

THE IMPACT OF AN INTERIM PROTECTION ORDER  
(DOMESTIC VIOLENCE ACT 116 OF 1998)  
ON THE VICTIMS OF DOMESTIC VIOLENCE

**Tertia Vogt**



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Promoter: Prof. AP Greeff

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## STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Signature

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Date



## SUMMARY

Domestic violence is a serious social problem, both in Southern Africa, as well as globally. From March 2003 to February 2004 a total of 27 071 men and women were assisted by Mosaic to apply for Interim Protection Orders (IPO), in the domestic violence sections of eleven Magistrates' Courts in the Western Cape in South Africa. Mosaic is a non-governmental organisation and provides free support services to all victims of domestic violence.

The IPO, which is the practical tool and legal document of the South African Domestic Violence Act 116 of 1998, is issued by a Magistrate's Court. It is supposed to protect victims from physical, sexual, emotional, psychological, verbal and/or economic abuse, harassment, intimidation, stalking, damage to and entering of their property without their consent, in the interim period before a Final Protection Order is granted.

The primary objectives of this study are to determine the impact of an IPO on the nature and the extent of domestic violence, the impact of an IPO on the general well-being of the victims of domestic violence and the efficiency of the application procedure for an IPO. The secondary objectives are to compile a profile of the victims of domestic violence in different cultural groups, to describe and compare the nature and the extent of domestic violence in different cultural groups, to review the role of the police in the implementation of an IPO, to make recommendations where applicable, and to inform the South African Government and policy makers of the findings of this study.

An extensive literature study focusing on domestic violence, general well-being and the link between the two concepts provides the theoretical basis of the study. The empirical study confirms the link between domestic violence and general well-being.

A quasi-experimental research design is used in this study. The study comprises two groups, namely an experimental group (N=884) and a control group (N=125). The control group, which appears similar to the experimental group (in the sense that they also experienced domestic violence) is drawn from the same communities as the experimental group.

Both groups were pre-tested (completed a first set of questionnaires). The experimental group was exposed to a treatment (the application for and granting of an IPO). Both groups were then post-tested (completed a second set of questionnaires). Two standardised questionnaires were used, namely The Abuse Disability Questionnaire (McNamara, 1999) and The Spiritual Health and Life-Orientation Measure (Gomez & Fisher, 2003).

Participants in the experimental and control groups experienced all forms of domestic violence as described in the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). Results indicated that the IPO did not contribute significantly to the reduction in total abuse exposure, physical abuse, psychological/emotional abuse or sexual abuse, as both the experimental and control groups experienced similar changes from the first to the second measurements.

The IPO was found to contribute significantly to a reduction in total impairment. On a physical level, the IPO contributes significantly to the reduction of health status issues. On a psychological level, it contributes significantly to the reduction of concern with physical harm, psychological dysfunction, life restriction and inadequate life control. On a social level, the IPO contributes significantly to a decrease in relationship disability. The IPO does not contribute to a reduction in anxiety and substance abuse as participants in both the experimental and control groups experienced similar changes from the first to the second measurements.

The IPO does not contribute significantly to an increase in the personal, communal, environmental and transcendental well-being of participants in the experimental group as participants in both the experimental and control groups experienced similar changes from the first to the second measurements.

“Breaking the silence” and awareness of support had a similarly positive impact on domestic violence in the control group, as did the IPO in the experimental group. This indicates that it is not only the IPO, by itself, which has a positive impact on the victims of domestic violence. There are shortcomings in the IPO and Interim Warrant of Arrest that need to be addressed. Improving the information, education and support structures, both in the courts and in the community, will empower the victims of domestic violence.

Although the present research was conducted in metropolitan areas in the Western Cape in South Africa, improvements in the system that result from it will benefit all communities. The key findings of this study have already been channelled to representatives of the Department of Justice and Constitutional Development, the National Prosecuting Authority, the Lower Court Judiciary, Non-Governmental Organisations, South African Police Service, policy makers and other interested parties. Avenues for future research have also been opened.

## OPSOMMING

Gesinsgeweld is nie net in Suidelike Afrika 'n ernstige probleem nie, maar ook in die res van die wêreld. Vanaf Maart 2003 tot Februarie 2004 is 27 071 mans en vrouens deur Mosaic bygestaan in die aansoek om Interim Beskermingsbevele (IB) in die gesinsgeweld afdelings van elf Landdroshowe in die Wes-Kaap in Suid-Afrika. Mosaic is 'n nie-regeringsorganisasie en verskaf gratis ondersteuningsdienste aan alle slagoffers van gesinsgeweld.

Die IB is die praktiese instrument en die wetlike dokument van die Wet op Gesinsgeweld 116 van 1998. Dit word deur Landdroshowe uitgereik en het ten doel om die slagoffers van gesinsgeweld te beskerm teen fisiese, seksuele, emosionele, sielkundige, verbale, en/of ekonomiese mishandeling, teistering, intimidasie, bekruiping, skade aan eiendom en betreding van eiendom sonder toestemming, in die interim periode voor toekenning van 'n finale beskermingsbevel.

