

**SOCIAL WORK INTERVENTIONS TO ADDRESS DOMESTIC VIOLENCE IN
SEDIBENG DISTRICT**

BY

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DECLARATION OF ORIGINALITY

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**Topic of the work: Social work interventions to address domestic violence in
Sedibeng District**

Declaration

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3. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

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Date

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To God be the glory. It was indeed a long journey. I would like to thank the Almighty God for this wonderful and successful journey. With God nothing is impossible.

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ABSTRACT

SOCIAL WORK INTERVENTIONS TO ADDRESS DOMESTIC VIOLENCE IN SEDIBENG DISTRICT

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DEPARTMENT: SOCIAL WORK AND CRIMINOLOGY

DEGREE: MSW (SOCIAL DEVELOPMENT AND POLICY)

There is a high rate of domestic violence worldwide and most of the victims of abuse are women. South Africa is no exception to this and it is estimated that one out of three women worldwide experiences domestic violence in her lifetime. Social work plays a role in addressing domestic violence. Therefore, the goal of the study was to explore and describe social work interventions to address domestic violence in Sedibeng District. The researcher conducted this study using a qualitative approach. The study was applied and explorative in nature and utilised an instrumental case study design. Ten social workers employed in different non-profit organisations in Sedibeng District were purposefully selected to participate in the study. Data were collected by means of semi-structured interviews guided by an interview schedule.

Findings indicated that some social workers lacked information about domestic violence and requisite interventions, which was a challenge to service rendering to women victims of domestic violence. As, findings indicated that the commonly used strategies among the social workers include counselling, awareness, support groups and referrals. Furthermore, few participants were very elaborate about their roles in helping women victims of domestic violence. These roles are limited to; educator, facilitator and advocacy. Also, findings showed that lack of resources was a major challenge in social work interventions in addressing domestic violence.

This study concludes that social workers do not have enough resources at their disposal and lack adequate information on domestic violence. As a result, they do not fully understand their roles and fail to assist women victims of domestic violence.

To overcome the challenges faced by social workers when rendering services to victims of domestic violence, it is recommended that the Department of Social Development and other role players should avail enough resources. These include vehicles, office equipment such as telephones and computers, and shelters for the victims. There is also a need for the social workers to be continuously trained on domestic violence and the best intervention strategies.

KEY WORDS:

Domestic Violence; Interventions; Sedibeng District; Social work; Social worker

ACRONYMS AND ABBREVIATIONS

CEDAW	The Convention on the Elimination of All Forms of Discrimination Against Women
CSV	Centre for the Study of Violence and Reconciliation
DV	Domestic Violence
FAMSA	Family and Marriage Society of South Africa
NASW	National Association of Social Workers
NGO	Non-Governmental Organisation
NICRO	National Institute for Crime Prevention and the Reintegration of Offenders
NPO	Non-Profit Organisation
POWA	People Opposing Women Abuse,

RSA	Republic of South Africa
SADC	Southern African Development Community
SAPS	South African Police Service
SAVF	Suid-Afrikaanse Vrouefederasie
SDGs	Sustainable Development Goals
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations International Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

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CHAPTER 1

GENERAL INTRODUCTION TO THE STUDY

1.1. INTRODUCTION

There is a high rate of domestic violence worldwide (World Health Organisation (WHO), 2016:37). According to Safehorizon (2015:11), 85% of domestic abuse victims around the world are women, and one out of four experiences domestic violence in her lifetime. However, WHO (2018:56) reflects a worse ratio of about 1 in 3. Violence against women in South Africa is so severe that it is estimated that the country has the highest rates in the world, with nearly three women dying daily due to domestic violence (South African Human Rights Commission (SAHRC), 2018:2). According to a study conducted by Gender Links (2018:1), nearly half of the women in South Africa are subjected to domestic violence.

From 2013 to 2018 nearly 4400 women in South Africa were murdered by their partners as a result of domestic violence (Artz, Meer & Aschman, 2018:7). Similarly, statistics released by the South African Police Service (SAPS) (2018), reveal that 177 620 serious crimes against women were reported during the 2017/2018 period. These cases range from murder, sexual offences, common assault, to assault with the intent to inflict grievous bodily harm. It is estimated that between 40% and 70% of all murder victims in South Africa are killed by their intimate partners, usually after a long history of domestic violence (Slabbert & Green, 2013:234).

The evidence cited above shows that appropriate interventions need to be put in place to address domestic violence in South Africa and around the world. As domestic violence is one of the crimes that the South African government considers to be top of the crime prevention priority list, several efforts are being made to decrease its prevalence and effects. These efforts include the introduction of the Victim Empowerment Programme (VEP) and the institution of the 16 Days of Activism Against Domestic Violence (Ellsberg, Arango, Morton, Gennari, Kiplesund, Contreras, & Watts, 2015:1558). Despite these efforts, domestic violence persists. Blundo and Saleebey (2009:30) argue that social workers can assist victims of domestic violence to articulate the nature of their situation, identify what they want, and then explore alternatives to move out of the situation.

The researcher is not aware of any study in Sedibeng that focused on the social works' interventions in addressing domestic violence. Therefore, it is important to get an in-depth understanding of how social work practitioners intervene in addressing domestic violence in Sedibeng. Below is a description of the key concepts that are relevant to this study.

Social work

Social work is defined by the International Federation for Social Work (2014:1) as “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people...” Also, social work can be viewed as a field of study in social sciences which is mainly concerned with the study of social problems and social interventions (Zastrow, 2016:37). Therefore, this study views social work as a practice that guides the social worker on how to promote the wellbeing of people in order to bring about social change.

Social Worker

A social worker is a graduate of schools or programmes of social work, who is employed in the field of social welfare or one who uses his/her qualifications and social work expertise in related and other fields, such as domestic violence (South African Council for Social Services Profession, 2008:5). Therefore, in this study, a social worker is a professional person who renders social work interventions or services, such as counselling, to victims of domestic violence in order to promote their wellbeing and bring about social change in an abusive situation.

Interventions

Interventions can be viewed as technically well-known methods and outlines social workers apply to cases of people, such as female victims of domestic violence (Ebue, Uche & Agwu, 2017:85). Also, interventions involve policy, planning and development in which professional skills and techniques are applied (Lone, 2016:10) The researcher view interventions as determined actions assumed by social workers to address situations of clients (individuals, groups and communities), based on professional acquaintance and understanding attained, skills learnt, and values espoused.

Domestic Violence

According to section 1(viii) of the Domestic Violence Act 116 of 1998, domestic violence means: “Physical abuse; sexual abuse; emotional; verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant’s residence without consent, where the parties do not share residence, or any other controlling or abusive behaviour towards a complainant, where such conduct harms the safety, health or wellbeing of the complainant.”

Dutton (2011:3) describes domestic violence as abusive conduct that is demeaning, controlling, intimidating, including violence, within the context of evolving power and control dynamics of an intimate relationship, causing psychological (and often physical) harm. The researcher defines domestic violence in this study as any form of harm caused to a person in a residence and this may take different forms of violence, of which there must be a complainant or a victim.

Sedibeng District

Sedibeng District is a municipality situated on the southern tip of the Gauteng Province and located on the border of three other provinces, namely: Free State, North West and Mpumalanga. It comprises Emfuleni, Lesedi and Midvaal local municipalities (Municipalities of South Africa, [sa]).

1.2. RATIONALE AND PROBLEM STATEMENT

Current data show that one out of every six women in South Africa is regularly assaulted by her partner and, and in at least 46 percent of the cases, the men involved also abuse the children living with the victim (Statistics South Africa (Stats SA), 2016). The high number of domestic violence cases justifies the need to conduct research on the contribution of the social work profession in addressing domestic violence in Sedibeng District (Sedibeng Community Safety, 2017:37). In addition, the researcher has not come across any research study on the social works’ contributions in curbing domestic violence in Sedibeng District. Kirst-Ashman (2017:25) asserts that research is paramount as it provides information about specific techniques that work best with particular problems, such as domestic violence, as in the context of this study.

It is envisaged that the study might be vital in policy and programme enhancement. Policy enhancement involves efforts to change policies in legislative, agency, and community settings, either through establishing new policies, improving existing ones and checking on the effectiveness of the current strategies used to curb domestic violence (Blundo & Saleebey, 2009:38). The study is anticipated to contribute towards effective interventions to address domestic violence, identify effective techniques that can be used to protect victims of domestic violence and strengthen service delivery. It is envisaged that the outcomes of the research will also help in meeting the Sustainable Development Goal 16.1, which seeks to reduce any form of violence. As a consequence, the research question is:

What social work interventions are implemented to address domestic violence in Sedibeng District?

1.3. GOALS AND OBJECTIVES

To address the research question, the goal and objectives of the research are stated below.

1.3.1. Goal

The goal of this study was to explore and describe social work interventions to address domestic violence in Sedibeng District.

1.3.2. Objectives

In order to achieve the goal of this study, the objectives of the study were:

- To conceptualise and contextualise domestic violence and the role of social workers in rendering services to female victims.
- To explore and describe the strategies used by social workers in addressing domestic violence in Sedibeng District.
- To explore and describe the views of social workers about programmes and identify challenges and successes that social workers experience in rendering services to female victims of domestic violence in Sedibeng District, if any, and
- To draw conclusions and make recommendations towards policy development and improved service delivery to female victims of domestic violence in Sedibeng District.

1.4. RESEARCH METHODOLOGY

As the researcher aimed to understand the opinions of social workers regarding services to victims of domestic violence, the study followed a qualitative approach and an instrumental case study design. The study explored and described the contributions made by social workers towards reducing levels of domestic violence (Creswell & Poth, 2017:8). Social workers in Sedibeng District were the unit of analysis, therefore, the study was inductive. Social workers gave specific data and results were generalised. The research approach and design will be further discussed in Chapter 3.

The researcher used semi-structured one-on-one interviews as a method of data collection, aided by open-ended questions that were contained in an interview schedule (Greeff, 2011:352). The interviews were conducted within the organisations where the respective social workers work. All the interviews were tape recorded and the data collected were analysed. Creswell and Poth (2017:183) argue that data analysis in qualitative research is not a once-off process, nor is it governed by distinct steps. Therefore, data analysis was conducted according to Braun and Clarke's (2006:16-24) thematic analysis process. To enhance trustworthiness, the researcher employed strategies such as credibility, transferability, confirmability, reflexivity, member checking and peer debriefing (Lietz & Zayas, 2010:191). The researcher conducted a pilot study with two social workers. The purpose was to refine the interview schedules and conduct preliminary analyses on the appropriateness of the questions, as well as additional questions that could be needed. However, the researcher did not change the interview schedule. Data collection and data analysis will be further discussed in detail in Chapter 3.

It is important for the researcher to be always aware of the ethical implications for participants throughout the research process. The primary purpose of the ethics is to protect the rights of the research participants, while ensuring maximum benefits. Strydom (2011c:115-126) identifies these aspects as: anonymity and confidentiality, informed consent, avoidance of harm, debriefing of participants, deception of participants, actions and competence of the researcher and publication of findings. The ethics considered in the study will be further discussed in detail in Chapter 3.

The chapter outline will be discussed in the following section.

1.5. Chapter outlines

The research report comprises four chapters.

Chapter One: General Introduction to the study

This chapter focuses on the general background of the study. This chapter entails the introduction, theoretical framework, rationale and problem statement, goal and objectives of study, a brief overview of the research methodology and the limitations of the study, thus contextualising the whole study.

Chapter Two: Literature Review

The chapter contextualises domestic violence, social workers' roles in curbing domestic violence, including an in-depth discussion on legislations and strategies used in curbing domestic violence.

Chapter Three: Empirical study and research findings

The chapter entails a detailed explanation of the research approach, type of research, research design, study population, sampling, data collection, data analysis, pilot study, ethical issues, and description of the empirical results.

Chapter Four: Key Findings, Conclusions and recommendations

This chapter comprises the key findings, conclusions, recommendations and a concluding summary of the whole study.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The purpose of this chapter is to provide relevant literature review relating to the topic of study. This section will conceptualise and contextualise domestic violence and social workers' roles in curbing domestic violence, including an in-depth discussion on legislations and strategies used in curbing domestic violence. The theoretical framework used in the study is also discussed.

2.2. DOMESTIC VIOLENCE

It is important to understand the concept domestic violence in order to apply proper interventions. Domestic violence takes place privately in that it occurs mostly behind closed doors (Bendall, 2010:101). It is also known as family violence and can happen to a partner in an intimate relationship, to people who are related to one another or between those that are living together in the same house, married or not and people who are dating, but not necessarily staying together (Centre for the Study of Violence and Reconciliation (CSVR), 2016:4), and it is experienced by both men, women and children. According to section 1(viii) of the Domestic Violence Act 116 of 1998, domestic violence means: "Physical abuse; sexual abuse; emotional; verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant's residence without consent, where the parties do not share residence, or any other controlling or abusive behaviour towards a complainant, where such conduct harms the safety, health or wellbeing of the complainant."

Dutton (2011:3) describes domestic violence as any violence occurring between intimate partners who are of the same sex or other sex, married or unmarried, and against children. The researcher defines domestic violence in this study as any form of harm caused to a person in a residence and this may take different forms against the complainant or victim.

2.3. PREVALENCE OF DOMESTIC VIOLENCE

Violence against women is high worldwide (WHO, 2016:37). In 2017 it was estimated that, at global level, almost one third (30%) of all women who have been in

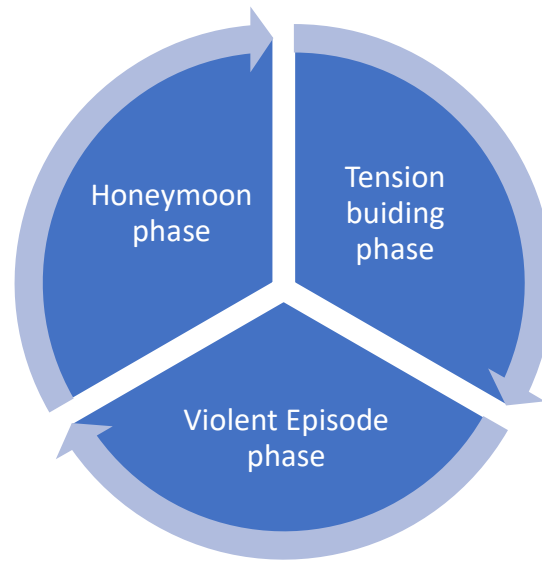
a relationship have experienced physical and/or sexual violence in a domestic environment and at least 38% were murdered by men related to them (WHO, 2017:83). Similarly, in South Africa, domestic violence is a widespread problem (Machisa, Jewkes, Morna & Rama, 2011:6) and the country has the highest global rates of the scourge (United Nations International Children's Fund (UNICEF), 2009).

Although South Africa has one of the most progressive constitutions in the world and a strong legislation that protects women's rights, violence against women is still very prevalent (Slabbert, 2016:223). Research has shown that the prevalence of domestic violence, including the abuse, rape, or murder of women and children in South Africa, is alarmingly high (Gevers, Jama-Shai & Sikweyiya, 2013:2).

