-party bias and the retrospective nature of phase one (e.g. all the victims from the shelter were no longer in abusive relationships), biological or clinical influence could not be confirmed. Neither did the participants in phase two undergo a full medical or psychiatric evaluation. Additionally, due to time constraints, the developed intervention was not evaluated and could, at a later stage, be subsumed in further research to assess its impact (De Vos & Strydom, 2011: 475). At best, the intervention should be seen as a possible conduit to the cessation of abusive behaviour (Dutton, 2002: 20) until further testing or retesting over a series of studies is done. Longitudinal studies would be particularly helpful in assessing the efficacy of the developed BIP.

3.8 Challenges during the research process

Firstly, it was a lengthy process of months before all the consent letters from the various gatekeepers were received, and they had to be attached to the ethical clearance application. Secondly, after finalising phase one, the researcher anticipated to pilot the study immediately. However, when she approached the court early in December 2016, in addition to the authorisation that was already obtained from the Department of Justice, it was required (a) to get the prototype intervention accredited by the Department of Social Development, which was approved on 23 March 2017; and (b) to obtain consent to pilot the study from the National Prosecuting Authority which was granted on 26 May 2017. Hence, the piloting of the study was delayed for several months, which negatively impacted the completion of the thesis during the recommended time period.

3.9 Summary

In contrast to fundamental research that seeks to advance the understanding of a phenomenon, action research emphasises process and change in order to solve social problems in a practical manner. The current study endeavoured to develop a gender-inclusive Christian-based intervention programme for perpetrators of IPV by means of scientific methods and procedures. The collective case study (i.e. phase one) progressed to the early development and piloting of the prototype intervention (i.e. phase two). However, the researcher’s role went beyond describing, understanding and interpreting the data because

she also sought to effect change. The research approach adopted in the current study was that of mixed methods with a predominant qualitative flavour. The merging of qualitative and quantitative components enhanced the merit of the study because the strengths of both approaches were utilised to address the complexity of IPV. A triangulation of sources, methods and observers was employed to enhance the credibility of the research. In addition, a careful consideration of research ethics underpinned the trustworthiness and fidelity of the current study.

CHAPTER FOUR: Presentation and discussion of the empirical findings of phase one: Explorative

4.1 Introduction

The aim of the study was to develop a gender-inclusive Christian-based intervention programme specifically designed for perpetrators of IPV. The research purpose of phase one of the current study was to explore and describe IPV and intervention programmes for perpetrators of IPV. The study population included perpetrators and victims of IPV, the CJS, and other service providers who dealt with the phenomenon in Pretoria and Johannesburg. The researcher selected a sample that she deemed would maximise the objectives of the study. The data was collected through in-depth personal interviews. The study utilised IPA to capture the texture and richness of each case (i.e. participant) and to interpret the data. IPA is a highly integrative strategy for analysing and interpreting data.

As an interpretivist, the researcher strove towards a rich and comprehensive understanding of how participants interpreted, understood and experienced IPV and intervention. Thus, IPA takes the form of commentary and interpretation interwoven with extracts from each participant's perception of the phenomenon under investigation (Smith et al., 2009: 201). The shortened transcripts allow for the exposition of "live data" to enhance the authenticity of data collected and the uniqueness of each case within a real-world context (Niewenhuis, 2016a: 94). Additionally, IPA also accentuates how the researcher makes sense of that personal experience. Thus, a double hermeneutic or type of interpretation is developed. Table 9 presents the participants who have all been given pseudonyms to protect their identity.

Table 9: Outline of the various informants

Perpetrators	Victims	CJS and other service providers
Jan	Lesedi	Donald
Mpho[23]	Zodwa	Thato and Jabulile
Jermaine	Amy	Anneline
Grace	Belvie	Mpho
	John[24]	Roy
		Justice

[23] Although Mpho was interviewed as a service provider it turned out that he had also perpetrated partner abuse in his first marriage.
[24] Joshua gave a retrospective account of intimate partner violence perpetrated by his mother (i.e. Beatrice) against his father, John.

A concise version of the biographic details of the perpetrators and victims is depicted in the table below.

Table 10: Biographic detail of perpetrators and victims

Perpetrator	Age	Race	Sex	Childhood history	Religion
Jan MA degree	62	White	Male	Traumatic: Witnessed IPV; abandoned by biological father; rejected by stepfather. Raised by grandmother when stepfather went to jail, then raised by mother and stepfather.	Christian
Jermaine Grade 11	30	Coloured	Male	Traumatic: Mother was verbally and emotionally abusive; abandoned by biological father.	Christian
Grace Electrical Engineer	26	Black	Female	Traumatic: Witnessed IPV; endured child abuse by father; raised by both parents.	Christian
Mpho Grade 11	60	Black	Male	Traumatic: Endured child abuse; raised by relatives.	Christian
Victim	**Age**	**Race**	**Sex**	**Childhood history**	**Religion**
Lesedi Certificate in Administration	24	Black	Female	Traumatic: Witnessed IPV (mother was the perpetrator); abandoned by biological father; raised by grandmother.	Christian
Zodwa Certificate in Taxation	35	Black	Female	Traumatic: Endured child abuse.	Christian
Amy Grade 8	28	Coloured	Female	Traumatic: Witnessed IPV (mother was the perpetrator); raised by grandmother until the age of 13 and then by her mother.	Christian
Belvie Certificate in Administration	36	Black	Female	Happy childhood: Large family size of ten children. She is a refugee from Zaire.	Muslim
John Civil servant	Deceased	White	Male	Traumatic: Raised by his elder brother because his parents died when he was still young.	Christian

4.2 Emergent themes of the collective case study

The following superordinate and nested themes of the explorative phase are presented and discussed.

4.2.1 Contributing factors of intimate partner violence

A one-size-fits-all type of intervention will not embrace the complexity and intricacy of IPV and aggressive behaviour, as illustrated by the following compilation of verbatim excerpts. Jan is a clinical psychologist.

> ***Jan****: There is not a recipe why people get aggressive and not aggressive. Each guy has got his own genes, which is very important, has got his own childhood, which is very important, has got his own history, which is also very important. … So you can do all these things and the guy has got an alcohol problem. … There can be a big underlying biological problem. … The guy must go for an EEG, for a brain scan. Perhaps there is a tumour in his frontal lobe. … Now a guy who has an increase in the secretion of adrenalin can explode just like that. It is of fundamental importance. … Aggression is not a psychological issue alone. … the biological factor can be 50 percent. It can be 70 percent and it can be 100 percent why people get aggressive. And then you don't mention pathology, a history of psychiatric illnesses, like schizophrenia, like borderline, paranoia, antisocial, you must put that in.*

The excerpt below indicates that the intergenerational transmission of violence, attachment theory and trauma, learning theory and situational factors, such as substance abuse, financial problems and stress-related issues, are contributing factors that foster IPV. Anneline is a senior social worker at an NGO that deals predominantly with child abuse. However, 80 percent of their clientele have an element of IPV (i.e. child abuse often accompanies spouse abuse). Their caseload is mainly court-referred, but instances of child abuse are reported by churches and schools as well.

> ***Anneline****: Look it's very often alcohol, or drugs, or a combination in a lot of the cases. … often we find that there are financial problems as well. Stress, ja.*[25] *And I think it's then just a combination of both or maybe more factors that then leads to the abuse. We do also work, remember now in our specific field, that we do work with people that, that, not always, but there are (emphasis) that have like their own background as a child. They were exposed to this violence and this abuse. We always say you would think their situation to be different, but it's not.*

The case study of Joshua encapsulates the intergenerational transmission of violence, as well as a script that is frequently associated with IPV, namely, child abuse. Child abuse often coexists with spousal abuse and is then referred to as DV. Joshua is in his late fifties, and his victimisation began early in his childhood and persisted into adolescence. Joshua endured various types of abuse committed by his mother, Beatrice (i.e. pseudonym).

[25] A colloquial expression in South Africa that is derived from Afrikaans and means "yes". Afrikaans is derived from Dutch and is one of South Africa's eleven official languages.

> ***Joshua**: Many times, when my mother assaulted me, she would bite me. Now I'm going to use the words she said, I know it's not nice. She said "ek gaan op jou maag spring dat jou derms by jou gat uitspat" [I am going to jump on your stomach until your intestines spurt out of your ass], and she tried to do it. Now again, this woman that gives me chocolate, who wants me to suck at her breast, that invites me into the bathroom when she's naked, that wants to lavish me with her love, she bites me. She wants to jump on me, plucks out my hair. In standard six I looked like a monk [from baldness the way his mother pulled out his hair]. At school I had to tell the children that it was my brother. How could I tell them it was my mother? "I'm going to get you, not now, I'm too young. But your very own words mother, your very own words. Ek word 'n bietjie ouer en jy word ouer [I am getting a little older and you are getting older]. I'm becoming stronger and you're becoming an elderly lady, then it's me and you". Sorry that I'm doing this, I just want to carry over the emotion. I was a killer. I was a very, very, lethal, intelligent, efficient killer in the making. The devil had plans for me*.

Joshua also witnessed his father, John (i.e. pseudonym), being abused by his mother, Beatrice until his father succumbed to a protracted battle with cancer (i.e. for over 20 years). "*Then the cancer started spreading towards his neck, eating up the vertebrae in his neck. He became a little skeleton. . . . He lay in his bed convalescing from the operation. Then she starts assaulting him in bed*". Joshua illustrates that his mother contended with a hostile environment during her own childhood.

> ***Joshua**: Her dad, my grandfather, was an angry, cruel, big, strong man, especially in his young years. He was strict in capital letters, a strict man. Very strong and in general a cruel man. He didn't take nonsense. His family would always cower. "Dad's coming home get these things done" and "ouma" [grandmother] that's his wife, would always cover up for the children because if he explodes, it's Sodom and Gomorrah. All right, my mother would always refer to this particular instance. That she angered my grandfather, that's her father and he ripped the electric cables from the roof and he gave her the hiding of her life. She was 21 years old. She would always, always repeat this and I think this was part, I think she snapped. In summertime, she had to wear this jersey to hide the marks of the electric cable. Now, she hated her dad. Then she spoke about another instance, she always repeated these things.*

Ironically, as Anneline puts it, "*you would think their situation to be different, but it's not*". Joshua also resorted to abusive and/or aggressive behaviour in early adulthood to resolve conflict. For example, he could become verbally or psychologically abusive. He once told a fiancé who was threatening suicide that he would help her to take her own life. "*I was never physically abusive towards her, I would have liked to have been, but I withheld myself*". Other acts of aggression included the destruction of property, such as kicking the car door, which was disclosed in an informal interview.

As indicated in table 10 (4.1) above, IPV has no boundaries. The phenomenon is not confined to sex, age, race and culture, social class, or level of education. Also, the data is coloured with

family dysfunction for both the perpetrators and the victims. Nonetheless, the excerpts indicate that the causes of IPV are multidimensional and include biological (e.g. genetic and neurophysiological), psychological (e.g. hostile home environments and personality disturbance) and sociological (e.g. unemployment and substance abuse) correlates. Furthermore, the data supports an intergenerational transmission of violence as seen, for example, from the responses of Anneline and Joshua.

4.2.1.1 Traumatic childhood

Insecure attachment and hostile childhood environments often play a role in IPV. The childhood histories of the perpetrators and the victims reveal much childhood trauma such as witnessing IPV and child abuse. Their own life histories also presented with unstable and chaotic relationships highlighting that IPV is often a generational issue. Jermaine was one of the group members of the BIP that the researcher attended. Jermaine agreed to be interviewed, and the service provider also granted permission for the in-depth interview. Jermaine experienced verbal and psychological abuse as a child and describes that both he and his sister are verbally abusive in their relationships with others.

> ***Researcher****: Was there any abuse in your home Jermaine?*
> ***Jermaine****: No, apart from the way my mum used to talk to us, maybe that was all, ja.*
> ***Researcher****: Like running you down?*
> ***Jermaine****: No, just like the way you talk to your child, like in being aggressive, you know because she had to be the mother and the father in one time, so she had to be like hard or something. I don't know, ja. … I don't think it was discipline. I think that she also had a problem like with how to get her point across. Maybe she felt like if she's screaming or like rude with you, you'll understand. But at the end of the day it doesn't. That's why I tell my sister the same thing, that she has to talk differently with her daughter. When she speaks with her child, she's doing exactly the same as, like my mum did with us. That's why when we get angry we get aggressive, and like, swear or speak like in a tone you don't know. Your tone of voice changes, so that's the thing.*

Jermaine lives with his sister, who is presently the only breadwinner for the whole family (viz. her child and her deceased brother's two children). Jermaine's brother committed suicide in 2015, and his mom passed away six months later. They rent a room at the back of their uncle's house in a community that is riddled with gangsterism and drugs.[26] Unemployment is rife, education is not a priority and many of the youth hang out in the streets. Jermaine never matriculated. Like many other children in that particular community, Jermaine does not have a

[26] Jermaine was addicted to nyaope and attended Victory Outreach in Cape Town in 2011 for rehabilitation. To date he has not relapsed. Jermaine stated in one of the sessions of the BIP that the researcher attended in 2016, that the secret to his healing was "*beans and rice and Jesus Christ*".

relationship with his father. Jermaine was abandoned by his biological father before his birth and looked up to his elder brother as his role model. His elder brother was a drug dealer and committed suicide prior to Jermaine's arrest for the contravention of a protection order that was granted to his girlfriend at the time for physical assault. Furthermore, Jermaine had to deal with the structural violence in his neighbourhood. For instance, within a ten-week timespan, he attested to the loss of a friend who died due to the detrimental effects of nyaope, another friend died in prison due to "influenza" and a gangster acquaintance of his was shot at a nearby garage.

> ***Jermaine**: It wasn't really a problem because most of my friends, or the majority of us didn't have our fathers. So, it was like a normal thing for us. It wasn't like "you have your dad, and I don't, no".*

Lesedi is a victim of IPV, and she was sexually abused by one of her mother's boyfriends when she was 13 years of age. Lesedi's mother was extremely aggressive with a history of failed relationships. Her mother seems to be generally aggressive because the violence also extended to her mother's siblings, even though she was not abusive towards Lesedi. Lesedi's stepfather was good to her and provided well for the family. He tried to keep the peace in the house but to no avail and eventually divorced Lesedi's mother. The mother died early at the age of 36. Lesedi's young daughter displays violence and is a bully at school.

> ***Lesedi**: So one day she was fighting, I was there and my mother was the one who started fighting. They had a very huge fight. So my stepdad tried to calm my mum down, "you know there is a child in the house". My mother was the louder person, angry and stuff so I know that my mother is the one who was wrong. While she was insulting, she was beating. She didn't want someone to stop her, even the sisters. Sometimes I told my mum when they [the family] didn't want to help "it is because of you, because you like to fight".*

Absent parents and abusive or unresponsive caregivers (i.e. particularly non-biological parents) were accentuated in the data. Lesedi never knew her biological father because he denied paternity when her mother fell pregnant. The excerpt of Jermaine above and of Lesedi below highlights that childhood backgrounds often featured absent fathers.

> ***Lesedi**: It was hard for me because people are talking about the parents, "my mum my dad" you know. So I asked my mother "where is my father? My mum decided to tell me "you don't have a father, when I was pregnant your father just said you are not his child".*

The lack of a positive male role model contributes to a crisis of identity formation as expressed

by service providers Thato and Jabulile in the excerpt below. The participants specialise in diversion and non-custodial sentencing and are both social workers.

> ***Jabulile****: I also found that identity formation is an issue because most of these guys are raised in homes where there is no man.*
> ***Thato****: Which is also a South African problem.*
> ***Jabulile****: Yes. And you will find that they actually do not know what being a man is. Being a man to them might be what relationships the mother might have had which in most cases tend to be abusive. And these occasional partners or boyfriends are the men that they identify with in their lives. It is a very complex issue but you will find these issues coming up when you do your assessment.*

Zodwa was raised by both parents, yet she endured extreme physical punishment as a child at the hands of her father depicted in the excerpt below. She has a 17-year-old son who does not know his father. Her five-year-old son (who is the son of the perpetrator) also does not know his father because Zodwa left him when she was seven months pregnant due to the abuse. Apart from the verbal, psychological and physical abuse, Zodwa's partner also abused her economically by exploiting her and extorting money from her. She had only known him a month before she fell pregnant. Currently, Zodwa has a two-month-old baby girl. The case reflects a traumatic childhood and generational issues. All three of her children have absent fathers. Her five-year-old son is mentally impaired and exhibits aggressive tendencies.

> ***Zodwa****: My father was a very strong person. And he was beating us too (emphasis) much. If we'd done something, he's going to punish you. You have to remove all your clothes and lay on the bench, then he's going to punish you. … because the way he was beating my sister and my brother, like my mother had to use the warm water to bath [bathe] them otherwise they got sores.*

As with Jermaine, Amy also lives in a community that is disadvantaged and disorganised. Her parents separated when she was two years old, and she was subsequently raised by her grandmother until the age of 13. Her family history seems to be dysfunctional. Her mother abused alcohol and she describes her mother as a difficult person (e.g. her mother would not allow her to see her father while she was growing up). Amy demonstrates loyalty towards her parents and attempts to normalise the family dysfunction by negating that her childhood was traumatic. There are attachment and generational issues in her family history because her father was also not raised by his mother. Although Amy is unmarried, the couple has lived together for about ten years. Amy's partner is generally aggressive, having been raised by both parents who are now deceased and having witnessed IPV as a child. Although the perpetrator's mother was a victim of IPV, she never left the abusive marriage. Amy has three children with the perpetrator. The one son of nine years of age is blind and very aggressive. In fact, during the fieldwork at the shelter, the researcher overheard him say to a staff member

who was being kind to him, "*I'll kill you*". Amy also has a son of seven years and a baby girl who is one month old. The following excerpt demonstrates that it is difficult to talk about trauma and the tendency to cover up a parent's indiscretions.

> ***Amy****: For me she [mother] never had alcohol problems, if I look at her story now, I understand that story now [Amy tries to normalise her mother's drinking problem]. I was raised by my father and my grandmother, nè.*[27] *And even my father and my grandmother lived separately. … I can't remember if my mum was, or my dad was abusive towards each other (uncomfortably long pause). I don't know what to say now. My mother is a difficult person and my father is not a difficult person.*

Belvie is a refugee from Zaire. She comes from a large family of ten siblings and describes her childhood as happy. On her arrival in South Africa, her circumstances necessitated her sleep in a park where she met the perpetrator. Belvie fell pregnant shortly after meeting him. The perpetrator's biological mother died when he was two years old. Belvie explains that his stepmother was exceptionally cruel. Attachment and the cruelty of non-biological parents are depicted in the following excerpt.

> ***Belvie****: Even his disability is because of that stepmother. Remember for polio you need to take immunisation. So the stepmother was beating him until he [she] broke his leg. And from there because he did not have all the immunisation, the polio starts to be coming [developed]. When the mother died [i.e. his biological mother] he [she] didn't leave him disabled. He only became like this when he was five. He can tell you "if my mother was alive I cannot be disabled, because when my mother was alive, I was walking like all the kids, I can play soccer and what". The foot is small (emphasis), short like that.*

The generational issue is demonstrated by the fact that Belvie's partner was severely abused as a child. As an adult, he is a perpetrator of IPV and child abuse (i.e. DV). He abuses the daughter that he and Belvie have together, both verbally and physically. The child, now aged four, is aggressive. She witnessed IPV and is also a victim of child abuse.

> ***Belvie****: Eh, he [she] can cry or can also help me to beat the father. … The father can push and beat her. He can beat her and say "I don't care about you even if you are a girl". You know in our culture they don't want a girl. A Muslim when he's got a girl, it's like he doesn't have a kid. He beats the child like nobody's business.*

The following excerpt illustrates that family disintegration, for example, where children are left in the care of relatives who are abusive could be conducive to insecure attachment and instilling feelings of anger. As stated in footnote 23, although Mpho was interviewed as a

[27] The expression is a colloquial South African word for "is it not?", "isn't it?", "yes", or "just imagine!".

service provider, he admits to IPV perpetration. He states that alcohol abuse, depression, child abuse, poverty and lack of opportunity play a role in aggressive behaviour. Mpho attributed the cause of his abusive behaviour predominantly to being unemployed at the time. However, depression could also have played a role because he admits that "*even now I can tell you that I am depressed, but you can't see it*".

> ***Mpho**: My father and parents were working and they were not coming home every day. I had to live with my relatives, officially I was ill-treated. I had to do other chores more than the other kids. That angered me. I was angry because there was this favouritism. This one comes from this family this one comes from that family. This one should not work hard, that one has got to work for their meal, you know. … Or maybe I should say what drove some of these things, it was poverty. And no opportunities.*

Mpho endured physical and psychological abuse as a child. He was humiliated, for instance, he explains that he was instructed to go and buy something at the shops and given an ultimatum to be back within an impossible time limit. On his return, he would inevitably be beaten by his caregivers. Mpho had little sense of belonging and his needs were not met. Nurturing was almost non-existent. Moreover, he was bullied at school, verbally abused, ridiculed and labelled.

> ***Mpho**: I remember everything (emphasis) that happened. And you know to be ill-treated consists of anger. … I'd say but how can these people say I'm a tsotsi? I'm not a tsotsi. I'm not a hooligan. How can I be a hooligan at my age? It's too tender to be a hooligan. We have respect for others but when they beat me up, that angered me and I did not respect [them]. So if someone bullies me, I'll bully back. I'll bully back (emphasis).*

Grace was interviewed as a perpetrator, and her family background, like that of the other participants, is also dysfunctional. Her father was extremely abusive towards her mother and the children, especially her half-brother, who is also the eldest child. Apart from the verbal and physical abuse inflicted on Grace's elder brother, her father would not pay for anything towards his education and otherwise. Grace was sexually abused by her half-brother, witnessed IPV throughout her childhood, and endured child abuse. Her mother is a teacher at a secondary school, and her father is a policeman. Both her parents have subsequently retired. Grace's mother suffered abuse for over 20 years. The whole family has been affected negatively by the violence, except possibly her sister, who is a missionary. Grace's younger 21-year-old brother suffers from depression because "*there was a lot of hatred, a lot of anger*" towards her father. Her elder brother also suffers from depression, perpetrates IPV, is promiscuous and abuses alcohol. Her mother has a problem with gambling which is also a source of conflict.

Grace abused substances and self-harmed in the past. The excerpt below is another example demonstrating that non-biological parents often are a source of insecure attachments.

> ***Grace***: *I, you know, especially felt sorry for him. Although, he was actually the one that molested us, ya. But I was always saying, you know, that he had a reason. He went through so much, you know he went through a lot.*
> ***Researcher***: *Why do you think your dad picked on him?*
> ***Grace***: *Okay first of all, maybe because he was not a legitimate son. Number one. And number two I think, the abuse was on all of us, but him not being legitimate, he just got extra.*

Jan describes his mother as egocentric and his stepfather as being totally detached, "*he had no emotional attachment, nothing*". The following excerpt depicts (a) insecure attachment; (b) Jan finds it difficult to discuss his feelings (e.g. he stalls answering by pretending not to hear the question); (c) the victim seems to have become a substitute for unfulfilled needs, a sense of security and a source of well-being; (d) unrealistic expectations by demanding his partner's constant attention and wanting her all to himself; and (e) unaddressed anger towards his mother.

> ***Jan***: *I want my partner for myself (long pause).*
> ***Researcher***: *Why would you want your partner for yourself?*
> ***Jan***: *Hey?*
> ***Researcher***: *Why would you want your partner for yourself?*
> ***Jan***: *Why would I what? … Because that's the way I am. Because it's a form of security (pause), it gives me a feeling of well-being (pause). … it can be a mother issue, but I never had a mother so. I had a grandmother yes (long pause). … My mother was very egocentric. She waited seven years for a guy that was in jail. I mean she's mad. She should have left him.*

A distorted view of a father figure can have detrimental consequences. Jan expressed that your whole life becomes a lie. Jan was abandoned by his biological father and his stepfather was in jail for several years.

> ***Jan***: *I don't know. It's the way I grew up. You always have to lie. If they ask you "where is your father"? You say "he is studying overseas". I had to say that for seven years. My friends grew up and said "but you are talking shit, why doesn't your father come home for holidays? Where's your dad"? I said "he's in jail" (pause). And that was not so lekker [nice] for me. Even the teachers, you know "your father must sign these papers". And I say "my father cannot sign because he's overseas". Also, the one teacher asked me when I was in standard five, she said: "I know you now for seven years and your father is still not able to sign your report. Come, haven't you got a father"? So I said "no he passed away". That's a lie. Your whole life becomes a lie.*

Perpetrators want to appear "normal", and thus, they often normalise, omit, distort or rationalise a hostile background, especially in loyalty to a parent or caregiver. The reader may sense much anguish and pain in Grace's testimony below. The excerpt is of particular importance in demonstrating how vital it is to discuss shame and trauma for healing to take place.

> ***Grace****: I think I was really (emphasis) sad. Really, like it was, it was, literally I was hurt (emphasis). Like on the inside, like I was hurt. You know, I was so (emphasis) hurt. Like I was really really hurt. It would be painful inside. … Besides the molestation, not being able to speak about it, my family situation, I mean I would have flashes of my father chasing us out of the house in the middle of the night. You know my mom, you know because I would hear them having conversations at night (emphasis), you know. … I think I was just very hurt (stated softly). Actually. I was very hurt (laughs). You know it was very deep. I think especially because we had not spoken about it. Anything (emphasis). I was hurt that I didn't have a normal family. So I was hurt, you know that I wasn't fully normal.*

Discussion: All the perpetrators and victims in the explorative phase of the study experienced a traumatic childhood, with the exception of Belvie, who described her childhood as happy and came from a large family of ten siblings. However, the researcher questions Belvie's portrayal of a happy home because, at the very least, it might have been financially challenging to provide for such a large family. Negligible information is available on John's childhood because he never spoke about it to Joshua (e.g. Joshua does not even know how his father's parents died). Table 11 is a summary of the family backgrounds of the perpetrators and the victims.

Table 11: Perpetrator and victim attachment and exposure to violence

Perpetrator	Witnessed IPV	Child abuse	Raised by	Biological father	Sex
Jan	Yes Father aggressor	Mother and stepfather emotionally absent	Grandmother	Abandoned	Male
Jermaine	No	Mother was verbally and emotionally abusive	Mother	Abandoned	Male
Grace	Yes Father aggressor	Father physically, verbally and emotionally abusive especially towards his stepson Sexually abused by half-brother	Both parents	Abusive	Female
Mpho	No	Uncle was physically, verbally and emotionally abusive Bullied at school	Relatives	Absent father and mother due to their work situation	Male

Victim	Witnessed IPV	Child abuse	Raised by	Biological father	Sex
Lesedi	Yes Mother aggressor	Sexually abused at age 13 by mother's boyfriend	Grandmother	Abandoned Kind stepfather	Female
Zodwa	No	Father physically abusive	Both parents	Abusive	Female
Amy	Yes Mother aggressor	Mother abusive and abused alcohol	Grandmother	Supportive father	Female
Belvie	No	No	Both parents	Happy childhood	Female
John	No information	No information	Elder brother	No information	Male

Different family formations were observed, namely, nuclear, single-parent, extended and child-headed families (e.g. Mpho expressed that it was stressful when he stayed on his own at the age of 13). Migration and urbanisation (i.e. social, economic and political factors) are thought to have changed the social value of fathering and fatherhood. For that matter mothering and motherhood too, particularly in South Africa. For example, the majority of families in Alexandra live in shacks, many of which are not big enough to accommodate all the members of each household. Consequently, many families are disintegrated as parents and their children do not live in the same household (Langa, 2010: 521). In the case of Mpho, the migration policies at the time were conducive to him being abused as a child by cruel caregivers because both of his parents worked in the city.

Within the South African historical context, racial structures did not accommodate men to move with their families and left many men with no other option but to be absent fathers. The social role of fathering became increasingly attached to a man's position as being a provider, and many neglected their children's emotional needs and care. Children from father-absent households are more likely to experience emotional disturbances, including aggression and violent behaviour (Langa, 2010: 519; Nduna & Sikweyiya, 2015: 536). The lack of a father figure in disadvantaged communities is compounded by other factors such as substance abuse, violence, gang activities, poverty and unemployment (Langa, 2010: 519), as was seen in Jermaine's case (e.g. the structural violence in disorganised communities).

It can be a negative and painful experience to be abandoned by a biological father (Langa, 2010: 521). It can also be shameful and embarrassing because it raises questions about identity and legitimacy. Lesedi expressed how hard it was not having a father. In fact, when she left her abusive husband, she went to great lengths in an attempt to trace her biological father. Nduna and Sikweyiya (2015: 537) found that absent biological fathers and the

accompanied unexpressed negative emotions are linked to distress, depression and suicide in women. Lesedi expressed that after the final rejection from her biological father, she felt extremely suicidal for some time and considered taking her own life (refer to 4.2.4 for a verbatim extract). The data indicates that parental negligence, abandonment and betrayal may play an important role in the aetiology of IPV. However, the study of Langa (2010: 524) also revealed that the lack of a positive fathering experience or male role model may facilitate the desire to become a different father (i.e. not to repeat the pain that they suffered as children).

All the participants in the explorative phase conveyed a narrative in support of an intergenerational transmission of violence, even into the next generation. For example, Joshua's grandfather was abusive towards Joshua's mother. Joshua's mother was abusive towards her husband and children, and Joshua was abusive towards his partners. The data also revealed that child abuse is often concomitant to IPV (Callaghan et al., 2018: 1553; Sartin et al., 2006: 437; Walker, 2017: 159). Ebbe (2010: 48-51) focuses on four causes of child abuse:

- Dependency (e.g. for nurture and protection) and vulnerability.
- Traditional authority of a father or mother being undermined by alcohol abuse or drug addiction. Although Joshua idealised his father, he despised seeing his "*hero*" drunk and being a weakling when it came to his mother.
- Cruel non-biological parents or guardians. When the researcher asked Belvie what she thinks was the cause of her partner's violence, she answered, "*being raised by another's mother*".
- A negligent society. A community response towards the DV committed by Joshua's mother was negligible. Joshua mentioned that "*everyone knew*" about the spouse abuse but did nothing and will be referred to later in 4.2.7. The clergy, the neighbours and the police were merely bystanders, which caused Joshua much anger and resentment. Raymond et al. (2016: 1046) found that faith leaders effectively identified partner abuse, but many remained silent or were not sufficiently trained to address the issue safely.

Nonetheless, Langa (2010: 519-520) asserts that the positive role that female-headed households can play in raising boy children must not be undermined and that it cannot be assumed that the absence of a biological father will necessarily result in maladjustment. As a result, generalisations must be made with circumspection. As mentioned, Friedman (1998: 26) states that the relationship between childhood trauma and later difficulties in life is neither simple nor inevitable.

4.2.1.2 Learning behaviour

Specialists in the field of intervention and diversion, like Thato and Jabulile, link IPV to low self-esteem, attachment theory and learning theory. Generational issues are closely linked to learning theory. Lesedi's husband's aggression seems to have begun in his teenage years, while his daughter, at the age of six, is already exhibiting aggressive tendencies. Although the child performs well at school, she is a bully (e.g. Lesedi had to put her daughter into another school due to her being incorrigible and disobedient). Lesedi left her husband when the child was one year old. The child witnessed IPV and was a victim of child abuse as a baby and during periodic contact with her father.

> ***Researcher**: Did your daughter witness some of this [IPV]?*
> ***Lesedi**: Mm, a lot. And she is very violent. She is beating [fighting] at school, always they are calling me "your child beat another child very bad". Last time I went to school, the other child was coming with blood. It was my child who beat him. I ask her "why are you beating somebody"? She said "he is the one who started so I must beat him back" (pause), like her daddy used to beat her*.

Belvie's four-year-old daughter is disrespectful towards her and imitates the perpetrator by devaluing her mother, just like her father used to. Belvie mentions that it seems as if the abuse has become "normal" behaviour. There is a possibility, as seen in the excerpt, that Belvie could also be abusive towards the child.

> ***Belvie**: Even my child when I beat her, she says ugogo [grandmother], the father was always telling me I'm ugogo because I'm older than he. "Ugogo, go look at yourself", my child if I make her angry she repeats those stories. For she takes it normal, the mother always fight and always do that" [is aggressive]*.

Donald is an expert in the field of intervention or treatment for perpetrators of IPV in the United States. Donald ascribes IPV to patriarchy but describes IPV as "*a strongly learnt pattern of behaviour*", as indicated in the following excerpt. The excerpt has strong undercurrents of generational issues, learning theory, secondary reinforcement and socialisation processes. Two dichotomies arose, namely, (a) the age-old patriarchal causational model versus learning theory and socialisation; and (b) whether IPV is a choice or impulsive behaviour.

> ***Donald**: I actually don't see it as an addiction, but it's just a strongly learnt pattern of behaviour. It is a habit. Now, in some way if you think about it, maybe you could term a bad habit as an addiction. But the issue is just that, this is how they have learnt how to behave. And these are the skills that they have. … So, if you think about our own behaviour, when we want to change a habit, it is very challenging. You know? So I think it's, um, I do think (clears throat), not only is it learnt, but it's really socially sanctioned for men. We give men a message all*

the time that aggression and being assertive, and you know, is really appropriate. And to be perfectly honest for men, that ultimately, if things don't go your way that violence is an absolute choice for you.

The following excerpts confirms that IPV is relational and that the onset of an aggressive outburst is often rapid (i.e. impulsive, "*just like in that very instant*"). The triggers are trivial and are expounded upon later in 4.2.5.

> ***Grace****: It would always start with my mom. It would always start with her, you know. … Like if we were all sitting and an argument burst out between them [i.e. her mother and her father]. I don't know maybe they would just be having a normal conversation, we would all be there and it would be a normal conversation, and in like three minutes later it would escalate (her tone of voice sounds excited). You know, either she would say something wrong when she was replying, or there was a misunderstanding, or I don't know, something, just like in that very instant. You know, so he would for example if he was sitting down, okay, so let's take for example an ashtray. If there was an ashtray, he would throw it first at her. Now all of us are like there. All of us are like okay, "no this cannot happen"*.

> ***Researcher****: He [her father] chased you guys and your mom out of the house?*
> ***Grace****: All of us. All of us, even if my aunty was there. He didn't care who you were, why you were there, what you were doing. If he has an episode all of you (pause) must just go. … It could be for no reason or a very very small reason. I would say no reason per se, but like a very very small, I would even say a ridiculous reason. Like no reason, I would say like, okay I would sit down and say "what was actually the problem". Like I don't even think they would be able to articulate what the problem actually was*.

Grace herself suffers from mood swings, as do her two brothers. Grace dealt with conflict in much the same manner as her father. For example, if a person said something to her "*in the wrong way*" she could overreact.

> ***Researcher****: What would a little thing be?*
> ***Grace****: (Pause). If somebody speaks to me, if you just say something to me in the wrong way. It could be relatively a little thing. If I was trying to say something to you and you are just giving me attitude and say "how" you know, "what" and then, ya. … It was very impulsive.*
> ***Researcher****: Something that you had no control over?*
> ***Grace****: Eish.[28] I think not that I couldn't control it, I just didn't know how (emphasis) to control it, or that it even could be controlled. Because I thought "no" maybe this is just the way I'm like my dad (tone of voice goes up). Actually you know, like maybe that's the way we are (emphasis). It's a problem that we have, you know. I mean at that age, I was 15, 16. I thought maybe this is how we deal with self. So it didn't occur to me that there's another way to deal with things. So where would I have even learnt that from?*

[28] Colloquial exclamation in South Africa for acknowledgement.

The foregoing excerpts demonstrate that the episodes are often unpredictable, and there may be destruction of property. A lack of self-control (i.e. inner containment) and a disregard for the consequences of behaviour (i.e. external containment) are evident. As a survivor of IPV and child abuse, Grace expresses that many victims think that they are going "*crazy*" due to the absurdness of the reasons given for the abusive behaviour (e.g. "*I would even say a ridiculous reason*" such as false accusations or double-bind messages). The violence is often out of context, and as Jan stated in "*the most inappropriate situation you get attacked by this anger*" (refer to 4.2.8.1). Hence, there is seldom any logic or rationale behind the abuse apart from the perpetrator's distorted reality of the situation. Regardless of how the victim may try to conform or adhere to the requests or demands of perpetrators of IPV, it is usually to no avail. Problems seem to be inevitable and often depend on the perpetrator's affective and cognitive states. Perpetrators push beyond boundaries, and they will, more often than not, find an excuse to "normalise" or justify the abuse.

Jan contends that sometimes patriarchy may be a factor in IPV. However, he emphasises learning theory, such as modelling or positive and secondary reinforcement. In other words, witnessing IPV promotes abuse as it becomes a learnt behavioural pattern and a way in which to deal with conflict. IPV, in a sense, becomes normalised. Jermaine concurs and also justifies his mother's abuse.

> ***Jan****: Ja, so you see. It's how you grow up. You see your father hits your mother, it's the acceptable thing to do. It's the way you're gonna [going to] solve your own problems*.

> ***Jermaine****: I think that plays a big role because like you only go back to what you used to and, what you learnt to do best (softly spoken). If there can be something that I would change, then I really would like my mum to change the way she (half-hearted laugh) talked to us, ja. I think that affected us in a big way because we (emphasis) adapted it like when you, how you [react]. Like I always tell my sister don't talk to your child like mum used to talk to us. It upsets me and I don't want it like, I don't like it if you scream at me or, but, but, I don't know. My mum just, maybe she was just in a bad space, she had stress, she didn't work*.

The intergenerational transmission of violence and learning theory is further exemplified in the fact that Grace's elder brother is almost a carbon copy of his stepfather. Grace's father drinks heavily.

> ***Researcher****: Has your elder brother got aggressive issues?*
> ***Grace****: Yeah. He's got aggressive issues, he's got four children from three different mothers okay. He is promiscuous like my dad. … I think he was abusive towards the second and the third, because they actually lived together.*

> *So he's into alcohol, he smokes, you know, not stable at work, now he has a job, now he doesn't.*

Discussion: Attachment theory which is often interrelated with learning theory and weak inner containment, featured significantly in the first phase. To recapitulate on a few points from chapter two (2.5.2), namely, that learning theory incorporates three broad components of learning, namely, (a) social learning through modelling; (b) classical conditioning (e.g. reflexive or automatic learnt responses such as fear); and (c) operant conditioning (e.g. behaviour that is learnt through positive reinforcement). It includes vicarious learning, imitation and observational learning. As stated in 2.5.2, it is a process theory whereby an individual models and internalises the behaviours (e.g. family-violent behaviours or excessive alcohol use) and cognitions (e.g. attitudes and beliefs) of those with whom they interact, of which significant others (e.g. parents and peers) play a particularly important role. Learning theory and socialisation are widely accepted as playing a role in family violence (Barnett et al., 2011: 50, 273) and can also be understood from an attachment and interpersonal theoretical perspective. The following is an extrapolation of how learning theory may have played a role in the lives of the participants, as well as the opinion of various service providers regarding possible causes of IPV:

- Lesedi's mother was physically and verbally abusive towards her partners. This might explain Lesedi's possible susceptibility to becoming a victim of IPV because it was what she was familiar with (Friedman, 1988: 29). Lesedi's daughter witnessed IPV and exhibited aggressive behaviour (e.g. the intergenerational transmission of violence).
- In the case of Zodwa, learning theory does not seem to play a role in her son's aggression, but rather a possible genetic disposition or prenatal trauma because she was physically abused during her pregnancy. This will be discussed later in greater detail in 4.2.1.4. However, Zodwa was abused as a child, and therefore, violence could have been her comfort zone and a possible reason why she too was susceptible to becoming a victim.
- Amy described her situation as similar to that of her own mother and father. She is a victim of IPV, as was her father. Amy's eldest son witnessed IPV and exhibited aggressive behaviour. There is no information on the middle child except that he is seven years of age. Her daughter was one month old at the time of the interview.
- Belvie's daughter witnessed IPV and exhibited aggressive behaviour.
- Jan emphasised learning theory and modelling in the causation of IPV. He claimed that when a child sees their father hit their mother, it becomes "*the acceptable thing to do*". Moreover, it will, in all likelihood, be the way they will resolve conflict in adulthood.

- Jermaine attributed the cause of IPV to the way in which a person is raised. In other words, "*you only go back to what you used to and, what you learnt to do best*". Jermaine's sister's parenting skills also seem to be similar to that of their mother (e.g. " *I always tell my sister don't talk to your child like mum used to talk to us*").
- Grace dealt with conflict in a similar manner as her father in the sense that if anyone said something to her in the wrong way, an incident could be triggered. Grace intonated that she could only have learnt that from her father. Grace attests to her father becoming violent because her mother may have said something wrong in responding to her father. Grace's elder brother behaves in a similar manner to his abusive stepfather. He exhibits problem drinking, is promiscuous and abusive towards his partners.
- Donald asserts that although patriarchy plays a role in partner abuse, IPV is a "*strongly learnt pattern of behaviour*".
- Thato and Jabulile stated that individuals who come out of a violent home are likely to be abusers themselves. Moreover, abusive behavioural patterns may have been learnt through the process of socialisation.
- Anneline stated that the perpetrators of child abuse sometimes have violent histories, and although one would think that their situation would be different, it is often not.
- Mpho stated that a violent background plays a role in IPV and contends that he learnt how to bully back.

4.2.1.3 Mental health and biological factors

Witnessing IPV and/or experiencing child abuse can be excruciatingly traumatic and foster shame. Mental health issues are almost inevitable. For example, repercussions could be impaired mentalising, feelings of worthlessness or low self-esteem, personality disturbance and depression. In fact, Grace was diagnosed with bipolar depression when she self-harmed and had to be hospitalised due to a loss of blood when she one day cut herself too deeply. In the case of Lesedi, her mother seemed to have no control over her aggression. Due to the retrospective nature of the research biological and psychological correlates of IPV could not be confirmed. However, Lesedi describes seizure-like events.

> ***Lesedi***: *So when she get too much angry she fell down. Sometimes she goes to hospital and she wakes up after three days.*
> ***Researcher***: *Did she have a temper?*
> ***Lesedi***: *Yes very bad, you cannot even control it. When she is angry you must just leave her.*

Zodwa was severely beaten when she was four months pregnant. Zodwa's five-year-old son is aggressive and mentally impaired. He cannot speak or understand what is being said to him. Zodwa left the perpetrator when she was seven months pregnant. It was only an eight-month relationship in which they saw each other seldom (i.e. eight or nine times and only on weekends) because she lived in East London and the perpetrator lived in Johannesburg. Hence, physiological factors would better explain Zodwa's son's aggressive behaviour rather than learning theory or patriarchy.

> ***Zodwa****: Even my child is like that. My five-year-old yo*[29] *is a problem. He's the one who beats the kids first. … Those genes are in the child and what I see is that he is going to be worse [than the father] (short laugh)*.

A profound dichotomy exists between the calm and engaging side of perpetrators versus the mental state during a battering incident. The disparity is sometimes referred to as the Jekyll and Hyde personality and walking on eggshells.

> ***Amy****: … it is when that person is a wicked and a violent person, and then they change into a lovely whatever. And what did you do? You must just keep quiet, nè.*
> ***Researcher****: You walk on eggshells the whole day.*
> ***Amy****: It's not a nice feeling. You don't know whether you are doing something wrong or whether you are doing something right*.

Joshua respectfully depicts his father as "*a puppy dog with his tail between his legs, just walking on eggs [eggshells] and being fearful just to keep the peace. Anything for peace sake*". Joshua describes himself as being a thin, frail and fragile little boy with a tremendous inferiority complex. Joshua recollects that it was difficult to understand how his mother could one minute lavish him with love and the next minute reject him. Moreover, he saw himself as a vile product of his parent's union due to his mother's derogative remarks regarding her sexual relations with her husband, which translated into the further corrosion of an already low self-esteem and feelings of worthlessness.

> ***Joshua****: The enemy made me see myself as a vile thing. That breaks down one's self-esteem and if you start hating yourself you cannot love others. You are at war with yourself because you hate yourself. You are at war with others. This is very important I think for the programme. That was just one little "spyker in die doodskus" [nail in the coffin]. That was part of my inferiority complex. I realise it now because of the shame and the reproach*.

[29] A colloquial expression in South Africa for "extremely".

Jan was hyperactive[30] as a child, which could explain his poor scholastic performance at the time.

> ***Jan****: You lie about many things. You pretend that you got money. You pretend that you got a father. You pretend many things.*
> ***Researcher****: But then doesn't that just boil down to one thing, having a lack of confidence?*
> ***Jan****: Of course, it's a lack of confidence. And then I failed at school, because I was not that much interested in school, or to go to the school in any event. I didn't like to do homework and I was in trouble for that*.

Donald is of the opinion that perpetrators of IPV have behavioural problems as opposed to mental health issues and that IPV is a choice. However, in the excerpt below, it is evident that trauma, shame, intrapsychic factors (e.g. faulty cognition, defence mechanisms and automatic responses) and situational factors (e.g. lower income bracket, lower education level and violent communities) impact IPV.

> ***Donald****: So part of my argument was, I even talked to one of the key researchers. I said, I think you are mislabelling them [perpetrators], because they are not borderline personality disordered. They have borderline features, which is very different. So you could argue that a lot of people have borderline features who have difficulty in a relationship. And is this antisocial what you're doing? Is that truly antisocial, or I mean as in a personality disorder, psychopath? Or is it just a behavioural issue around criminal behaviour, which is very different as well. … I do think that a good portion of the men are impacted by trauma. I really do. Primarily, because we serve the Afro-Latino men and the Caucasian or white men typically from the lower class. Poor, they have lived in violent communities, they may have a history [of violence], there are all sorts of things [factors contributing to IPV]. So part of that is the more trauma experiences you've had, the less likely you are going to have a functioning relationship. It is kind of a given, so part of that is to help them begin to work through some of that and to let them understand that they have other choices. Because many times they just don't think that they have other choices. "I've tried everything".*
> ***Researcher****: But in that comment "I've tried everything", isn't that sort of alluding to "I have no control over this"?*
> ***Donald****: Yeah, well, that is how they first come in. They are defiant, "she did something wrong and I just lost it". Well, that is not really what happens, and that's the issue. It feels like that. Part of it is, when you have got in the habit of behaving in a particular way, there are times you don't think about your behaviour anymore. … So what they have to do is they have to write about the history. They have to write about incidents, they have to understand how did they go about making those changes, those choices, to abuse? Because until they understand that process, and start to see how they're thinking, that their thinking really, you know, influences how they behave.*

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[30] Preliminary evidence calls for the consideration of attention-deficit/hyperactivity disorder symptoms as a risk factor for intimate partner violence perpetration and victimisation (see Wymbs, Dawson, Suhr, Bunford & Gidycz, 2017: 676).

The evidence suggests that there is an association between depression and IPV (e.g. Mpho commented that he suffered and still suffers from depression). The following are excerpts revealing that depression may play a role in IPV. Depression is often, at its core, a disorder of self-esteem and can manifest as anger. Low self-esteem often heralds maladjusted behaviour. Depression can be exogenous (i.e. where the environment plays a role, such as insecure attachment or the loss of a loved one) and/or endogenous (i.e. biological, such as an imbalance in serotonin levels) in origin.

> ***Researcher****: Do you ever have feelings of loneliness or boredom (pause), or depression?*
> ***Jermaine****: That happened like last year [his brother committed suicide and his mother died six months later], ja, but that was more like I was depressed. I was in a very dark place*.

> ***Grace****: I think at the end of my first year I realised that I could just not carry on the way I was carrying on. Like I was tired (emphasis). By that time I had tried everything, I, I, the alcohol, the drugs, everything (emphasis). The cutting, I was tired by the time, you know. … I think in the year at Wits I didn't do well, I was into so (emphasis) many different things. I was tired, I was weary and the future didn't look too bright for me at that time. … I was hurt, I was hurt, it just feels sad, I had like major (emphasis) mood swings. Actually I was diagnosed with bipolar during that time*. … *The mood swings were super excitement and aggression (tone of voice drops). I've never been depressed as in being sad too much. I've never really been on the sad side (tone of voice goes up), I've always been more aggressive than sad. More excited and impulsive, than happy*.

In addition to depression, other health issues such as HIV, impotency and prostate cancer may influence IPV.

> ***Mpho****: You might find, that to be so violent is because of health problems that he is having. That he's hiding. Maybe I'm suffering from depression, or suffering impotence, somebody is afraid to tell that he is impotent. Somebody does not check himself, does not go for the tests. Different tests, blood pressure, cholesterol, they don't check it. And this thing of prostate cancer, other people are not aware of and they should be made aware of it. So you see domestic violence was not supposed to be there, but because of health reasons it features*.

The researcher would like to reiterate that the literature and the data point to a multicausal and multidimensional model for IPV. In an informal interview, Jan emphasised stress, prenatal trauma such as an addict mother-to-be, insecure attachment, depression and anxiety as other contributing factors of IPV. Partner abuse can be caused by various mental disorders, physiological infirmities, a hostile childhood and situational factors such as alcohol abuse, or

a combination of various factors, as further disclosed by Jan. The excerpt below reflects the heterogeneity within IPV populations.

> ***Jan****: Borderline, paranoia, antisocial, you must put that in. You can write there that this research is not about previous mental illness, but the author recognises that existing psychiatric problems, psychological problems of the past might have an influence on this guy's aggressive behaviour. Just a short, half a page, so that you just acknowledge it.*
> ***Researcher****: I agree with you that it is not a one-size-fits-all for sure, I agree with you. It is just so multifaceted. But, do you think it is more of a borderline problem or a problem with impulse control?*
> ***Jan****: No, you cannot say, it depends from person to person.*
> ***Researcher****: But in the majority of cases.*
> ***Jan****: No you must never generalise. You must say that there are a few factors that we must keep in mind. Like borderline personality disorder, impulse control, da, da, da, da, da, schizophrenia, etcetera. … The physiological problems with people can add to their aggressive behaviour, like brain injury. If a guy is involved in an accident and he gets an injury in his frontal lobes, the chance of him being aggressive is 90 percent.*

Joshua's mother's assaults on his father were volatile, dangerous and unpredictable. Joshua draws an analogue to Mount Vesuvius exploding. The triggers were mostly trivial in nature. In other words, the aggression was grossly out of proportion to any precipitating psychosocial stressor. She demonstrated an extraordinarily unstable affect.

> ***Joshua****: Whenever we arrived home [after a visit] from my precious godmother [Joshua's aunt Susan from his mother's side], hell broke loose. I mean like in two, three times more intense than what I was used to. Hell (emphasis) broke loose. Even on the way home in the car my mother would assault my dad while he was driving. He would plead with her "please I'm at the wheel, I don't want to make an accident and wreck you all". She would just smash at him on the highway. One day we had a full head-on accident. It was raining and I saw this black car slithering like a snake, my dad couldn't avoid him, it was a head-on collision on the way back from her.*

The excerpt above displays a marked impulsivity with little heed to the possible consequences of her risk-taking or self-harm behaviours. For example, Joshua's mother once drank DDT which is a pesticide and has subsequently been banned. Joshua commented, "*I believe the stunt of drinking the poison was manipulation. After two weeks of assault and nonsense she would suddenly cut her wrists and bleed into the bath. Look what you've done to me*"*!* Joshua's mother was never remorseful over her actions.

Lesedi's husband seemed to exhibit borderline traits. Her husband abused alcohol, and after abusing Lesedi, he would exhibit remorse and lavishly spoil her with gifts. Lesedi stated that

her husband had no control over his aggression and that his behaviour was erratic and unstable. He regularly undertook not to abuse her again, yet to no avail.

> ***Lesedi***: *He was telling me the same thing every now and again "I will stop hitting you". But on weekends he would continue and on Monday was buying gifts for me*.

In contrast to Lesedi, Zodwa, Amy and Belvie's partners exhibited antisocial traits. Zodwa's partner was a pathological liar and exploited her financially. Amy's partner was generally violent and was involved in criminal activities. Belvie's partner violated her rights on numerous occasions and showed no compassion towards her.

> ***Zodwa***: *He's got his own ways. You don't know him. He's going to create a story so that you must feel ashamed and give him the money. Before I came to Jo'burg he created a story that he has to pay someone R500.00. Then I deposited to him R500.00. Then I heard that money, yo, was to give the girlfriend he made pregnant. So that girlfriend must take the money and go home, so that I cannot see that girlfriend who is pregnant*.

> ***Amy***: *I keep on telling him "go away, I don't want you near me what what", but he refuses (pause). I tell him also "you are stealing (emphasis) cars, leave, go because I just want to be free from you"*.

> ***Belvie***: *So by the flat he [the perpetrator] chase me in the midnight. It was June, it was winter and he bring another girlfriend who was having twins from that guy [the perpetrator]. So he says he will stay with that girlfriend and me. I must go. Both him and the girlfriend beat me and chase me away. … So now they throw me out with my stuff. They say they will stay with the baby and those twins of the girlfriend. It was by three o'clock in the midnight in winter*.

Discussion: Attachment problems in infancy and early childhood are associated with a series of pathological symptoms in adulthood, including depression, anxiety and personality disturbance (Savage, 2014: 165). The two most often occurring personality features in IPV are borderline and antisocial traits (Lawson et al., 2012: 192). However, due to the inherent methodological limitations, such as third-party bias and the retrospective nature of the explorative phase, biological or clinical influence cannot be confirmed. It is not the intention of the researcher to infer or make any clinical diagnosis regarding any of the participants. The following discussion should be viewed as characteristics and various traits that were observed during the data collection in the first phase.