Die primêre doelstellings van hierdie studie was om die impak van 'n IB op die aard en intensiteit van gesinsgeweld, die impak van 'n IB op die algemene welsyn van die slagoffers van gesinsgeweld en die doeltreffendheid van die aansoekprosedure om 'n IB, te bepaal. Die sekondêre doelstellings was om 'n profiel van die slagoffers van gesinsgeweld in verskillende kulturele groepe saam te stel, om die aard en intensiteit van gesinsgeweld in verskillende kulturele groepe te bespreek, om 'n oorsig te gee van die rol van die polisie in die implementering van 'n IB en om, waar toepaslik, aanbevelings te maak en die bevindinge van die studie onder die aandag van die Suid-Afrikaanse regering en beleidmakers te bring.

'n Kwasiëksperimentele navorsingsontwerp is in die studie gebruik. Die studie het bestaan uit twee groepe, naamlik 'n eksperimentele (N=884) en 'n kontrole groep (N=125). Die kontrole groep, wat met die eksperimentele groep ooreengekom het (in die sin dat hulle ook gesinsgeweld ondervind het), was van dieselfde gemeenskappe as die eksperimentele groep afkomstig. Beide groepe het 'n voortoets gedoen ('n eerste stel vraelyste voltooi). Die eksperimentele groep is daarna blootgestel aan 'n intervensie (die aansoek om en die verkryging van 'n IB). Beide groepe het daarna 'n natoets gedoen ('n tweede stel vraelyste voltooi). Twee gestandaardiseerde vraelyste is gebruik, naamlik "The Abuse Disability Questionnaire" (McNamara, 1999) en "The Spiritual Health and Life-Orientation Measure" (Gomez & Fisher, 2003).

Deelnemers in die eksperimentele en kontrole groepe het alle vorme van gesinsgeweld, soos beskryf in die Wet op Gesinsgeweld 116 van 1998 (RSA Staatskoerant, 1998) ervaar. Daar is gevind dat die IB nie beduidend bygedra het tot die vermindering in totale blootstelling aan mishandeling, fisiese-, sielkundige/emosionele- en seksuele mishandeling

nie, aangesien beide die eksperimentele en kontrole groepe soortgelyke veranderinge vanaf die eerste tot die tweede metings ervaar het.

Daar is gevind dat die IB beduidend bygedra het tot 'n vermindering in totale belemmering. Op 'n fisiese vlak het die IB beduidend bygedra tot 'n vermindering in gesondheidskwessies. Op 'n sielkundige vlak, het die IB beduidend bygedra tot 'n vermindering in bekommernisse rakende fisiese beskadiging, sielkundige wanfunksionering, lewensingeperktheid en onvoldoende lewensbeheer. Op 'n sosiale vlak het die IB beduidend bygedra tot 'n vermindering in verhoudingsgebreke. Die IB het nie bygedra tot 'n vermindering in angs en middelmisbruik nie, aangesien deelnemers in beide die eksperimentele en kontrole groepe soortgelyke veranderinge vanaf die eerste tot die tweede metings ervaar het.

Die IB het nie beduidend bygedra tot 'n toename in persoonlike-, gemeenskaps-, omgewings-, en transendentale welsyn in die eksperimentele groep nie, aangesien deelnemers in beide die eksperimentele en kontrole groepe soortgelyke veranderinge vanaf die eerste tot die tweede metings ervaar het.

'n Uitgebreide literatuurstudie, wat gefokus het op gesinsgeweld, algemene welsyn en die verband tussen die twee konsepte is gedoen en het die teoretiese basis van die studie gevorm. Die empiriese studie het die verband tussen gesinsgeweld en algemene welsyn bevestig.

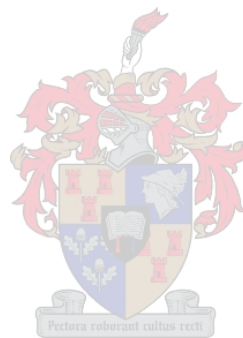
Die beëindiging van stilswye rondom gesinsgeweld en die bewuswording van ondersteuning, het 'n soortgelyke positiewe impak gehad op gesinsgeweld in die kontrole groep, as wat die IB in die eksperimentele groep gehad het. Hierdie bevinding dui dus daarop dat dit nie slegs die IB is wat 'n positiewe impak op gesinsgeweld gehad het nie.

Tekortkominge, wat aangespreek moet word, is in die IB en die Interim Lasbriewe vir Gevangesetting geïdentifiseer. Deur die verbetering van byvoorbeeld inligting, opvoeding en ondersteuningsisteme, beide in die howe en in die gemeenskappe, sal die slagoffers van gesinsgeweld bemagtig kan word.

Alhoewel hierdie navorsing in stedelike gebiede in die Wes-Kaap van Suid-Afrika gedoen is, sal die verbetering in die sisteem, wat uit hierdie studie voortvloei, tot voordeel van alle gemeenskappe wees. Die hoofbevindinge van die studie is reeds na verteenwoordigers van die Departement van Justisie en Konstitusionele Ontwikkeling, die Nasionale Vervolgingsgesag, Landdroshowe in die Wes-Kaap, nie-regeringsorganisasies, die Suid-Afrikaanse Polisiediens, beleidmakers en ander belanghebbende partye deurgevoer. Ruimte vir verdere navorsing is ook geopen.