A study conducted by the WHO (2012) found that 65% of women in South Africa had experienced spousal abuse a year before the research was conducted. In a study conducted by Institute for Security Studies (2011), it was found out that in Gauteng only; more than 50% of women have experienced domestic violence. Another study by Gender Links (2018:1), also found out that more than 51% of women in Gauteng had experienced domestic violence. The figures show an increase in cases or incidences of domestic violence compared to the studies conducted before. However, this might be far from the true picture, as statistics of domestic violence are sometimes difficult to obtain since police statistics only indicate reported crimes, whereas domestic violence is not considered a crime (Bendall, 2010:101). In order to understand more on what domestic violence means, the cycle of domestic violence is discussed next.

2.4. CYCLE OF DOMESTIC VIOLENCE

The diagram below depicts the cycle of domestic violence which was developed by Walker (1979). It shows that domestic violence has three distinct phases.



- **Tension building phase**

During this time minor violent incidences may occur, and many abused women go to great lengths to prevent the escalation of these incidents (Walker, 2016:91). Walker (2016:91) maintains that during this stage the woman has some minimum control of the frequency and severity of the abuse incidents. Some women can slow them down by giving the men what he wants or speed them up by refusing to meet his demands (Davhana-Maselesele, 2011:1) and many couples keep this first phase at a constant level for a long period of time, depending on the women's retort.

In a study in 2013, Cronin (2013:125) found out that abused women stay in an abusive relationship in silence because of the following reasons: fear of further assaults, fear of intimidation, lack of protection and support, and the hope that things will change for better. This is in line with the findings in a research conducted in Ezibeleni in the Eastern Cape Province by Mesatywa (2014:237) who found out that women learn to become passive as a way of coping in a relationship. From the above literature, it is clear that, due to fear, abused women feel trapped and end up enduring the abuse in order to keep the relationship. Also, it is an indication that some abused women stoically go through the tension building phase with hope that the abuse will abate.

- **Violent episode phase**

At this stage there is an uncontrollable discharge of the tension that would have been built in the first phase (Walker, 2016:91). Walker (2016:91) discovered that this stage is generally briefer than the first stage, but results in the most physical harm. She also found that there was little a woman could do to prevent the abused at this stage. It can, therefore, be assumed that abused women change their own behaviour in order to suit the men's abusive behaviour and during this stage they normally do not seek help, unless they require medical attention (Davhana-Maselesele, 2011:1). In support, Hester (2010:520) found out that abused women in domestic relationships may feel humiliated to seek assistance and, instead, find ways to cope with their violent spouses. Additionally, Mesatywa (2014:237) found out that abused women blame themselves and apologise for being abused. From the above literature, it can be argued that abused women sometimes feel humiliated and powerless to change the abusive situation, hence they stay in the relationships.

- **Remorseful/honeymoon phase**

This is when the man apologises and demonstrates charming, loving, and attentive behaviours towards his partner (Walker, 2016:91). The abuser normally feels ashamed and apologises (Davhana-Maselesele, 2011:1). Hence, this stage acts as the reinforcement for the woman to remain in the relationship, giving her hope that the abuse and meanness will disappear, and the pleasant side will dominate the man's personality (Walker, 2016:91). Understanding the cycle of domestic violence may help in the curbing of domestic violence through empowerment. However, it is important to understand the different forms of domestic violence which vary from, physical, sexual, psychological and economical. These forms are discussed below.

2.5. FORMS OF DOMESTIC VIOLENCE

Women in abusive relationships commonly experience verbal, physical, emotional, psychological, and sexual abuse. The experience may include threats, isolation, stalking, verbal harassment and controlling, which also impact on health (Chhikara, Jakhar, Malik, Singla & Dhatarwal, 2013:72). Hence, there are numerous forms of domestic violence, which include physical, emotional, verbal sexual and economic abuse and intimidation. All these forms will be discussed below.

2.5.1. Physical abuse

The Domestic Violence Act 116 of 1998 stipulates that physical abuse includes any deliberate act of physical assault that harms the recipient in any way. Slabbert and Green (2013:237) view physical abuse as either controlled or impulsive and consists of physical assaults. Examples of physical violence include; slapping, hitting, kicking and/or beating (Dutton, 2011:4). This form differs greatly from random acts of violence due to the nature of psychological effects it has on the abused women. Henceforth, physical violence is about controlling the partner by repeated physical acts of violence, which is possible because the victim is made vulnerable and powerless (Mandal & Hindin, 2013:1332). Conversely, physical violence behaviour is not only the most repetitive in nature, but it is also a mixture of physical, psychological and sexual forms of violence (Dutton, 2011:5). Likewise, physical abuse can include forms of indirect physical abuse, which include; destruction of objects, striking or throwing objects near to the victim, or harming her (UNICEF, 2009:02). Studies have indicated that physical abuse has the potential of causing injury, harm, disability and death (Retief & Green, 2015:139). In South Africa, most women are victims of physical assault, as they mostly report types of violence such as hitting and kicking (Slabbert & Green, 2013:237) which are intentionally inflicted. Hence, Peltzer and Pengpid (2013:23) found out that women reported greater instances of physical abuse.

In a study conducted in 2013, WHO found out that more than 38% of all female homicidal deaths worldwide are perpetrated by the husband or boyfriend (WHO, 2013:20). In support the United Nations Office on Drugs and Crime (UNODC) (2014) study found out women are disproportionately affected by killings committed by intimate partners and other family members. In the same study, the findings indicate that women represent about 20% of homicide victims worldwide and make up almost two thirds of all persons killed by an intimate partner and other family members. In another study, Slabbert and Green (2013:242) found out that all their participants were exposed to lesser types of domestic violence such as hitting and kicking. In support, (WHO, 2013:2) estimates that nearly one-third (33.33%) of all women worldwide who have ever lived in a relationship have experienced physical violence from an intimate partner.

The above literature indicates that within domestic violence cases, women are physically abused, even though this violence starts at a minor magnitude. As a result, some victims of physical abuse do not consider hitting and kicking as abuse, however, in some cases, this form of abuse leads to death. The above cited studies are an indication of what predicament physical violence is and how it varies in every situation. It has also been shown that the victims perceive the intensity of physical violence differently.

2.5.2. Sexual Abuse

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 describes sexual assault as “the unlawfully and intentionally sexually violation of the complainant, without his or her consent.” Sexual abuse can be viewed as any sexual act which may include; endeavour to obtain a sexual act, unwanted sexual comments or advances, acts to traffic, regardless of relationship to the victim in any setting, including, but not limited to, home or work (WHO, 2013). Hence, sexual abuse in all forms, including forcing one to engage in sexual acts and rape are usually associated with domestic violence.

Among the studies on domestic violence, it has been indicated that women in violent relationships have high chances of experiencing sexual assaults, and are much more likely to be sexually coerced by their partners than by a stranger (Fisher, Daigle & Cullen, 2010:124). While, sexual assaults may not be easily disclosed because of intense feelings of fear of further trauma from the abuser, lack of confidentiality, embarrassment, stigmatisation and not being believed, fear of retaliation by the perpetrator, shame and a perception that such reporting would be unlikely to result in punishment of the abuser (Devaney & Lazenbatt, 2016:19). Thus, some women are also reluctant to report being raped by their partners, making it difficult to obtain the true reflection and impact of this form of violence (Wolitzky-Taylor, Resnick, Amstadter, McCauley, Ruggiero & Kilpatrick, 2011:562).

Sexual assault comes with a lot of risk. Mann, Hanson and Thornton (2010:192) mention that, due to sexual assaults, women may be at risk of getting pregnant, suffering from post-traumatic stress, depression, chronic pelvic pain and may be at a

greater risk of repeated sexual assault than other women. Related literature clearly shows how sexually abused women may become traumatised, shamed, live in fear of the abuser and suffer from verbal and psychological abuse. With proper strategies and interventions, social workers can help the abused women. This is in line with the South African Council for Social Services Profession ([sa]:17), which purports that the social worker, through the utilisation of various skills and techniques, can empower victims to effect change.

2.5.3. Psychological/Emotional abuse

Psychological/emotional abuse consists of behaviour that is intended to intimidate and persecute, and it takes the form of threats of abandonment, confinement at home, verbal aggression and constant humiliation (Chebogut & Ngeno, 2010). Women are normally exploited through intimidation and harassment. Still, these exploitative behaviours are based on vulnerability, insecurity, which constitute emotional abuse (UNICEF, 2009:02), and this may include continuous degradation, intimidation, manipulation, brainwashing, or control of another to the detriment of the individual. All the stated behaviours are normally considered to be mentally harmful (UNICEF, 2009:02). Also, emotional abuse involves wilful infliction of mental or emotional agony by use of threats, humiliation (Domestic Violence Act 116 of 1998), or other verbal and non-verbal conduct. Therefore, emotional abuse is often associated with situations of power inequalities, which include averting the abused women from seeing friends, relatives, actively incapacitating the women's social relationships, and isolating them from social contacts (CSV, 2016:5).

According to the Domestic Violence Act 116 of 1998, verbal abuse includes name calling, speaking or writing abusive words that cause annoyance. Thus, verbal abuse can be viewed as a key feature of emotionally abusive relationships. This is a form of abusive behaviour involving the use of language. The perpetrator consistently makes statements that negatively label a person and it is a form of profanity in that it can occur with or without the use of expletives (Johnson, 2010:60), which are also intimidating.

Intimidation is defined by the Domestic Violence Act 116 of 1998 as “the uttering or conveying a threat, or causing a victim to receive a threat, which induces fear”. The

abuser may use a variety of intimidation tactics designed to scare the victim into submission (Chan, 2012:96). Such tactics may include, smashing things in front of the abused women, destroying property, hurting the victim's pets or showing off a weapon. The clear message is that if the victim does not obey, there might be violent consequences (Chan, 2012:96), such as harassment.

Harassment involves engaging in a pattern of conduct that includes a fear of harm in the victim (Domestic Violence Act 116 of 1998). The Act goes on to state that harassment includes stalking the victim, which entails repeatedly watching the victim; loitering outside of or near the building/place where the victim resides, works, carries out business, studies or happens to be; repeatedly making telephone calls to the victim, whether or not conversation ensues; repeatedly sending, delivering or causing the delivery of letters, emails, texts, packages or other objects to the victim.

In their research, Slabbert and Green (2013:238) found out that all their 20 participants experienced emotional abuse, which includes insults, shouting, name calling, and belittling in front of children or other people. A study done by Oram, Khalifeh and Howard (2017:160) revealed that ongoing psychological violence, emotional torture and living under terror, are often more unbearable than the physical violence, culminating in mental stress, high incidences of suicide and suicide attempts. In support, a study by Slabbert and Green (2013:241) found out that emotional wounds were deeper and more painful than physical abuse, which correlates with Walker's (2016:421) view, which describes emotional trauma as characterised by degradation and humiliation, which is the most painful abuse women suffer. However, United Nations Educational, Scientific and Cultural Organisation (UNESCO) (2015:1) notes that psychological abuse has not been given proper attention. Reviewed literature indicates that psychological abuse can be viewed as the foundation of all other forms of abuse. As discussed above, physical abuse escalates to emotional and psychological violence, which are more detrimental as they have a longer-lasting bearing on the lives of the abused women or victims.

2.5.4. Economic abuse

Economic abuse occurs when the abuser has control over the victim's money and other economic resources (Domestic Violence Act 116 of 1998), for example, preventing women from finishing education or obtaining employment. This is supported by Slabbert and Green (2013:240) who view economic abuse as the withholding of economic support and keeping a tight control over the family's economic resources, such as money and transport. Furthermore, some women victims are put on strict allowances, which force them to beg for money. In other instances, the abusers demand money from the victims or wilfully misuse communal resources (CSVR, 2016:5). In their research, Slabbert and Green (2013:241) found out that some women do not have control over their money, as their partners control all finances. Therefore, perpetrators of violence may also use finances to control and victimise the women with whom they are involved, both during and after the relationship. Consequently, the women may find it difficult to achieve financial independence and find resources that will enable them to survive or financially support a home and children on their own. Male partners may even go to the extent of jeopardising their female partners' financial statuses by harassing them at work until they lose their employment (Zastrow, 2016:148).

Societal discrimination in the workplace may also reinforce economic dependence because many women, especially those with minimal literacy, earn low wages and, on the other hand, some men fail to pay maintenance for their children (Dear & Wolch, 2014:16). Furthermore, Adams, Sullivan, Bybee and Greeson (2008:581) found out that some abusers may cause women to be evicted from their houses by causing damage to property and behaving violently. Without access to housing, many abused women are forced to either live in unsafe and inadequate conditions or return to the abusers for shelter. Thus, the general lack of access to public housing may place the abused in compromising situations (Dear & Wolch, 2014:16).

In their research, Slabbert and Green (2013:242) found out that half of their participants indicated that their partners failed to financially provide for their families. Five of the participants stated that their partners deliberately withheld support money, preferring to spend it on drugs and alcohol. Consequently, it is important for social workers to utilise interventions that promote the empowerment of abused

women, while eliminating the impact caused by domestic violence. The impact of domestic violence is discussed next.

2.6. THE IMPACT OF DOMESTIC VIOLENCE

Domestic violence has a series of negative consequences on the individual, family, society and the nation. Such consequences include withdrawal activities and physical injuries (CSVR, 2016:15). The effects on an adult victim may include alcohol or substance abuse, physical injuries or trauma, death, low self-esteem, violent practices in the home, sexual problems and many more. The family and the nation are affected by domestic violence as it leads to poor marital relationships, broken homes, anti-social behaviours (prostitution, drug addiction), criminal behaviours and economic burdens (CSVR, 2016:15). Violence against women narrows their options in public and private spheres of life, that is, at home, in the workplace and community spaces. It is apparent that domestic violence directly limits the victims' choices by destroying their health, disrupting their lives and constricting the scopes of their activities and, indirectly, it erodes their self-esteem and self-confidence (Jordan, Campbell & Follingstad, 2010:612). Therefore, violence can hinder full participation of women in society, as well as in the full spectrum of development.

In a study conducted in 2013, WHO found out that women who experienced domestic violence were at risk of poor health. Above all, not only women suffer from the violence that jeopardises their basic human rights, but also their children and families. The violence also affects and hinders the achievement of equitable and sustainable development goals (Kabeer, 2014:2).

Further, WHO (2013:61) revealed that children who witness domestic violence are more likely to accept it as normal and in future, they tend to adopt the same behaviours as their parents, thus, perpetuating the cycle of abusive relationships. Thus, domestic violence increasingly becomes generational.

The effects of domestic violence range between psychological, emotional, social and physical health problems. A study conducted by Chandra, Satyanarayana and Carey (2009:203) indicated that chronic pain, sleeping difficulties, and irritable bowel syndrome are all associated with long term health effects of women victims of domestic violence. Therefore, domestic violence affects the health of the abused

women, which can be direct and immediate or appear later on in life, even after the violence has passed. Moreover, the impact of domestic violence on women is determined by the severity and frequency of abuse (Bland & Ariel, 2015:42). However, the impact of domestic violence can be categorised into psychological and physical aspects, which are discussed below.

