

**THE PSYCHOLOGICAL WELLBEING OF LATE ADOLESCENT/YOUNG ADULT  
FEMALES AFFECTED BY INTIMATE PARTNER VIOLENCE IN MAMELODI  
TOWNSHIP**

**By**

**THABISO MARIA MOSELE DITHIPE**

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**Supervisor**

**DR LINDA BLOKLAND**

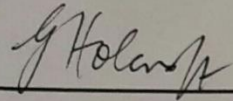
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## EDITOR'S LETTER

To Whom It May Concern

This is to certify that I, Glenda Holcroft, have carried out the language editing of the Master's thesis submitted by Thabiso Maria Mosele Dithipe, Student number: 11160111

Title: The psychological wellbeing of late adolescent/young adult females affected by intimate partner violence in Mamelodi Township.



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Glenda Holcroft, BA (Hons.) (English) University of Pretoria

MA (Linguistics) University of Stellenbosch

18/11/2017

**AUTHOR'S DECLARATION**

I, Thabiso Dithipe of student number (11160111), declare that I am the sole author of this dissertation and that I have not previously presented any of the material contained herein. All sources I have used or quoted have been acknowledged by means of complete references.

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SIGNATURE

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DATE

## ACKNOWLEDGMENTS

First and foremost, I would like to thank God who endowed me with the ability, competence and motivation to complete this research.

Secondly, I wish to express my most sincere gratitude to the following people whose contribution made this study a success:

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## **DEDICATION**

I dedicate this dissertation to my father Rev. John Dithipe, and my mother Mrs. Julia Dithipe who have always encouraged me to call unto God for guidance and strength and repeatedly instilled the values of hard work and perseverance that I now uphold. And to my late aunt Mrs. Elisa Letshabo, whose encouragement, love and support will never be forgotten.

## ABSTRACT

The aim of this research was to explore how late adolescent/young adult females in Mamelodi township experience the dimensions of psychological well-being following intimate partner violence. To achieve the aim and the related objectives, the eudaimonic perspective was adopted as the theoretical framework to guide the study. The method followed was a qualitative phenomenological approach. Data was gathered using semi-structured interviews, and themes were generated using interpretative phenomenological analysis (IPA). Three late adolescent/young adult females who had been affected by intimate partner violence were interviewed. These females were receiving psychotherapy at Itsoseng Psychological Clinic in Mamelodi. The study findings show that intimate partner violence experienced by late adolescent/young adult females includes emotional, physical and sexual abuse. The findings also show that intimate partner violence does have an impact on an individual's experience of psychological well-being. In dealing with the difficulties of intimate partner violence, these late adolescent/young adult females used different coping strategies which were found to be ineffective. The psychotherapy offered at Itsoseng Psychological Clinic was found to have played an important role in the healing process of these late adolescent/young adult females. Therefore, psychotherapy is indicated for those who are experiencing and have experienced intimate partner violence.

Key concepts: Psychological Well-being, Intimate Partner Violence, Late Adolescence/young adulthood, Mamelodi Township, Itsoseng Psychological Clinic, Eudaimonic perspective, Interpretative Phenomenological Analysis (IPA).

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## Chapter One

### Background of the study

Intimate partner violence is one of the major challenges facing young people in South Africa (Makongoza, Nduna, & Dietrich, 2015). Intimate partner violence includes physical, sexual and emotional or psychological violence (Makongoza et al., 2015). Makongoza et al. (2015) report that three out of ten adolescent males report having beaten or raped their partners. Mahlangu, Gevers, and de Lennoy (2014) found in addition that women who are abused by their partners suffer greater levels of anxiety, depression and phobias than women who have not been abused. Severe intimate partner violence during late adolescence/young adulthood may in fact result in physical injuries, trauma, STIs, depression, anxiety and PTSD (Mahlangu et al., 2014).

Late adolescence/young adulthood is regarded as a period of transition between childhood and adulthood, and disturbances during this period may result in dire consequences for the individual's well-being (Louw & Louw, 2014; Mahlangu et al., 2014). Mahlangu et al. (2014) state further that this is the phase that sets a tone and influences one's future progression into adulthood. Therefore, experiencing any form of violence during this phase may hinder one's developmental progress and psychological well-being (Mahlangu et al., 2014).

This study was conducted at Itsoseng Psychological Clinic in Mamelodi Pretoria. Mamelodi is a black township situated outside of Pretoria. The community in Mamelodi is predominantly of low socio-economic status (Ruane, 2010). According to Mazibuko and Umejese (2015), townships like Mamelodi have experienced excess

population growth since the end of the apartheid regime in 1994 but have remained economically poor. Mamelodi experiences a high rate of alcohol abuse, gangsterism, robbery, rape, murder and a general prevalence of patriarchy, and these social issues in the community are believed to affect spousal and intimate partner relationships (Mazibuko & Umejese, 2015). The values of masculinity in the Mamelodi context have taken priority over respect for gender equality; for example, women abuse has become associated with a masculine identity, and in many instances the rape and abuse of women have become a status symbol in this township (Mazibuko & Umejese, 2015). Mazibuko and Umejese (2015) add that it is in terms of these values of masculinity that violence against women is idealized. This may serve to explain why relationship problems and abusive partner referrals are among the top five problems reported at Itsoseng Psychological Clinic in Mamelodi (Eskell-Blokland, 2014).

### **Presenting the problem**

Exposure to intimate partner violence may have dire consequences for those who are affected. These consequences include physical harm such as bruises to the neck and face, gynaecological stress, central nervous system problems such as headaches and seizures, and psychological problems such as low self-esteem, depression and anxiety (Campbell et al., 2002; Lagdon, Armour, & Stringer, 2014; Li et al., 2014). Therefore, it can be deduced that intimate partner violence has a negative impact on the psychological well-being of those affected.

Louw and Louw (2014) describe the transition from adolescence to adulthood as very important. Mahlangu et al. (2014) also indicate that any disturbances during this

period, such as experiencing abuse from a partner, may have adverse effects on one's psychological well-being. Late adolescence/young adulthood is an important period for establishing the foundations of one's future physical and psychological health (Stockl, March, Pallito, & Garcia-Moreno, 2014). According to Stockl et al. (2014), experiencing intimate partner violence during late adolescence/young adulthood has a negative impact on the physical as well as the psychological well-being of the victims.

Intimate partner violence is a problem in townships like Mamelodi (Mazibuko & Umejesi, 2015). This is clearly seen in the number of intimate partner violence cases encountered at Itsoseng Psychological Clinic (Eskell-Blokand, 2014). Through this study, the author hoped to gain an understanding of how late adolescent/young adult females in Mamelodi Township experience the dimensions of their psychological well-being in the aftermath of an abusive relationship.

### **Aim of the study**

The aim of this study was to gain an understanding of how late adolescent/young adult females from Mamelodi Township experience the dimensions of psychological well-being following intimate partner violence.

### **Objectives of this study**

The following objective was formulated on the basis of the aim of this study:

- To qualitatively explore how intimate partner violence affected the manner in which the participants in this study experience the following dimensions of psychological wellbeing:
  1. Self-acceptance
  2. Positive relations with others
  3. Autonomy
  4. Environmental Mastery
  5. Personal Growth
  6. Purpose in life

### **Research Question**

This study attempted to answer the following research question:

- How do late adolescent/young adult females affected by intimate partner violence experience the dimensions of psychological well-being?

### **Rationale for and significance of the study**

Although a number of studies have been conducted in the South African context in relation to intimate partner violence (Flisher, Myer, Mèrais, Lombard, & Reddy, 2007; Makongoza et al., 2015, Mazibuko 2016; Russel et al., 2014;), there seems to be a limited number of studies conducted in the Mamelodi township that focus on this matter, particularly amongst the youth. Therefore, it is expected that the information obtained from this study will provide health practitioners that work at Itsoseng

Psychological Clinic with sufficient and rich knowledge of the consequences of intimate partner violence amongst late adolescent/young adult females. In addition, this study will contribute to the existing literature related to the psychological impact of intimate partner violence in late adolescent/young adults in the South African context.

### **Definition of key concepts**

The key concepts used for this study are defined below.

**Psychological wellbeing** is defined as consisting of a positive sense of autonomy, personal growth, self-acceptance, purpose in life, environmental mastery, and positive relations with others (Ryff & Singer, 1996).

**Late adolescence/young adulthood.** According to Mahlangu et al. (2014), late adolescence/young adulthood starts with puberty and ends when young people begin to transition into adulthood; this includes people between the ages of 18 and 24.

**Intimate partner violence.** The literature (Glass et al., 2003; Stockl et al., 2014; Yalch, Lannert, Hopwood, & Levendosky, 2013) defines intimate partner violence as violence which can be physical (e.g. punching), sexual (e.g. rape) and/or psychological (e.g. humiliation) against a woman or a man within a dating relationship.



## **Summary and overview of the study**

This chapter (1) discussed the background to the study, and the presenting problem. The aim and objectives of the study were also described, and the study rationale was provided. The remaining five chapters are organized as follows:

Chapter 2 is based on a literature review of studies on intimate partner violence, psychological well-being, and the theoretical framework on which this study is based. Chapter 3 discusses the methods used to achieve the aim and objectives of the study. Data analysis (with results) is presented in Chapter 4, with the generated themes and direct quotations. Chapter 5 presents and discusses the themes generated from the interviews with reference to existing literature. Lastly, Chapter 6 summarizes the results, concludes the study and also presents the researcher's reflections. Recommendations based on the study findings are also provided.

## **Chapter Two**

### **Literature Review**

This chapter discusses the literature relevant to intimate partner violence and the effect it may have on one's psychological well-being. The chapter opens with the conceptualization of intimate partner violence. This is then followed by a discussion of the prevalence of intimate partner violence. To set the context of the study, intimate partner violence is then located within the setting of Mamelodi Township in South Africa. The risk factors and protective factors related to intimate partner violence are then discussed. Following this there is a discussion of literature relating to the consequences of intimate partner violence and the impact it has on one's psychological well-being. The chapter ends with the theoretical framework describing psychological well-being, which is the main focus of this study.

### **The conceptualization of intimate partner violence**

Yalch et al. (2013) define intimate partner violence as violence against a woman or a man by an intimate partner. Intimate partners may be current or former boyfriends, girlfriends or spouses (Lau, 2009). Dekel & Andipatin (2016) add that intimate partner violence can occur within a dating relationship and includes physical and/or psychological abuse, with the intention of causing harm. Intimate partner violence has been described as an epidemic in South Africa, affecting most of the women in the country (Dekel & Andipatin (2016).

Saltzman, Fanslow, Mamahon, and Shelley (2002) state that intimate partner violence may include physical, sexual and psychological abuse. Saltzman et al. (2002) describe physical violence as the use of physical force with the intent to

cause death, injury or harm. This form of violence may include punching, shoving or choking the victim. Furthermore, in severe cases, perpetrators of physical violence may use weapons to inflict harm in their victims. According to Dekel & Andipatin (2016), physical abuse may also involve denying the victim medical care when needed, preventing the victim from sleeping or disturbing other functions necessary for life, and forcing the victim to use drugs or alcohol against their will.

Krug, Mercy, Dahlberg, and Zwi (2002, pp. 149) define sexual abuse as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” Sexual violence thus includes forcing a person to engage in a sexual act against his or her will (Saltzman et al., 2002). Saltzman et al. (2002) add that the perpetrator may use drugs or alcohol and intimidation or pressure to gain sexual benefits from the victim.