**I am a member of the world family;  
I am related to those who stand next to me...  
by the air we breathe...by the light we share... the hope we have for a better world.  
I have a responsibility to give... to receive... to be open, tolerant, free.  
I have inherited this world from those who have lived before...  
I occupy space and time for a few short years.  
I hold this world in trust for those who will follow.  
My life - with others - can fashion this world toward Peace rather than strife...  
hope rather than despair... freedom rather than slavery.  
I, with those about me, can make the Brotherhood of Man a living thing.  
I pledge my willing spirit to this thought.  
We will do this together.**

(World Goodwill, n.d, p.10)



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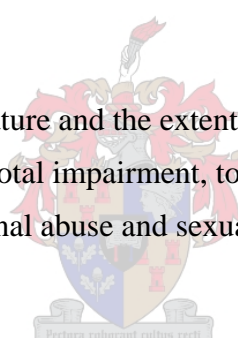
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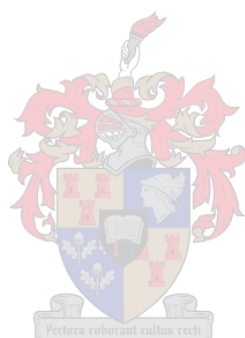
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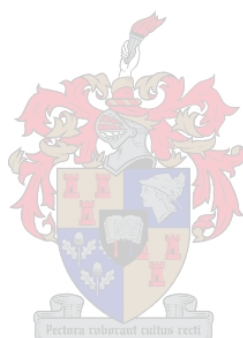
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## CHAPTER 1

### INTRODUCTION, MOTIVATION FOR AND GOALS OF THIS STUDY

#### 1.1 INTRODUCTION

Domestic violence is a serious social problem, both in Southern Africa, as well as globally (World Health Organisation (WHO), 2002). It transcends cultural, national origin, racial, ethnic, socio-economic, geographical, educational level, age, sexual orientation, marital status, religious, and linguistical boundaries (Arnold & Sobieraj, 1999). The National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) estimates that between one out of four, and one out of every six women in South Africa are in abusive relationships (NICRO, 1997). In a study by Marais and Stein (1999) 21.5% of women out of a group of 1050 admitted to their medical practitioner that they were victims of domestic violence. Marais (2002) estimated that between one and three out of six women are abused by their male companions. This statistic is confirmed by the Government Gazette which estimated that one out of six South African women are battered by male partners (Republic of South Africa (RSA) Government Gazette, 1997).

Out of a sample of 412 women attending a community health centre in Mitchells Plain in Cape Town, 55.6% (229) reported past or current abuse by their partners or husbands (Jacobs, Steenkamp, & Marais, 1998). Coker et al. (2002) reported a prevalence of 29.7% of intimate partner violence in a representative United States sample, with 17% physical and sexual abuse, 13.3% physical abuse and 12.1% psychological abuse. In a study by Neufeld, McNamara and Ertl (1999) in Ohio, it was found that between 43% and 91% of largely unmarried college women experienced psychological and, to a lesser extent, physical abuse, in their relationships.

There are no reliable statistics or official figures available on the extent of domestic violence in South Africa. The main reasons are the underreporting of incidents of abuse to the police, as well as the fact that there is no separate category of criminal behaviour called 'domestic violence' in police or justice records (Buzawa & Buzawa, 2003; Van der Hoven, 2001). Domestic violence is documented as common assault, aggravated assault, assault with intent to do grievous bodily harm, rape, general sexual harassment or murder (Lewis, 1999).

Possible reasons for the reluctance to report domestic violence, are economic dependency on the abuser, victims not knowing their legal rights, victims feeling helpless and/or ashamed, the fear of the family being destroyed, perpetrators threatening victims with killing them, or the children, if they reported the abuse and victims believing that the perpetrator's behaviour



is justified (Collins, 2000; Gragg, 2001; Lewis, 1999). Other possible reasons are loyalty to the perpetrator, hoping and believing that the situation will change for the better (Oosthuizen & Wissing, 2005), true love, provocation, self-blame (Damon, 2003), patriarchal belief systems, staying for the sake of the children, protecting the abuser's image (Nordien, Alspaslan & Pretorius, 2003) and fear of secondary victimisation by the legal system (Kruger, 2004).

According to Roosendaal and Rocher (2002) the average woman stays in an abusive relationship for approximately ten years before leaving, and is battered an average of 39 times before seeking outside assistance. According to Angless (1990) women who were abused as children are less likely to leave abusive relationships.

In 1994, after South Africa's first national general election, a new Government and a new Constitution was embraced (Constitutional Court of South Africa, 2003). Since 1994, South Africa has experienced numerous political and social changes, with a growing culture of human rights, which includes a strong movement lobbying for equality and protection against gender discrimination (Singh, 2001; South African Law Commission, 1999). "The United Nations' Convention on the Elimination of all forms of Discrimination Against Women" (CEDAW) was ratified by the South African Government on 15 December 1995, thereby committing itself to the protection of women and their legal rights in every aspect of economy and society (Brand & Bekker, 1998). In the Constitution of the Republic of South Africa, Act 108 of 1996 (Department of Justice, 1996), section 12 (adopted in 1996) the right to equality, freedom and security of every person is emphasised. In subsection (1)(c) it is stated that everyone has the right to be free from all forms of violence from either public or private sources (Department of Justice, 1996).

The new South African Government committed itself to the eradication of violence against women by affording "the victims of domestic violence the maximum protection from domestic abuse that the law can provide" (RSA Government Gazette, 1998, p. 2). In May 1996 a National Crime Prevention Strategy (NCPS) was approved by the South African Government (Department of Justice, 1996). One of the priority programmes identified within the NCPS was the Victim Empowerment Programme (VEP), which focused on women and children. This programme has been in operation since 1997 and has led to a paradigm shift from crime control to crime prevention, and from an emphasis on crime as a security issue to crime as a social issue (Smit & Nel, 2002; Van der Hoven, 2001). Oosthuizen and Wissing (2005) support this change in focus and are of the opinion that, in a healthy society, efforts should not only focus on intervention programmes, but also on the prevention of domestic



violence. According to these authors, the problem of domestic violence needs to be addressed at policy, community and individual levels.