2.6.1. Psychological impact

Domestic violence has a far deeper impact than the immediate harm it causes. Its devastating and traumatic consequences are seen on the women who experience it and those, in most cases children, who witness it (Kelly & Johnson, 2008:490). Its effects on children may include poor health and sleeping habits, excessive screaming, academic problems, agitation, aggression, feelings of guilt and not belonging, general emotional distress, intrusive thoughts, nightmares, phobia and obsessive behaviours (Miller, 2008:275).

Adult victims of domestic violence may suffer psychological problems such as depression and suicide attempts. Some of the victims may end up resorting to alcohol and substance abuse in order to cope with the abuse (McCollum & Trepper, 2014:40). Psychological and physical violence generally cause the victims stress which, in turn, causes a variety of symptoms and disorders. Therefore, stress-aggravated problems may appear as physical or psychological symptoms (Pico-Alfonso, Garcia-Linares, Celda-Navarro, Blasco-Ros, Echeburúa & Martinez, 2008:585). Cerulli, Poleshuck, Raimondi, Veale and Chin (2012:777) view abused women as normally emotionally exhausted due to constant nightmares and fear, which may lead to personality disorders. In their study Pico-Alfonso et al. (2008:584) found out that abused women had higher personality disorders compared to non-abused women. It is clear that, in order to curb domestic violence, there is need for social workers to deeply understand the psychological impact of domestic violence. The above cited studies have indicated how detrimental domestic violence can be; therefore, proper assessment and interventions are noble.

2.6.2. Physical impact

Most victims of domestic violence suffer physical injuries, which may include broken bones and chronic health conditions (Department of Social Development, 2014:17).

While some abused women report having permanent physical injuries, others contract HIV or other sexually transmitted diseases, which lead to other consequences such as infertility, unwanted pregnancies, abortions and miscarriages (Department of Social Development, 2014:17). In some cases, abused women suffer various medical conditions such as high blood pressure, heart problems, cancer, asthma and ulcers (Pretorius & Botha, 2009:248). These impairments negatively affect the attainment of the Sustainable Development Goals, human rights and sustainable social change. Just as the women's rights continue to be violated through domestic violence, their performance towards sustainable development is hindered due to physical impairment.

A study conducted by Kelly and Johnson (2008:491) found out that abused women had higher rates of physical health issues compared to non-abused women. This is supported by Cerulli et al.'s (2012:777) discovery that the physical symptoms of abused women were primarily chronic pain and aches. Therefore, from the literature study, it is clear that physical abuse adversely affects the health of many abused women, many of whom were diagnosed with constant fatigue, weight and immune system problems, various injuries, breathing difficulties and facial injuries. However, not all physical symptoms are visible (Cerulli et al., 2012:777). Thus, to curb these impacts it is paramount for social work practitioners to understand the causes of domestic violence.

2.7. CAUSES OF DOMESTIC VIOLENCE

Domestic violence is caused by multiple factors such as individual, relationship, community and societal factors (Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg & Heise, 2011:109). These factors are discussed below.

2.7.1. Individual level factors

Individual level factors, such as biological and personal history, which include level of education, early marriage, low income or low economic status, may increase the risk of domestic violence (WHO, 2010:12). Studies have shown that violence is a learned behaviour for both men and women (Holt, Buckley & Whelan, 2008; Krug, Dahlberg, Mercy, Zwi & Lozan, 2015 and CSV, 2016). Past experiences, which include history of, and exposure to violence, contribute to the prevalence of domestic

violence (Flood & Pease, 2009:127). For example, children who either witness domestic violence or are subjected to violence themselves, tend to support domestic violence or become abusive in their adulthood. Gass, Stein, William and Seedat (2011:2781) did a research which found out that most men who commit domestic violence are 3.5 times more likely to have experienced physical abuse in their homes and 4 times more likely to have witnessed violence between their parents, than men who do not commit domestic violence.

In addition, financial instability places people under stress (Chhikara et al., 2013:73), which may contribute to some people resorting to violence as a way of responding to and coping with stress. Also, attitudes such as perceiving domestic violence as acceptable behaviour, coupled with the use of substances, contribute to the proliferation of violent behaviour (Dutton, 2011:62). Excess alcohol consumption is a major risk factor for abuse. Alcohol affects judgement and self-control abilities, as well as lowers inhibitions which increase the risk of aggressive behavior (WHO, 2013:11). Another significant risk factor may be stress, which is caused by lower socioeconomic status. In some cultures, it is more acceptable for a man to be in control. Punishment for domestic violence is usually very mild, in contrast to the severity of the offence, therefore seemingly sending a message that violence is socially acceptable (Dutton, 2011:62).

The literature above can, however, guide social workers in their pleas to help victims of domestic violence through. In addition, the literature study highlights the importance of establishing the history of the perpetrators. Also, the understanding of individual level factors is paramount, as the above cited literature indicates, in determining how the factors contribute to violent behaviour.

2.7.2. Relationship level factors

Relationship level factors such as multiple partners, low marital satisfaction, continuous disagreements, and disparities in education may increase the risk of domestic violence (WHO, 2010:16). Additionally, abuse towards women can be triggered by personal factors such as jealousy. Jealousy contributes to domestic violence, because of the sense of ownership of, or right to own someone (Manning, 2016:4). The assertion is further supported by the findings of a research that was

conducted by Jura and Bukaliya (2015:70), which found out that jealousy, among other factors such as lack of self-control, frustration, unemployment and poor communication were some of the root causes of domestic violence. Additionally, poor communication skills were as well cited by 80% of the participants as the root cause of domestic violence (Jura and Bukaliya, 2015:71). Importantly, relationship level factors have to be taken note of as they also contribute to the perpetration of domestic violence in different forms.

2.7.3. Community and societal factors

Cultural factors in society also contribute to domestic violence (WHO, 2012:4). Some traditions view men as having the right to control or discipline women through physical means (Dutton, 2011:62). In such cultures, there is broad social acceptance of domestic violence as a way of resolving conflict (WHO, 2012:4). Zastrow (2016:148) states that unequal distribution of powers between men and women, where men have economic and decision-making powers in the household and a belief in sexual entitlement, leads to domestic violence. Slater (2013:105) states that perpetrators of violence draw on the support of abusive relatives and peers to legitimise their violence.

In many societies, prevailing attitudes subordinate women to men and entitle latter to use violence to control former. These attitudes serve to justify, tolerate or condone violence against women (WHO, 2013:61). In many countries, women are still considered as men's property or personal possessions which need control and punishment in cases of alleged misbehaviour. For example, honour killings of women are strongly linked to cultural background and societal norms (Abramsky et al., 2011:109). Some women, fearing social isolation, apparently accept that the physical disciplinary action they endure at the hands of their spouses are generally justified (Goodman, Smyth, Borges & Singer, 2009:310). Justified reasons include; failing to cook timely, not agreeing to sex, misbehaving or disagreeing with the husband on any subject. Women's beliefs in justified violence significantly affect the number of reported violence against women and attempts to seek help.

Many researchers have discussed domestic violence as a learned social behaviour for both men and women. Childhood experiences of violence in the home teach

children that violence is normal in certain settings. In this way, men learn to use violence, while women learn to tolerate the aggressive behaviour (Evans, Davies & DiLillo, 2008:138). Therefore, men are most likely to be violent towards their partners if they have been abused or have witnessed domestic violence abuse as children (Holt, Buckley & Whelan, 2008:804).

Understanding the causes of domestic violence, as discussed above, is vital in the context of addressing domestic violence. Legislative frameworks and intervention programmes aimed at addressing domestic violence are discussed next.

2.8. LEGISLATIVE FRAMEWORK

There is a growing movement within the international community that is directed at encouraging countries to establish legal frameworks to protect the rights of victims of domestic violence (Dey, Thorpe, Tilley & Williams, 2011:11). Internationally and in South Africa, violence is recognised and addressed primarily through the United Nations Sustainable Development Goals, United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power, and Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (National Policy Guidelines for Victim Empowerment, [sa]:6), as will be discussed next.

- **Sustainable Development Goals**

To address key systematic barriers to sustainable development, the United Nations (UN) proposed 17 Sustainable Development Goals (SDGs) post-2015 (UN, 2015). Of these, the UN SDG Number 16 encourages the promotion of peaceful and inclusive societies, whilst Goal 16.1 aims at significantly reducing all forms of violence, including domestic violence and related deaths everywhere (UN, 2015). Thus, there is need for social work interventions to address domestic violence in order to achieve the above stated goal.

- **UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of power**

The needs and rights of victims of domestic violence are recognised and addressed through the United Nations of Basic Principles of Justice for Victims of Crime and Abuse of Power (UN, 1985). The Declaration promotes the adequate recognition of victims of domestic violence and advocates for victims to be treated with respect and

dignity (National Policy Guidelines for Victim Empowerment, [sa]:6). South Africa is a signatory to this Declaration. Hence, it aids in social work interventions by addressing domestic violence against women.

- **Convention on the Elimination of All Forms of Discrimination Against Women**

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is an international bill of rights for women. This is another form of interventions meant to address domestic violence. The Bill describes what constitutes discrimination against women and sets an agenda to end all forms of violence against women. The Convention provides the basis for realising equality between women and men through ensuring women's equal access to equal opportunities in political and public life (National Policy Guidelines for Victim Empowerment, [sa]:6). Thus, there is need to promote gender equality, address domestic violence, challenge oppression and the violation of women's rights through social work interventions.

- **The Southern African Declaration on Gender and Development**

The Southern African Development Community (SADC), which includes South Africa, signed a declaration committing its member countries to embed gender and domestic violence into their agendas and programmes of action, as well as repeal and reform all laws and change social practices which subject women to domestic violence (SADC, 1997). The Declaration further commits to protect women against domestic violence and promote the human rights of women (National Policy Guidelines for Victim Empowerment, [sa]:7).

South Africa is a signatory to the stated convention and declaration. As result, programmes and services to prevent domestic violence must be put in place or enforced. Therefore, the South African government is mandated to take appropriate steps to ensure that the rights of persons are respected, which follows that the government does not permit domestic violence and violation of women rights.

- **The Constitution of the Republic of South Africa, Act 108 of 1996**

The Constitution of the Republic of South Africa (RSA, 1996), entrenches the right of every person to human dignity, equality, freedom and security. It imposes a duty on the government and the social workers to take appropriate steps to ensure that the human rights of persons and victims of domestic violence, particularly women, are respected.

- **The Domestic Violence Act, Act 116 of 1998**

Domestic violence is regulated by the Domestic Violence Act 116 of 1998. The Act was introduced in 1998, with the purpose of affording women protection from domestic violence, by creating obligations on law enforcement bodies, such as the South African Police Service (SAPS) (Bendall, 2010:102), to protect victims as far as possible. The Act attempts to provide accessible legal instruments to victims of domestic violence and prevent further abuses from taking place within their domestic relationships. The Act focuses not only on married women and their children, but also on unmarried women who are involved in relationships or living with their partners, mothers and sons, and other people who share a living space. Henceforth, the Act guides social workers as they mediate to address domestic violence.

- **The Service Charter and Minimum Standards for Victims of Crime in South Africa**

The South African Government approved a service charter for victims of crime and violence (National Policy Guidelines for Victim Empowerment, [sa]:7). In order to implement the charter, the government came up with minimum standards on services for victims of violence (Department of Social Development, [sa]:4). These legal and policy frameworks inform and guide the social work interventions to address domestic violence. The interventions that are aimed at addressing domestic violence will be discussed below.

2.9. THEORETICAL FRAMEWORK

The study is anchored on the empowerment theory, which will be discussed below.

2.9.1. Empowerment Theory

The empowerment theory is appropriate for exploring social workers' interventions in addressing domestic violence because it believes in the empowerment of victims. Empowerment is defined by Solomon (1976) as a method of social work with oppressed groups. Berger and Neuhaus (1977) regard empowerment as a means of improving welfare systems. Rappaport (1981) developed the concept theoretically and presented it as a worldview that includes a social policy and an approach to the solution of social problems, such as domestic violence, which stem from powerlessness (Lord & Hutchison, 2009:20).

Payne (2015:297) views empowerment as a practice which helps individuals and groups to overcome social blockades to self-fulfillment within existing social constructions. Such blockades include domestic violence. Through the empowerment approach, victims of domestic violence can be helped to increase personal and interpersonal power for them to take action and protect themselves against violence (Kirst-Ashman, 2017:24).

Dunst and Trivette (2009:130) maintain that the empowerment approach is premised on the belief that people have capabilities to make choices and decisions to challenge abuse and change their life situations because of the power they possess. Netting, Kettner, McMurtry and Thomas (2017:141) claim that through empowerment, individuals or communities are helped to realise their inherent strengths to achieve desired change, such as stopping domestic violence. Therefore, the empowerment theory is ideal in guiding interventions, programmes, projects and services to help individuals, groups or communities to challenge human rights abuses, injustices, inequalities and social ills, such as domestic violence. In addition, Patel (2015:239) argues that empowerment theories help social workers to understand the structural barriers that prevent people from accessing resources that are necessary for their health and well-being. Therefore, the empowerment theory is a suitable framework for exploring social workers' interventions in addressing domestic violence. Social workers can play an important role in stemming domestic violence by educating women and children about their rights. Payne (2015:294) states that when transformation takes place because of consciousness raising

efforts, people begin to see alternatives to their present predicaments. In this manner, levels of domestic violence may be diminished.

2.10. INTERVENTIONS TO ADDRESS DOMESTIC VIOLENCE

Domestic violence intervention is characterised by silent changes in both scope and focus over time (Barner, 2011:236). The changes, which date back to 1970, were effected by the Battered Women's Movement (Bailey, 2012:7) due to the understanding of the importance of safety for victims of domestic violence (Hackett, McWhirter & Leshner, 2016:123). Currently, interventions try and protect the rights of women, especially the victims of domestic violence (Slabbert, 2016:223). It is essential that effective interventions be implemented to reduce domestic violence and social workers should be educated about the range of available, effective interventions. However, domestic violence still remains a largely unidentified phenomenon among many couples and families, thus, practitioners and policy makers should consider interventions that effectively target those populations where violence is prevalent in order to ensure that future victimisation can be reduced or eliminated (Amato, 2010:664).

South Africa has several programmes and interventions to address domestic violence against women. These include the Victim Empowerment Programme (VEP), the Victims Charter, Minimum Standards for Service Delivery, Uniform Protocol on Victim Management, the Every Day Heroes, 365 Days of Action to Eliminate Violence Against Women and Children, Integrated Programme of Action, Thuthuzela Care Centres and Victim Support Centre. There are also other programmes rendered by organisations such as Family and Marriage Society of South Africa (FAMSA), Suid-Afrikaanse Vrouefederasie (SAVF), National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), People Opposing Women Abuse (POWA), South African Police Service (SAPS) and other government departments (Department of Social Development, 2014).

For the purpose of this study, the focus will be on the interventions by organisations such as POWA, Trauma Clinic and NICRO. These organisations render multiple services such as prevention, early intervention, statutory, residential, alternative care interventions, reconstruction and aftercare to victims of domestic violence.