Zodwa, Amy and Belvie's partners displayed antisocial behaviour, characterised by a lack of remorse, a lack of conscience with gross empathic failure, pathological lying and deceitfulness

for personal gain, impulsivity, irritability and aggression, as indicated by repeated physical assaults. They seemed to be indifferent to the safety of the victims and had a pervasive disregard for the victims' rights and the rights of others, such as not honouring financial obligations and stealing. Verbatim extracts will be disclosed later in the chapter (e.g. refer to 4.2.3 and 4.2.7). Some illustrations of antisocial traits obtained from the interviews are outlined as follows:

- Zodwa's partner showed no remorse or empathy. He was manipulative and coaxed her into giving him money by continually lying to her. He was deceitful and led a double life with umpteen girlfriends. He had no regard for her time or the money that she spent when visiting him from afar (e.g. on one occasion, he stayed out until midnight when she visited him over a weekend). On another visit, she found all her clothes cut up by one of his mistresses. It was immaterial to him if she resigned from her job as a tax consultant in East London to join him in Johannesburg, knowing full well that he had no intention to marry her.
- Amy's partner showed no remorse or empathy and stole cars for a living. In fact, when his sister threw a glass vase at Amy, which severely lacerated her face, his comment was that his sister should have killed her. He was indifferent to her safety, as indicated when he threw her into the fire when he was burning her clothes. He had no regard for the safety of Amy and their unborn children when he physically abused her during her pregnancies. The researcher surmises that Amy checked into the shelter when she was about six months pregnant. IPV usually becomes more frequent and more severe during pregnancy (Carpenter & Stacks, 2009: 836; Lannert et al., 2014: 1967). Amy's partner exhibited pathological lying and caused damage to property (e.g. he smashed the television set and kicked the door down because Amy never opened the door fast enough).
- Belvie's partner showed no remorse or empathy. He expected her to accept blatant infidelity under the same roof. He treated her with contempt and had no concern about her safety. She was thrown out of the flat in the middle of the night, in winter with nowhere to go. His behaviour was unpredictable and he was generally aggressive.

There was a recurrent theme of depression in the current study, as indicated by Grace, Jermaine and Mpho. Jan cited various psychological problems (e.g. depression, BPD, paranoia, sociopathy, impulse control disorders, schizophrenia), physiological problems (e.g. brain injury) and substance abuse (e.g. alcohol and pharmaceutical drug abuse), that possibly play a role in the aetiology of IPV. Other consequences of insecure attachment included diminished empathy, insecurity, low self-esteem and a deep-seated mistrust of others.

A clinical psychologist's impression of the description of Joshua's mother was that of BPD (i.e. the data was peer-reviewed). A typical characteristic of individuals with BPD is that they seldom take responsibility for their behaviour, as exemplified in the case study. Verbatim extracts are presented later in 4.2.6. Other borderline features are tumultuous interpersonal relationships, an extraordinarily unstable affect and behaviour dysregulation. Joshua's mother exhibited mood swings. She had frequent and extreme displays of anger and recurrent fights, as well as presented with suicidal threats and self-harming behaviour. The painful nature of her life was reflected in the cutting of her wrists and drinking pesticide. Depression and BPD symptoms are highly correlated with self-harm behaviours and suicidal attempts or thoughts. Individuals suffering from BPD characteristically oscillate between idealising and devaluing a partner (e.g. Joshua's mother exhibited hateful and even sadistic behaviour towards his father), as well as may have micro-psychotic episodes or dissociative states, possibly revealed in the "out of control" aggressive outburst that Joshua's mother displayed on the way home from his aunt. Hence, the victim is often the punch bag no matter what they do or do not do (i.e. the triggers are usually trivial in nature and out of proportion to the events or the circumstances). Joshua recalled the confusion on his father's face every time after a violent episode.

Low self-esteem is often a forerunner of pathology and deviant behaviour. Joshua described a fearful eggshell environment which can diminish self-worth and, over time, be experienced as trauma (Brown, 2015: 61-62). He relayed that as a small boy, he had an inferiority complex, and as he grew older, the feelings of pain and shame manifested in an intense hatred towards himself (i.e. a lack of self-compassion) and anger and resentment towards the world. Joshua felt that his hatred for women surpassed that of "*Jack the Ripper*". Situations that are directly or symbolically reminiscent of early deprivation can trigger hostility. For example, Joshua's fiancé abused alcohol and it reminded him of how manipulative his mother was and how he despised seeing his father drunk and being a weakling when it came to his mother. Joshua stated that the video would immediately roll. Joshua noted that the "*nail in the coffin*" was shame and reproach. Trauma has a major impact on self-development, including an overall negative sense of self, self-loathing, depression, anger and chronic shame (Flemke et al., 2014: 102). Joshua's anger and hatred were possibly accentuated by the knowledge that the community knew about the extent of the violence in his home, and they did very little to intervene. Self-concept is inextricably linked to one's worldview and vice versa. From the above discussion, it appears that physiological, psychological, sociological and situational factors are all interrelated in determining an individual's resilience to adverse circumstances, deviance and a propensity towards IPV.

4.2.1.4 Situational factors

The following excerpt demonstrates how attachment and the intergenerational transmission of violence, especially in the CJS populations (e.g. "*court-ordered men are more likely to have had some violent experiences in their life*"), learning theory and situational factors (e.g. substance abuse and unemployment) may play a role in the causation of IPV. Participants who upheld patriarchy as the cause of IPV recognised many other factors that may also influence abusive behaviour.

> ***Donald****: If you look at surveys of the general population of men, um, the largest portion of men who use domestic violence have no history of violence. When you get into the criminal justice system, then that's a different picture. So court-ordered men are more likely to have had some violent experiences in their life. But if you look at the general population, and you do general population surveys, there's about 50 to 60 percent of men who are batterers and may not be in the court system, that I would call normal. They have substance abuse issues you know. … So the challenge is that, I would argue that there is a learnt component, but it is more about the patriarchy. … if you add into that a history of violence or abuse, then you get into an issue where they really do not know how to handle a relationship. It is in some ways at least marred by abuse, in some way. So, that I think is really important to understand. So, part of the challenge for groups like we run, is that we are much more likely to have men, when they are older, when they get to their thirties, so they have been practising for 20 years (chuckle), right. And then they may have additional issues that may impact them. Stress and that's the other thing that we found in our programme. We do a lot more case management for the men now. We, we really have a case management meeting with them. "What are the issues that you are struggling with, how do we get you into supportive services"? Because many times it is the stress that those things cause that can contribute to abuse. … if you look at all the criminal literature, the best predictor for not reoffending is getting them employed (chuckle). Having a stable family, a stable relationship, or having employment I think is critical. So is there a portion that is learnt? Absolutely*.

Roy is a RJ practitioner and did much of his training abroad. He is involved in various forms of mediation, such as victim-offender-conferencing (VOC), victim-offender-mediation (VOM) and inner circles. According to Roy, the key difference between VOC and VOM is that conferencing usually includes other people, such as family members, whereas mediation involves the offender and the victim. Inner circles are more committed to community building and may engage community members who have an interest in the matter at hand. Thus, RJ principles may involve healing for the perpetrator, the victim and other relevant parties. Reconciliation is not usually the goal because it is more about the parties gaining an understanding of the situation and reaching some type of agreement or settlement in order to move forward. RJ is especially effective in reintegrating ex-convicts back into society or their communities. An important objective is for the parties to make amends and for offenders to take responsibility

for their actions. Various types of offenders and cases pertaining to IPV are usually referred to an NGO at the pre-trial stage, whereas RJ accesses individuals at different phases of the CJS, in other words, (a) pre-charge; (b) pre-trial; (c) during incarceration; and even (d) after being released from prison. Although RJ is linked to diversion, Roy deems them as separate entities in the sense that diversion focuses mainly on the offender, whereas pure RJ focuses on the offender, the victim, the family and friends, as well as the community (i.e. all stakeholders can be involved in the restorative process). Roy's organisation reflects remarkable success rates and confirms that employment is key to reducing recidivism.

The evidence suggests that a large percentage of court-mandated offenders come from violent backgrounds. In addition, unemployment does seem to mediate abusive behaviour. The case files that were examined reflected that (a) alcohol abuse played a role in 50 percent of the cases; (c) more than 50 percent of the group indicated that jealousy played a role (b) poverty played a role in the majority of cases; and (c) a lack of education seemed to be the norm. The findings substantiated Donald's viewpoint that group members usually come from lower socioeconomic environments. Poverty and a lack of education foster a lifestyle of deprivation and feelings of low self-esteem.

> ***Jermaine****: I was in matric, the only reason I didn't pass is because I was angry because I asked them [his mother and eldest brother] what am I gonna [going to] go study, are they gonna [going to] pay for me? And they was like, "no there's no money for you to go study". And that like just broke me*.

Unemployment may lead to (a) stress; (b) lack of confidence; (c) vulnerability; (d) sensitivity especially when the other spouse finds employment; (e) elevated jealousy and controlling behaviours; (f) isolation; and (g) diminished conformity.

> ***Thato****: Self-esteem. That gets even more complicated now when the wife or fiancé starts working. I'm sure you've heard the stories yourself in previous conversations. The majority of them will tell you that the moment she starts working things changed. And you always wonder what did change. "Did things really change or was it your self-esteem that got a knock"? … You could talk to her and she could talk back and you could easily let it slide away. But now because you are pushed to that space where you are vulnerable, you are fragile, you are sensitive to anything that she says. … You understand? You will get things like "she's coming home late, she's having phone calls", but maybe those things could have happened before, but because the playing field was even it did not matter. Now that she's working, self-esteem is taking a knock and suddenly coming home late means she's got a man. Having a phone call means that other men are calling her. But it could be colleagues, colleagues call one another. People when they work together, especially today with technology take pictures together*.

If a victim finds employment, it may aggravate existing feelings of low self-esteem, especially if the perpetrator is unemployed. As indicated in the excerpt to follow, fear may be instilled that the victim will become less dependent on the offender and, thereby the offender will have less control over the victim. Perpetrators have a need for control, possibly due to feelings of low self-worth and the fear of rejection. Employment could create other insecurities, such as the possibility of a partner meeting someone else at work, which could fuel jealousy, or the fear that the victim may speak to others as to what happens behind closed doors. Perpetrators of IPV typically overreact and may be sensitive to criticism and reproach.

> ***Thato**: South Africa has its own unique things that will not apply to any other society. One other thing that has been coming up lately, that I have been noticing, is the issue of an inferiority complex, with men. The abuse starts as soon as she gets a job.*
> ***Jabulile**: She gets a job, ja.*
> ***Thato**: And he will not say he is feeling inferior, but obviously we are trained to pick those things up. My graph peak has been going up and up, as I do the groups more and more, that theme is growing bigger and bigger. Yesterday there was a guy here from Soshanguve. He is also having the same problems. As soon as she got a job his problems started. But always they blame them [the victim]. It could be jealousy. It could be self-esteem as well. Part of socialisation is that a man needs to take care of his family, so the moment that he can't do that, and the woman is in a position of independence, then his self-esteem is lowered and he feels undermined. That may manifest in aggressive behaviour or any other form of abuse.*

Mpho mentioned that when he was unemployed, his wife ran him down verbally. Unemployment creates stress and affects self-esteem. Mpho felt incompetent and like a failure because he could not provide for his family. Being unemployed was embarrassing and engendered humiliation. The reader will also notice in the excerpt that Mpho was not at the time aware that he was being abusive.

> ***Mpho**: I did not realise I was a perpetrator by then. Because I was a bit troubled. It started when I was not working. So life started to be a bit rocky. Because as a father you need to support your children, you got to see that your wife gets that and that. I couldn't buy anything you know. Now that thing was deep in me and I could not control it.*
> ***Researcher**: You mean you felt bad that you couldn't contribute or be the breadwinner.*
> ***Mpho**: I could not contribute and there were those words that you get [from his wife], "you can't provide, but you say that you are a man". Now you don't have to remind me, I know. You can't always get immediate employment. Now that thing dragging to get employment brings stress. And now your self-esteem also goes down.*

Justice is a magistrate with extensive experience and considerable insight into IPV. He contends that alcohol abuse and conflict pertaining to infidelity and jealousy often trigger

incidences of IPV. It seems that timeout could be a useful tool to diffuse conflict situations before they escalate.

> ***Justice****: And if you look back, you'll find that you are on a very trivial matter. Which you could just have overlooked, and life goes on (pause). … More often than not, alcohol is involved. When alcohol is involved, then there's these domestic violence [the court usually refers to IPV as DV] issues. If the people are in a relationship and the one is cheating on the other, the cheater will always try to find a reason to have an argument, to go out to see the third person.*
> ***Researcher****: A very interesting observation. I think many perpetrators, well, I think jealousy plays a big role.*
> ***Justice****: It does. And that is definitely going to cause strife in a marriage or in a relationship. So as I've said, find a way to avoid this conflict. If you cannot see eye-to-eye at that moment, try to relax, keep calm. Then when the time is right, you can revisit*.

The case of Lesedi confirms that alcohol abuse is highly correlated with IPV. Lesedi's husband would become physically violent only on weekends when he frequented the pubs and came home drunk. However, their marriage also reflected controlling and isolating behaviours when he was sober. Jabulile concurs that IPV can be triggered by intoxication.

> ***Lesedi****: If he hasn't had a drink we talk nice from Monday to Thursday. The violence starts only on weekends. And even if I go to town without telling him, he is going to beat me*.

> ***Jabulile****: And I have also found that substance abuse, when you are talking about if it is impulsive? I have found that some have a pattern whereby when they are sober, everything is okay. But once they take one or two, then it escalates. So when you sit down and talk about the dynamics, you will talk forever*.

Discussion: Belvie mentioned that in Zaire, shelter is not readily available, and therefore, abuse may endure for a lifetime because the victim and the children will have nowhere else to go. Their government apparently does not provide or fund any social services such as housing, medical and schooling. It seems as if victims of abuse can find themselves in a catch-twenty-two situation because there are harsh realities in staying with the perpetrator, as well as leaving the perpetrator. For instance, the lack of resources and the concern over cruel stepmothers being involved with their children make it difficult for abused women to leave the perpetrator. The case study of Belvie demonstrates that sociopolitical factors such as poverty and patriarchal values (e.g. that family affairs are a private matter) that are upheld by the State and the community may be conducive to IPV. See Mwachofi (2016: 29, 31) who cites that another situational risk factor for IPV is women with disabilities. Women are more vulnerable when they are limited in any activity because of a physical, mental or emotional impairment.

Unemployment and various other stress factors can be conducive to IPV. Children in the household are often cited as a source of relationship stress (e.g. disagreements over childrearing issues, the division of childcare responsibilities, or lower marital quality). Hence, the failure to achieve gainful activity such as education and employment, or the entry into parenthood, may exacerbate relationship stress or conflict and facilitate verbal disagreements that often escalate into a physical altercation (Johnson et al., 2015: 712). Mpho stated that he only perpetrated IPV when he was unemployed. Moreover, prolonged unemployment is particularly challenging and may result in family tensions, arguments and fights. A lack of income is stressful and can be a source of embarrassment. Thato concurred that poverty and the lack of opportunity are other driving forces of IPV. Anneline stated that in many of the child abuse cases that they work with, there are financial problems and that IPV is often an outlet for stress (Hargovan, 2010: 32). Most of the offenders in the BIP that the researcher attended, as well as the case files that were examined, reflected poverty and low levels of education. Poverty and unemployment can be a source of stress, conflict and frustration.

Thato disclosed a link between the women victims finding employment and an escalation of IPV. Thato explained that socialisation usually demands that a man take care of his family. Thus, when he is unemployed and his partner acquires employment it places her in a position of independence. Abusive partners typically have low self-esteem, jealousy and fears of abandonment. Thus, when the victim procures employment the situation may be aggravated due to the perpetrator having less control over the victim. Work colleagues may instil feelings of insecurity and jealousy, especially when liaisons are maintained via social media or shared transport to work. Moreover, a man’s sense of adequacy is further diminished when he is unemployed, and he may feel undermined. Poverty may also thwart self-actualisation and ideals, as was in the case of Jermaine, who dropped out of school. Jermaine became despondent because there were no resources for him to study further. Self-realisation fosters self-confidence and high self-esteem. Individuals who lack economic capital and basic resources are at a greater risk for stress and feelings of hostility.

Donald propagated that case management and other supportive services are to be incorporated into BIP for it to be an effective strategy. For example, he stated that the best predictor for perpetrators not to reoffend is for them to find employment. Roy concurred. Mpho commented on various health issues such as HIV, impotency and prostate cancer that may induce stress and that also needed to be considered when addressing IPV. The findings of the current study verify the evidence that although alcohol is often associated with IPV, it cannot be considered as a cause of IPV. However, according to Justice, “*more often than not, alcohol is involved*”. Anneline and Jabulile concurred. The 20 case files that were examined revealed

that 50 percent of the offenders attested to problem drinking (Hargovan, 2010: 32). However, IPV often also occurs in states of sobriety, and therefore, other risk factors such as personality disturbance or biological correlates could better explain partner abuse. Nonetheless, if perpetrators of IPV are struggling with problem drinking or substance abuse, then that too needs to be addressed.

The data revealed a compelling link between pregnancy and IPV which could have serious implications for the unborn baby. All the victims that were interviewed were physically abused while they were pregnant. All the victims have young children with behavioural problems, and some even have disabilities, as depicted in table 12 below. Due to the nature of the study, a direct link between possible prenatal trauma and aggression cannot be confirmed.

Table 12: Violence against pregnant victims

	Lesedi	**Zodwa**	**Amy**	**Belvie**	**John**
Abused while pregnant	Yes	Yes	Yes	Yes	Not applicable
Marital status	Lived together	Unmarried	Lived together	Unmarried	
Income group	Low	Medium	Low	Low	
Sex	Daughter	Son	Son	Daughter	
Age	Six	Five	Nine	Four	
Possible impact on child	Aggressive	Aggressive Learning disability (e.g. he is inarticulate)	Aggressive Blind	Aggressive Prematurely born at eight months	
Separated from the father	Child was one year old	Seventh month of pregnancy	Lived together for over ten years	On and off for five years	

Jan emphasised prenatal trauma as a contributing factor to IPV. For example, Zodwa's son has a delay in expressive and receptive language at the age of five. Male-perpetrated violence often begins or worsens during pregnancy. High levels of stress can be harmful to the unborn child before birth. A longitudinal study of 7448 women revealed a high correlation between prenatal anxiety in late pregnancy and hyperactivity, inattention, behavioural and emotional problems in their children at age four (Carpenter & Stacks, 2009: 836). Prenatal trauma, child maltreatment and witnessing IPV can impact negatively on the neurological development of the brain and influence emotional regulation and cognitive development resulting in problems with memory, learning, thinking and the interpretation of emotions (Lannert et al., 2014: 1967). Impaired mentalisation and social information processes in relation to IPV were discussed in great depth in chapter two (2.5.1.2).

Research indicates that abusive male partners tend to be more jealous and possessive of their partners compared to non-abusive men. Abused women report heightened levels of insecurity, jealousy and possessiveness during pregnancy.[31] The threat of IPV not only increases during pregnancy but is also associated with more severe violence compared to IPV that occurs outside of pregnancy (Bacchus, Mezey & Bewley, 2006: 588; Carpenter & Stacks, 2009: 836; Lannert et al., 2014: 1967). Both Zodwa and Belvie had to be hospitalised after being severely assaulted during pregnancy. Prenatal trauma may be an overlooked contributing factor to aggression and the perpetuation of IPV. An estimated 1.5 million women are victims of IPV in the United States each year, of whom 324 000 are pregnant at the time of the abuse (Mwachofi, 2016: 28). Violence during pregnancy can have adverse effects on infant and maternal health.

Abused women are likely to have high stress and anxiety levels, unintended pregnancy (all the female victims in the current study fell pregnant out of wedlock), delayed prenatal care, neonatal complications or death, maternal mortality and preterm delivery (Mwachofi, 2016: 29). Belvie was severely beaten during her pregnancy and had to be rushed to the hospital where she needed to undergo a blood transfusion due to extreme loss of blood. Her daughter was born prematurely at eight months. The unborn baby can be negatively impacted by IPV in three ways, namely, (a) the direct impact of the physical abuse; (b) the healthy in-utero development is jeopardised; and (c) abused mothers frequently suffer from symptoms of posttraumatic stress which can impair responsive parenting. Symptoms of IPV trauma, such as physiological, affective and behavioural dysregulation may appear within the first year of life (Lannert et al., 2014: 1966-1967). The section highlights the possible biological correlates of IPV. For example, learning theory cannot account for Zodwa's five-year-old son's behavioural difficulties because she left the perpetrator while pregnant. However, the severe beating that she endured during pregnancy could perhaps account for her son's aggression or affect dysregulation and learning disability.

A limitation of attachment theory is that situational factors such as heightened abuse during pregnancy, jealousy, stress, unemployment, alcohol abuse and a disadvantaged or disorganised community (i.e. structural violence) may have a significant influence on conforming or non-conforming behaviour. Numerous situational factors could, for instance, have mediated the physical altercation that took place between Jermaine and his girlfriend. His brother committed suicide in 2015, and his mom died six months later. His girlfriend had also told him that she was cheating on him. In addition, resilience to non-conforming behaviour

[31] See Taillieu and Brownridge (2010: 23-29) for risk factors for violence during pregnancy, as well as for various theoretical explanations as to the increased levels of violence during pregnancy (Taillieu & Brownridge, 2010: 29-31).

is often developed by relationships with dependable adults and positive peer groups. Jermaine's environment was riddled with absent fatherhood, poverty, addiction, crime and gangsterism. Jermaine's deceased brother, whom he looked up to as a role model, was a drug dealer.

4.2.1.5 Patriarchy

At best, patriarchy emerged as one possible contributing factor to IPV. When it was posited as a cause, many contradictions or inconsistencies coexisted as illustrated by the following excerpt.

> ***Donald***: *Well, it does have something to do with patriarchy for men, because the vast majority of perpetrators for domestic violence are men. The vast majority (long pause). They do the severe violence, now I am not saying that women don't scream and yell, call names or even slap the guy. But the issue is the fear. It is that most men, most, I say not in all cases because some men are truly victims and we work with, we actually have a programme for woman offenders.*
> ***Researcher***: *A different programme?*
> ***Donald***: *It's a different programme but it has some of the same basic philosophy. That says you know violence is about power and control. … So I do think in most cases the violence, the gender base of violence is really men towards women.*
> ***Researcher***: *Don't you think that men are more likely to be reported and that's why it may seem that way?*
> ***Donald***: *The research is way too consistent, even when you do a general population study. What we have in some ways, is that some of the research indicates that woman over report the severity of their violence and men under report it (both parties laugh). … I think one of the factors that we discuss all the time, because there is research about teens, and that teens almost are equal when it comes to dating violence. … But the context is really critical, that for most men, a woman hitting me is not going to engender fear. But in most cases a man has more likely been trained around aggression in some way*.

Donald agrees that the ratio for TDV is similar for both sexes and that female-perpetrated violence is underreported. Mpho concurs.

> ***Mpho***: *Men do not have a platform. If I go to the police station that you have beaten me. They will say "how can a woman beat you"? When I go to somebody, even our own guys, they will tell you: "You can't be beaten by a woman". But once I lay a hand on you, I'm going to go to jail. … I saw the gap, because where can we go as men if we are troubled? So that thing caused me to form this organisation. I don't deny that women should have rights. Really, there are men who are beating them up, but I'm saying men are also being beaten up. But it's not recorded. It's underreported*.

Justice substantiates the above and makes the following comments, namely, that few abused men apply for a protection order for a number of reasons, for instance, (a) it is embarrassing for them; (b) men are not taken seriously; (c) men are laughed at; and (d) they are not believed. There are limited resources for abused men and their complaints are usually brushed off. Justice states that female-to-male IPV perpetration can be as serious.

> ***Researcher**: Do some men also apply for protection orders, or is it predominantly women?*
> ***Justice**: Some men would come but very few, very few. Guys say they get laughed at when they go to court or to the police station to complain.*[32]

The case study of Joshua demonstrated that female-perpetrated violence can be just as austere as male-perpetrated violence. In fact, Joshua claimed that his mother's assaults on his father were more ravaging than the cancer that his father eventually died from. Joshua believes that he wet the bed until he was twelve years old because of fear. He was institutionalised in a mental health facility for nine months at the age of 24. Men are usually taught or socialised not to hit girls and to never lay their hands on a woman. The norm of chivalry usually inhibits men from engaging in violence against women and children, as depicted by Joshua's account of events. If his father was at work, he would get it at night. If it was a weekend his father would get it through the day "*and he would always just cower away*". Although Joshua's father was a strong man and sturdily built (e.g. "*I think he could have taken on three men at once*"), he never retaliated. The excerpts below exemplify trauma theory versus patriarchy, socialisation versus patriarchy, gendered beliefs versus faulty cognition and intrapsychic processes.

> ***Donald**: And ultimately it leads to your choice to be abusive and violent. So part of that is if we could switch you to identify the feeling that is behind hurt, "I have been shamed", our reaction would be very different. How I interpret that and how I respond to that. We also work a lot on beliefs. There are gendered beliefs in particular. So what is it about your beliefs about your partner, okay, that allows you to choose violence or abuse.*

> ***Thato**: There are guys who come here because there are certain cultural beliefs, or they are socialised in such a way that they just disrespect women. In the group we do talk about these things and they are not apologetic about it. Do you understand what I'm trying to say?*
> ***Researcher**: So would you say that patriarchy is the root cause of IPV?*
> ***Thato**: In South Africa patriarchy plays a major role but it is not the only cause. It is one among many other causes. But patriarchy does play a role.*
> ***Researcher**: As in patriarchy or the way in which one is socialised?*

[32] One group member in the BIP that the researcher attended laid a complaint at the police that his wife stabbed him in the leg more or less from his crutch down to his knee. He was told to go home and beat her up.

> ***Thato**: As in patriarchy, as in someone demanding sex because he is the man in the house, you see. That is not socialisation, that is patriarchy. I am the man and therefore I am entitled to this. She refuses, he beats her up. You understand? Then there are situations where socialisation also plays a role. That he grew up with the uncles who disrespected women so much to the point that he is also doing the same thing. You know the research on the cycle of violence that if he grew up in a violent home the chances are he will be an abuser himself.*
> ***Researcher**: Yes.*
> ***Thato**: That also plays out at times. But patriarchy does play a role, but it is not the only exclusive reason, there are many others*.

Roy concurs with Thato and considers patriarchy as a contributing factor to IPV.

> ***Roy**: You know I am not so very big on the theoretical part of it. I would say patriarchy plays a very big part, but there are just so many other things that are involved. I think if you place it only on one course, life is much more complicated than that. … I know there are women who do abuse, and then it also depends on what you regard as violence. I think physical violence is perpetrated more by men. But there are other forms like emotional types of abuse. And that could be coming more from women. So these things are difficult to separate. But I think that the statistics show, I believe, that when partners have killed it is mainly men that have done this to women. And people who believe in patriarchy would say that when a woman does it, it is in self-defence. But who knows how many are self-defence? It's complicated.*

With regard to femicide Justice claims the following:

> ***Justice**: Men commit suicide because they're being abused. Men tend to kill because they're being abused. … Bad luck can drive a man to drinking, and you know a woman can push you to that state*.

Discussion: There is a correlation between the data and other empirical findings which suggests that a patriarchal approach to IPV needs to be replaced by a theoretical framework that recognises IPV perpetration as a response to multiple causes (Cantos & O'Leary, 2014: 204). IPV is multidimensional and often impulsive, as portrayed by the testimonies of the victims and perpetrators, as well as experts in the field. The following two dichotomies arose, namely, (a) poverty versus patriarchy; and (b) socialisation versus patriarchy. The majority of court-mandated offenders in the BIP that the researcher attended were from lower economic income groups.

There can be no doubt that feminist-led efforts have shaped social policy and raised public awareness, which has been instrumental in combating IPV (Johnson et al. 2015: 720). However, to what extent poverty, patriarchy and socialisation are risk factors in IPV perpetration has become somewhat obscured. In contrast to chauvinism, boys are usually

raised according to the principles of chivalry, which is based on the premise that women and children come first and that men are providers and protectors of women and children. The concept is clearly depicted in their disposability. For example, men are sent to war, work for long hours underground in mines, service oil rigs and may need to leave their families for long stretches at a time because they are deemed as breadwinners (Langa, 2010: 519). Thato and Mpho concur. Moreover, a patriarchal paradigm for IPV is conducive to transgressing the "equality clause" regarding abused men. The "equality clause" in the Bill of Rights contained in the South African Constitution of 1996 proposes that everyone is equal before the law and has the right to equal protection and benefit from the law. Abused men do not enjoy the same status as abused women, as attested to by Mpho and Justice. Furthermore, abused men may feel compelled to endure the abuse because of custodial rights usually being awarded to mothers. Imagine the dilemma of a father having to leave his children with someone who he knows full well is abusive and mentally unstable, as demonstrated in the testimony of Joshua.

From the fieldwork, it is evident that some participants, particularly service providers, find it difficult to move beyond patriarchy. For example, even though Donald accepts that the male-female ratio for dating violence is almost equal for teenagers (Johnson et al., 2015: 711), he considers the context in which it occurs as different. Female-perpetrated IPV is not a different phenomenon from violence perpetrated by men. As indicated in chapter two (2.2.1), TDV can be considered as a subset of IPV (Langhinrichsen-Rohling & Turner, 2012: 384) and, therefore, will in all likelihood spill over into full-blown partner abuse in adulthood. The progression from dating violence to full-blown IPV in adulthood for both sexes has important implications regarding policy, prevention and treatment programmes that endorse Duluth-type models. The researcher contends that statements such as "*I am the man and therefore I am entitled to this*" are not necessarily indicative of patriarchy being the root cause of IPV. It may rather be indicative of abusive behaviour being justified by patriarchal dogma, much in the same way that religion is sometimes used to justify partner abuse. The question needs to be asked as to whether it is culturally sanctioned to disrespect women or whether one is socialised to disrespect women. If IPV is culturally sanctioned, it would be reasonable to surmise then that victimisation is also culturally sanctioned.

Generally, service providers regarded patriarchy as one of a multitude of causes for IPV. Moreover, a critical review of 63 studies revealed that (a) the rates of IPV are generally similar across rural, urban and suburban locales; (b) IPV perpetrator and victim characteristics are generally similar across rural, urban and suburban locales; (c) IPV perpetration may be more chronic and severe in rural locales than in urban locales due to higher rates of substance abuse, unemployment (i.e. situational factors) and compromised community responses to IPV

due to geographic isolation (e.g. the lack of external control mechanisms such as law enforcement and availability of courts); (d) IPV victims in rural areas may have more severe psychosocial and physical health outcomes due to the lack of services; and (e) rural locals are generally less supportive of government involvement in IPV issues and may prefer family-type interventions (Edwards, 2015: 359). Table 13 is a synopsis of possible factors that played a role in the aetiology of IPV as disclosed by the perpetrators.

Table 13: Possible causes of IPV in the current study

Name	Attachment	Learning	Mental health; biological factors	Situational factors	Patriarchy
Jan	Abandoned by biological father Emotionally absent mother and detached stepfather	Witnessed IPV and states that it becomes the "*acceptable thing to do*"	Low self-esteem Depression	Jealousy Alcohol abuse	No, but states that it may play a role in black cultures
Jermaine	Abandoned by biological father Child abuse	Mother was abusive and states that a person goes back to what they have "*learnt to do best*"	Low self-esteem Depression	Poverty Unemployment Grade 11 Although he states he is not a jealous person there were trust issues Alcohol, but he states that on the night of the argument, even if he did not use alcohol, he would have reacted the same	No
Grace	Child abuse Sexually abused by elder brother	Witnessed IPV and states that it did not occur to her that there is another way in which to deal with matters	Depression	Alcohol, but she states that she would still have been aggressive if she was sober, but not as aggressive	No
Mpho	Absent parents Abused as a child by relatives	He developed a disrespect for abusive figures and learnt to bully back	Low self-esteem Depression	Poverty Unemployment Grade 11	No
Beatrice	Child abuse	Eggshell home environment	Borderline traits Suicidal	Jealousy John's alcohol abuse	No

4.2.2 Patterns of abusive behaviour

A well-designed BIP should have an explicit theoretical foundation which is supported by empirical research (Dixon & Graham-Kevan, 2011: 1145). In addition, to design and develop a programme for perpetrators of IPV, it is essential to have a clear picture of what motivates the violence. Langhinrichsen-Rohling, McCullars and Misra (2012: 429-430) finalised a comprehensive review of the motivations of men and women who perpetrate physical violence. To facilitate direct gender comparisons, the motives recorded were divided into seven main categories. Two central questions were (a) what motivates partners to perpetrate IPV; and (b) whether such motivations are different for men and women. The results have important implications for prevention strategies, especially for the current study that endeavoured to accommodate both sexes in a single programme. The seven categories that motivate IPV are outlined as follows:

- Power/control: 76 percent.
- Expression of negative emotion such as anger: 63 percent.
- Other: 62 percent (e.g. alcohol or drug abuse, enduring impacts related to childhood trauma or personality disturbances).
- Self-defence: 61 percent.
- Retaliation: 60 percent.
- Jealousy: 49 percent.
- Communication difficulties: 48 percent.

Abusive partners are typically controlling, and their motivation to perpetrate physical violence is similar for both men and women (Langhinrichsen-Rohling et al., 2012: 461). The researcher emphasises that although the power/control motive ranks high and is likely the cornerstone and rationale for the predominant Duluth-type interventions (Langhinrichsen-Rohling et al., 2012: 459), she views controlling behavioural patterns such as intimidation, isolating the victim or monitoring their every move as much more complex than a patriarchal value system. Such behaviours are often indicative of feelings of insecurity, powerlessness and the fear of rejection or abandonment. IPV can be instigated by the need for power and control, as well as retaliation, regardless of sex. IPV is often bidirectional (Straus, 2015: 89). Belvie is a large woman, and it seems as if she decided that if you cannot beat them, join them. Hence, the IPV in her situation seems to have become bidirectional as illustrated in the excerpt to follow.

> ***Researcher****: Do you think you played a part in the abuse?*
> ***Belvie****: In the beginning I was just a victim, I was thinking maybe I can make him to change. But after when I was used to that [the abuse], I wasn't scared. I knew even if I don't refuse [intercourse] he will beat me and chase me anyway. And if he beat me, me also I beat back. When we are sleeping, he makes sure he's got something around to belt you. Even me I make sure I've got something around to hit him. At the end I will also beat him. When we are fighting, it will make the child to cry. The child will take the shoes and beat the father*.

Similar to the motivation for IPV perpetration as outlined by Langhinrichsen-Rohling et al. (2012: 429-430), Caldwell, et al. (2009: 672) researched the motivation for female-perpetrated violence and identified five factors:

- Control has a dual connotation, namely, (a) threatening violence to coerce a partner; and (b) aggression due to the lack of self-control and/or emotional dysregulation.
- Expression of negative emotions such as anger which may underlie other feelings, for example, frustration, hurt or pain.
- Self-defence is a frequent motive and also has a dual connotation, namely, (a) where the individual is primarily the victim; and (b) when IPV is bidirectional.
- Jealousy is another common motive.
- Tough guise is in instances where women are victims of violence and then start to retaliate, in other words, when they have just had enough.

A case in point of tough guise is when Amy stabbed her partner in the leg or when she broke the window, as indicated in the excerpts below.

> ***Researcher****: Do you think you played any part in the abuse?*
> ***Amy****: Ja, now and then. I would always keep quiet, but one day I stabbed him in the leg. And he was crying like a baby.*
> ***Researcher****: So what happened that day?*
> ***Amy****: He was fighting for nothing and hitting me. So I went in and took a knife, and he was not sleeping at home*.
>
> ***Amy****: I once, I broke the window. I was angry, because I wanted my child and he didn't want to give me the child (stated softly), so I threw a stone through the window, I broke the window. I was very angry that day, very*.

The motive of self-defence and tough guise poses a dilemma for the judicial system, which is usually only concerned with the matter before them, as affirmed by Thato, Jabulile and Justice. Partner abuse has a unique set of dynamics that is different when compared to assault in general. It is unfortunate that the courts do not consider the surrounding events as mitigating

circumstances so as not to impose a harsh sentence. Table 14 depicts some of the patterns of abusive behaviour as described by the victims.

Table 14: Characteristics of the perpetrator as described by the victim

Partner	Lesedi	Zodwa	Amy	Belvie	John
Childhood history	Happy childhood	Poverty	Witnessed IPV	Extreme child abuse	Child abuse
Raised by:	Both parents	Grandmother	Both parents	Father and stepmother	Both parents
Walker's cycle of violence	Yes	No	Generally violent	Generally violent	Generally violent
Remorse	Yes	No	No	No	No
Types of abuse	Verbal Physical Sexual abuse Psychological Intimidation	Verbal Physical Psychological Economic	Verbal Physical Sexual abuse Psychological Intimidation Stalking	Verbal Physical Sexual abuse Psychological Intimidation Economic	Verbal Physical Psychological Intimidation
Direction of abuse	Unidirectional	Unidirectional	Unidirectional	Bidirectional	Unidirectional
Impact of the violence	Depression Suicidal thoughts Trust issues Fractured leg	Hospitalised Possible psychoses Insomnia	Paranoid Dissociation Cuts on her face Burn wounds	Hospitalised Baby born prematurely	Alcohol abuse No promotion because she made amok at his workplace Scratches Bruises
Triggers	Trivial triggers	Trivial triggers	Trivial triggers	Trivial triggers	Trivial triggers
Neutralisation techniques	Yes	Yes	Yes	Yes	Yes
Isolation	Yes	No	Yes	Yes	Yes
Duration of relationship	Four years	Eight months Long-distance	Ten years	Five years on and off	20 years
Empathy	No	No	No	No	No

The triggers of IPV are trivial, as indicated in table 14 above and/or grossly out of proportion to the psychosocial stressor, indicating that IPV is often impulsive behaviour.

> ***Belvie**: He became abusive because of [for] many things. If he tells you to do something, you mustn't do it later. You must do it at the same time, you see. If he wants to sleep with you, you mustn't refuse, you must allow*.

Jan stated: "*Small things your partner does will trigger anger*". Grace's father would become enraged over "*a ridiculous reason. Like no reason*". Grace was abusive and stated, "*if you just say something to me in the wrong way. It could be relatively a little thing*". Similarly, in the case of Beatrice, a "*little thing would prompt an attack*". Grace claims that aggression is often an expression of pain or not knowing how to express pain in "*a healthy manner*". Joshua concurs and states: "*The bee in the bonnet is pain*". To an outsider, the trigger may seem trivial and usually is, but the reality for a perpetrator may be different. Jermaine stated that he could get

abusive if "*I don't agree with or something ja, not like just for any small thing, no*". Not getting one's own way or if you disagree with someone most certainly does not warrant IPV.

4.2.2.1 Jealousy and controlling behaviour

Perpetrators of IPV exhibit jealousy and controlling behaviour. The following excerpts elucidate that jealousy, control and isolation are often interrelated. Controlling behaviour can be seen as a form of abuse. It is degrading and diminishes the victim's sense of dignity and self-worth. Controlling behaviour also instils fear.

> ***Lesedi**: He was always checking who called me, what time, why is this one calling me. A lot of things, he even took the phone away. When I wanted to call my uncle I was using his phone. He always made me use his phone. … He was checking always my movement, even if I want to go to the shop to buy bread, I wasn't allowed.*
> ***Researcher**: So why do you think he was so controlling?*
> ***Lesedi**: I think it was a jealous [jealousy] and that I may look like the girl friends that he had in the beginning [past].*

> ***Researcher**: When did the abuse start?*
> ***Amy**: I think it's jealousy (pause). It's jealousy.*
> ***Researcher**: Can you explain how it was jealousy (long pause)? Were you allowed to see your friends (pause)?*
> ***Amy**: Now and then he will lock me in the house (softly stated, pause).*
> ***Researcher**: So it wasn't easy to see your family?*
> ***Amy**: Now and then, nè, he would keep me like busy, nè. And then once it was for a whole year (emphasis) I didn't come to Pretoria, for Christmas whatever. Now and then for two years I was stuck.*
> ***Researcher**: You had to stay in the house?*
> ***Amy**: No at the end of the day I was with friends and whatever. Now and then when you are with your friends, he would swear at you, swear at your friends.*[33]

> ***Amy**: Now and again he says take (slight laugh) the children with you. I had to go sleep by my friends. And maybe after a week or two, he would come (pause). "No you must come home now". He was so controlling that he will tell you when to come and when not to come. Where to go and where not to go.*

Perpetrators of IPV are often unfaithful and even promiscuous, as attested to by the following excerpts from various participants that included victims, perpetrators and service providers. For instance, Amy's partner accused her of being a "whore", yet it seems as if he was the one that was unfaithful, as revealed on the day when Amy stabbed him in the leg. Belvie's partner was promiscuous, jealous and controlling.

[33] Perpetrators sometimes isolate the victim by making it extremely unpleasant for family or friends to visit, also attested to by the researcher's personal experience.

***Researcher**: Would you say he was jealous?*
***Belvie**: Jealous? Eh (stated loudly, "eh" also emphasises what was said before), you cannot get a man on the way. If you greet somebody on the way, it's becoming a long story. Even if they call you and it is a woman, you must put the phone so that he can listen to that conversation.*
***Researcher**: Would you say that he was controlling?*
***Belvie**: Eh, he was controlling. If you tell him you are going to that place he will agree but make sure he's around to check if it's true (laughs)*.

***Jan**: She came there and I broke everything in my flat.*
***Researcher**: What happened?*
***Jan**: She could have stopped this. She knew what was triggering me the whole time. She could have just told me that "this man [her ex-boyfriend] doesn't mean anything to me, and I'll stop being friends with him". If she loved me enough, she would have sacrificed her friendship with him. But she didn't, and she knew it drove me up the wall. It got me out of control a 100 percent. And she knew that was the only thing that aggravated me, the only thing*.

***Researcher**: So what do you think is the cause of intimate partner violence?*
***Mpho**: You know in intimate relationships, it's a matter of communication. If you miscommunicate with your partner, or if there is somebody that may be thinking you are cheating on her. It may be warranted or not warranted. For thinking that somebody is doing something is also wrong. Now if you need to prove yourself, it also brings up anger. "Why did you do that"?*
***Researcher**: So jealousy is a factor.*
***Mpho**: Jealousy triggers anger, you lose trust. … jealousy sometimes causes a lot of problems. In relationships. You become jealous of somebody achieving something, even asking "how did you obtain that"?*

***Thato**: I doubt there is one there [attending the BIP] who only has one girlfriend. I doubt. I doubt that*.

There may be a correlation between low self-esteem, promiscuity and jealousy. In addition, promiscuous behaviour often generates conflict because if one is guilty, being cross-examined by a partner may create stress or concern of being caught out (i.e. fear of rejection or abandonment). Moreover, as Justice mentioned, an unfaithful partner may seek to create conflict as an excuse to leave the home and to visit the third party. A catch-twenty-two situation may arise if promiscuity boosts your ego (i.e. low self-esteem) while at the same time being emotionally dependent on a partner. Jealousy does not always pertain to infidelity but may also include envy. In the above excerpts, Mpho touched on it when he stated that one can become "*jealous of somebody achieving something*". For example, being envious of a partner who is "normal", who was raised in a loving environment, who is faithful or who has a good career. Perpetrators of IPV may lack in having a supportive family or may not have had the opportunity to finish school. Mpho stated in 4.2.1.1 that what may have contributed to his anger "*was poverty. And no opportunities*". In other words, they may have regrets and deep-seated resentment about getting "a raw deal" in life. Low self-esteem and antipathy (e.g. ill-feeling,

anxiety, guilt, depression and hatred) can translate into anger which may be projected onto a partner. Grace's elder brother witnessed IPV and was abused "*extra*" as a child because he was "*illegitimate*". Grace feels that he had much pain to contend with and resentment depicted in the following excerpt.

> ***Grace****: I don't know if envy is the right word, but he's always looked at my little brother in a, ag you know, ya in a certain kind of way, as if everything that my little brother has, he was supposed to also have had. And you know the way he's been treated. My little brother is responsible. He doesn't drink. He's like "I don't want to be like that, I'm not going to drink, I'm not going to smoke", you know. My mom trusts my little brother, so she allows him to go out with the car for example, he has his license. So "go fetch this from your big brother" and my mom will not allow my big brother to go anywhere with the car. Because he always comes back with a problem. Or there's always something wrong, like she doesn't really trust my big brother. You know because of the alcohol and because of his friends and because of the, he's not very reliable.*[34] *… Because it's so easy to pick up habits from the parents. So you either go the same route, or the opposite route*.

Jermaine does not describe himself as being jealous. Yet, the irony is that there are trust issues and he does seem to be controlling. For example, he used to follow his girlfriend around, he would check up on her to see whether she was at work, and he would also phone her incessantly, especially if she were ignoring him.

> ***Jermaine****: So what happened then, we had that fight and that argument and what, what, the whole night [i.e. because his girlfriend said "no" to him, but "yes" to his sister to fetch the sister's daughter]. And then the Sunday we never talked and then the Monday she didn't go to work. So I went to the shops and saw her car at her parent's shop. And then she drove, she went up. So I thought okay, I'm gonna [going to] check where she's going and I saw her car at Pick-n-Pay.*
> ***Researcher****: You wanted to check where she's going, but why?*
> ***Jermaine****: Because she's not going to work, why doesn't she tell me she's not at work, so what is she doing?*
> ***Researcher****: Did you think that maybe there's someone else?*
> ***Jermaine****: No, that wasn't like a jealous moment. It was more like, woe. Remember both of us always had relationships with our exes. We always had a friendship relationship. So that wasn't actually, the thing. The thing was "why are you ignoring me"? And I want to talk to her and she's not answering my calls, and I miss her, so I got hurt. Ja, so I was like, I wanted to know why didn't she tell me she's not at work. And when I got to Pick-n-Pay I told her to get into my car. And then when she was in my car we were busy arguing again and then she told me something, that just made me lose it, and then I hit her with a backhand.*

Situational factors seemed to play a role in the physical altercation that took place between him and his girlfriend, which was apparently a once-off incident (i.e. Jermaine was mainly

[34] See labelling theory (Williams & McShane, 2014: 113).

verbally abusive, as was his mother, which was mentioned in 4.2.1.1). It is also the incident that led her to apply for a protection order. As discussed in 4.2.1.1, Jermaine was coping with the suicide of his brother and the death of his mother in the same year. In addition, his girlfriend admitted to being unfaithful, which may have triggered him to "*lose it*". Jermaine was never fully accepted by her family due to his history of drug abuse and possibly because he did not finish his schooling and was unemployed at the time. Even though he was no longer addicted to nyaope, he was still labelled. Hence, several factors may have contributed to further lowering his self-esteem, which was compounded by his girlfriend's infidelity (e.g. humiliation, fear of rejection and jealousy). It is also important to note that Jermaine also remarked that "*it was just at that stage I was spiritually dead*".

> ***Jermaine**: I don't believe I am a jealous person. I think everything just affected me [i.e. the death of his brother and mother].*
> ***Researcher**: The fact that you both cheated on your previous partners, did that not bring in possible trust issues?*
> ***Jermaine**: Ja. Ek dink dit het trust issues ingebring, ma [Yes. I think that it did bring in trust issues, but], as for, as wat ek kan dink [I think], it didn't affect my trust towards her. It was just I knew someday it can happen as well [her being unfaithful]. I knew her ex had a medical condition [facial disfigurement due to cancer], so I was like, ek het verstaan, daarom het ek hom daai trust gegee [I understood, therefore I trusted him]. So, I wasn't like possessive, or like paranoid, or jealous, whatsoever. So everything that happened was, a, she was hurting me and, I went through my own things and that's what just escalated everything. Because I lost my brother and my mum. It wasn't because I was jealous because of her ex, it was just at that stage I was spiritually dead. … Ek het 'n kort draad [I have a short temper], ma [but], I always used to handle it mos [at least] like in, we would argue and then I would say "wat maak jy [what are you doing]? I was wrong, I'm sorry".*

Perpetrators are typically controlling for various reasons, such as insecurity and jealousy. Perpetrators can become insanely jealous to the point of paranoia and ruminate about their partner, especially during separation. During this time, the perpetrator may phone a partner relentlessly throughout the day in an attempt to restore contact. In some cases, they may follow a partner or spy on them and even stalk the victim.

Discussion: As disclosed in 4.2.2, the triggers of IPV are usually trivial in nature. Perpetrators of IPV typically overreact to environmental stimuli, as discussed in chapter two (2.3). Changes in the central nervous system (e.g. adrenalin glands and serotonin metabolism rates) modulate the processing of sensory stimuli and can contribute to a person being oversensitive to environmental stimuli. Perpetrators may also overreact (e.g. to a sound, a look, or a remark) when the amygdala is activated and gives rise to, for instance, possible conditioned fear (George et al., 2006: 349). It would seem that perpetrators are inclined to isolate not only the victim but also themselves, possibly in an attempt to avoid becoming out of control. Isolative

behaviours reduce external stimulation, thereby reducing possible triggers of fear and anxiety (George et al., 2006: 350). IPV is often triggered by a perceived threat, such as jealousy or a fear of intimacy, rejection and separation, which can be linked to childhood trauma and insecure attachment patterns. Abusive men are typically emotionally insecure, feel inadequate and are dependent on their partner for a sense of security. Thus, jealousy and possessiveness often trigger violence and, as Justice and Mpho mentioned, can be a source of conflict. Jan stated that jealousy got him 100 percent out of control. Jan stated in 4.2.1.1 that he wanted his partner for himself because "*it's a form of security*" and it gave him "*a feeling of well-being*".

Although IPV during pregnancy often represents a continuation of violence that preceded the pregnancy and is likely to continue postnatal, IPV often becomes more severe during that period. The study of Bacchus et al. (2006: 596, 598) reveals that the unborn baby may be perceived as a direct threat (i.e. impetus to separate from the abusive partner to protect the child) and as a rival for the victim's attention. In addition, pregnancy may trigger notions of infidelity and instil doubts surrounding the paternity of the unborn child. The data from the current study suggested that abusive partners are inclined to be unfaithful and, therefore, may be triggered from a place of standing behind the door, so to speak. For instance, Grace testified that her father was promiscuous, as was her elder brother. Ironically, her father would constantly accuse her mother of being unfaithful. Jealousy did not play a role in the case study of Grace because she had not yet been in a serious or intimate relationship.

Promiscuity is often a futile attempt to support esteem and a feeling of well-being. Abusive partners usually lack communication and social skills, and therefore, needs such as feelings of worthiness or affirmation thereof, desires of emotional closeness and security may be sexualised because of the low interpersonal demand. Hence, it is not surprising that abusive partners may be preoccupied with thoughts of infidelity, even to the brink of paranoia (Mathews et al., 2015: 113-114). Another explanation for heightened feelings of jealousy may be insecure attachment. Promiscuity can lead to two sources of conflict. It can be stressful to keep the infidelity concealed to avoid conflict and a possible break-up. Moreover, Justice made an interesting observation, namely, that an unfaithful partner may purposefully resort to IPV, and commented that they "*will always try to find a reason to have an argument, to go out to see the third person*". The current study reveals an association between jealousy and controlling behaviour, as depicted in table 15 to follow. IPV was also associated with infidelity, alcohol abuse, impulsivity and a lack of remorse.

Table 15: Jealousy, controlling behaviour and infidelity

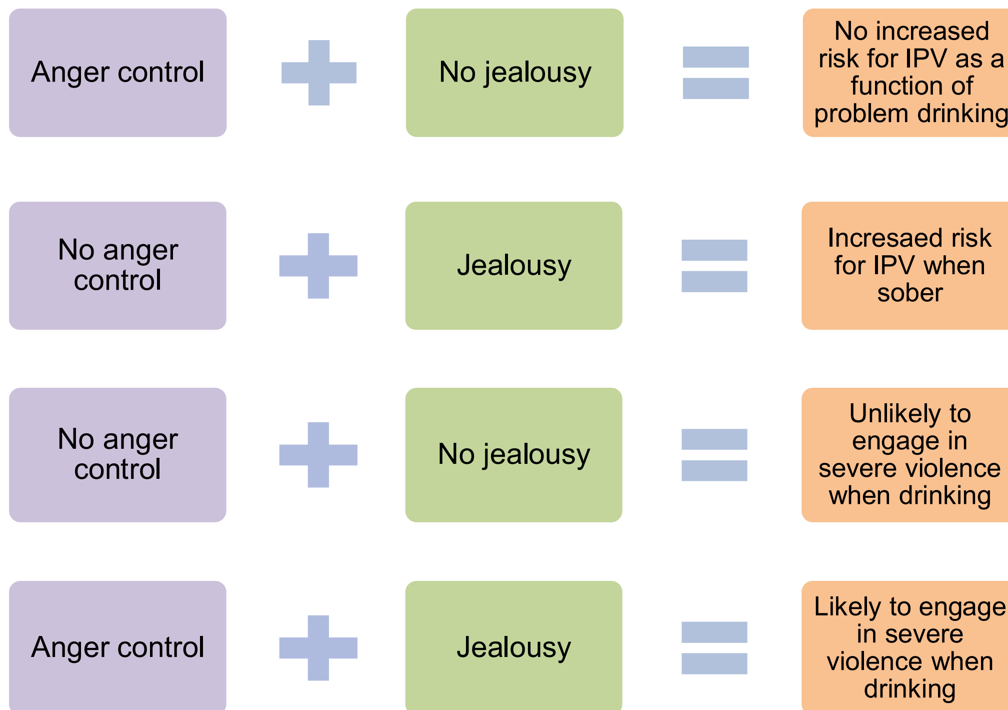
Partner	Lesedi	Zodwa	Amy	Belvie	John
Jealousy	Yes	No	Yes	Yes	Yes
Controlling	Yes	Yes	Yes	Yes	Yes
Infidelity	Unfaithful	Promiscuous	Unfaithful	Promiscuous	Unfaithful
Alcohol	Abuse	None	Abuse	Use	Abuse
Impulsive	Yes	Yes	Yes	Yes	Yes
Remorse	Yes	No	No	No	No

Jealousy, infidelity and low self-esteem are often precursors of IPV. Abusive partners are inclined to be extremely controlling. From an attachment perspective, the controlling behaviour that perpetrators of IPV exercise can be because of fear (Sonkin & Dutton, 2002: 119) and/or separation anxiety. The findings of Matthews et al. (2015: 120) confirm that the need for control is marked by intense jealousy in instances of IPV. The findings of the current study concur. For example, when the researcher asked Lesedi why she thinks her husband is so controlling (e.g. monitoring her every move), she attributed it to jealousy. Belvie's partner was promiscuous, jealous and controlling. Promiscuity often generates conflict. When Zodwa questioned her partner, who was also promiscuous, as to why he came home so late after work, it culminated in such a severe beating that she had to be hospitalised. Zodwa's partner's behaviour was not characterised by jealousy, but rather a pattern of financial exploitation, as he frequently extorted money from her. Nonetheless, the violent incident was triggered when Zodwa questioned her partner's fidelity.