The Heads of State of South Africa and other countries in the Southern African Development Community (SADC) signed a SADC Declaration on Gender and Development at a summit in Blantyre, Malawi on 8 September 1997. According to this Declaration, South Africa and the other represented countries committed themselves to take “urgent measures to prevent and deal with the increasing levels of violence against women and children” (SADC Gender Monitor, 1998, p. 1).

In pursuance of this commitment, SADC Ministers of Justice, Gender/Women's Affairs, Legislators, Government Officials and representatives of Non-governmental Organisations (NGO's) convened a SADC Conference on the Prevention of Violence Against Women in Durban, South Africa on 5 to 8 March 1998 (SADC Monitor, 1998). After this conference in Durban in 1998, the Heads of State of the Southern African Development Community (SADC) added an “Addendum on the Eradication of All Forms of Violence Against Women and Children” to the previous “Declaration on Gender and Development” (Moolman, 2006). Both these documents were accepted and signed by the Head of State of South Africa.

The new Constitution of South Africa with its focus on the right to equality, freedom and security of every person and the right to be free from all forms of violence, led to the implementation of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). The Interim Protection Order (IPO) is the practical tool and legal document of the South African Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). It is issued by the court and is supposed to protect victims from physical, sexual, emotional, psychological, verbal and/or economic abuse, harassment, intimidation, stalking, damage to and entering of their property without their consent, in the interim period before a Final/Permanent Protection Order may be granted (RSA Government Gazette, 1998).

On the date of application an IPO is granted and the abuser is served, by the police or sheriff, with a copy of the IPO and a notice to appear in court. On the return date the magistrate decides whether to grant a Final Protection Order. If awarded, the Final Protection Order never expires. The IPO was previously called an interdict, the legal document of the Prevention of Family Violence Act 133 of 1993 (Naidoo, 2006; South African Law Commission, 1996).

Participant recruitment in research on domestic violence could be difficult, because abused people could feel ashamed or intimidated and be reluctant to participate. Participants may question a private person's credibility and the purpose of the research or fear the

conclusions drawn about them. To resolve this problem, Gragg (2001) suggested a collaborative community partnership. The advantages of such a partnership with an agency in the community are two-fold. In the case of this research, the researcher has the advantage of goal-directed and practice-orientated research, access to first-hand information of abused peoples' experiences, access to the knowledge and experiences of experienced staff, access to resources such as building space, access to participants and increased credibility of the study (Gragg, 2001). An added advantage is the practical application of the research results and recommendations. The "Committee on the Assessment of Family Violence Interventions" has emphasised the importance of collaborative partnerships between researchers and service providers to assess the effectiveness of programmes. Nine interventions that need attention in research have been identified, one of which is research on Protection Orders (Chalk & King, 1998).

Mosaic Training, Service and Healing Centre for Women (Mosaic) is a non-governmental organisation (NGO) and provides free support services to all victims of domestic violence (Mosaic, 2004/2005). Mosaic's Court Support Desk was initiated in March 1999, and currently delivers services in twelve Magistrates' Courts in the Western Cape, namely Wynberg, Cape Town, Bishop Lavis, Bellville, Kuilsriver, Mitchells Plain, Khayelitsha, Phillipi, Blue Downs, Simonstown, Paarl and Wellington. The Court Support Desk Project focuses on assisting applicants with Interim Protection Order applications and formulating affidavits (Mosaic, 2004/2005). From March 2003 to February 2004 a total of 27 071 men and women were assisted by Mosaic to apply for Interim Protection Orders (IPO's), in the domestic violence sections of eleven Magistrates' Courts in the Western Cape of South Africa (Mosaic 2003/2004).

As part of a plough-back strategy, Mosaic will ensure that the reach and impact of the improvements will far exceed what could be achieved without their participation. Although this study will be done within the metropolitan areas in the Western Cape, the effects of the improvements in the system will benefit all communities. The findings of this study will be channelled to the policy makers and government, with the resultant improvements to legislation and the practical application of the legislation, benefiting all communities.

Participants' comments and recommendations will be channelled to government, making their voices heard so legislation can be influenced from grassroots level. Some of the advantages for the organisation are scientific support for their services, improved service delivery, increased exposure of the organisation and its services, and improved credibility. For these reasons, the researcher formed a collaborative community partnership with Mosaic.

Although every person who breaks the silence and the cycle of domestic violence is a “survivor”, the term “victim” is used in this study for consistency purposes. Cultural classification in this study is used solely for research purposes and to ensure that the benefits of this research reach the communities who most need it.

## **1.2 MOTIVATION FOR STUDY**

Since its introduction, no research has been done with regard to the impact of Interim Protection Orders (IPO’s) on the general well-being (physical, social, psychological and spiritual) of the victims of domestic violence. The Executive Director of Mosaic in 2004, R. Miller (personal communication, March 29, 2004) stated that it was uncertain whether abuse stopped, became worse, stayed the same, or changed in any other way, after IPO’s had been granted. The need for research on whether IPO’s protected applicants or further endangered them, were areas of concern identified by Ms Miller. The effectiveness of application procedures for IPO’s and the impact of police involvement were also uncertain (Artz, 2004).