Lastly there is psychological or emotional violence, which comprises acts such as humiliating the victim, the use of verbal threats or insults with the intention of harming the other person, isolating them from their friends and family, stalking them and withholding things that they may need such as money. All of these may cause emotional trauma to the victim (Saltzman et al., 2002). Psychological violence may also include tactics such as refusing to validate the other person’s feelings, communicating that he or she is useless and insulting and diminishing the victim’s dignity and self-worth (Doherty & Berglund, 2008).

## **Prevalence of intimate partner violence**

Gass, Stein, Williams, and Seedat (2010) report that intimate partner violence has become a global epidemic, with a lifetime prevalence of 15-71% among women worldwide. A study by the World Health Organization (WHO) (2012) on 24,000 women from diverse backgrounds in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Thailand, the former state union of Serbia and Montenegro, and the United Republic of Tanzania) confirmed that intimate partner violence is widespread in all 10 countries. In this study, it was found that emotionally abusive acts were the most prevalent, with 20-75% of women reporting such acts. This was followed by physical violence, with 16-61%, and sexual violence, with 5-59%. In a study conducted by Groves et al. (2015), it was reported that 42.25% of women had experienced at least one of the different types of intimate partner violence during pregnancy.

Gass et al. (2010) add that South Africa has one of the highest rates of intimate partner violence in the world, with a 19% lifetime prevalence among females. A report by the WHO (2012) states that in the South African context 42% of females aged 13-23 years have experienced physical abuse at the hands of their partner. According to Gass et al. (2010), intimate partner violence in South Africa is currently one of the leading causes of morbidity and mortality in women. Dekel & Andipatin (2016) further report that in South Africa many relationships involving intimate partner violence against the woman end in death. For example, in the year 2017 the media reported how Karabo Mokoena was abused by her boyfriend, who ultimately killed her and burnt her body. According to Shange (2017), Karabo Mokoena had been physically and psychologically abused by her boyfriend.

### **Intimate partner violence in Mamelodi township**

A recent study conducted by Umejesi and Mazibuko (2015), focusing on how women in Mamelodi perceive domestic violence, reveals that domestic violence in this context is rooted in patriarchy, unemployment, underdevelopment, the financial dependence of women and exposure to a culture of violence. According to Mahlangu et al. (2014) and Umejesi and Mazibuko (2015), domestic violence in South African townships such as Mamelodi is common among low-income couples in poverty-stricken areas. It was reported that men who are unemployed were more likely to beat up their partners, compared to men who are employed (Umejesi & Mazibuko, 2015). It is clear from these studies that employment status and poverty may be regarded as risk factors associated with intimate partner violence.

The study by Umejesi and Mazibuko (2015) revealed that, even though poverty and low educational attainment are regarded as risk factors, middle-class educated women do experience intimate partner violence as well. According to Flinck, Paavilainen, and Åstedt-Kurki (2005) and Umejesi and Mazibuko (2015), the submissive behaviour of women in intimate partner relationships may also be considered to be a factor contributing to intimate partner violence, and this is a phenomenon that is socially entrenched in townships. It was reported that in the Mamelodi context, men learn to be controlling while women are taught to be submissive, hence patriarchal norms are socially accepted by this community (Umejesi & Mazibuko, 2015). It follows that societal norms have a major impact on the occurrence of intimate partner violence; even those who are financially stable and educated feel obliged to observe the values of femininity defined by society at large, even to their own detriment.

Furthermore, WHO (2010) states that exposure to high levels of intra-parental violence and sexual abuse as a child may lead to the normalization of violence. Umejesi and Mazibuko (2015) found that in the past, physical intimate partner violence was seen as normal in Mamelodi. It is reported that children who often observe physical abuse in their home while growing up are more likely to view it as normal in intimate relationships. As a result, when they begin to enter intimate relationships themselves, young girls tend to prefer boys who actually beat them up. Some of these young girls are more likely to expect abuse in a relationship, and it was found that many of the boys lived up to this expectation (Kim & Motsei, 2002; Mahlangu et al., 2014; Umejesi & Mazibuko, 2015). Therefore, childhood exposure to intra-parental violence may be seen as one of the factors influencing intimate partner violence in the Mamelodi context.

In light of this literature on intimate partner violence in Mamelodi township, it is clear that there are risk factors that contribute to its occurrence. The next section discusses these risk factors in more detail.

### **Risk factors associated with intimate partner violence**

Glass et al. (2003) and WHO (2010) report that intimate partner violence is associated with various factors. These factors may be categorized into individual and societal.

**Individual risk factors.** The following literature indicates that individual factors associated with intimate partner violence include age, educational status and substance misuse.

**The age of the perpetrator or victim.** According to Glass et al. (2003) and WHO (2010), young age has been identified as a risk factor for either being a perpetrator or a victim of intimate partner violence. It was found that younger men are likely to commit physical and sexual abuse against their partner. On the other hand, younger women were found to be at a higher risk of becoming victims of intimate partner violence (WHO, 2010). According to Mahlangu et al. (2014), witnessing violence in the home may be associated with young men becoming perpetrators of violence, while young girls end up being victims in their own relationships. This is because children model what they see in their immediate surroundings, and as they grow they start to view these behaviors as acceptable.

Furthermore, Mahlangu et al. (2014) report that exposure to high levels of violence in the home environment, coupled with child maltreatment, may lead to increased levels of aggression and other psychological problems in adolescence. In addition, a study by WHO (2010) shows that childhood exposure to violence such as intra-parental violence and sexual abuse may also increase the acceptance of violence among women, resulting in their accepting the victim role in a relationship.

**Level of education.** According to WHO (2014), low educational attainment is associated with the experience of intimate partner violence among females. This may be because lower educational attainment reduces women's exposure to resources such as money and increases their acceptance of violence while maintaining unequal gender norms (WHO, 2014). Furthermore, a woman with lower educational attainment is more likely to be submissive, which may result in her being a victim of intimate partner violence (Anderson, 2015).

**The misuse of substances.** According to Mahlangu et al. (2014), the misuse of substances such as alcohol and drugs is also a contributing factor to becoming either a victim or a perpetrator of intimate partner violence. A study carried out in KwaZulu Natal and the Eastern Cape in South Africa found an association between substance use and rape. It was found that the use of methamphetamine increases one's aggression, sexual risk behaviour and mental health problems, all of which influence the risk of intimate partner violence (Mahlangu et al., 2014; WHO, 2010). Peltzer and Pengpid (2013) report that, among abused women, substance abuse is associated with the severity of the violence perpetrated against them. For example, instances of physical intimate partner violence were reported when the perpetrators struggled with a drinking problem and drug use.

**Societal risk factors.** The risk factors associated with intimate partner violence may also be looked at within the broader context. Looking at the context of discrimination, inequality and exclusion in post-apartheid South Africa, most young people continue to live in impoverished environments that limit their ability to protest or enact their social, political and economic rights (Mahlangu et al., 2014; Wubs, 2015). It has been reported that the youth may aspire to a better life but are instead confronted with a dysfunctional educational system, resulting in many of them dropping out before matric, this explaining why approximately 50% of 18-25-year-olds are unemployed (Edwards, Mattingly, Dixon, & Banyard, 2014; Mahlangu et al., 2014).

Mahlangu et al. (2014) state that, within this context, gender relationships remain largely unbalanced, with women and children remaining vulnerable to abuse and violence. Furthermore, their study shows that a life of deprivation often leads to the



development of antisocial and violent forms of masculinity, because many young men strive to reach the hegemonic ideal of being a real man and when they fail they turn to violence in an attempt to gain some form of respect. In a context rife with inequality and poverty, the position of a real man and the respect that comes with it is not gained through education and employment but is gained alternatively through violent behaviour acted out towards those perceived as weaker, such as children, women and in some cases less powerful men (Beyer, Wallis, & Hamberger, 2015; Mahlangu et al., 2014; Wubs, 2015).

### **Protective factors associated with intimate partner violence**

A study conducted by WHO (2010) showed that educated women were 20-55% less likely to be victims of intimate partner violence than women with low educational attainment. This has also been applied to men: men who were educated were found to be 40% less likely to perpetrate intimate partner violence. Experiencing good parenting during childhood, having a supportive family, living with an extended family, being able to recognize risk as a female and belonging to an association were all identified as protective factors (Kaukinen, 2014; WHO, 2010).

### **The consequences of intimate partner violence**

Intimate partner violence has been associated with consequences that range from physical trauma to poor sexual reproductive health, Post-Traumatic Stress Disorder, anxiety and depression (Devries et al., 2013; Johnson, Giordano, Longmore, & Manning, 2014). It has also been reported that intimate partner violence appears to

have a negative impact on the psychological well-being of adolescent girls, as it adds to psychological distress and undermines the girl's self-confidence and self-efficacy (Devries et al., 2013; Johnson et al., 2014). Therefore, intimate partner violence has both physical and psychological consequences.

**Physical consequences.** Campbell et al. (2002) report a number of consequences of intimate partner violence. They state that 50-70% of women who have been abused by their partners have a chance of experiencing health and stress-related disturbances. Campbell et al. (2002) report further that intimate partner violence results in a number of physical injuries, such as injuries around their neck, upper torso, breasts and abdomen. These are the short-term consequences of intimate partner violence. The more severe, more long-term consequences are those that affect women's central nervous system, leading them to report experiencing headaches, fainting and seizures (Campbell et al., 2002; Lagdon, Armour, & Stringer, 2014; Li et al., 2014).

**Psychological consequences.** Hart and Klein (2013) report that intimate partner violence may result in long-lasting psychological and emotional damage for those affected. Women abused over long periods of time experience significant mental distress and, without the appropriate social support, depressive symptoms may never dissipate (Hart & Klein, 2013). According to Hart and Klein (2013), Campbell et al. (2002) and Johnson et al. (2014), the victims of intimate partner violence may suffer low self-esteem, depression, hopelessness, anger, distrust, and anxiety. Many of the victims may even contemplate or attempt suicide.

A study by Gibson, Callands, Magriples, Divney, and Kershaw (2014) and Silverman, Raj, Mucci, and Hathaway (2001) reported that physical abuse without

reported sexual abuse results in substance abuse, unhealthy weight gain, and suicidal ideation among adolescent/young adult girls. However, some girls interpret the abuse as a sign of affection, for instance an interview of Xhosa adolescent girls in South Africa by Ahmed and Simon (2011) revealed that these young girls viewed assault as an expression of love, this making them more vulnerable to abuse.

The American Psychiatric Association (2013) views intimate partner violence as a form of trauma which has negative consequences on the psychological well-being of individuals and may result in disorders such as Post Traumatic Stress Disorder and depression. According to Herman (1992, as cited in Moroz, 2005), trauma is characterized by feelings of intense fear, loss of control, helplessness and threat of annihilation. A traumatic event leads to changes in physiological arousal, emotion, cognition and memory. One can thus deduce that intimate partner violence does have a harmful effect on the psychological wellbeing of those affected by it.

### **Theoretical framework**

Psychological well-being is a concept within positive psychology. According to Gable and Haidt (2005), positive psychology is the study of all the conditions and concepts that contribute to the flourishing and functioning of people, groups and institutions (Seligman & Csikszentmihalyi, 2014; Sheldon & King, 2001). Positive Psychology research on well-being is based on two perspectives: the hedonic and the eudaimonic (Deci & Ryan, 2008; Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011; Ryff & Singer, 1996).