Alcohol abuse and IPV are significantly related and will be discussed further in 4.2.2.3. However, not all perpetrators use or abuse alcohol, as indicated in table 15 above. Thus, the data verified the empirical evidence that a direct cause-effect link cannot be established. However, to echo the words of Justice (refer to 4.2.1.4), "*more often than not, alcohol is involved*". Anneline and Jabulile concurred. Foran and O'Leary (2008b: 142) propose a three-way interaction between jealousy, anger control and problem drinking that moderates IPV and is schematically represented in figure 18 to follow. Figure 18 illustrates that individual differences such as jealousy and impulsivity are pertinent in understanding the correlation between alcohol abuse and IPV. In other words, individuals who are jealous, even though they may not be impulsive, show the strongest association between problem drinking and IPV. Thus, it would be feasible to deduce that jealousy is a compelling predictor of aggression and that alcohol abuse may have little influence on IPV if there is no jealousy or "provocation". Foran and O'Leary (2008b: 142) define anger control as the degree to which an individual regulates or expresses anger. Poor anger control and intoxication synergised may both

function as reducing the inhibitions of aggressive impulses (i.e. more than either on their own), where jealousy can be considered as the mediator that "provokes" partner abuse.

Figure 18: Schematic representation of IPV moderated by jealousy, anger control and problem drinking



Source: Compiled from Foran and O'Leary (2008b: 147).

Other "provoking" incidents of IPV could be the perception of a personal affront, or if things are not going the perpetrator's way (cf. Jermaine), or if the perpetrator feels "challenged" (George et al., 2006: 346). The findings highlight the necessity to include topics such as jealousy and substance abuse in a BIP.

4.2.2.2 Isolating behaviour

Isolating the victim is another form of abuse and is often part of the controlling strategy.

> ***Lesedi**: You know I couldn't even have friends. I was not having friends. My friends was my child and my TV (pause) and him. When he found me in the street, he was going to ask me "what are you doing in the street, didn't I tell you I don't want to see you in the street"? So I was trying to stay indoors by all means, even if it was weekends, I'll make sure that I am always in the house.*

Amy's partner restricted and monitored her movements. He always knew what she was doing to the extent that he managed to convince her that he had superhuman powers (i.e. spiritual abuse). He intimidated her into believing that he was above the law, exemplified by the fact that she once laid a charge of rape against him, but the police docket mysteriously disappeared. She mentions that she was a housewife because he never wanted her to work. Amy was also locked up in the house on several occasions.

> ***Amy**: Like he doesn't want me to ask someone something nè. Then he will tell me "I'm in that person now. You talking to me now". … Even I was raped and whatever and I reported it to the police and the case just vanished*.

Perpetrators typically seek to isolate the victim, as well as themselves. In the interview with Jan, it became apparent that perpetrators lack not only communication skills but also social skills.

> ***Jan**: What she didn't understand about me, I couldn't socialise. I still cannot socialise, and that was the biggest problem. I mean, I didn't like other people around us (long pause)*.

Discussion: The findings of the current study reveal that jealousy, control and isolation are often interrelated. All the victims attest to being isolated and/or controlled by their partners. Lesedi was not allowed to have friends, and she was expected to remain indoors. She claimed that her only friends were her child, the television and her partner. The reader may recall that Zodwa had a long-distance relationship and that she and her partner seldom saw each other, but he was nonetheless controlling. Zodwa was often told to keep quiet and manipulated into giving her partner money. Amy's every move seemed to have been monitored, and her partner even discouraged her from talking to others. She stated: "*He was so controlling that he will tell you when to come and when not to come. Where to go and where not to go*". Belvie was not allowed to ask any questions when her partner blatantly had sex with other females under the same roof. Belvie was not allowed to refuse anal sex. There would be consternation if Belvie greeted someone in the street. Belvie's partner insisted on listening in on her phone calls, regardless of who was calling her.

Isolating behaviours can protect the perpetrator from external control mechanisms, such as the law or friends and family members who may reprimand the perpetrator. Furthermore, Jan mentions that isolating behaviour is often an attempt to avoid confrontation because an incident can be triggered at the most inappropriate time. In other words, it is often out of one's control. Abusive behaviour that is exhibited in public could have adverse consequences (e.g.

it could be damaging to one's reputation or it could be reported to the police) and prove to be embarrassing.

4.2.2.3 Substance abuse

There is a high correlation between alcohol abuse and IPV. Although the evidence suggests that alcohol is not the cause of IPV, it can exacerbate an already volatile situation, as expressed by Grace and illustrated by the following excerpts.

> ***Researcher**: When you say you were aggressive, did that start from an early age?*
> ***Grace**: Not really, it became a bit more evident when I started to mix it with alcohol.*
> ***Researcher**: Which was like in standard or grade what?*
> ***Grace**: Grade 10. That's when I started with the alcohol you know.*
> ***Researcher**: If you didn't have alcohol would you still have been aggressive (pause)?*
> ***Grace**: I think I would not be as aggressive. I think I would still, I think I had just, I was just generally aggressive in the way in which I would speak, or address issues. But I think I was even physically (emphasis) aggressive. When I was, ya, a bit you know, tipsy (stated softly).*
> ***Researcher**: Physically aggressive how?*
> ***Grace**: Like the incident of me hitting my sister with a brick. Oh, there was a time when I really beat up my little brother. I really beat him up like, ya. So you know, like physical in that manner.*

> ***Lesedi**: The guy [husband] was beating me very hard especially when he was drunk. The whole weekend we will fight. Especially when he comes from work, he goes to the pubs and when he comes home he starts to fight.*

> ***Researcher**: How often would these incidents take place (long pause)? Twice a week, once a week, every day (she disconnects and continues to stare at me). What would you say?*
> ***Amy**: Now and again when he's drunk, or for me I would say he acts like he is drunk. He is a great pretender, nè. He will pretend to give you the world, but they do not.*
> ***Researcher**: So it happened once a week, twice a week, what would you say?*
> ***Amy**: Now and then. Especially if the door is locked, now he wants to come in. If you take long to open the door, he will kick the door and things like that.*

In the case of Lesedi, intoxication seemed to be directly related to her husband's physical abuse. However, he was also controlling and, therefore, even abusive in a state of sobriety. Amy stated that her partner was abusive when he was drunk or acted as if he was under the influence. Amy also, at times, abused alcohol. Victims sometimes self-medicate due to depression or in an effort to escape their dismal situation.

> ***Amy**: Me myself, nè. I used to drink and then things used to happen. I don't remember clearly, but as I sit then everything comes back clearly. What did he do and the next person do and what (pause)? Now I think to myself why am I still drinking?*

Zodwa's partner did not use alcohol because he was HIV positive and on medication, as indicated below.

> ***Researcher**: Did he use alcohol?*
> ***Zodwa**: He was using it before. And then he was sick and he was HIV positive and then the doctors stopped him. And then he stopped drinking*.

Belvie's partner did not exhibit problem drinking and attributed his abusive behaviour to "*being raised by another's mother*".

> ***Researcher**: Do you think that alcohol is the cause of the abuse?*
> ***Belvie**: No, it is not the cause of the abuse. Even his disability is because of that stepmother*.

Jermaine states that alcohol abuse may escalate abusive behaviour because it lowers inhibitions. In the excerpt below, there are suggestions of a buildup of issues or pent-up anger, hurt and the fear of rejection.

> ***Jermaine**: I never physically abused her, just one time I hit her mos [indeed]. … What happened was, we were doing things that I wasn't actually really even supposed to do. First of all because where I come from, I come from a background of drugs. It's like my pastor told me, it's not like we don't believe in drinking or we don't want to drink. It's like, um, it weakens your resistance towards everything. So what happened is, I started going to places, so we went to a bash and after the bash we went like to an after party. And this incident happened at the after party, like we should go pick up my sister's daughter and take her home and then those things happened and because I was drunk, I got rude and I handled things (pause), in a bad way. So we argued and I'm the type of person when I get angry and I don't get my way, then, like in, when I can't see you, I get worse. Like when for instance let's say, if I know, um, this is my only opportunity I'm gonna [going to] get, let's say for instance, um, when we fight, I know you gonna [going to] block me on WhatsApp. You gonna [going to] block me on Facebook and not answer my calls. So when I get a chance to talk to you, because of all (emphasis) the things that happened in the past, I express myself fully. So, whenever I get angry it like escalates. So, that's what happens, you get like that warm feeling, and [then] all those things happen [verbal abuse].*
> ***Researcher**: What happens?*
> ***Jermaine**: To me it's like I know this is the only opportunity I'm gonna [going to] get to tell you, so I somma [just or for no reason] get everything off my mind what I wanted to tell you. Then I get verbally abusive.*

Immediate gratification and not being able to deal with rejection seems to have influenced Jermaine's abusive behaviour. He gets frustrated when he is ignored or is not certain of what his girlfriend is up to. There is a lack of self-control when he does not get his own way and has to get something off his chest. Although alcohol was involved, it cannot be regarded as the cause of the verbal abuse, as indicated by the following excerpt.

> ***Researcher***: *I know you said you were a bit tiddly on the occasion. But do you think if you never had the alcohol you, you would have reacted differently?*
> ***Jermaine****: The night of the argument?*
> ***Researcher***: *Mm.*
> ***Jermaine****: Um, I think I would have reacted the same.*
> ***Researcher***: *So do you think alcohol or drugs play a role [in IPV]?*
> ***Jermaine****: It does play a role in some (emphasis) people*.

Discussion: Although problem drinking is highly correlated with IPV, a cause-effect relationship cannot be drawn. Research shows that at least 76 percent of IPV perpetrators are violent when they are not intoxicated (George et al., 2006: 345). Nonetheless, the findings of the current study indicate that alcohol abuse can heighten abusive behaviour. For example, verbal abuse may escalate into a physical altercation, especially when jealousy is thrown into the mix, as depicted in figure 18 (4.2.2.1). Thato and Jabulile found that in some cases, there seems to be a cause-effect inference because the offender is only abusive when he or she is inebriated. Other service providers like Anneline, Donald and Justice concur that alcohol abuse is often involved in incidents of IPV. Lesedi's husband was physically abusive only when he was drunk. Amy's partner was abusive, whether he was intoxicated or sober. Jan, Jermaine and Grace confirmed that alcohol may escalate violence. Zodwa's partner used no alcohol and Belvie's partner had the occasional drink.

Similarly, Joshua's mother did not exhibit problem drinking. Joshua himself strongly expresses, "*I hate (emphasis) alcohol. . . . now in relation to my mother. My mother many times fought with him [his father] because he drinks. And he drank and couldn't stand up against her because of being intoxicated*". Joshua alludes to a vicious cycle whereby his father drank because of the victimisation, and his mother fought because his father drank. Sensory stimuli such as the smell of alcohol may spur memories of former abuse and activate an aggressive outburst. The reader may recall from chapter two (2.3) that in a study of 37 incarcerated women, 90 percent reported having at least one vivid memory from childhood that still triggered them to feel rage as adults (Flemke et al., 2014: 103). Joshua stated that his mother would always refer to the event when her father ripped the electric cables from the roof and severely beat her at the age of 21. "*She would always, always repeat this and I think this was part, I think she snapped*". Additionally, Joshua's potentially biased narration corroborates that

survivors of abuse often try to normalise traumatic childhoods as indicated by Joshua trying to rationalise why his father got intoxicated. Joshua may also be wanting to hold onto an idealised version of his father (e.g. he despised seeing his "*hero*" drunk), possibly in loyalty to his father for the sacrifice that he might have made by enduring the abuse for the sake of the children. Moreover, normalising his father's alcohol abuse could be regarded as an attempt to restore the father figure and his own negative identity formation.

Victims of IPV are more likely to have poor social functioning and exhibit risky behaviours such as smoking and substance abuse (Mwachofi, 2016: 29). Amy admitted to drinking with her partner. Perpetrators of IPV may abuse substances such as alcohol or drugs for various reasons. For example, apart from possibly being addicted, substance abuse is often concomitant to personality disturbance such as BPD. Alcohol is a recognised method to reduce fear, anxiety or stress and may induce a state of calmness or relaxation. Perpetrators of IPV may encounter conflict between vindicating themselves (e.g. neutralisation techniques) and possible guilt. Abusive behaviour may heighten feelings of self-reproach, self-criticism, remorse, shame, and intoxication may alleviate these negative emotions, even if it is temporary (e.g. alcohol can soothe the decrease in dopamine and serotonin levels as possible feelings of guilt and/or shame translate into depression). Alcohol also lowers inhibitions, especially for the socially inept. Discontentment, for example, due to structural violence, can be numbed with substitutions like alcohol, irritability, dominance and emotional unavailability.

4.2.3 Types of intimate partner violence

An array of abuses manifested in the data and ranged from verbal abuse to femicide (e.g. Lesedi was aware that her husband had fatally shot a previous girlfriend). The following excerpts illustrate various types of abuse such as intimidation, verbal, sexual, physical, psychological and spiritual abuse, as well as child abuse.

> ***Lesedi**: If I don't want to sleep with him, he starts to fight with me and sleep by force [rape]. He is telling me "why you don't want to sleep with me, because maybe while I was at work you were sleeping with someone"?*

> ***Lesedi**: He couldn't control his aggression because when he started he told me "I will shoot you one day". He was always bringing [using] that word. Even if I didn't see the pocket gun, I know he would have made the means to have it*.

> ***Lesedi***: *I was once wearing the cement [cast], my leg was broken. We were fighting so he just kicked. I don't know what happened but the leg end up loose, so I couldn't walk, but I went to the hospital*.

Zodwa explains that her partner had many girlfriends and was generally argumentative. His verbal attacks took place mainly over the phone due to the long-distance relationship. All his relationships appeared to be unstable because, in the short time that Zodwa had spent with him, she overheard other women fighting with him for infecting them with HIV. He also did not disclose his HIV status to Zodwa. The first physical altercation occurred when Zodwa came to visit him unexpectedly. As mentioned in 4.2.1.3, she was four months pregnant, and the beating was so severe that she needed to be hospitalised. Zodwa's partner exhibited a total disregard for others and violated their rights. He was promiscuous and not concerned about her safety or the well-being of their unborn child. He abused her economically and extorted money from her for his own gain. He was manipulative, a pathological liar, exploitive, deceitful and, therefore, seems to have had many antisocial traits. Zodwa continued to have a relationship with him after the physical abuse during her pregnancy for another three months. She describes the incident as follows. The reader may detect the blind rage and total lack of empathy or conscience.

> ***Zodwa***: *I don't know how I can explain it because even at that time I was crying, but he keeps on beating me. I thought maybe I'm going to die that day. I don't know what would stop him, because the way he was beating me was as if he doesn't even care about my pregnancy. Then I went to the hospital and they gave me some medication, but they said the baby is fine*.

Amy was sworn at, insulted, degraded and humiliated (i.e. verbal and psychological abuse), even in front of others. She was raped by her partner, and he severely assaulted her, causing her grievous bodily harm (e.g. she has scarring on her face, and he one day threw her into a fire). She was controlled and isolated, and there was destruction of property. For example, he burnt her clothes, smashed the television set and kicked the door down on various occasions. He was also aggressive towards other family members, such as his sister. "*And when he's fighting with the sisters, he will break the door*". Amy indicates that his sister was also generally aggressive. For instance, she describes an incident when she asked her sister-in-law to return her belt, and subsequently, she was thrown with a glass vase that caused severe lacerations to her face. The keloids on Amy's face testify to cut and stab wounds. In addition, Amy was accused of infidelity and subjected to spiritual abuse. She was indoctrinated with notions that he had powers from the occult (e.g. he knew her whereabouts, what she said and what she was doing at any given time). She states: "*He almost got me and then he goes into people (long pause)*".

> ***Researcher**: Can you describe the worst incident of abuse?*
> ***Amy**: Ha, (low voice tone) the day he burnt me. He actually threw me into the fire. I was coming from my friends and I had a little bit to drink. And we were only girls together. And when I came into the yard I tried the front door and it was locked. I came through to the back and he was burning my clothes. And as I was trying to go past him, he threw me (pause), first in argument and then he threw me into the fire*.

Joshua's mother was an ardent member of the church but was also spiritually abusive.

> ***Joshua**: I saw that confusion on his face every time and then the total helplessness, hopelessness, on this hero of mine's face. She would swear at him, curse him, she would put curses on him, "mog [mag] jy vrek [may you die]", as in serious satanic curses. It is demonic. Swearing was an understatement. Then, she would start physically abusing him*.

Belvie endured verbal, physical, psychological, sexual and economic abuse, as well as intimidation. She was insulted and degraded (e.g. the perpetrator blatantly expected her to accept his infidelity). The perpetrator manipulated and exploited her and only showed remorse if he had something to gain. He exhibited antisocial traits such as a total lack of conscience and empathy. It was apparent that he had no concern for the consequences of his behaviour. The excerpts below portray sexual abuse and how the perpetrator became physically abusive with anything that he could lay his hands on, be it a knife or his crutches (i.e. lack of self-control). Once again, the case study reflects a correlation between pregnancy and IPV (refer to table 12 in section 4.2.1.4).

> ***Belvie**: When you go back to him he starts, he beats you, he don't want to sleep with you in the front, he wants to sleep with you at the back [anal sex]. When you refuse, he chases you*.

> ***Belvie**: We were staying in a flat in Sunnyside. There were also people with us renting the other room. He will go with those women. And he will say "I am not pretty, they are prettier than me". He tells me I cannot ask questions because he is not married to me. "I just took you off the street", everyday like that. I delivered the baby, he was beating me and the ambulance took me to Tshwane [Steve Biko Hospital]. … He can hit you with a knife, with everything around. They put me with five packets of blood [a blood transfusion]*.

John was intimidated or terrorised (e.g. sleep deprivation), as was Joshua and his siblings.

> ***Joshua**: My dad was a strong man weighing 200 pounds in the old terms. He was sturdily built, he was a very strong man. I think he could have taken on three men at once. He never, never retaliated. He never wanted trouble. He never went with insults or resentment. Then after a week of these assaults, we talk about serious stuff, she would hit him in the face with her hands and fists, she would claw at him. She bit me. Okay, at night, it was a very early stage of*

my life, I was still a little boy. He would sleep in another room because of all this nonsense and lock up the room. But, sometimes she would steal the key during the day when he was at work. Then at three o'clock in the morning she would switch on the light and when he woke up in this stark light, she would stand above his head with an axe. I mean "Nightmare on Elm Street" number two [horror movie]. I would wake up with the screams in my ears, two o'clock, three o'clock in the morning. She shouting obscenities. When I was ten years old I knew exactly what happened on their wedding night. I was an expert at sex let's say at seven years because of all I've heard.

Grace's father was verbally, psychologically, physically and economically abusive towards his family. He intimidated them and often threatened them with a gun.

> ***Grace**: And with the hand and stuff, never a knife. Okay, he's a policeman so he had a gun. He was always threatening us with his gun. He always pointed it to our heads, we could always feel it, it shoots in the air, you know*.

Joshua's narrative also encapsulates DV.

> ***Joshua**: Ever since I was a little kid I absolutely loved my dad. To me in my eyes he was very handsome, strong, the fruit of the Spirit, meekness. I loved my dad, although he drank, he loved to drink beer. What I despised was when I saw this hero of mine being drunk. What else, I can only use the word despise because to me it was such an antithesis, a paradox. I loved him so much, he was my hero, but he seemed to be like a weakling when it came to my mother. Now with all respect, he seemed to me like a puppy dog with his tail between his legs, just walking on eggs [eggshells] and being fearful just to keep the peace. Anything for peace sake. There are certain things I couldn't understand because to a child this shuffles his whole little jigsaw [puzzle] and that is, my mother could lavish me with love. Now this sounds strange, but she would take out her breast sometimes and make me suck her breast. It was a loving gesture, I was about five, six years old. I was not being breastfed, by that time I was weaned, but yet that was her loving gesture. She lavished me with chocolates and if someone wanted to do me harm, she fought like a lioness.*

Jermaine's mother was wheelchair-bound and resorted to verbal and psychological abuse to resolve conflict. It seems as if Jermaine also lacks communication and conflict skills and, therefore, is verbally abusive, for instance, when he does not get his own way, as demonstrated in the following excerpt. Jermaine also lacks insight into the triviality of the triggers and seems to have a low frustration tolerance.

> ***Researcher**: And verbal abuse would be what?*
> ***Jermaine**: Like swearing, or putting someone down, or something like that, ja.*
> ***Researcher**: For a good reason or for no reason?*
> ***Jermaine**: No, maybe when you are upset or something, ja.*
> ***Researcher**: And what would make you upset?*
> ***Jermaine**: Maybe things you don't like or when you don't get your way (half-hearted laugh) mostly, ja. … something that hurt (emphasis) me, from like*

within, something that I don't agree with or something ja, not like just for any small thing, no.

The case files revealed that the relationships with a partner were (a) long-standing; (b) the abuse was serious in nature; and (c) the abuse seemed to increase in frequency and/or severity with time if it is not addressed.

> ***Researcher**: I made a list of the types of abuse and there is some serious stuff. I only found one that was bidirectional. The length of their relationships range from four up to 29 years. So I presume that the abuse took place for long, in other words, there was years and years of abuse. There are incidences of stabbing in the neck, broken ribs and strangulation. This can't be a first event.*
> ***Thato**: No.*
> ***Researcher**: There must be a long pattern of abuse.*
> ***Thato**: Exactly, and it started with a klap [slap] or verbal and then it goes on to be bigger and bigger and then ends up in a stabbing*.

Discussion: IPV is always serious and it usually escalates. The current study even attests to an incident of femicide. Thato claimed that a pattern of IPV often starts with a seemingly innocuous event, such as verbal abuse or a slap, but as the pattern endures, it may eventually end up in a stabbing. Any form of abuse, be it physical, psychological or economic, is inevitably accompanied by emotional abuse (Simonič et al., 2013: 341). However, emotional abuse in itself consists of many aspects such as (a) spurning (e.g. rejecting or degrading behaviour); (b) terrorising (e.g. threatening death, injury or abandonment); (c) isolating (e.g. disallowing interaction with family and friends); (d) exploiting (e.g. economic abuse); (e) corrupting (e.g. encouraging the engagement of inappropriate behaviour such as wife-swapping or watching pornography); and (f) denying emotional responsiveness (e.g. declining the need for interaction and affection). Emotional abuse in its most brutal form comes across as deliberate, sadistic and cruel (Simonič et al., 2013: 341). All the victims' partners exhibited controlling behaviour which can be considered as a form of emotional abuse. It is not necessarily indicative of patriarchy being the root cause of IPV because coercive behaviour is often a defence against feelings of insecurity, self-loathing, powerlessness and vulnerability.

Abuse that is rationalised with patriarchal nuances can be seen as akin to abuse that is justified through religious doctrine. Spiritual abuse basically occurs in two forms, namely, (a) the batterer turns to theological explanations as grounds for the abusive behaviour towards their partner or to punish their children; and (b) the abuser instils fear (e.g. as in the case of Amy), guilt and shame in the victim on the grounds of false religious reasoning (Simonič et al., 2013: 340). As noted in chapter one (1.4), there is evidence to suggest that there may be an inverse relationship between religious commitment and IPV. In other words, an increase in faith is

related to a decrease in recidivism (Dodson et al., 2011: 380; Johnson, 2011: 78). However, although faith may play a positive role in preventing all types of abuse, a distorted religious awareness can be conducive to the degradation and humiliation of an individual, as well as used as a manoeuvre to justify the abuse (Simonič et al., 2013: 339). For instance, during the fieldwork, it was brought to the attention of the researcher that a perpetrator jumped on his wife's chest and broke her ribs. He justified the attack by stating that he was kicking the demons out of her.

Patriarchal notions such as "I wear the pants in the house and what I say goes" operate in a similar fashion. In other words, cultural abuse is also a means whereby aggressive acts are justified and rationalised by applying unsound explanations and erroneous interpretations of traditions. The reader may recall from chapter two (2.2.5.4) that perpetrators typically have "self-intoxicating preoccupations and beliefs" (Jenkins, 1990: 54). A self-righteous attitude or neutralisation techniques merely serve to deny responsibility and alleviate feelings of remorse or guilt after an abusive incident. As noted in chapter two (2.3), perpetrators of IPV are typically master manipulators and master blame shifters (George et al., 2006: 346; Jenkins, 1990: 21). Moreover, abusive partners may use religion or culture to legitimise the abuse in an attempt to preserve a more positive self-image. However, Simonič et al. (2013: 339) contend that religion itself is not enough to cause IPV. The possibility of abuse increases in the presence of other factors, such as personality disorders or traumatic childhood histories.

Many types of abuse were revealed in the current study, ranging from verbal abuse to murder on the other side of the continuum (refer to table 14 in section 4.2.2). To summarise, the victims testified to the following types of abuse:

- Femicide: Lesedi's husband fatally shot his previous girlfriend.
- Sexual abuse: Lesedi, Amy and Belvie testified to being raped by their partners. Lesedi and Belvie were also forced to have anal sex with their partners.
- Intimidation: Lesedi was continually threatened by her partner that he would shoot her. Grace's father would point a gun against their heads and then randomly shoot into the air. John possibly experienced what has been referred to as "intimate terrorism" or "coercive controlling violence" (Kelly & Johnson, 2008: 478-479), such as sleep deprivation.
- Physical abuse: Lesedi's leg was fractured. Both Zodwa and Belvie had to be hospitalised after a physical altercation during pregnancy. Amy bears many scars from cut, stab and burn wounds. Grace's violence was directed more towards her siblings, for example, she once hit her sister with a brick and severely beat up her brother. Grace had not yet been in any intimate relationship. However, she asserted during an informal interview that "*if I*

was in a relationship at the time, I would probably have been as abusive as my father, if not worse".

- Verbal abuse: All the victims testified to being verbally abused, in other words, sworn at, screamed at, degraded or humiliated (e.g. Amy was often accused of being a "whore").
- Psychological abuse: Belvie was told that she was ugly. She was often chased out of the residence for no reason, even in the middle of a freezing cold winter night. Amy and her children were chased out of the house on numerous occasions and forced to live with friends. Grace's father would also randomly chase the family out of the house knowing full well that they had nowhere to go.
- Child abuse: Grace's father and Joshua's mother abused their spouses and the children. Belvie's partner was abusive towards their daughter.
- Economic abuse: Zodwa's partner extorted money from her on several occasions with the undertaking to pay her back, which he never did. Belvie's partner would often chase her away, and each time that she got back onto her feet or was "independent" (e.g. running her own small business), he would manipulate her into taking him back for economic gain.
- Social abuse: Lesedi was not allowed to have any friends and was instructed to stay indoors. Amy was also isolated from her family and friends. Jan attested to wanting his girlfriend all to himself and did not want her to "*be friendly with other men*". Social abuse is often associated with isolation and control.
- Cultural abuse: Belvie had to contend with multiple affairs and had to endure blatant infidelity under the same roof because her partner told her that they were not married and, therefore, it was acceptable.
- Spiritual abuse: Amy was led to believe that her partner could enter into other people whom she had contact with, and therefore, he knew her every word and every move. He informed her that he is part of the Illuminati and that they have certain powers.
- Destruction of property: Amy stated that her partner "*would sometimes break the door, throw the TV on the floo*r", and burnt her clothes. Jan testified to the destruction of property which on one occasion left his flat in total disarray (e.g. he broke the plates, turned over the bookshelves and everything else that he could lash out at, including his girlfriend at the time). It seems that, at times, perpetrators have unstoppable fits of rage (George et al., 2006: 347).

Perpetrators of IPV are skilful at coercion to get their way or to feel in control either through verbal, physical, psychological, sexual, economic, spiritual, cultural and social abuse tactics or a combination of the various types of abuse. Abusive behaviour is often to counteract feelings of powerlessness, which can be twofold, namely, (a) insecurity or vulnerability; and (b) a lack

of affect and behaviour regulation. The dynamics of abusive behaviour may outwardly seem to keep an emotional distance, yet abusive behaviour also communicates vulnerability and dependence on the victim (Simonič et al., 2013: 341). The juxtaposition of two oppositional emotional needs could cause immense discomfort, anxiety and tension.

4.2.4 Impact of intimate partner violence

Apart from the intergenerational transmission of violence associated with IPV, other consequences can also be debilitating and even result in death. IPV can cause feelings of worthlessness, despondency, depression and suicidal ideation. Over and above the medical, legal and financial implications, the physical injuries that are sometimes sustained can themselves be disabling for the victim and have lifelong repercussions. This includes the unborn child if the victim is abused during pregnancy, as has been discussed in the foregoing pages. Some of the negative effects of abuse revealed in the study are illustrated by the following excerpts.

> ***Lesedi****: It is the way my mother-in-law told me, the first girl passed away because he was also beating the lady [ex-girlfriend] and being aggressive. At the end he shot the lady*.

> ***Lesedi****: I felt like I'm nothing. I felt so useless. Just let me leave this shelter (crying) and go to sell my body. I was giving up. I didn't even want to see my child anymore. I didn't want to call at home. I was distant for two months from my child and my uncle, everyone. Always sleeping. I didn't want to speak to anyone. I was always crying you know, I wanted to drink some pills just to take my life away. I was saying if my mum was here I knew my mum was going to look after my child*.

IPV can cause the victim to have a complete mental breakdown where the victim can become delusional and paranoid. Zodwa stated the following:[35]

> ***Zodwa****: Even when I'm staying in the office, flies will come inside the office and fly over me. Green flies, brown ones, other colours you have never seen before. And then after I am going to have the headache. … Even when I'm driving the big air will come as if to hit the car. The car wants to collide. … Then after I saw birds flying over me wherever I'm going, birds will be there. Many different colours, even the sky will change to be dark clouds. If I go to the west they are going with me, if I go to the east they are going with me. And if I'm in the room they come inside. Flies they come, but if I'm praying, I have to pray from my room up to work. From the work up to my room, I am not supposed to be alive, if I was not praying, yo*.

[35] The powers of darkness and evil such as witchcraft could also have been at play in Zodwa's visual hallucinations.

Victims often collude with the perpetrator and try to hide the IPV due to fear.

> ***Zodwa***: *He hit my mom by the time I was pregnant with my 17-year-old, but we didn't see. He hid it with my mother.*

During the interview with Amy, she was sometimes incoherent and frequently dissociated (i.e. there were many uncomfortably long pauses where she just stared and never answered the question). The researcher sensed that Amy felt powerless, hopeless, fearful and possibly was experiencing posttraumatic stress. IPV and child abuse are often concomitant, as illustrated in the case study of Grace and Joshua. The unpredictable nature of IPV instils fear, even into adulthood.

> ***Grace***: *It could go on a lot, hey. The arguments and stuff like that, you would hear them [mother and father fighting] and we would be tense (emphasis) in the house, nobody dare (emphasis) drop something, literally it is a problem. Nowadays it is much better, I used to be afraid. I myself, if I'm not in the house and I'm at the base [missionary school] for example, and I drop something, it used to be like; "O, my goodness I need to make a plan with this". … "O my goodness who has done this, come here right now". There would be severe consequences for breaking a plate or dropping something. There was a lot (emphasis) of fear. The violence was unpredictable. Yo, yo, so unpredictable. He would be happy and okay and everything would be okay, and in like a matter of minutes, you know he would be, if you worked in the kitchen and you came back he was angry. Everything has changed, ya.*

Joshua started to develop an intense hatred for his mother. Not so much for the abuse but because she destroyed the father figure.

> ***Joshua***: *During the years that followed, like I say I'm used to this kind of thing, ever since I was born. I wet the bed until I was twelve years old. I would always wake up in this warm, fuzzy dam. I had to sleep on plastic and when we went to other people I was always "what plan can I make"? Them not knowing that I'm sleeping on plastic. Now today I realise that it was fear. Now, picture this picture. You're about twelve, 15 years old and your mother would do the same kind of thing. Take out her breast and make you want to suck on it. Then the hate started. Not because of her taking out her breast, but long before that. My hate for my mother was like acid. I hated her like in capital letters, but she didn't know that. My hatred was based on and this was prime (Joshua weeps). My hatred was based on the reason (Joshua weeps uncontrollably). My hatred was based on and this is so important, she destroyed the father's image in me. This woman, now I am not speaking today with bitterness or hatred. I am speaking now in this intense way to illustrate how I felt as a child. I do not have bitterness, unforgiveness and hatred for my mother today. It is all because of Jesus Christ the Lord, He is the solution.*

Hatred can be placed within a theoretical framework of object relations, which refers to an infant's early internalised representation of relationships with others, such as the "bad mother"

personification or an insecure attachment pattern, as discussed in chapter two (2.5.1.4). Within a religious context, hatred is interpreted as a major barrier to forgiveness and well-being.

> ***Joshua****: Without forgiveness, there is no healing. I went to the bushes and by now I've had three months of intense teaching [Bible study]. It's like USN for the spirit, you become a bodybuilder. I went into the bushes and I had this tug of war. I was like a wild animal and I said: "Father (Joshua weeps). Father, I hear in the class about this forgiveness business. It's a choice. It's not a feeling". I can write you an essay about it, less than 500 words. I can always relay my feelings to God, He knows my best foot he knows my worst. I cannot shock Him, I cannot surprise (Joshua weeps). I love Him. "I hear this forgiveness thing is a choice, it's not a feeling. All right, all right". Now I am very irritated. I'm not arrogant, I'm irritated. I'm angry. Every emotion of 19, 20 years welling up. "I hear that I cannot have a relationship with You unless I forgive. You are precious to me Lord". I was thinking in my heart. Rather than harbouring this bittersweet thing, it was like a cancer busy destroying me, I want to say to people listening. Harbouring unforgiveness is like burning down your house trying to get rid of a rat. It is a lethal and deceptive way that satan uses for self-destruction. "He deserves unforgiveness", but in the meantime, it destroys you. You also need to forgive yourself. At one stage I despised myself so because of circumstances. I went to the mirror, I looked at myself in the mirror and said: "I'm going to destroy you. I hate you. I despise you*".

Joshua relayed that hatred counters vulnerability. The source of hatred and anger is pain. "*The bee in the bonnet is pain*". Joshua claimed that without the Holy Spirit, the effects of DV are indelible.

> ***Joshua****: When I think back now my memories are very vivid, trauma does that. It is absolutely indelible and I think only the blood of the Lamb can remove that. But what I am so grateful about is that I can speak today and remember without a sting. It is like talking about the sunset last night, although it was very, very traumatic for me.*

Discussion: IPV has a detrimental impact on the children which is compounded when there is also child abuse, which there often is. Pregnancy as a situational factor that may be conducive to heightened partner abuse, as well as playing a possible role in IPV perpetration in adulthood due to prenatal trauma, has been discussed in 4.2.1.4. Violence during pregnancy may be a more common problem than conditions which are routinely screened for. Moreover, IPV is associated with depression, postnatal depression and posttraumatic stress disorder.

Lesedi still felt tremendous anger towards her ex-husband for the abuse, even though he was deceased due to a motor vehicle accident. She expressed great relief in being free from him as she could now come and go as she pleased. Lesedi had anger towards her mother for not having been able to support her when she was at her most vulnerable. She felt that her mother

had also deserted her by dying. Lesedi had already been abandoned by her biological father and also experienced anger towards him. All the pent-up anger, in conjunction with being an abuse victim, caused Lesedi to become depressed with suicidal ideation. Ironically, it was probably the knowledge that there would be no one else to take care of her child that she ultimately did not commit suicide. The financial difficulties after leaving the abusive relationship were insurmountable because she even considered resorting to prostitution. She felt like she was "*nothing*" and "*useless*". Due to trust issues and her own experience of being sexually abused by one of her mother's boyfriends, Lesedi was not interested in getting involved again in any relationship. Part of her healing process was when she found employment and could comfortably live with her daughter in a flat that she now rents. Lesedi also has her own transport and feels independent and empowered.

Witnessing IPV and/or being a victim of child abuse evokes anger and hatred. In general, hatred has been relatively ignored as a barrier to recovery from dysfunctional behaviour such as the perpetuation of IPV or DV. The case study of Joshua epitomises the role of hatred towards others and self-loathing or the lack of self-compassion. Otto Kernberg (1928 to present) is one of the most influential object relations theorist[36] in the United States. Much of his theory is derived from his clinical work with BPD (e.g. splitting). Melanie Klein postulated that the ego undergoes a splitting process to deal with the terror of annihilation (Sadock et al., 2015: 180). Kernberg elaborated on good and bad self-configurations and good and bad object configurations that, respectively, are associated with libido and aggression (Sadock et al., 2015: 180). Similarly, Heinz Kohut believed that it was threats and damage to the self that produced aberrant sexual and aggressive behaviour (Ryckman, 2013: 152). Hatred can cause extreme resistance to change due to its function as a defence against narcissistic injury (Sadock et al., 2015: 609). Defences supported by hatred include (a) defending the individual from the source memory and thus against an invalidating past; (b) attachment-dependency in an intimate relationship (e.g. fear of rejection or abandonment); (c) self-pity and providing an excuse or justification for abusive behaviour; and (d) self-preservation or pride. Furthermore, hatred obstructs forgiveness and the benefits of reconciliation that are embedded in RJ principles.

From a Christian perspective, unforgiveness is the harbinger of oppression and bondage (e.g. pathology and maladjusted behavioural patterns). Joshua drew the following analogue. "*Harbouring unforgiveness is like burning down your house trying to get rid of a rat*". Joshua

[36] Object relations theory essentially postulates that the course of human development depends on the quality of the relationships established between individuals, particularly between parents and their children (Ryckman, 2013: 178).

stated: "*My hate for my mother was like acid. I hated her like in capital letters*", but that he reached a point in his life where he could speak about his violent background without the *"sting"* because of forgiveness. He mentioned that he despised himself, "*but I made peace with myself and I became my best own friend. Since then, I am not at war with others. If you do not love yourself, you cannot love others*". Unforgiveness fuels hatred towards others and self-hatred and can manifest in IPV. Self-compassion can play a fundamental role in curtailing IPV, as illustrated in chapter two (2.2.5.4). As noted in chapter one (1.4), Martinson (1974: 50) claimed that it may be prudent to pursue what deters rather than what cures. In the same vein, positive psychology, as an adjunct to humanistic psychology (e.g. refer to Allport, who was discussed in chapter two section 2.5.4), maintains that the focus on the disease model is one-sided and that a science to help all of humankind is long overdue (Ryckman, 2015: 461). Seligman and Csikszentmihalyi (2000: 7) state:

> … our message is to remind our field that psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best. … Prevention researchers have discovered that there are human strengths that act as buffers against mental illness: courage, future mindedness [sic], optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and the capacity for flow and insight, to name several.

Positive psychologists believe that forgiveness in human beings generally has a beneficial impact on a person's behaviour and performance. There is mounting evidence that people who are more forgiving experience physical and psychological benefits (Ryckman, 2015: 463):

> Forgiveness is a human strength which is defined as letting go of anger, hostility, and resentment, as well as thoughts of revenge, against a wrongdoer. Forgiveness does not mean that the injured party must reconcile with the harmdoer. It does not mean that he or she must forget or condone what the harmdoer did. It does not mean excusing the harmdoer's behavior. Rather, forgiveness is about the injured party making a choice to take back control of his or her life, to stop dwelling on the painful past, and to start acting in an alternative and constructive manner in order to become more mentally and physically healthy. … college students who reported greater tendencies to forgive others who had harmed them were found to have less vengeful rumination, depression, anger, and hostility and increases in self-esteem,

> empathy, hope, and higher levels of life satisfaction than students who were less forgiving.

Zodwa's abusive relationship ended more than five years ago from the time of the interview, yet she stated that she was still in counselling due to the traumatic experience of IPV. Due to the nature of the study, it could not be assessed as to the possible cause of the hallucinations that she experienced. Amy described her partner as a Jekyll and Hyde personality and that she was in a state of constant limbo. "*You don't know whether you are doing something wrong or whether you are doing something right*", due to the unpredictable nature of her partner's abuse. Eggshell environments are conducive to (a) a fear-based setting; (b) a diminished sense of self-worth; and (c) over time the eggshell environment translates into trauma (Brown, 2015: 61-62). The interview with Amy was conducted with great difficulty because she often seemed to disconnect and then stare blankly at the researcher without responding. At times she looked bewildered and even laughed out of context. Hence, there were uncomfortably long pauses and sometimes, her responses were out of context. Possibly, her memories were too painful, and she would go into a dissociative state. Gomez-Perales (2015: 5) states:

> In severe forms of dissociation, disconnection occurs in the usually integrated functions of consciousness, memory, identity or perception. For example, someone may think about an event that was tremendously upsetting yet have no feelings for it. Clinically, this is termed emotional numbing, one of the hallmarks of posttraumatic stress disorder.

Additionally, the fact that two participants in a fairly small sample testified to the breaking of a plate triggering aggression indicates that posttraumatic stress may play a role in IPV. For example, Grace stated: "*There would be severe consequences for breaking a plate or dropping something*". Grace did not have any family background information concerning her father. However, Beatrice did have a traumatic childhood. The other participant relayed the following:

> ***Joshua****: Now ever since I can remember, my mother has been fighting with my dad as in strife. Very serious, very serious strife. We talk about blood, axes and knives, ever since I can remember. My dad would just back off. A little thing would prompt an attack. For example, I was busy drying dishes and the dish slipped because of the soap and broke. Now that would be the catalyst for two weeks of hell to follow, towards my dad. It was always upon my dad*.

Individuals with posttraumatic stress disorder show symptoms in three domains, namely, (a) intrusive symptoms following the trauma, such as flashbacks in which the individual may act and feel as if the trauma were reoccurring; (b) avoiding stimuli associated with the trauma such

as thoughts, sights, smells or sounds; and (c) experiencing symptoms of increased automatic arousal such as insomnia, irritability, hypervigilance and an exaggerated startle response of aggression which is out of context to the stimulus (Sadock et al., 2015: 438-439).

Other consequences of IPV included in the data are as follows:

- Anneline mentioned that removing children from their biological parents is in certain cases of child abuse essential, yet nonetheless traumatic for them. Thus, revictimisation poses another deleterious set of complications.
- Perpetrators and victims of IPV attest to depression which has been discussed in great depth in chapter two (2.3.2).
- Service providers like Justice claimed that abused men are depressed and often commit suicide and may even resort to femicide.
- The social, psychological and/or occupational functioning of all the perpetrators seemed to be impacted upon.

4.2.5 Walker's cycle of violence and triggers

According to some experts in the field of IPV, the cycle theory of violence, as depicted by Walker, is a typical behavioural pattern with offenders who attend intervention programmes.

> ***Jabulile****: The tension buildup, the action, the honeymoon phase.*
> ***Researcher****: Would that be your typical batterer?*
> ***Jabulile****: Ja, that's the typical.*
> ***Thato****: And that's one of the topics of the programme*.

The researcher's own experience of an eight-year physically and emotionally abusive relationship revealed a textbook cyclical pattern of violence (e.g. the tension-building phase, the acute battering incident and the loving, remorseful or honeymoon phase). Walker's cycle of violence also seems to be evident in the case study of Lesedi. The pattern of abuse had a repetitive cycle with the loving and contrite phase after the abusive episode, which was escalated when alcohol was involved.

> ***Lesedi****: After beating me maybe on Mondays he was coming to apologise to me. Every Monday he came to apologise. That "I was wrong, I am sorry for beating you*".

Zodwa's long-distance relationship limited the opportunity to identify Walker's cycle of violence. Amy's partner was generally aggressive, even with other family members. "*And then tomorrow*

it happens again (pause, she stares at me). That same satan, nè. I'm sorry to say satan". Belvie's partner also seems to be generally violent. In addition, Belvie could recognise an imminent incident because physiological cues often preceded a violent episode (George et al., 2006: 347). The neurons that mediate a "fight" or rage response (e.g. to a perceived threat) are responsible for the loud voice and facial grimacing. The violence is often impulsive, and victims frequently complain that the aggression is irrational and does not respond to reason (George et al., 2006: 349). The reader may recall Belvie stating (4.2.2) that "*I knew even if I don't refuse [intercourse] he will beat me and chase me anyway*".

> ***Researcher****: Did you notice any pattern during the abuse?*
> ***Belvie****: When he is angry he talks a lot and you will notice his voice change. When he changes his voice he starts to talk louder, his eyes change and the face changes. He doesn't laugh anymore. He doesn't forget or forgive. A better time for him is in the night when there is no one around. So when I fear like that I know he will chase us and beat us. I will just pack and go before the time. His aggression is too much.*
> ***Researcher****: Do you think that he can control his aggression?*
> ***Belvie****: He can't control it.*

In the case of Jermaine, there seems to be a cycle of violence where there is a buildup of issues, verbal abuse and then remorse. Physiological cues before an abusive incident are also illustrated in the following excerpt, which indicates that timeout could be effective in interrupting IPV.

> ***Researcher****: Can you feel that you're getting angry?*
> ***Jermaine****: Ja.*
> ***Researcher****: But how?*
> ***Jermaine****: You know like when you getting anxious, you getting hot or something, I don't know how to explain it, but ja.*
> ***Researcher****: Hot where?*
> ***Jermaine****: Like maybe I get cold shrills [shivers], ek kry net 'n anna [ander] gevoel [I just get another feeling].*

Discussion: Thato and Jabulile contend that Walker's cycle of violence is a typical behavioural pattern with offenders who are mandated to attend intervention. Lawson et al. (2012: 197) concur and stress the importance of identifying and exploring the cyclical maladaptive pattern of abuse. Simonič et al. (2013: 346) contend that the cycle of abusive behaviour may be a means to regulate affect or emotions (i.e. the tension-building phase that rolls over into the incident and then a state of calm). In other words, the cycle may preserve and regulate difficult and unprocessed effects of shame and fear. By utilising neutralisation techniques, religion or culture, the perpetrator merely avoids confronting the source of the actual distress (e.g. insecure attachment and trauma) and may soon find themselves back in the tension-building

phase. The authors believe that effective change needs to occur on both an interpersonal level due to the relational nature of IPV, which is more complex in cases of bidirectional abuse,[37] as well as on an intrapsychic level (e.g. a higher degree of emotional security, empathy, responsiveness, trust and respect). In addition, Cavanaugh et al. (2011: 979) state that emotionally dysregulated individuals are more likely to be invalidated by others due to their extreme behaviours and that the invalidation may serve to increase emotional dysregulation in an ongoing transactional process and cycle of violence.

A characteristic of IPV is that it is repetitive, and the abuse is grossly out of proportion to any precipitating factor. Throughout the study, the aggressive acts were a reoccurring pattern, and the triggers were trivial in nature. However, Walker's cycle of violence, as discussed in chapter two (2.3.1), fails to explain the unilateral IPV committed by individuals such as Beatrice (i.e. who exhibits borderline traits) and Amy's partner (i.e. who exhibits antisocial traits) where mood swings and aggressiveness seems to be part of their character and presents between violent outbursts as well (Sadock et al., 2015: 610, 750). Originally it was decided to include a topic on Walker's cycle of violence. However, as the first phase of the research progressed, the researcher decided to discard the topic because many perpetrators in the current study exhibited generalised aggression. Not all abusive partners are remorseful after a battering incident. Jan resorted to verbal and physical abuse, destruction of property and was remorseful afterwards. Jermaine resorted mainly to verbal abuse and also showed remorse. When Lesedi's partner was physically abusive "*he came to apologise*". Grace resorted to verbal and physical abuse and was remorseful after an incident. However, some perpetrators displayed no remorse or empathy, like the partners of Zodwa, Amy, Belvie and John.

As noted in chapter two (2.3.1), Walker's cycle of violence is not descriptive of all battering incidents. For example, the case study of Joshua reveals that abusive behaviour is not always acute (i.e. a rapid onset and remission once an outburst is triggered). Joshua mentioned that if a dish broke, it could "*be the catalyst for two weeks of hell to follow*" towards his father. Moreover, its usefulness may be contested in understanding bidirectional IPV, where conflict management and unfulfilled needs may better account for the abuse. The failure to assess the nature of the abuse jeopardises the facilitator and group member alliance, and a group member may feel disrespected or misunderstood (Cannon et al., 2016: 254). Hence, Walker's cycle of violence may resonate only with some of the group members. Nonetheless, Walker's cycle of

[37] Assortive mating patterns whereby, for example, antisocially inclined individuals are more likely to select antisocial partners increase the risk for IPV (Johnson, Giordano, Manning & Longmore, 2015: 720).

violence is an important dynamic in many cases of IPV and is included as a note for the facilitator in the manual.

4.2.6 Neutralisation techniques

Perpetrators typically deny responsibility and justify their behaviour. The reader may recall from 4.2.1.2 that Grace commented that her father would always make an excuse for the abuse, for example, "*I would even say a ridiculous reason*". Perpetrators often disguise or try to hide the truth for self-preservation or to appear "normal", which ironically perpetuates abusive behaviour. Sykes and Matza's neutralisation techniques, in other words, denial of the victim (i.e. blame), denial of responsibility, as well as other defence mechanisms, such as rationalisation and justification of the abuse, are demonstrated in the following excerpts.

> ***Lesedi**: Blaming me for the abuse, he was doing that quite a lot. Ja, "if you didn't tell my mother that I did this to you, I was not going to do it" [be abusive]. For most of the things he was blaming me*.

> ***Zodwa**: Even him, he doesn't want me to have money. If he sees I've got money in my wallet, I'm going to pay. It's me that must always do things. But he doesn't want me to have money. Last of last year, every time we meet he is fighting with me, every time. Because that time he say to me "because you are getting more money than me, you are better educated"*.

> ***Grace**: Like you know how did it start? We were just talking, then I said this and then you know he got angry. I don't know because of the way it was said or what, or what she [the mother] said, or because he didn't believe her, or you know one of those things. Or because what he wanted in the house was not there. Or because you know he didn't enjoy the food. Then he was very creative as well. Inventive I think, and now she's cheating with someone. And he was the one honestly that had a lot of promiscuous relationships and what not, ya. You know he was always just an accuser of something. She used to be terrified of coming back late from work. If she comes back a little late, that would be a problem, you know and what not.*
> ***Researcher**: And then he would be physically violent towards her?*
> ***Grace**: Yes, definitely, definitely*.

Amy endured spiritual abuse and was blamed for the abuse in the sense that she and her partner were somehow accomplices. Amy's partner denied responsibility and shifted the blame for the abuse onto his alter ego. For example, Amy was led to believe that her partner lives inside her and that she is actually to blame for the abuse because the two of them have become companions.

> ***Amy****: Because they say nè? Jy ken dit nè? This person lives in the next person. And that person is inside you. And you want to blame the next one, you want to blame me (emphasis). But in that the two of you have become companions*.

Joshua's mother never took responsibility for her abusive behaviour.

> ***Joshua****: Years later I went to my mother and I said: "I don't want your money, I want your acknowledgement, I want restitution for what you've done". Sorry, I'm intense and emotional, but I experience it as if I was there now. She said to me "it was your dad". I said: "No, I was there, I was an eyewitness, I heard, I saw, I experienced". … I said: "Mother, you're not going to bluff me, I was there, I heard, I saw, I experienced. This is what you did (emphasis). That is what he said, this is what you said. I want you to say I'm sorry. I need it. I don't want your stupid money". "No, your dad this and your dad that". I said: "You're a blame shifter, it was not (emphasis) him. Yes, he had his mistakes. Yes, he drank, but he drank because you fought and you fought because he drank. You put my dad in the grave. Not cancer. Mother, you destroyed God's father image in my heart". Right there and there I realised, that's the key. My dad is my Father's earthly counterpart. I could not relate to God the Father. That's why I hated her. I couldn't relate to God as I should because I had no example. My mother never, never apologised, not once. I tell her to her face what happened and she looks at me and says: "It was your father, it was your father this, your father that". I was amazed.*

In the interview with Jan, Sykes and Matza's neutralisation techniques, such as the denial of the victim and the denial of responsibility, were evident. Jan contradicts himself. Firstly, he admits to being different to his other three brothers in the sense that only he, out of all of them, resorted to IPV. However, well into the interview, he claims to have only one "*unfortunate*" victim who "*attributed [contributed] to the problem*". In other words, there is a definite denial of the victim(s), as well as a projection of blame for the abuse onto the victim when he remarked: "*That was the biggest thorn in my flesh. That was her ex-boyfriend*".

Sykes and Matza's neutralisation technique of the denial of injury is evident in the following excerpt. Moreover, Jermaine blames his girlfriend's parents for the abuse.

> ***Jermaine****: Ja, but she was like blue mos [don't you remember?] (softly stated).*
> ***Researcher****: But she said you broke her nose?*
> ***Jermaine****: Ja, but it wasn't broken (softly).*
> ***Researcher****: So why was she blue?*
> ***Jermaine****: I don't know (slight laugh) because I just hit her once. But like a backhand. So I don't know, maybe it was just too hard. So (slight laugh), but it's done now, there's nothing I can do to change it.*
> ***Researcher****: Did you feel bad after the incident?*
> ***Jermaine****: Ja. Then I think what contributed the most was like her parents never liked me and then they contributed to our things, so that's what actually contributed to everything. It's like her parent's approval. That was the main problem. Because I think if they did approve, I would have handled things*

differently. Things would have been different, things that I would have done would have been different.

The excerpt below depicts inconsistencies. The use of rationale and motive theory (i.e. all decisions, choices and behaviour are rational) is limiting because if IPV is a choice, then intrapsychic factors may be overlooked. Likewise, the excerpt depicts that anger could be a secondary emotion that masks, for example, pain, hurt or fear (i.e. subconscious influences driving dysfunctional behaviour). Justification and blaming the victim is often the perpetrator's default story to self-protect for "survival" and self-preservation. Nonetheless, it is a choice to take responsibility and commit to changing aggressive behavioural patterns, just like any other destructive behaviour (e.g. alcoholism, drug abuse, gambling). To take responsibility entails exercising one's will and desiring to change. There is often a subconscious compulsion behind maladjusted behaviour. Hence, it would seem prudent to include a topic on emotion and feelings in a BIP. It was also a topic in the BIP that the researcher attended.