Gist et al. (2001) confirms that little research has been done on the effectiveness of Protection Orders. In the studies that have been done, there are often inconsistent results. They ascribe these inconsistent results to low response rates on follow-up and lack of comparison groups, and conclude that it makes generalisations, conclusions and recommendations difficult (Gist et al., 2001; McFarlane et al., 2004).

In a submission to the Portfolio Committee on Justice and Constitutional Development which reported on the successes and challenges during the financial year 2004-2005, the Commission on Gender Equality (2005), stated that:

With the number of women killed by partners and family murders, it is quite evident that regardless of the provision of the Domestic Violence Act and Protection Orders, gender based violence continues to be the number [*sic*] problem in South Africa. (p. 14)

In a study, which focused on the difficulties that magistrates faced with Protection Order applications, Artz (2004), Cavanagh, Connelly and Scoular (2003) and Mathews and Abrahams (2001) found that the periods in which victims approached the police or the courts for protection, were some of the most dangerous times for the escalation of domestic violence. Lewis (1999) confirmed that leaving an abuser could lead to more violence. Given this lack of information with regard to the impact of an IPO, it was decided to do a comprehensive study on the impact of an IPO on the victims of domestic violence. Men and women’s answers, comments and recommendations will be used to identify their needs, their knowledge and their personal experiences of IPO’s.

Although fewer men are abused by women than women by men, men are also victims of domestic violence (Lewis, 1999). Men as the victims of domestic violence have not been researched extensively. According to Bernhardt and Peterson (1992) men are generally viewed as the perpetrators, while women are viewed as victims. It is difficult for most people to view women as violent offenders. Men have been socialised into roles of isolation, alienation and loneliness. They have been the focus of negative criticism because of their collective roles in the exploitation of women. They have been taught to be strong, in control, aggressive, to bear their pain in silence and to only trust themselves. They have not been taught to express their emotions, how to identify and be sensitive to the needs of their partners and others, and how to nurture themselves and their children. The result is their inability to handle intrapersonal and interpersonal stress, often leading to domestic violence (Bernhardt & Peterson, 1992). As this study focuses on the impact of the Interim Protection Order on all victims of domestic violence, men were included as participants.

In order to prevent domestic violence, to develop intervention programmes to empower victims, and to inform government with regard to the happenings on grassroots level, it is important to have accurate information about the specific areas and forms of violence, as well as to understand what impact IPO's have on the general well-being of victims. To empower victims, it is necessary to understand the impact of domestic violence on their psychological well-being, taking distress symptoms and lower levels of wellness into account, but also their strengths and resources. These strengths and resources, for example constructive coping mechanisms, hope, courage, self-efficacy and other competencies, can then be utilised and enhanced in the fight against domestic violence (Oosthuizen & Wissing, 2005).

The fight against domestic violence should not only focus on intervention, but also on prevention (Oosthuizen & Wissing, 2005). Approaching and addressing domestic violence from policy level, through community level, to the individual level, by the building of strengths on all these levels, may contribute to preventative efforts. The results of this study will be channelled to the policy makers and government, with the purpose of getting participants' voices heard and legislation influenced positively from grassroots level. The needs of victims will be identified and recommendations made to meet these needs.

Whilst the research will be done in metropolitan areas in the Western Cape, the effects of the improvements in the system, as a result, will benefit all communities. This research can be used to develop educational and victim empowerment programmes and will also serve as a basis for further research into the field of domestic violence.

### **1.3 GENERAL AIMS OF THE STUDY**

The first aim of this study is to improve the ability of the policy makers and government to protect the victims of domestic violence by

- identifying and supporting strengths in the current legal system (regarding IPO's);
- identifying weaknesses or shortcomings (regarding IPO's) and making recommendations to improve them.

The second aim is to identify the needs of the victims of domestic violence and to make recommendations to meet these needs.

The third aim is to bring information on the needs of victims of domestic violence to the attention of the South African judicial system and the policy makers.

The fourth aim is to contribute to a better understanding of domestic violence in South Africa.

### **1.4 OBJECTIVES OF THE STUDY**

To reach the aims of the study, the following primary and secondary objectives are specified.

#### **Primary objectives**

Primary objective 1: To determine the impact of an IPO on the nature and the extent of domestic violence.

Primary objective 2: To determine the impact of an IPO on the general well-being of the victims of domestic violence.

Primary objective 3: To determine the efficiency of the application procedure for an IPO.

#### **Secondary objectives**

Secondary objective 1: To compile profiles of the victims of domestic violence in different cultural groups.

Secondary objective 2: To describe and compare the nature and extent of domestic violence in different cultural groups.

Secondary objective 3: To review the role of the police in the implementation of an IPO.

Secondary objective 4: To make recommendations where applicable and to inform government and the policy makers with regard to the findings of this study.