According to Fava and Ruini (2014) and Ryan and Deci (2001), the hedonic approach describes psychological well-being as subjective happiness, pleasure, and pain avoidance. Ryan and Deci (2001) also refer to the view of the Greek philosopher Aristippus that the goal of life, in terms of the hedonic approach, is to experience the maximum amount of pleasure. Ryan and Deci (2001) point out that Aristotle did not approve of the hedonic approach but viewed it as vulgar, portraying humans as slaves to their own desires. In this view, optimal well-being includes the ability to distinguish between desires that lead to momentary pleasure and those that are rooted in human nature and whose attainment is important to human growth, thus resulting in eudaimonia (Henderson & Knight, 2012; Ryan & Deci, 2001).

Psychological well-being, according to Aristotle, is based on the eudaimonic perspective (Henderson & Knight, 2012; Ryan & Deci, 2001; Ryff & Singer, 1996). This eudaimonic perspective of psychological well-being is the one adopted in this study. According to the eudaimonic theory, psychological well-being is not simply attaining pleasure, but also includes striving for a state that represents the realization of one's true potential (Henderson & Knight, 2012; Ryan & Deci, 2001; Ryff & Singer, 1996).

Ryff and Singer (1996) describe eudaimonic psychological well-being using the following six dimensions: self-acceptance, which is viewed as having a positive attitude toward oneself; positive relationships with others, which involves forming a trusting and lasting relationship with others; autonomy, which includes being determined, goal-oriented, independent and regulating one's behaviour and emotions from within; environmental mastery, which refers to one's ability to choose or create an environment which is suitable for one's mental health; purpose in life,

which may be seen as having a sense of direction and intentionality in life; and lastly personal growth, which involves one's continuous development rather than staying in a fixed stage of development. These abovementioned dimensions of psychological well-being will be used to guide this study.

In Clinical Psychology, the eudaimonic approach has been seen to play a much more significant role than the hedonic approach. This may be because the eudaimonic well-being approach concerns human potential and personal strength which are factors important for optimal psychological functioning (Fava & Ruini, 2014). According to Fava and Ruini (2014), impairments in the abovementioned six dimensions of eudaimonic psychological well-being have been linked to affective disorders such as depression and other psychological issues.

### **Intimate partner violence and psychological well-being**

In a study by Poutiainen and Holma (2013) it is reported that intimate partner violence, as well as having a negative effect on the physical and sexual health of victims, also affects how the victims perceive their own psychological well-being. According to Poutiainen and Holma (2013), participants in their study who had been victims of intimate partner violence described their psychological wellbeing as poor more often than those who had not reported abuse. Furthermore, the participants who had experienced intimate partner violence reported that the abuse had negatively influenced their psychological well-being and life management (Poutiainen & Holma, 2013; Rodriguez, 2011).

## **Conclusion**

Intimate partner violence is indeed a serious concern and has dire consequences for many who are faced with it. Mamelodi has been identified as one of the townships experiencing high levels of intimate partner violence (Umejesi & Mazibuko, 2015). However, not much research has been conducted on this topic in this township, as illustrated by the literature. Therefore, the researcher of this study aims to explore how those affected by intimate partner violence in this township experience the dimensions of their psychological well-being, whilst adding to existing literature.

## **Chapter Three**

### **Research Methodology**

In this chapter the researcher aims to give a clear explanation of how the study was conducted. According to Willig (2013, p. 49) “methodology identifies a general approach to studying research topics.” In order to understand the research methodology adopted in this study, the researcher will start by discussing the research approach.

### **Research approach**

This study made use of qualitative methodology. According to Hancock (1998) and Willig (2013), qualitative methodology focuses on meaning. It is concerned with how people make sense of the world and how they experience events. The aim in qualitative studies is to explore what it is like to experience particular conditions or events and to understand how people manage certain situations (Willig, 2013). Hancock (1998) and Willig (2013) add that qualitative research is concerned with the quality and texture of experience rather than discovering a cause and effect relationship. Therefore, a qualitative research approach was employed in this study in order to get a thick description of how late adolescent females affected by intimate partner violence experience their psychological well-being (Geertz, 1973). This study followed a phenomenological research paradigm.

## **Phenomenological research paradigm**

According to Burns and Grove (2007), a phenomenological approach describes and interprets the experiences of participants in order to understand the essence of the experience as perceived by the participants. From a phenomenological point of view, reality is embodied in the meaning the participants attach to their experiences (Wertz, 2005). Phenomenology acknowledges the participants' voice in their lived experiences. The researcher who adopts a phenomenological stance approaches the study with curiosity about what it is like for a person to have a particular experience (Burns & Grove, 2007; Greenfield & Jensen, 2016; Groenewald, 2004; Van Manen, 2016). During the inquiry, the researcher asks the participants what it is like to experience a particular phenomenon. Researchers explore these lived experiences through the use of diaries, interviews (semi-structured or unstructured) and informal conversations (Wilson, 2015).

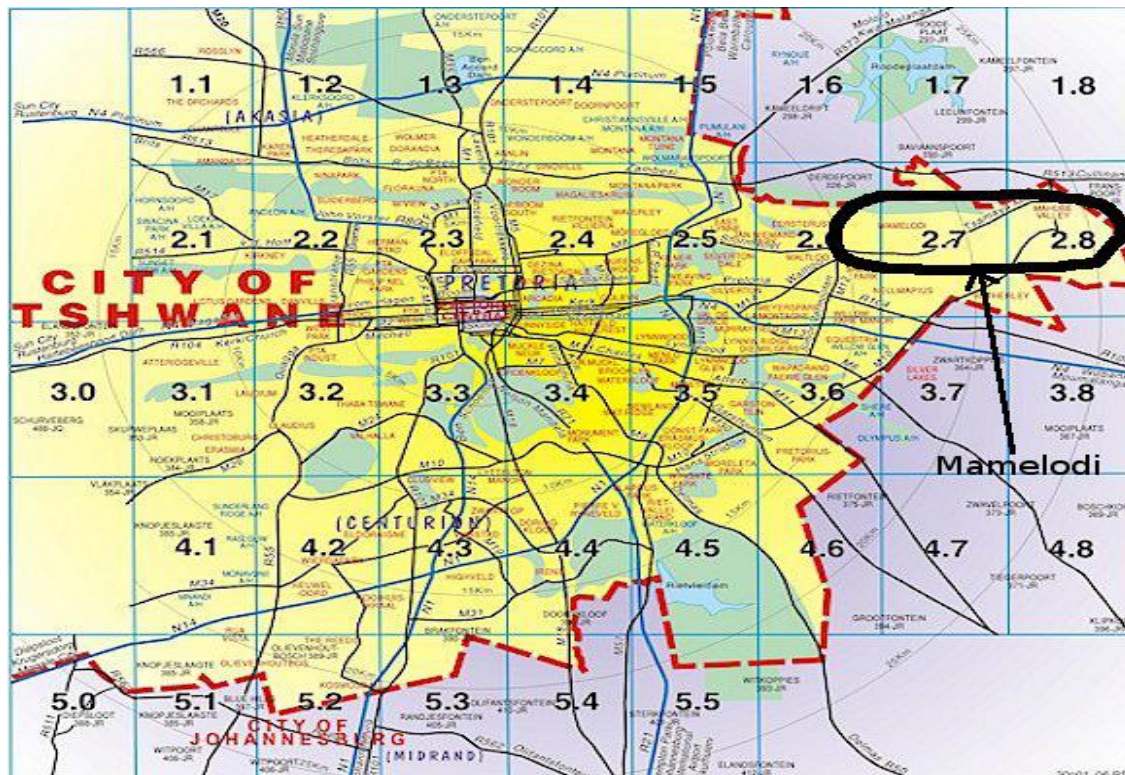
In this study the phenomenological approach allowed the researcher to ask participants to describe their experiences as they perceived them. In particular, the researcher used phenomenology to understand participants' lived experiences of their psychological well-being following intimate partner violence.

## **Study Context**

This study was conducted in Mamelodi township. Mamelodi township is a black township established in 1953 on the outskirts of Pretoria in South Africa, with a population of approximately one million people (Mashigo, 2012; Ruane, 2010). It is interesting that when one views the map of Tshwane, Mamelodi occupies a relatively small proportion of the area, yet the population comprises one-third of the entire



Tshwane (see map below). According to Mashigo (2012), Mamelodi is a township consisting of four-roomed houses, Reconstruction Development Programme (RDP) houses, a few upmarket houses and informal settlements made up of poor members of the community who have built their own houses out of iron sheeting or other materials.



*Image retrieved from Mashigo (2012)*

## Sampling

Purposive sampling was used to sample the participants in Mamelodi. Purposive sampling is a non-probability sampling strategy that is based on the researcher's own knowledge about the population (Etikan, Musa, & Alkassim, 2016; Latham, 2007; Robinson, 2014). With purposive sampling, the sample is not randomly

selected; the participants are selected on the basis of a particular characteristic that is important for the researcher's study (Etikan, Musa, & Alkassim, 2016; Latham, 2007; Robinson, 2014). According to Latham (2007), this method of sampling has been defined as ideal for small-sample studies. Purposive sampling was found appropriate for this study, as only late adolescent/young adult females who have experienced intimate partner violence were selected; a small sample of three late adolescent/young adult females was therefore used in this study.

### **Study Participants**

Three late adolescent/young adult females (18-24 years) from Itsoseng Psychological Clinic in Mamelodi Pretoria who had experienced intimate partner violence were invited to participate in this study. The participants were included on the basis of the fact that they resided in Mamelodi. All the females who were not living in Mamelodi and who were below 18 or above 25 years were not included in the study. Furthermore, the study excluded females who had not experienced intimate partner violence.

In order to conduct the study at the clinic, permission was obtained from the clinic manager in February 2016 (See Appendix A for permission letter). At the beginning of September 2016, the clinic manager helped identify eligible participants during their initial consultation. He approached the participants and informed them about the study, the participants then gave consent orally. Three participants volunteered to participate in the study and their contact details were given to the researcher by the manager. The participants who had volunteered were contacted telephonically by the researcher, and more information about the study was provided to them. During

this telephone call, the participants informed the researcher of their availability. Dates regarding the interviews were also agreed upon. Information about the interview process will be presented under the data collection heading.

The table below shows the participants' demographic information.

Pseudonyms	Race	Language	Age	Gender
P1	African	Setswana	23	Female
P2	African	Setswana	22	Female
P3	African	Setswana	23	Female

Table 1: *participant demographics*

## Data Collection

The data in this study was collected through the use of semi-structured interviews. A semi-structured interview is a qualitative method of inquiry that consists of questions prepared beforehand in order to guide the data collection process (Brinkmann, 2014; Smith & Osborn, 2008). According to Smith and Osborn (2008), a semi-structured interview is considered the best way to collect data for an IPA study. This is because this mode of inquiry is flexible and allows the researcher to investigate sensitive topics at the pace of the participant (Saks & Allsop, 2012). The semi-structured interview in this study focused on how the participants experience the dimensions of psychological well-being following the abusive relationship.

The interview consisted of questions concerning the females' level of self-acceptance, their relationships with others, their sense of autonomy, their environmental mastery, purpose in life and personal growth (see appendix C for the

interview schedule) The questions generated were informed by Ryff and Singer's (1996) eudaimonic theory of psychological well-being. However, these questions were not followed strictly; when a participant brought up a new idea it was explored. Interviews in this study were also recorded with the clients' consent to ensure that no important information was missed. The interviews were 50-60 minutes long and took place at Itsoseng Psychological Clinic in Mamelodi, Pretoria. The interview was conducted in English. Setswana was used when the participant required clarification in an African language. Setswana is the language used most widely in Mamelodi.