- **People Opposing Women Abuse (POWA)**

POWA is an organisation that renders services aimed at addressing domestic violence. The organisation was formed in 1979 and officially registered in 1981. It provides assistance to victims of domestic violence at local, regional and national levels. The forms of assistance offered by social workers in the organisation range from advocacy, counselling, community awareness to provision of shelter to individuals and families who fall victim to domestic violence (POWA, 2017:1).

- **The Trauma Clinic**

The Centre for the Study of Violence and Reconciliation (CSV) (2016:2), in an effort to address domestic violence, established a Trauma Clinic to deal with domestic violence cases. It utilises a multidisciplinary team approach, in which social workers address domestic violence through counselling, group debriefing, educational talks and workshops, and training courses (Khan, Amatya & Hoffman, 2012:90).

- **The Women's Support Centre**

The Women's Support Centre is a project of the National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO). The project is aimed at empowering women and communities in order to eliminate domestic violence against women. The Women's Support Centre offers individual and group counselling, legal advice, shelters and education and training (NICRO, 2016:15).

In order to ensure maximum outputs and impact out of these varying interventions, synergy is required between all the strategies and interventions provided by different stakeholders (Sipamla, 2013:7). As such, social workers have roles to play in implementing some of the strategies aimed at bringing an end to domestic violence. The different roles played by social workers are described in the following section.

2.11. ROLES OF SOCIAL WORKERS IN ADDRESSING DOMESTIC VIOLENCE

Social workers help in the implementation of the Domestic Violence Act 116 of 1998 (Patel, 2015:238). Some of the activities they engage in include facilitating educational programmes and projects to empower victims of domestic violence. These programmes include practical skills training to increase victims' confidence

and ability to challenge oppression, abuse and disempowerment (Patel, 2015:147). In support, Kirst-Ashman (2017:5) states that it is a social work task to empower clients in general and members of oppressed groups in particular, as people suffer from stereotypes, discrimination and oppression. The social worker, therefore, has a critical role to play in addressing domestic violence through an array of interventions, whether internationally, regionally, nationally or locally. The interventions may include crisis intervention, counselling, safety and protection of the victims, psychotherapy, psycho education, advocacy, networking and community education (Kam, 2014:732), and some of these roles, which include being an advocate and supporter of empowerment, educator, facilitator and networker will be discussed below.

2.11.1. Advocate and supporter of the empowerment of women

Working from a strength-based and rights-based framework, social workers seek to empower women and men to view themselves as active survivors of violence (Patel, 2015:82). Social workers can address domestic violence by working from an advocacy perspective through influencing policy, structures and other sites of power that ultimately aim to minimise domestic violence (Mosley, 2013:236). Social workers commit themselves to empowerment strategies that integrate human, social and economic development, which can be either direct or indirect (Lombard, Kemp, Viljoen-Toet & Booyzen, 2012:191), in addressing domestic violence. The social worker also provides counselling, which includes support and guidance to victims of domestic violence, as well as assisting them in problem-solving in human relations or managing changes at different points in the course of life (Kirst-Ashman, 2017:107). This role is applicable when working with individuals, families, and groups in addressing issues of a psychosocial nature such as domestic violence.

A study conducted by Brown, Livermore and Ball (2015:58) found out that the promotion of professional self-interest in social work advocacy is considered to be an important issue to NASW members. Hence, the social work field acts as the advocating voice for women victims of domestic violence, who are among the most disadvantaged and oppressed in society (Midgley & Conley, 2010:10). Social workers purport to challenge social injustices, empower and advocate for abused women (National Association of Social Workers (NASW), 2010). In support, a study

by Mosley (2013:232) praised social workers for their advocacy role, which is viewed as imperative since it can happen in a variety of ways and at all levels of practice, whether in a clinical, private practice role, community organisation setting, or somewhere in-between. While Kam (2014:745) argues that social workers neglect fulfilling their advocacy roles in practice, the literature study indicates that they fight for the rights of abused women and work to obtain the needed resources by convincing other services providers in the helping profession of the legitimate needs and rights of women and members of society. Social workers are particularly concerned for those who are vulnerable or are unable to speak up for themselves, hence the importance of the advocacy role. Also, as cited in the literature above, advocacy is of paramount importance. It is also clear that advocacy can be practised at different levels, which include; local, country, state or national and international.

2.11.2. Educator, trainer and facilitator in addressing domestic violence

The educator role involves sharing information on domestic violence issues (Patel, 2015:143). Social workers have a role to educate the community about domestic violence issues so as to conscientise them to challenge exploitative and oppressive power structures that perpetuate domestic violence. Additionally, social workers can support the expansion of education on the impact of domestic violence (Lombard et al., 2012:191) and promotion of social wellbeing. Social workers are often involved in teaching people about resources and developing skills such as budgeting, effective communication, and the prevention of violence (Engelbrecht, 2014:170). Furthermore, social workers facilitate workshops, awareness forums and training in a bid to address domestic violence and bring sustainable social change (Engelbrecht, 2014:167).

2.11.3. Networker

Playing a networker role, the social worker may establish networks and partnerships and introduce victims of domestic violence to available resources, depending on the capabilities. This is supported by Kirst-Ashman and Hull (2009:92) who assert that a networker links people and organisations to share contacts, resources and knowledge. The social worker can link victims of domestic violence to community resources, such as police stations, courts, non-governmental organisations, government departments, programmes or projects, such as Thuthuzela Care

Centres, for assistance and mobilisation. As a mobiliser, the social worker acts as a catalyst and brings the community members together to identify their needs and issues and take actions to effect change (Kirst-Ashman, 2017:107). In this case, the social worker can mobilise resources for the abused women. Also, the women can form parties and partnerships to address issues of domestic violence at all intervention levels.

Hanson's study (2011:1359) found out that interventions should occur at all levels of practice, which are micro, mezzo and macro. The study further found out that in all the cases, the interventions that were offered to the victims of domestic violence were not always taken up by clients. The micro level of intervention refers to social work practice with individuals, families and small informal groups (Patel, 2015:141) and it is mainly centred on the local realm of action and interaction. The mezzo level of practice refers to work with formal organisations, groups and networks, and its focal point of action may be local, provincial or national, while macro level interventions occur more broadly (Patel, 2015:141). Hanson (2011:326) found out that in all the cases, there was no evidence of macro level strategies or interventions that had been employed to help the victims of domestic violence.

2.12. CHALLENGES FACED BY SOCIAL WORKERS IN ADDRESSING DOMESTIC VIOLENCE

Social workers face many challenges such as; poor working conditions, shortage of staff and lack of understanding of domestic violence (Sipamla, 2013:9). Social workers play a very paramount role in addressing domestic violence. However, their working conditions are very poor (Earle, 2008:72), as evidenced by lack of resources such as office space, furniture, stationery, information technology and vehicles (Ntjana, 2014:83). Poor working conditions also contribute to the shortage of social workers, since a high number of social workers leave the profession for better jobs elsewhere (Sithole, 2010:9).

In a study conducted by Schenck in 2004 in five provinces in South Africa, 45 social workers were interviewed, and the following challenges were highlighted:

- Lack of resources and infrastructure
- Community members lack understanding of the role of social worker

- Lack of transport for home visits, and
- Lack of confidentiality

Due to poor working conditions and low salaries, many social workers are forced to leave the country (Alpaslan & Schenck, 2012:400). With the high demand for social welfare services in South Africa, the shortage of social workers remains critical (Patel, 2015:111). As a result, the shortage of social workers may also hinder the implementation of some interventions in addressing domestic violence, as social workers are overwhelmed by high rates of domestic violence cases (Green, 2008:186). Also, the scarcity of financial resources means inadequate office facilities and supplies (such as filing cabinets, stationary, audio recorders and many more).

Under the abovementioned conditions, keeping records and confidentiality becomes highly impossible. For example, the shortage of funds translates to inadequate transport and communication facilities, which implies that home visits become hard to execute. As many social workers migrate for greener pastures and good working conditions, service rendering suffers. Consequently, social work is one of the most overworked, underpaid, under recognised and distressed professions (Green, 2008:185). Furthermore, social workers are vulnerable to role-overload, role conflict, role ambiguity and over-responsibility, which pose a great challenge to the efforts of curbing domestic violence. Role overload, however, may lead to some roles being neglected. For example, evaluation is closely linked to assessment and, without an evaluation, one cannot establish whether the chosen intervention failed or succeeded in addressing domestic violence.

Studies have shown that not all social workers do evaluation and, if it is done, clients are sometimes not involved in the process (Hanson, 2011:280). This is supported by Keeling and van Worner (2011:1360) who found out that, the role of the social worker is complex, as it incorporates provision of support to families and safeguarding vulnerable members of society. Importantly, the social work role should be fully understood and well executed to help female victims of domestic violence. Women sometimes notice the social work flaws in their cases, as evident in a study by Keeling and van Worner (2011:1360) in which the female participants expressed great anger towards the helping system.

Success in effectively addressing domestic violence depends on both the availability and capability of social workers (Ntjana, 2014:100). Lack of knowledge and skills about domestic violence constitutes a major barrier to effectively addressing domestic violence and achieving social change (Patel, 2015:371). Thus, there is need to explore the social work interventions that are implemented to address domestic violence against women.

In order to understand and explain the problem of domestic violence and how social workers can address it by designing and implementing programmes, the study uses the empowerment theory. This theoretical framework is discussed next.

2.12.

2.13. CONCLUSION

In conclusion, Chapter 2 was composed of the literature review. It contextualised domestic violence, social workers' roles in addressing domestic violence, including an in-depth discussion on legislations and strategies used in curbing domestic violence. The chapter ends with a discussion on the theoretical framework, which is the empowerment theory. The following chapter focuses on the empirical study and discussion of the research findings.

CHAPTER 3

EMPIRICAL STUDY AND RESEARCH FINDINGS

3.1. INTRODUCTION

In this chapter, the researcher presents the empirical findings derived from the case study of ten participants who were interviewed to explore social work intervention in addressing domestic violence in Sedibeng District. The researcher intended to answer the following question:

What social work interventions are implemented to address domestic violence in Sedibeng District?

The objectives that assisted the researcher in answering the research question of the study were as follows:

- To conceptualise and contextualise domestic violence and the role of social workers in rendering services to female victims.
- To explore and describe the strategies used by social workers in addressing domestic violence in Sedibeng District.
- To explore and describe the views of social workers about programmes, and identify challenges and successes that social workers experience in rendering services to female victims of domestic violence in Sedibeng District, if any, and
- To draw conclusions and make recommendations towards policy development and improved service delivery to female victims of domestic violence in Sedibeng District.

This chapter discusses the research approach, type of research, research design, methodology, ethical issues related to the study and presents the empirical research findings.

3.2. RESEARCH APPROACH

As the researcher aimed to understand the opinions of social workers regarding services to female victims of domestic violence, the study followed a qualitative approach. Qualitative research is a mode of exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell & Poth, 2017:8). The study sought to explore and describe the contributions made by

social workers towards reducing levels of domestic violence. A detailed description of social reality was constructed from the social workers' perspectives. As social workers in Sedibeng District were the unit of analysis, the study was, therefore, inductive. Social workers gave specific data and results were generalised. The researcher's aim was to explore and describe the possible contributions that social workers can make towards curbing domestic violence. The qualitative approach allowed the social workers, as self-knowing subjects, the opportunity to speak authoritatively about the situation being studied. The results were presented in narrative/descriptive form and reported in simple language that the participants understood (Fouché & Delport, 2011:66).

3.3. TYPE OF RESEARCH

The study was applied in nature. Applied research investigates the issues that have implications for everyday life (Stangor, 2011:11) and offer practical solutions to a concrete problem or address immediate specific needs, such as the role of social workers in rendering services to female victims of domestic violence (Neuman, 2011:27). Applied research is advantageous as it is generally focused around problem-solving, therefore, the research findings thereof could empower social workers to contribute towards addressing domestic violence (Stangor, 2011:11).

The research had exploratory and descriptive objectives. As the research explored a phenomenon about which there was lack of information, as indicated in the rationale for this research, exploratory research was appropriate. Additionally, descriptive research was also appropriate as the researcher presented a detailed description of the intervention strategies employed by social workers in the fight against domestic violence (Fouché & De Vos, 2011:95-96).

3.4. RESEARCH DESIGN

In this study, a case study design was used. A case study is a strategy of inquiry in which the researcher explores a programme, event, activity, process, or one or more individuals in depth (Creswell & Poth, 2017:123). Social workers' contributions to curbing domestic violence in Sedibeng District were explored and described using the case study design as it is exploratory, descriptive and collective in nature (Fouché & Schurink, 2011:321-22). The data that were collected were a lot richer

and of greater depth and the evidence generated from social workers was considered robust and reliable (Baxter & Jack, 2008:550), which was an instrumental case study. As, the research enabled the researcher to gain in-depth insight into the social work interventions in addressing domestic violence in Sedibeng District (Creswell & Poth, 2017:123).

3.5. RESEARCH METHODS

Research takes many forms, as guided by the research methods used. For the purpose of this study, the following methods will be discussed: population, sample and sampling method, data collection, method and instrument, data analysis, data quality and pilot study.

3.5.1. Study population

The population possess the specific attributes (Strydom, 2011a:223) that the researcher wants. Population is defined by Neuman (2011:241) as "...the abstract idea of a large group of many cases from which a researcher draws a sample and to which results from a sample are generalised." Therefore, the population of the study was all social workers rendering services to female victims of domestic violence in Sedibeng District. From the population, the researcher drew a sample.

3.5.2. Sample and sampling method

A sample comprises elements or a subset of the population considered for actual inclusion in the study, or it can be viewed as a small set of cases (Neuman, 2011:240) or a subset of measurements drawn from a population in which we are interested (Strydom, 2011a:224). The sample of the study was ten registered social workers in Sedibeng District who render services to female victims of domestic violence.

To select the ten social workers, non-probability sampling was utilised. Non-probability sampling entails a technique in which samples are not selected using the probability theory but relies on the available subjects and purpose of the research, as the researcher had limited knowledge about all social workers in Sedibeng District (Babbie, 2013:199). Hence, not all social workers rendering services to victims of

domestic violence in Sedibeng had a chance to participate (Strydom, 2011a:231). Therefore, the strategy was purposive.

Purposive sampling is when the researcher uses a sample which is composed of the elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best (Strydom, 2011a:232). Therefore, a list of Non-Profit Organisations (NPO) from the data base of Non-Governmental Organisations in Sedibeng District was obtained from Department of Social Development, which not all had social workers who met the criteria. Hence, in this study, the social workers who met the ideal criteria were those who:

- Render services to female victims of domestic violence in Sedibeng District.
- Have at least one-year experience in the field of Victim Empowerment.
- Work within the VE sector that deals with domestic violence only, in one of the following Non-Governmental Organisations: Alpha Community Trauma Centre, FAMSA, Matlafala Trauma Management Centre, POWA, and Vanderbijlpark Trauma Counselling Empowerment Centre.