## 1.5 GLOSSARY OF TERMS

In this document the terms below are defined as follows:

<b>Term</b>	<b>Definition</b>
Abuser/ Perpetrator	The person who is accused of abusing (Miller, 2003).
The Abuse Disability Questionnaire (ADQ)	Measuring instrument used in the present study (McNamara, 1999).
Applicant/Complainant	The person who is applying for a Protection Order (Miller, 2003).
Final/Permanent Protection Order	An instrument of the New Domestic Violence Act of 1998. It is an Order that protects against domestic violence or abuse, and that never expires (Miller, 2003).
Impairment	The extent to which a disabling psychological perspective has been acquired. It is this acquired perspective that influences how life is viewed and lived (McNamara, 1999).
Interim	This is the period between an Interim Protection Order (IPO) being granted and when applicants appear in court for the Protection Order to be made final. There are Interim Protection Orders and Interim Warrants of Arrest (Miller, 2003).
Interim Protection Order (IPO)	This is an instrument of the New Domestic Violence Act of 1998. It is an Order that protects against domestic violence or abuse in the interim period until a Final/Permanent Protection Order is granted (Miller, 2003).
Interim Warrant of Arrest (IWA)	This is an instrument of the New Domestic Violence Act of 1998 that is given with the Interim Protection Order. The police require an Interim Warrant of Arrest in order to arrest the abuser in the interim period until a Final/Permanent Protection Order is granted (Miller, 2003).
Mosaic	“Mosaic Training, Service and Healing Centre for Women” is a non-governmental organisation (NGO) and provides free support services to all victims of domestic violence (Mosaic, 2004/2005).

<b>Term</b>	<b>Definition</b>
Participants	Men and women who applied for IPO's and completed questionnaires in the experimental group. Also men and women who have suffered some form of abuse and completed questionnaires in the control group.
Spiritual Health and Life-Orientation Measure (SHALOM)	Measuring instrument used in the present study. It compares participants' ideal for spiritual well-being (their life-orientation) to how they feel each item reflects their personal experience of their spiritual health (Gomez & Fisher, 2003, 2005).
Spiritual well-being	This is a fundamental dimension of people's overall health and well-being, permeating and integrating all the other dimensions of health (i.e. physical, mental, emotional, social and vocational), as it is a dynamic state of being, shown by the extent to which people live in harmony with themselves, others, some-thing/some-One beyond the human level, and the environment" (Fisher, 1999b).
The Spiritual Well-being Questionnaire (SWBQ)	This part of the SHALOM (measuring instrument used in the present study) measures how participants feel each item reflects their personal experience of their spiritual health (Gomez & Fisher, 2005).
Warrant of Arrest	This is an instrument of the New Domestic Violence Act of 1998 that is given with the Final/Permanent Protection Order. The police require a Warrant of Arrest in order to arrest the abuser. This Warrant of Arrest never expires (Miller, 2003).

## **1.6 OVERVIEW OF RESEARCH CHAPTERS**

The theoretical basis of this study is discussed in Chapter 2. This chapter is divided into three parts, namely domestic violence, general well-being and an explanation of the relationship between the two concepts. The first part begins with a definition of domestic violence and domestic relationships. This is followed by an explanation of the different theories on the phenomenon of domestic violence and then a discussion of the cyclical nature of abuse. South African, African and International legislation pertaining to domestic violence is discussed, highlighting the role of Protection Orders, including the application process for Protection Orders in South Africa. In the second part of the chapter, general well-being is defined, with



specific reference to spiritual and psychological well-being. The chapter ends with an explanation of the relationship between the two concepts, domestic violence and general well-being.

A literature review is provided in Chapter 3. This chapter is divided in the same way as the previous chapter: domestic violence, general well-being and an explanation of the relationship between the two concepts. South African and International studies focusing on domestic violence, the cyclical nature of abuse and the impact of Protection Orders are surveyed in the first part. This survey focuses on the laws passed, the provision of services for the survivors of gender violence and education and the awareness campaigns by Southern African Development Community (SADC). This part of the chapter ends with a discussion of studies using the Abuse Disability Questionnaire (ADQ) (McNamara, 1999).

In the second part of Chapter 3 South African and International studies on general well-being, psychological well-being and spiritual well-being are discussed. Research using Fisher's four-dimensional model of spiritual well-being (Fisher, 1999b) and the Spiritual Health and Life-Orientation Measure (SHALOM) (Gomez & Fisher, 2003) are discussed. The chapter ends with a discussion of the relationship between domestic violence and general well-being.

In Chapter 4, attention is given to the formulation of the research problem, the research questions, the research hypotheses, the research goals, the research design and the research methodology. The population, sampling, the experimental and control groups, data collection, data processing and data analysis, with reference to qualitative and quantitative data, are included.

In Chapter 5 the results of this study is reported, while the results, conclusions and recommendations are discussed in Chapter 6.



## **CHAPTER 2**

### **THEORETICAL BASIS OF DOMESTIC VIOLENCE AND GENERAL WELL-BEING**

#### **2.1 INTRODUCTION**

Domestic violence is a multidimensional phenomenon (Lewis, 1999), which involves different types of abuse in different types of relationships (Republic of South Africa (RSA) Government Gazette, 1998). This chapter begins with a definition of domestic violence, which is followed by a description of the different types of domestic relationships.

There are many diverse theories explaining domestic violence. To provide a deeper understanding of the phenomenon of domestic violence, the most prevalent psychological, social psychological and sociological theories, as well as the cyclical nature of abuse, are discussed.

South African legislation pertaining to domestic violence is explored with reference to the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998), improvements to the Family Violence Act 113 of 1993 (South African Law Commission, 1996), Protection Orders and the application procedures for Protection Orders. This is followed by a discussion of legislation pertaining to domestic violence in Africa and internationally.