Participants were seen individually for interviews at Itsoseng Psychological Clinic on the date and at the time that had been agreed upon. All the interviews were conducted in mid-September 2016. Before the interview started, each participant signed an informed consent letter (see Appendix B for informed consent).

Before the interview formally started, participants were given a brief description of the study and also an opportunity to ask any questions regarding the study. The purpose of giving them an opportunity to ask questions was to help them to feel at ease and a part of the study.

The researcher also asked the participants to introduce themselves. This introduction was carried out in the manner of casual conversation rather than a strict question and answer discussion. The intention behind this informal conversation was to assist with building rapport.

Once rapport had been established the researcher observed that the participants were now at ease, at which point the participants were engaged in a discussion about how they experienced their dimensions of psychological well-being following

the intimate partner violence. The interviews took approximately one hour per participant. When each interview ended, the participants were asked if they had anything they wanted to add that they felt had not been discussed, and were also asked how they felt after the interview. These final questions were used to consolidate the interview for these participants and to ensure that they left the interview emotionally contained.

### **Interpretative Phenomenological Analysis (IPA)**

The data in this study was analysed using interpretative phenomenological analysis (IPA). According to Smith and Osborn (2008), IPA attempts to explore personal experience and focuses on the individual's personal perception or account of a particular construct, object or event as opposed to producing an objective statement of the construct, object or event. IPA is described as being phenomenological because it involves a detailed examination of the participant's lived experience (Smith & Osborn, 2008). Willig (2013) maintains that IPA explores the research participant's experience from their own perspective; however, IPA also recognizes that it is important to acknowledge the researcher's own view of the world. Therefore, the phenomenological analysis produced by the researcher is always an interpretation of the participant's experience (Willig, 2013).

Regarding analysis, the assumption in IPA is that the researcher is interested in learning something about the participant's psychological world (Smith & Osborn, 2008). In the first stage of IPA, which was followed in this study, the researcher reads and re-reads the transcript with the aim of getting an overall feel for the interview.

Stage two consisted of identifying and labelling themes. The researcher went back to the transcript and, using notes derived from the first stage, noted down themes in the right-hand margin of the transcript. During this stage the researcher made use of theoretical concepts to make psychological sense of the data (Smith & Osborn, 2008).

This was followed by stage three, which consisted of linking themes and identifying thematic clusters. The researcher thus identified connections between themes.

Stage four involved producing a summary table of themes with illustrative quotations from the interviews. The themes are presented in the next chapter. The last stage of analysis involved the presentation of the analysis and aforementioned themes in a narrative form (Smith & Osborn, 2008).

### **Trustworthiness**

Validity and reliability in qualitative research refers to the extent to which the data is plausible, credible and, most importantly, trustworthy (Willig, 2013). Malterud (2001) and Shenton (2004) state that the criteria used to establish validity and reliability in quantitative research cannot be applied to qualitative research. They have thus suggested alternative criteria such as credibility, transferability and dependability.

There are a few ways of increasing the credibility/trustworthiness of a study; one way is by making use of data collection and data analysis methods that were successfully used in previous comparable qualitative studies (Shenton, 2004). By

making use of IPA, which is a well-established method of data collection, and by ensuring that participants gave informed consent, the researcher of this study ensured that it is credible.

Transferability refers to the extent to which the findings can be compared to other situations (Gravetter & Forzano, 2012). Qualitative research makes use of small samples, which makes it difficult to generalize its results. The issue of generalizability can be combated by describing in full the context within which the research was generated (Shenton, 2004; Willig, 2013). The researcher accordingly gave a full description of the phenomenon under study and the context of the study in order to ensure transferability. The researcher also described the study methods to guarantee the study's dependability. This is done so that other researchers may be able to duplicate the study and therefore determine the study's dependability (Shenton, 2003).

Willig (2013) speaks of reflexivity, another factor that is important in qualitative research. Reflexivity calls for the researcher to be aware of their own personal biases (Hoover, & Morrow, 2015). According to Willig (2013) reflexivity encourages the researcher to reflect on the way their own thoughts and feelings are implicated in the research and its findings. The researcher's reflections will be discussed in chapter six. Reflections allow the researcher to be aware of how their own biases are implicated in the research study and the findings.

## **Ethical considerations**

Ethical clearance for this study was obtained from the University of Pretoria's Ethics Committee; upon ethical approval other ethical guidelines were followed.

Gravetter and Forzano (2012) emphasize that participants need to be protected from any form of harm. The participants need to be informed of any risks and of the possible steps that may be taken to minimize these risks; in addition to this, the participants need to be given the details of what the study entails.

Informed consent was thus obtained in this study. The concept of informed consent states that people taking part in the study must be given details about the research and what it requires of them before they agree to participate. They need to understand the information and thus decide to volunteer of their own free will (Gravetter & Forzano, 2012; Stevens, 2013; Willig, 2013). Therefore, the participants of this study were given detailed information regarding the study and were required to sign informed consent letters containing all the necessary information regarding the study; this enabled them to make an informed decision.

The literature (Gravetter & Forzano, 2012; Stevens, 2013; Willig, 2013) indicates that the participants should also be given the right to withdraw from the study at any given point. The participants must be allowed to withdraw without any fear of being punished. Participants in this study were informed that they were allowed to withdraw should they wish to and that if they withdrew all data collected would be destroyed; they were also informed that they could refuse to participate in the study without any form of punishment. The participants were also given the opportunity to decline to answer any question they considered uncomfortable.



Confidentiality was also implemented in this study. Confidentiality is used to ensure that the information obtained from participants is kept confidential and that their identity is protected. One way of ensuring confidentiality is by keeping the name of the participant a secret (Gravetter & Forzano, 2012; Stevens, 2013; Willig, 2013). Confidentiality was guaranteed in this study by keeping the identity of the participants a secret through the use of pseudonyms, thus confirming the participants' anonymity. The participants in this study were patients who had gone to Itsoseng Psychological Clinic to seek help; therefore the research was conducted parallel to the therapy that they were receiving at the clinic. This therapy assisted in combating any form of traumatization resulting from the research; the therapy was provided by student psychologists working at the clinic under supervision. The participants were given the opportunity to continue with their therapy sessions after the study. The researcher recognized that the participants in this study comprised a sensitive and vulnerable population; hence the interviews were conducted with professional sensitivity.

## **Conclusion**

This chapter discussed the research methodology underlying this study. Research design, study context and sampling methods were discussed. Data collection method and data analysis methods were also discussed. The chapter concluded with ethical guidelines that were adhered to in this study. The next chapter will include the themes that surfaced during the data analysis of this study.

## Chapter Four

### Results

This chapter will report on the major themes and sub-themes that emerged from the data that was collected in this study. As indicated in chapter 3, the themes were induced using interpretive phenomenological analysis. This chapter will begin with a brief description of the participant's demographic information and a bit of background information on their personal lives; this will be followed by the themes and subthemes presented with verbatim excerpts from the participants to support them. These verbatim excerpts are presented in italics. Furthermore, to identify the participants the letter P followed by a number is used; for example, P1 for participant 1.

### Demographic information on the three participants

**P1** is a 23-year-old Setswana-speaking female based in Pretoria. She is currently a student but has worked part-time. She is the oldest child and lives with her mother and father in Mamelodi. According to P1, her father physically and emotionally abuses her mother. She is currently attending psychotherapy at Itsoseng Psychological Clinic.

**P2** is a 22-year-old Setswana-speaking female also based in Pretoria; she is currently a student. She is the only child and was raised by a single mother. P2 has a two-year-old daughter who stays with her mother. P2 reported that her father has never been a part of her life and that he has his own family. She is also currently attending psychotherapy at Itsoseng Psychological Clinic.

**P3** is a 23-year-old Setswana-speaking female, also based in Pretoria; she is a student and works part-time. P3 is the only child and was raised by a single mother. She has twin boys who are currently staying with their paternal grandmother. P3 is currently attending psychotherapy at Itsoseng Psychological Clinic.

Below is a summary of the themes and subthemes that were generated:

<b>Superordinate Themes</b>	<b>Subthemes</b>
<ul style="list-style-type: none"> <li>• <b>Type of abuse in the relationship</b></li> </ul>	<ul style="list-style-type: none"> <li>• Emotionally Abusive</li> <li>• Combined Type</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Impact of intimate partner violence</b></li> </ul>	<ul style="list-style-type: none"> <li>• Impact on the self</li> <li>• Impact on sense of autonomy</li> <li>• Impact on relationships</li> <li>• Impact on environmental mastery</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Growth</b></li> </ul>	<ul style="list-style-type: none"> <li>• Personal Growth</li> <li>• Purpose in Life</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Coping strategies</b></li> </ul>	<ul style="list-style-type: none"> <li>• Normalization (Intergenerational abuse)</li> <li>• Religious beliefs/faith</li> <li>• Perception of love</li> <li>• Displacement</li> <li>• Emphasized femininity</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Healing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Role of therapy (Itsoseng Psychological Clinic)</li> </ul>

Table 2: *Themes and subthemes*

## **Theme 1: Type of abuse in the relationship**

This theme describes how participants experienced their intimate relationships. To demonstrate the meaning participants attached to the abuse they experienced in their intimate relationships, two subthemes are used. These subthemes are emotionally abusive and the combined type.

**Subtheme 1: emotionally abusive.** P1 reported that she had experienced emotional abuse in her relationship. According to participant 1, “emotional abuse is when someone does not respect you, knowing it will hurt you but does not care. They do it intentionally.” She reported that the emotional abuse ‘ate her up’ inside; she lost weight and was suicidal. Participant 1 reported that she went as far as lying to try and gain her partner’s attention. She told him she was sick so that he would pay her attention, but it did not have the desired result. She also reported that she would spend a lot of money to impress him. She frequently changed her hairstyle but this did not work either; he would say instead: “This hairstyle does not suit you, you look ugly.” Participant 1 appears to have been aware of her partner’s shortcomings, yet she persisted in trying to appease him, hoping to get some form of affection from him; this, however, did not happen.

P1 stated that her partner’s actions changed once they started dating:

*My partner made me feel loved and special but once we started dating he changed. We started dating in 2013 and he abused me emotionally.*

**Subtheme 2: combined type.** A combined type of abuse was reported by P2 and P3.

P2 described her relationship as consisting of both emotional and physical abuse. However, in her case there was a period of time when there was no abuse and as the relationship progressed she experienced first emotional abuse and then physical abuse. It appears as though her partner's suspicions about her faithfulness were what led to the physical abuse, and while abusing her he also justified his actions by calling her names.

*P2: We were together for four years, going on five. We met in my first year of varsity but he started being abusive in the fourth year. It was first emotional abuse. When I started going to the gym he accused me of having an affair with my personal trainer. That is when the physical abuse started. 'Bitches deserve to be beaten,' he said.*

According to P3, in the six years of her relationship she experienced emotional, physical and sexual abuse. As in the case of P2, P3 first experienced emotional abuse which then escalated to physical and sexual abuse. Her difficulties with childbearing seem to have been used against her, leaving her humiliated in front of her neighbours. Her partner's words affected her emotional well-being. From P3's interview one can deduce that her partner saw no wrong in his behaviour, going as far as saying that he could not be arrested for his behaviour.