Once the list had been compiled, managers of the NPOs were contacted telephonically and were introduced to the researcher and informed of the purpose of the study. Their permission to participate was sought through a permission letter and a consent forms for those who agreed to participate in the study, dates for interviews were scheduled. Ten social workers participated in the study and interviews were conducted at their offices which were convenient for the participants.

3.5.3. Data collection

The researcher used semi-structured interviews as a method of data collection, aided by questions that were contained in an interview schedule (Greeff, 2011:352). An interview is viewed by Alshenqeeiti (2014:39) as an extended conversation between two parties; the interviewer and the interviewee, with the former aiming to obtain in-depth information about a certain topic or subject, through which a phenomenon could be interpreted in terms of the meanings interviewees bring to it. The interviews were conducted within the organisations where social workers work and took one hour each. All the interviews were recorded using a digital recorder and later transcribed.

The use of semi-structured interviews in this study yielded numerous advantages. Firstly, these interviews helped the researcher to precisely explore areas that could not be quantified, such as perceptions, views and constructions of social workers regarding their contribution towards curbing domestic violence. In addition, the interviews left room for the researcher to tailor the questions according to the position and comments of the interviewee. The interviews were not bound by standardisation and replicability, hence, the process was more open and flexible (Greeff, 2011:351). The researcher was also able to expand the questions to allow participants maximum opportunities to tell their stories. However, the main disadvantage of using the semi-structured interview was that the researcher conducted a small-scale study. The interviews were also time-consuming and never 100% anonymous (Alshenqeeti, 2014:41). The researcher countered these demerits by carefully adhering to the aspects of thematic data analysis, as discussed next.

3.5.4. Data analysis

Creswell and Poth (2017:185) argue that data analysis in qualitative research is not a once off process, nor is it governed by distinct steps. Therefore, data analysis was conducted according to Braun and Clarke's (2006:16-24) thematic analysis process. The process was followed in phases, as explained next.

- **Phase 1. Familiarise with data collected**

The researcher recorded all the interviews, after which all the recordings were transcribed. After transcribing, the researcher repeatedly read the transcripts, searching for meanings and patterns to familiarise himself with the data. During this process, the researcher kept checking the transcripts against the original audio recordings and the notes (Braun & Clarke, 2006:20) before moving to the next phase.

- **Phase 2. Generate initial codes**

Coding involves taking text data gathered during data collection, segmenting sentences into categories and labelling those categories with a term (Creswell & Poth, 2017:203). Hence, after familiarising himself with the data, the researcher generated an initial list of ideas and then organised the data into meaningful groups. Interesting features of the data were coded and organised according to each code.

- **Phase 3. Search for themes**

After coding, the researcher sorted the codes into different potential themes. At this phase, the researcher checked the relationship between the codes and different levels of themes (Braun & Clarke, 2006:20) and came up with themes and sub-themes, which were further reviewed, as highlighted in the next phase.

- **Phase 4. Reviewing themes**

Reviewing themes involves the refinement of data thematically (Braun & Clarke, 2006:20). During this phase, the researcher further reviewed and refined the themes through reading all the collated extracts for each one of the themes and sub-themes and checking the patterns. The themes were presented in a thematic map of data.

- **Phase 5. Defining and naming themes**

The researcher then identified the essence of each theme. Initially, the researcher refined the specifics of each theme, and the overall story, and then generated vibrant meanings (Nowell, Norris, White & Moules, 2017:10). During Phase 5, the researcher was able to determine what aspects of data each theme captured, as well as identify why it was relevant, if at all (Braun & Clarke, 2006:23).

- **Phase 6. Writing the analysis**

The final step in the data analysis process involves making an interpretation or meaning of the data (Creswell & Poth, 2017:123). The researcher selected rich persuasive extracts and analysed them by relating back to the research question and literature, and then produced a report (Braun & Clarke, 2006:23). To ensure data quality, certain strategies, as discussed next, were used.

3.6. TRUSTWORTHINESS

Qualitative research should reflect trustworthiness, which implies that the study should represent, as close as possible, the perspectives of the research participants (Lietz & Zayas, 2010:191). To enhance trustworthiness, the researcher employed strategies such as credibility, transferability, confirmability, reflexivity, member checking and peer debriefing (Lietz & Zayas, 2010:191).

3.6.1. Credibility

To ensure credibility, the degree of the findings of the study represents the meaning conveyed by the social workers (Lietz & Zayas, 2010:191). Furthermore, to enforce credibility, the researcher considered his personal bias pertaining to the study, through openly acknowledging it from the onset of the study (Lietz & Zayas, 2010:193). The researcher, who has three years working in an organisation in the Sedibeng District, rendering services to victims of domestic violence, entered the field with a preconception that social workers were not doing enough to curb domestic violence. Consequently, the researcher relied on the data collected and not on the preconception. Moreover, no social worker from the organisation where the researcher works formed part of this study.

Participants' validations are most critical in establishing the credibility of the study. Hence, member checking was done at the end of interview sessions with each social worker in order to check the trustworthiness of what would have been found (Lietz & Zayas, 2010:193). Also, the researcher had to seek feedback from the social workers, to check if the interpretation and thematic analysis was consistent, correct and congruent with their experiences (Greeff, 2011:372), so as to ensure that the information was objectively interpreted.

The researcher used peer debriefing to establish the trustworthiness of the findings (Creswell & Poth, 2017:259) by getting assistance from one social work colleague, who reviewed the research decisions. Furthermore, trustworthiness was enhanced through the study supervisor, who gave feedback on the interpretations and conclusions.

3.6.2. Transferability

Transferability entails the degree to which findings fit the situation outside of the study (Lietz & Zayas, 2010:195). To ensure transferability, the researcher collected data using a semi-structured interview schedule and data analysis was conducted according to Braun and Clarke's (2006:16-24) thematic analysis, thus, any research conducted in the same parameters will produce the same results as this study (Schurick, Fouchè & De Vos, 2011:423). Hence, the findings of the study are credible and applicable in practice and to future studies.

3.6.3. Confirmability

To ensure confirmability, the researcher provided a detailed description of the methodology process that was followed in the study. Furthermore, the researcher made sure the research findings were results of the experiences and ideas of the sampled social workers, rather than the characteristics and preferences of the researcher (Cope, 2014:89). Hence, the researcher clearly linked the findings to the data.

3.6.4. Reflexivity

The researcher's standpoint was thoughtfully considered during the study, as the researcher reflected on his own experiences and knowledge (Lietz & Zayas, 2010:198). In addition, the researcher employed data neutrality as a way of safeguarding against the possibility of attaching preconceived ideas or own perceptions on the social workers' perceptions on curbing domestic violence (Creswell, 2009:192). Therefore, the researcher avoided being judgemental or subjective during data collection and analysis.

3.7. PILOT STUDY

A pilot study is important, as it fine tunes the research instrument and helps in assessing the feasibility of the study (Strydom, 2011b:395). The researcher conducted a pilot study with two social workers. The purpose of the pilot study was to refine the interview schedules and conduct preliminary analyses on the appropriateness of questions, as well as additional questions that could be needed. The researcher did not find any need to make changes to the structure of the study and interview questions. The data obtained from the pilot study were used in the final report as it was rich enough and the researcher did not get the proposed number of participants. However, when conducting a research study, there are some ethical considerations that the researcher observed, and these are discussed below.

3.8. ETHICAL CONSIDERATIONS

It is important that the researcher is always aware of the ethical implications for the participants throughout the research process. The primary purpose of the ethics is to protect the rights of the research participants, while ensuring maximum benefits. Strydom (2011c:115-126) identifies these aspects as: ethics committee clearance,

anonymity and confidentiality, informed consent, avoidance of harm, debriefing of participants, deception of participants, actions and competence of the researcher and publication of findings. These are discussed next.

3.8.1. Permission to conduct the study

The researcher study was approved by the ethics committee and different gatekeepers. Permission to conduct the study was obtained from the University of Pretoria (see Clearance Letter in Appendix 3). Also, the researcher got permission from five Non Profit Organisations allowing the researcher to interview their social workers (see Appendix2).

3.8.2. Privacy and confidentiality

Maintaining privacy and confidentiality is an important aspect of ensuring that ethical standards are followed in a research study (Strydom, 2011c:119). In this study, the researcher used pseudonyms and codes to keep the data or information private and anonymous. Also, the researcher informed the participants that a compiled research report would be submitted to the University of Pretoria for academic purposes. Furthermore, to preserve privacy and confidentiality, the researcher will keep transcripts and recordings in lockable cabinets for the next 15 years, after which they will be destroyed, as part of the University of Pretoria's data storage requirements. The issues of privacy and confidentiality were also addressed in the informed consent letter.

3.8.3. Informed consent and voluntary participation

The participants were not forced to participate in the research study, as they were able to make their own decisions on whether to take part or not (Strydom, 2011c:117). The researcher wrote an informed consent cover letter, in accompaniment to an informed consent form, which detailed the following: the purpose of the research, the duration of the study, process, the benefits as well as the procedures of the study. The researcher again ensured that, before conducting the interviews, the social workers formally agreed to take part in the research by signing informed consent forms (see Appendix 4) which explained the details of the study (Wagner, Kawulich & Garner, 2012:69). The researcher requested the respondents' permission before using a digital recorder.

3.8.4. Avoidance of harm

It is difficult to predict any harm. However, the researcher was always prepared to deal with any potential harm. The participants were informed about the potential impact of the study, such as becoming emotional, and were each offered an opportunity to withdraw from the study if they so wished, with the assurance that there would not be any negative consequences (Strydom, 2011c:115). In cases where emotions erupted, the participants were to be referred to a professional and experienced social worker at FAMSA Vaal for counselling. However, no harm was encountered.

3.8.5. Debriefing of participants

The debriefing of the participants was done at the end of the interview sessions, in order to afford the participants a reflective opportunity to work through their experiences. Each participant was given an opportunity to ask questions, which were then addressed to remove any misconceptions (Strydom, 2011c:122).

3.8.6. Deception of participants

The researcher clearly communicated the goals and procedure of the study. No facts were misrepresented, as this could have violated the integrity of the participants and presented the research as something other than what it was meant to be (Bryman, 2008:143). Also, no information was withheld from the participants.

3.8.7. Actions and competence of the researcher

The researcher is ethically obliged to ensure that he is competent and adequately skilled to undertake the proposed study (Strydom, 2011c:123). This researcher is a qualified social worker, with sound communication skills and experience in the interviewing process (Greeff, 2011:368). Furthermore, the researcher has successfully completed a research module as part of the requirements for a Master's degree in Social Development and Policy. Also, the researcher was guided by an experienced and competent supervisor.

3.8.8. Publication of findings

The researcher wrote a report of the research findings, which was not manipulated, but a true reflection of the findings of the research (Strydom, 2011c:126). The findings will be made available to the participant social workers and their NGOs in

Sedibeng District through giving them a copy of the research study as a form of recognition, gratitude and maintenance of future good report with the community (Strydom, 2011c:126) and will be published in a scientific social work journal. Furthermore, the researcher acknowledged the consulted work of others and correctly referenced it to avoid plagiarism.

3.9. EMPIRICAL FINDINGS

This section will discuss the empirical findings. Firstly, the biographical information of the participants will be presented in a table, followed by a discussion of the participants' profiles. The empirical findings are then discussed according to themes and sub-themes of data, which were collected through semi-structured interviews with participants. The findings will be controlled using literature and the theoretical framework.

3.9.1 BIOGRAPHICAL INFORMATION OF PARTICIPANTS

Ten participants formed the sample of the study. Table 3.1 below shows the biographical information of the participants, with particular focus on age, gender, race, position, years in service and highest qualification.

Table 3.1: Biographical information of participants

Participant	Age	Gender	Race	Position	Years in service	Highest qualification
Participant 1	33	Male	Black	Social worker	6 years	BSW
Participant 2	30	Female	Black	Social Worker	4 years	BSW
Participant 3	28	Female	Black	Social Worker	4 years	BSW
Participant 4	42	Female	Black	Social Worker	2 years	BSW
Participant 5	58	Male	White	Social Worker	35 years	BSW
Participant 6	42	Female	Black	Social Worker	5years	BSW

Participant 7	31	Male	Black	Social Worker	3 years	BSW
Participant 8	33	Female	Black	Social Worker	3 years	BSW
Participant 9	45	Female	Black	Social Worker	4 years	BSW
Participant 10	48	Female	Black	Social Worker	3 years	BSW

The table above shows that, of the 10 participants, five were aged between 28 and 35, three were between 42 and 45, one aged 48 and one aged 58.. Also, the table shows that three participants were male and seven were female. In terms of race, nine were black and only one was white. Most of the participants, except for one only, had more than three years of experience in helping female victims of domestic violence. All the 10 participants were qualified social workers, each with a Bachelor in Social Work (BSW) and working as social workers.

3.10. THEMES AND SUBTHEMES

After data collection on the social work interventions to address domestic violence in Sedibeng District, themes and subthemes emerged from the analysis of data. A summary of identified themes and subthemes is presented in Table 3.2 below. The findings are discussed and supported with direct quotes from the participants, and a literature and theoretical control is given.

Table 3. 2: Summary of identified themes and sub-themes

THEMES	SUBTHEMES
Theme 1: Understanding domestic violence	1.1 Power and control 1.2A pattern of abusive behaviours 1.3 Conflict
Theme 2: Roles of social workers	2.1 Educator and facilitator role 2.2 Advocacy
Theme 3: Intervention strategies offered by social workers to female victims of domestic violence	3.1 Counselling 3.2 Referrals 3.3 Awareness campaign

	3.4 Support groups
Theme 4: Success and challenges that social workers experience in rendering services to female victims of domestic violence	4.1 Success of domestic violence programmes
	4.2 Lack of resources
	4.3 Lack of information about domestic violence
	4.4 Lack of cooperation by clients
	4.5 Clients' dependence on the perpetrators

3.10.1. THEME 1: UNDERSTANDING DOMESTIC VIOLENCE

Domestic violence is understood differently. According to Section 1(viii) of the Domestic Violence Act 116 of 1998, domestic violence means:

Physical abuse; sexual abuse; emotional; verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant's residence without consent, where the parties do not share residence, or any other controlling or abusive behaviour towards a complainant, where such conduct harms the safety, health or wellbeing of the complainant.

Dutton (2011:3) describes domestic violence as any violence occurring between intimate partners of the same or other sex, married or unmarried, and against children. In this study, the understanding of domestic violence varied from participant to participant, as they all gave different definitions. Although the findings reveal that the participants understand domestic violence differently, as discussed in the sub themes below, the respondents generally view, the phenomenon as a pattern of abusive behaviour, use of power to control, and conflict within a family.

Subtheme 1: Pattern of abusive behaviour

One participant defined domestic violence as an abusive or a pattern of abusive behaviour. Domestic violence, according to the participant, is not a once off event, but it is repeated behaviour. The abusive behaviour, according to the participant, can be physical, emotional, economical, or any other form of abuse, which takes place in a relationship environment, as highlighted below.

Domestic violence is a pattern of abusive behaviour in any relationship that is used by one partner to gain or maintain power and control over another intimate partner, so it can happen between a married couple, not excluding gays and lesbians. (Participant 2).