The experience of life and the quality of life becomes incomprehensible, unmanageable, meaningless and unsatisfying in the face of domestic violence (McNamara, 1999; Oosthuizen & Wissing, 2005). This implies that general well-being is affected by domestic violence. General well-being can be defined by focusing on the six dimensions that comprise human health, namely the physical, mental, emotional, social, vocational and spiritual dimensions (Chandler, Holden & Kolander, 1992; Coward & Reed, 1996; Wissing & Van Eeden, 2002).

McNamara and Brooker (2000) argue that abuse results in a disabling or impairing psychological perspective that influences self-perception and life functioning. In this study, attention is given to the impact of domestic violence on the spiritual and psychological well-being of victims.

The discussion of spiritual well-being in terms of Fisher's four-dimensional model for spiritual well-being (Fisher, 2000a) is followed by a discussion of psychological well-being. Different perspectives on psychological well-being are discussed and related to Fisher's four-dimensional model for spiritual well-being (Fisher, 2000a). The chapter concludes with a discussion of the relationship between domestic violence and general well-being, and a summary.

## **2.2 DOMESTIC VIOLENCE**

### **2.2.1 Definition of domestic violence**

Domestic violence is a multidimensional phenomenon (Lewis, 1999), referring to different types of abuse in different types of relationships. According to Collins (2000) domestic violence

- is a repeated pattern of behaviour in which the abuser maintains control over the victim through the use of physical, verbal, emotional, sexual, or financial abuse;
- is ongoing, although there may be periods of respite;
- usually escalates with time;
- occurs in familial or intimate relationships in which people are living together or separately, or between people in present or former relationships;
- occurs regardless of age, educational level, religion, income, sexual orientation, culture, or race.

Marais (2002) provides a fuller description in which domestic violence is seen as an abuse of power within relationships, which involves the destructive use of power to control. He uses the concepts: domestic violence, partner abuse, spouse abuse and battering as synonyms for the same phenomenon. Bollen, Artz, Vetten and Louw (1999) refer to “The United Nations Declaration on the Elimination of all Forms of Violence against Women”, which describes gender violence as:

Any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life. (p. 8)

Section 1(viii) of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998), contains aspects of all these definitions and describes domestic violence as:

- physical, sexual, emotional, psychological, verbal, and/or economic abuse
- harrassment
- intimidation
- stalking
- damage to property
- entry into the complainant’s residence without consent, where the parties do not share the same residence, or

- any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to the safety, health or well-being of the complainant.

These definitions and descriptions confirm the multidimensionality of domestic violence (Lewis, 1999). To understand the phenomenon of domestic violence better, attention needs to be given to the types of different relationships in which domestic violence occurs.

### **Definition of domestic relationships**

Domestic violence can occur in a wide range of different relationships. In section 1 (vii) of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) and Miller (2003) a domestic relationship between a complainant (the victim) and a respondent (the abuser) can be one of the following ways:

- They are married or were married to each other, including marriage according to any law, custom or religion. The length of the relationship does not matter.
- They are divorced or separated.
- They are, or were engaged, dating, or in a perceived romantic, intimate or sexual relationship of any duration.
- They are blood relatives (for example a mother, father or grandfather).
- Anyone related to your partner through legal, customary or religious marriage.
- It does not include blood relations of same sex couples living together or 'in-laws' of common law marriages.
- They (whether they are of the same or of the opposite sex) live or have lived together in a relationship in the nature of marriage, although they are not, or were not, married to each other, or are not able to be married to each other.
- They are the parents of a child, or are persons who have, or have had a parental responsibility for that child (whether or not at the same time).
- They are family members based on adoption.
- They share or recently shared the same residence, even if not related by blood or marriage or if there is no intimate relationship at all (for example a lodger or sister's boyfriend).
- The abuser perceives (believes) that there is a relationship even if the victim does not. The abuser acts as if he/she has a relationship with the victim.

Legislation in South Africa makes provision for protection of victims in a wide range of different relationships in which domestic violence can occur (RSA Government Gazette,

1998). It does not explain the reasons for domestic violence occurring in these relationships. The theories on domestic violence need further exploration.

## **2.2.2 Theories on domestic violence**

There are many diverse theories explaining domestic violence. The main theories explaining domestic violence are psychological theories, social psychological theories and sociological theories (Lewis, 1999). These theories have practical implications, as the type of intervention is influenced by the prevailing theoretical understanding of the determinants of the problem (Buzawa & Buzawa, 2003; Okereke, 2002; Rynerson & Fishel, 1993; Schoeman & Ferreira, 2002; Singh, 2003).

### **2.2.2.1 Psychological theories**

Psychological theories focus on the instinctive and psychological qualities of the individuals who abuse others (Corby, 2001).

#### **i) Psycho-analytic theory**

Psycho-analytical theory is the theory originated by Freud (Plug, Louw, Gouws & Meyer, 1997). According to this theory, free association, dream interpretation, and analysis of transference and resistance are used to explore repressed or unconscious impulses, internal conflicts and anxieties, in order to free psychic energy for mature love and work. It includes the concepts of infantile sexuality, transference, resistance, and division of the psyche into the id, ego, and superego (American Heritage Dictionary of the English Language, 2004).

According to Freud, in their first five years of life, individuals go through three psychosexual stages, namely the oral, anal and genital stages. To function as a responsible person in society, the pleasures in each of these stages need to be suppressed. This process, called socialisation by Freud, leads to the psyche of each individual dividing into an id (the libidinal drive), the superego (the conscience voice of the parent, which repressed the id) and the ego (the integrating element which balanced the id and the superego and formed the social aspects of the personality). It also leads to the personality of the individual dividing into a consciousness (the part of the mind used in every day life), preconsciousness (the part of the mind where accessible past material is stored) and the superconsciousness (the part of the mind where inaccessible libidinal drives and urges are stored) (Corby, 2001; Plug et al., 1997).