*P3: We were together for six years; he abused me physically, emotionally and verbally. It started out as emotional and verbal abuse. He used to swear at me, he once threw me out in the streets and said I was barren. Sometimes I would go to school crying because of what he said to me. In 2011-2012 he started cheating. The physical abuse started in 2015. This year, 2016, he started abusing me sexually. When I said no he would forcefully remove my panties and spread my legs and force*

*himself onto me. When I said no he would fight with me physically, and tell me that what he was doing was not wrong. He said I could not arrest him for wanting to have sex with me.*

The abovementioned excerpts reveal how the participants in this study have experienced some form of violation in their intimate relationships. The data presented in this theme also illustrates how the type of abuse experienced by these young women can shift from one form to another. It is thus possible for one victim to experience different types of abuse in one relationship. It was also observed that in these relationships the men used some form of justification for their abusive behaviour.

## **Theme 2: Impact of intimate partner violence**

This theme gives us a description of the impact the abusive relationship had on the participants. In order to describe the impact experienced by the participants, the following subthemes will be used: impact on the self, impact on sense of autonomy, impact on relationships, impact on environmental mastery and impact on academic progress.

**Subtheme 1: Impact on the self.** All the participants reported how the abuse had had an impact on how they viewed themselves. Feelings of inferiority were implied when the participants described the impact the abuse had had on their sense of self. It also appears as though the abusive relationship fostered a negative attitude towards the self, this leading to a lack of self-acceptance. All of this was illustrated when the participants said:

*P1: I view myself as a loser. I believed that I did not deserve him. I doubted myself. I have a negative attitude towards myself, due to not being appreciated.*

*P2: I view myself as stupid. I am a failure. I feel like I am a failure. If I accepted myself would I still be latching onto him? No Because I never feel like I am enough. As an individual I have not accepted who I am and my relationship just confirmed this. I have no sense of self-acceptance. Knowing that at my age I have failed at marriage. And failing as someone who has a daughter, I am embarrassed.*

*P3: I view myself in a negative light because of the relationship. What he said did influence how I feel about myself. I feel small, I feel like nothing. 'Barren, not cooking and cleaning' etc. His words carried a lot of weight.*

These excerpts show that the perception the participants have of themselves appears to be filled with negativity and a lack of satisfaction, something that may lead to a poor self-esteem.

P2 and P3 added that the relationship had had a great impact on their sense of self-acceptance and ability to fight, leading to suicidal ideation.

*P2: I wanted to commit suicide. I do not have the fight in me anymore. It is exhausting. I feel so dead inside.*

*P3: Initially I tried to commit suicide but then I sat down and thought about it and asked myself why I want(ed) to kill myself.*

In addition to this negative view of the self, P2 reported how experiencing abuse may have robbed her of her youth, leaving her feeling dissatisfied with her life.

*It has pushed me to grow beyond my years. It has also deprived me of being young and 22.*

**Subtheme: 2 Impact on sense of autonomy.** P1 and P2 reported how powerless their relationships made them feel. They both voiced how their self-worth was based on their partner's opinion of them, and their yearning for affirmation seems to have rendered them powerless in the relationship. The persistent negative feedback in their respective relationships appears to have fostered dependency, a loss of autonomy and a lack of self-assertiveness.

*P1: I used to evaluate myself based on what he said. I was very sensitive and it was difficult for me. I had no sense of self control. Circumstances influence how I behave.*

*P2: I have no confidence in my own opinion. I evaluate my decisions and clothing based on what he says. If he says the dress does not suit you, I will change...no sense of autonomy. It made me lose my mind. I was such a controlled person, independent, but ever since he started hitting me, I couldn't understand in that moment. I could not think. I was out of it.*

**Subtheme 3: Impact on relationships.** This subtheme focuses on how the abuse endured by the participants in the study affected their relationships with others. All the participants reported problems within their social relationships as a result of the abusive relationship. This is illustrated by the following excerpts:

*P1: At home I never spend time with the family. I sleep most of the time. I eat alone. During the relationship I hated his friends and his family who always took his*



side. His friends got him new girlfriends. He used his friends as an excuse and this made me hate them.

*P2: I do not go out with friends.*

*P3: It caused a lot of conflict between my family and his family. I did not tell my family everything because I wanted to preserve his reputation and when they found out they were upset that I did not tell them. It also caused a lot of conflict between my friends and I. Sometimes he would flirt with my friends and say my friends are bad people.*

According to P2 she had a good relationship with her mother when she separated with her boyfriend. However, her relationships would deteriorate every time she went back to him.

*P2: My relationship with mother has gotten closer, especially after moving out. During the relationship I made him my center, my support structure was only him. But my relationships have started to deteriorate since I keep going back to him.*

We can deduce that P2's mother was not supportive of the abusive relationship. This was seen in the way her relationship with her mother deteriorated every time P2 and her partner reconnected.

The impact of the abuse was not limited to immediate family members or friends; it also shifted to the participants' workplace, thus impacting on their relationships with their colleagues. P1 and P3 reported:

*P1: At work colleagues ask a lot of questions, so I avoided contact.*

*P3: He used to call my workplace telling them that I am cheating and discussing my problems. As a result, I did not feel comfortable at work.*

Inasmuch as the abuse affected the participant's relationships, it also affected P1 and P2's perceptions of others and their opinion of intimate relationships in general, causing them to avoid and withdraw from social interaction.

*P1: It has had a negative impact on my relationships. I cannot realize the importance of relationships with other people. I view them as useless. I feel like I cannot get a good relationship. I do not want to be close to people. I withdraw....I cannot trust anyone. I do not trust people.*

*P2: Currently I do not have a lot of positive relationships. I do not share with others. More distanced.*

In addition to the mistrust and negative perceptions about others, P1 and P3 reported that they experienced a lack of interest in intimacy:

*P1: I have been in relationships for the mere fact of being in a relationship but the trust and desire for intimacy was not there.*

*P3: My need for intimacy is however low. I am disgusted by the opposite sex and the thought of intimacy.*

Being in an abusive relationship affected the participants' relationships with significant others and colleagues. It also had a negative effect on how the participants viewed those around them. The lack of trust in others led to the participants withdrawing from social interactions, which disturbed their relationships even more.

**Subtheme 4: Impact on environmental mastery.** In this subtheme the impact of the abuse on the participants' environmental mastery is highlighted. P1 and P2 reported how the abuse they experienced affected their ability to make use of the opportunities in their environment, for example:

*P1: My marks dropped and I lost the National Student Funding Financial Aid Scheme (NSFAS) (loan), thus I was not able to use the resources at school. I lost out on opportunities at work, I turned down the manager position to focus more on school but I did not. I therefore lost out on two things because of this relationship.*

*P2: I'm so behind with my school work and it makes me worse. Energy is more focused on dealing with everything else. I do not have the time to seek out these opportunities. I have no faith in myself. The opportunities are there but I am too broken to make use of them.*

P3 however indicated that she had managed to push and make use of the opportunities at her disposal irrespective of her abusive partner's interference.

*P3: At work I have managed to make use of the opportunities around me. Same applies at school. I still managed to make use of all the opportunities at my disposal even though I had to fight him and argue with him I still pushed for my opportunities.*

From the abovementioned excerpts, one is able to see how academic progress and elements of environmental mastery appear to be linked. In the following excerpts, the participants report on how their abusive relationship influenced their academic progress.

*P1: This relationship held me back. I almost dropped out of varsity. I could not concentrate in class. I left class at 2pm instead of 5pm. My marks dropped. I believe that had it not been for this abusive relationship I would be far with life. I would sleep in class or be on facebook stalking him instead of focusing. This affected my learning. I am a bright student with no certificate. I could have been far in life but this relationship held me back.*

*P2: I think if I did not tie myself to this man I would have been far ahead academically. I am a year behind. I am supposed to be in Honours but now am barely making it. I used to get distinctions to barely making it. Do not know if I will make it to masters. Too tired to fight anymore. Academically it has slowed me down. I am stagnant. No growth. No drive. No motivation to try. It has made me doubt my own abilities.*

*P3: It has held me back a lot. He wasted my time too much. I would have been far in life. It has affected my learning and school. I have turned into a slow learner, I struggle to grasp concepts. I have a lot of stress and I am thinking about a lot of things, I cannot concentrate. Even at school this relationship has held me back. It has kept me from reaching my full potential. I could have been far in life. But honestly speaking I would have been far in life but I am weak because of him.*

The participants went further and described how their experience of the abuse had affected their interactions with members of the community and their ability to fit in:

*P1: No, I cannot relate to other people. If they speak about their relationships, I do not have anything to say because my relationship was bad. At parties they would say bring your partner. I couldn't bring him so instead I would say I am not going.*

*P3: Initially it affected me. I was worried about what other people would say, so I did not fit in.*

P1's and P3's responses may further imply that some women in abusive relationships may experience feelings of shame in social settings, this resulting in social withdrawal.

Whereas P1 and P3's inability to fit in was influenced by their feelings of shame, P2's discomfort in social settings was instead influenced by the feedback she received from her partner's friends. The response she received illustrates how some individuals have normalized abusive behaviour.

*P2: I do not have a lot of people around me. When I told his friends that your friend beats me, they smiled and said you know African men are like that.*

The participants' inability to choose contexts appropriate for their values and morals was displayed in the following excerpts:

*P1: I would go to places I did not like because I would want to guard him and be with him just to monitor him. I went against my values. I ended up doing things that are against my values.*

*P2: I am not able to choose appropriate contexts. I do not have the capability to choose for myself. No environmental mastery at all.*

*P3: I would go to places I was not comfortable with just to please him, even though it was not suitable for my own personal needs and values. I wanted to keep him happy. I was afraid that he would reject me.*

One can conclude that an abusive relationship affects the victims in different domains of their lives, i.e. it has an impact on their sense of self, their relationships, their sense of autonomy and their environmental mastery. A prominent negative impact was drawn from this theme and its subthemes. What follows is a discussion of the growth experienced by the participants in this study.

### **Theme 3: Growth**

Although the abusive relationship negatively affected participants in various domains of their lives, it was discovered that there are some elements of growth in their lives. In discussing the participants' growth, two subthemes are used, namely personal growth and purpose in life.

**Subtheme 1: Personal Growth.** The participants in this study all reported a sense of personal growth. The abusive relationship did indeed have a negative impact on them; however, they managed to take and learn something from the relationship:

*P1: I currently view myself as someone who can achieve a lot. I have made peace with what has happened to me. This relationship increased my sense of empathy and it made me stronger.*

*P2: It (empathy) is even more now, knowing how an individual can affect one's life, I am more empathic. I have experienced that you can't just leave and I am less judgmental.*

*P3: ....But now he has taught me to focus on other aspects of my life. I can stand on my own because of it. I went into the relationship with no strength but now I have the strength. I do not fear because of the relationship.*

**Subtheme 2: Purpose in life.** An improvement in the participants' sense of purpose and zest for life was observed when P1 and P3 stated:

*P1: It has made me focus more on my studies and on improving my family and mother's situation because she is being abused by my father. I want to show mom that she can still change. My mom was bright but did not achieve anything. I want to prove her wrong and make my mom proud.*

*P2: The only thing I live for is my daughter. I only live for my daughter. I brought her into this shitty world. She is what I got from the relationship and I live for her, I want her to have a life that's better than mine.*

*P3: It increased my purpose in life. It has driven me towards wanting a better life, a house for my children and a car for myself. It has pushed me to reach my goals. It has also reduced fear and encouraged me to follow my heart. It has increased my drive and my desire to get myself out of this situation.*

This theme demonstrated the participants' growth. The abovementioned examples illustrate the presence of post traumatic growth; even though the impact of the abuse may seem devastating these participants managed to experience growth. The

relationship has driven P1 and P3 towards fighting for a better life for themselves, and P2 on the other hand has taken her experience and used it as motivation, she is determined to ensure that her daughter does not go through what she has been through.