The participant's definition resembles the views of Chhikara et al. (2013:71), who define domestic violence as a pattern of behaviours in any relationship used to frighten, intimidate, manipulate, injure or wound someone. Also, the Domestic Violence Act 116 of 1998 views domestic violence as a repeated behaviour. Domestic violence is also viewed as a pattern of abusive behaviours including physical, sexual, and psychological attacks as well as economic coercion used by one partner against another to gain or maintain power and control in a relationship (National Resource Center on Domestic Violence, 2014:1). The findings above indicate that domestic violence is not an isolated, individual event but rather a pattern of recurrent behaviours against the same victim by the same perpetrator.

Subtheme 2: Power and control

The above findings present domestic violence as repeated abusive behaviour. However, four of the participants viewed domestic violence not only as repeated behaviour, but as an assertion of power and control. The participants argued that the perpetrator of domestic violence uses power to control the victim. As discussed with the participants if, for example, the perpetrator has power because he is the provider in the house, he can use this power to influence control. The following is what the participants stated:

What I can say is the underlining factor in domestic violence, be it international or national context, is that there is power and control in it where in one person has power over the other and if somebody else have power over the other there is control be it the financial control, emotional control but there is control also a control of socialisation they will control you be it you want to socialise with one other or another they even prohibit you to see your friends because there is also control (Participant 3).

Well, my understanding about the domestic violence is that one it happens as a result of conflict rising within the family or within that house whereby

maybe one will resort to using the powers one has not to solve the problem but maybe to show that maybe that person can do what he/she wants to do because any one can like abuse it can be a husband or wife (Participant 5).

Domestic violence is a pattern of abusive behaviour in any relationship that is used by one partner to gain or maintain power and control over another intimate partner, so it can happen between a married couple, not excluding gays and lesbians (Participant 2).

The fact that it is violence that takes place within the household, like spouse, sisters, siblings, aunties and uncles and the main purpose of domestic violence is to get power and control over one person (Participant 9).

The participants' views of domestic violence as a way of maintaining power and control is in line with Leone and Conroy (2019:226), who assert that power can be viewed as the possession of resources that allow one person to influence another. Domestic violence can be used to gain and maintain power and control over an intimate partner (Chhikara, et al., 2013:71). Falcon and Lopez (2014:4) add that domestic violence is rooted in power and control dynamics and stems from the belief that the perpetrator is authorised to have decisive power to rule over the victim. The findings above indicate power and control as the major contributor in domestic violence, therefore, the need to recognise power control dynamics as they have an impact towards effectively understanding domestic violence situations and service rendering.

Subtheme 3: Conflict rising within the family

According to the participants, domestic violence mainly takes place within a family setup because of power conflict. The participants also stated that conflicts arise due to unequal power relations within a family, especially between husband and wife. With regards to conflicts arising within the family, two of the participants intimated the following:

Well, my understanding about the domestic violence is that one it happens as a result of conflict rising within the family or within that house whereby maybe one will resort to using the powers one has not to solve the problem

but maybe to show that maybe that person can do what he/she wants to do because any one can like abuse it can be a husband or wife. Family is also a relative term because domestic violence might be between the grandfather and the grandchild for example, so it is much wider domestic violence is what happens in that house within that context, family context so it is a wider term (Participant 5).

Domestic violence is that one it happens as a result of conflict rising within the family or within that house ... husband can't take a blame and then accept the mistake and then resort to silent the wife whereby will say I will beat the wife (Participant 7).

The participants' views/understanding of domestic violence are reflected in Leone and Conroy (2019:226), who view domestic violence as conflict between domestically related people; such violence includes the use of physical, sexual and psychological abuse. WHO (2014:71) explains domestic violence as including physically and non-physically abusive behaviour towards another person in a relationship. Rakovec-Felser (2014:62) views domestic violence as any action of violence executed within the context of a substantial interpersonal relationship such as a family. The findings of the study display that domestic violence happens within a family context. It is also evident from the findings that domestic violence happens in a relationship, which can include violence between husband and wife, boyfriend and girlfriend, gay and lesbian partners, parents and children.

3.10.2. THEME 2: ROLES OF SOCIAL WORKERS

The participants mentioned that they played different roles in addressing domestic violence. Some of the participant social workers' roles that were identified include; educator and facilitator and advocate. These roles will be discussed as subthemes below.

Subtheme 1: Educator and facilitator roles

The study findings revealed that the participants principally played the roles of educators and facilitators. Some participants stated that they facilitated support groups and dialogues. The participants revealed the following:

There is need to educate the community even the acts or the system services are there they don't even use them (Participant 6).

If I take for instance the awareness campaigns they help empower or educate the broader community on domestic violence, on services that are offered in the community (Participant 2).

I facilitate the support group, so we just discuss domestic violence in detail, we teach our support group members on how to deal with domestic violence, what is domestic violence, types of domestic violence, cycle of abuse, the coping mechanisms in domestic violence, their legal rights and also that is when I put the skills development (Participant 9).

I also facilitate dialogues, which usually consist of 20 people in a group discussing DV, a background of domestic violence, the different types of domestic violence, and the challenges that the community is facing and how best we can deal with those challenges (Participant 2).

The participants' views are in line with Patel (2015:143) who argues that the educator role involves sharing information on domestic violence issues. The participants' role of educating the community about domestic violence issues may help to challenge any exploitative and oppressive power structures that perpetuate domestic violence and support the expansion of education on the impacts of domestic violence (Lombard et al., 2012:191) as well as promote social wellbeing. The research findings further revealed that participants also facilitate dialogues and support groups. This finding is in line with Engelbrecht (2014:167), who asserts that social workers facilitate workshops, dialogues, support groups and training in a bid to address domestic violence and bring sustainable social change, as supported by the empowerment theory. Patel (2015:239) argues that empowerment theories help social workers to understand the structural barriers and social ills, such as domestic violence, that prevent people from accessing resources necessary for their health and wellbeing. Therefore, the researcher finds it paramount for the participants to be empowered in the field of domestic violence, as they play the roles of educators and facilitators.

Subtheme 2: Advocate

One participant stated that when helping victims of domestic violence, he/she played the advocacy role, through advocating for the victim's rights. The participant shared the following:

I am usually advocating for their right for, for their livelihood and for them to be better knowledgeable as far as how they can better, how they can go about getting information that can assist them to help themselves in the same area or the same house or maybe to help their children supposedly the children are involved in that same kind of violence... (Participant 1).

The above participant's response is in line with Mosley (2013:236), who argues that social workers can address domestic violence by working from an advocacy perspective through influencing policy, structures and other sites of power that ultimately aim to minimise domestic violence. However, though the participant stated that he/she was pro-advocacy, he/she overlooked the role of influencing policies, as supported by Kam (2014:745), who argues that social workers neglect to fulfil their advocacy role in practice. Social work should act as the advocating voice for female victims of domestic violence, who are among the most disadvantaged and oppressed in society (Midgley & Conley, 2010:10). The findings revealed that, as a social worker, the participant committed to empowerment strategies to help victims of domestic violence through information sharing and advocating for their rights.

3.10.3 THEME 3: INTERVENTION STRATEGIES OFFERED BY SOCIAL WORKERS TO FEMALE VICTIMS OF DOMESTIC VIOLENCE

Domestic violence intervention is characterised by silent changes in both scope and emphasis over time (Barner, 2011:236). The changes date back to 1970, effected by Battered Women's Movement (Schechter, 1982) due to the understanding of the importance of safety for victims of domestic violence (Hackett, McWhirter & Leshner, 2016:123). Currently, interventions try and protect the rights of women, especially the victims of domestic violence (Slabbert, 2016:223). The interviewed participants also echoed the need to help women victims of domestic violence through an array of interventions such as; counselling, referrals, awareness campaigns, skills development and support group facilitation, as outlined below.

Subtheme 1: Counselling

All the participants who were interviewed highlighted that they used counselling as a strategy for intervening in domestic violence. With regards to counselling, the following is what some of the participants said:

In my line of work, we usually do counselling, we basically offer them information so to say information that they didn't even know of or at times they might know of but sometimes they usually forget because they might not even know where to go and get same kind of information. Through counselling, for example so to say this is how the victims can and go about domestic violence without the perpetrator in their lives (Participant 1)

I am doing face-to-face counselling, so our minimum face-to-face counselling sessions is six, so if I can say I saw you six times its better, then at the end of the day it is up to the client to decide to attend session if she sees it is working for her, but the minimum sessions is six (Participant 9).

A specific lady who was abused and went through counselling, afterwards she said she was okay (Participant 5).

Counselling has long been seen as critical to the effective support of women who are victims of domestic violence (Barata & Senn, 2019:63). This is in harmony with the participants' responses. Their statements are also in line with Sullivan (2018:128), who argues that counselling leads to decreases in depression and anxiety, while helping female survivors of domestic violence to feel better.

The participants also echoed that, through counselling, victims of domestic violence are empowered.

"...my clients are empowered..."(Participant 1).

Kirst-Ashman (2017:24) argues that, through the empowerment approach, victims of domestic violence can be helped to increase personal and interpersonal power for them to take action and protect themselves against violence. The empowerment theory stresses that the social worker believes in the capacity of his/her client to change (Patel, 2015:239).

The above findings indicate how widely the participants used counselling to address domestic violence. All the participants stated the use of counselling as one of their preferred strategies, which according to them, yielded positive results.

Subtheme 2: Referrals

During the interviews it emerged that female victims of domestic violence required services from different professionals. Out of the ten participants who were interviewed, six stated that they referred victims of domestic violence to other service providers. With regards to referrals, the six participants shared that they referred clients to the police station, the court (for protection orders), shelters (for safety and further interventions) and Department of Social Development (DSD) (for placements), as discussed below.

We offer referral services to better provided or better suitable organisations that can help women victims of domestic violence further to help them overcome the scourge of violence (Participant 1).

We refer women who are victims of domestic violence to place of safety (Participant 8).

We do referral to shelters, so not all social worker organisations have got shelters for example. there is Bela-Maria here in Vanderbijlpark which is a shelter for the abused women and children, also we refer to SAPS, they also have services that they render to victims of domestic violence for example, opening cases, protection order is one of the services that is offered but it is done at the court (Participant 2).

Though we try to use a holistic approach intervention where in, we try to bring all the service providers and we try to ensure that our clients get as much as services they need for instance if I see a client, I will ensure that I will refer them to relevant GNOs or relevant stakeholders so that they can get a further assistance for example we work with legal aid board, we work with legal and tax for further legal advices so that they can get more assistance if they need (Participant 3).

There was a situation of the lady whereby we fear that, the abuser was a police officer and she was so bitten, we even fear that if we get involved, we might be victims too. But we ended up referring her to DSD so that she can be placed (Participant 6).

The participants' responses above are in line with WHO (2009:13), who argues that referrals to other agencies can increase the safety behaviours of women victims of domestic violence, thus, reducing the risk of further harm. A referral is one of the professional interventions to domestic violence advocacy that can reduce re-victimisation and improve the victim's quality of life (Feder, 2011:6).

Victims of domestic violence may have a number of goals, such as safety and work. The empowerment theory calls for goal achievement, which can be achieved through referring victims (Cattaneo and Goodman, 2015:91) to places of safety or police stations, as stated by the participants. It can be pointed out that the research participants work for NPOs who have different resources and mandates, hence rely on partnerships to refer victims of domestic violence for further assistance. From the findings, it also shows that it is impossible to serve women victims of domestic violence holistically through one organisation, given that not all organisations have places of safety. It is also advantageous to refer as it enables participants and their organisation to share responsibilities, resources and competencies towards empowering women victims of domestic violence (Patel, 2015:163). Rogers et al. (2016:4) also argues that referrals are crucial to the success of response to domestic violence, as the victims are helped holistically.

Subtheme 3: Awareness campaigns

It has been gathered by the researcher that most participants empowered the victims of domestic violence through awareness campaigns. Awareness campaigns were conducted through door to door campaigns, school interventions, clinic talks and dialogues. Five participants concurred that they used awareness as a strategy to empower female victims of domestic violence through the following reflections:

Door to door campaign it is so helpful because we are able to identify more victims and they are able to be taught or made aware of their rights or if they

are in an abusive situation and they are able to come for counselling, and be able to stand for themselves ... victims become empowered (Participant 1).

...also conduct awareness campaigns in schools and in clinics. In schools we have a programme called the school intervention, whereby we go to school and we give out information on domestic violence and on different types of abuse. The school intervention, it empowers the girl child on domestic violence and what steps to take in cases whereby there is domestic violence in the home (Participant 2).

Awareness at the clinics also are helpful and then doing dialogues, the dialogues helps also as the victims come out and we are able to reach more people the programme are so helpful. Also, victims become empowered for instance you will be able to go to school or feel that you want to empower victims' lives in a positive way (Participant 6).

We do those awareness campaigns so that we know like the community is equipped knows things to be done and those not to be done, but then if it passes that point then we will have a family meeting just to address those who did not maybe capture our awareness campaign. In awareness campaigns, like 1 if you want to people aware of domestic violence and then to say what is it that leads what is it that can be labelled as domestic violence because some are not aware that they are victims of domestic violence they know the signs even if they are being victimised because it starts step by step so when it starts like they have to be aware right from the beginning that this is what is called domestic violence so that they know what steps to take (Participant 7).

We forget about economic abuse ... through awareness we empower them with information so that they can have sustainable income, sustainable projects because when not working they still depend on the very perpetrator (Participant 10).

Awareness campaigns attempt to influence attitudes and shift norms within the community (Heise, 2011:13). The participants' statements with regards to awareness

campaigns echo Heise's (2011:57) view that women may be informed about income generating programmes, and a number of interventions that target their economic empowerment as a means of preventing male-perpetrated domestic violence.

Empowering abused women through awareness campaigns is in line with Patel's (2015:239) argument that empowerment theories help social workers to understand the structural barriers that prevent people from accessing resources. Interviewed participants indicated understanding of domestic violence and information sharing through the awareness campaigns to empower women. Findings indicate that these awareness campaigns were conducted in a variety of settings, which include clinics, schools and communities, whereby the community and victims of domestic violence are empowered through information sharing on domestic violence and economic sustainability.

Subtheme 4: Support groups

It has been gathered from four of the participants that female victims of domestic violence needed various forms of support, including supporting each other. Four participants stated that they facilitated support groups as a way for victims of domestic violence to emotionally and socially support each other. In view of the benefits of facilitating support groups, four participants echoed the following statements:

We also have support groups which I facilitate. Support group's helps women to get support system or support structure from the other women to get services from other stakeholders and also to be safe or free from the perpetration (Participant 2).

And also, what we do we have support group sessions with our women and in support group sessions it is only women who have been abuse. It runs from February until December and then our main idea during our support groups we ensure that women have a session with a social worker, we give them a safe space where they interact and share their experiences, their lived experiences on domestic violence because we believe even if we have a face to face session sometimes they might want to hear if it's true that somebody else went through the same thing that I went through then it gives

them some sort of motivation where they can be able to stand up and make their own decisions looking at other people's problems (Participant 3).