> ***Researcher****: Do you think that they [perpetrators] have control over this behaviour?*
> ***Donald****: Oh yeah. Absolutely, now they are going to say they don't. We talk to them about this all the time. We use rational and motive theory. It says "all of your decisions, all your choices and behaviour are rational", okay. Now you are making a choice. So part of the challenge is that when they come into the group, their rationale is justifying the behaviour, right? Because this is how they have been behaving for years. It is all about her, right? Because it is all external, it is an external locus of control. It is all out there, she's causing it, all this other stuff. Part of our process is really to have them begin to reflect on, that this really is a choice. We go back and have them break down the steps they got to [being abusive], or the steps they went through. So we really look at, what were those emotions? So you said "you were angry, what else was really going on"? Right, they have to share their story when they first come to the group. Well then "do you know the feelings"? "I was just angry". "So what other feelings"? "I don't know, I was just angry" (deep grumpy voice). We have other guys in the group that say "well how else have you been feeling"? Right, so depending on the situation, it might've been hurt, you might've been scared, all these other things that might be there. So that it's really important, to understand the feeling. Because if all I identify is anger, my most likely reaction will be an aggressive one.*

Grace and Mpho claimed that taking responsibility and putting the past behind them is critical.

> ***Grace****: I think there was a time when I came to say I cannot blame (pause) my childhood, and my past (pause), for the present right now anymore. Like really, ya. I can't continuously say "I am aggressive now still because of my father", like I need to really take responsibility. And I think that helped me even in trying to change and to seek the Lord about being different. You know, now I know this is me. I think there's a quote that says you can't really control what happens to you, but you can control your reactions towards it. … Just that mind shift "no (emphasis), I need to take responsibility now". Like this is my responsibility.*

> ***Researcher****: Now how do you get to that point?*
> ***Grace****: God. Honestly (laughing), you know. It really really is only God. And God in his mercy orchestrates situations around us that makes us tired, they make us reach the end of ourselves, they make us (pause) not to be able to look anywhere else, like okay, really that point of surrender*.
>
> ***Mpho****: I've been raised myself as an abused child, but I can't abba on it [lean on it to justify IPV]. What they did to me, … it helps a great deal when you talk to people. … I took it upon myself to say, "no more". That's why I'm saying, you've got to tell yourself, there's no other person that can heal you. It's yourself [will], it's your inner self [spirit]. You can realise where do you want to go? Taking responsibility. For me it's very much important*.

Discussion: Perpetrators frequently deny responsibility and justify their behaviour and are restricted from change by this self-deception (Jenkins, 1990: 54). Brown (2015: 84) contends that when an individual depends on a self-protecting narrative often enough, it becomes their default story. She states that when an individual starts to weave hidden and false stories into their lives, it eventually distorts who they are and how they relate to others. Blame often serves to discharge discomfort or pain, and it does not even have to be rational (Brown, 2015: 196). It just has to give a sense of relief and control. In addition, fault-finding tricks an individual into believing that someone else is to blame and, therefore, controlling the outcome is possible.

Similarly, Donald states that IPV is mostly about an external locus of control. Blame can be seen as a quick fix to pain and shame by holding someone else accountable for specific actions and the consequences thereof. However, it is corrosive and counterproductive (Brown, 2015: 197). It is crucial to take responsibility and to recraft one's life (Brown, 2015: 97). Grace concurs and states, "*I think there's a quote that says you can't really control what happens to you, but you can control your reactions towards it*". In other words, it is a "*mind shift*" of taking responsibility as opposed to being in denial, blame-shifting or finding excuses for dysfunctional behaviour. Donald raises the issue that it can be challenging to get perpetrators of IPV to use the "I" language, but that it is imperative to encourage during intervention. It is important to reorientate offenders from an outer-blaming orientation to a self-control orientation (Dutton, 2002: 11; Holtrop, Scott, Parra-Cardona, McNeil Smith, Schmittel, & Young Larance, 2017: 1281). From the data, it is evident that perpetrators are inclined not to take responsibility for their actions and that they utilise various neutralisation techniques. All the victims, namely Lesedi, Zodwa, Amy, Belvie and John, were blamed for the abuse.

Joshua's mother blamed her husband for the abuse and refused to be held accountable for her actions until her dying day. Notwithstanding even the stark eyewitness account of the violence when Joshua confronted her about the abuse. Perpetrators of IPV are often hindered

from taking responsibility and changing abusive behaviour because of their preoccupation with self-righteousness and their partner's "injustices" (Jenkins, 1990: 54). For example, blame-shifting and self-deception were portrayed when Joshua's mother cut her wrists and blamed his father for her actions. "*After two weeks of assault and nonsense she would suddenly cut her wrists and bleed into the bath. Look what you've done to me" [i.e. blamed Joshua's father]!* As noted in chapter two (2.5.3.2) Sykes and Matza identified five types of neutralisation techniques, namely, denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners and appeal to higher loyalties. Barring an appeal to higher loyalties, Joshua's mother resorted to all the other neutralisation techniques. For example, "*it was your dad. … No, your dad this and your dad that*". Even on her death bed, the motive of Joshua wanting restitution was construed as victimisation. Her last words to Joshua were "*leave me alone*", when he was merely seeking an apology for all the years of abuse. "*My mother never, never apologised, not once*".

4.2.7 Inner and outer containment

The data revealed that weak internal and external control mechanisms are conducive to IPV. There seems to be a general lack of empathy that is prevalent in IPV perpetration. Joshua's mother displayed a total lack of empathy. Just after matriculating, Joshua's father developed lung cancer (e.g. he was a heavy smoker) and was admitted to the hospital. Joshua depicts the following scenario.

> ***Joshua****: We got a call that night "come, you better come, he's on his last". They took out three [two] quarters of his lungs. I still remember the sound of the machine, ting, ting. That night when my mother got a call from the hospital, now I'm going to say this as crude as it is. My mother exploded. "Ek sal op daai ding se graf gaan piss" [I will go and urinate on that thing's grave]. That's what she said. I remember I cried. We stayed near to the Eugene Marais Hospital and she resented him that we had to walk in the cold to his operation room. "Ek sal op sy graf gaan piss" [I will go and urinate on his grave]. I cried, I cried on the way. That was after matric. When my dad came home he was so weak, but he pulled through. Then the cancer started spreading towards his neck, eating up the vertebrae in his neck. He became a little skeleton. He weighed 200 pounds in the old time, the day he died I could pick him up like this [with two hands]. He lay in his bed very weak convalescing from the operation. Then she starts assaulting him in the bed. He had to put on his nightgown and go sit on the side of the street beyond the gate, so that the passerbys can see that his wife is assaulting him. In the sense "at least I've got protection now because everyone sees". He cannot protect himself. I thought "I'm going to get you, I'm going to kill you" [mother].*

Lesedi was eight months at the shelter when her husband tracked her down. He was verbally abusive to Lesedi and to the house mother. He was physically abusive to Lesedi and

kidnapped their daughter in front of the security guard, with no regard for the possible consequences of his behaviour. Although Lesedi's husband could control his behaviour in the workplace and in front of colleagues and friends, she mentioned that when he became aggressive, the outbursts were without provocation. Abusive partners can be charming and seductive. Intervention from family members like his mother, who lived next door to them and her uncle, was ineffective.

> ***Lesedi****: But when he was at work he was showing them [colleagues] the way he loves me. He supports me and gives me whatever I want. If his friends come to my house, he was playing lovey-dovey*.

Zodwa's partner exhibited antisocial traits. For example, lack of remorse, lack of conscience, lack of empathy, con-artistry, pathological lying, deceitfulness (e.g. he did not honour his financial obligations) and a disregard for the safety of others (e.g. as mentioned in 4.2.3 he also did not disclose his HIV status to Zodwa and she was severely beaten while she was pregnant). He was irresponsible, manipulative, promiscuous and evasive.

> ***Zodwa****: He is manipulative too much. He is too much clever with tricks. He is too (emphasis) much clever (we chuckle).*
> ***Researcher****: So it must have been a girlfriend that cut up your clothes.*
> ***Zodwa****: Another one, it was not him because I see the bedding has changed and it is not him. He doesn't want to do anything. He is lazy. It means he brings that baby's mamma inside the room to stay there the time I am not there.*
> ***Researcher****: So he was lying to you when he told you he had cut up those clothes.*
> ***Zodwa****: Even if you are talking with him he is going to create another story. And he is not going to talk about what you are asking him*.

Amy's partner was involved in a crime syndicate and stole cars for a living. The case exemplifies weak external and weak internal control mechanisms. Not only does her partner fail to conform to societal norms, but he also exhibits a total lack of empathy and compassion. It is extremely difficult for Amy to talk about the scars on her face. She mentioned that she never went to the hospital but let the wounds heal on their own. When Amy's partner saw her injuries after his sister threw a glass vase into her face, his comment was callous, uncaring and cruel. "*Sy moes jou vrek gemaak het [she should have killed you]*".

Donald disputes that IPV is a problem of impulse control.

> ***Donald****: Well, the issue with impulse control is that the vast majority of men's impulse control is fine elsewhere. So, you know, it's not an impulse. This is what I think people don't understand. It is planned behaviour, they plan it.*
> ***Researcher****: To coerce or to get their way?*

> ***Donald**: It may be that I [the perpetrator] didn't specifically plan to beat the crap out of her, but I planned to do some kind of coercive process. They [perpetrators] make the decision to be violent or abusive*.

Contrary to Donald, Justice makes the following observation which indicates that IPV is often impulsive behaviour when he expresses that the situation remains volatile (i.e. a divorce may be an option if there is the realisation that it will be almost impossible not to contravene the protection order). In many cases of IPV, the perpetrator has no control over the abuse where there is affect and behavioural dysregulation or a lack of self-control.

> ***Justice**: My observation is that almost 90 percent (emphasis) of people that are granted court orders, land up in divorces. … if the order is granted, most would say "I'm not going to live with this order in my house". It's like you're a prisoner in your own house. There's a warrant for your own arrest. In your own house. So some if they get hold of these documents they tear them up. Thinking that the whole case is gone. And some just walk away from this whole situation, because it's a volatile situation*.

It seems as if perpetrators are able to contain the abuse between the interim protection order and the return date. However, Justice comments that for the victims, there may be "*this false sense of security because the men feel restrained*" during this period. Roy concurs and states that when offenders are held accountable, they will attempt or try hard not to reoffend in order to avoid the court system.

> ***Justice**: During the interim people don't normally contravene. … Until the final order is granted. When the final order is granted, they either walk away (long pause), just to avoid this whole situation. Or they will play their tricks, make these women forget about these applications, or convince the women to drop the charges, or try to get hold of the court order to destroy it*.

Other experts in the field believe that impulsive behaviour can be a factor but should be determined on a case-by-case basis. In other words, aggression is complex, and generalisations cannot be made. However, what is clear is that IPV is often committed because the abuse is normalised and there is a lack of consequences (i.e. outer or external containment), as illustrated in the following excerpt.

> ***Researcher**: Would you say that the aggressive outburst is impulsive behaviour, in other words, behaviour that they have no control over?*
> ***Thato**: Well, that is difficult to say, I think it would probably be on a case-by-case basis, because you actually get perpetrators who are quite aware of what they are doing, and they keep on doing it over and over again, fully aware that they are messing up. And then there are those kinds of situations where things happen and with a bit of more enlightenment, then the person says "I wasn't aware that I was doing this", so maybe the second category that I am describing*

> *are the ones with the impulse. Ya. But then there are others who are quite aware of what they are doing. I mean beating her up over and over again, you see sometimes what happens is due to lack of consequences because of all these dynamics that we are talking about. Breadwinner, she wants to keep the relationship and stuff like that. Things happen and she doesn't do anything about it, then he gets daring and more daring until to such a point where she cannot take it anymore*.

An observation from the data was that the participants in the mandated programmes were inclined to be generally older (e.g. the men in the BIP that the researcher attended fell predominantly in the 40 years and above age group). The researcher attributes the finding to the fact that today there is much more awareness regarding the unacceptability of IPV (i.e. more stringent measures of external containment) as ratified in the DVA. The finding could also indicate that the abuse has been going on for a long time. Justice concurs with Thato and states that abusive behaviour will continue as long as there are no consequences. Recidivism rates may also be high because dysfunctional behavioural patterns may have become so ingrained that it will take a willingness and commitment to change.

> **Justice**: *And unfortunately, habits die hard. And if a person has got away with bashing the other, it never goes away. So now they [victims] have been educated to complain. Now the elderlies must teach the young*.

Perpetrators may not have been taught to respect boundaries (e.g. due to absent or abusive fathers), and victims may be inclined not to set boundaries. It becomes more difficult to set boundaries if the perpetrator is also the breadwinner. When there are no consequences (e.g. outer containment) for partner abuse, the violence may escalate and become more frequent and/or more severe. Donald commented on perpetrators becoming seasoned offenders, reflecting that some "*have been practising for 20 years*". In the files that were perused, many group members were 40 and even 50 years old and above. Although they are declared as first-time offenders, it is highly probable that it is merely the first time that the abuse has been reported to the CJS and that the victim has followed through with the application for a protection order. It would be plausible to surmise that the DVA is effective because it holds perpetrators accountable when IPV is reported and that external control mechanisms assist in countering further abuse, even if "*almost 90 percent (emphasis) of people that are granted court orders, land up in divorces*". The problem is that the perpetrator, in all likelihood, will be abusive in his or her next intimate relationship.

> ***Thato****: This is the age group you are going to be dealing with. For the next group in August I already have three group members in their fifties.*

> ***Researcher***: *So, the DVA is working and it just shows you for how long the abuse has been taking place. And what you said before, that up until now there were no consequences.*
> ***Thato***: *No consequences. Nobody took it seriously, it was part of beating up his wife, so why, so what. But now (emphasis), I think the DVA is working because it is actually emphasising and pushing the point across that in (emphasis) a relationship you can rape your wife, because remember most people think it is not rape. But there is a growing consensus that things which people got away with ten years ago, like beating up your wife or klapping [hitting] her is not acceptable. It is something you could easily get away with ten years ago, but now people are getting more conscious about it and even now report these things. They never used to report these things. Because one, once you report it you are ostracised because you are trying to cause trouble for your husband. You are bringing shame to your family, even up to today you have those kinds of situations. Where things happen and you have to keep them in the family because once you go to social workers, once you go to the police station, you are bringing shame to the family. You have to talk to your husband and stuff like that. Others will go the family intervention avenue where elders, the uncles, the grandfathers are called in to sit you down and try to resolve it. It only goes to court when it really, really is out of hand, but they try to do family interventions. There are some in the files that may mention that um, "I lost it this day". So it is not the first time that it happened? I know that other times there was some family intervention and all those kinds of things.*

External control mechanisms do not always act as a deterrent as illustrated by the following excerpt. Inner containment is fundamental to reduce crime and recidivism as discussed in chapter two (2.5.3.1) under containment theory.

> ***Justice***: *We once had an incident, where the lady was granted an order, and the following Monday we had a report, the man killed her. So the Act is effective once the recipient, the respondent, once he understands the conditions, as well as the prohibitions in the document. I usually tell them that the court order is as good as his [the perpetrator] own actions. He can only trigger the effects of the court order once he contravenes. He has a key to his own cell. If he contravenes, then it will bind*.

As mentioned in 4.2.4, hatred and unforgiveness impede well-being and have been relatively underplayed in the rubric of secular psychology and criminology.

> ***Joshua***: *I looked at myself and said: "You fought it [self-love] but from now on I'm going to be your best friend, take my word for it. If you fall, I'm the first one to pick you up. If you fall again, fine. But, you and I, we are going to walk with the Lord Jesus Christ and we're gonna [going to] make a success. You hear me, I'll be your best friend". Now this sounds crazy, but I made peace with myself and I became my best own friend. Since then, I am not at war with others. If you do not love yourself, you cannot love others. I think this is very important*.

Jermaine testifies that only God can change an individual. When one understands the love of God, it affects how one views oneself (i.e. as worthy and valuable) and, therefore, the world. Low self-esteem is conducive to maladjusted behavioural patterns, and therefore, inner containment plays an integral role in conforming behaviour. Additionally, the law of the Holy Spirit can overcome all negative situations (refer to Romans 8).

> ***Jermaine***: *There's no condemnation in Christ but that time I was emotionally broken, spiritually dead, not doing what I had to do. I was blaming God, being angry at God, questioning, all those things. So it affected me.*
> ***Researcher***: *Do you think that you felt insecure?*
> ***Jermaine***: *No (emphasis). I didn't feel insecure because I know, I knew in who I believe. I knew God can change anyone. … The God I serve is far bigger than anyone*.

Jermaine also has a well-developed sense of the consequences of deviant or criminal behaviour (i.e. strong outer containment).

> ***Jermaine***: *… that's why I'm not in prison or I don't have a record or I didn't kill someone, because I'm not stupid like, because I had access to guns. I used to work with guns but I always thought (emphasis) of the consequences and so. It's easy for anybody to kill somebody but we have to stand [i.e. be accountable for] the consequences after your choices, so ja. I used to always think about the consequences*.

Although Grace's aggressive outbursts were mainly directed towards her siblings (i.e. she had not yet been in an intimate relationship), her parting words to me were that if she never had divine intervention, "*I would be exactly like my father, if not worse*". Grace believes that her elder brother follows in his abusive stepfather's footsteps because of the child abuse (i.e. learning theory), an absent father (i.e. attachment) and especially because of his lack of faith (i.e. weak inner containment).

> ***Grace***: *You know he's never really been able to deal with the abuse that my (emphasis) dad gave him. Him (emphasis) not really knowing his own dad, you know. And he is not really, okay there was a time when "I'm going to church now", you know. But that didn't really work out, you know. So he's not really strong in his Christian faith as well. So that's the difference I think*.

Often family, neighbours, friends or the clergy are aware of IPV taking place and do nothing about it. Perpetrators of IPV need to be made aware that abusive behaviour will not be tolerated and that there are consequences. Social control mechanisms against IPV are enforced by criminal justice sanctions, but should also be upheld by social services, family members, the community and the church. Joshua describes the bystander effect and feeling

so helpless. The following excerpt also reveals an intense hatred and anger towards himself (i.e. lack of self-compassion) and towards others, especially women.

> ***Joshua**: She destroyed my father's image. When I went to church, they say in Afrikaans "kerkhof" which means a mortuary or a graveyard in English. "Die kerk" [church], "die kerkhof" [cemetery]. And I would sit there and look at this guy on the pulpit. Now you cannot fool a child, especially, if he is so sensitive and you become very sensitive because of abuse. That I experienced, very sensitive. It's like an open wound, an open wound is very much more sensitive than ordinary skin. Right. I would look at these people in the church, especially the guy in front and I thought: "You bastard. Where are you, two o'clock in the morning when these things are happening? Why (emphasis) if you love this God of yours so much, don't you do something about it"? I felt so helpless. Everyone knew about it. It was spiritual abuse, it was emotional, it was physical. It was the total packet [package]. To this day, I do not know why the neighbours, the "dominee" [clergyman], the two of them didn't do anything. The fact that I love the Lord Jesus with all my heart today is a miracle. I don't know who prayed for me. Like I told you earlier on, I should have been a Jack the Ripper today. Jack the Ripper is nothing. I hated women. I felt when I've raped them, I would cut them in pieces, smear their blood all over and go for the other one. I shall destroy that which is called femininity. I felt that way. I had this battle in me ever since childhood, this tug of war from evil to good.*

The Lord Jesus can transform an individual by enlivening the spirit and renewing the mind. To reiterate Joshua's contention of "*I don't know who prayed for me. Like I told you earlier on, I should have been a Jack the Ripper today".* Only God can satisfy every human need because humans are created to be filled with the Holy Spirit in their human spirit. In Him is the power of resurrection and the riches of ascension. God is love. Jermaine, Grace, Mpho and Joshua concur that it is only God that can change a person and uplift the human virtues.

> ***Jermaine**: God took me out of bondage. The bondage I came out of wasn't like a nice life, and it wasn't easy (emphasis) and nobody could change me, not my mum, not my brother, not my sister, no one could change me, no one could help me*.

> ***Grace**: Honestly to prayer, to love, love covers a multitude of things. … So the Lord needed to change my own (emphasis) heart towards him [her father]. To really truly forgive him, you know, to learn to love him, you know. And it can only be the Lord. It could only be the Lord, I do not see myself naturally (pause) loving my father. Naturally (pause) forgiving my father*.

> ***Mpho**: Love, that's the greatest thing. … one thing that I discovered, I don't know if it's true, but I said "God is within me". … Start with Him. Where do I come from? You can say He is my Father, my Mother, my Grandfather, you'll see there is a long list that you can never finish. Then you'll say: "Let me live my life to the fullest". … you've got to have faith*.

> ***Joshua**: You don't need to wallow in the mud, you can fly like an eagle, like I'm doing today. I'm an eagle, I fly and much blessing has come to me. Much heartache, much trouble and much affliction. But, I've been a victor, I've been much more than a conqueror through Jesus Christ who loves me. … like I've said, God is on your side, satan is against you. Your veto vote decides the outcome. Remember prayers. Bad people don't go to hell, good people don't go to heaven, saved people go to heaven. Lost people go to hell and the only difference between the two is Jesus Christ. No humanist programme whatsoever will recuperate you or help you. Jesus Christ and His blood will save you. My life is literally (emphasis) a testimony to that*.

Discussion: As noted in chapter two (2.5.3.1) the propensity to commit IPV is exacerbated when internal and external control mechanisms are compromised (i.e. weak inner and outer containment). Furthermore, Reckless demonstrated that internal control mechanisms play a greater role in fostering conforming behaviour than external control mechanisms such as law enforcement. Weak inner containment includes low self-control, low self-esteem, a lack of conscience or empathy, a lack of self-compassion and neutralisation techniques or defence mechanisms that possibly constrain an individual from taking responsibility for their actions. The data of the current study confirmed that a lack of self-control and empathy (i.e. inner containment) and a lack of consequences (i.e. outer containment) facilitated abusive behavioural patterns. The partners of Zodwa, Amy and Belvie exhibited antisocial traits. Borderline traits also featured and included characteristics such as impulsivity (e.g. affect and behavioural dysregulation) and a lack of empathy. The current study supports a bio-psycho-socio-spiritual causational and remedial approach to IPV. Due to the small sample size, generalisations cannot be made. However, the case study of Jermaine illustrates the proposed three-pronged explanation in a trajectory of IPV as follows:

- The first tenet is attachment and learning theory: Jermaine was abandoned by his biological father. His mother was verbally and emotionally abusive towards the children. Both Jermaine and his sister resorted to verbal abuse as a means to deal with conflict revealing an intergenerational transmission of violence. "*When she speaks with her child, she's doing exactly the same as, like my mum did with us*". Also, his controlling behaviour, such as monitoring his girlfriend's movements, seems to reflect a deep-seated fear of rejection.
- The second tenet is adverse situational factors which are often compounded by weak outer containment. Jermaine did not complete Grade 12 and was unemployed at the time. He was experiencing grief due to the fact that his elder brother had committed suicide, and he also had to contend with the loss of his mother six months later. The battering incident seems to have been triggered by jealousy when his girlfriend admitted to being unfaithful.

- The third tenet is weak inner containment and weak outer containment. Jermaine described himself as being "*spiritually dead*" at the time of the physical altercation with his girlfriend. The verbal abuse that he endured as a child may have influenced his self-concept negatively and impaired his mentalisation processes, such as him being oversensitive when he did not get his own way. In addition, Jermaine lives in a disadvantaged and disorganised community where gangsterism is the order of the day, where policing seems to be passive and at times conspiring with the criminals, as in the case of Amy, where the docket for the alleged rape "*just vanished*". Structural violence stunts personal growth and deprives an individual of the means to sustain their fundamental needs (Hubbert, 2011: 129; Jefthas & Artz, 2008: 43). Violence in the community (Hubbert, 2011: 130) and a passive response towards IPV from the police (Song et al., 2017: 360) is clearly depicted in the case study of Jermaine and can be considered as playing a role in him resorting to abusive behaviour.

The data had a dominant theme of perpetrators of IPV having a lack of impulse control and triggers that were grossly out of proportion to any psychosocial stressor. For example, Grace relayed that her parents could be having a normal conversation "*and in like three minutes later it would escalate*"*.* The reasons or triggers mentioned were (a) that her mother may have said the wrong thing in response to her father; (b) a misunderstanding; or (c) "*it could be for no reason or a very very small reason. I would say no reason per se, but like a very very small, I would even say a ridiculous reason*". Moreover, seemingly innocuous sensory stimuli could trigger an incident (George et al., 2006: 347), for instance, Grace described the fiasco if someone dropped a plate in her home. Joshua also recalls that a "*dish slipped because of the soap and broke. Now that would be the catalyst for two weeks of hell to follow*"*.* Abusive partners frequently replay traumatic or hostile childhoods. Justice reveals that 90 percent of the cases of IPV end in divorce when the protection order is granted. "*And some just walk away from this whole situation, because it's a volatile situation*".

The fact that self-control can be exerted, for instance, in the workplace, in front of friends, or after a protection order application, could be indicative of the value of external control mechanisms and the importance of having a stake in conformity (e.g. the risk of being fired or being reported to the police can minimise IPV). For example, once the victim sets boundaries by applying for a protection order or threatens to leave should the abuse continue, the perpetrator may make a more concerted effort to seek help and take responsibility. Hence, social control theory provides an explanation as to why acts of IPV are sometimes deterred. Perpetrators of IPV typically isolate themselves and the victim. As mentioned in 4.2.2.2, isolating behaviours promote a lack of consequences and weak external control mechanisms.

Messing (2011: 154-155) recommends integrating social services and the CJS when serving families experiencing IPV. For instance, IPV should be reported to social services, as well as to the police. In cases of IPV, the public is more prone to stand back as a bystander, in contrast to cases of child abuse.

Perpetrators frequently (a) exhibit faulty cognition; (b) have difficulty in regulating affective states; (c) lack self-control; (d) lack empathy (e.g. lack insight or an understanding of the impact of their behaviour); and (e) do not take responsibility for their actions (i.e. they blame others, justify or minimise the impact of their behaviour). For example, Joshua's narrative suggests that his mother may well have exhibited all the above characteristics. Joshua's mother exhibited gross empathic failure. Her behaviour was erratic, immensely cruel and callous, as demonstrated when his father was hospitalised. Moreover, she lacked insight into the consequences of her behaviour (e.g. when she assaulted Joshua's father while he was driving and a head-on car collision ensued). She continually gave Joshua double-bind messages showing a disregard for what impact her behaviour might have on his well-being. For example, on the one hand, she invited him to suckle on her breast, and on the other hand, she would bite him or literally pull out his hair to the extent of visible bald patches.

The researcher purports that it is imperative for a BIP to incorporate components that will encourage the taking of responsibility, cultivate self-compassion and empathy, as well as to assist in dealing with impaired mentalisation such as feelings of worthlessness and faulty cognitive processes. The participants who overcame abusive behaviour emphasised love. Self-love and, most importantly, the love of the Saviour and Almighty God. For instance, Grace believed in prayer, and that love covered a multitude of things. Jermaine also emphasised love and considered the testimonies of others as encouraging. Mpho proclaimed that love is the greatest thing and that it starts with the Lord Jesus. Joshua confirms that "*I've been much more than a conqueror through Jesus Christ who loves me*". Furthermore, participants like Grace, Jermaine, Joshua and Mpho verified that only God can transform a person.

> And knowing that a man is not justified out of works of law, but through faith in Jesus Christ, … (Galatians 2:16).

Joshua claimed that the effects of abuse are enduring and permanent and that it is only through his religious beliefs that he managed to reverse the deleterious impact thereof. Faith is conducive to strong inner containment (e.g. self-control), plus strong outer containment (e.g. prosocial role models and empathic support from others), which, according to Reckless, constrains criminal activity or unacceptable behaviour. Notwithstanding immense adversity

throughout Joshua's childhood, he testified that it was only by grace that he did not turn into a "*Jack the Ripper*" or a killer. Part of the healing process for him was forgiving his mother and, more importantly, himself. As noted in chapter two (2.4.1), numerous studies reveal that forgiveness correlates positively with emotional, mental and physical well-being (Brown, 2015: 150-151; Park, 2016: 372). Joshua commented that if you do not love yourself, you cannot love others. Practising self-compassion may activate certain regions of the brain that are impaired by exposure to violence, such as self-esteem, empathy, social connectedness and self-regulation, thereby increasing IPV desistance (Lund, 2017: 347; Morley, 2015: 235). Moreover, self-acceptance is likely to challenge maladaptive mentalising (Morley, 2015: 234) and, therefore, counteract neutralisation techniques and faulty social information processing.

Two of Donald's concerns were, firstly, how to engage perpetrators in intervention programmes without a court order. Secondly, how to continue to support them in the process of change. Regarding the latter concern, Donald expressed that support after intervention "*is something that we don't have at this point*". Holtrop et al. (2017: 1282) stress the importance of access to ongoing support to maintain progress. It is the contention of the researcher that fellowship and the church can support the process of change and be a valuable source of aftercare. Additionally, as noted in chapter two (2.4.1), integrating faith in a programme for perpetrators of IPV provides an unprecedented and extraordinary platform to detoxify shame (Lund, 2017: 361) and disconnection as a person comes to know the knowledge-surpassing love of Christ Jesus (Ephesians 3:19). Moreover, when an individual experiences the love (i.e. a secure base or secure attachment) of the Saviour, it opens a gateway to internalise feelings of worthiness and self-compassion which is often a precursor to empathy and self-control. A healthy spirit can transform weak inner containment into effective and enduring inner control mechanisms that can be conducive to unparalleled resilience. Low self-esteem is a high-risk factor for maladjusted behavioural patterns. It is, therefore, vital that a BIP counters feelings of shame and inadequacy. Kewley et al. (2015: 142, 144) report that the beneficial effects of religious engagement include the following:

- Reduced recidivism.
- Reduced use of substances.
- Reduced antisocial behaviour.
- Assists the desistance process.
- Acts as an emotional comforter that improves psychological outcomes such as a reduction in negative emotions (i.e. anger, depression, anxiety and stress).
- Provides access to prosocial peers.

- Strengthens social bonds and social opportunities.
- Assists individuals to form positive identities giving a sense of purpose, meaning and a new way of life.
- Offers moral guidance.
- Provides a support network.

To date, Jermaine has not relapsed back into drug abuse, which confirms the findings of Duwe and Johnson (2013: 237) that there is a beneficial relationship between faith and prosocial outcomes. Jermaine emphasises that only the Lord Jesus can help a person overcome dysfunction. It is not about religion, morality or even the law. As Mpho remarked, one cannot exhaust who Christ is, and "*God is within me*"*.* Christ Jesus is God, He is the Word of God (John 1:1), and the Word became flesh (John 1:14), He is the Lamb of God who takes away the sin of the world (John 1:29), He is the Messiah (John 1:41), He is the Son of God (John 1:49) and the Son of Man (John 1:51), He is the way and the reality and the life (John 14:6) and far more. He is the all-inclusive Christ and life-giving Spirit who dwells in the believer's spirit. However, as Paul notes in Romans 7, many believers struggle with inner conflict where they want to do good but end up doing the opposite (Romans 7:15). This is because sin dwells within them, influencing their actions (Romans 7:17). The goal is to move beyond this struggle and experience the freedom and empowerment of God's Spirit, as described in Romans 8. This means breaking free from sin and death and living a life guided by God's Spirit. The Spirit has two aspects, namely, the aspect of life and the aspect of power. The life aspect refers to the presence of the Triune God within the believer, where the Father is the source, the Son is the course, and the Spirit is the flow. After baptism, the believer starts to be transformed into a new person and walks in resurrection and a newness of life.

Positive psychology emphasises the importance of interventions that cultivate the good life or eudemonia (i.e. human flourishing) and promote a sense of happiness and well-being. From a Christian perspective, Christ Himself is the good land and can be seen as the embodiment of the good life. Consequently, interventions that focus on engagement and a sense of purpose are likely to yield the best outcomes (Peterson, Park & Seligman, 2005: 37). The psychological concept of "flow", introduced by Csikszentmihalyi, describes a mental state that recognises and nurtures one's strengths, enabling individual's to recraft their lives in a positive and meaningful way (Peterson et al., 2005: 27). There is no greater strength than knowing that the law of the Spirit operates in the believer's spirit and that they can do all things in Christ who empowers them (Philippians 4:13). In other words, the believer can overcome any situation, circumstance, affliction, addiction or behaviour, such as IPV, not by their own effort, but by the power that lives in them and the transforming work of the Holy Spirit.

4.2.8 Intervention programmes

According to the literature and empirical data, intervention programmes for perpetrators of IPV typically include (a) an assessment of each individual case which facilitates an informed decision as to the suitability of the particular diversion package (e.g. a BIP or anger management); (b) a voluntary victim statement which helps to establish a pattern of abuse if there is one, to collaborate information that the perpetrator had disclosed and to empower the victim; and (c) ideally mediation between the offender and the victim in the course of intervention which is voluntary. The offender needs to understand the consequences of their behaviour. Service providers like Roy contend that the victim's statement may be helpful for offenders to take responsibility. However, not all victims are interested in participating in restorative mediation for various reasons:

- The CJS route can be an extremely frustrating and lengthy process. For instance, postponements can prolong a case, and the victim can lose interest due to the red tape involved. To illustrate, after an interim order is granted, the respondent must be served with the order before a court date can be set to finalise the protection order.
- Victims may lose confidence in the judicial system (e.g. an interim order does not necessarily guarantee the granting of a protection order).
- The victim's emotions and need for justice may have subsided during the judiciary process.
- The victim may have forgiven the perpetrator.
- The perpetrator may be remorseful and have convinced the victim that they will seek help and try to change. However, remorse is not always genuine and can be used as a ploy to get the victim to withdraw the case.
- The victim may have found employment and cannot take off work.
- The victim may want nothing more to do with the perpetrator.

The data reveals that perpetrators of IPV do not readily seek intervention or treatment voluntarily. The CJS, therefore, plays an integral role in the fight against IPV by referring perpetrators to court-mandated interventions. Perpetrators typically do not take responsibility for their behaviour or deem themselves as having a problem.

> ***Researcher****: Do you think he would ever attend a programme?*
> ***Amy****: He doesn't believe that there is anything wrong with him (she laughs).*

The prevalence and number of complaints of IPV in South Africa warrant that certain sections dealing with the DVA operate autonomously (e.g. there are specific courts for DV). Thato

indicated that 99 percent of group members that attend their diversion programmes are referred by the court (i.e. the walk-ins are negligible). Furthermore, service providers such as Donald and Roy concur that court-mandated programmes counter drop-out rates. Although there are offenders who drop out from intervention programmes, the attrition rates seem to be minimised if a programme is mandated. In fact, there was a 100 percent attendance of the BIP that the researcher attended during phase one. The group consisted of 16 participants.

> ***Donald****: With the help of the court, we have about a 75 percent completion rate*.

Roy contends that the goal of RJ or diversion is to prevent individuals from entering the court system. It is a convenient choice for both the offender (e.g. avoidance of a criminal record) and the CJS itself (e.g. heavy caseloads are reduced). Roy claims that individuals are inclined not to want to get caught up in the CJS and, therefore, may also be motivated not to reoffend. It indicates that the CJS can play an integral role in eradicating IPV if the programme "works".

> ***Roy****: If you are doing casework, um, or a programme that has its goal to prevent people from going into the court system, you will get a high attendance [i.e. lower attrition rates].*
> ***Researcher****: Mm. Okay, so if that Damocles was not there, do you think the attendance would still be high?*
> ***Roy****: It's possible we might not get that big attendance. Take for example the Justice and Restoration Project programme, as I said before JARP is diversion before prosecution. The prosecutors look at the case and may believe that they might resolve it there. If it's successful they do not carry on with the trial. So the person then has the possibility of not going to prison or getting a criminal record. So most times, when it is supposedly voluntary, they have this in the back of their mind. I think that plays a very big part why someone would attempt or try very hard to complete the programme.*
> ***Researcher****: And possibly not reoffend.*
> ***Roy****: And probably not reoffend*.

Experts in the field of intervention also believe that attrition is minimised when a programme resonates with the group members.

> ***Thato****: But the moment he [group member] sees the value of what he's buying into he continues spending on that. So my philosophy is to make the sessions as exciting as possible, and as meaningful as possible. So that when he thinks about coming in, he knows "I'm going to gain something, so there is something in it for me". It is some motivation for him to come to that group*.

The most influential BIPs, both internationally and nationally, are based on the Duluth model. An important component of the Duluth model is what is termed the "power and control wheel" and "the equality wheel". The Duluth model is vested in patriarchy, which considers male

privilege and patriarchal societies at the root of IPV. Therefore, for obvious reasons, the model does not suffice in treating female perpetrators of IPV. It is quite common for female perpetrators to attend a different programme for the same phenomenon. In fact, Donald states that many NGOs in the United States will not receive funding if the programme that they offer does not adhere to a Duluth-type model. Another important principle of the Duluth model is that trauma is not addressed lest it gives the perpetrator a licence to perpetrate violence. Donald highlights the following points:

- The predominant model in the United States is still the Duluth model.
- Most BIPs work with court-mandated men.
- Organisations will only receive referrals if BIP meets State standards (e.g. incorporates components of the Duluth model).
- Most programmes are not purely Duluth-like but include other components, such as psychoeducation and/or a cognitive approach.

> ***Donald***: *It is loosely based many times, and part of the Duluth model is the power and control wheel. You are probably familiar with that. And that is usually the common core, that is that people normally work from this core theory that violence is about power and control. And they use the wheels and then develop their classes after that. Typically, they are what they call psychoeducational models. So they have an educational component and then they have work around, um, helping the men examine their, particularly their beliefs. Because in this model it is really about who they are as men, and who their partners are as woman typically, um, that allows them to choose to use violence. I think that is one of the critical focuses, is that their behaviour is their choice*.

The data and the evidence reveal that perpetrators of IPV (i.e. both sexes) often exhibit a lack of self-control. The outbursts are often episodic and impulsive and can even be persistent, as depicted in the case study of Joshua when a trigger could be "*the catalyst for two weeks of hell to follow"* towards his father. Aggressive behaviour is frequently not a choice, especially if it is a conditioned response to fear and anxiety. Taking responsibility to change aggressive behaviour is a choice. Nonetheless, aggressive behaviour can be premeditated or perpetrated in self-defence.

Donald makes an important observation regarding the difference between significant findings of completion and clinical significance. The researcher concurs with the participant's stance that a relapse of IPV should not be considered as the yardstick to measure the success rate of a BIP. Rather, a good outcome may be if the abusive behaviour becomes less frequent and/or less severe, with the ultimate goal being the cessation thereof. Another success indicator could be if the victim feels safer. IPV could be challenging to eradicate, and desistance would probably only occur over time because healing is a process, as indicated by

the various service providers. For example, Justice mentioned that old "*habits die hard*", and Donald points out that many perpetrators are seasoned offenders and have been in the same situation for years.

The excerpts below highlight the following four points with regard to treatment for perpetrators of IPV, namely, (a) it is difficult to engage perpetrators in a BIP without a court order; (b) recidivism is highly likely if the perpetrator has, for instance, a personality disorder; (c) changing aggressive behavioural patterns is a process; and (d) BIPs can act as a deterrent of IPV and could be life-changing for some.

> ***Donald***: *I think there's a real difference between significant findings of completion and clinical significance. And it is really hard to show the latter, and so, um, my argument would also be, if I believe in some ways that this is really a strongly ingrained behavioural pattern, the likelihood of the guy reoffending is right through the roof*.

> ***Thato***: *Well, there are some that do actually change and I think part of your research will be measuring that cognitive change and stuff like that. For some it is just a tick-box exercise. "I was in court, the court said for me to avoid a criminal record I have to do this". He comes, he sits and ticks the boxes. But for some you really get that kind of wow moment. Like "I never knew that all along I have been emotionally abusing my wife". … There are people who actually change. And some probably change at a later stage. And for some as I have said, it will just be a tick-box exercise, to tick the boxes and hope that the case will disappear. It does disappear and that is it for them, and some do come back for the same reason*.

The data delineates that one of the limitations of the DVA is that sometimes the respondent is legally the perpetrator but, in psychological or sociological terms, the victim. The legal system does not take into cognisance that IPV is very different to assault per se.

> ***Jabulile***: *What was interesting with women, not to excuse them, most of them perpetrated as a way of crying out. I don't know if you realise that. This woman has been abused so much and one day they think "I am going to retaliate". And the partner gets them arrested. But when you actually look at the history of violence and the dynamics, the "perpetrator" is actually the one who has been abused a lot in the relationship*.

There are certain dynamics that are quite particular to the phenomenon of partner abuse. Box 1 to follow demonstrates the dilemma described by Jabulile when the CJS has to deal with incidences of IPV.

Box 1: Abuse of the criminal justice system

I learned that she had been systematically abused for 25 years, the entirety of her marriage to Carl. Carl had been arrested three times for domestic violence and had gone through two different treatment programs. On the night of her arrest, Susan said Carl had badgered her all day, calling her names and threatening her. She retreated to the bathroom where he towered over her, pointing his finger in her face and yelling obscenities. She said she couldn't take it anymore so she picked up a hairbrush and hit him across the face. He smiled and said, "I've got you now bitch" and calmly called the police to report her violence. She was arrested, charged with domestic violence and was given the option of jail or counselling.

Source: Fall, Howard and Vestal (2014: ix).

Justice agrees that a limitation of the legal system regarding the DVA is that the court is only interested in the crime, in other words, the assault and not the history leading up to the assault. Sometimes the victim is mandated to attend a programme.

> ***Justice***: *You know what happens is we deal with this one incident, say the person has contravened [offended]. Now it is a criminal offence. We are going to deal with an assault case. We are not going to investigate what happened before the offence. It is a shortcoming. Call it a constraint, we're only dealing with this particular assault matter. Maybe when one addresses the matter in mediation, or in aggravation of the sentence, then you get to hear the history. But before you get to know about the history, you need to deal with this particular contravention. And there's a saying in law, that you don't punish a person for the wrong (emphasis) that led to this particular wrong. So you only deal with what is before you.*

Both perpetrators and victims sometimes abuse the DVA. Therefore, as pointed out by Thato, it is imperative to assess the merits of every individual case of IPV. Assessments are important in deterring possible revictimisation, identifying types of abuses other than assault or grievous bodily harm (e.g. verbal, psychological, sexual, economic and destruction of property) and establishing a pattern. For example, is it a once-off incident, or does the abuse occur regularly? For once-off incidents, restorative mediation should suffice (Hargovan, 2010: 38), whereas individuals who commit repeated incidents of abusive behaviour should rather be referred to a BIP. Moreover, Thato suggested that one-on-one sessions with the perpetrator can be beneficial in certain situations, such as when the victim contacts the facilitator to report a new incident, or when a session is missed and needs to be caught up.

Thato is of the opinion that being firm during intervention is conducive to keeping attrition rates low. Sessions should start promptly at the allotted time and lateness should be discouraged because it is disruptive for the other group members. Strict adherence to the ground rules, counter non-attendance, and set boundaries. For instance, one ground rule in the BIP that the

researcher attended was that if more than two sessions are missed for no valid reason, the offender could be excluded from the programme. While attending the BIP during the first phase of data collection, one group member had already missed two sessions. On his arrival at the next session, he was told to go home. It was awkward, but the message was very clear. In other words, "you are welcome to go back to court for a fine, or a jail sentence, or both". It is a type of Damocles hanging over an individual's head because, as Roy comments, most people want to avoid the repercussions of the CJS. Thus, court-mandated programmes usually reflect lower attrition rates. Babcock et al. (2004: 1048) concur that the legal system may have a profound effect on treatment completion rates and, therefore, the effect of interventions. Thus, the courts, the DVA and NGOs that provide ADRMs such as diversion and RJ can serve as frontline artillery in conjunction with a coordinated community response against IPV.

As argued in chapter one (1.4), continuing to mandate men to attend BIPs that are ineffective presents as questionable practice (Babcock et al., 2016: 421). To compound the situation, if a victim has "survived" the sometimes emotionally taxing task of a protection order application, for a BIP to merely be a tick-box so as to get it out of the way poses serious issues regarding the safety of the victim(s) and jurisprudence. Perpetrators who are caught up in the CJS are usually in the system due to more serious infringements. Thato confirms that incidences of IPV "*only goes to court when it really, really is out of hand*".

Another problem that is encountered more and more is that perpetrators seem to be wising up to the law and applying for counter protection orders against the victim, wasting much time and resources on, for example, personal vendettas.

> ***Researcher***: *Are counter protection orders on the increase?*
> ***Justice***: *They certainly are. If you grant an order they [respondent] want to know, okay "I don't have to have any telephonic contact with her, can I also make an application that she must not phone me"? So, the system is being abused*.

The procedure for diversion pertaining to a BIP is usually (a) the referral; (b) the assessment; (c) the attendance of the intervention; (d) the victim's statement as soon as possible; (e) mediation preferably halfway through the intervention if so desired by the victim; and (f) ideally a follow-up at three, six or twelve months after the intervention. The information contained in the victim's statement is important to have when there is restorative mediation because it gives the victim a voice, helps to establish whether the offender has gained insight into their behaviour, whether they are remorseful or not and whether they are willing to make restitution for the harm that they have done. Roy stated that VOC or offender-victim-mediation promotes

taking responsibility for one's actions. A new avenue that is being explored is the effect of victim impact panels in enhancing perpetrators' empathy for their victims and the findings are favourable (Zosky, 2018: 739). The data supports the evidence

> ***Roy****: If you want someone to take responsibility, it would be helpful for them to actually hear what their victims actually have to say.*

Other notable observations during the first phase of the research included the fact that there were no written exercises in the BIP that the researcher attended. The income bracket and education levels of court-mandated offenders tend to be lower than the general population, as was also disclosed in the interview with Donald and the case files that were examined. The researcher's preliminary intervention originally consisted of 28 written exercises, including the post-test in session 8. However, the written exercises were reduced to eight exercises not because the respondents lacked literacy skills (e.g. selection criteria included that candidates had to have at least Grade 10) but because during piloting, it became clear that too much writing could debunk participation and active learning that is conducive to programme content retention. Most of the written exercises were converted into group discussions. Hence, minimal writing and homework exercises were a strength of existing BIPs that were incorporated in the developed programme, in conjunction with the data gathered from phase two, which included a triangulation of observers. This revision radically changed the preliminary draft of the intervention.

> ***Researcher****: I notice there are no written exercises yet [session 7), or are they still coming?*
> ***Thato****: Oh, okay. There are written exercises in the manual, they're supposed to get one, but their literacy levels are terrible. I've not been getting anything meaningful from the written exercises. Some men can't read or write, some can read but they can't write. Some can do both but they don't write something meaningful. So it doesn't add value really (emphasis) for me. I'd rather have these discussions because they react better.*
> ***Researcher****: Yes, because there's participation.*
> ***Thato****: Because you will get those that will not write anything at all. And then the initial response will be anger: "Why are you not writing something when you get homework"? But then again it goes back to the issues of education and self-esteem. So if you cannot write it gets to a point where they don't want to embarrass themselves*.

Donald conveyed that women who perpetrate IPV attend a different programme. The problem arises that it would be absurd to send a woman to a programme with its core component based on patriarchy. Thato contends that a treatment programme can only be effective when the programme content resonates with the group members. Hence, often when women commit

IPV, they are regarded as having anger management issues. However, when men commit IPV, they are usually regarded as perpetrators of IPV.

> ***Thato**: The social dynamic is different, you see. So hence, I will probably not put them [women] together in a group with the men, you understand? Because I feel that legally you are here to sort yourself out and we will help you to do that, but you are not a classic example of a perpetrator. You know what I mean, so if I put you [women] with the men, who do not see anything wrong with it [partner abuse], it might cause problems*.

After four decades of BIP development, many policymakers and practitioners are still reluctant to move beyond patriarchy. Moreover, it is not likely that information per se, such as an exposition on the "power and control wheel" or the "equality wheel", will change erroneous thinking patterns and even less dysfunctional behaviour. Therefore, it may be more prudent that a BIP focuses on strategies that promote taking responsibility (Jenkins, 1990: 12) and the motivation to change (Canton & O'Leary, 2014: 219; Lawson et al., 2012: 195; Miller et al., 2013: 8; Stuart et al., 2007: 561), foster self-love and self-esteem (Canton & O'Leary, 2014: 219; Lund, 2017: 347; Morley, 2015: 235), as well as forgiveness (Brown, 2015: 150-151; Hargovan, 2010: 35; Park, 2016: 372; Rivera & Fincham, 2015: 898). Furthermore, it is pivotal that feelings of empathy are evoked (Zosky, 2018: 739-740). Donald concurs and states that helping men or women perpetrators to understand the impact that violence has had on their lives, might be conducive to them realising what the impact of their abusive behaviour might have on their loved ones, especially the children.

Holtrop et al. (2017: 1268) highlight (a) the benefits of the group context; (b) the value of group diversity; and (c) providing group members access to ongoing support. Factors that may limit a BIP's effectiveness are (a) personality type; (b) readiness to change; and (c) negative peer influences. The healing process is a unique experience for every individual who also has his or her own unique set of circumstances. Sheehan, Thakor and Stewart (2012: 35-37) compiled a systematic qualitative review of the literature pertaining to the turning points for perpetrators of IPV and found the following points to be of value:

- The community, the group and individual processes all contribute to perpetrators' turning points and behavioural change.
- The most consistent theme identified was taking responsibility for past behaviour, especially if it is autonomous. In other words, if abusive behaviour is not viewed as problematic, it will be less likely for a person to commit to changing that particular behaviour.
- Learning new skills.

- Developing relationships within (i.e. relationships among perpetrators and between perpetrator and facilitator) and outside the BIP, such as fellowship and church attendance (Holtrop et al., 2017: 1268).
- Criminal justice sanctions and/or fear of losing a partner or family (Maphosa, 2015: 76).
- An awareness that the perpetrator might be like their abusive parent or guardian. Differentiation of self may assist in emotion regulation skills (Rivera & Fincham, 2015: 906).

4.2.8.1 Topics

A dominant theme in the data is that perpetrators are inclined to avoid conflict and display a lack of communication skills, as illustrated by the following excerpts.

> ***Lesedi**: He was apologising. He didn't accept that he was wrong and say "I'm sorry". He would always say "let's forget about it". So we don't go back there. If we go back there we start another fight.*
>
> ***Zodwa**: Even him, he didn't want me to talk, he wants me just to listen and accept the situation. But me, I don't have a say, I must keep quiet.*
>
> ***Researcher**: So you couldn't communicate feelings?*
> ***Jan**: No I couldn't. Even today I cannot.*
> ***Researcher**: But why?*
> ***Jan**: I don't know. It's the way I grew up. You always have to lie.*
>
> ***Grace**: My dad has never (emphasis) ever given me advice on anything (emphasis), life, boys, we've never had a conversation, never. Never never never. The most conversation we've had, is "I need money for school". That could go on for a long time, because like he would struggle to pay for things.*

A strength of existing programmes seems to be that they often contain a cognitive-behavioural basis, specifically to help perpetrators identify core feelings as illustrated by the following excerpt. As mentioned in 4.2.6, it is important to include a topic on emotions and feelings in a BIP. It also enhances communication skills.

> ***Jan**: Then the other thing is. Now we're four boys and only the one hits his girlfriend. But the other three boys have been exposed to exactly the same environment than me. So why am I predisposed to (pause) hit a woman? But the other three don't, not at all. We grew up in exactly the same house, the same father (pause) that went to jail. And it makes this sample very accurate because we are two biological children from another father, and two biological children, um of our stepfather. Now, how come only the one boy (pause) hits his girlfriend?*
> ***Researcher**: (Long pause). I don't know.*
> ***Jan**: Because he couldn't verbalise his temper.*

The following excerpts demonstrates that a lack of communication is conducive to IPV. The inability to articulate feelings may cause tension to build up that may escalate into getting out of control for something trivial.

> ***Jan**: I tried to explain to you because there are things (emphasis) that you don't verbalise. Your partner does other things, and it builds up. And then, I told you this before. In the most inappropriate situation you get attacked by this anger, feelings of being angry. But then it's built up for a long (emphasis) time (pause). Small things your partner does will trigger anger*.

> ***Grace**: I think when I would get mood swings is when I don't talk about stuff, sometimes ya. When I'm going through a lot and I just don't talk about stuff, or you know something happened at home, and it's bothering me and I keep quiet. I go to bed like that and I wake up and I'm just sad. I'm not okay, I'm on a low*.

During the BIP that the researcher attended, it was evident that group members find it difficult to express how they feel apart from feeling angry. Connecting with feelings is important for tension not to buildup and as Thato states, can diffuse a situation that may get out of hand. Donald concurs and states that abusive partners typically only identify the emotion of anger.

> ***Thato**: When you mentioned it in the class, I realised how important it is. When you asked "when all this happens, do you communicate the way you feel"? And did you see it was going back and forth. None of them admitted that they actually communicated feelings.*
> ***Researcher**: Yes. You kept on saying: "You are not answering the question. How did it make you feel"? And all that they could say was "angry".*
> ***Thato**: Yes, because it is difficult for them to tell her [the victim] how they feel. They will say "no we spoke about it, and I told her to stop doing this". Yes, we know you told her this, you told her that, but did you say to her. "Your actions are making me feel like this". "No I didn't but I told her to stop". Ah, now we going back and forth, back and forth. It is very important that people connect with their feelings. Because at times it defuses the situation. The other person gets to understand that their actions have caused so many negative emotions in you. Because we do things without actually realising, or say things without realising the damage it has done*.

> ***Donald**: So we will work with them on identifying their core feelings. Because typically what they identify is anger, and, so really helping them understand that anger is only a masking emotion, or secondary emotion that there's other emotions under there, so really working with feelings*.

Another participant had the following to say about feelings. The excerpt depicts the dangers of "secrets" and the inability to communicate and express feelings. It is not easy to break the silence, discuss trauma, or do introspection (i.e. reflect on one's personal life and self-evaluate). A disclosure of feelings is integral to communication. Moreover, healthy boundaries cannot be set if there is a lack of communication.