#### **Theme 4: Coping strategies**

Participants reported on how they coped with the abuse; although this was an unintended theme, it was explored in this study. This theme looks at the strategies these participants used in order to cope with the abusive relationship. The coping strategies are demonstrated by the following subthemes: normalization (intergenerational abuse), religious beliefs/faith, perception of love, displacement and emphasized femininity.

**Subtheme 1: Normalization (intergenerational abuse).** Participant 1 reported that she looked at the abuse as something she deserved, because it also happened to her mother. It appeared as though being in an abusive relationship was a pattern that was passed on from one generation to the next and was thus not only expected but also accepted by the females in her family. Intimate partner violence against a woman was thus seen as something normal for this participant.

*P1: I felt like I could not get a good relationship because what I am experiencing is what my mom experienced. I think I deserve it. My mom had to deal with the same thing, who am I to deserve better?*

**Subtheme 2: Religious beliefs/faith.** Participant 1 went on to attribute what she experienced to a higher being, for example



*P1: God brought me to this Earth to go through this. This is what is meant to be.*

Participant 1 appears to have taken a passive stance, accepting things as they come, believing that that is how things are meant to be and that nothing can be done about it; regardless of how painful it was for her, it seems like she found comfort in believing that that was how things were meant to be.

**Subtheme 3: Perception of love.** Participant 2, on the other hand, used her perception of what love is to find meaning in what she was experiencing in her relationship. She viewed her partner's behaviour as an expression of love and that the pain she felt was a manifestation of love. This was demonstrated when she said:

*The only thing that is real is pain, when pain is there, love is there. When there is no pain, it is not love.*

**Subtheme 4: Displacement.** P2 indicated how she directed her anger towards her daughter in order to cope with the abuse from her partner. One may deduce that it was easier for P2 to direct her anger towards her daughter, as she was afraid of being rejected by her partner. Although this was a coping strategy for P2, it also signifies how abuse in a relationship may impact other members of the family.

*P2: I am not a good enough mother. Frustrations are passed onto the child especially since she is going through the terrible twos. I could not take out the frustrations on him, because he will reject me if am not perfect, whereas my daughter is stuck with me.*

**Subtheme 5: Emphasized femininity.** P2 also reported how she displayed behaviour she believed was associated with being the perfect wife, the ideal woman.

She did this in order to get acknowledgment from her partner, hoping to attain some level of closeness. She embraced the values of femininity that she had learned from her mother and used them to cope with the abusive relationship.

*P2: ...By being the perfect wife, cooking and cleaning, folding, being a great host. I wanted to be a good person. I wanted to be loved; I wanted to be worth loving, not someone who is supposed to be beaten up. I was trying to prove a point that I am everything that he needs, always seeking his approval, and this helped me cope. I behaved like the perfect woman in order to cope; I used what my mother had taught me.*

The above mentioned are examples of the actions the participants engaged in, not only to cope with the abuse in the relationship but also to acquire love, some sort of closeness and acceptance from their partners. However, these coping strategies appear to have been ineffective, as the relationship still managed to have a negative impact on these participants as in the previous theme.

## **Theme 5: Healing**

The participants in this study reported that they did seek help following the abusive relationship. This theme looks at the impact Itsoseng Psychological Clinic in Mamelodi had on these participants.

**Subtheme 1: Role of therapy.** Participants reported that they resorted to psychotherapy to assist with healing. The role therapy played was indicated in the following statements:

*P1: I view things differently now since I have been to Itsoseng Clinic in Mamelodi. Previously I did not know that I could achieve a lot of things. After therapy I view myself as an asset. I deserve better. It has also influenced my need to be a motivational speaker. Itsoseng Clinic helped me see this. It motivated me towards becoming a motivational speaker after getting the assistance that I needed. It taught me that in order to be a successful woman you need to be independent. Itsoseng woke me up.*

*P3: Currently my attitude is a positive one. It has shifted from negative to positive. Mamelodi helped me a lot in this regard and it made me stronger and ready to face challenges.*

The positive impact made by Itsoseng Psychological Clinic in Mamelodi was perfectly highlighted in this theme.

### **Feelings after the interview**

Participants expressed feeling relieved after the interview. They reported that speaking to someone about their experience helped. Participant 1 went further by stating that this was the reason why she would like to be a motivational speaker: she believes that sharing her story will not only benefit her but it will also benefit those she interacts with.

## **Conclusion**

This chapter discussed the themes and the subthemes that emerged from the data that was collected from the interviews. In the next chapter the themes will be discussed in conjunction with the literature review and the theoretical foundation that formed the basis of this study.

## Chapter Five

### Discussion

This chapter will discuss the major themes and subthemes that emerged from the interviews. In the course of integrating and discussing the findings, the eudaimonic perspective of psychological well-being will be used as a guide in conjunction with related literature. The themes that emerged are the following: type of abuse in relationship, impact of intimate partner violence, growth, coping strategies, and healing.

#### Theme 1: Type of abuse in relationship

All the participants reported that they had experienced intimate partner violence in their intimate relationships. It was also discovered that the type of violence differed from one participant to the next. According to Ali, Dhingra, and McGarry (2016) and Karakurt and Silver (2013), intimate partner violence may include physical, sexual, and emotional/psychological abuse. All these forms of abuse were reported by the participants in this study. It was also observed that one individual may experience a combined type of abuse and this was evident in the participants' narrations.

P1 indicated that she had experienced emotional abuse at the hands of her partner. P2 and P3 both reported that they had experienced a combined type of abuse in their relationships, with P2 experiencing emotional and physical abuse and P3 experiencing emotional, physical and sexual abuse.

P2 and P3 reported that the physical abuse they experienced had been preceded by emotional abuse. Karakurt and Silver (2013), maintain that emotional/

psychological abuse affecting one's psychological well-being has been found to be a precursor to physical abuse; they further added that verbal abuse in a relationship may definitely serve to predict subsequent physical abuse.

It was also observed in the study that there may be a link between the duration of the relationship and the type of abuse experienced by these participants. One may thus hypothesize that the longer one stays in an abusive relationship the higher the chances of experiencing more than one type of abuse, with the abuse and its impact escalating with each shift. For example, P1 reported that she was in the relationship for four years and experienced only emotional abuse, whereas P2 and P3 reported that they had been in their relationships for five and six years respectively and they had experienced emotional, physical abuse and sexual abuse. A study by Green and Roberts (2008) on the duration and severity level of battered women shows that the severity of the abuse and the frequency of abusive behavior increased with the duration of the relationship, something that was also seen with the participants in this study.

## **Theme 2: Impact of intimate partner violence**

The following subthemes discuss how the participants perceived their dimensions of psychological well-being following the intimate partner violence. As discussed in chapter 2, intimate partner violence may have a negative impact on the psychological well-being of those affected by it (Crawford, Liebling-Kalifani, & Hill; 2009). To define psychological well-being, the researcher of this study used the six dimensions developed by Ryff and Singer (1996). These dimensions include self-acceptance, positive relations with others, autonomy, environmental mastery,

purpose in life and personal growth. In this theme the following dimensions of psychological well-being were highlighted; self-acceptance, autonomy, positive relations with others and environmental mastery.

**Subtheme 1: Impact on the self.** According to Bernad (2013), it is important that an individual sees himself/herself in a positive light. This is because a positive attitude towards the self is important for one's mental health. The literature (Bernad, 2013; Huta & Waterman, 2014; Ryff & Singer 1996) advocates that self-acceptance helps in the reduction of anxiety, feelings of worthlessness and feelings of inadequacy and allows for optimum psychological well-being.

Feelings of inferiority and inadequacy were observed when the participants in this study described the manner in which the abuse influenced their sense of self. Self-demeaning words such as 'stupid', 'failure' and 'loser' were used by the participants in describing themselves. They all reported a lack of self-confidence coupled with a low self-esteem as a result of what had happened to them. The participants held a negative attitude towards themselves and this hindered their sense of self-acceptance, thus impacting on their psychological well-being. The impact of the abuse appeared to have also left the participants feeling hopeless, which led to them contemplating suicide.

The literature (Crawford, Liebling-Kalifani, & Hill, 2009; Devries et al., 2013, Hart & Klein, 2013 & Johnson et al., 2014) reports that a low self-esteem, a lack of self-confidence and a lack of self-acceptance was reported by females affected by intimate partner violence. Hart and Klein (2013) add that adolescent females who experience intimate partner violence may indeed present with suicidal ideation due to the abuse they faced.

One may thus conclude that the participants in this study hold a negative attitude towards themselves, they present with a low self-esteem and report a lack of confidence as victims of intimate partner violence. All of this has prevented them from experiencing a sense of self-acceptance, something which inevitably limits one's psychological well-being.

**Subtheme 2: Impact on autonomy.** According to Ryff and Singer (1996), autonomy is defined as one's ability to resist social pressure; it involves being independent and being able to regulate your own behaviour and emotions on the basis of your own standards (Yeh, Vandrevalla, & Lyons, 2016). A prominent loss of power and control was reported by the participants in this study. They reported that their sense of self-worth was based on what their partners thought of them and this fostered a sense of emotional dependency, a need to do whatever pleased him at the expense of their own autonomy.

This dependence escalated as these participants started losing confidence in their own opinions and decision making, and as a result they gave their partners control over their own decision making. Participants reported that they currently still find it difficult to make their own decisions. Similar findings were reported in a study by Rodriguez (2011), who found that victims of intimate partner violence report a poor sense of autonomy and show difficulty in maintaining independence.

Perpetrators of intimate partner violence may use different tactics to gain and maintain control in a relationship. They may use physical violence or the threat of physical violence. They may isolate the victim from their families and friends or resort to male dominance to overpower their victims. Emotional/psychological abuse can



also be used; the men may demean and belittle the women and make them feel worthless and embarrassed (Jewkes et al, 2010; Johnson, 2006; Kimmel, 2002).

What was observed in this study is that physical and emotional abuse was used as ways of gaining control by the partners over the participants. In addition to the physical and emotional/psychological abuse, the partners also maintained control in the abuse by not meeting the participants' needs. The researcher of this study found that an underlying need for affirmation surfaced as the participants were describing how the abuse affected their sense of autonomy. It can thus be concluded that an unmet need for affirmation, acknowledgement and unconditional positive regard from their partners placed these participants in a 'one down' position, a position that comes with a loss of autonomy.

It is however important to consider the context of Mamelodi and how female submissiveness in this context is encouraged; this is believed to influence the level of dependency and loss of autonomy amongst women in this township (Umejezi & Mazibuko, 2015). This may have further influenced the loss of autonomy experienced by the participants in this study.

**Subtheme 3: Impact on relationships.** The concept of having positive relations with others is defined by the eudaimonic perspective as the ability to trust others, being able to show and receive affection and intimacy, and involves having meaningful relationships with others. The presence of functional interpersonal relationships is seen as valuable and important for optimum psychological well-being, and the lack thereof may be detrimental to one's psychological well-being (Lundqvist & Sandin, 2014; Ryff & Singer, 1996; Segrin & Rynes, 2009).