The women get together and then start supporting each other in terms how they cope with their situation in terms of domestic violence ...I facilitate the support group so we just discuss domestic violence in detail, we teach our support group members on how to deal with domestic violence, what is domestic violence, types of domestic violence, cycle of abuse, the coping mechanisms in domestic violence, their legal rights and also that is when I put the skills development at some point because I learn a lot (Participant 9).

According to Sullivan (2012:3), support is one of the most important words used within social work, implying almost anything from helping, backing, sustenance, validation, care, concern and love. The participants concurred with Sullivan (2012:3), who argues that support groups are designed to provide emotional, psychological, educational, and sometimes practical support to groups of victims of domestic violence.

Support groups lead survivors to feel an ample sense of belonging and high self-confidence (Sullivan, 2018:128) as well as help them to transform. Internationally, support group intervention has also emerged as the most common type of intervention for female victims of domestic violence and considered to have a positive impact on them (Santos, Matos & Machado, 2017:36). These findings are in line with the empowerment theory, which undertakes that when transformation takes place as a result of consciousness raising efforts, people begin to see alternatives to their present predicaments (Payne, 2015:294). However, the findings above reflect on the importance of support groups as a way of assisting female victims of domestic violence. According to the responses, support group intervention played a positive role in helping victims of domestic violence to cope with their situations.

3.10.4. THEME 4: SUCCESS AND CHALLENGES THAT SOCIAL WORKERS EXPERIENCE IN RENDERING SERVICES TO FEMALE VICTIMS OF DOMESTIC VIOLENCE

The participants indicated experiencing both successes and challenges when rendering services to female victims of domestic violence. According to the

participants, the successes and challenges stemmed from the strategies used, working conditions and the clients' circumstances. The successes identified by the participants included that some programmes improved victims' situations and empowered them. On the other hand, the participants identified challenges such as lack of resources and infrastructure, lack of information about domestic violence, clients' lack of cooperation and client dependence. All these successes and challenges are discussed below.

Subtheme 1: Successful programmes in intervention

The participants revealed that some of the programmes geared towards helping women victims of domestic violence were a success. These programmes include counselling, support groups and awareness initiatives such as door to door campaigns. Regarding successful programmes, four participants stated the following:

Programmes are a success because we make people aware, aware of what to do when faced with domestic violence ... a specific lady who was abused and went through counselling, afterwards she said she was okay (Participant 5).

...so at least I can see progress on the support group programme, and a lot of people from a support group end up becoming right, but not all but most of them becomes okay. So, I can say it is working (Participant 9).

Door to door campaign it is so helpful because we are able to identify more victims and they are able to be taught or made aware of their rights or if they are in an abusive situation and they are able to come for counselling and be able to stand for themselves ... victims become empowered (Participant 6).

I think the Victim Empowerment Programmes (VEP) in place are helpful and guiding the social workers in how best we can work, for example looking at programmes that are under the VEP, dialogues, school interventions, awareness campaigns, I feel like they guide the social workers and if we take for example dialogues they help the community to be empowered of domestic

violence, also empowers the community on what steps to take in cases of domestic violence (Participant 2).

The findings reflect that the programmes were a success because they were empowering, which is in line with Ife (2012:230) who argues that such programmes help victims of domestic violence to define their rights, thus ensuring that they are protected and knowledgeable. The participants' views are also in line with the CSVr (2017:5), which agrees that the services provided to women victims of domestic violence are essential. However, CSVr (2017) adds that, despite these interventions, women in South Africa continue to experience extremely high rates of domestic violence. Despite the high rates of domestic violence in the country, the participants still view the programmes and services as successful. The findings of the study revealed that the participants' clients indicated that they found the initiatives on offer helpful, as they resulted in the improvement of their situations, but this does not show the magnitude of the assistance rendered. Also, the participants tended to describe the programme, not its results, given that empowerment is a process whose outcomes are not always instant (Payne, 2015:294). However, for the success of these intervention strategies, participants identified the following challenges.

Subtheme 2: Lack of resources and infrastructure

Lack of resources such as telephones and vehicles is one of the major challenges highlighted by the participants, who argued that such situations were indicative of poor working conditions. Lack of transport, for instance, resulted in the inability to convey clients to relevant assistance centres such as hospitals or shelters. The participants also noted that lack of telephones hindered the process of arranging for shelter, a facility which is also limited in Sedibeng. The participants expressed the following sentiments:

We lack resources that is we don't even have equipment. For example, whereby I have to take the client women victim to the hospital I don't have a vehicle to take the victim ... don't even have a telephone to call to arrange for them a place of shelter (Participant 8).

People to be able to visit us, think about transportation if the person lives in Orange Farm or Sebokeng it is far from here (Vereeniging), so transportation is really a challenge (Participant 5).

The other major challenge that we have is transport challenge, more often you call our SAPS and they don't have transport to transport the client to the shelter. Also have another challenge when it comes to shelters, they might look like there are several shelters for abused women compared to men of course, however, we have challenges when it comes shelters, more often we contact the local shelters especially here in Sedibeng and you are told that there is no space for the women which means that the women goes back to the community or goes back to the home where the violence is taking place, which puts the victim at risks (Participant 2).

The working conditions for social work practitioners are very poor (Earle, 2008:72) as evidenced by lack of resources such as office space, furniture, stationery, information technology and vehicles (Ntjana, 2014:83). Resource limitations compound problems such as failure to refer or to fully assist the victims of domestic violence (Slovak, Sparks & Hall, 2011:430). The participants' responses reflect the Department of Social Development's (2009:18) view that the recruitment and retention crisis in social work is so acute that it has a destabilising effect on the rendering of services. However, the provision of adequate social resources such as work social support and personal resources might prevent work overload and burnout (Gray-Stanley & Muramatsu, 2011:1068).

Job resources are found to be positively associated with work engagement (Bakker & Leiter, 2010:185). However, the findings above indicate how the lack of resources negatively impacted participants' contributions towards addressing domestic violence, as it resulted in failure to place the victims in shelters. Hence, the empowerment theories call on social workers to understand the structural barriers that prevent people from accessing shelters and other resources considered for their wellbeing (Patel, 2015:239).

Subtheme 3: Lack of information about domestic violence

Three participants identified lack of information about domestic violence as one of the major challenges. The participants stated that both themselves, as professionals, and the communities, in general, lacked knowledge on domestic violence, as they mentioned the following:

Domestic violence is so popular but people don't have information, every day we talk about women shot dead, beaten, even pictures of those ladies are shown all over the country but when we sit down with the victims, they don't have enough information. Maybe on our side like I said we are failing to tap on the root to say exactly are we supposed to work on. We are trying to use out react to reach out but it is not enough. Information on domestic violence is still a shortage outside there (Participant 9).

There is a lack of information about domestic violence and we don't know much about the indicators of domestic violence and ... don't understand the protection (Participant 3).

I am not fully equipped and that there is more that needs to be done especial with social worker profiles when it comes to domestic violence related issues (Participant 1).

The participants echoed the need for themselves, as services providers to understand domestic violence, which is line with the empowerment theory which calls for people to have consciousness raising determinations through knowledge and understanding of their situations (Payne, 2015:294). In support, Patel (2015:239) argues that empowerment theories help social workers to comprehend the structural obstacles that prevent people from accessing resources necessary for their self-actualisation.

Knowledge and skills improvements are necessary to assist social workers to deal with the stressors and keep them excited and interested in the profession (Calitz, Roux & Strydom, 2014:159). However, the participants raised dissatisfaction about their knowledge of domestic violence; thus, this speaks to the need to improve social workers' profiles. The findings indicated that lack of information about domestic

violence and its indicators seemingly hinders assistance towards the victims, as one participant highlighted as the cause of failure to deal with the root cause of domestic violence.

Subtheme 4: Clients lack of cooperation

The findings indicated a need for victims of domestic violence to maximise cooperation during the helping period. The social workers shared that many of the clients were not helped fully because they failed to attend all sessions and it was not clear whether it was out of their own will or because of threats by the perpetrator. The participants also revealed that, along the way, clients sometimes decided to withdraw cases reported to the police. With regards to lack of cooperation by the victims, the participants stated the following.

Women victims of domestic violence do not attend follow-up sessions, and some withdraw cases (Participant 2).

The other challenge is you might see that there is a danger in that family, but they might end up not coming if you make follow-ups; they just cancel so you don't intervene enough. Sometimes some of them clients don't come they don't come for sessions at all (Participant 6).

Cooperation from either both or one of them because as the service provider or someone who intervenes, I largely relay on what they would be telling me so if they decide to tell me lies so I will be working to achieve outcomes based on lies I was told (Participant 7).

We are facing a challenge such as dropping the cases by the clients ... go to maintenance court to cancel cases ... victims depend on the perpetrator (Participant 10).

The above-cited participants' contributions are in line with Hall, Juhila, Matarese and Van Nijnatten's (2014:4) argument that clients sometimes break cooperation. Clients may undermine the change process in that some do not conform to or support the interactional aims with professionals. This is sometimes fuelled by their partners or other relationships out of the social worker-client relationship, such as the family

(Muntigula & Choi, 2010:345). The findings indicated that sometimes the victims of domestic violence made it hard for the participants to execute their duties successfully because the former often violated the counselling contract by deciding not to attend sessions. Moreover, providing services to passive recipients is not developmental (Midgley, 2014:15), thus, there is need for the participants to understand the victims situations holistically in order to effectively deal with their challenges. According to the empowerment theory, social work practitioners need to be empowered to understand and counter the challenges as associated with dealing with challenging victims of domestic violence (Kirst-Ashman, 2017:24).

Subtheme 5: Client's dependence on the perpetrator

The findings above indicated an assortment of challenges that arise when participants dealt with challenging clients. However, four participants gave a further insight into client situations that constituted barriers to services rendering. The participants indicated that some clients were dependent on the perpetrators for finance, shelter and food, for both themselves and their children. With regards to dependence, the four participants stated the following:

... not success the reason being some women depend on their partners you find out that the only way to avoid like to rescue them from that is for them to decide to walk away from that relationship but then the question is how will they leave if they are depending on that relationship (Participant 7).

...but they are not working and still depend on the very perpetrator who violate their rights, who violate who abuse them daily. They are dropping the cases because they, is not the result that they want but they are forced by the situation they are hungry, the children are hungry and then the perpetrator has been arrested so they or she has to drop the case so that they will be someone who will be working at home bringing some food on the table, so these are some of the challenges that we are facing as social workers. Victims depend on the perpetrators (Participant 10).

It transpired during our services that most of the women are trapped into domestic violence because they are financially dependent to the perpetrators (Participant 9).

The issue of dependence is a challenge, females depending on the males in terms of provision it is a challenge, especially in cases whereby females are not working they are financially depending on their male partners well it is a challenge because now they think they are not going to be able to stand on their own if they have terminated the relationship. The issues of starting afresh, you find that this person was staying in the house now if she terminates the relationship she will have to go and stay in a shack that becomes a challenge to them as well (Participant 4).

The participants' responses are in line with Swadley (2017:4) who argues that economic dependency plays a role in why women would return to or not leave the abuser. Bonthuys (2014:124) adds that women who have the means and ability to earn an income of their own can easily escape from domestic violence, which is contrary to those who depend on the financial resources provided by the perpetrators. Groenwald (2009:302) argues that even after leaving the shelter or completing all interventions, the women may still, remain dependent on the perpetrator, due to lack of equal housing and financial opportunities. The findings above indicated how dependency affected the participants' interventions. This is also an indication into how limited the interventions were. Also, it is a clear indication that the practitioners faced different challenges that hindered them from holistically helping the female victims of domestic violence.

3.11 CONCLUSION

- In conclusion, this chapter presented the research approach, type of research, research design, methodology, ethical issues related to the study and the research findings obtained from the empirical study and a discussion on findings. The findings indicated the following:
- most participants could contextualise and conceptualise domestic violence.
- few participants were very elaborate about their roles in helping women victims of domestic violence. These roles are limited to; educator, facilitator and advocacy.
- the commonly used strategies among the social workers include counselling, awareness, support groups and referrals.

- some social workers lacked information about domestic violence and have limited interventions, which was a challenge to service rendering to women victims of domestic violence.
- lack of resources as a hinderance to rendering sound services to women victims of domestic violence.
- social workers faced challenges when assisting uncooperative clients, some of whom are dependent on the perpetrators.
- social workers faced challenges when assisting uncooperative clients, some of whom are dependent on the perpetrators.

The following chapter focuses on above stated key findings and draws conclusions. In the same chapter, the researcher will also make recommendations based on the study.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4. Introduction

The focus of this chapter is to discuss how the goal and objectives of the study were reached. Furthermore, the key findings of the study will be presented, followed by the conclusions derived from the findings. Finally, recommendations will be drawn from the conclusions.

4.1. Goal and objectives of the study

The goal of this study was to explore and describe social work interventions to address domestic violence in Sedibeng District.

The goal of the study was achieved through the fulfilment of the following objectives:

Objective 1

- To conceptualise and contextualise domestic violence and the role of social workers in rendering services to female victims.

The objective was achieved in a thorough discussion in Chapter 2 (sub-section 2.2. to 2.7 and 2.10.), where domestic violence is outlined. In the stated sub-sections, domestic violence is defined. Also discussed in these sub-sections are; the prevalence, cycle, forms, impacts and causes of domestic violence. Moreover, it has been made clear that social workers play different roles when helping victims of domestic violence. These roles, as discussed, include; advocacy, networker, educator, facilitator and trainer.

Furthermore, the objective was achieved in Chapter 3 (sub-section 3.10.1 and 3.10.2), which indicates how the participants viewed domestic violence. The participants mentioned that they viewed domestic violence not as an isolated and individual event, but rather a pattern of recurrent behaviours against the same victim by the same perpetrator. In most cases, power and control were the major contributors to domestic violence, which happened within family and relationship contexts. Also, in Chapter 3 subsection 3.10.2, the participants stated the roles that they played as educators and facilitators, through which they facilitated dialogues,

support groups, information sharing and advocating for domestic violence victims' rights.

Objective 2

- To explore and describe the strategies used by social workers in addressing domestic violence in Sedibeng District.

The objective was achieved in a thorough discussion in Chapter 2 (sub-section 2.9), which clearly indicated programmes and interventions designed to help victims of domestic violence. Programmes and interventions include, among others, Victim Empowerment Programme (VEP), the Victims Charter, Minimum Standards for Service Delivery, Uniform Protocol on Victim Management, the Every Day Heroes, 365 Days of Action to Eliminate Violence Against Women and Children, Integrated Programme of Action, Thuthuzela Care Centres, and Victim Support Centre. There are also other related programmes that are rendered by organisations such as Family and Marriage Society of South Africa (FAMSA), Suid-Afrikaanse Vrouefederasie (SAVF), National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), People Opposing Women Abuse (POWA), South African Police Service (SAPS) and other government departments.

Furthermore, the second objective was also achieved in Chapter 3 (sub-section 3.10.3), which indicated that the majority of the participants helped women victims of domestic violence through an array of interventions such as counselling, referrals, awareness campaigns, skills development and support group facilitation.

Objective 3

- To explore and describe the views of social workers about programmes and identify the challenges and successes that social workers experience in rendering services to female victims of domestic violence in Sedibeng District.