> ***Mpho**: You can say that a person is an open book. But he is not an open book, everybody's got a secret. A certain corner where I don't want somebody to come to. But to understand you, if we want to live together, then it means not keeping those secrets that we are talking about. Tell somebody how you feel (emphasis), all the better. If I don't tell you how I feel, I'm unapproachable*.

Low self-esteem often underlies jealousy, promiscuous behaviour, pathological lying and depression, which can create a fertile breeding ground for conflict and behavioural problems. As indicated above, perpetrators are inclined to have poor conflict and communication skills. Hence, communication skills and programme material that boost feelings of worthiness may be important topics to include in a BIP. The following participant concurs that getting group members to feel worthy is a good start to precipitate the process of change.

> ***Mpho**: Ja, you see a person takes things step by step, and slowly we are getting there. You've got to be patient. People will change, and people are changing. When I'm starting to realise that I'm worth it*.

The excerpts below stress the importance of getting perpetrators to (a) use the "I" language (i.e. to take responsibility and to discourage neutralisation techniques or the depersonalisation of the victim); (b) to foster assertiveness; and (c) listening skills. Taking responsibility is crucial if any permanent change is to take place (Jenkins, 1990: 16). Roy concurs and includes forgiveness as being an essential component in reducing recidivism.

> ***Donald**: The other challenge is getting them to use the "I" language. … learning to say "no", learning to listen. The first step in communication is listening. And really how do you listen? Because sometimes what they're doing is listening in getting ready to argue, right. … So listening is critical in our work*.

> ***Roy**: As far as the restorative justice programme goes, we have made attempts to do longitudinal studies, but we haven't done it extensively, so one cannot really say to what extent people don't reoffend over a long term. Over the short and medium term we have a very high success rate.*
> ***Researcher**: So, what would you attribute the high success rates to?*
> ***Roy**: Well, there are different things, most restorative justice practitioners believe that people reoffend less if they take responsibility, if they have, a, made amends and have made peace*.

From the interviews with the service providers, two strengths of existing programmes were identified, namely, to incorporate (a) timeout as a tool to avert an incident; and (b) check-in at the beginning of a session to foster trust and group participation.

> ***Donald**: So we use the timeout method. We particularly, um, go through a training process for them with that because, it is something that they have to work with their partner beforehand, before they ever take a timeout (brief*

chuckle). You have to let them know that "I'm getting escalated", you can't say "you get me escalated", and if I'm getting escalated I may ask you for a timeout. And what that means is that I'm going to go to a place where I can figure out how to calm down so that I can come back and continue our discussion. It's not for you to go to the bar. It's not for you to go call your friends and get encouragement about how bad she is (brief chuckle).

***Thato**: So timeout for me is a good strategy, but it is a short-term strategy. Emotions can complicate a situation. So you can defuse the emotions by walking away from them for a short while and then come back to them whether it's tonight or tomorrow morning.*

Many participants revealed that it is imperative to discuss trauma as part of the healing process. Discussing trauma and shame in a BIP may also be a vehicle whereby empathy is evoked. Perpetrators of IPV generally lack empathy. Grace confirms the supposition that trauma and shame must be spoken. It fosters forgiveness and the taking of responsibility.

***Grace**: I think the healing really (emphasis) came with, with talking, healing came with forgiving, healing came with you know all of these things. Sincerely I think for a lot of psychological issues that people have, depression for example and all of these things, I think a lot of them can be helped (emphasis) through talking, addressing issues, acknowledging, taking responsibility, forgiving, you know. There's even a scripture, confess your faults to one another so that you can be healed. I think talking, it may not even be sins per se, but really just talking and letting the things that are inside (pause) out (emphasis). You know to one another so you may be healed.*

The verse that Grace is referring to is James 5:16, which is quoted in chapter two (2.2.5.4). Duluth-type models usually do not include trauma as a component of the programme lest it become an excuse for abusive behaviour. However, not addressing trauma in an intervention programme risks overlooking a crucial factor that may be driving the perpetrator's behaviour and ultimately limits the effectiveness of the intervention. Particularly in view of the fact that court-mandated groups are inclined to come from hostile environments. It was presumed that the document analysis would reveal an association between IPV and hostile childhood environments. However, the first hint of trauma (viz. child abuse) was first mentioned in case file 16 of the 20 case files that were examined. The finding was confusing, so the researcher asked Thato to explain the discrepancy between the literature and practice.

***Thato**: No, they are not necessarily closed up, but I think the nature of our assessment does not directly extrapolate that kind of aspect.*
***Researcher**: But don't you think it is an important aspect?*
***Thato**: It is, but with our assessments we just brush over that. But it is a very, very, very important factor. … I would love to explore childhood background, ego development, personality development and all that, because for me that takes precedence. That is how you interact with the world. If you did not trust well as a child the chances are that you will not trust anybody else as a grown-*

up. This is why when your wife comes home late, suddenly you have trust issues, because you don't have that trust basically. So for me, I believe that's where we should start our line of enquiry.

It is apparent that some Duluth-type models address trauma, as indicated in the following excerpt.

***Donald**: We address trauma.*
***Researcher**: Oh, you do?*
***Donald**: Yeah. It is part of the psychoeducation. We talk about what the experience of trauma is. So part of (clears throat), part of my argument about helping men understand the impact of their own violence, is having them to come to the realisation of the impact that violence has had on their lives, if that is a factor because it is not always. … There are some groups that say you cannot endorse trauma because it just gives them [the perpetrator] an excuse. It's so in the US as well. There is a requirement that says you only address their domestic violence. That's all you talk about. To me, they are doing the same thing to him [the perpetrator], that they claim he's doing to the victim. "You're a bad person and this is all we are going to talk about. It doesn't matter what else is going on in your life, shut up about it, or we are not going to hear", right. You're not human (long pause), because it does impact them. There is shame. These are the things that you would have to acknowledge. But you could also be very clear (long pause), that just because you were abused, doesn't mean that's an excuse*.

The experience and expertise of service providers like Thato and Donald testify to and highlight a fundamental shortcoming of the Duluth model, namely, the stipulation not to address trauma. Apart from the fact that assessments in Duluth-type models do not make much provision to extrapolate information pertaining to previous trauma, it is evident that offenders are inclined to defend or "normalise" violent backgrounds. The offender in case file 16 promptly justified the child abuse after mentioning it. The offender described his grandfather as extremely strict. The offender stated that initially, he thought that his grandfather was abusing him, but later, he discovered that he was being taught valuable lessons. Thus, he was grateful and described his childhood as being happy. Grace minimised the seriousness of her father's IPV. It was as if she considered that a knife would have been a more serious threat than the gun, which was randomly shot off in the air. What Joshua referred to as his mother's "*loving gesture*" when she made him suck on her breast at the age of 15 is essentially sexual abuse. Thato pointed out that the danger in disguising the reality of the situation by normalising dysfunctional behaviour may ironically perpetuate abusive behaviour. Addressing trauma could prove to be an informative process, in addition to fostering empathy and healing.

***Thato**: So the chances are that there will be certain crucial information in his background that is probably connected to his own behaviour that he will try to*

hide, so that you will also see him as an ordinary person who just made a mistake.

Group work can be a powerful tool to change behaviour, as affirmed by Jermaine.

> ***Jermaine**: I think meetings is helpful because then you start encouraging one another. Because remember nè? At the meeting you are going to find somebody that already went through what you going through now, so their testimony is going to help you in a big way. Our testimonies saves other souls.*
> ***Researcher**: The testimonies and encouraging one another.*
> ***Jermaine**: Ja, and the love*.

The following three points also emerged, namely, (a) that the abuse is usually longstanding; (b) offenders are often not aware that certain behaviours are abusive; and (c) economic abuse seems to be quite common.

> ***Researcher**: The other thing that I pick up is that you would think it is just a once-off incident as indicated by it being a first offence for the majority, but they've probably been abusing their partners for a long time.*
> ***Thato**: For a long time. It's just now that they've been caught and it's just now that they're beginning to understand that certain things that they were doing were also abusive. Remember the forms of abuse, it's not always physical. So this one probably got out of hand because there was a broken rib, there was a broken arm and stuff like that. But things could have been so horribly verbally wrong in the relationship for a long time, but he did not know that whatever he was saying to her constitutes verbal abuse. So he does not say it, he does not classify it as such. So he will not say to you that it is verbal abuse. So when you ask him: "Have you been abusing your wife? Um, for how long have you been with your wife"? "Um 15 years". "So in this 15 years has there been any form of abuse being going on"? He will automatically think about the broken ribs or generally the physical abuse. … The kind of understanding is physical abuse. So he will automatically think about the times where he did fight with her physically, where they may have pushed one another around, those are the instances that he might think of. But there might be many forms of abuse going on. There could be financial abuse going on.*
> ***Researcher**: I see a lot of financial abuse in the files.*
> ***Thato**: It is a huge factor there, financial abuse.*

Hence, psychoeducation would be an important component to include in a BIP. For example, teaching group members about the various types of abuse, the implications or consequences of abusive behaviour (e.g. how trauma has impacted their own lives) and neutralisation techniques such as denial of the victim that may constrain taking responsibility.

> ***Donald**: The other thing is what a lot of men turnaround on is when they understand how it has impacted on the kids (knocks on the wooden armrest of chair). Because basically they say "I don't want my kid to have the same experience I had, but I recreate it. What I had, my kids are now experiencing". So part of that is, many times, when we really talk about the implications of*

> *abuse, because they say "oh my kids don't know, my kids don't know" (deep voice)*.

Throughout one of the researcher's relationships, jealousy remained a trigger and an excuse for abuse, creating chaos and instability. Similarly, in another relationship, the researcher was pressured to delete the male contacts from her cellular phone, which she reluctantly agreed to in an attempt to keep the peace. In hindsight, she realises that this was an unrealistic expectation and absurd to comply with her partner's control and manipulation. At the time, the researcher had her own importing business with a substantial male client base. These encounters, together with the data collection, which included a triangulation of sources, further reinforced the importance of including jealousy as a topic. Jealousy is also often a source of conflict.

> ***Thato**: It seems to me you are picking up on jealousy a lot. What's the motivation there? I just want to understand. Something that I've never given much thought of, but I think it's a reality of the situation. [I shared with Thato a bit about my own personal experience with abusive partners and jealousy which was often to a point of paranoia]. …*
> ***Researcher**: In the files there are also a lot of issues centring around jealousy and control*.

Jermaine asserts that perpetrators of IPV can change but only by the grace of God. "*The Holy Spirit is the only One that can change you*". Grace, Mpho and Joshua also attested to this fact.

> ***Jermaine**: So everything depends on where you are spiritually and your relationship with God, and that depends on how you're going to handle each and every situation. So because I can say Victory Outreach equipped (emphasis) me with all the, the weapons I had to fight. I knew deep down there eish I'm not fighting it in the right way because I knew I was spiritually dead. I knew (emphasis) I was not where I was supposed to be. … I just believe like ja, only God can change [a person]. The Holy Spirit is the only One that can change you*.

Discussion: The sessions of existing BIPs are typically one and a half hours to two hours in duration and are held once a week. In a closed group, the sessions are accumulative, and eight to ten sessions seem to suffice. For example, a session may deal with emotions and feelings and then move on to communication in the next session. It is presumed that if one session is missed, then the efficacy of the programme may be compromised. Thato confirmed that it might seem just like one session but that all the topics in the programme are integrated to form a cohesive and comprehensive understanding of IPV. Regarding the BIP that the researcher attended, only the first session, which included the introduction and the ground rules, could be missed. All other unattended sessions had to be caught up for a favourable court report.

The preliminary programme originally consisted of seven sessions, two and a half hours in duration, and to be held once a week. However, the intervention was extended to eight sessions after piloting so as not to cram too much information into one session. The design of the preliminary draft embraced the principles of active learning (e.g. there were visuals presented in the form of two slideshows, written exercises and group discussions to promote participation). It was deemed that all the sessions would need to be attended for a more positive outcome. One-on-one sessions would be arranged should a group member be absent for a valid reason, or if a victim complained of ongoing abuse.

Various topics were extrapolated from the findings that are relevant to both sexes. The following topics were incorporated in the programme content, inter alia, types and consequences of abusive behaviour, managing anger (e.g. timeout), possible triggers of IPV (e.g. faulty cognitive patterns, jealousy, substance abuse and stress), communication and active listening, a reflection on feelings and emotions, assertive versus controlling behaviour and a full session was dedicated to trauma. The programme is specifically designed to promote taking responsibility, forgiveness, self-compassion, empathy and a renewal of the mind by the indwelling Holy Spirit (e.g. bolstering feelings of self-worth). The researcher purports that cognitive transformation is required for long-term behavioural changes. Briefly, the programme is essentially vested in the following core elements, namely, it is (a) grounded in the Christian faith; (b) it is trauma-focused; (c) it has various psychoeducational components; (d) it has a cognitive-behavioural component that emphasises emotion;[38] and (e) it has a dialectical behavioural component that focuses on acceptance and change.

In contrast to the BIP that the researcher attended, the first session of the prototype intervention is of paramount importance because it is designed to initiate the process of taking responsibility, recognising self-value, fostering self-compassion (i.e. enhancing internal control mechanisms) and countering shame. Session one highlights the love of Jesus through His redemptive work and that there is “no condemnation to those who are in Christ Jesus” (Romans 8:1) because it is crucial to detoxify shame. Perpetrators often struggle with the misconception that they are unworthy of God’s love, believing that their actions have made them irredeemable in His eyes. Thato raised concerns that the 28 written exercises may be excessive and potentially counterproductive, particularly with regard to literacy levels. To address this issue, he recommended (a) that the majority of written exercises be completed during the sessions (e.g. a group member could be helped and guided by a facilitator if necessary); (b) homework

[38] The findings of Babcock et al. (2004: 1046) suggest that more emotion-focused than cognitively focused interventions increase the effect size of batterer intervention programmes.

be kept to a minimum; and (c) exercises be kept simple and straightforward. As mentioned in 4.2.8, only eight written exercises were retained after piloting.

The programme design incorporated a group check-in at the beginning of each session to encourage group participation, build trust, and provide an opportunity for group members to share their progress, challenges and experiences from the previous week. The first check-in focused on the incident that led to the group members' participation in the intervention. By sharing their own experiences with abusive behaviour, group members facilitate a "vicarious detoxification" of shame, allowing others to confront and process their own feelings of shame. According to Dutton (2002: 9), high levels of anger may perpetuate and ultimately hinder an openness to treatment if shame remains unaddressed or is not detoxified.

The researcher suggests that an approach of cognitive restructuring and psychoeducation in a BIP should shift away from challenging patriarchal beliefs and topics such as "the power and control wheel" or "the equality wheel". Instead, the focus should be on identifying and removing the obstacles that hinder change and personal growth. For instance, it is critical for perpetrators of IPV to take responsibility for their behaviour, and therefore, neutralisation techniques need to be counteracted (Jenkins, 1990: 16). Furthermore, the data portrayed that both perpetrators and victims attempt to normalise painful childhood events. Research has shown that discussing adverse experiences and associated negative emotions within family settings can be particularly difficult, especially for young people (Nduna & Sikweyiya, 2015: 536-537; refer to box 2 to follow). Thato offered some insights into why perpetrators of IPV are inclined not to disclose or try to normalise violent backgrounds, explaining it as follows:

- It may be embarrassing to disclose that one's family is dysfunctional.
- Many may avoid disclosing that they come from a dysfunctional home, as it may validate concerns about their own mental health (i.e. they may downplay or normalise adverse events to maintain a positive self-image).
- It may be uncomfortable to disclose issues such as poverty and alcohol abuse.
- It may be painful to recollect memories from the past.
- They may not be able to deal with the past constructively.
- They may be oblivious to the fact that they are abusive.
- They may not perceive themselves as victims of childhood abuse (e.g. they may view abusive behaviour from a parent as a form of discipline).
- They may feel that it is taboo or disloyal to speak negatively about their parents, especially if they are deceased.
- To avoid possible judgement.

Box 2: Silence is strategic

“South African research on communication within families demonstrates that young people use silence strategically to avoid confronting distressing situations, to contain a potentially explosive or hurtful situation, to show gratitude for accrued benefits often constructed as parents’ or guardians’ generosity, or to protect mothers from distress and to conform to standards of respect as set by the society in order to demonstrate deference and maintain peace among kinship”. A child needs to belong, and often, the most dependent members of a family are the most loyal. As such, a child may make incredible sacrifices just to belong to their family. For instance, they may go to great lengths to keep parents (or caregivers) “good”, even if it means that they have to become the “bad” one in relation to their parents, or even become like the parent as a token of approving of them, to be approved or validated (i.e. lower differentiation of the self). Hence, dysfunction in a family is normalised, and a healthy sense of self may be impeded. Repressed anger may ensue when an individual is “forced” to distort their true self in order to feel that they belong.

Source: Nduna and Sikweyiya (2015: 537); Rivera and Fincham (2015: 897).

The efficacy of IPV prevention strategies may increase by targeting the differentiation of the self (Rivera & Fincham, 2015: 906).[39] It is essential for perpetrators of IPV not to normalise abuse and to separate the transgressions of others from their own sense of self (Rivera & Fincham, 2015: 898). Differentiation of the self includes surpassing the destructive thoughts and attitudes towards the self and others that may have been internalised through painful and traumatic childhood experiences (e.g. impaired mentalising and faulty social information processes). The intrapsychic process of differentiation increases the capacity to forgive and, therefore, the ability to self-regulate. In other words, it allows a person to achieve greater emotional stability when faced with negative emotions, perhaps pertaining to an offence or past hurts (Rivera & Fincham, 2015: 898). Therefore, it is important for perpetrators of IPV to forgive abusive caregivers and, perhaps more importantly, themselves.

Central to the programme is the renewing of the mind referred to in Romans 12:2. For instance, perpetrators of IPV need to develop discernment regarding the lies of satan (e.g. “I am bad” or “I am a mistake”). The devil is “a liar and the father of it” (John 8:44). The faculty of the mind and emotion needs to be enlightened and empowered by the indwelling Holy Spirit in the human spirit to overcome IPV. The faculty of the will needs to yield to the will of the Father so as not to limit God. Jesus is our pattern, and He denied His own will when He stated:

[39] See Bowen model of family systems regarding persons’ differentiation from the family of origin (Sadock et al., 2015: 864). For example, forgiveness without differentiation can be a possible conciliator of the intergenerational transmission of violence (Rivera & Fincham, 2015: 906).

> … Father, if You are willing, remove this cup from Me; yet, not My will, but Yours be done. And an angel from heaven appeared to Him, strengthening Him (Luke 22:42-43).

> Not everyone who says to Me, Lord, Lord, will enter into the kingdom of the heavens, but he who does the will of My Father who is in the heavens (Matthew 7:21).

Jesus came to the world through the process of incarnation (i.e. 33 years of human living), crucifixion, resurrection and ascension (Lee, 1979b: 174). Jesus accomplished victory over death as a man. In other words, He overcame sin and death in His humanity. Death is symbolic of all adverse and negative circumstances or dysfunctional dispositions. It is not a matter of right or wrong or good and evil. It is a matter of walking in the light (i.e. life) and according to the law of the Spirit revealed in Romans 8, as opposed to the law of sin and death that the apostle Paul speaks about in Romans 7. To amplify what has already been pointed out in the literature review in chapter two (2.4.1), the ability of abusive partners to change is enormously hampered by their own well-intentional yet unhelpful and misguided attempts to control the abuse (Jenkins, 1990: 55). However, through redemption and the transforming work of the Holy Spirit, the believer goes through the following processes:

- Regeneration is a profound experience where God, the source of life, enters a person's life and gives them a new birth, often referred to as being "born again". As a result, the person receives a new sense of identity and a deep connection with God, which is often described as a "spirit of sonship". This relationship with God is so intimate that the person can address Him as "Abba, Father" (Romans 8:15)! The Holy Spirit then abides in the human spirit and brings a sense of belonging and purpose.
- Sanctification means an increase of God's attributes in the believer. It is not about trying to be a better person or labouring to be better behaved, but rather about a daily process of renewal and growth. This happens as the Holy Spirit works in us, producing qualities like self-control and other characteristics that reflect God's character (Galatians 5: 22-23). Through God's grace and favour, believers are justified and renewed day by day (Lee, 1979b: 179-180).
- Transformation is a process of change that occurs in a person's life when they cultivate a deeper connection with God. This process allows the old, sinful nature to be replaced with a new, redeemed one (refer to chapter two section 2.4.1). Just as our physical bodies constantly renew themselves through the natural process of metabolism, transformation is a continuous process that renews and revives our inner being. Just as we cannot control

our body's metabolism or chemical balance, we cannot force transformation to happen. However, when we allow God's presence to grow in our lives, transformation occurs naturally (Lee, 1979b: 180-181). This process can be seen in the positive outcomes of faith-based programmes, such as InnerChange, as well as systematic reviews of faith and crime, where research consistently demonstrates that faith can have a lasting impact on behaviour and personal growth, reflected in the reduced rates of recidivism as disclosed in chapter one (1.4).

- Conformation is the ultimate goal of transformation. It is the process of being shaped and moulded into the image of Jesus Christ. Just as a caterpillar undergoes a radical transformation to become a beautiful butterfly, believers are transformed from the inside out to reflect the character and nature of Jesus (Lee, 1979b: 181).
- Glorification is when the "zoe" life or life of God that has been growing in the believer spreads from the deepest part of our being, namely, the human spirit, to our soul and eventually to our entire body (Lee, 1979b: 181).

Self-compassion is essential for the desistance of IPV (Morley, 2015: 235). In addition, empathy must be fostered, for example, perpetrators need to develop insight into the dynamics and impact of their behaviour (Zosky, 2018: 739-740). It is important to note that there is a difference between remorse and empathy. Many perpetrators of IPV are remorseful but lack empathy. Remorse entails being sorry for undesirable actions, and often, there is a gain (e.g. to restore a relationship). However, it does not necessarily mean that the adverse impact of that action on another person is fully comprehended. It is highly probable that the same undesirable actions will be repeated if there is not an empathic understanding of the consequences of abusive behaviour. Walker's cycle of violence demonstrates the principle. A programme that aims to counteract IPV should, therefore, include a component to foster empathy. Empathy is vital for unacceptable behavioural patterns to change, and it starts with self-compassion, as demonstrated in chapter two (refer to figure 7 in section 2.2.5.4). The situation becomes particularly dangerous when there is no emotion or affect, no remorse, no moral compass and no empathy or a lack of conscience, as evidenced in sociopathy or APD.

The survey on BIPs in the United States and Canada conducted by Cannon et al. (2016: 254) posed the question of whether service providers are sufficiently knowledgeable regarding IPV and contested that they are not. The authors argue that 50 percent of their respondents believe that patriarchy is "very important", whereas only about a third of the respondents regarded an aggressive personality as important and even less (i.e. 21.6 percent), citing stress from low income or unemployment as important. The data of the current study revealed similar results. Donald, Roy and Thato regarded patriarchy as "very important", in contrast to Anneline, Justice

and Mpho, who did not. The empirical evidence indicates that mental health issues and situational factors rank among the most significant risks for IPV. In addition, research findings estimate bidirectional abuse to be around 60 percent and have demonstrated the safety and efficacy of couple counselling (Cannon et al., 2016: 253). Intervention programmes generally focus on the following (Cannon et al., 2016: 253-254):

- Power and control tactics (94.6 percent).
- Group members are taught how to identify and manage their emotions (89.8 percent).
- Group members are taught conflict resolution skills (88.7 percent).
- Changing proviolence and irrational thoughts (84.4 percent).
- Bidirectional abuse (40.9 percent).

The preliminary intervention's selection criteria to participate in the pilot included (a) being either a male or female candidate with at least Grade 10; (b) married, cohabiting, or dating the victim; (c) both parties could attend if the abuse was bidirectional; and (d) the victim could attend voluntarily to support their partner. This gender-inclusive Christian-based programme focused on the following components:

- Faith and prayer are essential components and are of cardinal value. For example, each session opens and closes with prayer. Perpetrators of IPV usually have difficulty with affect regulation, which impacts behaviour regulation or self-control. The conceptualisation of prayer as an affect-regulation strategy is supported by the evidence. "In an attachment framework, prayer becomes a means of engaging the sacred as a safe haven during times of distress and as a secure base from which to explore" (Jankowski & Sandage, 2011: 116). In addition, emphasis is placed on self-value, self-compassion and forgiveness, which may mediate self-regulation.
- Trauma, which can be instrumental in evoking self-compassion and empathy.
- Psychoeducational components are incorporated, such as discussions on the various forms of IPV, the consequences of partner abuse and the possible causes of abusive behaviour, such as depression and substance abuse (Holtrop et al., 2017: 1279).
- Cognitive-behavioural components are included, for example, anger recognition (Holtrop et al., 2017: 1279), the anger management technique of timeout used as a tool to interrupt violence (Holtrop et al., 2017: 1280), relaxation and stress reduction guidelines, communication and listening skills.
- Dialectical behavioural principles are used to encourage motivation (Holtrop et al., 2017: 1277), taking responsibility (Holtrop et al., 2017: 1277), commitment (Holtrop et al., 2017:

1279) and emotion or self-regulation (Goldenson et al., 2009: 764; Neacsiu, Ward-Ciesielski & Linehan, 2012: 1009-1010) through forgiveness and validating the perpetrator's reality of personal and social experiences (e.g. advancing awareness of self and others).

Faith as a desistance strategy from deviance and criminal activity has garnered empirical support from numerous researchers (Brown, 2015: 10; Duwe & Johnson, 2013: 237; Johnson, 2011: 180; Kewley et al., 2015: 143; Lund, 2017: 347; Park, 2016: 363). A healthy spirit plays a fundamental role in establishing internal control mechanisms such as self-compassion, self-esteem, empathy and self-control, as well as social connectedness (i.e. outer containment), which is pivotal to the cessation of IPV (Morley, 2015: 235; Zosky, 2018: 739-740). As noted in chapter two (2.4.1), forgiveness is not always natural to human beings (Park, 2016: 372), but through faith and grace, forgiveness is attainable (Lund, 2017: 347), which is also crucial to the healing process and to be set free from resentment, anger and hatred.

Incorporating faith in a BIP embraces the most central dialectic in DBT, which is the relationship between acceptance and change. The balance and synthesis between this apparent contradiction is at the core of DBT (Cavanaugh et al., 2011: 974), which is one of the strongest contenders in the domain of treatment for perpetrators of IPV (Babcock et al., 2016: 363). A Christian-based BIP paradoxically encourages perpetrators of IPV to come just as they are, with a view to be conformed to the image of Christ. To accept their histories and to accept their current situations while relying on the Triune God to change abusive behavioural patterns. Scripture reveals "that all things work together for good to those who love God" (Romans 8:28). In contrast to current BIPs that seem to be more reactive in their preventative strategy, DBT provides a proactive approach. Cavanaugh et al. (2011: 974) state that current BIPs emphasise a "right" or a "wrong" position, whereas DBT advocates are looking for the truth that is present in each position with change and self-growth emerging through a reflective process. The authors assert that such an approach is useful in treating perpetrators of IPV, many of whom view the world through a black-or-white lens.

> And you shall know the truth, and the truth shall set you free. … If therefore the Son sets you free, you shall be free indeed (John 8:32, 36).

God is the Truth, and only the Truth can set one free. To be deprived of the Truth is to be in bondage and oppressed (i.e. a slave to all the travails of human living). The Truth sanctifies and causes one to be saturated with an element of God Himself (i.e. holy and righteous in a positional and dispositional manner). The Spirit and the Word of God transform because the

Bible is the Truth and God-breathed. God's presence frees one from negativity such as unforgiveness, temper, jealousy, hatred, depression and pride. It sets one free from every kind of falsehood, such as feelings of unworthiness and racism, because all human beings are created in God's image. Abiding in Christ brings true liberation and freedom, even in difficult circumstances. It is important to nurture and strengthen one's spirit daily by praying, reading the Bible and calling on the name of the Lord Jesus (Lee, 2011: 29, 31, 44-45).

> For there is no distinction between Jew and Greek, for the same Lord is Lord of all and rich to all who call upon Him; For whoever calls upon the name of the Lord shall be saved (Romans 10:12-13).

A Christian-based BIP also encompasses another principle of DBT, namely, validation. The developed programme is highly conducive to relaying the value and worth of every group member, as well as their propensity to change. A validating environment where emotional expression is not punished, where the private experience of an individual is sufficiently authenticated (i.e. not denied, condemned or condoned), contrary to "you choose to be violent" or "you have a bad attitude" which may reinforce IPV by instilling more shame, where perpetrators can learn how to understand, label, regulate and tolerate emotional responses instead of oscillating between emotional inhibition and emotional lability (Neacsiu et al., 2012: 1008), where perpetrators have a secure base from which to go forward, namely, Christ Jesus Himself (Jankowski & Sandage, 2011:116). Perpetrators need to learn and experience that attachment relationships need not have to be exploitative, controlling or rejecting.

The reader may recall from chapter two (2.5.3.3) that Hirschi recognised four elements that encourage an individual to conform or bond with the conventional societal norms (viz. attachment, involvement, commitment and beliefs). Contemporary positive psychology emphasises that effective interventions should focus on "thriving" in individuals, families and communities. In fact, living a life of fulfilment is more about engagement and the meaning or purpose of life than positive emotion or material wealth (Seligman & Csikszentmihalyi, 2000: 13). The data of the explorative phase shows that a higher level of religious involvement is associated with lower rates of distress and the recovery from traumatic childhood backgrounds. In other words, the data supports the evidence that faith had a positive influence on the participants and, therefore, faith can be instrumental in combating IPV and recidivism (cf. Johnson, 2011: 180).

The current study substantiates that a one-size-fits-all intervention is ineffective. The literature reveals that neurobiological factors play an important role in the causation of IPV and

aggressive behaviour (Coccaro, 2012: 577; George et al., 2006: 345; Morley, 2015: 226; Murphy, 2013: 212). Jan recommends that the court should request that offenders undergo a full medical examination to rule out personality disturbance and biological correlates of IPV. Medications aimed at decreasing the perpetrator's reactivity to environmental stimuli could be considered, for example, a combination of treatments such as medication and CBT could be effective (Coccaro, 2012: 585; George et al., 2006: 350). In other instances, medication alone could be the solution to curbing aggressive behaviour, especially in the case of traumatic head injury. In addition, although Mpho confessed to perpetrating violence, he was originally interviewed as a service provider and founder of an NGO. The endeavour was initiated when, having been a perpetrator of IPV himself, he realised that there are negligible resources for male victims of abuse. Men need a platform and a voice for men and for boys who are in distress. It does not mean that services for women and children should be neglected. Violence against women and children will always remain a major concern.

4.3 Limitations to phase one: Explorative

In addition to the limitations of third-party bias and the retrospective nature of the explorative phase (e.g. biological or clinical influence could not be confirmed), most of the victims were recruited from a shelter. Hence, the victims may represent the more extreme cases of partner violence, and therefore, their partners may also be more representative of a more pathological group of batterers than the general population. The researcher was also reliant on the victim, who was available at the shelter on the day of the interview. For example, the physical altercation that took place while Zodwa was pregnant occurred over five years ago and seemed to be a once-off physical altercation, apart from all the arguments that they had on the phone. Thus, some narratives may be compromised by relying on long-term memory. Moreover, a standard criterion could not be set for which types of abuses were to be included, like physical abuse, which is more "measurable". Nonetheless, a wide range of abuses, including physical abuse, surfaced in the victims' accounts of IPV.

4.4 Summary

The researcher strove towards a rich and holistic understanding of how participants interpreted, understood and experienced IPV and intervention programmes. Themes were extracted from the transcripts, connections were made across the themes, and then superordinate themes were abstracted in order to design and develop the preliminary intervention in terms of content. For example, various relevant topics pertinent to IPV were identified and conceptualised. Perpetrators typically revealed jealousy, controlling and isolative

behaviours, impulsivity (e.g. the triggers were mostly trivial) and a lack of empathy. The use of neutralisation techniques and a lack of insight into the impact of the abuse were also evident. The transcripts corroborated that abusive behaviour is multicausal. In addition, after scrutinising the data in totality, including the testimonies of the participants that emphasised faith, forgiveness and moving beyond one's past, a bio-psycho-socio-spiritual causational and remedial approach to IPV is advocated as discussed in chapter two (2.6).

The collective case study consistently demonstrated the interrelatedness of intrapsychic and interpersonal theories with a social control perspective, including situational factors regarding an aetiology for IPV, and also provided a framework that explicates an individual's resilience to IPV. For example, the three-pronged explanation in the trajectory of Joshua's mother's abusive behaviour displayed the first tenet being (a) insecure attachment and social learning theory (e.g. complex trauma emanating from her being abused as a child even into late adolescence that may have impaired mentalisation and social information processes); (b) the second tenet being adverse situational factors (e.g. alcohol abuse and jealousy); and (c) the third tenet being weak internal control (e.g. lack of empathy and self-control) and weak external control mechanisms (e.g. the bystander effect from neighbours, the clergy and the police).

The generational aspect of IPV is unambiguously demonstrated in Joshua's testimony. His account of events exemplifies the far-reaching and ominous repercussions of family violence, not only for the victim but also for the innocent children who are raised under such circumstances. Traumatic childhoods can evoke intense shame and hatred towards others and oneself, in other words, towards the world in general. Such childhoods are excruciatingly painful. Joshua testifies to the fact that if it were not for the saving grace and love of the Almighty God, he, too, would surely have committed murder. Of paramount importance is that the testimony of Joshua highlights that faith, forgiveness and self-compassion were important deterrents and helped him to cope with the aftermath of DV.

CHAPTER FIVE: Programme development and piloting

5.1 Introduction

Early programme development and piloting were two complementary processes that informed the final draft of the intervention. As detailed in chapter three (3.3; 3.5.2), early development entailed finalising phase one in order to prepare the preliminary draft of the intervention. It involved formulating, creating and applying the appropriate procedures, instruments and informed design criteria to implement and pilot the prototype intervention under similar field conditions on a trial basis.

5.2 Phase one: Early programme development

The developed superordinate themes are listed chronologically in chapter four (Smith et al., 2009: 96-97). In other words, they are not listed in the order of importance but in the order in which the trends or categories arose during phase one. Therefore, the order of the themes does not necessarily correlate with the final draft intervention. Furthermore, items or elements may overlap, given the multifaceted nature of IPV. Table 16 is a brief summary of the themes that emerged from the literature and the empirical results of phase one.

Table 16: Summary of phase one and the corresponding intervention components

Literature/empirical findings	Intervention components
Situational factors such as stress, unemployment (4.2.1.4), jealousy (4.2.2.1), alcohol abuse (4.2.2.3) and depression, as discussed in the literature (2.3.2), cannot be dismissed in instances of IPV.	Session 4: Psychoeducational components on stress, depression and substance abuse. A written exercise on stressful situations is included. Session 7: Jealousy is discussed as a situational factor and trigger of IPV.
Perpetrators typically do not take responsibility for their behaviour and utilise neutralisation techniques and other defence mechanisms such as rationalisation and justification (4.2.6). It is pivotal to take responsibility to initiate the process of change. Perpetrators usually lack empathy, have low self-esteem (4.2.7) and have anger towards others and the self (4.2.4), often as a result of their own traumatic childhoods (4.2.1.1). Bowlby's attachment theory is discussed in the literature (2.5.1), as well as trauma theory (2.5.1.5).	Session 1: The slideshow on "the mystery of human life" is a hallmark component which is designed to promote the taking of responsibility, bolster self-esteem (i.e. restructure negative thinking patterns) and encourage self-compassion by detoxifying shame. In addition, incorporating faith embraces the most central dialectic in dialectical behavioural therapy, which is the relationship between acceptance and change. Session 2: Expectations include two written exercises, namely, goals and the coat of arms to foster personal strengths as opposed to limitations. Session 7: Faulty cognition is discussed as a cognitive restructuring tool to address possible constraints that hinder change.

Perpetrators are inclined to "normalise" abusive behaviour (4.2.8.1). Understanding the impact of IPV may evoke empathy, which is crucial if desistance is to be achieved (4.2.7). Spiritual correlates of partner abuse are discussed in the literature (2.2.5.3). In addition, an argument for integrating faith in an intervention is presented (2.4.5).	Psychoeducational components include: Session 2: A discussion on the various types of partner abuse. Session 3: A written exercise is included on how IPV has affected the group member, their partner and the children, as well as to describe a traumatic event which has had a lasting impact on them. A discussion ensues as to possible factors that may impede taking responsibility. Repentance and confession are reviewed as a tool to take control over one's life.
The literature and experts in the field of intervention, such as Thato and Donald, regard timeout as an effective strategy to counteract incidents of violence (2.4.4; 4.2.8.1). Timeout also provides an opportunity for reflection (e.g. to promote an awareness of the self and of others).	Session 2: Group members are taught how to take a timeout. Session 8: Timeout may be an important anger management tool to assist in exerting self-control rather than controlling or coercive behaviour, and therefore, it is recapped in the final session.
An important theme in phase one is that perpetrators display a lack of communication skills. Therefore, it may be easier to lash out with abusive behaviour rather than to discuss areas of conflict. Furthermore, experts like Thato and Donald relay the importance of addressing feelings and emotions in a BIP because perpetrators typically identify anger, which is often a masking or secondary emotion to, for instance, pain or shame (4.2.8.1). The role of shame in abusive behavioural patterns is addressed in the literature (2.3.4).	Session 3: A discussion on recognising and managing anger is highlighted. Session 6: Components include (a) skills development. For example, the slide show on the "clear skies" emphasises a person's vertical communication, such as the importance of prayer and dependence on the Lord Jesus. Horizontal communication and listening skills are crucial in developing caring relationships with one another that are built on mutual understanding and respect; (b) a cognitive-behavioural component, in other words, a group discussion ensues to discuss the advantages of recognising and expressing feelings. Two written exercises follow to assist in identifying feelings and understanding the domino effect of negative thought patterns; (c) a psychoeducational component (e.g. a discussion on controlling behaviour as a form of abuse); and (d) assertiveness as a communication tool.
Thato and Donald acknowledge a fundamental shortcoming of Duluth-type models, namely, an often State stipulated prerequisite not to address trauma. A theme of trauma is dominant throughout the current study and in the preceding chapter (4.2.1.1; 4.2.1.3; 4.2.4; 4.2.8.1).	Session 5: The focus is on storytelling as an integrative tool. A section on forgiveness is included because the capacity to forgive, for instance, enhances self-regulation by allowing the person to achieve greater emotional stability when faced with negative emotions, perhaps pertaining to an offence or past hurts (Rivera & Fincham, 2015: 898).
The literature (2.4.4) and data of phase one (4.2.2.1; 4.2.8.1) reveal that perpetrators should be taught healthier modes of relating to one another, especially when considering the high rate of mutual IPV perpetration. Hence, session 7 focuses on how to outsmart triggers of violence, for instance, by negotiating better communication patterns with a partner.	Session 7: The dyadic nature of relationships is presented and includes triggers of a "battering" incident, such as faulty cognition and fear. A written exercise on reflecting on fear is included. Levels of anger are identified, and a discussion ensues on how to direct anger so that it does not escalate.
The final session can be compared to an extended check-in. There are quite a few notes for the facilitator to usher group members to move beyond Romans 7 and to walk in the victory that Christ has accomplished in His humanity. The idea is to encourage group members that it	Session 8: Prayer requests are revisited. A post-test structured questionnaire is included to assess, for example, whether the participants understood the content of the programme.

is possible to live without violence and conclude the intervention on a positive note of hope.	

The programme embraces the principles of active learning, and thus, it was important to include visuals, for example, two slideshows, as well as artwork to portray a central concept or message. For example, the cover page depicts information that is twofold, namely, (a) the austerity of partner abuse; and (b) that male-perpetrated violence and female-perpetrated violence are merely two sides of the same coin.

The programme endeavours to carry over a component of humanity that recognises suffering and personal inadequacy as part of a shared human experience (Holtrop et al., 2017: 1275; Morley, 2015: 233). One of the primary functions of session 1 is to facilitate a process whereby group members acknowledge that IPV is problematic and that they need to take responsibility for their abusive behaviour. The literature and the data of phase one reveal that it is a critical step and may culminate in a shift towards healthier behavioural patterns.

5.2.1.1 Session 1: The mystery of human life

Topic on the mystery of human life: Session 1 begins with welcoming group members (i.e. introduction) and the signing of the ground rules or group agreement that will be maintained for the duration of the programme (e.g. punctuality and respect towards one another). A slideshow depicting human beings as being tripartite and God's love for the world is presented. It is anticipated that the slideshow will foster self-compassion and teach group members how to nurture and strengthen their spirit to activate the conscience (i.e. empathy and self-control).

The researcher was given the opportunity to present a preview of "the mystery of human life" in session nine of the BIP that she attended. Written consent had already been obtained from all the group members prior to intervention. All 14 of the 16 participants who were there on the day had no objection to the fact that the slideshow was based on the teaching of the gospel. The slideshow seemed to have a positive impact and even ran over the time limit of the session with the consent of all the participants. Eighty percent of the group found the slideshow to be useful. In fact, one group member gave feedback during check-in the following week that things were going well and that he was attending church again. The reason was that "*for the first time I understand what it's all about*". I contacted the group member four months after the termination of the BIP with the permission of the service provider, and he was still attending church. After the session ended, there was a sense of elation. One group member said that he felt so happy and was praying for forgiveness for what he had done. The researcher

believes that their ears were tickled by being called VIPs (i.e. very important person) and knowing that they are not condemned in the eyes of the Lord Jesus because every human being falls short of the glory of God. In other words, they are loveable and can change by the power that dwells within them. What a revelation, especially if an individual has been trying to control aggressive or abusive behaviour for years by their own strength, yet to no avail. As stated in chapter two (2.4.1), Jenkins (1990: 55) maintains that the ability for abusive partners to change is enormously hampered by their own well-intentional yet unhelpful and misguided attempts to control their abuse.

A group check-in is included in every session of the developed programme. Check-in fosters participation and usually takes place at the beginning of a session to get feedback from the group members as to how their week fared. There seems to be a consensus regarding the advantages of group work (Babcock et al., 2016: 421). In addition to what was noted in chapter four (4.2.8.1), motivations for group check-in include (Fall, Howard & Vestal, 2014: 3; Holtrop et al., 2017: 1275-1276):

- Universality: Sharing common experiences allows the group to relate to one another and begins to break down neutralisation techniques and defences that hinder the changing of abusive behaviour. Working through similar issues can also be comforting and motivating.
- Vicarious learning: It can be informative to learn what other group members are going through. For example, a person can apply their insights to one's own life without saying a word.
- Instilling hope: As Jermaine stated in chapter four (4.2.8.1): "*At the meeting you are going to find somebody that already went through what you going through now, so their testimony is going to help you in a big way. Our testimonies saves other souls*".
- Cohesion: The testimonies of others enhance bonding, and group members may even start looking forward to attending the sessions, which will also positively impact attrition rates.

To summarise, it is expected that the slideshow on "the mystery of human life" will stimulate the following actions:

- Responsibility: The function of the conscience was activated after the fall of Adam and Eve when they saw that they were naked. In other words, they could differentiate between good and evil and between right and wrong. The conscience helps to govern human behaviour. From the time of the fall, human beings bear the responsibility to choose between right and wrong. "If you do well, will not your countenance be lifted up? And if you do not do well, sin

is crouching at the door; and his desire is for you, but you must rule over him" (Genesis 4:7). When one falls deeper into sinful or dysfunctional behaviour like IPV, the feeling of conscience is cast further and further aside. As noted in chapter two (2.3.6), the first recorded act of violence is when Cain murdered his brother Abel. When God asked Cain where his brother was, Cain replied that he was not his brother's keeper. There are four important points to note, namely, (a) the inability to self-regulate (i.e. the murder); (b) the lack or malfunction of the conscience; (c) the lack of empathy; and (d) when Cain moved out of the presence of God, a godless culture ensued which culminated into Sodom and Gomorrah (Genesis 4:16). "All things are pure to the pure; yet to those who are defiled and unbelieving nothing is pure, but both their mind and their conscience are defiled" (Titus 1:15). As the empirical results indicate, it is imperative to take responsibility for abusive behaviour, for instance, by repenting and turning to God. Repentance and confession activate the conscience and help an individual develop empathy.

- Removal of constraints to change: Taking responsibility also counteracts neutralisation techniques that tremendously damper or thwart the ability and motivation to change unacceptable behavioural patterns. It is hardly possible to change behaviour that one does not own. Perpetrators of IPV are renowned for blaming, justifying and minimising the violence. The slideshow reminds group members not to be blame shifters like Adam and Eve. For instance, Adam blamed God[40] (and Eve) for his disobedience, and Eve blamed the serpent.[41] The question may be asked if things might have been different if Adam and Eve took responsibility for their actions.
- Self-compassion: Group members were reminded of the knowledge-surpassing love of the Father and the power of the redemptive blood of the Lamb. Therefore, the programme cultivates self-compassion, which is anticipated to impart feelings of self-worth, empathy and social connectedness. Self-compassion may also provide a tool to overcome the unpleasantness of being self-conscious and has been shown to reduce impulsivity (Morley, 2015: 235). In other words, self-compassion promotes self-control, as indicated in chapter two (2.2.5.4).
- Self-esteem: Perpetrators of IPV are renowned for having low self-esteem and a lack of confidence. In chapter four (4.2.8.1), Mpho indicated that change comes about when one realises "*I'm worth it*". Low self-esteem obstructs an individual's true God-given potential for self-actualisation. Studies reveal that a significant increase in self-esteem is associated with a significant decrease in aggression in perpetrators of IPV seeking treatment (Morley,

[40] "And the man said, The woman whom You gave to be with me, she gave me fruit from the tree, and I ate" (Genesis 3:12).
[41] "And Jehovah God said to the woman, What is this that you have done? And the woman said, The serpent deceived me, and I ate" (Genesis 3:13).

2015: 233). The slideshow portrays that every individual is a VIP because they are created in the image of God. Moreover, in Christ, there is no condemnation. "For I will be propitious to their unrighteousness, and their sins I shall by no means remember anymore" (Hebrews 8:12).

- Empathy: Group members are taught how to nurture and strengthen their spirit (e.g. praying and reading the Bible). A spirit that is connected to God can renew the mind and foster empathy. In addition, the human spirit becomes regenerated with the divine element of the Holy Spirit. A regenerated spirit sanctifies, justifies and transforms so that human beings can be conformed to the image of God.
- Social connectedness and self-control: Although no clinical diagnosis of any sort can be made in the current study, many of the perpetrators revealed antisocial personality traits. As the term would imply, they tended to lack social connectedness and social bonding (Morley, 2015: 232). Self-control is often the ability to deter immediate gratification. The meekness that Joshua's father displayed after being assaulted by his wife when he would "*always just cower away*" is, in fact, not weakness but strength under control (refer to 4.2.1.5). "Blessed are the meek, for they shall inherit the earth" (Matthew 5:5).

The underlying symptoms of aggression and lack of self-control often go hand in hand with unmet needs and insecurity. Only God can fill the void of unfulfilled needs or desires. All other substitutes, such as material riches, alcohol or extramarital affairs, will never suffice because human beings are created to be filled with God's love and presence. All things apart from God are referred to in the Bible as vanity. "I have seen all the works that are done under the sun, and indeed, all is vanity and a chasing after wind" (Ecclesiastes 1:14). God is the source of life, and everything apart from Him is death. Jesus declared the following.

> "… The Son can do nothing from Himself except what He sees the Father doing, for whatever that One does, these things the Son also does in like manner" (John 5:19).

Contentment, rest and peace cannot be bought or found in worldly matters. Peace is a free gift from God Himself. Human beings are satisfied when they are filled with the Holy Spirit because they were created in His image to contain Him in their spirit. God is the Creator of the universe. He is the Saviour of the world and our assurance of a secure base in all circumstances. "Jesus Christ is the same yesterday and today, yes, even forever" (Hebrews 13:8). It is expected that the slideshow on "the mystery of human life" will foster a motivation to change and to take responsibility because it is "okay" to mess up and to have messed up in the past. In other words, session 1 promotes self-acceptance and self-compassion.

> Being justified freely by His grace through the redemption which is in Christ Jesus (Romans 3:24).

God can change the effects of negative circumstances through the cultivation of self-love, empathy, self-control, forgiveness and putting the past in the past where it belongs. Mpho believed that change starts with oneself by taking responsibility and accepting the things that one cannot change and stated, "*I've been raised myself as an abused child, but I can't abba on it [lean-on it to justify IPV]*" (refer to 4.2.6). Grace concurred and reflected that "*I think there was a time when I came to say I cannot blame my childhood, and my past, for the present right now anymore*" (refer to 4.2.6). Notwithstanding all the adversity that tags along with a traumatic childhood, Joshua testifies to the Lord Jesus being his Physician in healing and restoring the brokenness. In other words, God Himself can be a secure base, especially when insecure attachment plays a role in self-loathing, hatred and unforgiveness that is often at the forefront of dysfunctional behavioural patterns.

> ***Joshua**: Guard your hearts, God is on your side and satan is against you. Your veto vote decides the outcome. Do what the Lord says. Worship Him and obey Him (Joshua weeps) and He will preserve you.*

5.2.1.2 Session 2: Intimate partner violence

Topic on expectations: A hair-triggered defence system can be disarmed by a regenerated spirit because it embraces the deepest of values, as well as cultivates a sense of self-worth and dignity. It seems that perpetrators of IPV are desperate for a healed identity. Low self-esteem is often a forerunner of pathology and deviant behaviour. Low self-esteem or an inferiority complex may mediate IPV. Joshua described a fearful eggshell environment, which, according to Brown (2015: 62), can diminish self-worth. He described himself as being a thin, frail and fragile little boy with a tremendous inferiority complex. He relayed that as he grew older, the feelings of pain and shame manifested in an intense hatred towards himself (i.e. lack of self-compassion) and anger and resentment towards the world. Joshua recollected that it was difficult to understand how his mother could lavish him with love one minute and reject him the next minute. Moreover, he saw himself as a vile product of his parents' union due to his mother's derogatory remarks regarding her sexual relations with her husband, which translated into the further corrosion of a fragile low self-esteem and feelings of worthlessness. Self-concept is inextricably linked to one's worldview and vice versa. As Joshua remarked, "*if you start hating yourself you cannot love others*" (refer to 4.2.1.3). Accordingly, the programme includes an exercise to initiate building on a person's strengths as a resource for self-love and resilience.

Topic on abusive behaviour: Throughout the explorative phase, participants described traumatic childhoods where abusive behaviour not only became acceptable but also became a way in which they learnt how to function. Therefore, some perpetrators are not aware that they are being abusive. For example, Mpho admitted, "*I did not realise I was a perpetrator by then. Because I was a bit troubled*" (refer to 4.2.1.4). In addition, perpetrators may not know how to deal with conflict in a different manner. For example, the family background of Grace reveals that violence was mostly used to address conflict. Hence, a psychoeducational component of the various types of abuse is included as a topic.

Topic on timeout: The body often responds before the conscious mind because human beings are hardwired to self-protect (Brown, 2015: 46). There is often automatic arousal, such as heart palpitations or increased breathing and nervousness just before an abusive incident takes place (George et al., 2006: 347). For instance, Jermaine described physiological cues such as the cold shivers before an incident or that his tone of voice would change. Belvie noticed that her partner's voice, eyes and face would change before an incident. Although the terms feelings and emotions are often used interchangeably, they are two entirely different concepts, as depicted in the box below.

Box 3: Feelings and emotions

Feeling	Emotion
Pain: Is a mental association subjectively influenced by personal experience, values and memories. Emotions proceed from feelings. Feelings involve cognitive input and often function on a subconscious level. Hurt is universal and does not disappear by ignoring it. In fact, the body's first reaction to stockpiles of hurt is anxiety and depression. Denial is the opposite of feeling.	Anger: Lower level response (occurring in the subcortical regions of the brain, amygdala and ventromedial prefrontal cortices) that alters one's physical state and is usually a survival response or self-protection to a threat (e.g. fight, flight or freeze). The emotion of anger is usually physical and instinctual.

Source: Brown (2015: 45, 50, 59, 64); George et al. (2006: 345-346).

An understanding of the difference between feelings and emotions may help perpetrators to manage aggressive impulses more efficiently. Experts in the field, like Donald, state that perpetrators of IPV typically only identify the emotion of anger. During the BIP that the researcher attended, it was evident that the group members found it difficult to differentiate and communicate feelings other than anger. Thato concurred and explained that it is important to connect with feelings because it may defuse potential conflict or misunderstanding. Thato

considered timeout to be an effective short-term strategy, but that it would be important to at one point discuss the conflict preceding a timeout with one's partner. Jan concurred and mentioned that otherwise, a residual form of tension may remain and facilitate an altercation at a later stage. Hence, timeout is not a tool to avoid confrontation but to defer it until the person is calm and less on the defensive. Donald also maintained that timeout is a useful anger management strategy if it is properly utilised. The following are salient pointers extracted from the data of phase one regarding timeout:

- Timeout must be discussed with partners before practising it.
- Physiological cues may warn the individual that they are getting angry.
- When warning signs occur, the situation must be dealt with immediately.
- The idea is then to go to a place to calm down and then to go back and continue the discussion. In other words, to listen and to communicate with one another in a respectful manner. Communication enhances understanding and avoids misinterpreting events or another person's intentions.
- Timeout can be tailor-designed to suit the particular individual uniquely. For example, Donald mentioned that instead of going somewhere else, the person can sit on the floor or sit on their hands. Others may want to go for a jog.
- The main idea is that the anger will pass, and a possible violent episode would have been diverted.
- Timeout is not the victim's responsibility.
- Timeout is not a means to punish the victim or to dismiss the victim's concerns.
- Timeout is not about repressing or ignoring the conflict but about managing confrontation in a more mature and less impulsive manner.
- The original conflict would still need to be addressed at some point to avoid the buildup of possible frustration or residual anger.
- Timeout is not to store up ammunition to use against the victim at a later stage.
- Timeout is an opportunity to start learning and practising how to live without violence.