The participants in this study discussed how their abusive relationship impacted on how they experience their relations with others. They stated that time was no longer spent with family and friends. One participant also added that conflict surfaced when her family and her partner's family found out about the abuse. The impact of the abuse also shifted from affecting interactions with family and friends to affecting interactions with colleagues. P1 avoided contact with colleagues in an effort to avoid being asked questions about her relationship, and P3 felt uncomfortable around her colleagues at work after her partner contacted her workplace. Therefore, the abusive relationship had a negative impact on the different relationships these participants have.

According to the participants, the negative impact of the abuse on their different relationships resulted in them having a negative attitude towards relationships in general. P1 and P2 reported that they currently have no positive relationships. P1 added that she does not see the importance of relationships with other people. From P1's perspective relationships are 'useless'.

A lack of trust and interest in intimacy was also observed in this study. P1 and P3 reported that they are unable to trust others because of what they have experienced. P3 further stated that she is currently disgusted by the opposite sex and the thought of intimacy. Therefore, it can be concluded that being victims of intimate partner violence affected the relationships these individuals have with those around them and has also given rise to feelings and attitudes which have made it difficult for them to have positive relations with those around them.

#### **Subtheme 4: Impact on environmental mastery and academic performance.**

Environmental mastery refers to one's ability to choose or create an environment

which is suitable for one's mental health (Garcia, Al Nima, & Kjell, 2014; Ryff & Singer, 1996). According to Ryff & Singer (1996), environmental mastery includes the ability to make use of the opportunities in your environment to your own benefit, the ability to relate to members of the community and the ability to choose contexts that are appropriate for one's own values and morals.

Participants in this study reported that they experienced difficulties using the opportunities in their context (university and work) as a result of the abusive relationship they were facing. A loss of financial resources was reported by P1. This was endorsed by P2, who reported that her energy had been focused on everything else, leaving her with no energy to seek out opportunities. P3 stated that she had managed to make use of the opportunities at school and at work despite the intimate partner violence. It is clear from these findings that there is a difference in how intimate partner violence impacts on the individuals use of opportunities around them.

A prominent focus on academic activity was identified by the researcher of this study during the interviews, and this was explored further. The participants all reported that they were held back academically because of the abusive relationship. Being victims of intimate partner violence resulted in poor performance at university and this affected the participants' ability to make use of the opportunities available to them.

An inability to relate to members of the community was also highlighted by the participants in this study. When describing their difficulties with fitting in, feelings of shame and embarrassment were expressed by P1 and P3. They reported that they were ashamed of what had happened to them and as a result they withdrew from

interacting with other members of their community. On the other hand, P2 reported that her inability to fit in with others in her community was influenced by the feedback she received from those around her. She reported that her partner's behaviour was condoned and justified by his male friends who stated that it is normal for African men to beat their women. She reported feeling invalidated by others when sharing her experiences. A study conducted by WHO (2009) revealed that men in certain African countries (Ghana, Nigeria, and South Africa) condone intimate partner violence and believe that the man has the right to discipline and assert power over a woman. This was supported by Oluremi (2015), who reported that men justify intimate partner violence and see it as normal and acceptable. This is what P2 was faced with in her community.

All the participants reported that they could not choose contexts appropriate for their own values and morals. During the relationship they had compromised their own values and morals in order to please their partners. At the time of the interview the participants reported difficulties with making decisions that reflected their own morals and values. This can be linked to the women's poor sense of autonomy; being victims of intimate partner violence had affected their ability to make decisions for themselves and this is clearly portrayed here.

What we gather from the subtheme of environmental mastery is that the participants were unable to make use of the opportunities at their disposal because of the impact of the abuse. They were unable to fit in with their respective communities and were also unable to choose contexts appropriate for themselves. From the above-mentioned one may deduce that the participants in this study

experienced no sense of environmental mastery after the abuse they had experienced.

### **Theme 3: Growth**

In the theme of growth two dimensions of psychological well-being were discussed, namely personal growth and purpose in life. The eudaimonic perspective defines personal growth as an improvement in one's development; it includes changes in emotional, social and physical aspects that are perceived as desirable. Personal growth also includes one's openness to experience and desire to improve one's potential. Purpose in life is defined as having a sense of direction and intentionality, a drive to improve one's life. It involves the creation of goals by an individual. These are important for psychological well-being (Keyes, Shmotkin, & Ryff, 2002; Ryff & Singer, 1996).

When one thinks about intimate partner violence and the possible impact it might have on one's well-being, what comes to mind are all the negative effects victims of intimate partner violence have to subsequently live with. The participants in this study reported how intimate partner violence had affected their psychological well-being, and throughout this chapter the negative impact of the abuse surfaced and this was also reflected in literature. It was however pleasantly surprising to hear participants reporting on how they have grown following the abuse they have endured.

Although what they experienced was traumatic, the participants still managed to take something positive from the experience. The participants reported a sense of

personal growth following the abusive relationship, an improvement in empathy, physical and emotional strength and courage. They also reflected on how their sense of purpose in life has improved; they all reported that they are now driven and focused on improving their lives and the lives of those around them.

The growth reported by the participants in this study may be referred to as post traumatic growth. Post traumatic growth is referred to as a positive psychological growth after a traumatic event. It is defined as change that is experienced as a result of struggling with a life stressor or a traumatic experience (Calhoun & Tedeschi, 2014). Post traumatic growth changes are said to be seen in improved relationships, new possibilities for one's life, a greater appreciation of life, spiritual development, and the one that was seen in the participants in this study was a greater sense of personal strength (Jayawickreme & Blackie, 2014). A study by Valdez and Lilly (2015) shows that experiencing post-traumatic growth does not undo the effects of the trauma; these positive changes may in fact co-exist with the negative effects of the trauma. This is what was observed in this study. It is important to note that these participants were also attending psychotherapy at Itsoseng Clinic and this may have also impacted on their experience of growth.

The abovementioned themes; 'the impact of the relationship' and the theme of 'growth' answered the aims and objectives of this study. Through these themes the researcher was able to gain insight into how the participants experience the six dimensions of psychological well-being following the intimate partner violence.

#### **Theme 4: Coping strategies**

The aim of this study was to understand how the participants experience the different dimensions of psychological well-being as victims of intimate partner violence. However, an important unintended theme of coping strategies came up and the researcher of this study saw fit to discuss it. Coping strategies are defined as behavioural and cognitive efforts used by people in order to deal with stressful or difficult situations (Nandkeolyar, Shaffer, Li, Ekkirala, & Bagger, 2014; Pienaar & Rothman, 2003). To discuss the coping strategies used by the participants in this study, various subthemes will be used. These include normalization, religious beliefs/faith, perception of love, displacement and emphasized femininity.

**Subtheme 1: Normalization (intergenerational abuse).** Normalization is a cognitive process that may be used to minimize the effect of an unpleasant situation (Sanderson, Calnan, Morris, Richards, & Hewlett, 2011). A study by WHO (2010) states that exposure to high levels of intra-parental violence and sexual abuse as a child may lead to the normalization of violence. Normalization of violence may increase the acceptance of violence among women, this resulting in women accepting the victim role in relationships, and they may start to perceive violence in intimate relationships as normal (WHO, 2010).

Umejezi and Mazibuko (2015) maintain that some of the participants in their study conducted in Mamelodi township viewed intimate partner violence as normal. It was reported that violence was seen so often in this township that the participants believed it was normal behaviour in a relationship, something that is passed down from one generation to the next. This is consistent with the views of P1, who reported that she deserved the abuse she experienced because the same had

happened to her mother. She not only expected this type of behaviour in a relationship but also accepted it as normal and meant to be.

**Subtheme 2: Religious beliefs/faith.** According to Buel (1999), victims of intimate partner violence may use religious affiliations as a means of coping with abuse; some victims even tolerate the abuse to show their commitment and faith. Fortune, Abugideiri, & Dratch (2010) revealed that when faced with adverse circumstances such as intimate partner violence, the question most people ask is 'Why am I suffering?' and this question is most often followed by 'This is God's plan'. The answer 'This is God's plan' thus enables individuals to cope with their situation (Fortune, Abugideiri, & Dratch, 2010). Similarly, P2 used her belief system in order to cope with the abuse she had to endure. She looked at her situation as God's will, stating that God had brought her to this Earth to experience this abuse.

**Subtheme 3: Perception of love.** Individuals may view abusive behaviour as a manifestation of love (Wood, Maforah, & Jewkes, 1998). Ahmed and Simon (2011) reported that Xhosa adolescent females in South Africa interpret abuse as a sign of affection and an expression of love, and this enabled them to accept and cope with violent behaviour. The participants in a study by Kim and Motsei (2002) held a common belief that abuse is as an expression of love. These participants added that they do not feel loved if their partners do not beat them (Kim & Motsei, 2002). This was consistent with P2's views; she explicitly stated that she believes that love is pain and that when there is no pain it is not love. Therefore, one may hypothesize that when her partner abused her she perceived it as an expression of love and this may have made it easier for her to handle her experience.



**Subtheme 4: Displacement.** According to Freudian psychoanalytic theory, displacement is defined as a transference of actions, ideas, anger and so on from one target to another more acceptable and less threatening target (Baumeitser, Dale, Sommer, 1998; Diehl et al., 2014). P2 dealt with her partner's abuse by directing her anger towards their two-year-old daughter. It was easier for her to do this because she was certain her daughter would not reject her. P2 chose a less threatening target on which to release her anger and pain and this helped her cope.

**Subtheme 5: Emphasized femininity.** Kelly, Pomerantz, and Currie (2005, p.129) define emphasized femininity as 'a form of femininity that is based on women's compliance with the subordination to men and oriented to accommodating the interests and desires of men'. Females are taught what it means to be an 'ideal' woman through societal norms from a young age, and this may impact on how they behave and handle situations as adults (Schippers, 2007).

Boonzaier and De la Rey (2004) report that women believe that they will cope with and mitigate a man's abusive behaviour by adopting the values of emphasized femininity such as being nurturing, selfless, showing love and tenderness and putting the needs of others before their own. Emphasized femininity was observed when P2 reported that she had presented herself as the perfect woman, by showing love and care and by performing house chores for her abusive partner. P2 added that she had performed acts that she was raised to believe characterize the ideal woman. By performing such acts, she reported that she was not only able to 'cope' with and minimize the abuse but also managed to gain some level of acknowledgement from her partner. Umejesi and Mazibuko (2015) maintain that women in Mamelodi have accepted and adopted societal beliefs of what it means to be a good woman or wife;

they have been subjected to values of emphasized femininity and adhere to these values in intimate relationships.

### **Theme 5: Healing**

Rodriguez (2011) reported that victims of intimate partner violence need constant therapy sessions. This is due to the fact that they may struggle with arranging their lives and may present with weaknesses, a lack of confidence and a loss of autonomy, all of which were observed in the participants of this study. According to Rodriguez (2011), an individual should have a sense of autonomy and environmental mastery and should show self-acceptance in order to regulate their own feelings and emotions, and this may be achieved through psychotherapy. Psychotherapy may be defined as the initiation of a relationship between the therapist and the patient, with the aim of bringing about healing and psychological well-being (Beaulieu, 2011). It is therefore important for the participants in this study to receive psychotherapy.

The participants in this study did seek psychological help at Itsoseng Psychological Clinic in Mamelodi. They reported that the clinic has assisted them in their journey towards healing. Psychotherapy at Itsoseng Psychological Clinic according to these participants has motivated them and encouraged them to become better versions of themselves. They reported that it has also improved their attitudes towards themselves. One participant reported that even though there is still a long way to go, psychotherapy has indeed been helpful.