The objective was achieved in a thorough discussion in Chapter 2 (sub-section 2.11), which indicated that social workers faced challenges such as lack of resources and infrastructure, community members' lack of understanding of the roles of social workers, lack of transport for home visits, and lack of confidentiality.

Furthermore, the third objective was achieved in Chapter 3 (sub-section 3.10.4), which indicated that some participants viewed the implementation of intervention programmes as a success. Also, the majority of the participants indicated facing challenges when rendering services to victims of domestic violence. These challenges included lack of resources, lack of information about domestic violence and its indicators, as well as challenging clients.

Objective 4

- To draw conclusions and make recommendations towards policy development and improved service delivery to female victims of domestic violence in Sedibeng District. This objective was achieved through the discussion in following sections (sub-section 4.2. and 4.3.).

4.2. Key findings and conclusions

In this section the researcher will present the key findings and conclusions in a sequential manner.

- The findings indicated that most participants could contextualise and conceptualise domestic violence.
 - ✓ It can therefore be concluded that most social workers are able to contextualise and conceptualise domestic violence.
- The findings indicated that few participants were very elaborate about their roles in helping women victims of domestic violence. These roles are limited to; educator, facilitator and advocacy.
 - ✓ It can therefore be concluded that some social workers do not fully understand their roles when it comes to assisting women victims of domestic violence.
- The findings indicated that the commonly used strategies among the social workers include counselling, awareness, support groups and referrals.
 - ✓ It can be concluded that social workers can use a variety of strategies to help women victims of domestic violence.
- The findings indicated that some social workers lacked information about domestic violence and have limited interventions, which was a challenge to service rendering to women victims of domestic violence.
 - ✓ It can be concluded that some social workers, despite knowing what domestic violence is, lack information on how to assist victims of domestic violence.

- The findings indicated lack of resources as a hinderance to rendering sound services to women victims of domestic violence.
- ✓ It can, therefore, be concluded that the shortage of resources presents challenges for rendering services to women victims of domestic violence.
- The findings indicated that social workers faced challenges when assisting uncooperative clients, some of whom are dependent on the perpetrators.
- ✓ It can be concluded that some social workers fail to deal with challenging victims of domestic violence.

4.3. Recommendations

In view of the above mentioned findings and conclusions, the researcher makes the following recommendations to enhance effective social work interventions in addressing domestic violence and its attendant challenges.

- **Training on domestic violence intervention strategies**

There is need for social workers to be constantly trained on the best intervention strategies. This will help in addressing challenges faced by social workers, as they would be able to handle any domestic violence case, such as dealing with challenging victims.

- **Provision of resources**

The Department of Social Development and other role players should avail enough resources to the social workers. For the services rendered to victims of domestic violence to be successful, efficient and effective, adequate resources need to be provided. These resources include; vehicles, office equipment such as telephones and computers, and shelters.

- **Further research**

Further research should be carried out to investigate the bearing of resources for social workers.

Also, further research should be carried out to determine the effect of capacity professional development for social workers rendering services to female victims of domestic violence.

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Appendix 1: Semi-structured interview schedule

INTERVIEW SCHEDULE

Social work interventions to address domestic violence in Sedibeng District.

BIOGRAPHICAL DETAILS

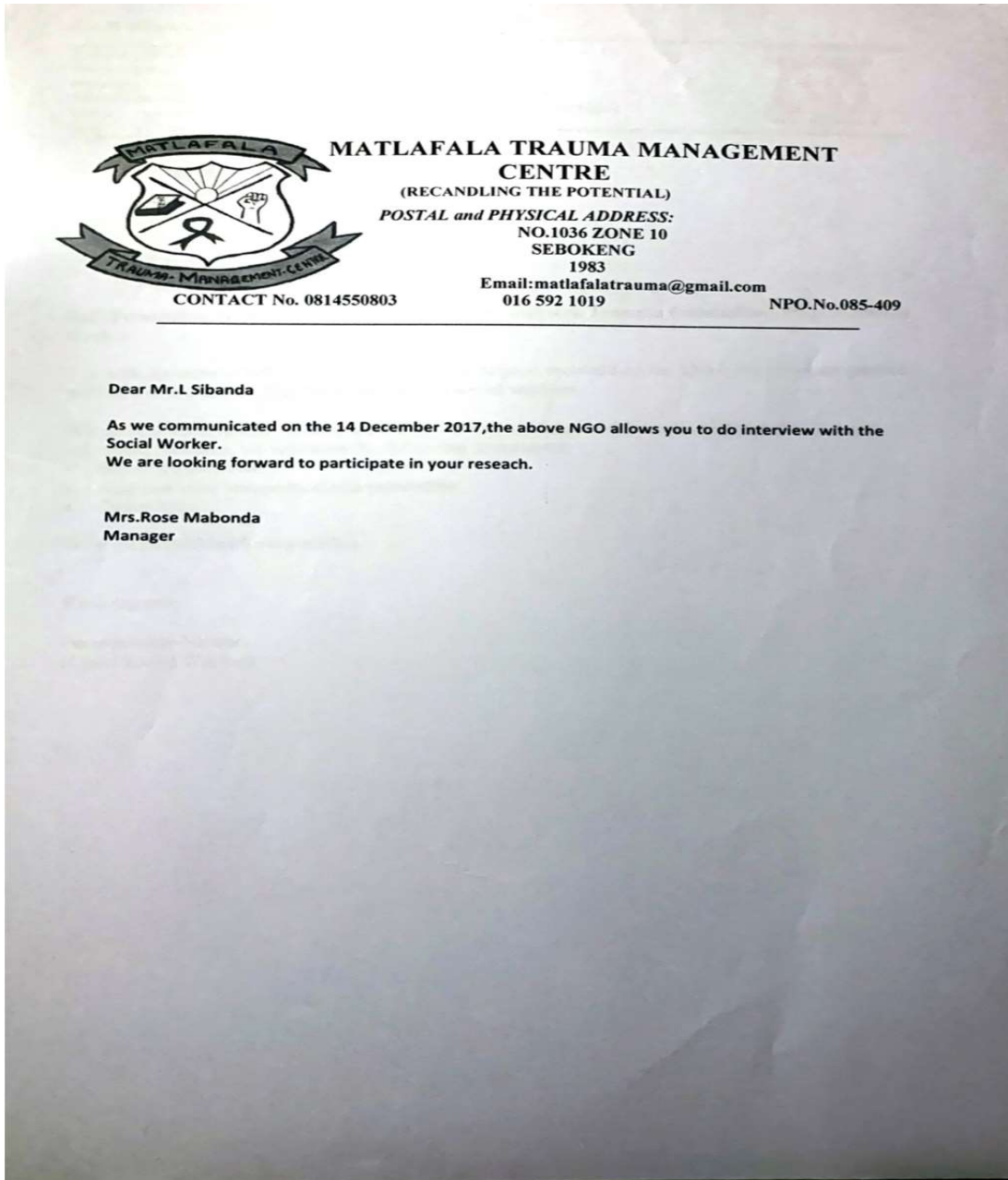
1. **Sex:** Female: Male:
2. **Age:**
3. **Race:** African: Coloured: White:
Indian
4. What is your highest qualification?
5. What is your position?
6. Years of experience:
1-5: 6-10: 11-15: 16-20:
21+:

QUESTIONS

1. What is your understanding of domestic violence within the international and national context?
2. What are the services offered to victims of domestic violence?
3. Are you involved in the above stated services and what role do you play?
4. Considering your role, what intervention strategies do you use to address domestic violence?
5. What are your views about the programmes and services rendered to female victims of domestic violence?
6. What are the successes of these programmes and services in addressing domestic violence, if any?
7. What are the challenges you face in rendering domestic violence services?
8. How do you cope with the above stated challenges?
9. What are your recommendations regarding interventions rendered to female victims of domestic violence?
10. Do you have any additional information to share?

Thank you for your participation

Appendix 2: Permission letters



POWA

PEOPLE OPPOSING WOMEN ABUSE

Tel: +27-11-642-4345/6 • Fax: +27-11-484-3195 • Website: www.powa.co.za • P.O. Box 93416, Yeoville 2143

Association incorporated under Section 21 • Reg. No. 2001/003984/08 • NPO 001/037

15 December 2017

Dear Mr. L. Sibanda

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

I hereby wish to acknowledge your request which was received on 14.12.2007 via e-mail.

People Opposing Women Abuse (POWA) Evaton office is granting you with permission to conduct your research in our organisation.

Kind Regards,
Joan Hlako
Chief Social worker
POWA Evaton office
Tel; 081 3837 698
Cell; 072 8922 039



FAMSA VAAL TRIANGLE
52 Pres. Boshoff street, SE1, Vanderbijlpark, 1911
PO Box 4767, Vanderbijlpark, 1900
Tel: 016 933 8128 Fax: 016 931 3360
E mail: famsa@famsavaal.co.za
Web: www.famsavaal.co.za

14 December 2017

Dear Mr. L. Sibanda

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH FAMSA VAAL TRIANGLE SOCIAL WORKERS

I hereby wish to acknowledge your request which was received on 13/12/2017 via e-mail.

FAMSA VAAL TRIANGLE is willing to grant permission for you to conduct research with staff on the following conditions:

- Your research is conducted with staff at a time convenient to them that does not interfere with their service delivery to clients.
- That any area of concern that is found during the research process be brought to the attention of the undersigned so as to address it as a matter of urgency.
- No confidential client information is shared.

On behalf of Famsa Vaal Triangle I would like to wish you all the success with your post graduate degree.

Yours sincerely

Mrs. V.L. Smith

Director

Famsa Vaal Triangle



LifeLine Vaal Triangle
incorporating **Bella Maria Home for abused women
and their children**
Reg. No. 001-885NPO
Monument Road, Duncanville 1939
P.O. Box 20
ARCON PARK 1937

Office: (016) 428 1740
Fax: 086 773 2350
24 Hour Counselling: (016) 428 1640
National 24 hour number: 0861 322 322
e-mail: colleen@lifelinevaal.co.za
website: www.lifelinevaal.co.za
<https://www.facebook.com/LifelineVaal>

5th January 2018

Lawrence Sibanda
9159 Ext 15
Bophelong

Dear Lawrence

Request for permission to conduct research at LifeLine Vaal Triangle

In response to your request with regards to the above, I am happy to grant this permission. We do, however, only have one Social Worker currently working in the domestic violence field. The other Social Worker employed by LifeLine deals mainly with Sexual Assault cases. If you feel she is able to contribute to your research, you are welcome to interact with her.

Kind regards


Colleen Rogers
DIRECTOR

Chairman: Frank Allies • Director: Colleen Rogers



Vanderbijlpark Trauma Counselling Empowerment Centre

Bophelong Office
1345 Seme Street
Bophelong 1913
Tel (016) 986 1522 Fax 088 016 986 1522
E-mail traumacentre@nelkomsa.net
Web www.traumacentre.co.za

NPO: 054 688
ABO: 930026486
admin@traumacentre.co.za



10 February 2018

Dear Lawrence

Ref: Permission to conduct research with Vanderbijlpark Trauma Counselling Empowerment Centre

It is with pleasure to inform you that as per your request received on the 15/11/2017 you are granted permission to conduct your research with our social workers.

We do have three social workers rendering services to victims of domestic violence that you can interview, however, we will need the following documents:

- Research proposal
- Approval from university ethics committee
- Consent form

Wish all the best with your studies

Kind regards,

Perseverance Nkomo
(Chief Social Worker)

Appendix 3: Ethical clearance letter from the University of Pretoria



Faculty of Humanities
Research Ethics Committee

14 May 2018

Dear Mr Sibanda

Project: Social Work interventions to address domestic violence
in Sedibeng District
Researcher: L Sibanda
Supervisor: Dr P Gutura
Department: Social Work and Criminology
Reference: 16256795 (GW20180417HS)

Thank you for the **well written** application that was submitted for ethical consideration.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above at a meeting held on 3 May 2018. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

Sincerely

A handwritten signature in black ink, appearing to read 'Maxi Schoeman'.

Prof Maxi Schoeman
Deputy Dean: Postgraduate Studies and Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za

cc: Dr P Gutura (Supervisor)
Prof A Lombard (HoD)

Research Ethics Committee Members: Prof NIME Schoeman (Deputy Dean); Prof Kl. Harris; Mr A Bizos; Dr L Blokland; Dr K Booyens; Dr A-M de Beer; Ms A dos Santos; Dr R Fassell; Ms KT Govinder Andrew; Dr E Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Scoor; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

Fakulteit Geesteswetenskappe
Lefapha la Bomocho

Appendix 4: Letter of informed consent for participants (Social Workers)



Faculty of Humanities
Department of Social Work and Criminology

29/07/2019

Researcher: Mr Lawrence Sibanda
Tel: 0785967381
E-mail: lawrence.sibanda@yahoo.com

INFORMED CONSENT FORM

Title of study: Social work interventions to address domestic violence in Sedibeng District.

Purpose of the study: The purpose of the study is to explore and describe social work interventions that are implemented to address domestic violence in Sedibeng District.

Procedure: I understand that I will be invited to participate in a one-on-one interview for the purpose of the research study. I am aware that I will be advised of the day, time and venue of the interview. I understand that the interview would be recorded and I give full consent to the researcher to do so.

Risk and Discomfort: I understand that there are physical and emotional risks that might be involved in the research, but arrangements have been made with the social worker Oswald Jeranyama at FAMSA to provide counselling. If I experience any discomfort at any time during the research study, I will inform the researcher or I can withdraw from the study. I understand that my involvement in the study is voluntary.

Benefits: I understand that the researcher will not offer me any incentives for being involved in the study and my participation is purely voluntary. My participation in this study will assist the researcher to explore and describe social work interventions to address domestic violence in Sedibeng District.

Participant's Rights: My participation in this study is voluntary and I may withdraw from participation at any time, without suffering any negative consequences.

Fakulteit Geesteswetenskappe
Departement Maatskaplike Werk en Kriminologie
Lefapha la Bomo
Kgato ya Medisa wa Leqephe le Bolelele

Confidentiality and privacy: I give permission to the researcher to use a digital tape recorder in order to record the process of interview for accurate recording of the information. The recordings will only be listened to by the researcher and authorised members of the research team. The information received will be treated with confidentiality and my identity will not be revealed.

Publication: I take note that the researcher will publish the results in the format of a research report and my identity will remain anonymous and will only be revealed unless required by law.

Storage of research data: I am fully aware that research data will be stored at the University of Pretoria for a minimum period of 15 years. I am also aware that the research data may be used for further research purposes.

Person to contact: In case of any enquiries or concerns, I understand that I can contact the researcher Mr Lawrence Sibanda on 0785967381 or lawrence.sibanda@yahoo.com at any time.

I understand my rights as a research participant and I voluntarily give my consent to participate in this study. I understand what the study is about and how and why it is conducted. I have received a copy of this consent form.

Declaration

I,hereby voluntarily give my consent to participate in this study. I understand what the study is about and how and why it is being conducted.

..... Date Place Participant's signature
..... Date Place Researcher's signature