Timeout may be a helpful and practical tool to interrupt IPV, and therefore, it is recapitulated in session 8 to remind group members how a timeout should work. Timeout is more effectively utilised as a principle-based technique as opposed to a rule-based technique (Wistow, Kelly & Westmarland, 2017: 746). In other words, the interruption of violence should be accompanied by using the opportunity to think about, reflect on feelings and understand one's actions. Justice has dealt with umpteen cases of IPV and stressed that perpetrators have limited conflict skills and that often, when the incident is reviewed, it was a trivial matter that triggered the

incident. He claimed that jealousy often plays a role in partner abuse and "*is definitely going to cause strife in a marriage or in a relationship. So as I've said, find a way to avoid this conflict. If you cannot see eye-to-eye at that moment, try to relax, keep calm. Then when the time is right, you can revisit*" (refer to 4.2.1.4). Timeout may also promote better and more respectful communication patterns.

5.2.1.3 Session 3: Responsibility

Topic on recognising and managing anger: Perpetrators of IPV should be made aware of the physiological cues that possibly precede a pending episode of violence (e.g. increased heart rate or clammy hands) and encouraged to take a timeout. It is also important for them to become mindful or aware of the feelings (e.g. possible hurt and unresolved issues) that initiate the physiological cues. An episode could have such a rapid onset that there may be little time to think about the consequences of one's actions. Therefore, a timeout could interrupt or avert abusive behaviour and allow the individual to get more in touch with their feelings and thoughts that possibly lead to IPV.

Mindfulness-based interventions involve maintaining a state of a non-judgemental self-awareness of thoughts, feelings, behaviours, bodily sensations and the surrounding environment on a moment-to-moment basis. Mindfulness is also a component of DBT and may increase self-compassion (Morley, 2015: 234). Thus, without believing that there is a right way or wrong way to think or feel at any given moment, thoughts need to be tuned to the present moment, in contrast to reliving pain, shame or rejection that was possibly experienced in the past (Brown, 2015: 71). It is important to engage with one's feelings and getting curious about the story behind the feelings (Brown, 2015: 46). In other words, what feelings and emotions are experienced and how are they connected to thoughts and behaviours? Expressing feelings may be helpful to manage negative emotions such as anger. Hence, a cognitive-behavioural component of feelings and emotions is included in session 6. It is important to break the silence and to do introspection through a process of reflection and self-evaluation (e.g. trauma is addressed in session 5). Self-evaluation is not always an easy task. Neither is it easy to be "disloyal" to parents or caregivers who possibly lack parenting skills. Brown (2015: 120) claims that it may be easier to deny insecure attachments than to grieve over the fact that our parents were never who we needed them to be.

Topic on victory: Prayer is God's armour against the stratagems of satan and for healing and restoration. By exercising the human spirit through prayer and reading the Bible, we gain the Holy Spirit as the divine source, the divine nature and the resurrected life. "That we may not

be taken advantage of by Satan, for we are not ignorant of his schemes" (2 Corinthians 2:9). To reiterate, abusive partners are often misguided in attempting to control their abusive behaviour (Jenkins, 1990: 55). However, as conferred in chapter two (2.4.1) group members are reminded of the verse, namely, that they can do all things in Christ Jesus who empowers them (Philippians 4:13). What did Paul do in the dire circumstance of being imprisoned? Paul focused on Christ, and "suddenly there was a great earthquake, so that the foundations of the prison were shaken. And instantly all the doors were opened and everyone's bonds were unfastened" (Acts 16:26). Bonds symbolise bondage and oppression such as IPV or substance abuse. Jesus conquered death as a man, and for the believer, this is an accomplished fact. Group members are reminded to walk in that victory and that they, too, can conquer IPV and the debilitating effects of trauma, shame and depression.

Topic on consequences of partner abuse: It is important for perpetrators of IPV to understand how violence influenced them because if it is perceived as negative, the perpetrator may attempt to refrain from abusive behaviour, for example, by not wanting to recreate the experiences that they may have suffered. The programme includes an exercise for group members to understand the consequences of partner abuse. For example, they are required to reflect on what impact abusive behaviour has had on them, their partners and their children. Perpetrators of IPV often lack the fundamental capacity to recognise how their hurtful behaviours affect others. Jenkins (1990: 12) asserts that the taking of responsibility is initiated when the perpetrator acknowledges the full existence and significance of their abusive behaviour and understands the potential impact of their abusive actions upon the victim and others. Understanding the impact of abuse may also foster a sense of empathy.

Topic on repentance: Perpetrators need to accept that they are culpable for their actions and that the full onus for ceasing IPV rests solidly on their shoulders. Inner containment counteracts maladaptive or criminal behaviour. The researcher claims that perpetrators of IPV will change when they come to repentance. Repentance is not to turn over a new leaf. The Greek word for repent means to have a change of mind. To have a change of mind with regret for the past and a turn for the future, in other words, a turn in purpose or in one's life-pursuit (Holy Bible: Recovery version, 2003: 126 NT). The apostle Paul states: "Brothers, I do not account of myself to have laid hold; but one thing I do: Forgetting the things which are behind and stretching forward to the things which are before" (Philippians 3:13). To repent before God is to repent of sins and wrongdoings and to turn to God in every way and in everything. It is a "repentance unto God and faith in our Lord Jesus" (Acts 20:21). The Bible is clear, "repent and turn to God" (Acts 26:20). Repentance is mainly in the mind where believing is mainly in the heart (Holy Bible: Recovery version, 2003: 126 NT).

Repentance and confession are crucial activities because when a person sinks deeper into sin, the feeling of the conscience is set aside, as noted in 5.2.1.1 (Titus 1:15). For instance, 1 Timothy 4:2 describes a person who lies as being branded in their conscience with a hot iron. In other words, white lies may progress to lies and then to habitual lying. A person can become so desensitised that the notion of "what is wrong with lying" may develop. An example relating to IPV may be that the abuse starts with belittling a partner and may progress to a slap, a bruise, a cut and then to grievous bodily harm. In other words, "past feeling" (Ephesians 4:19) means not caring for one's conscience (Holy Bible: Recovery version, 2003: 632 NT). The relationship between the conscience and confession is important. "If we confess our sins, He is faithful and righteous to forgive our sins and cleanse us from all unrighteousness" (1 John 1:9). Hence, confession activates the conscience. Confession brings in His forgiveness and restores our relationship with the Almighty God. Confession fosters the enjoyment and continued fellowship with the Lord Jesus. Moreover, the extent to which a person deals with their conscience brings about "life and peace" (Romans 8:6).

Perpetrators of IPV need to change the way they think (e.g. take responsibility) and turn to God (i.e. repent and confess) in order to overcome IPV. Grace testified that what got her to the point of taking responsibility was a mind shift from blaming and it "*really really is only God*" (refer to 4.2.6), who helped her to accomplish this renewal of her mind. Jermaine attested to true freedom and deliverance being found only in God. "*I didn't feel insecure because I know, I knew in who I believe. I knew God can change anyone. … The God I serve is far bigger than anyone*" (refer to 4.2.7). The Holy Spirit regenerates, sanctifies, justifies and transforms. A healthy spirit preserves a healthy mind and a healthy body.

5.2.1.4 Session 4: Situational factors

<u>Topic on stress and stress reduction</u>: The literature and the data of the first phase reveal that situational factors such as unemployment and stress are associated with IPV. Thus, stress and stress reduction is included as a topic, as well as a written exercise on stressful situations. The data from phase one promulgate case management strategies to reduce recidivism. Donald stated: "*Having a stable family, a stable relationship, or having employment I think is critical*" (refer to 4.2.1.4). Roy concurred that employment is key to reducing recidivism. Stress, especially chronic stress, can be a source of tremendous conflict. Just as anger is a normal emotion, so is stress, which is part and parcel of life. If stress is understood and dealt with properly, it need not become so overwhelming as to put one in a constant state of free-floating anxiety or despair. Some tips are disclosed on how to reduce stress levels and to relax (e.g. a

breathing exercise). Unrealistic expectations of a partner can also be a source of stress and must be recognised to avoid unnecessary conflict.

Topic on aggression, depression and guilt: The data of the explorative phase confirms strong undercurrents of depression in IPV, similar to the literature discussed in chapter two (2.3.2). Therefore, the researcher deemed it an important topic to cover in the intervention programme. Just as an individual may not be aware that they are abusive, many individuals may not be aware that they are depressed. Depression can lead to aggression, and aggression can lead to guilt, which can then lead to depression, and a vicious cycle may develop, as illustrated in figure 10 in chapter two (2.3.2). Practical tips to counteract depression and guilt are discussed. The researcher is not proposing that the tips on how to feel better are to replace, for instance, antidepressant medication or other psychotherapeutic interventions. Should the topic of depression resonate with a group member, they should seek professional help.

Self-examination is by no means an easy task. Grappling with shame, self-righteousness, pride, hatred, unforgiveness, distrust, failure, regret, resentment and contempt, especially towards oneself, can lead to feelings of depression and powerlessness. Acts of violence towards oneself and towards others are often attempts to escape powerlessness. Brown (2015: 202) contends that moving out of powerlessness requires hope and that hope is not an emotion but a cognitive thought process which can be learnt as an adult. However, hope may be harder to learn as an adult in light of Donald's comment that some perpetrators are seasoned offenders and "*have been practising for 20 years*" (refer to 4.2.1.4). Justice concurs and states, "*unfortunately, habits die hard. And if a person has got away with bashing the other, it never goes away*" (refer to 4.2.7). Therefore, IPV may become an ingrained behavioural pattern and be more difficult to unlearn once it has become chronic.

Topic on substance abuse: The data in the explorative phase emphasised problem drinking in contrast to the abuse of other substances. Although alcohol abuse does not cause IPV, it can exacerbate an already volatile situation. Alcohol and substance use is theorised to influence IPV by (a) decreasing self-regulation; (b) increasing negative affective states such as depression; (c) intensifying relational conflict; and (d) eroding relationship quality (Johnson et al., 2015: 711). Recognising alcohol abuse as possibly contributing to IPV does not diminish the perpetrator's accountability for abusive behaviour. Ignoring problem drinking as a potential risk factor in partner abuse may limit the effectiveness of a BIP (Foran & O'Leary, 2008a: 1232). Alcohol abuse frequently contributes to recidivism and, therefore, has to be addressed in a BIP.

5.2.1.5 Session 5: Trauma

Topic on trauma: Dialectical behavioural theory provides a contextual conception of behaviour that recognises the interrelatedness between a dependent child and an invalidating environment, whose vulnerability may translate into a biological disposition that manifests in (a) impulsivity; (b) heightened sensitivity; (c) emotional reactivity; (d) and a delayed return to an emotional baseline (Cavanaugh et al., 2011: 975; Neacsiu et al., 2012: 1008). The researcher contends that by addressing trauma and shedding light on the dynamics of IPV (e.g. possible triggers, secondary emotions such as anger that may be blocking primary emotions of fear, jealousy, guilt, or shame), emotionally charged responses to perceived threats may be disrupted. A focus on self-compassion and forgiveness should also decrease painful negative emotional arousal. Moreover, by validating others with improved communication skills and gaining insight into the impact of IPV, empathy may be bolstered. Cavanaugh et al. (2011: 979) state that understanding, awareness and acceptance of emotions are key components of DBT.

Sonkin and Dutton (2002: 110) are early investigators and specialists in the field of family violence and claim that incorporating attachment theory into IPV treatment is well-founded. The authors contend that it is important to explore early childhood experiences and their possible effect on the experience of the self, as well as the representational model that an individual may have of others due to earlier attachment relations replicated in adulthood (Sonkin & Dutton, 2002: 118). Research in IPV treatment outcomes suggests that perpetrators of IPV need to address unresolved trauma before, or at least concurrently with, addressing their abusive behaviour (Sonkin & Dutton, 2002: 119; Lawson et al., 2012: 195). The researcher decided to address trauma in session 5 because she anticipated that by then, group members would have bonded and realised that they were not being judged. Perpetrators tend to (a) lie; (b) fabricate information; (c) omit certain information; (d) be in denial; or (e) use various defence mechanisms (e.g. rationalise, minimise or justify the abuse) when responding to sensitive questions pertaining to shame and partner abuse. Thus, it was deemed more appropriate to address trauma mid-intervention, during which time trust and empathy would possibly also have developed between group members, as well as the group member and the facilitator(s). Some psychoeducation may have taken place, and group members may have started feeling better about themselves and more confident. It is important that perpetrators of IPV reconnect with walled-off pain from the past and that the programme is implemented with authenticity. Storytelling can be a powerful integration tool for wellness (Brown, 2015: 84). Hence, session 5 concentrates on group members sharing their stories with one another. A BIP that addresses trauma can make it clear that a violent childhood does not warrant IPV.

Thato commented, "*I would love to explore childhood background, ego development, personality development and all that, because for me that takes precedence. That is how you interact with the world. If you did not trust well as a child the chances are that you will not trust anybody else as a grown-up*" (refer to 4.2.8.1). Many of the other participants agreed. For example, Mpho affirmed that "*it helps a great deal when you talk to people*" (refer to 4.2.6). Grace contended that much of her pain and issues stemmed from not being able to talk about the trauma that she was trying to deal with. She remarked, "*I think when I would get mood swings is when I don't talk about stuff*" (refer to 4.2.8.1). Additionally, it is written in the Bible that confessing one's sins or erroneous behaviour to one another may bring about healing (James 5:16). Not only is it important to talk about trauma, but perpetrators should be encouraged to apologise wholeheartedly when they exhibit hurtful behaviour. They need to confess to their partners that they regret being abusive. Neutralisation techniques such as blame and justification constrain the potential to change abusive behavioural patterns. The committing of sin is often the cause of illness, and in such cases, repentance and forgiveness heal.

> After these things Jesus found him in the temple and said to him, Behold, you have become well; sin no more so that nothing worse happens to you (John 5:14).

> And Jesus, seeing their faith, said to the paralytic, Child, your sins are forgiven (Mark 2:5).

Cross-disciplinary findings constantly reveal that trauma may hijack normal development, resulting in neurological abnormalities (e.g. impaired mentalisation, faulty social information processing, neutralisation techniques, or "self-intoxicating preoccupations and beliefs"). Negative experiences can be reframed when they are understood (e.g. understanding the need to normalise a traumatic childhood to survive as a child or the need to be loyal to caregivers as a form of respect). For instance, it may be easier for a child to believe that they are a mistake in order to be fed, sheltered and kept in the family (i.e. to feel shameful) than to confront abusive parents or caregivers on whom they are totally dependent. It may be important to understand that abusive behaviour could be a learnt survival adaptation to a coercive or neglectful childhood environment. For example, an automatic response or a conditioned fear response (George et al., 2006: 348-350). Survival responses rarely leave room for thought, "which is why most of us desperately shift under the rock, looking for reflexive relief by hiding, blaming or lashing out, or by people pleasing" (Brown, 2015: 217). Moreover, it may be beneficial to grieve and talk about the losses endured, such as unattuned parents or

being disadvantaged (e.g. the lack of opportunity to finish school). It is imperative for past hurts to be acknowledged. Otherwise, unrecognised traumatic experiences may continue to be a driving force behind destructive behaviours.

Factors that keep an individual from being their true or authentic selves are, for example, (a) a lack of awareness; (b) fear of rejection; (c) a distorted belief system; and (d) a desire to be in control. Unaddressed trauma may continue to fuel intense emotions or lead to numbing and distorted beliefs about the self may remain confirmed. The situation is compounded by the mere act of IPV that leaves little room for self-love and ample room for more shame. Addressing trauma is not issuing a licence to perpetrate violence but rather to alleviate possible underlying feelings of unresolved issues and hurts that have metamorphosed into feelings of anger, hatred and depression. When traumatic experiences are spoken about, then they need not be acted out anymore (Simonič et al., 2013: 347). Painful experiences need to be reframed so they do not define a person (Brown, 2015: 50). It is, therefore, pivotal to understand and address painful feelings and emotions that are possibly derived from attachment injuries. Perhaps of greater importance is a new understanding of God and one's relationship with the Almighty. To experience that there is no condemnation in Christ and to know that He is the epitome of a secure base. A non-judgemental and empathic response from facilitators and other group members may also nurture a process to regulate affect and behaviour more effectively.

If trauma is not addressed as advocated by the Duluth model, it may be conducive to shame, as well as depersonalise the perpetrator, the very thing a BIP is attempting to relay to group members not to do to the victim, which was pointed out by Donald in chapter four (4.2.8.1). Shame is disposed of in various ways (e.g. anger, depression, alcohol abuse) and is often closely related to trauma. Perpetrators of IPV are typically apt at recognising the emotion of anger yet find it difficult to identify other emotions. The fieldwork during phase one confirmed the trend. Donald stressed that perpetrators need to be guided in an understanding that anger is often a secondary emotion. In other words, there are usually other feelings beneath the veneer of anger, such as shame, pain, grief and depression. Donald maintained that it is crucial for an intervention programme to work with feelings. The study by Cannon et al. (2016: 253) revealed that 89.8 percent of intervention programmes generally focus on the identification and management of emotions. It is purported that addressing core feelings and emotions cannot be detached from acknowledging trauma.

The validation of an individual's experience and emotions provides the structure through which increased empathy may be attained (Cavanaugh et al., 2011: 980). The primary goal of

validation is to develop empathy as a mechanism to reduce aggressive thoughts and behaviours by understanding the internal and external triggers of one's own emotions, as well as the possible causes and consequences of emotions (Cavanaugh et al., 2011: 980-981). A programme's content must resonate with the specific targeted group for positive results. Duluth-type models tend to negate a perpetrator's unique experience as valid and real, which compounds the problem and creates yet another invalidating environment *(*Neacsiu et al., 2012: 1008). IPV is much more than simply having a bad attitude. Through validating feelings and experiences, an individual can begin to trust themselves and others again. Impaired mentalisation, whereby confidence was lost in the appraisal of one's own and others' thoughts and emotions due to childhood trauma, needs to be restored. Healthy mentalisation is key to the development of feelings of empathy and conscience. The current study recognises that not all perpetrators of IPV come from hostile home environments. Nonetheless, traumatic experiences are a universal phenomenon, and therefore, other experiences that may have impacted a particular group member can be disclosed in session 5 (e.g. it was traumatic for Jermaine when his brother committed suicide and his mother died within a matter of year).

<u>Topic on forgiveness</u>: Forgiveness typically involves an emotional process that occurs both on a relational and intrapsychic level. In other words, forgiveness resolves the negative emotions (e.g. bitterness, anger and hatred) associated with a relational or attachment injury. Thus, forgiveness promotes a positive affect (e.g. benevolence, empathy and love) that may culminate in more prosocial behaviours when relating to others. It is often unacknowledged or unexpressed primary emotions from painful past experiences that stunt emotion regulation. Forgiveness allows for the expression of primary emotions related to the interpersonal injury. It is unlikely for a person to be able to move beyond a hurtful past without forgiving those who have caused the pain. Moreover, unforgiveness may hinder a person from forgiving themself and forming new positive attachment experiences (Jankowski & Sandage, 2011: 126). To reiterate, self-compassion can play a vital role in the desistance of IPV, as depicted by figure 7 in chapter two (2.2.5.4).

Grace believed that if there is no forgiveness, then resentment and anger will always lurk in the background. Grace contended that healing comes with taking responsibility, healing comes with talking, and healing comes with forgiveness and confessing one's faults to one another. Healing comes from having faith and the assurance of having hope, purpose and value. Experts in the field, like Roy, claim that individuals will reoffend less when they take responsibility and make amends. Most people grapple with forgiveness, yet there is much liberation in the act of forgiveness. Every individual is a constituted sinner. Jesus said to the Pharisees: "He who is without sin among you, let him be the first one to throw a stone at her"

(John 8:7). It is crucial to let go of the past, to forgive others, to forgive oneself and to move forward with gratitude.

> "When we deny our stories and disengage from tough emotions, they don't go away; instead they own us, they define us. Our job is not to deny the story, but to defy the ending – to rise strong, recognize our story, and rumble with the truth until we get to a place where we think, Yes [sic]. This is what happened. This is my truth and I will choose how this story ends" (Brown, 2015: 50).

5.2.1.6 Session 6: Communication

Topic on the clear skies: It is important to have fellowship and communicate with the Lord daily in prayer. Prayer is essential to nurture and strengthen the spirit, as portrayed in session 1, and can bring about lasting peace and positive change to one's life. Repentance and confession keep an individual in the presence of God to have a clear sky and see His throne, as discussed in session 3. Abusive partners need to surrender, put up the white flag and realise that all attempts to conquer IPV may be in vain without the Holy Spirit operating in their human spirit. John 21:3-6 portrays that when the apostles returned to their fishing business "that night" without Christ, they did not catch a single fish. The moral of the parable is that when they returned to their old life and relied on their human wisdom and their own strength, they failed dismally. However, the next morning, in obedience to Jesus, they "cast the net on the right side of the boat" and "they were no longer able to haul it in because of the abundance of fish". It is only God that can truly set a person free, as attested to by Grace, Jermaine, Joshua and Mpho.

> ***Grace****: It really really is only God.*
>
> ***Jermaine****: Verlossing kom van die Here af, nie van mense af nie. As, as die Here nie 'n doel gehad het vir my lewe nie, kon ek al lankal dood gewees het, en al lankal in die tronk gewees het. [Deliverance comes from God and not from people. If God never had a purpose for my life, I would already have been dead long ago, and put into jail long ago].*
>
> ***Joshua****: What I want to say is that the enemy is very cunning and your only protection is the Lord Jesus Christ. Adhere to His Word, obey Him. If you invite Him into your heart, like I have done, that is your only, only protection. Hear His voice, He says: "My sheep know My voice". But, you will only hear His voice if you have a relationship with Him, much prayer and His Word.*
>
> ***Mpho****: God is within me". … Start with Him.*

It is only God that can truly renew the mind and remove all negative experiences, feelings and emotions. God can even metaphorically give an individual a new heart. In other words, a renewed mind and a new heart filled with love, empathy, self-compassion and self-control.

> And I will give them one heart, and a new spirit I will put within them; and I will take the heart of stone out of their flesh and give them a heart of flesh, That they may walk in My statutes and keep My ordinances and do them; and they will be My people, and I will be their God (Ezekiel 11:19-20).

Topic on communication and active listening: The data of phase one reveal that perpetrators of IPV lack communication skills, conflict management and are socially inept. Communication is important to carry across needs, expectations and to impart how certain behaviours impact each other. A healthy relationship is where needs, desires and fears are communicated (Brown, 2015: 119). Perpetrators need to communicate more in order to become less agitated by trivialities while interacting on a social and intimate level. For example, irritations that are not communicated can build up and eventually, as Jan mentioned, culminate in a violent incident at the most inopportune moment.

The evidence reveals that maltreatment or rejection by guardians often causes a child to develop a hostile predisposition or temperament, social problem-solving deficits, a proneness to anticipate rejection, and then react aggressively. Perpetrators need to learn to express their fears and insecurities that make them vulnerable to react in inappropriate and even bizarre ways. Hence, it would be beneficial for perpetrators to do a reality check regarding their cognitive and perceptual appraisals, which are often inaccurate. Communication skills can debunk, for instance, unwarranted jealousy, feeling unduly criticised by an innocent remark, feeling provoked by an insignificant gesture, becoming defensive by misreading a verbal or non-verbal cue and having difficulty in taking another individual’s perspective.

Perpetrators often have trouble recognising appropriate emotions in themselves and others, which can pose a major source of conflict. Being made more aware of one’s innermost convictions (e.g. unwarranted jealousy), feelings (e.g. feelings of unworthiness) and emotional habit patterns (e.g. not being able to regulate affect) can cause an individual to display more congruence and to be more joyful and effective in life. It is important to understand toxic notions (e.g. blaming the victim), fear-fuelled and guilt-laden unresolved issues, hurts and trauma to be more genuine. Therapeutic change occurs when perpetrators become aware of their feelings and are enabled to express their vulnerability (Simonič et al., 2013: 347). Then, compassion and empathy for themselves and others can develop. At the same time, access is

gained to emotions that were formerly unrecognised, and that remained dysregulated in a vicious cycle of abusive behaviour. However, it is important to learn how to appropriately share and with whom to share one's story.

No relationship is sustainable without boundaries. Communication establishes healthier boundaries by blaming others less and by holding oneself more accountable. Therefore, the session also focuses on feelings and emotions. Two written exercises are included to help reflect on feelings and negative thought patterns. Interventions that show large effect sizes include components of relationship enhancement, such as exercises to improve expressive skills, empathy, communication, identification and the management of emotions (Babcock et al., 2004: 1046). Communication is important for improved interpersonal skills and relationship enhancement. Moreover, listening skills are integral to effective communication. Donald stated: "*The first step in communication is listening. And really how do you listen? Because sometimes what they're doing is listening in getting ready to argue, right. … So listening is critical in our work*" (refer to 4.2.8.1). Listening is not coercing one's partner into silence. Listening is the key to knowing, understanding and the avoidance of misconceptions. It is also biblical.

> You know this, my beloved brothers; but let every man be quick to hear, slow to speak, slow to wrath; For the wrath of man does not accomplish the righteousness of God (James 1:19-20).

<u>Topic on controlling behaviour</u>: As commented earlier in 5.2.1.2, perpetrators of IPV may not always recognise abusive behaviour. There is often a fine line between aggression, control and abuse. Thus, a discussion on the various types of controlling behaviours as an adjunct psychoeducational component to the topic of abusive behaviour was discussed in session 2. Without exception, all the victims testified to their partners being controlling.

<u>Topic on assertiveness versus aggression</u>: Perpetrators often find it difficult to say "no" to requests, possibly due to fears of rejection. Group members need to understand the difference between demanding respect and commanding respect (i.e. by being assertive rather than pushing past boundaries). The inability to express and communicate needs, thoughts and feelings can lead to resentment that may escalate into anger.

5.2.1.7 Session 7: Self-control

Topic on jealousy as a trigger for partner abuse: Relational aggression is associated with lower levels of trust and higher levels of jealousy (Johnson et al., 2015: 712). In other words, jealousy has been found to be related to IPV and is one of the common reasons given for the occurrence of violence by both men and women. In general, BIPs do not include specific work on attachment, yet perpetrators often allude to a delusional construal or preoccupation with their partners' infidelity, referred to as conjugal paranoia (Sonkin & Dutton, 2002: 109). One explanation is that victims may serve as transitional objects or pacifiers to provide the security that perpetrators possibly were deprived of due to insecure attachment (Sadock et al., 2015: 160). Perpetrators often have unrealistic expectations of a partner (e.g. demanding their constant and undivided attention), which could also be construed as an attempt to satisfy unfulfilled needs and desires. Hence, the victim ironically regulates the perpetrator, and when the victim threatens to leave, it can feel like a life-or-death situation. In other words, a separation can be catastrophic with repercussions such as murder because perpetrators may feel that they cannot exist by themselves. Spousal homicide committed by males is frequently in response to real or perceived abandonment (Sonkin & Dutton, 2002: 109). Perpetrators of IPV need to learn greater self-sufficiency and less dependency on the attachment figure (i.e. the victim) for self-definition, security and regulation. Perpetrators need to learn how to articulate their suspicions of infidelity and feelings of jealousy, no matter how absurd.

All the victims in the explorative phase disclosed infidelity as a source of conflict. When a victim questions or accuses their partner of being unfaithful, the perpetrator often responds with violence. Three reasons are suggested, namely, (a) that abusive behaviour could be an attempt to cover up the infidelity (e.g. a physical altercation may transpire in the hope that the victim does not raise the question again); (b) questions or accusations surrounding unfaithfulness may trigger fears of rejection and/or abandonment as a consequence for cheating; and (c) perpetrators usually lack communication skills, and therefore it may be easier to respond with violence than to be verbally confrontational. As demonstrated in figure 18 in chapter four (4.2.2.1), jealousy per se can account for the variance in perpetrating intimate violence as opposed to anger control (i.e. impulsivity) and/or having a drinking problem (Foran & O'Leary, 2008b: 148) Hence, a topic on jealousy is included in the programme.

Topic on the dyadic nature of relationships: IPV is predominantly relational and, therefore, interactional. No one can function in a vacuum. Group members are made aware of other possible triggers of IPV, such as their interaction with one another. Abusive partners are often unable to negotiate their intentions through general communication skills and are therefore

more likely to react with physical aggression, such as pushing, slapping and beating, to achieve their intentions. This is especially the case where the victim is verbally more competent, more educated, more confident and whose employ is possibly higher in status than that of the perpetrator, thus threatening an already lower level of security and feeling of inadequacy.

Topic on faulty cognition: Another psychoeducation component in the programme is to make group members mindful that thoughts are not always facts and that erroneous thinking patterns can lead to IPV. For example, perpetrators are usually overly sensitive to perceived slights or criticism and are often preoccupied with notions of jealousy (e.g. fear of abandonment). Faulty cognition or social information processing often results in misunderstandings, which create a fertile breeding ground for conflict. Aggression is often a manifestation of vulnerability, insecurity and fear. An exercise is included and designed to assist participants in reflecting on fear as a possible trigger of abusive behaviour.

Topic on levels of anger: Prolonged anger due to unresponsive caregivers or resentment from the past may lead to an ongoing negative affect and aggression directed at others (Savage, 2014: 166). Apart from thought patterns, emotionality is also likely to influence behaviour. Negative emotions such as conjugal paranoia, the fear of rejection, the fear of abandonment, or an insecure self-image can cause an individual to be predisposed to unstable and chaotic intimate relationships because negative emotionality may culminate into a heightened sense of frustration and infuriation (Savage, 2014: 167). Perpetrators of IPV need to identify different levels of anger and feelings other than anger before the situation becomes volatile.

5.2.1.8 Session 8: Transformation

Recapitulation of timeout: Conflict avoidance is a common theme throughout the data of phase one. According to the literature and the data of phase one, if timeout is utilised properly, it can enhance conflict management skills, as well as interrupt abusive behaviour. Timeout can be a valuable tool in a perpetrator’s toolkit and is briefly revised in the final session.

Transformation versus reformation: The matter of the human spirit is a most neglected subject. “Even among Christians there is an inadequate understanding and appreciation of the spirit” (Lee, 1979b: 259). The programme is not striving towards a placebo effect which is often experienced directly after an intervention or treatment. The programme is not striving towards a New Year’s resolution or reformation. The programme strives towards transformation that is only possible through the indwelling Holy Spirit that causes the believer to reflect like a mirror the glory of the Lord, as they are being transformed into His image day by day (2 Corinthians

3:18). As an element of God is added to the human spirit through the Holy Spirit the old elements are flushed out and replaced (i.e. the human virtues are uplifted). As discussed in chapter four (4.2.8.1), transformation involves development, growth and maturity. Allport (refer to 2.5.4) considered mature individuals as being free from excessive reliance on earlier motives. Romans 12:2 states, “be transformed”, which does not mean that a person should try to make themselves different by their own works. The believer is inwardly transformed in contrast to being outwardly improved. As God puts His life into the believer, they are being changed in their very being (Lee, 1979b: 180). Transformation is a gradual process and requires that the person yield their will to the will of God (i.e. the Holy Spirit requires a person’s cooperation). As disclosed in chapter two (2.2.5.4), the church is the mystery of Christ, who in turn is the mystery of God, who Himself is the mystery of the universe. Lee (1979b: 201) states:

> Whoever repents, calls upon the Lord, and believes in Him will receive this wonderful Spirit and be mingled with Him as one. This mingling of man with the Triune God is the mystery of mysteries in the universe.

<u>The truth will set you free</u>: The conflict between the old and the new nature (i.e. the “new man” or the “new creation”) is a common experience and is described by the apostle Paul in Romans 7. Willing to do good, yet not always being able to do good. Willing to oppose unrighteousness but often unable to reject it. Perpetrators of IPV are frequently remorseful after a violent episode and usually vow to change, only to find themselves caught up in repeating the abusive behaviour over and over again. With the passing of time, the old nature may have become so ingrained in the perpetrator’s persona that regeneration and transformation may be a gradual process. However, when one fails or backslides, the person has the assurance that change is possible by repenting, confessing and pleading the blood of the Lamb. The Lord Jesus has already won the victory and perpetrators of IPV can walk in that accomplished fact. The Lord Jesus Himself said: “It is finished” (John 19:30)! Putting God back in control is the most powerful arsenal against IPV. In the Bible, the Truth has two main functions. The Truth sets a person free (John 8:32, 36), and the Truth sanctifies a person (John 17:17). The Truth can free and release the believer from any negative aspect, and it also saturates the believer with the divine element of God. Believers have the Spirit within and the Bible for outward nourishment and enjoyment to have a joyful life in abundance.

> Now the God of hope fill you with all joy and peace in believing, that you may abound in hope in the power of the Holy Spirit (Romans 15:13).

As noted in chapter four (4.2.7), the goal is to experience what Paul speaks about in Romans 8, whereby the law of the Spirit frees human beings who are constituted sinners from the law of sin and of death. Christ Himself is the good land and nothing and no one will eclipse the glory of the Father, “He is Lord of lords and King of kings” (Revelation 17:14); He is the Alpha and Omega, the Beginning and the End and it is written “I will give to him who thirsts from the spring of the water of life freely” (Revelation 21:6). He is the way, the reality (i.e. the truth) and the life (John 14:6). It is quite simply a choice between life (i.e. the tree of life and dependence on God), or death (i.e. the tree of knowledge or good and evil and being separated from God). The Word is clear: “And you shall know the truth, and the truth shall set you free” (John 8:32). “If therefore the Son sets you free, you shall be free indeed” (John 8:36). The reader may take note of the verse being repeated a few stanzas further which emphasises the importance of this concept of Christ Jesus as our Physician on all levels. Those who do not know the Truth will be vulnerable to bondage and oppression. Grace, Jermaine, Joshua and Mpho testified to the knowledge-surpassing love of Jesus Christ and that it is only God that heals a person wholly, in other words, in body, and soul, and spirit. God can even turn a person’s circumstances around. Each session begins and closes with prayer. The ground rules included prayer requests, which were revisited during the final session. Praying and praying for one another activates empathy. In addition, the power of prayer is not new. Three participants found employment subsequent to the fieldwork, namely, Jermaine, Participant 1 and Participant 6.

A structured post-test questionnaire pertaining to whether the group members understood and/or benefited from the programme content is included and administered just before the termination of the intervention. For example, the questionnaire tests whether the various forms and consequences of abusive behaviour are better understood. Understanding the consequences of one’s actions can evoke empathy. Moreover, the programme emphasised self-compassion, which may increase IPV desistance by bolstering self-esteem, confidence and detoxifying shame. All the participants experienced self-affirmation and being very important individuals. In addition, the questionnaire is designed to assess whether the perpetrator is taking responsibility for their behaviour, which is a vital step towards ending abusive behaviour.

<u>Termination of the programme</u>: In conclusion, human beings have free will. It is imperative to take responsibility for abusive behaviour and to desire change. This journey can be incredibly challenging, yet it also has the potential to be profoundly transformative, deeply meaningful and ultimately rewarding. The programme challenges group members to commit to the following six simple activities:

- To pray every day.
- To call upon the name of the Lord Jesus.
- To read the Bible every day.
- To repent and turn towards God.
- To confess to God and to one another.
- To walk in the victory of Jesus Christ, who defeated the enemy as a man.

> And we know that all things work together for good to those who love God, to those who are called according to His purpose (Romans 8:28).

5.3 Phase two: Programme development and piloting

The prototype intervention was tested, revised, and redesigned as deemed necessary based on the research data collected in phase one and phase two. Procedural guidelines were detailed in a manual to facilitate the possible replication of the intervention. All the participants in phase two were (a) assessed prior to piloting (refer to Appendix F); (b) the DASS21 was administered as a pre-test and post-test to identify whether the intervention had any impact regarding depression, anxiety and stress (refer to Appendix G); also (c) a post-test structured questionnaire was administered to assess whether the participants understood the content of the programme and if the material resonated with the group members (refer to Appendix H).

The DASS21 can be considered as a briefer psychometric instrument to monitor negative affective states over time (i.e. dysfunction versus wellness), thereby facilitating at least some sort of empirical evaluation of the effectiveness of a treatment or intervention such as a BIP. Healthcare professionals are coming under increased pressure to provide empirical evidence in support of the quality of care that they provide across settings. In other words, outcomes are important as a means of improving clinical practice (Sinclair et al., 2012: 259-260). It should be no different when the judiciary upholds diversion practices. BIPs should be routinely evaluated as to their efficacy because the perpetrators of IPV who are attending them should be valued more than merely getting the paperwork done or pushing through the numbers for funding. The limitations of existing BIPs that promulgate a feminist and gendered ethos which is not grounded in the body of empirical research and best practices need to be addressed (Babcock et al., 2016: 356). The well-being of every individual who attends a BIP should be a top priority. The quality of their care will have a tremendous impact on the victims and for generations to come. Table 17 to follow is a brief overview of the final draft of the intervention.

Table 17: Synopsis of the developed programme

Session	Title of session	Topics in manual
Session 1	The mystery of human life	1.1 Welcome (i.e. introduction) and opening prayer. 1.2 Ground rules. 1.3 Check-in. 1.4 Slideshow: The mystery of human life. 1.5 Group work evaluation. 1.6 Closing prayer.
Session 2	Intimate partner violence	2.1 Opening prayer and check-in. 2.2 Expectations. 2.3 Discussion on abusive behaviour. 2.4 Timeout. 2.5 Group work evaluation. 2.6 Homework. 2.7 Closing prayer.
Session 3	Responsibility	3.1 Opening prayer and check-in. 3.2 Recognising and managing anger. 3.3 From violence to victory. 3.4 Consequences of intimate partner violence. 3.5 Repentance. 3.6 Group work evaluation. 3.7 Homework. 3.8 Closing prayer.
Session 4	Situational factors	4.1 Opening prayer and check-in. 4.2 Stress and stress reduction. 4.3 Aggression, depression and guilt. 4.4 Substance abuse. 4.5 Group work evaluation. 4.6 Homework. 4.7 Closing prayer.
Session 5	Trauma	5.1 Opening prayer and check-in. 5.2 Trauma. 5.3 Forgiveness. 5.4 Group work evaluation. 5.5 Homework. 5.6 Closing prayer.
Session 6	Communication	6.1 Opening prayer and check-in. 6.2 Slideshow: Clear skies. 6.3 Communication and active listening. 6.4 Controlling behaviour. 6.5 Assertiveness versus aggression. 6.6 Group work evaluation. 6.7 Homework. 6.8 Closing prayer.
Session 7	Self-control	7.1 Opening prayer and check-in. 7.2 Jealousy as a trigger of intimate partner violence. 7.3 Relationships are dyadic. 7.4 Faulty cognition. 7.5 Levels of anger. 7.6 Group work evaluation. 7.7 Homework. 7.8 Closing prayer.
Session 8	Transformation	8.1 Opening prayer and check-in. 8.2 Recapitulation of timeout. 8.3 Transformation versus reformation. 8.4 The truth will set you free. 8.5 Termination of programme. 8.6 Prayer requests revisited. 8.7 Closing prayer.

5.4 Profile of participants

The participants are all Christian black South Africans (male and female) living in Pretoria. Their ages range from 36 to 47. All the participants are married, and the length of their abusive relationships ranges from five to nine years. The abuse started when the couple moved in together or got married. Other characteristics are as follows:

Participant 1: Male; Grade 10; unemployed; raised by mother and stepfather; experienced child abuse (the stepfather was the perpetrator); types of abuse perpetrated included physical, verbal, psychological, child abuse and destruction of property; with time, the abuse became more frequent and more severe.

Participant 1's abusive behaviour is alcohol-related, where he would grab whatever was close by, for example, a knife or a brick during a physical altercation. He is also unemployed, which creates conflict and feelings of low self-esteem. An interesting finding was that once the protection order was granted, the alcohol abuse and physical violence ceased, even though he still smoked marijuana on occasion. Participant 1 contravened the protection order by being verbally and psychologically abusive, as well as causing malicious damage to property. Unfortunately, he lost his job in the process when he was incarcerated. IPV is often bidirectional. The applicant was also verbally and psychologically abusive. Due to the participant's unemployment status, she would, for instance, remark that he enjoys being poor.

Participant 2: Male; Certificate in safety; employed in the mining industry; raised by relatives; experienced child abuse (the relatives with whom he was staying until Grade 10 were the perpetrators); types of abuse perpetrated included verbal, psychological, child abuse; intimidation and economic abuse; with time the abuse became more frequent and more severe.

Participant 2 seems to suffer from depression. His DASS21 score for depression ranked as extremely severe. He was involved in numerous extramarital affairs and had two illegitimate children, which resulted in the financial burden of having to run two households. Participant 2 has been summoned to court for the maintenance of the three children that he has with the applicant. The couple is traditionally married, and Victim G is often threatened that the participant is going to evict her from their common home.

Participant 3: Male; Degree in law; employed as an advocate; raised by mother and stepfather; witnessed IPV (stepfather was the perpetrator, and both parents abused alcohol); types of

abuse perpetrated included physical, verbal, psychological, sexual and social abuse such as isolating the victim from family and friends; with time the abuse became more frequent and more severe.

Participant 4: Female; Grade 12; employed as a manageress; witnessed IPV (father was the perpetrator and also had many extramarital affairs); types of abuse perpetrated included physical, verbal, psychological and social abuse such as restriction of movement; with time the abuse became more frequent and more severe.

Participant 3 and Participant 4 are married, and there is an age gap of ten years, which may be conducive to heightened feelings of jealousy due to possible insecurity that seems to initiate conflict. Participant 4 manages a men's clothing shop, which seems to add fuel to the fire. The abuse is bidirectional. As indicated in chapter two (2.4.4), in the instances where both parties are still interacting with each other, contact with both parties could increase the effectiveness of an intervention (Krieg Mayer, 2017: 246; Maphosa, 2015: 86-87). Moreover, if the violence is reciprocal and not in self-defence, it would be important to include both members in treatment (Cantos & O'Leary, 2014: 211). The abuse has become bidirectional due to trust issues, misunderstanding, lack of communication and the fear of further abuse. For instance, when Participant 3 came home late one evening intoxicated, he was locked out of the house.

Participant 5: Male; Degree in biochemistry; employed as a forensic analyst; witnessed IPV (father was the perpetrator); types of abuse perpetrated included physical, verbal, psychological, intimidation and destruction of property; with time, the abuse did not become more frequent but did escalate in severity.

Participant 5 has a stressful work environment and is on antidepressants. Thus, depression, anxiety and stress may contribute to IPV. Moreover, the participant admits to unwarranted jealousy being a factor in his abusive behaviour towards his spouse.

Participant 6: Male; Grade 11; unemployed; was raised in a loving home environment; types of abuse perpetrated included physical, verbal and destruction of property; with time, the abuse became more frequent and more severe, predominantly in retaliation as a battered husband.

Participant 6 is unemployed, which creates conflict. Additionally, even though the couple have been on a fertility treatment plan, the applicant is struggling to fall pregnant, causing much despondency and disappointment. Participant 6 does have a grown-up son from a previous marriage. During session 5, it became evident that he is a battered husband and is verbally

abused, humiliated and provoked by his wife. For instance, his wife moved into the main bedroom with her aunt, who had recently had a baby. He is slandered and referred to as a criminal, called lazy, stupid and belittled. It became evident that she gave false witness to much of what she alleged in her affidavit in the interim protection order. Fortunately, the case was set aside even though she made serious allegations of him breaking the door down with an axe and threatening her life with the very same axe.

Victim G is the wife of Participant 2 and attended session 2 (which focused on the types of abuse and timeout) and session three, possibly out of curiosity about the programme and potentially in need of counselling. We met an hour before session 2 for a briefing. She found the sessions informative, and her testimony during sharing and discussions evoked empathy in the other participants. However, her attendance was also counterproductive, as will be discussed in 5.5.1.3.

The literature supports that economic abuse seems to be a common experience, as discussed in chapter two (2.2.1). Economic abuse was prevalent in both phases of the current study. For example, in the pilot study, one spouse was excluded from the perpetrator's medical aid. Another perpetrator constantly denied financial support to the family and intimidated the victim to leave their common home. The research data found that male perpetrators were abused, particularly when they were unemployed. Table 18 provides additional relevant information and facilitates a comparison between the various perpetrators.

Table 18: Additional information pertaining to the perpetrators

	Substance abuse	Medication	Jealous	Controlling	Protection order
Participant 1	Alcohol Marijuana	No	Yes	Yes	Granted
Participant 2	No	No	Yes	Yes	Granted
Participant 3	Alcohol	Hypertension, cardiovascular, antidepressants	Yes	Yes	Set aside
Participant 4	No	®Valium, antidepressants	No	Yes	Set aside
Participant 5	Alcohol	Antidepressants	Yes	No	Granted
Participant 6	No	Fertility treatment	No	No	Set aside

5.5 Piloting

Piloting commenced on 02 March 2018. Eight suitable potential court-referred candidates were assessed. However, only six were accepted to participate in the piloting of the prototype intervention. One suitable candidate, according to the DVA, was excluded from the programme because the abuse took place between a stepson (i.e. the perpetrator) and his stepfather and did not meet the criteria for IPV. The other candidate was excluded because he only had Grade 8. The programme's criteria were that group members must have at least Grade 10. All the participants gave written consent to participate in the intervention. The table below depicts what the participants expected to gain from attending the programme as indicated during the assessments.

Table 19: Participant's desired outcome of the programme

Participant	Expectations
Participant 1	"*To change and to take responsibility*".
Participant 2	"*To help change my perception of life; to be a better person and a good father to the children; to be responsible for my actions*".
Participant 3	"*To swallow my pride; to be humbled; to improve communication with my partner; to gain the vision of a better marriage instead of instant gratification*".
Participant 4	"*I am tired of living this life and want a breakthrough*".
Participant 5	"*To be a better person; to have a good marriage and family life; to have harmony and good health for the family*".
Participant 6	"*The vision of handling things differently*".

A triangulation of observers was integral to the design and development of the programme. The observer is a social worker with many years of experience in RJ and is referred to as Observer A. Several important changes were made to the prototype intervention. For example, originally, the sessions were going to open with a gospel audio recording that the researcher even had translated into Sesotho, which is one of the official black languages in South Africa. However, Observer A's comment was the following: "*The group did not know the song and it did not go well or enhance the atmosphere. Rather give more time for the group to reflect on the previous week*". Subsequently, all the audio recordings were removed, which also simplified the technicalities of running the programme, such as not having to take a laptop and a projector with to each session, barring session 1 and session 6 to present the slideshows.

The following is a discussion on the goals of each session in conjunction with multiple sources that are featured in the literature, phase one, and piloting.

5.5.1 Sessions

5.5.1.1 Session 1: The mystery of human life

Session 1 is essentially positive restructuring, which is a cognitive technique and focuses on (a) initiating the taking of responsibility; (b) fostering self-acceptance while encouraging the participants to strive towards changing abusive behavioural patterns (i.e. a dialectical behavioural therapeutic principle); (c) bolstering self-esteem; and (d) encouraging self-compassion. Session 1 introduces the process of identifying and challenging maladaptive thinking patterns such as “I am bad”. It is an important step because the group members had to be encouraged throughout the programme to replace negative shame-based scripts with new self-affirming scripts (Park, 2016: 371). It seems to be the norm for many perpetrators to enter a court-mandated group with one goal, which is to get the diversion over and done with. Often, they feel that they do not belong there, and they start the group disgruntled, feeling unfairly treated and resentful. As illustrated in the verbatim transcript referenced in chapter four (4.2.8), a service provider summed it up in the statement below:

> ***Thato**: And for some as I have said, it will just be a tick-box exercise, to tick the boxes and hope that the case will disappear*.

In contrast, the researcher found that when a participant is approached with an emphasis on being absolved from condemnation (e.g. as opposed to focusing on chauvinism or a bad attitude), there is a willingness and even an eagerness to participate in the intervention. For instance, Participant 3 added the undertaking to be positive about the outcome of the intervention in the ground rules. Another finding is that if the participant has something to gain (e.g. the setting aside of a pending protection order) or to lose something, such as their family with the threat of a divorce, there is more motivation to take responsibility and to complete the treatment. Roy confirmed that a programme that has its goal of preventing people from going into the court system would have a high attendance (refer to 4.2.8).

The DVA can be a powerful prevention strategy against IPV. It most certainly is an opportunity to take responsibility for partner abuse and to learn how to relate to one another more constructively. The research also revealed that change is often prompted when there are consequences for unacceptable behaviour, such as the legal sanctions that prohibit IPV. For example, even though Participant 1 still resorted to verbal and psychological abuse after the issuing of a protection order, the physical abuse went into complete remittance, and he literally stopped drinking even though he had serious alcohol abuse issues.

Observer A implemented a final thought before closing, in other words, how the participants experienced the session. Thus, group members could evaluate their own learning and group process. In this manner, feedback was given as to what was helpful or unhelpful and of little value to the participants. It was an important addition to the preliminary draft and enabled the researcher to compile and incorporate a true evaluation of the programme content that was derived from the group members themselves. Group work evaluation was subsequently included in all the sessions, excluding session 8.

During session 1, the researcher realised that although she knew how to read between the lines or improvise, the manual needed to be more explicit to get a point across. For example, two extra slides were added to the first slideshow, namely, "are you a blame shifter"? And a slide depicting the woman who was caught in adultery. Additional information was also added to the manual throughout piloting.

5.5.1.2 Session 2: Intimate partner violence

Session 2 focused on the types of abusive behaviour and teaching the group members how to take a timeout. Group members were given homework to practice timeout and to fill in an inventory of their timeout experience. None of the group members did their homework. Thato warned that homework, especially written homework, is often a futile exercise. Observer A gave an excellent critique of session 2 and the advice and changes were implemented in session 3 and throughout the sessions to follow. For example, the researcher read the various types of abusive behaviour, being worried that something may be left out. Observer A commented:

> ***Observer A****: Try to shorten the mini-lecture and let the group talk more. Just lead them with acknowledgements to what you want them to learn. The mini-lecture is too long. Name the abuse and let the group give you their understanding of that abuse! Discuss it rather than reading it to them. Let them be more interactive.*

The researcher adjusted the manual on how to present the topic of abusive behaviour accordingly. For example, a note for facilitators was included because facilitators need to be informed on a topic. Additionally, more group discussions were incorporated throughout and replaced most of the written exercises. The researcher found that it was much more meaningful for the group members when they interacted and less taxing on the facilitator. The positive effects of the change in format were clearly demonstrated by the group asking more questions and wanting more clarification on various issues in session 3. Enhanced interactive group

participation was also conducive to active learning (e.g. the content of each session is better understood and remembered or retained).

Victim G, who is the wife of Participant 2, wanted to attend session 2, and it was allowed. The researcher contends that if a victim seeks "a voice" by attending some of the sessions, it can also positively impact the group process, as will be indicated in session 3. Additionally, during piloting, it became increasingly evident that IPV is often bidirectional. The finding suggests that a paradigm shift focusing on the dyadic interactions during incidents of IPV should be considered in the development of a BIP (Langhinrichsen-Rohling and Capaldi, 2012: 410). This shift is not akin to a shift in blame. The dyadic pattern of communication (viz. of action, reaction and action) is presented later in 5.5.1.3 (refer to figure 19) and was introduced by Observer A to illustrate dyadic processes.

It is important for facilitators to be authentic because it encourages participants to be truthful, as demonstrated by the brutal honesty of Participant 2 when he was asked to jot down his failures in the exercise depicting the coat of arms, namely, (a) "*having extramarital affairs*"; (b) "*not being there for my kids*"; and (c) "*having kids with different women*". In addition, it is critical for facilitators to provide consistent validation and empathy to deflate shame and to build trust. The findings of Park (2016: 368) concur, namely, that an atmosphere of safety needs to be created for shamed individuals to eventually move towards self-expression and, in particular, that of denied feelings such as painful childhoods.

5.5.1.3 Session 3: Responsibility

It is crucial that group members understand the impact of abuse, not only on themselves but also on others. Understanding the impact of abuse can evoke empathy (Zosky, 2018: 739). The programme assumes that the goals (i.e. to learn to live without violence) will be best achieved if group members accept responsibility for their behaviour (Jenkins, 1990: 15). It requires fully acknowledging the existence and significance of abusive behaviour, as well as the potential impact of abuse on a partner and others. Donald summed it up as follows:

> ***Donald****: One of the things that I think is really short-sighted. We are better at understanding how behaviour impacts something if it's happened to us. So how much better it is to get them to understand how their violence has impacted the victim? If we could get them to understand or talk about how the violence that has happened to them, impacted them.*

The above comment from Donald also motivates why trauma should be addressed in a BIP. The table below depicts some of the comments on how the participants experienced the impact of IPV.

Table 20: Consequences of abuse

Participant	IPV affected me	IPV affected my partner	IPV affected my children
1	"*Lost my job; fear living alone*".	"*We are fighting*".	"*My eldest no more talking to me; phone not answering*".
2	"*I lost respect from my partner; I also lost respect from family members; I lost self-respect and now I have to give up my home*".	"*She was ill and had to be hospitalised; she suffered humiliation from me*".	"*My children are out of control and are also disrespectful towards me*".
3	"*Turning me into an alcoholic, developed or aggravated depression and hypertension*".	"*Destroyed her self-esteem*".	*"Made them develop withdrawal symptoms [i.e. the participant experienced rejection from his children]".*
4	"*Self-esteem; lack of respect; lack of sex drive; lack of self-worth; anger; want to move out [i.e. of the common home]; want to vanish out of the world*".	"*Shame; lack of respect; resorting to alcohol abuse*".	"*Lack of not visiting us; not performing well at school; isolating themselves from other kids; confessing to me to move out to start afresh*".
5	"*Stress; lost focus in the goals set for myself; fear of losing everything*".	"*Stress; sad; unhappy with me; disappointed*".	"*Not sure. However, the victim inquired about counselling for the children*".
6	"*She makes me keep quiet sometimes about it*".	"*She is stressed; she is depressed*".	"*No children with the victim*".

An observation was that group members are not clear as to how long IPV has been part of their lives. Responses included, for example, (a) "*ever since growing up as a young boy but in my own house since 2013 and it got worse in 2015*"; (b) "*I can't remember because I never thought of them being abusers*"; (c) "*about five years but the first incident took place in 2010*"; (d) "*almost ten years but the first incident took place five or seven years ago*"; (e) "*for a very long time*"; and (f) viewing the protection order as the first incident (i.e. two months when in fact the IPV was established over seven years).