One of the participants expressed an important reflection she had made: she stated that psychotherapy is definitely beneficial, but one has to be willing to push

oneself and fight for oneself. She added that Itsoseng Psychological Clinic had 'woken her up' and made her realize her strength. She commented on the name of the clinic, 'Itsoseng', which when loosely translated means 'Wake yourself up', and she believes the clinic lived up to its name. The participants reported that they would recommend that Itsoseng Psychological Clinic be advertised more extensively, because many more people in Mamelodi could benefit from it. On the basis of the above, it may be hypothesized that Itsoseng Psychological Clinic may indeed have contributed to the growth observed in the participants.

## **Conclusion**

This chapter discussed the various themes and sub-themes that emerged from the interviews with the participants. The themes were discussed in conjunction with the literature findings on intimate partner violence and the dimensions of psychological well-being. The following chapter summarizes and concludes the study findings.

## Chapter Six

### Summary, Reflection and Recommendation

The aim of this study was to gain an understanding of how the participants in this study experience the dimensions of psychological well-being following intimate partner violence. To achieve the aim and objectives of the study, phenomenology was used as a qualitative methodology. Data was gathered using semi-structured interviews and themes were generated using IPA. For the purpose of this study, only late adolescent/young adult females from Mamelodi township who had been affected by intimate partner violence were used. The study findings can be summarized as follows.

The findings of this study show that the intimate partner violence experienced by the participants in this study includes emotional, physical and sexual abuse. The findings further highlighted the fact that intimate partner violence may result in individuals experiencing a lack of self-acceptance, a poor sense of autonomy, poor relations with others and a lack of environmental mastery. These were the findings regardless of the form and duration of the abuse. However, in conjunction with the negative experiences described, the participants also reported a sense of personal growth and an improved purpose in life following the intimate partner violence.

It was also highlighted that Itsoseng Psychological Clinic played an important role in the healing process of the participants. Psychotherapy received at the clinic had assisted the participants in dealing with the impact of the abuse; this may also serve to explain the improvement in the participants' sense of personal growth and purpose in life. The clinic may have thus contributed towards the participants' post traumatic growth as discussed in chapter 5.

In dealing with the difficulties of intimate partner violence, the findings show different coping strategies employed by the participants. These strategies include normalization, the reliance on religious beliefs/faith, the perception of love, displacement and the values of emphasized femininity. These may have assisted in coping but, were not effective in buffering the negative impact the abuse seems to have had on the few dimensions of psychological well-being as seen in the previous paragraph.

### **Reflection on the research process**

My interest in this study was influenced by my observation of the abuse that one of my significant others experienced. I observed the negative impact it had on her psychological well-being. The impact was so significant that it caught my attention and made me wonder how young women who are affected by intimate partner violence experience their own psychological well-being. Apart from my own personal experience, another factor that influenced the selection of the topic was the high number of intimate partner violence complaints that I had encountered during my practical work as a student clinical psychologist at Itsoseng Psychological Clinic in Mamelodi. This made me realize that intimate partner violence may be a concern amongst people in intimate relationships.

The selection of this topic thus influenced the aim and objectives of the study, the selection criteria as well as the methodology. Therefore, this study is not free of bias. It was based on the researcher's subjectivity. This approach is supported by Mbata (2015), who states that subjectivity cannot be separated from the researchers' reality and the research process.

During the research process, I experienced a number of challenges. Firstly, I struggled to find literature on this particular topic within the Mamelodi context. Secondly, given that this may be a sensitive topic, I experienced the discomfort and worry of wondering whether I would find participants and, if I did manage to find participants, whether they would be comfortable opening up to a stranger and someone within their own peer group. Indeed, I did struggle to find participants, which limited the sample size. It is important to note that the findings of this study indicate that the perception of love may be used as a coping strategy by females in an abusive relationship. Therefore, for as long as these late adolescent/young adult females see the abuse as an expression of love, believe that they deserve the abuse and are afraid of the stigma surrounding intimate partner violence, they will not seek help, and thus only a few will be accessible for research purposes. Although the sample size was small it can be viewed as appropriate for the qualitative nature of the study. Crouch and McKenzie (2006) assert that qualitative research is not based on generalization and hence a small sample is considered appropriate. Furthermore, qualitative studies are concerned with obtaining participants' subjective experiences of a phenomenon, which is what this study did (Crouch & McKenzie, 2006).

Another challenge that I encountered was experienced during the data collection process. During the interviews all the participants struggled to understand some English words, leaving me in a situation where I had to translate these words into their primary language (Setswana). It is thus important to be aware of the fact that some details may have been lost in translation.

It is, however, important to note that I did not approach this research as an expert in the experience of intimate partner violence; therefore, I approached it with a sense

of curiosity and an openness to learn. This stance facilitated the data collection process. Overall this study expanded my frame of reference and understanding of the issue of intimate partner violence and its impact on one's psychological well-being.

## **Recommendations**

On the basis of the research findings and the reflection on the research process, the following recommendations are made:

- Any individual who has experienced or is experiencing intimate partner violence should open up and share their lived experiences in order to obtain assistance.
- Itsoseng Psychological Clinic seems to have played a pivotal role in the healing process of those affected by intimate partner violence, demonstrating the importance of the clinic as psychological service provider. It is thus recommended that the clinic be adequately advertised and supported in order to continue providing these services.
- More research involving intimate partner violence amongst late adolescent/young adults should be conducted, because there are only a limited number of studies on this topic and this population in the Mamelodi context.
- A quantitative study on a larger scale should be conducted in the same context for the purpose of generalising the findings.

## **Conclusion**

Individuals experience the dimensions of psychological well-being differently following intimate partner violence. Some dimensions are experienced negatively and described in terms of lack, whereas some are experienced in a more positive light with a sense of growth. Given that the interviews were conducted in conjunction with psychotherapy at Itsoseng Psychological Clinic, it may be hypothesized that psychotherapy may have also assisted in the positive growth experienced by the participants. Therefore, it may be concluded that intimate partner violence does have an impact on an individual's experience of psychological well-being. It is also clear that individuals use different ways of coping with intimate partner violence. These, however, may not be effective. Thus, psychotherapy is indicated for those who are affected by intimate partner violence.



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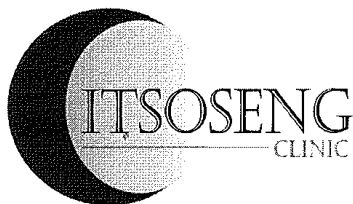
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## APPENDIX A: PERMISSION LETTER (ITSOSENG CLINIC MANAGER)



**University of Pretoria**  
**Department Of Psychology**  
 c/o Solomon Mahlangu (Hans Strijdom) & Hinterland Street  
 Mamelodi East  
 Administration Building  
 Ground Floor



UNIVERSITEIT VAN PRETORIA  
 UNIVERSITY OF PRETORIA  
 YUNIBESITHI YA PRETORIA



Tel: 012 842 3515  
 Fax: 086 551 6828  
 E-mail: itsoseng.clinic@up.ac.za

**Clinic Hours**  
**Mon – Thu: 09h00 – 16h00**

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CONFIDENTIAL

To whom it may concern,

This is to authorise Thabiso Dithipe, a student at the University of Pretoria, student number 11160111, to conduct her research at the Itsoseng Clinic.

For any further enquiries please contact us on 012 842 3515.

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Dr Linda Blokland  
 Clinic Director

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Date

Rico Visser  
 Clinic Manager

31/08/2016  
 Date



## APPENDIX B: INFORMATION LETTER AND INFORMED CONSENT



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Department of Psychology

### TITLE OF STUDY

The Psychological well-being of late adolescent/young adult females affected by intimate partner violence in Mamelodi Township.

### Researcher

Thabiso Dithipe

Department of Psychology

0769443525

[u11160111@tuks.co.za](mailto:u11160111@tuks.co.za)

### Supervisor

Dr Linda Blokland

### INFORMATION

My name is Thabiso Dithipe, I am a Masters in Clinical Psychology student at the University of Pretoria. You are invited to participate in a research study, which I am conducting as part of the requirements of my degree.

### PURPOSE OF STUDY

The purpose of this study is to explore how late adolescent/young adult females affected by intimate partner violence in a local population (Mamelodi) experience their psychological well-being. Psychological well-being will be defined by Ryff and Singer's theory of psychological well-being.

## **STUDY PROCEDURES**

This research will involve a 50-60 minute long interview at Itsoseng Clinic in Mamelodi Pretoria. The focus of the interview will be on your abusive relationship and the perceived impact it has had on your current psychological well-being, the interview will thus consist of questions concerning your level of self-acceptance, your relationships with others, your sense of autonomy, your perceived environmental mastery, your purpose in life and your personal growth. The interview will be recorded with your consent to ensure that no information is missed.

## **RISKS**

There are no expected risks in this study, however talking about an abusive relationship may be difficult. The study will run parallel to your therapy sessions at Itsoseng Psychological Clinic, thus any difficulties resulting from the interview may be addressed in therapy.

## **CONFIDENTIALITY**

All information will be treated as confidential. Your name will be kept confidential. Code names will be used to protect your identity.

## **VOLUNTARY PARTICIPATION**

Participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. After signing the consent form, you are free to withdraw at any time, without giving a reason and you will not be penalised. You are also allowed to refuse participation. Should you agree to take part in the study you will be allowed to decline to answer any questions you deem uncomfortable.

## **DATA STORAGE**

The data collected from your interview will be stored for 15 years in the Psychology Department at the University of Pretoria for archiving and future research purposes. Please be informed that the results of this study will be published in the form of a mini-dissertation and a scientific article.

## **CONTACT INFORMATION**

Should you have questions at any time about this study, or experience adverse

effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page.

---

## DECLARATION OF CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature \_\_\_\_\_ Date \_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_

Investigator's signature \_\_\_\_\_ Date \_\_\_\_

## **APPENDIX C: INTERVIEW SCHEDULE**

- Could you please tell me more about yourself?
- Can you tell me more about your relationship with your partner?
- How long were you in the relationship?

### **SELF-ACCEPTANCE**

- How did the abusive relationship influence how you viewed yourself (any self-blame or guilt)?
- What type of attitude do you currently have towards yourself?
- How did being in the abusive relationship influence how you viewed and accepted your good qualities/strengths?
- And your bad qualities/weaknesses?

### **AUTONOMY**

- How did the abuse from your partner influence the way you monitor and control your own behaviour?
- Since your experience of the abuse, what level of confidence do you have in your own opinions?

### **POSITIVE RELATIONS WITH OTHERS**

- Can you please tell me how being in the abusive relationship has affected your relationship with others, friends, family?
- How is your ability to show understanding and love towards others since the abuse?

**PURPOSE IN LIFE**

- How has the abuse you experienced influenced your purpose in life?

**PERSONAL GROWTH**

- How has the abusive relationship had an impact on your personal growth?
- In what manner has the abuse influenced your continuous learning in life?
- In what way has the abuse had an impact on your ability to accomplish your goals in life?

**ENVIRONMENTAL MASTERY**

- How did the abuse you endured impact your ability to make use of the opportunities at your disposal?
- What impact has the abusive relationship had on your ability to fit in with the people and the community around you?
- How has being in an abusive relationship at your age impacted your ability to choose an environment that is suitable to your personal needs and values?