Victim G wanted to attend session 3 as well, which had a profound impact on the group process. When she was asked how IPV has affected her, she became emotional and stated that she would prefer not to answer the question. When the group members evaluated the session, Participant 5 stated, "*it has been an eye-opener because I can see how my sister is hurting*" (referring to Victim G). Victim G responded that it was important to hear that perpetrators also have issues that they need to deal with. Participant 3, for instance, shared that it was hard for him not to be able to speak about his biological father at all with his mother,

stepfather and siblings. It was disallowed, and one reason was that his mother felt shameful that the participant was born out of wedlock. Moreover, Participant 3 only met with his biological father at the age of 47, with whom he now has a good relationship. But still, he is not allowed to speak about his birth father. Hence, the lesson learnt was that it is not only victims who are hurt. Perpetrators hurt, too. Victim G's attendance fostered empathy for both the perpetrators and for Victim G herself towards the quandary of perpetrators (Zosky, 2018: 752). As noted in chapter four (4.2.8), Roy attributed their high success rate in counteracting recidivism to getting offenders to take responsibility and commented that if "*you want someone to take responsibility, it would be helpful for them to actually hear what their victims have to say*".

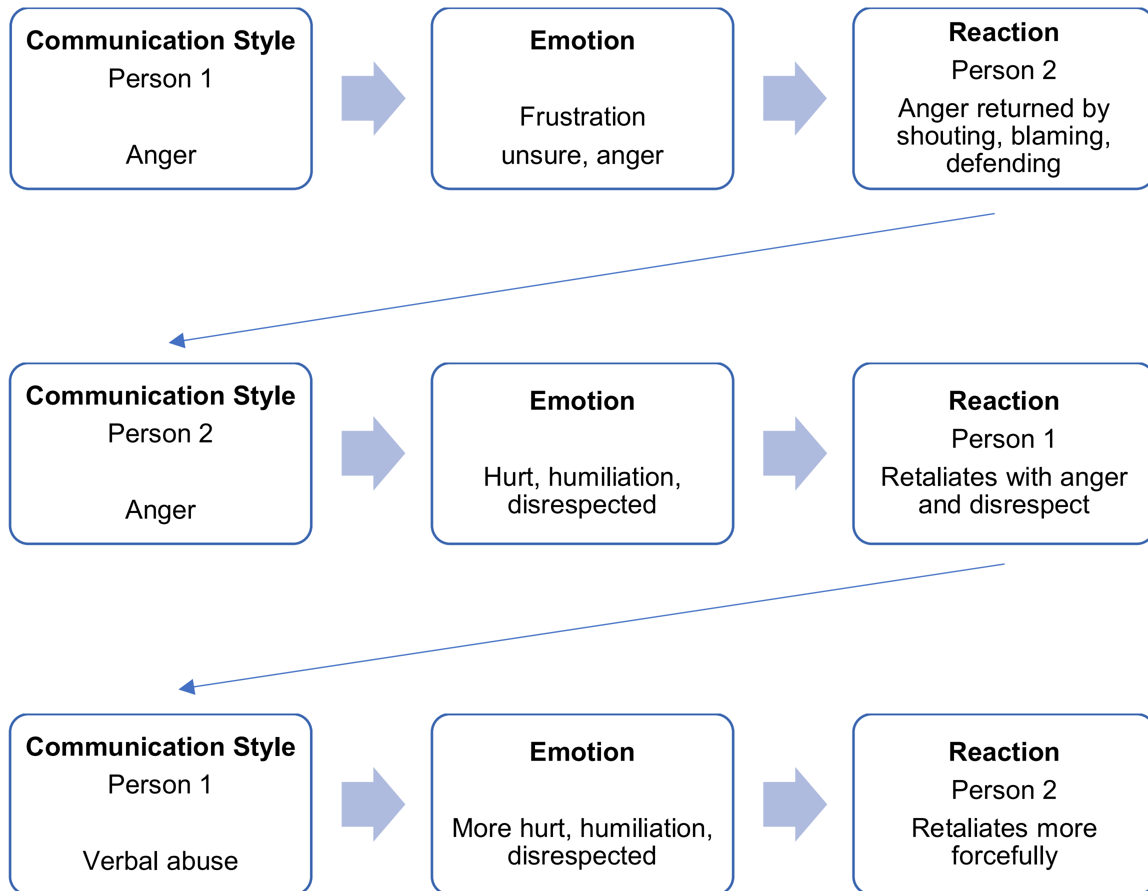
Victim G's attendance was also counterproductive in the sense that when the group session was evaluated, Participant 3 felt that even though her attendance fostered solidarity, there may be some questions that could become uncomfortable to share due to the personal nature thereof. In fact, Victim G's husband, Participant 2, described the session as a "*roller-coaster*" and did not want his wife to attend anymore.

Certain questions were removed from the written exercises in session 3 because the researcher realised that they had already been addressed during the assessment of the participants. For example: (a) Have you tried to stop the abuse, and if so, how? (b) Describe the worst incident. (c) How often does the abuse take place, seldom, sometimes or often? In fact, originally, the wording was "rarely", which no one understood and was changed to "seldom".[42] The assessment prior to intervention is important as there is significant background information that can be correlated with information still to be revealed as the sessions progress. Observer A introduced figure 19 to follow, and it had a profound impact on the group who called it the "zig-zag" explanation. It is a communication model developed by Observer A as a tool to take responsibility.

> ***Observer A****: Remember, I started to explain this communication style when they felt their partners should also be present to learn because both have to change. For me they were shifting their responsibility onto their partners. In a way saying to me, if my partner changes, I will not be aggressive (i.e. blaming again). I differed from them by saying, if one person changes there will be a change in the other person as well. But, they must realise that if they change, the partner will also change. Hence, with the timeout model or strategy there is a change in emotions of both partners and therefore a change in reaction from both partners.*

[42] Similarly, as noted in chapter three (3.5.4.5) the words "wind down" (i.e. question one) of the DASS21 was changed to "become calm".

Figure 19: Confrontational communication style, emotion and reaction



Source: Observer A.

Observer A explained to the participants that when Person 1 takes a timeout, they are more likely to go back and communicate in a style of calmness as opposed to anger. The emotion may also change into being humble or more logical. Even if the reaction from Person 2 is the silent treatment, an action of silence may also ensue from Person 1 with an accompanying emotion of possible sadness or regret, whereby a proactive reaction from Person 2 is more likely than Person 2 getting escalated. In the manual, the researcher adapted figure 19 above to illustrate the different actions and reactions to a confrontational communicational style versus utilising timeout. Group members described some of the following bodily responses as a cue to take a timeout, namely, (a) "*my knees shake*"; (b) "*I become agitated with hot flushes and palpitations [heart]*"; (c) rapid breathing; and (d) shaking in general.

None of the group members did the homework that was due from session 2. Thus, one entire Addendum was removed, which entailed that the group keep quite a complex anger journal from the following week onwards (i.e. for session 4 until session 8). Moreover, as the sessions

progressed, it became clear that situational factors play a decisive role in IPV (e.g. unemployment, stress, depression, jealousy, alcohol abuse and retaliation). Stereotypical gender roles such as "successful" masculinity still seem to be perceived to be directly connected with the ability to be and to remain breadwinners (Jefthas & Artz, 2008: 44). A source of much conflict and stress for both sexes in the dyad was when the fathers in the sample were unable to be economic providers. In addition, unemployment impacts self-perception, it lowers self-esteem, fosters negativity and elicits feelings of powerlessness and a sense that life may be meaningless (Jefthas & Artz, 2008: 44). Economic hardship is wrought with frustration and disillusionment (Hargovan, 2010: 32). In turn, all the victims responded to their husbands' unemployment status with belligerence. The profound relevance of situational factors was already revealed during phase one (e.g. Donald and Roy stated that a constant predictor of reoffending is unemployment) and the assessment. Acknowledging situational factors is evidence-based and is not an attempt to condone or excuse abusive behaviour. Therefore, session 7 of the prototype intervention on situational factors was moved forward to session 4 to captivate the group with real and relevant issues. It is imperative that an intervention programme resonates with group members.

5.5.1.4 Session 4: Situational factors

The literature and the data from both phases indicated that situational factors are often pertinent to IPV. The session demonstrated that stress is highly correlated with IPV. Group members recorded the following additional factors that cause stress, namely, disrespect, lies, unruly children or children that misbehave, being neglected by a partner (e.g. the cold shoulder after an incident), marital problems, communication barriers, trust issues, feeling of worthlessness and the sense of being of no value to one's partner.

Group members indicated a yearning to be able to (a) understand one another; (b) agree with one another and to be able to compromise; (c) to have a relationship "*where there's no fuss and fights over finances, difficulties and differences*"; (d) to be open and honest with one another; and (e) to "*grow together as husband and wife until death do us part*". Hence, it is evident that group members are in favour of having their relationships restored and for the violence and abuse to end.

Participant 5 spiralled into further depression and alcohol abuse once the protection order was granted during the intervention. To him, the situation seemed hopeless, and he perceived it as having lost everything. His wife phoned the researcher and relayed that the group member threatened suicide, to which the researcher responded that depending on their medical aid,

she needed to report the matter to the nearest hospital. We had arranged to meet on 05 April 2018 for a briefing. However, Participant 5 was admitted to a heart hospital in Pretoria due to pains in his chest on the day.

Observer A commented that the session was too long and that more time should be allocated to the topics of jealousy and substance abuse because the issues are very relevant to IPV. The session was adjusted accordingly (i.e. the session was originally 25 pages, and with Observer A's input, it was shortened to 14 pages). The topic of jealousy as a trigger of IPV was moved to session 7.

5.5.1.5 Session 5: Trauma

Session 5 concentrated on trauma and forgiveness to counteract and demystify feelings of shame. It is vital to get issues off one's chest, so to speak. The antidote to shame is to speak about it (Brown, 2012: 74), to repent and confess to one another (James 5:16). Letting the group become aware that shame and anger are universal human emotions assists the notion of not being alone in the predicament of IPV (i.e. "I am normal"). Group formats play an important role in vicariously detoxifying shame by hearing other narratives of struggle with partner abuse (Dutton, 2002: 9). Discovering and processing sources of shame is critical in healing for it to cease being a driving force of dysfunctional behavioural patterns. Narratives also improve the capacity to self-reflect and build emotional coherence (Park, 2016: 369). Moreover, addressing trauma cultivates clarity and insight, as well as impresses upon the individual that they do matter and are not isolated, which are two core components of the shame experience.

A written exercise from session 3 included the following two statements: (a) I wish …; and (b) briefly describe an event which has had a lasting impact on you. The information was used in session 5, namely, (a) to help the researcher probe into what is relevant to each group member; (b) the information encouraged participation from those who were shy and/or reserved; and (c) it affirmed that the researcher was listening and interested in the well-being of the participants.

Table 21 to follow is a record of the participants' responses to the two statements. The reader may notice that Participant 3 commented on a positive event which has had a lasting impact on him. Participant 6 commented on the intervention itself. The question was subsequently changed to include the word "traumatic" in front of the word "event".

Table 21: Event which has had a lasting impact

Participant	I wish …	Event
1	"*I want to be a good father; I don't want to die before because maybe they [children] have a stiefpa [stepfather] and then eish*".	Explains that his biological father's rejection at age 17 was worse than the abuse and neglect that he endured from his stepfather. The stepfather for instance denied him school clothes and school fees which made it impossible for him to matriculate. "*He spoilt opportunities for me*".
2	"*I didn't cheat on my partner and bare children outside. I wish I was faithful to my partner*".	"*When I nearly cost my daughter to lose her child*".
3	"*We could be matured and improve on how we relate to each other and communication skills; be more intimate, caring and respectful towards each other*".	"*Seeing my wife caring for me and my kids physically, emotionally and spiritually*".
4	"*To resolve my marriage in the manner that we will be a lovely family and live happily with our three kids and our foundation will be God. One day we will testify to the world about our bad history we once had"!*	"*When my husband was cheating on me; not putting me on his medical aid*".
5	"*To change or turn my life around 360 degrees to a point that both my kids and wife will be proud of me*".	"*Losing my father*".
6	"*I could turn back the clock; to do the right thing; I ask God to forgive me*".	"*When we talk about it [IPV] and get a solution for it*".

The following observations evidenced by session 5:

- It seemed as if the situation for all the group members had worsened.
- Participant 6 was possibly an abused husband. Even though the court had set his case aside, he had a desire to clear his name in the judicial system because his wife kept on calling him a criminal. Moreover, his wife wanted him to attend the intervention, yet refused to give him transport money (i.e. he was unemployed and had no funds) and would cause a scene when he arrived home after the sessions. She continued to deny his conjugal rights and locked away the food in the house. Her abuse was also spiritual because she would tell him that "*he who does not work should not eat*", taking the Bible verse 2 Thessalonians 3:10 totally out of context.
- Participant 2's psychological and economic abuse towards Victim G continued. During the first hearing of their maintenance matter, Participant 2 requested paternity tests. It was an obvious tactic to humiliate Victim G and to delay the maintenance award. After intervention, the psychological and economic abuse escalated, and Victim G moved to her parent's house. She was threatened, intimidated (e.g. her clothes were thrown around all over the house) and verbally abused. Participation in intervention programmes has been associated

with a reduction in physical abuse and a corresponding rise in psychological or emotional abuse (De La Harpe & Boonzaier, 2011: 154).

- Participant 3 asked Participant 4 if she would withdraw the case and threatened her after session 5 by saying that he would leave her if she did not have a change of heart. Their matter was postponed until the completion of the intervention. Participant 3 reported an intensification of his alcohol abuse.
- Participant 5 missed sessions 4, 5 and 6 due to being admitted to a heart hospital in Pretoria.

5.5.1.6 Session 6: Communication

The literature and the data from both phases indicated that perpetrators of IPV usually lack communication skills. Good communication is crucial for forming caring relationships with one another that are built on mutual understanding and respect. Communication is the act of sending and receiving information and is key to setting boundaries. No relationship is sustainable without boundaries.

Participant 5 was still in recovery during session 6. None of the members completed the homework on "my story" from session 5. However, the researcher decided to leave it in the manual because, as indicated in 5.2.1.5, Brown (2015: 84) contends that storytelling can be a powerful integration tool that can bring about change regarding how individuals see themselves and relate to others.

The group members seemed to identify feelings other than anger. However, some of the feelings that were expressed depicted a need for control, dependency, jealousy and fears, which may translate into abusive behaviour when thwarted. A few exemplars include:

- "*I felt bad, sad, frustrated when I was ordered to go to court for a protection order. I didn't know how did I end up being an abuser*".
- "*I feel vulnerable when my partner doesn't tell me or give me a courtesy call on her whereabouts when it is late at night*".
- "*I feel happy, excited when my partner is with me and we share jokes, or we are cooking for the kids, or going to events together*".
- "*I feel sad when you display bitterness and anger without communicating what's the problem and/or how can the problem be resolved*".[43]

[43] The cold shoulder seems to create anxiety and a vicious cycle of abuse, rejection and fear.

- "*I feel lonely when you are not at home late at night without the decency to communicate what's the matter*".
- "*I feel resentful when I'm not been trusted and believe I'm not loved*".

One participant added the feeling of embarrassment (i.e. feelings of shame and humiliation) to an exercise that listed feelings. It confirmed that the shame centred around IPV and other traumatic experiences needs to be addressed. Shame begets shame. Session 6 was conducive to group members understanding the difference between assertive and controlling behaviour. Some of the reasons given as to why it is sometimes difficult to say "no" were (a) not to upset a partner; (b) not to hurt a partner; (c) to avoid confrontation or a fight; and (d) not to offend a partner. During session 6, group members indicated that they would be pleased if the group continued to meet after intervention. Observer A commented that the session covered good information but could flow over into an extra session.

5.5.1.7 Session 7: Self-control

The reader may recall that Observer A commented that session 4 was too long and that more time should be allocated to the topics of jealousy and substance abuse. Session 7, therefore, focused on triggers of IPV, such as jealousy, faulty cognition (e.g. neutralisation techniques) and fear, identifying what triggers various levels of anger and how to direct anger rather than ignoring it or allowing anger to escalate. The group was also reminded that alcohol abuse can incite IPV (e.g. jealousy can intensify into a state of paranoia). Observer A was satisfied with session 7.

Participant 5, who had, by session 7, recovered from his stay in the heart hospital, delivered a powerful testimony to the group, even though the protection order was granted during the intervention. On Monday, 03 April 2018, Participant 5 was threatening suicide (i.e. shortly after the protection order was granted because he felt that he had lost everything), and by Wednesday, he was admitted to the Pretoria Heart Hospital. However, on 22 April 2018, he was off the antidepressants which were prescribed before he attended the intervention. He also had the insight to hand in his weapon on leaving the workplace in case of possible suicidal notions reoccurring. During session 7, he mentored the group, especially Participant 3, and exhibited much empathy towards Participant 4 (i.e. wife of Participant 3). Participant 5 spoke vehemently against alcohol abuse. To the extent that Participant 3, who admitted to having a drinking problem, asked Observer A about what rehabilitation is available for alcoholism and the contact details of the organisation. Observer A was firm and did not sugar-coat that Participant 3 would greatly benefit from addressing the alcohol abuse.

Participant 5 went on to testify to his own unwarranted notions of jealousy. Although he is able to laugh about it now, it was not funny at the time. In a nutshell, he was convinced that his wife was cheating on him with her colleague from work (i.e. they had arranged a lift club from Pretoria to Johannesburg for practical reasons). The following is a paraphrase of the version of events: My wife and her colleague speak Shangaan, and I do not understand the language. One day, the colleague was visiting, and they were talking and laughing. It made me mad. I didn't know what they were saying and I was wondering why she was looking so happy and had a smile on her face. I thought that they must be having an affair. The worst was that I was about to leave for Durban on a short three-day business trip. By the time I left Durban, I already had visions of catching them in bed together on my arrival. It was a long journey by road from Durban back to Pretoria. I left Durban angry, and the anger continued to escalate all the way back home. By the time I got home, I was infuriated, and all hell broke loose. When I look back now, I do not know what I was thinking. It would have been almost impossible for me to drop my wife off in Johannesburg, travel back to Pretoria, where I work, fetch her in the afternoons from her workplace and travel all the way back home. I realised that a lift club just made sense. My wife reassured me that she loves me and that I can trust her. Participant 5's testimony made a huge impact on the group members.

The programme material was resonating with group members. By now, it was also evident that much bonding and trust had been established within the group. In addition, the group was also more aware of what constituted IPV. For example, Participant 6 was originally not aware that he was a battered husband. From the onset, the researcher was also not aware that he was abused by his wife. Participant 6 missed sessions 6 and 7 because he felt an urgency to consult with his family in the Limpopo province regarding his situation at home. Participant 6 got back from Limpopo on Sunday, 22 April 2018. When his wife went to work on Monday, Participant 6 discovered that he had been locked in the house. In his absence, she had changed all the locks. On her return from work, she told him that the "landlord" had changed the locks. Participant 6 was then afraid to leave the house in case of being locked out of their common home. The researcher believes that this incident finally broke the camel's back. On Wednesday, 25 April 2018, Participant 6 applied for a protection order prohibiting his wife from restricting his freedom of movement and verbal abuse. The application was not granted. He also consulted with legal aid to assist him in divorcing his wife. Although Participant 6 is unemployed, legal aid refused to assist him on the grounds that there were no children involved. The group members were supportive towards Participant 6, which revealed that empathy had been fostered during the previous sessions. As mentioned in chapter one (1.4), when agencies are "unable" to offer their services to victims, the population tends to be adolescents and men (Hines & Douglas, 2011: 20). The data of the explorative phase and

piloting supports that literature. The reader may recall from chapter four (4.2.8.1) that Mpho was the founder of an NGO and that the endeavour was initiated when, having been a perpetrator of IPV himself, he realised that there are negligible resources for male victims of abuse.

5.5.1.8 Session 8: Transformation

Session 8 mainly focused on a group check-in, which went on much longer than originally anticipated. The session highlighted three important aspects of IPV, namely, (a) that the Lord Jesus as our God and Saviour can be pivotal to change dysfunctional behaviour; (b) that change is a process; and (c) that the granting of a protection order need not be seen in a negative light. External control mechanisms play an important role in prohibiting non-conforming behaviour. Session 8 emphasised the fact that once bonding and trust have developed, there is a need to talk about one's situation. There is a healing element in talking about one's own "*stuff*".

The final draft of the developed programme incorporated only eight of the original 28 written exercises, which included the post-test structured questionnaire. The researcher is of the contention that it greatly improved the intervention since it was more in line with what experts in the field had commented on during phase one. In other words, group discussions are usually more productive than written exercises and foster group participation and learning. The group ended on a positive note and attested that the programme was helpful, as portrayed in the table below.

Table 22: Helpful aspects of the intervention

Participant	The following was most helpful …
Participant 1	"*The programme helped me to forgive. I must forgive*".
Participant 2	"*Communication was helpful towards my growth. Talking about the Word of God was helpful and fulfilling*".
Participant 3	"*Learning timeout, communication skills, fellowship, prayer, learning about scripture, healing*".
Participant 4	"*Knowing many forms of abusive behaviour, forgiveness, timeout, communication, mostly knowing that I can do all things in Christ who strengthens me"!*
Participant 5	"*Meeting people like me and listening, learning from them*".
Participant 6	"*Listen before you talk, forgiveness, communication, love, respect*".

All the members of the group indicated (a) that they wanted to start attending church in a more meaningful way; and (b) had a keen interest in starting a support group, for instance, Batterers Anonymous South Africa, of which they wanted to be founding members. The researcher

investigated the possible funding for such an endeavour with the Department of Social Development. However, the establishment of an NGO is complicated and intricate (e.g. a bank account needs to be opened, the anticipated NGO necessitates a constitution and registration with the South African Revenue Services, etc.). In addition, members of the envisaged NGO would need to be fully committed. The men in the group also were actively supporting Participant 6, who had discovered during the intervention that he was actually a battered husband (e.g. they encouraged Participant 6 to have their cellular numbers on "*speed dial*" should he require any assistance pertaining to his situation).

5.6 The empirical findings of the pilot study

The data of phase two concur with Straus (2015: 93), who states that perpetrators may also be victims and that victims may also be perpetrators. IPV is often bidirectional, even if it is in retaliation to being abused. The salient findings of the pilot study include:

- All the participants attended the intervention voluntarily.
- There were no attrition rates.
- Five of the six participants were men.
- Five of the six participants came from hostile family backgrounds. Three participants witnessed IPV, two were victims of child abuse, and only one participant enjoyed a stable home environment.
- In five of the six cases, the abuse was bidirectional.
- The abuse manifested in multiple forms, namely, physical, verbal, psychological, threats, intimidation, economic, sexual, spiritual, social, destruction of property and child abuse.
- Unemployment played a role in both male and female-perpetrated abuse.
- Without exception, the abuse became more frequent and/or more severe.
- Five of the six participants had children who witnessed IPV. Participant 6 had a son from a previous marriage who was not living with him and his spouse.
- The children who witnessed IPV were impacted negatively by the abuse. For instance, school performance was adversely affected. Some exhibited fear, confusion, anxiety and anger or were distant towards the perpetrator. For example, Participant 2 requested paternity tests for a maintenance hearing, and his 18-year-old daughter revealed to the victim that she wished that the tests would come back negative.
- Half of the participants abused alcohol.
- Half of the participants were on medication for various ailments, which included depression, anxiety, stress, insomnia, high blood pressure and cardiovascular problems.

- Four of the six participants regarded themselves as jealous and/or controlling.
- Five of the six participants stated that family and/or friends were aware of their abusive relationship and that family intervention was mostly unhelpful.
- The impact of the abuse included (a) participants feeling depressed, unloved, shameful, guilty, disappointed in themselves, not in control and having low self-esteem; and (b) participants reported that their partners became depressed as a result of the abuse (e.g. Victim G was admitted for three weeks to a hospital for depression and concomitant anxiety and insomnia), were fearful and that physical injuries were sustained.
- Five of the six participants stated that their relationships and sense of well-being improved after the intervention. Although it should not be encouraged, one participant even consulted with his medical practitioner to go off the antidepressants.
- In one case, the abuse escalated during and after intervention (e.g. verbal, psychological and economic abuse). For example, during the scheduled maintenance matter, the participant requested paternity tests to further delay his obligation to take financial care of his three children, who were conceived in wedlock. The participant has two other illegitimate children, a six-year-old boy and a baby boy, who now seems to be his priority.
- In five of the six cases, it was the first time that IPV was reported, and a protection order was sought. The other case was a contravention of an existing protection order.
- Three of the protection orders were granted, and three applications were set aside.
- Five out of the six perpetrators had a desire for change and the restoration of their relationships. One perpetrator merely sought forgiveness and had no intention to go back to the victim because he was in another relationship.
- All the victims simply wanted the violence to end.
- Perpetrators of IPV, especially initially, may have a hidden agenda regarding the attendance of intervention (e.g. to have the charges dropped in cases of assault). In this study, it would seem that Participant 2 wanted to discourage Victim G from pursuing her maintenance application.
- The DVA is a powerful mechanism for preventing further acts of IPV. However, it is only as effective as the applicant wants it to be, as well as how the police enforce the provisions made by the DVA. For example, although the wife of Participant 2 had a protection order against economic and emotional abuse, she was told to vacate the common home, which she did because the police told her that her protection order was cancelled. Participant 2 continues not to financially support her and the three children. The victim is exhausted from being sent from pillar to post.

Tertiary intervention that focuses on treatment for the perpetrator should include their victims if they indicate a willingness to attend counselling (i.e. the victim himself/herself and the

children). A pertinent finding was that victims need a voice in the process and have much bottled-up anger and frustration, which can sometimes be taken out on the children. Additionally, children need a voice even if they have only witnessed the IPV between their caregivers. All the children in phase two were negatively affected by witnessing IPV in their homes (e.g. their optimal educational development was jeopardised). For example, the wife of Participant 1 found a suicidal note in her 13-year-old daughter's room two months after the intervention. Hence, it is important to incorporate counselling for all the victims of IPV in a BIP (e.g. by means of a referral). The impact of IPV on children is often overlooked when the courts mandate diversion programmes for offenders. Ehrensaft et al. (2003: 750) propose that prevention programmes for children could be linked to services offered in shelters, police intervention for DV calls and protection orders for DV. In addition to the exposure to violence in the home, the youth may also be exposed to violence in their schools and communities, which may exacerbate the situation (Clark, 2012: 82-84). A desensitisation to violence can foster the intergenerational transmission of violence and critically impair empathic responses in later interpersonal relationships.

Another important finding was that situational factors such as unemployment should not be overlooked as a contributing factor of partner abuse, especially female-perpetrated IPV and bidirectional abuse. In efforts to eradicate IPV, poverty and unemployment need to be addressed, which has vast implications for both primary and secondary intervention strategies (Hargovan, 2010: 38). The South African official unemployment rate is on the increase. In the past ten years, in other words, from 2008 to 2018, the unemployment rate has increased from 21.5 percent to 28 percent. The most affected persons are women and the youth. Although, more men (i.e. 51.4 percent) than women were unemployed in 2018 compared to 2008. Moreover, long-term unemployment affects the youth more than it affects adults. In the South African context, where about two-thirds of the country's youth between the ages of 15 and 34 years are unemployed (Statistics South Africa, 2018), the youth may experience high levels of frustration underpinned by feelings of alienation and estrangement from society, whereby the effect of external control mechanisms may be minimised. It is a well-known fact that employment fosters a stake in the community and lowers criminogenic risk factors (Jefthas & Artz, 2008: 44). In addition, unemployment causes substantial mental and material stress for those affected and their families (Statistics South Africa, 2018).

In conjunction with the inherited structural violence from the apartheid regime, poverty and exposure to violence in the homes, schools, and community persists (Clark, 2012: 81), creating a fertile breeding ground for the perpetuation of violence into the future. Due to the overexposure to violence in South Africa, it is important that intervention strategies for IPV

incorporate mechanisms that resensitise group members and the community to the impact of violence, such as a RJ approach which aligns with the African values of ubuntu (Clark, 2012: 87; Steyn & Lombard, 2013: 347-348). For instance, the use of victim impact panels has been found to have a positive effect on perpetrators and could be a useful adjunct intervention to a more robust BIP (Zosky, 2018: 753). One of the primary goals of an intervention should be increased accountability and empathy, which promotes the commitment to change becoming more internalised. Both the quantitative and qualitative results from the study of Zosky (2018: 752) indicate that hearing from victims about their experience did have an impact on the perpetrator. The victim impact panel increased their awareness of the effect of experiencing IPV on the participants' adult and child victims. The results are particularly important in light of the fact that most of the perpetrators in her study had never considered the consequences of their violence on the victims before their attendance at the panel.

An observation in the current study was that in the case of the battered husband, it was evident that his wife was battling not only with the fact that Participant 6 was unemployed, but also that she had been struggling for many years to fall pregnant. Shame is a universal human emotion that everyone experiences. Shame is not only reserved for people who have survived unspeakable trauma. Shame can emanate from various sources such as infertility, getting retrenched, being an alcoholic or a drug addict, being addicted to gambling or pornography, infidelity (i.e. being unfaithful or being cheated on), not finishing school, hearing one's parents fight behind closed doors, telling friends that one's father is abroad when he is in fact in prison as was the case with Jan (Brown, 2012: 69-70). Shame is painful and can easily be overlooked as a driving force behind abusive behaviour.

The bias towards battered husbands was also observed in the current study. Although Participant 6 applied for a protection order against his wife regarding verbal and social abuse (e.g. the prohibition of restricting his movements by locking him in and out of his home), it was set aside. He had subsequently been forced out of the common home and was staying with his younger brother because his wife had tenants move into their house on the auspices that she had sold the house, even though the couple were married in community of property. His plea for pro bona legal assistance was also denied. One candidate who was excluded from the study because he only had Grade 8 testified that the abuse was bidirectional and usually related to alcohol. However, the protection order was granted in favour of his wife (i.e. the applicant). During fieldwork, the candidate was severely beaten by his wife one evening with a knobkierie because he had asked her friends, with whom she was drinking all day long, to go to their own homes. The police were called, and even though the police could see that it was only the "perpetrator" who had serious injuries (e.g. deep cuts to his face and head), he

was arrested and incarcerated. His wife eventually withdrew the charges on the trial date. On a previous occasion, the "perpetrator" needed nine stitches to a head injury after being beaten by his wife with a blunt object. The incident was not reported because he was afraid that his wife would get into trouble to the detriment of their three-year-old daughter. Joshua painted a similar picture as to why battered men do not report IPV.

> ***Joshua****: My mother went on holiday for two weeks. Two weeks of heaven on earth. I saw how this adultery developed [between his father and his best friend's mother]. I thought dad "go for it". I'm going to get a new mother and my best friend is going to become my brother. My dad at that stage started to relate his secrets to me, he had no one else to talk to. He talked big secrets to me which was very heavy on a young mind and a young heart. Adult, deep, deep secrets and he told me "Joshua I love this woman so much, I love her so much". I said to him: "Then why don't you divorce that witch? Get sense". I was in standard six, 13 years old. Then he said something that rocked my world (Joshua weeps). He said: "According to South African law, if I divorce your mother, you children (that is my brother, my sister) will be allocated to your mother. Then I will not be there to protect you (Joshua sobs). Then it is your turn [to face the abuse alone]".*

Protection orders can sometimes have negative effects. For example, Participant 1 lost his job, or it may jeopardise promotional opportunities once granted. Justice also conceded that in 90 percent of the cases where an application has been granted, the couple lands in a divorce because the situation remains volatile. Balancing the needs of both the victim and the perpetrator is notoriously difficult (Artz, 2003: 50). Many victims do not want their partners to be arrested or imprisoned, especially when their socioeconomic security is at risk (Artz, 2003: 49-50). To restate, most of the group members were in favour of having their relationships restored and merely wanted the abuse to end. However, it is important to take note that the purpose of the DVA is to afford the victims of IPV the maximum protection from domestic abuse that the law can provide, thereby also conveying that the State is committed to the elimination of IPV. Needless to say, while the use of legal sanctions symbolises a moral consensus that IPV is unacceptable, the occurrence of partner abuse remains high compared to other crimes (Messing, 2011: 162). Hence, it may be beneficial as Martinson (1974: 50) claimed to focus more on deterrence than cure, as noted in chapter one (1.4).

As noted in chapter three (3.5.3), it was presumed that lower levels of depression could indicate that the treatment had a positive effect on the participants. Table 23 to follow is a summary of the results from the pre-test and post-test DASS21 that was administered.

Table 23: DASS21 pre-test and post-test results

Participant		DASS21 Pre-test	DASS21 Post-test
Participant 1 Black male 43-years old	Depression Anxiety Stress	14 Moderate 10 Moderate 12 Normal	2 Normal 2 Normal 2 Normal
Participant 2 Black male 42-years old	Depression Anxiety Stress	28 Extremely severe 16 Severe 24 Moderate	22 Severe 20 Extremely severe 30 Severe
Participant 3 Black male 47-years old	Depression Anxiety Stress	10 Mild 12 Moderate 12 Normal	4 Normal 12 Moderate 16 Mild
Participant 4 Black female 37-years old	Depression Anxiety Stress	20 Moderate 24 Extremely severe 18 Mild	14 Moderate 2 Normal 16 Mild
Participant 5 Black male 36-years old	Depression Anxiety Stress	34 Extremely severe 34 Extremely severe 30 Severe	0 Normal 4 Normal 6 Normal
Participant 6 Black male 41-years old	Depression Anxiety Stress	18 Moderate 8 Mild 16 Mild	16 Moderate 18 Severe 20 Moderate

The DASS21 pre-test and post-test were statistically analysed with the Statistical Package for Social Sciences (version 25) (IBM Corp, 2018). The Wilcoxon signed-rank test rendered the following descriptive statistical output when the pre-test and the post-test scores that emanated from the same group of participants were compared. In other words, as noted in chapter three (3.5.3), a pre-experimental non-random single-group N → O (pre-test) → X_1 (prototype intervention) → O (post-test) design (Creswell, 2009: 160; Mertler, 2012: 117). The results are displayed in the following table.

Table 24: Descriptive statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Pre-depression score	6	20.67	8.914	10	34
Post-depression score	6	9.67	8.892	0	22
Pre-anxiety score	6	17.33	9.933	8	34
Post-anxiety score	6	9.67	8.140	2	20
Pre-stress score	6	18.67	7.118	12	30
Post-stress score	6	15.00	10.020	2	30

The average scores attained by the participants are as follows:

- Depression ranged from severe (pre-test) to mild (post-test).
- Anxiety ranged from severe (pre-test) to moderate (post-test).
- Stress ranged from moderate (pre-test) to mild (post-test).

	Pre-depression score – Post-depression score	**Pre-anxiety score – Post-anxiety score**	**Pre-stress score – Post-stress score**
Z	-2.226[b]	-.944[b]	-.315[b]
p	.026	.345	.752
r	-0.9	-	-

Holistically, there was a positive shift in all the scores. The score for depression proved to be substantially statistically significant (i.e. with *r* being equivalent to -0.9). The smaller *p*-value (i.e. with *p* being equivalent to .026) also confirmed that the difference in scores was less likely to be due to chance. Furthermore, although the score for anxiety was not statistically significant, there was a large average reduction in anxiety levels (i.e. from 17.33 to 9.67). It has important implications because the improvement on both the scales of depression and anxiety could impact positively on emotion regulation (Neacsiu et al., 2012: 1009-1010). A contributing factor for the score on stress remaining fairly constant may be that various court-related issues culminated at the end of the intervention. For instance, (a) the finalisation of a protection order; (b) the pending finalisation of a protection order or the case being set aside; (c) a pending maintenance matter; and (d) a pending counter protection order with a summons for divorce.

The association between depression and IPV is not new. Depressive symptoms and IPV perpetration and victimisation often coexist (Barros-Gomez et al., 2016: 4). IPV is consistently associated with high rates of depression and anxiety (Ehrensaft & Cohen, 2012: 371; Spidel et al., 2013: 9) for victims (Stylianou, 2018: 382), as well as perpetrators (Winstok & Straus, 2014: 94). Barros-Gomez et al. (2016: 2) state that depressive symptoms may be an important factor related to IPV in a marriage or relationship for both sexes. Thus, it is important to understand how depression for both the victim and the perpetrator, marital satisfaction and abusive behaviour are interlinked. Moreover, it is possible that the relationship between depressive symptoms and IPV is reciprocal (i.e. depression causes IPV, and IPV causes depression), and a vicious cycle may ensue (Johnson et al., 2015: 711). Compare figure 10 and the discussion on depression in chapter two (2.3.2). Essentially, the schematic representation suggests that depression could act as a defence against feelings of low self-

worth and self-punishment to atone for abusive behaviour. The function of the aggression could serve as a catharsis or relief from all the pent-up negative feelings, and a repetitive and self-defeating cycle may ensue.

What is implied is that assessing both the perpetrator and the victim for depression may prove to be beneficial in a treatment strategy for IPV. The stance is particularly important due to the high number of couples who experience IPV and who would prefer to salvage their relationships (Barros-Gomez et al., 2016: 3; Hargovan, 2010: 32). Five of the six participants in the current study did not want to terminate their marriages and had a sincere desire for the abuse to end – as did their partners. Moreover, recognising and treating depression is critical given that the WHO predicts that unipolar depression will be the second leading cause of global disability by 2020 (Barros-Gomez et al., 2016: 18). Session 4 included a psychoeducation component on depression to help group members to reflect on whether depression or their depressed states were possibly related to the IPV. Half of the group were already on antidepressants at the onset of intervention. The study of Barros-Gomez et al. (2016: 18-19) suggests that screening and treatment for depression should be included in a BIP in an effort to decrease the risk of future partner violence.

Wolford-Clevenger et al. (2018: 143) highlight the increased suicidal ideation in IPV perpetration and victimisation for both women and men (Wolford-Clevenger et al., 2015: 12) in court-referred BIPs. It is, therefore, imperative that developers and facilitators of treatment programmes take cognisance of risk factors such as depression and borderline traits during intervention. It is possible that Participant 5's suicidal thoughts were prompted not just by the interpersonal discord, but also by the legalities of the precarious situation that he found himself in. The gravity of IPV is reflected not only in suicide or suicide attempts and other self-harming behaviours, but suicidal ideation can be a catalyst for murder-suicides, femicide or mariticide (Wolford-Clevenger et al., 2015: 13). Hence, even though only the score for depression proved to be statistically significant, the researcher concludes that the developed programme had a positive impact on all the participants. Notwithstanding the fact that the scores for anxiety and stress in the case of Respondent 2 and Respondent 6 worsened post-test, the post-test group-administered structured questionnaire depicted that all six participants "strongly agreed" that they found the programme to be helpful.

The post-test group-administered structured questionnaire is outlined in table 25 to follow and indicates that the participants understood the contents of the programme.

Table 25: Client post-test questionnaire

	A	SA	N	D	SD
Human beings consist of three parts.	3	2		1	
It is better to blame someone else for one's actions.		2	1	1	2
There are many forms of abusive behaviour.	1	5			
Children are not affected when they experience abuse or witness abuse.	1			1	4
Abusive behaviour has serious consequences for all who are involved.	1	5			
Abusing alcohol or drugs is not problematic.			1		5
Timeout is an effective tool to divert abusive behaviour.		5			1
There is only one emotion, namely, anger.		1			5
To forgive those who have hurt us helps one to move forward.	2	4			
When my partner does not answer the phone, it is disrespectful.		1	1		4
It is important to apologise for wrongful behaviour and to mean it.	1	5			
Jesus has already won the victory for every individual.	1	5			
It is good to control someone else.			1		5
Assertive behaviour improves communication.	4		1		1
It is important to communicate how one feels.	1	5			
Negative thoughts are not always facts.	1	3	2		
It is better to argue than to listen.		1	1		4
I am a very important person.	1	5			
I am responsible for my behaviour.	1	5			
I can do all things in Christ who strengthens me.		6			
When I hurt others, I need to repent and confess.		6			
To repent means to turn towards God.	1	5			
I found the programme helpful.		6			

Rating scale: A = Agree; SA = Strongly Agree; N = Neutral; D = Disagree; SD = Strongly disagree

A few salient points derived from table 25 are as follows: (a) All the participants found the programme helpful; (b) all the participants indicated that they need to repent and confess when they are abusive; (c) all the participants indicated that they can overcome IPV through Christ Jesus; (d) five of the six participants strongly agreed that they felt worthy, the other participant agreed; and (e) five of the six participants strongly agreed that they were responsible for their behaviour, the other participant agreed.

To recapitulate on some of the relevant findings, observations and lessons learnt from the pilot study:

- It is imperative for facilitators to be authentic. It encourages group members to take responsibility, enhances empathy and bonding. For example, for facilitators to boast in a sense of their own weaknesses elucidates our humanity, humanness and fallibility. Rapport or the therapeutic bond is considered the single most predictive factor for a successful intervention outcome (Dutton & Corvo, 2006: 463).
- Group members have a positive experience when what is presented is confirmed by scripture, which is the highest authority. Shared Christian values increased therapeutic alliance and fostered a compassionate and non-judgemental ambience also between group members (Sartin et al., 2006: 434-435).
- Victim G needed briefing and described herself as "*someone who is in a lot of pain and anger*". She made a huge contribution in the session, where the group members could clearly see and consider the impact of abusive behaviour on an intimate partner (cf. Zosky, 2018: 752). Self-affirmation and empathic attunement improve emotional regulation and, therefore, behavioural regulation and self-control (Park 2016: 371).
- The current study provides some evidence for the "stake in conformity hypothesis", which means that perpetrators who have more to gain (e.g. salvaging their marriages or the prospect of the protection order being set aside) are more likely to complete treatment as well as commit to refrain from further episodes of violence.
- The participants were older, had a fair to admirable education (i.e. with Grade 10 being the lowest qualification), were mostly employed (except for Participant 1 and Participant 6), had higher incomes and were married, which could have attributed to no drop-out rates (Cantos & O'Leary, 2014: 208; Maphosa, 2015: 79; Sartin et al., 2006: 429).
- The readiness to change plays an important role in post-treatment outcomes (Sartin et al., 2006: 435). The participants attended the programme voluntarily and may, therefore, have been more motivated to change (Stuart et al., 2007: 560-561).
- Retention strategies included (a) facilitating transport to each session for the group members who were unemployed; (b) refreshments; and (c) reminder messages during the week (Langhinrichsen-Rohling & Turner, 2012: 387).
- There was absenteeism but for valid reasons (e.g. Participant 5 was hospitalised). Surprisingly, even though he missed three sessions, his DASS21 post-test results indicated a vast improvement in all three scores for depression, anxiety and stress. The researcher contacted the victim on 30 October 2018 (i.e. six months follow-up), and she expressed that Participant 5 "*is someone I didn't know, he has changed 360 degrees from going to court in February till now*".

> I planted, Apollos watered, but God caused the growth. So then neither is he who plants anything nor he who waters, but God who causes the growth (1 Corinthians 3:6-7).

The researcher did stay in contact with most of the perpetrators and victims post-intervention (De La Harpe & Boonzaaier, 2011: 152). One study highlighted the importance of consulting with the victims in order for them to gain an understanding of the purpose or objectives of the programme, the possible benefits to them and their partners (Maphosa, 2015: 85-86), as well as possible expectations post-treatment. A BIP is not necessarily a panacea, and therefore, aftercare or conjoint counselling and therapy for children can exponentially enhance treatment outcomes (Sartin et al., 2006: 436). Ongoing support for both perpetrators and victims could be instrumental in eradicating IPV.

> ***Donald**: And part of that process is when we really get serious about the change then it happens. But it takes time and it takes several starts usually, just like they talk about it takes seven times for the victim to leave. Well, I'm not saying I want seven more victims from this guy, but to completely change that behaviour takes time (emphasis). So part, I think one of the things we really need to be looking at, is how do we engage men in this work without a court mandate. And how to continue to support and help them in that process of change in a way that is productive, and continues to help them to change. Now that is something that we don't have at this point.*

The researcher purports that the gospel, fellowship, and involvement in the church can bridge the gap between intervention and ongoing support, which seems to be limited. As noted in chapter two (2.2.5.4), faith can be a vital agency of local social control (Johnson, 2011: 178-179). Getting to know the only true and living God can impact a person's life in a spectacular way.

5.7 Limitation of the pilot study

During the intervention, many shifts were taking place, namely, personally, as depicted in the pre-post-test scores for depression, as well as in the participant's unique set of circumstances (e.g. the pending finalisation of a protection order, a pending maintenance matter, or decision to start divorce proceedings). It seems that matters might need to get worse before they improve as the group members start taking control of their lives by setting boundaries and learning not to push beyond boundaries. Hence, although all the average scores on the DASS21 improved, measuring anxiety and stress did not yield the results that the researcher had anticipated. Other tests could have been included, such as the Buss-Durkee Hostility

Inventory (Barnett et al., 2011: 433-434). It may have been informative to have measured pre-post-test hostility or anger levels.

The findings of the pilot phase should be interpreted within the current study's limitations. Firstly, the sample size is small, consisting of only black South African participants from one geographic location, and therefore, it cannot be considered representative of IPV throughout South Africa (i.e. generalisations cannot be made). Secondly, the sampling was purposive and court-referred and may, therefore, be more representative of a clinical population than the community. Thirdly, the developed BIP has not been evaluated. Longitudinal research is imperative to investigate the long-term impact of a BIP as a true reflection of the efficacy of the intervention. Nevertheless, the data gathered was consistent with the extant international and South African research for some tentative findings and conclusions to be drawn.

A strength of the piloting is that the researcher stayed in contact with the victims during and post-intervention. Therefore, the results do not merely depict self-reports from the perpetrators, where there is a tendency to underreport abusive behaviour, or to report in a socially desirable manner regarding behavioural change, thereby countering possible bias (Boyle et al., 2008: 53). Also, it is generally considered that clinical samples represent more severe cases of IPV than the general population, and therefore it can be deduced that the sample represented the phenomenon of IPV and intervention programmes.

5.8 Summary

The sample represented many characteristics associated with IPV, such as an intergenerational transmission of violence, jealousy, controlling behaviour, depression, alcohol abuse, bidirectional abuse and even a battered husband. Even though the sample was small, specifically in phase two, it was clearly demonstrated that men are also subjected to abuse and deserve the full protection of the law. The testimony of Joshua depicted that female-perpetrated IPV is not merely committed in self-defence but can be as severe as the partner abuse that is committed by men.

Piloting and the triangulation of observers was crucial to finalising the draft intervention. Depression is highly correlated with IPV. The DASS21 was administered pre-post-test to assess whether there was a shift in intrapsychic dynamics relating to depression, stress and anxiety. The premise is that should the scores for depression decrease, then in all likelihood, the IPV will also decrease in frequency and/or severity after intervention. The scores for depression were substantially statistically significant (i.e. with r being equivalent to -0.9).

Therefore, the researcher can, with confidence, deduce that the intervention had a positive impact on the participants.

The structured post-test questionnaire indicated that group members were taking responsibility for their behaviour, which is a vital step towards ending IPV. In addition, the questionnaire reflected that the group members understood the content of the programme. For instance, understanding the consequences of partner abuse can evoke empathy and a commitment to changing abusive behavioural patterns. The programme emphasised self-compassion, which is conducive to IPV desistance by bolstering self-esteem and feelings of worthiness. All the participants experienced self-affirmation and being very important individuals. The programme is cost-effective (e.g. the programme is faith-based, and therefore voluntary workers could be a resource) and time-effective (e.g. eight sessions). Most importantly, the Holy Spirit does the renewing work, and His gift is free. Praise God for His glorious grace and for the free gift that He has given to the world through His beloved Son, Jesus Christ.

> For he who has entered into His rest has himself also rested from his works, as God did from His own (Hebrews 4:10).

CHAPTER SIX: Conclusions and recommendations

6.1 Introduction

IPV is rampant all over the world and is responsible for untold pain, misery, suffering and even death. In addition to the possible intergenerational transmission of violence, the extent and deleterious impact of IPV on children is well documented. Estimates of children affected by IPV can run into the millions. As discussed in chapter two (2.2.4), a study conducted in the United Kingdom suggests that approximately 29.5 percent of children under the age of 18 have been exposed to IPV during their lifetime (Callaghan et al., 2018: 1552). Martinson (1974: 50) claimed that “it is possible that there is indeed something that works” and that it could, in fact, be the obvious. He suggested that the focus on crime prevention should possibly shift from reformative measures to what deters deviant or criminal behaviour, in other words, a shift from “treatment” theories to “deterrence” theories. At this point in time, the punitive measures against IPV as imposed by the DVA in “deterring incipient offenders” are inadequate (Messing, 2011: 162), as reflected in the heavy caseloads that the DV courts have to deal with on a daily basis. The assault rates remain high in South Africa, with the majority of assaults being committed by a partner (VOCS, 2015: 76). Factors such as accountability and an activated conscience with concomitant empathy are pivotal in deterring IPV.

A Christian-based programme for perpetrators of IPV can be a powerful conduit to accomplish what Martinson refers to as the “deterrent effect”. This is particularly relevant within the historical context of South Africa and the structural violence that still influences communities today. Christianity is the dominant religion in South Africa (Krüger et al., 2009: 12), and mounting evidence suggests that there is an inverse relationship between religious commitment and crime or delinquency (Johnson, 2011: 78). The Holy Spirit can transform a robber into a saint and not by formal external control mechanisms such as legislation, but by God inscribing His laws of righteousness in the hearts of humankind (2 Corinthians 3:2).

> Since you are being manifested that you are a letter of Christ ministered by us, inscribed not with ink but with the Spirit of the living God; not in tablets of stone but in tablets of hearts of flesh (2 Corinthians 3:3).

The primary focus of the current study was on applied research to lay the groundwork for the possible dissemination of a new gender-inclusive BIP that is evidence-based and to affect change pertaining to policy and practice in order to prevent IPV and recidivism (Steyn, 2012: iii). Hence, there was an emphasis on knowledge acquisition in social action (Rule & John,

2011: 9). An eclectic viewpoint was adopted by incorporating the strengths of empirically tested perspectives into a prototype Christian-based intervention programme that was piloted (De Vos & Strydom, 2011: 475). The pilot study culminated in finalising the preliminary or draft intervention into a manual. The manual and accompanying guidelines may facilitate the duplication of the study, possibly in an endeavour to evaluate the developed intervention at a later stage.

A great deal of criminological research has gone into the probing of two questions, namely, what causes and what prevents criminal behaviour? For instance, voluminous research has emerged examining how patriarchy relates to IPV. Less often is the question asked as to why people do not commit crimes. Social control theorists such as Reckless (e.g. containment theory), Sykes and Matza (e.g. neutralisation-drift theory) and Gottfredson and Hirschi (e.g. self-control theory) have provided unique and important insights as to why individuals refrain from deviant or criminal behaviour. However, an equally important and understudied question pertains to what fosters and maintains prosocial behaviours (Johnson, 2011: 181). In chapter two (2.2.5.4), it was clearly demonstrated that there is no doubt that faith has a “deterrent effect” in the sense that it fosters resilience to and protection from the negative consequences of living, for instance, in impoverished and/or hostile environments. Of fundamental importance to the current study is that the evidence also suggests that religious experiences can play a critical turning point in the life course of an individual and change maladaptive behaviour such as IPV, as well as in maintaining prosocial behaviours, for example, by regular church attendance and meeting with like-minded individuals who can provide genuine support and connection.

The research project set out to formulate and create an intervention whereby the data on existing BIPs was used as a springboard to incorporate best practices in the preliminary draft. The reader may recall from chapter two (2.4.1) that DBT, which was developed by Marsha Linehan, is one of the strongest contenders in the domain of treatment for perpetrators of IPV (Babcock et al., 2016: 363). To recapitulate on a few points, DBT encourages a balance and synthesis between acceptance and change (Cavanaugh et al., 2011: 974) and includes self-acceptance, the acceptance of one’s current situation, problems and difficulties with a focus on change (Fruzzetti & Levensky, 2000: 444). Moreover, DBT has proven to be extremely successful in the treatment of BPD who share many of the characteristics of those who are at risk for IPV (Babcock et al., 2016: 363; Barnett et al., 2011: 438; Cavanaugh et al., 2011: 973; Goldenson et al., 2009: 764; Hines, 2008: 299; Spidel et al., 2013: 6), such as chaotic relationships, impulsivity, substance abuse and suicidal ideation (i.e. DBT works well for severe and difficult to treat conditions). The findings of a literature review conducted by Frazier

and Vela (2014: 156) suggest that DBT has a positive impact on the reduction of aggressive behaviour even when adaptations or modifications were made to the standard DBT treatments to accommodate the specific needs of various populations across studies.

It was by virtue of the Ark and the Tabernacle that the Israelites could enter into the good land, which is Christ Himself. It is also important to remember that Jesus defeated the enemy as a human being, which signifies that perpetrators of IPV can change abusive behavioural patterns by applying the precious blood of the Lamb. The developed programme is called ARC, which is an acronym for Acceptance • Repentance • Confession.

- A: Accepting Jesus as our Lord and Saviour (Romans 10:9) and the things we cannot change.
- R: Repentance is a change of mind, turning away from sin and turning towards God (Acts 3:19), accompanied by a deep sense of remorse, regret and commitment to change one's behaviour and attitude to align with God's will. We receive salvation through repentance and the forgiveness of sins.
- C: Confession is the act of acknowledging and admitting one's sins or wrongdoing to God and to others (Acts 24:16), with the intention of seeking forgiveness, healing and restoration (James 5:16). When we confess and apply the blood of Jesus, God is faithful to forgive and to cleanse us from all unrighteousness (1 John 1:9).

> Fight the good fight of the faith; lay hold on the eternal life, to which you were called and have confessed the good confession before many witnesses (1 Timothy 6:12).

The goal of ARC is not reformation but aspires to the transformation that is only possible through the renewing work of the Holy Spirit. The centre of ARC is Christ Jesus, who is the way, the goal and the meaning of life, as well as the testimony of the believer. Human beings were created in the image of the Lord Jesus, and therefore, the meaning of the universe is for God to be expressed. ARC seeks to find a dialectical balance between acceptance and change. The acceptance strategies include self-acceptance and accepting one's current circumstances while taking responsibility to change abusive behavioural patterns. Taking responsibility is a choice. In addition to psychoeducation components (e.g. a discussion on abusive behaviour, the consequences of IPV and faulty cognition), ARC addresses trauma and also focuses on skills development (e.g. timeout, recognising and managing anger, stress reduction, communication and active listening). Change strategies include repentance and confession. Perpetrators of IPV are confronted with many challenges in their daily living that

may include unstable relationships, unstable moods, unstable identities, unstable sense of self (e.g. low self-esteem, shame and self-hatred), sudden outbursts of anger with little provocation (e.g. impaired social cognitive processes), jealousy, the fear of rejection or abandonment, dissociation, depression and alcohol abuse. However, their hope is to repent and to turn or return to the Lord Jesus by abiding in Him through prayer and confession.

> I am the vine; you are the branches. He who abides in Me and I in Him, he bears much fruit; for apart from Me you can do nothing. … If you abide in Me and My words abide in you, ask whatever you will, and it shall be done for you. In this is My Father glorified, that you bear much fruit and so you will become My disciples (John 15:5, 7-8).

> Always rejoice, unceasingly pray, In everything give thanks; for this is the will of God in Christ Jesus for you (1 Thessalonians 5:16-18).

> Being diligent to keep the oneness of the Spirit in the uniting bond of peace; One Body and one Spirit, even as also you were called in one hope of your calling; One Lord, one faith, one baptism; One God and Father of all, who is over all and through all and in all (Ephesians 4:3-6).

Confession brings about forgiveness and takes care of the conscience. The redemptive blood of Jesus Christ cleanses without the believer having to beg, strive or go through some mental application. Genuine cleansing occurs when a person is in fellowship with God, who is the source of life and light. The believer reigns in life as a son or daughter of God and can enjoy the riches of His kingdom, such as being supplied in all situations (e.g. all financial burdens and anxiety can be cast down at His feet as disclosed in 1 Peter 5:7), rest and peace, hope and joy, freedom from corruption and slavery to sin, righteousness and eternal life. The apostle Paul did not write about doctrine or religion. He experienced life and suffering. For example, he knew how to be abased (i.e. to be humbled in lowly circumstances) and how to abound (i.e. to live in abundance) as revealed in Philippians 4:12. However, he saw God in everything and knew the bountiful supply of the Spirit of Jesus Christ through petition and prayer (Philippians 1:19). He practised forgetting the things from the past (Philippians 3:13) and boasted in his weakness (2 Corinthians 11:30). Hence, it is not a matter of hoping that one's situation is different because satan has been defeated, but that Christ be magnified.

> According to my earnest expectation and hope that in nothing I will be put to shame, but with all boldness, as always, even now Christ will be magnified in

> my body, whether through life or through death. For to me, to live is Christ and to die is gain (Philippians 1:20-21).

> I am crucified with Christ; and it is no longer I who lives, but it is Christ who lives in me; and the life which I now live in the flesh I live in faith, the faith of the Son of God, who loved me and gave Himself up for me (Galatians 2:20).

As stated in chapter two (2.4.1), the ability of abusive partners to change is enormously hampered by their own well-intended yet unhelpful and misguided attempts to control the abuse (Jenkins, 1990: 55). However, a Christian-based programme propagates that change and transformation take place through the indwelling Holy Spirit in the human spirit. The believer experiences Christ Himself as the good land, which is outside the realm of religion, morality or the law (Lee, 1979b: 205). ARC purports that perpetrators of IPV can change, however, not as a result of their own strength or willpower but by their dependence on Christ. A person can read all the books in the world on how to manage anger, and it may be of little value (i.e. relying on the tree of knowledge of good and evil) as opposed to relying on the tree of life. Jesus did not come to give scriptural advice nor instruction on how to get along with a spouse, but He came to be the all-inclusive life-giving Spirit (Lee, 1979b: 203). The Lord Jesus stated, “I am the bread of life” (John 6:48). The tree of life does not have to be analysed or understood. It is merely a matter of having faith and being in fellowship with the Lord Jesus in order to have a clear sky and to see His throne, as depicted in Ezekiel 1:22, 26.

> And over the heads of the living creature there was the likeness of an expanse, like the sight of awesome crystal, stretched forth over their heads above. … And above the expanse that was over their heads was the likeness of a throne, like the appearance of a sapphire stone; and upon the likeness of the throne was One in appearance like a man, above it (Ezekiel 1:22-26).

The Lord’s presence is always with His throne, which is both in the third heaven and in our spirit. The throne above the crystal clear expanse indicates that whenever a person is dependent on Jesus and has God’s presence in their lives, they have “clear skies” in their Christian walk and will be under the authority of the throne. “Clear skies” means that there is no separation between God and the believer through sin and a defiled conscience. Also, being under the throne means that the believer does not need policemen or courts of law to rule over them, but rather that they are under the regulation of the life of God that dwells within their spirit, namely the Holy Spirit. The ultimate experience for a believer is to have a deep and personal relationship with Jesus and to live out God’s plan and purpose for their lives. To bring

glory to God through their thoughts, words and actions (Holy Bible: Recovery version, 2003: 1538 OT). Christ Jesus is the solution to all the problems of the world.

> The thief does not come except to steal and kill and destroy; I have come that they may have life and may have it abundantly (John 10:10).

6.2 Achievement of the aim of the current research

The gender paradigm has dominated BIPs and criminal justice policy for four decades (Dixon et al., 2012: 197), even though the social science data consistently find that contemporary BIPs which are predominantly based on the Duluth model seem to be relatively ineffective as a treatment strategy (Babcock et al., 2004: 1023; Babcock et al., 2016: 356; Canton & O'Leary, 2014: 207; Ehrensaft, 2008: 281; Haggård et al., 2017: 1040). Moreover, as exposed in chapter one (1.4), continuing to mandate men to attend such BIPs presents as a questionable practice, and it is time to explore different alternatives (Babcock et al., 2016: 421). Mandating perpetrators of IPV to programmes that have a small effect or poor outcomes may give victims a false sense of security and will have a negligible effect in countering the intergenerational cycle of violence. Therefore, it is imperative that intervention programmes designed for the perpetrators of IPV are effective in preventing family violence. Additionally, there is a dearth of empirically supported treatment for IPV perpetrated by women. Therefore, interventions addressing female-perpetrated violence need to be developed (Krieg Mayer, 2017: 244). The aim of the current study was to design and pilot a Christian-based intervention programme aimed at preventing the reoccurrence of IPV. ARC is gender-inclusive, theoretically sound, and provisionally evidence-based, based on the pilot study.

Faith-based programmes offer similar types of treatment programmes in addressing various social ills as secular programmes, the primary difference being some type of religious component embedded in the intervention (Dodson et al., 2011: 368). Social ills include substance abuse (e.g. Alcoholics Anonymous and Narcotics Anonymous), prostitution, which is often a human trafficking issue (e.g. Betel) and delinquent or criminal behaviour (e.g. Kairos Prison Ministry). Faith-based programmes "work" and reduce recidivism and have international acclaim for their efficacy (Dodson et al., 2011: 381). Research consistently finds that religious commitment is a source for enhancing beneficial outcomes such as well-being, hope, meaning, purpose, self-esteem and even educational attainment (Johnson, 2011: 182). Low self-esteem, lack of self-compassion and a lack of empathy are often associated with IPV, and therefore, a Christian-based programme can prove to be a bountiful source to promote healthy mentalising

and social information processing. Furthermore, a Christian-based programme can be replicated elsewhere around the world through, for instance, FBOs or churches.

6.3 Issues raised by the researcher

The only constant knowledge is the infallibility of the Bible, which is God-breathed by the omnipotent and omniscient Creator of the universe. “In the beginning was the Word, and the Word was with God, and the Word was God” (John 1:1).

> All Scripture is God-breathed and profitable for teaching, for conviction, for correction, for instruction in righteousness, That the man of God may be complete, fully equipped for every good work (2 Timothy 3:16-17).

The Almighty Father is all-knowing, the Son is the only reality (or truth), and the life-giving Holy Spirit is all-inclusive. In other words, all three Persons of the Trinity eternally coexist (i.e. at the same time from eternity past to eternity future) and coinhere or dwell in one another. Coinhere is a concept used to describe the unity and harmony of the Holy Spirit, emphasising that the three Persons are distinct but not separate entities and yet intimately connected and inseparable. “And the Word became flesh and tabernacled among us (and we beheld His glory, glory as of the only Begotten from the Father), full of grace and reality” (John 1:14). ARC is cost-effective (e.g. the programme can be run by volunteer networks), time-effective (e.g. eight sessions) and may foster a support system that is often lacking post-intervention due to the emphasis on faith. The nurturing of a church life may also counter the isolation typically found in abusive relationships. ARC has the potential to develop resilience and desistance from IPV through the transformative work of the Holy Spirit. ARC plants the seed, and God causes the growth (1 Corinthians 3:6). The statistically significant decrease in the levels of depression pre-test-post-test, especially with reference to Participant 5, as well as the promising shifts in anxiety, bears testimony to this fact. Faith does matter and could matter more. In the foreword of Johnson’s book, Arthur Brooks writes:

> “MORE GOD, LESS CRIME.” Many assume this cause-and-effect statement to be true. Others bridle against the idea claiming that faith does not enhance virtue or attenuate vice. Byron Johnson masterfully moves us beyond ideology in this debate and shows us the evidence (Johnson, 2011: vii).

Likewise, the current study provisionally confirms that faith does matter. A coordinated community response that includes FBOs, the church, and a coordinated system of services

(e.g. the CJS, social services, mental health services and substance abuse rehabilitation centres) towards the prevention of IPV is advocated. The researcher concurs with Callaghan et al. (2018: 1553), who state that children who witness IPV should be regarded as direct victims of partner abuse. Children's experience of IPV, in other words, their voices are underrepresented in the academic literature and professional services pertaining to IPV (Callaghan et al., 2018: 1551; Bernardi & Steyn, 2018: provisionally accepted). The current research evidenced that all victims of IPV, including the children of the perpetrators, endure immense pain and suffering even during protection order applications. Although none of the children in the current study were physically abused, there were reports that the children were fearful, confused, anxious, distant, angry and that their school performance was negatively affected. Children from hostile environments are in dire need of services, particularly counselling services, while the parents try to deal with IPV and/or are considering divorce. The CJS needs to take recognisance of the fact that there may be multiple victims of IPV in the family unit. The researcher would like to emphasise the following:

- Society needs a voice for men and fathers who experience IPV.
- A new emerging positive voice for fatherhood among adolescent boys is needed for them to aspire to become the best fathers.
- Mothers who lack parenting skills need to be helped.
- Intervention strategies that have dominated the BIP arena for four decades need to move beyond a patriarchal ethos.
- National and international directives need to be revisited to include the elimination of violence against women and children – and men.
- Men and women should respect the dignity and rights of one another so that one day, their children may fully express their God-given potential from generation to generation.

Violence ends with the perpetrators of violence. Advocacy for a healthier civil society needs to hold both men and women accountable for IPV. It is time to stop sugar-coating female-perpetrated violence. Studies indicate that IPV is gender symmetrical and often bidirectional (Straus, 2025: 89), as well as that the victimisation rates are similar for both sexes (Brå report, 2014: 2; Crime against women in South Africa, 2018: 18). Ignoring half or a substantial proportion of IPV perpetrators, in effect, is ignoring half or a substantial proportion of the problem. Male victims of partner abuse deserve the same level of respect and attention as female victims of IPV. Abused fathers should not be terrified to leave an abusive relationship lest they compromise on their children's well-being by leaving them with an unstable mother because society does not deem their predicament as serious.

6.4 Conclusions of the current research

The DSM-5 criteria for IED is designed to identify a more inclusive group of individuals with recurrent, problematic and impulsive aggression. It may be a critical step to inform prevention strategies for IPV because relatively few individuals are diagnosed and treated for IED, despite the efficacy of synergising both pharmacologic and cognitive-behavioural therapy in a single treatment (Coccaro, 2012: 585). It is of concern that biological and spiritual correlates of IPV have received little attention from theorists, practitioners and policymakers (Lee, 2015: 202; Murphy, 2013: 213). Biological markers are closely associated with IPV, and pastoral care is not new. Physiological, psychological, sociological and spiritual factors are not inherently incongruent but are rather interrelated and interdependent with one another. All individuals have their own unique circumstances. Moreover, human beings are tripartite having a body, soul and spirit - and are created in the image of the Triune God (i.e. the Father, the Son and the Holy Spirit) to receive (or contain) God and to communicate with God. Therefore, an effective model of intervention needs to consider all levels of functioning. As elaborated on in chapter two (2.2.5.4), violence results from a combination of biological, psychological, social and situational factors, but is not always reducible to one or the other. In addition, the spirit is an emergent property of all interactions and is capable of having an influence at all levels of functioning, specifically on the body and the soul, which includes the mind, emotion and will (Lee, 2015: 202). This *faux pas* or oversight in neglecting biological correlates and the spirit could well be a reason why existing BIPs continue to be marginally effective. The spirit is fundamental to well-being and human functioning.

A good theory should elucidate the interrelationships between a variety of variables (Rule & John, 2011: 92; Ryckman, 2013: 13). IPV is complex, and to provide a holistic explanation of this phenomenon, various theories were integrated and a bio-psycho-socio-spiritual causational and remedial model for IPV is proposed (Bernardi & Steyn, 2018: provisionally accepted). The model is parsimonious in the sense that it adequately provides constructs and assumptions necessary for an explanation of IPV (Ryckman, 2013: 14). Accordingly, a three-pronged explanation for the trajectory of IPV is suggested. To restate (a) the first tenet being insecure attachment and learning theory; (b) the second tenet being adverse situational factors (e.g. unemployment and alcohol abuse); and (c) the third tenet being weak internal (e.g. low self-esteem, a lack of empathy and self-control) and weak external control mechanisms (e.g. ineffective law enforcement). The model is coherent, logical and evidence-based (Rule & John, 2011: 92-93; Ryckman, 2013: 14-15). The current research is substantiated by a triangulation of sources, and therefore, the empirical validity of the model is elevated. The model has heuristic value and should stimulate and generate further research, theorising and deliberation.

The constructs are clearly and explicitly defined to facilitate the testability of the assumptions made (e.g. that the intervention was effective in decreasing depressive states). Perhaps most importantly, the model has applied value (Ryckman, 2013: 15; Steyn, 2012: vi). In other words, the proposed model is a theoretical framework for IPV and may lead to a new approach to IPV intervention (i.e. an alternative BIP to the predominant Duluth-type models).

Although the current study highlights that IPV is gender-inclusive, it is not intended to minimise the seriousness of IPV by reconstructing it as a crime of equal opportunity. Neither is it disputed that dedicated and protective services such as shelters for violence committed against women and children form an indispensable part of the crusade to prevent IPV and to ensure the safety of victims. The feminist movement has undeniably undertaken the mammoth task of raising public awareness regarding the austerity and intolerability of IPV and has initiated manifold measures and directives towards the prevention thereof. The current study does not underestimate the importance of empowering women through the networking of social support and legal advocacy. International directives that counter violence against women and children have invigorated a coordinated response to eliminate IPV, as well as have played a role of paramount importance in establishing multiple services in the war against family violence.

6.5 Recommendations for policy and practice

It is recommended that children who are subjected to IPV receive counselling post-intervention, where perpetrators are mandated to attend diversion, even if it is just one or two sessions in a group format. A manual for children victims of IPV could be designed and developed. Apart from the reality of the intergenerational transmission of violence, Callaghan et al. (2018: 1554) state that despite the clear evidence that children experience significant harm and pain in families where IPV takes place, they remain largely conceptualised as "witnesses" rather than "victims". Children do not witness IPV passively from a distance. They hear it, they see it, and they also bear the brunt of it and experience its aftermath, as attested to, for instance, by Joshua.

There should be strengthened partnerships among healthcare providers, social services and the CJS. For instance, (a) as discussed in chapter four (refer to 4.2.1.4 and 4.2.4) violence during pregnancy may be a more common problem than conditions which are routinely screened for; and (b) there is a consistent association between alcohol misuse and the perpetration and severity of physical violence in intimate relationships (Foran & O'Leary, 2008a: 1222; Foran & O'Leary, 2008b: 141), which suggests the imperative for substance abuse screening in IPV treatment settings, as well as IPV screening for individuals in

rehabilitation centres for alcoholism. In practice, it seems as if these two concomitant problems are usually treated as separate entities. A BIP that does not effectively address alcohol abuse will be limited in reducing recidivism.

In cases of child abuse, the removal and subsequent reunification with their biological parents is a salient example of effective social control (Messing, 2011: 155). Experts in the field confirm that child abuse frequently has an element of spouse abuse and that the threat of removing a child seems to be a good motivation for some parents to improve upon their parenting skills. Although the Children's Act 38 of 2005 makes provision for a parent to be removed from the family (refer to Section 46 (1) ix: 60), the data reveals that it is seldom practised because social services do not know where to place the parent. Resources should be made available to support the successful rearing of children in a home space that is free from violence. A social control system should be created that makes distinctions based on the assessment of risk factors and strengths rather than only on the relationship between the victim and the offender (Messing, 2011: 164). Programmes such as the Justice and Restoration Project in South Africa have proven to be highly effective and include all stakeholders in the restorative process (Hargovan, 2012: 19). The programme supports diversion before prosecution, thereby avoiding the possibility of a prison sentence and criminal record. Incarceration often mediates reoffending, whereas employment is a good predictor in countering recidivism. Therefore, the importance of case management and the inclusion of other supportive services in a BIP is highlighted in the current study.

Victims who have perpetrated violence should be given alternative interventions such as restorative mediation. Perpetrators often wise up regarding the law and may abuse the DVA by seeking a counter protection order when the victim retaliates on that once-off occasion, or when they have just had enough (Fall et al., 2014: ix). Magistrates normally rule on the evidence at hand, and what precipitated the incident is not usually considered relevant. Therefore, an assessment of each individual case that is referred for diversion is crucial. There would be little justice for a "victim" to be mandated to attend an eight or ten-week perpetrator intervention programme. Where the IPV is bidirectional, it could be beneficial if both parties attended the intervention.

Open group models are popular abroad and could be investigated when dealing with court-mandated referrals. It may be a worthy route to consider because it solves the problem of attrition rates and absenteeism, as well as offers a support group at the same time. Closed group models usually have a long waiting period before a candidate can join the group. IPV is usually emotionally charged, and the iron needs to be struck while it is hot, so to speak. It

would also be in the victim's best interest if the perpetrator or offender started treatment as soon as possible. Another benefit of an open group is that the "veterans" can mentor the newcomers.

> ***Donald****: So it's a kind of ever-flowing and ever-changing group of men. So you have people that are at different stages in the process of the group. Guys who have nearly completed, and guys that are kind of brand new. … An open group really allows group leaders to be a little more flexible (i.e. to address an issue that may arise during check-in) and if you are a skilled facilitator, you can really bring it back to the key topics that you are willing to address. … They have to attend a minimum of 24 group sessions which take place weekly and are two hours in duration. So it is about 48 hours of contact to be court-compliant.*

Magistrates and the clerks of the court dealing with DV need debriefing and extended leave if desired. The work is intensive, demanding and can be physically and emotionally draining. The public often takes advantage and tries to manipulate the system through lies or embellishments. Moreover, when the DVA is abused, a lot of time, energy, and resources are wasted. Of the 18 referrals from the court prior to piloting, only eight individuals had warranted applications in seeking a protection order. Another case in point is that when the system is abused, it lends itself to victims being revictimised. Participant 6's wife (i.e. the applicant or "victim") bore false testimony against him by declaring that he tried to kill her with an axe. Fortunately, her case was dismissed. But what if it was not? There should be more stringent consequences for those who seek protection orders with an agenda or who misuse the DVA. Although the DVA makes a provision that the applicant be prosecuted if he or she knowingly gives false information when applying for a protection order or when laying a criminal charge (Artz, 2003: 23), according to the research data, it is seldom applied. At best, if the parties are represented by lawyers, costs are sometimes awarded to the applicant if the applicant is guilty of perjury.

The current study confirmed that not only is employment conducive to individuals having a stake in conformity, but that female-perpetrated violence is often a form of humiliating a man who cannot provide financially for his family. It is imperative that more attention be given to employment opportunities and skills development programmes for both men and women. There are high levels of unemployment and exposure to violence, particularly among the youth of South Africa. However, services to address the trauma of violence experienced by the youth in South Africa are limited because of the widespread poverty that still exists. Thus, the healthy transition from adolescence to adulthood is severely compromised. In argument, Jefthas and Artz (2008: 51) state the following:

> This has serious implications not only for young people themselves but for society at large. What awaits us is a generation of people who have experienced high levels of crime and violence, who have often suffered physical and psychological damage, whose sense of security has been violated and, in some cases, whose education has suffered. Such youngsters are at high risk of themselves becoming involved in crime and violence, and may also not reach their full potential as productive adults. It is thus imperative that effective interventions are put in place to help South Africa's youth make a valuable contribution to society.

A comprehensive and integrated approach to the prevention of IPV is postulated and necessitates the incorporation of multilevel prevention strategies in conjunction with a family, community and church response towards the eradication of violence towards women, men and children. Many organisations, for example, in the public sector, provide an Employee Assistance Programme, which should include support for those who are experiencing IPV (see Terblanche, 2018: 506). Perpetrators of IPV need to be helped and not shunned or shamed. Hence, attending an intervention or treatment may become less stigmatised. It is also contended that ingrained maladjusted behavioural patterns such as IPV necessitate mechanisms for relapse prevention, such as support groups.

6.6 Recommendations for future research

For doctoral purposes, programme development usually includes piloting and refinement. Moreover, due to factors such as time and resource constraints, the developed intervention was not evaluated. New intervention models should not only be explored but also tested and comprehensively evaluated regarding their efficacy, especially the long-term effects of the intervention. The recovery from adverse life circumstances is a process, and longitudinal randomised clinical trials can be pursued to test the effectiveness of ARC in ameliorating IPV and recidivism. Further research avenues could include (a) children as direct victims of IPV; (b) biological linkages to IPV; (c) the role of impulsivity and empathy regarding IPV; and (d) deterrents of IPV.

6.7 Summary

Despite the literature consisting of an ensemble of different methodologies and measurement tools, there were abundant consistencies that could be extrapolated to substantiate the information compiled from the data. A sequential transformative research design was

implemented and involved completing the first phase, which was explorative, followed by a second phase, which entailed piloting the prototype intervention. The data sets from both phases were integral to the research project.

Research indicates that treatment programmes that focus on self-regulation skills and changing thought processes hold promise (Babcock et al., 2016: 363; Goldenson et al., 2009: 764; Holtrop et al., 2017: 1280), especially if the programmes include multiple services and a coordinated community response (Babcock et al., 2016: 365). Moreover, the developed Christian-based intervention programme for perpetrators of IPV pursues much more than merely trying to treat the symptoms or to re-educate and provide skills to abusive partners. ARC touches the spirit and, therefore, seeks transformation through the redemptive work of Jesus Christ, who defeated the devil in His humanity. The Holy Spirit is able to cultivate self-esteem, self-compassion, self-regulation, foster sobriety, lift the fog of depression and do superabundantly above all that one can ask or think. Additionally, a personal and intimate relationship with the Father provides a secure attachment, the Holy Spirit elevates the conscience (e.g. empathy is pivotal for the cessation of IPV), renews the mind and establishes forgiveness, which is the antidote to self-condemnation.

It is possible for perpetrators of IPV to desist from abusive behaviour because they are able to do all things in Christ who empowers them (Philippians 4:13). With God, all things are possible (Matthew 19:26). God is love, light and life. Turning to Him establishes a new confidence in being healed from the nefarious and pervasive problem of IPV that plagues millions of people around the world every day. The continued and repeated failure to overcome IPV results in guilt, shame and self-loathing. Hope that is deferred sickens the heart (Proverbs 13:12). But - Christ Jesus in us is the hope of glory by the power of the Holy Spirit (Colossians 1:27). Jesus Christ is not just a way. He is the way, and the truth, and the life (John 14:6).

> That Christ may make His home in your hearts through faith, that you, being rooted and grounded in love, May be full of strength to apprehend with all the saints what the breadth and length and height and depth are And to know the knowledge-surpassing love of Christ, that you may be filled unto all the fullness of God. But to Him who is able to do superabundantly above all that we ask or think, according to the power which operates in us, To Him be the glory in the church and in Christ Jesus unto all the generations forever and ever. Amen (Ephesians 3:17-21).

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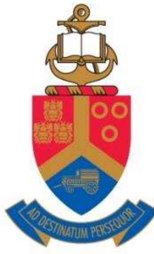
APPENDIX A: Consent forms



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0002

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CONSENT FORM FOR PARTICIPATING IN THE RESEARCH OF PHASE ONE

Researcher: Ms Delia Bernardi

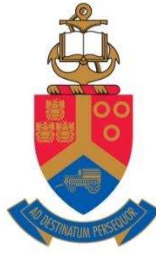
Dear Participant

Thank you for participating in the study. The Ethics Committees of the Faculty of Humanities (University of Pretoria) requires that the researcher ensures informed consent from all participants before commencing with the research.

1. **Purpose of the study:** The purpose of the study is to design and develop a Christian-based intervention programme for the perpetrators of intimate partner violence.
2. **Procedure:** The research will be conducted in the form of telephonic and personal interviews that may be voice recorded.
3. **Risks and discomforts:** The researcher can be contacted at any point in time in the event of discomfort or emotional distress as a result of taking part in the research project.
4. **Benefits:** Please note that there will be no financial compensation for participating in the research.
5. **Participant's rights:** Participation is voluntary and you have the right not to answer any question if you so choose. Furthermore, you may withdraw from the research at any point in time, upon which all information provided will be destroyed.
6. **Confidentiality:** The voice recordings will be transcribed for detailed analysis and any identifying details that may arise during the interview will be omitted from the verbatim transcripts to protect your identity. The published research will contain no identifying information that can be linked to you, your family, your place of employment, or reveal any other distinguishing details. The information provided will be kept in a secure place during the research process, used for research purposes only and will remain confidential.
7. **Right of access to the researcher:** In the event of any questions or concerns, the researcher can be contacted on the following cellular number: 083 407 2813.
8. **Storage of research data:** Once the study has been finalised, the data will be stored for archiving purposes in the Department of Social Work and Criminology for 15 years. The data will not be used for future research purposes.

I hereby consent to participate in the research and declare that I have read the consent form and understand the contents thereof.

Full Name:	Signature:	Date:



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CONSENT FORM FOR PARTICIPATING IN THE RESEARCH OF PHASE TWO

Researcher: Ms Delia Bernardi

Dear Participant

Thank you for participating in the study. The Ethics Committees of the Faculty of Humanities (University of Pretoria) requires that the researcher ensures informed consent from all participants before commencing with the research.

1. **Purpose of the study:** The purpose of the study is to design and test a Christian-based intervention programme for the perpetrators of intimate partner violence.
2. **Procedure:** The research will be conducted in the form of piloting the prototype intervention and its instruments. The research has been approved by the Department of Social Development and the National Prosecuting Authority.
3. **Risks and discomforts:** The researcher can be contacted at any point in time in the event of discomfort or emotional distress as a result of taking part in the research project. Arrangements for counselling/debriefing will be made.
4. **Benefits:** Please note that there will be no financial compensation for participating in the research.
5. **Participant's rights:** Participation is voluntary and you have the right not to answer any question if you so choose. Furthermore, you may withdraw from the research at any point in time, upon which all information provided will be destroyed.
6. **Confidentiality:** The published research will contain no identifying information that can be linked to you, your family, your place of employment, or reveal any other distinguishing details. All the information collected will be kept in a secure place during the research process. The information provided will be used for research purposes only and will remain confidential.
7. **Right of access to the researcher:** In the event of any questions or concerns, the researcher can be contacted on the following cellular number: 083 407 2813.
8. **Storage of research data:** Once the study has been finalised, the data will be stored for archiving purposes in the Department of Social Work and Criminology for 15 years. The data will not be used for future research purposes.

I hereby consent to participate in the research and declare that I have read the consent form and understand the contents thereof.

Full Name:	Signature:	Date:

APPENDIX B: Perpetrator semi-structured interview schedule

Section A: Introduction

Thank you for participating in the research. The aim of the research is to design and develop a Christian-based intervention programme for the perpetrators of intimate partner violence. The interview will focus on your experience of intimate partner violence (more commonly referred to domestic violence).

Before commencing with the interview, a signed consent form indicating your willingness to participate in the research is required. It also serves as a declaration that you are in full knowledge of the intention of the researcher and the purpose of the research endeavour.

Section B: Exploration of the perpetrator's experience of intimate partner violence

- What type(s) of abuse have you been accused of?
- What is the impact of the abuse?
- What normally precipitates an incident?
- Do you feel "bad" after an incident?
- What do you think is the cause of abusive behaviour?
- Do you think that alcohol or drugs play a role in abusive behaviour?
- Do you sometimes feel out of control?
- Do you have difficulty in saying "no", in other words, to assert yourself?
- How do you feel about yourself?
- Do you sometimes feel lonely, bored or depressed?
- Would you describe yourself as jealous or controlling?
- Describe your relationship with your father.
- Describe your relationship with your mother.
- Do you think that your childhood has influenced the way in which you relate to your partner?
- Would you attend a programme teaching nonviolence if it was readily available?
- Do you think that support groups would be helpful?
- If there is something that you can change, what would it be?

Section C: Termination of interview

Thank you for your time and honesty in discussing very sensitive issues. Your participation in the research is much appreciated. I would like to emphasise that all the information provided will remain strictly confidential.

APPENDIX C: Victim semi-structured interview schedule

Section A: Introduction

Thank you for participating in the research. The aim of the research is to design and develop a Christian-based intervention programme for the perpetrators of intimate partner violence. The interview will focus on your experience as a victim of intimate partner violence (more commonly referred to domestic violence).

Before commencing with the interview, a signed consent form indicating your willingness to participate in the research is required. It also serves as a declaration that you are in full knowledge of the intention of the researcher and the purpose of the research endeavour.

Section B: Exploration of the victim's experience of intimate partner violence

- Tell me a bit about your childhood.
- How would you describe your partner's childhood?
- What do you think is the cause of your partner's abusive behaviour?
- Do you think that you play a part in the abuse? If so, how?
- Have you noticed a pattern leading up to the abuse?
- Is your partner jealous? Explain.
- Is your partner controlling? Explain.
- Does alcohol or drugs play a role in the abuse?
- Describe the abuse (e.g. type of abuse, consequences, etc.).
- Have you tried to leave the relationship before? If so, what is your partner's reaction when you try to leave?
- Why do you stay or return to the relationship?
- Do you have confidence in the authorities or criminal justice system for protection? What resources are available for those who are involved in domestically violent relationships?
- Do you think that your partner would attend a programme teaching nonviolence voluntarily if it was readily available?
- Do you think that your partner can change?
- What is your plan of action from here?

Section C: Termination of interview

Thank you for your time and honesty in discussing matters that must be very difficult for you. Your participation in the research is much appreciated. Furthermore, I would like to emphasise that all the information provided will remain confidential.

APPENDIX D: Service provider semi-structured interview schedule

Section A: Introduction

Thank you for participating in the research. The aim of the research is to design and develop a Christian-based intervention programme for the perpetrators of intimate partner violence. The interview will focus on your general experience with the phenomenon of intimate partner violence (more commonly referred to domestic violence), as well the resources that are available for abusive partners.

Before commencing with the interview, a signed consent form indicating your willingness to participate in the research is required. It also serves as a declaration that you are in full knowledge of the intention of the researcher and the purpose of the research endeavour.

Section B: Assessment of available programmes for the perpetrators of intimate partner violence

- What percentage of your clientele experience domestic violence?
- Do abusive partners readily come for help, or is it more for reasons such as to appease a partner, or treatment being mandated?
- What would you attribute the root cause of abusive behavioural patterns to be?
- Are men predominantly abusive, or are they more inclined to be on the radar of the authorities? And if so, why?
- What types of programmes are available (e.g. couple counselling, anger management, workshops, awareness campaigns etc.)?
- What programme(s) or service(s) do you render for the perpetrators of domestic violence and what do they entail (e.g. number of sessions, content, etc.)?
- Are attrition rates high, or is the programme well attended?
- In your opinion what are the main factors that influence the regular attendance and completion of a programme?
- What percentage of the programme needs to be attended before it warrants completion?
- What are the shortfalls of current interventions?
- What are the success rates? In other words, is recidivism assessed, and if so, how?
- What is the victim’s experience of the intervention?

Section C: Termination of interview

Thank you for your time. Your participation in the research and input during the interview is much appreciated.

APPENDIX E: Criminal justice system semi-structured interview schedule

Section A: Introduction

Thank you for participating in the research. The aim of the research is to design and develop a Christian-based intervention programme for the perpetrators of intimate partner violence. The interview will focus on your general experience and perception of the Domestic Violence Act (116 0f 1998), as well as your stance on alternative dispute resolution mechanisms.

Before commencing with the interview, a signed consent form indicating your willingness to participate in the research is required. It also serves as a declaration that you are in full knowledge of the intention of the researcher and the purpose of the research endeavour.

Section B: Professional assessment with regard to policy, diversion and non-custodial sentencing

- What is your interpretation of the Domestic Violence Act (e.g. its efficiency in protecting the victims of abuse)?
- In your opinion, does legislation ameliorate the occurrence of domestic violence, and if so, how?
- What are the limitations in applying the Act (e.g. heavy caseloads, inadequate time for clerks to consult with applicants, adequate training, police negligence and lack of resources)?
- What measures are taken when the issuing of a protection order is compromised by factors such as literacy, language, geographic location and financial status?
- Is there to some extent evidence of the “domino effect”, in other words, is the case against an accused weakened when police statements, application forms and witness statements are poor, missing or illegible?
- Would you say that the definition of abuse as outlined in the Act is too broad?
- Are most interim protection orders that are applied for granted?
- Does the applicant normally appear on the Return Date?
- What happens when the applicant does not appear on the Return Date?
- What happens in the absence of the respondent on the Return Date?
- How are withdrawals of the interim protection order and the final protection order by the complainant dealt with?
- Are domestic violence hearings ever postponed, and if so why, and what is the implication?
- How is economic, sexual or emotional abuse evaluated or measured?
- What constitutes imminent harm and undue hardship? How is the urgency dealt with?

- Is there an emphasis on physical abuse, and if so, is the object of ensuring protection against all forms of abuse compromised?
- What information is crucial in an application to make an informed decision?
- Are magistrates aware that the breakdown or dissolution of an abusive relationship puts the applicant at risk of harm, and if so how is it addressed?
- Is the Domestic Violence Act sometimes misused to further a hidden agenda pertaining to, for example, a divorce, or custody proceeding?
- Are counter protection orders on the increase, and if so, what are the implications?
- Can the applicant be prosecuted, if he or she knowingly gives false information when applying for a protection order, or when laying a criminal charge?
- Is perjury taken seriously, and if so what are the consequences?
- Are there often breaches where both parties have been abusive towards each other, and if so, how is it dealt with?
- Is the Domestic Violence Act well drafted with regard to sentencing?
- Is it difficult to balance the needs of the victim against the contravention of a protection order, and if so, why?
- If socioeconomic security is compromised by a conviction (e.g. if the offender is the breadwinner), what are the alternatives to incarceration?
- What is your viewpoint with regard to diversion and non-custodial sentencing?
- What is your standpoint with regard to restorative justice principles (e.g. victim-offender conferencing) in cases of domestic violence?
- What are the time constraints for a pre-sentence report?
- In your opinion, does diversion or other ADRMs assist in sentencing options?
- Do you think that intervention programmes for the perpetrators of domestic violence could improve access to justice for the victims of interpersonal violence?

Section C: Termination of interview

Thank you for your time. Your participation in the research and feedback during the interview is much appreciated.

APPENDIX F: Client intake assessment form

Client intake assessment form (tick ✓ where applicable) **Date:**

1. Name:	

2. Age:	years

3. Population group:	Black		Indian	
	Asian		Coloured	
	White			

4. Nationality:	South African		Non-South African	

5. Marital status:	Single		Married		Separated	
	Divorced		Widowed		Partnered	
	Live-in union					

6. Highest qualification:	Grade		Diploma/Certificate	
	Degree			

7. Employed	Yes		No	

8. If employed, what is the nature of the work:

9. Household status:	Low income		Middle income	
	High income		Mixed income	

10. Children:	Yes		No	

11. Number, sex and age of child(ren):

12. Type of area mainly grown up in:	City/urban		Rural/small town	
	Informal settlement/township			

13. Mainly raised by:	Both mother and father		Mother only	
	Father only		Relatives	
	Other:			

14. Abusive childhood:	Yes		No	

15. Type of abuse (if applicable):	Child abuse		Witness of domestic violence	
	Both			

16. If child abuse is relevant, indicate the types:	Physical		Psychological	
	Sexual		Neglect	

17. Brief description (e.g. who perpetrated the violence):

18. Ever seen a counsellor or traditional healer, if so comment (e.g. if it was helpful):	Yes	
	No	

19. Alcohol abuse:	Yes		No	

20. Substance abuse (if so, which drug):	Yes		No	

21. Chronic medication (if so, for what):	Yes		No	

22. Indicate the length of the abusive relationship (i.e. years):

23. Role:	Perpetrator		Victim	
	Both			

24. If you indicated both, explain (e.g. defending yourself, or provoked):

25. Type of abuse:	Physical		Verbal	
	Both		Other:	

26. Indicate if the following forms of abuse also occur:	Economic (e.g. withholding money)		Social (e.g. being isolated from family and/or friends)	
	Destruction of property		Threats/Intimidation	
	Spiritual (i.e. abuse is biblical)		Cultural (i.e. abuse is part of tradition)	

27. Indicate when the abuse started:	Dating		Moved in together or got married	
	Pregnancy		Job loss/Unemployment	
	Threats of leaving or a break-up		Other (e.g. birth of first child):	

28. Would you describe yourself as controlling?	Yes		No	

29. Is jealousy an issue?	Yes		No	

30. Have children been present during an incident?	Yes		No	

31. Are the children afraid of you?	Yes		No	

32. Have the children ever been injured?	Yes		No	

33. Do family members or others know about the abuse?	Yes		No	

34. If so, who? Were family members or others helpful? Family: Friends: Co-workers: Clergy:

35. Has the abuse been reported to the authorities before?	Yes		No	

36. If so, what was the outcome?

37. The most recent outcome:	Charge laid		Charge dropped	
	Interim protection order		Protection order	
	Other:			

38. Have you tried to stop the abuse?	Yes		No	

39. If so, how?

40. Describe the worst incident:

41. When was the last incident?

42. The abuse takes place:	Seldom		Sometimes	
	Often			

43. Has the abuse become more frequent?	Yes		No	

44. Has the abuse become more severe?	Yes		No	

45. The abuse takes place:	Once or more a week		Once or more a month	
	Once or more a year			

46. Briefly comment on the impact of intimate partner violence (i.e. injuries sustained, health/emotional problems). Partner: Children: Yourself:

47. What do you expect from attending the programme?

48. Religious involvement:	

49. Health status:	

APPENDIX G: DASS21 pre-post-test

DASS21 (Pre-post-test)	**Name:**	**Date:**

Please read each statement and tick ✓ a number which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0 = Never (Did not apply to me at all).
1 = Sometimes (Applied to me to some degree, or to some of the time).
2 = Often (Applied to me to a considerable degree, or a good part of the time).
3 = Always (Applied to me very much, or most of the time).

		N	S	O	A			
1.	I found it hard to become calm.	0	1	2	3			
2.	I was aware of dryness of my mouth.	0	1	2	3			
3.	I couldn't seem to experience any positive feeling at all.	0	1	2	3			
4.	I experienced difficulty in breathing (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).	0	1	2	3			
5.	I found it difficult to work up the initiative to do things.	0	1	2	3			
6.	I tended to over-react to situations.	0	1	2	3			
7.	I experienced trembling (e.g. in the hands).	0	1	2	3			
8.	I felt that I was using a lot of nervous energy.	0	1	2	3			
9.	I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3			
10.	I felt that I had nothing to look forward to.	0	1	2	3			
11.	I found myself getting agitated.	0	1	2	3			
12.	I found it difficult to relax.	0	1	2	3			
13.	I felt down-hearted and sad.	0	1	2	3			
14.	I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3			
15.	I felt I was close to panic.	0	1	2	3			
16.	I was unable to become enthusiastic about anything.	0	1	2	3			
17.	I felt I wasn't worth much as a person.	0	1	2	3			
18.	I felt that I was rather touchy.	0	1	2	3			
19.	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).	0	1	2	3			
20.	I felt scared without any good reason.	0	1	2	3			
21.	I felt that life was meaningless.	0	1	2	3			
	TOTALS:					**D**	**A**	**S**

APPENDIX H: Client post-test questionnaire

Client post-test questionnaire (tick ✓ where applicable) The rating scale is as follows:

A = Agree

SA = Strongly Agree

N = Neutral

D = Disagree

SD = Strongly disagree

	A	SA	N	D	SD
Human beings consist of three parts.					
It is better to blame someone else for one's actions.					
There are many forms of abusive behaviour.					
Children are not affected when they experience abuse or witness abuse.					
Abusive behaviour has serious consequences for all who are involved.					
Abusing alcohol or drugs is not problematic.					
Timeout is an effective tool to divert abusive behaviour.					
There is only one emotion, namely, anger.					
To forgive those who have hurt us helps one to move forward.					
When my partner does not answer the phone, it is disrespectful.					
It is important to apologise for wrongful behaviour and to mean it.					
Jesus has already won the victory for every individual.					
It is good to control someone else.					
Assertive behaviour improves communication.					
It is important to communicate how one feels.					
Negative thoughts are not always facts.					
It is better to argue than to listen.					
I am a very important person.					
I am responsible for my behaviour.					
I can do all things in Christ who strengthens me.					
When I hurt others, I need to repent and confess.					
To repent means to turn towards God.					
I found the programme helpful.					

(a) The following was most helpful.

____

____

(b) The following was not beneficial and I suggest the following changes.

____

____

APPENDIX I: Letters of authorisation and ethical clearance

the doj & cd

Department:
Justice and Constitutional Development
REPUBLIC OF SOUTH AFRICA

REGIONAL OFFICE: GAUTENG

Private Bag X 6, JOHANNESBURG, 2000 • 94 Pritchard Street, Schreiner Chambers, Johannesburg, Tel (011) 332 9109 Fax 086 977 045

Ref: 1/1
Enq: Ms N Maanda
E-mail: NMaanda@justice.gov.za

27 May 2015

FOR ATTENTION: Head of the Court, Area Court Manager and Court Manager

RE: RESEARCH PROPOSAL FOR A DOCTORAL PROGRAMME DESIGNED FOR THE PERPETRATORS OF DOMESTIC VIOLENCE.

The above matter bears reference.

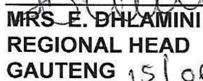
1. The Department of Justice and Constitutional Development Regional Office-Gauteng received a proposal from Delia Bernardi to conduct a research for her doctoral program designed for the perpetrators of domestic violence.

2. Our office has considered such a request and wishes to inform you that the Department is granting access to the relevant courts and also wish to indicate that we should be afforded an opportunity to engage with you in the process of introducing you to the relevant courts.

3. Please note that an engagement with the NPA would require you to engage with them directly through the office of the National Director for Public Prosecutions.

4. The Department wants to engage with the findings prior to the findings being made public to avoid any misinformation that may occur.

Yours in services



MRS E. DHLAMINI
REGIONAL HEAD
GAUTENG 15/06/2015

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Enquiries: Dr Sello Mokoena
Tel: 011 355 7855
File No: 2/9/53

Dear **DELIA BERNARDI**

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research in the Gauteng Department of Social Development.

Your application on the research **"The design and development of a Christian-Based intervention programme for perpetrators of intimate partner violence"** has been considered and approved for support by the Department as it was found beneficial to the Department's vision and mission. The approval is subject to the Departmental terms and conditions as endorsed by you on the 27/02/2017.

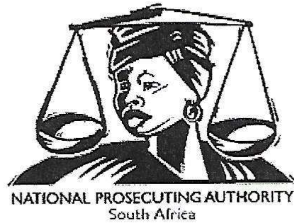
May I take this opportunity to wish you well in the journey that you are about to embark upon.

We are looking forward to a value adding research and a fruitful co-operation.

With thanks.

Ms. WR Tshabalala
Head of Department: Social Development
Date: 23/3/2017

Administration



Enquiry: Mr. Chris Griffiths
Email: cgriffiths@npa.gov.za
Phone: 0128456896
Date: 24/05/2017

Tel: +27 12 845 6000

Victoria & Griffiths
Mxenge Building
123 Westlake Avenue
Weavind Park
Pretoria

P/Bag X752
Pretoria
0001

Corporate Service Centres:

- Finance & Procurement
- Human Resources
- Development & Management
- Information Management
- Research & Policy Information
- Risk & Security

Ms. Delia Bernardi
92 Estania
1185 Woodlands Drive
Queenswood
0186

RE: SUPPORT OF A REQUEST TO CONDUCT RESEARCH IN THE NATIONAL PROSECUTING AUTHORITY (NPA) (PRETORIA AREA)

Dear Ms. Bernardi

Thank you for showing interest in conducting research in the NPA. The purpose of this letter is to inform you that your request for support to conduct research within the NPA (Pretoria Area) has been approved.

The NPA appreciates that the topic has been approved by the Faculty of Humanities Research Ethics Committee in the University of Pretoria. Please consider and/or adhere to (whichever is applicable) the below-mentioned in support of your research:

1. The request is supported by the Acting Director of Public Prosecutions: North Gauteng of the NPA and it should be noted and understood that information about the work can only be utilised with the NPA's explicit written approval and permission.

2. The research request focuses on "The development and evaluation of a psycho-spiritual intervention programme for perpetrators of intimate partner violence" and therefore the policies and Acts that govern it.

3. Support to conduct research is only limited to piloting a psycho-spiritual intervention programme for perpetrators of intimate partner violence at the Pretoria North District Court.

4. The study endeavours to design, develop, implement and evaluate an intervention programme aimed at curtailing intimate partner violence.

5. Upon completion of the research project, it is suggested that a copy of the report be sent to the NPA for perusal and approval. This is specifically to prevent the inappropriate interpretation and publication of the latter mentioned information.

6. It is also suggested that in the event of the author publishing an article on research which contains NPA information, it be approved by the NPA.

7. Please inform the Acting Director of Public Prosecutions: North Gauteng of the date of the first group meeting prior to hosting the meeting.

8. This research support letter is valid for 2 years from the date of approval by the Deputy National Director of Public Prosecutions: Administration and OWP. You will need to re-apply for approval in case your research exceeds the above-mentioned timeframe.

In your case there will be no need to complete FORM A, which is the request for access to records of a Public Body, Section 18(1) of the Promotion of Access to Information Act, 2000, since your research study involves piloting an intervention programme.

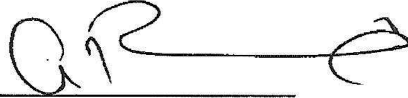
Kindly keep the NPA informed about further developments on this research and please send your response to the NPA Researcher on the following details:

RE: APPROVAL OF A REQUEST TO CONDUCT RESEARCH STUDY: MS. D. BERNARDI 2017/05/24

Name: Ms. Marthi Alberts

Telephone number: 012 845 6275

E-mail address: MDuPlessis@npa.gov.za

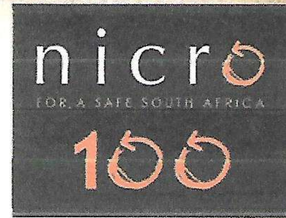


Dr. Silas Ramaite SC

Deputy National Director of Public Prosecutions: Administration and OWP

Date: 26/05/2017

RE: APPROVAL OF A REQUEST TO CONDUCT RESEARCH STUDY: MS. D. BERNARDI 2017/05/24



NICRO [Association Incorporated under Section 21]
Registration Number: 2006/032333/08
NPO Registration No. 003-147 NPO

Enquiries: Betzi Pierce
Reference: NICRO Research Approvals

Dr Francois Steyn
University of Pretoria

10 September 2015

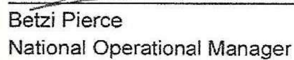
Dear Dr Steyn

RE: DELIA BERNARDI, ID NO 611121 0165 08 9

I hereby confirm that NICRO has given approval to MS Delia Bernardi to access NICRO's staff for her proposed research in terms of "Development and evaluation of a psycho-spiritual intervention programme for perpetrators of intimate partner violence".

We requests that Ms Bernardi share her research findings with NICRO at completion of the study, either by presenting it to our staff in the Pretoria office or sending us a link to the published research for our records.

Kind regards



Betzi Pierce
National Operational Manager

Chairperson: Judge Nathan Erasmus | Vice Chairperson: Ms Elada Yeralemou | Treasurer: Mr Frederick Klotz | Director: Mr Lungile Jama
Director: Ms Maria Coetzer | Director: Ms Lois Hardy | Executive Director: Ms Soraya Solomon | Deputy Executive Director: Ms Cecilia Dawson

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

To:
University of Pretoria
Department of Humanities Ethics Committee

19 August 2015

Dear Sir/Madam,

I hereby agree to be interviewed concerning Khulisa's Justice and Restoration Programme (JARP) concerning Domestic Violence.

If you have any matters concerning the above that requires clarity please feel free to contact me

Kind Regards,

George Lai Thom

George Lai Thom | Head: Department for Restorative Justice, Conflict Resolution and Peacemaking I National Advisor

KHULISA SOCIAL SOLUTIONS | **South Africa**

TEL: +27 (0)11 788 8237 FAX: +27 (0)11 788 3353: Cel: 073 276 4539

HEAD OFFICE - 7th Floor, The Mall Offices, 11 Cradock Avenue, Rosebank, 2196, Gauteng, South Africa

P O Box 412560, Craighall, 2024, Gauteng, South Africa

www.khulisa.org.za george@khulisa.org.za

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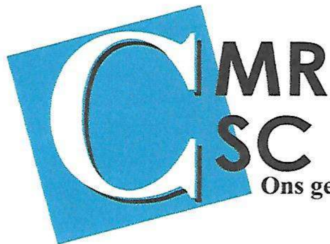


CHRISTELIK-MAATSKAPLIKE RAAD
CHRISTIAN SOCIAL COUNCIL

PRETORIA NOORD

015 - 918 NPO

19 August 2015

deliab@mweb.co.za

TO WHOM IT MAY CONCERN

I hereby confirm that I give consent to be interviewed by Delia for the purpose of her research " The development and evaluation of a psychospiritual approach toward intervention for the perpetrators of domestic violence."

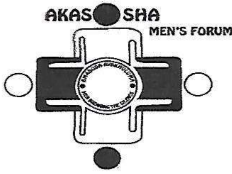
I am a social worker employed by the Christian Social Council: Child Protection Centre.

Bernadine Human
Senior Social Worker
Reg. No. 10-10581

NG Kerk/church Onderstepoort
Eeufeesstraat/Street 377
PRETORIA NOORD

Posbus/PO Box 52471
DORANDIA
0188

Tel: (012) 546-0650
Faks/Fax: (012) 546 0651
E-pos/Email ptanoord@cmrn.co.za



7382/1 Ext 3 Soshanguve South
P.O Box 2884, Rosslyn 0220
Cell: 072 755 9078 / 076 300 3788
Email: akasoshamf@gmail.com
Date: 21/08/2015

REG.NO. 061 -873 NPO / PBO EXEMPTION NO: 930039089

APPROVAL TO BEING INTERVIEWED FOR RESEARCH PROJECT CONCERNING DOMESTIC VIOLENCE.

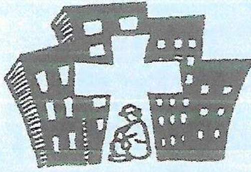
To whom it may concern:
Dear Sir/Madam

Akasosha Men's forum grants Delia permission to conduct interviews with Akasosha Men's Forum staff and management. We confirm that Akasosha Men's Forum is a Victim Empowerment NPO. We work with the victims and the perpetrators of Domestic Violence and Gender Based Violence. We therefore assure you that we are prepared to be interviewed given that we will be told beforehand of the appointments. Thank you.

Kind regards:
C.K Ramushu (Social Worker)

In partnership

GAUTENG PROVINCE



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P O BOX 11047
THE TRAM SHED
PRETORIA
0126

TEL. (012) 320 2123
FAX: (086) 679 9239
info@tlf.org.za
www.tlf.org.za

NPO no. 028-040-NPO

K2013034434 (South Africa) NPC
Trading as
Tshwane Leadership Foundation

Reg No 2013 / 034434 / 08

ESTABLISHED IN 1993 AS
PRETORIA COMMUNITY
MINISTRIES

Programme Coordinator
The Potter's House
288 Burgers Park Lane
Pretoria Central

01 September 2015

Department of Social Work and Criminology
Hillcrest
Pretoria
0002

Dear Sir/Madam,

RE: Authorization for Ms Delia Barnardi (Doctoral student at University of Pretoria) to Conduct Research at The Potters House in 2015-2016)

This letter serves to confirm that we grant Ms **Delia Barnardi** permission to conduct her research at the Potters House on the topic:

"A psycho-spiritual intervention programme for the perpetrators of intimate partner violence"

Please feel free to contact us if you should require further information from our organization in order to assist **Ms Barnardi** in her research.

Yours Sincerely

Leah Zeidler (Programme Coordinator)

flourishing in God's presence.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

5 September 2015

Dear Prof Lombard

Project:	**Development and evaluation of a psychospiritual intervention programme for perpetrators of intimate partner violence**
Researcher:	**DA Bernardi**
Supervisor:	**Dr F Steyn**
Department:	**Social Work and Criminology**
Reference number:	**80378252 (GW20150909HS)**

Thank you for the **well written** application that was submitted for ethical consideration.

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** on 1 October 2015. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Karen Harris
Acting Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:Karen.harris@up.ac.za

Kindly note that your original signed approval certificate will be sent to your supervisor via the Head of Department. Please liaise with your supervisor.

Research Ethics Committee Members: Prof KL Harris(Acting Chair); Dr L Blokland; Dr JEH Grobler; Ms H Klopper; Dr C Panebianco-Warrens; Dr C Puttergill; Prof GM Spies; Dr Y Spies; Prof E Taljard; Ms KT Andrew (Committee Admin), Mr V Sithole (Committee Admin)