According to this theory, human beings mentally adapt their instinctive drives to the demands and requirements of their social circumstances. During this process of adaptation, they develop personality traits that persist throughout their lives and influence their

relationships with others (Corby, 2001). Freud believed violence and aggression to be instinctual, inescapable facts of human existence. The individual's personality, which develops early in life, thus predisposes him/her to certain life experiences such as being a victim or a perpetrator (Brinegar, 1992). Certain women are said to have certain personality traits which renders them at risk to be abused, for example a dependent personality or masochism, while perpetrators are said to have certain personality traits which predisposes them to abuse others, for example anti-social or compulsive personalities (Riggs, Caulfield & Street, 2000; Van der Hoven, 1992).

ii) Social learning theory / exchange theory

Bandura and Walters (1963) sees the human personality as an interaction between the environment and a person's psychological processes. Individuals learn new patterns of behaviour by watching and modelling the behaviour they observe. He emphasises the importance of observation and modelling of the behaviours, attitudes, and emotional reactions of others. For him, attention, retention, reproduction and motivation are key steps in the modelling process. Bandura (1977) argues that:

Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action. (p. 22)

According to social learning theory, individuals are more likely to adopt modelled behaviour if it results in an outcome they value. Human interaction is thus guided by the continuous reciprocal interaction between cognitive, behavioural, and environmental influences, or the pursuit of rewards and the avoidance of punishment and costs. If the behaviour is modelled by someone with an admired status, and the behaviour has functional value, the chances of the behaviour being modelled are greater (Bandura, 1973, 1977; Lewis, 1999).

Perpetrators and adult victims of abuse were often exposed to violence as children, either as an observer or as a victim. Having witnessed or experienced parental violence, they learn to accept violence as normal. Poor anger management skills or learned helplessness are often modelled by the parents. The abuser would appear to be the stronger parent, the person to be modelled. Some of the rewards of domestic violence are revenge, power, control, self-esteem and working off momentary anger (Myers, 1995; Naidoo, 2006; Okereke, 2002; Riggs,

Caulfield & Street, 2000). Some of the weaknesses of the theory are that it focuses on the individual abuser and does not include the impact of the wider context (Corby, 2001). It also does not explain why all people who were abused or witnessed abuse do not abuse their partners (Singh, 2003).

### iii) Cognitive theory

This theory, developed by Beck, views the way people perceive, order, construct and think about their world as an important key to understanding their feelings and behaviour (Corby, 2001; Plug et al., 1997). According to Plug et al. (1997), disturbed behaviour and emotions are the result of faulty interpretations and thought processes. Behaviour in situations of interpersonal conflict is guided by a person's cognitive representations of events (Geen, 1998), meaning that the perpetrator's perception of the situation, when filtered and biased by cultural scripts, could affect the encoding and decoding of information, resulting in abuse (White & Kowalski, 1998). A person who is deficient in the ability to receive and respond to social cues may manifest reactions to social information that are inappropriate or maladaptive (Geen, 1998). Crick and Dodge (1994) identified the following six stages of information processing, namely:

- Encoding of the cues arising from the actions of self or others
- Interpretation of those cues
- Clarification of the goals of the interaction, after the relevant information has been assimilated
- The search for and gaining access to responses to the defined situation
- Deciding to select one of the available responses for the present situation
- Behaviour enactment of the chosen response.

The feedback received, after the person has acted, will facilitate repetition of the process. Faulty cognitive processing at any level might lead to a maladjusted response or aggressive behaviour (Crick & Dodge, 1994).

### **2.2.2.2 Social psychological theories**

Social psychological theories focus on the dynamics of the interaction between the abuser, the victim and the environment. Behaviour is viewed as a product of the interaction between individuals, it is determined by family dynamics and it is influenced by social networks and supports (Corby, 2001; Plug et al., 1997).

i) Individual interactionist theory

According to individual interactionist theory, behaviour is mainly determined by the interactions between people and less by intrapersonal factors, for example previous experiences or learning. The dynamics of the current relationship could create an abusive atmosphere, when the wife for example continually exposes her partner's inadequacies and powerlessness. The victim's contribution to the abusive situation is thus also explored (Corby, 2001; Plug et al., 1997). Strong emotional attachments are seen as forming under conditions of intermittent maltreatment (traumatic bonding) by the abuser (Bowlby, 1988).

Attachment refers to the emotional bond with another person, which is a source of security and provides a secure base. It anchors exploration and contributes to autonomy and competence (Bowlby, 1988). Traumatic bonding is characterised by a power imbalance, periodicity of abuse and remorse of the abuser (Carnes, 1997; O'Keefe, 1994; Van der Hoven, 1992).

ii) Family systems theory

Families are considered to be systems, as they are made up of interrelated elements that exhibit coherent behaviours, have structure, have regular interactions and are interdependent on one another (Plug et al., 1997). Family members have predictable and repetitive patterns of interaction, which help to maintain the family's equilibrium. They have boundaries, which vary on a continuum from open to closed. Open boundaries allow elements and situations outside the family to influence it, while closed boundaries isolate its members from environmental influences and could lead to self-containment or isolation. Inexplicit, repetitive and redundant rules and messages prescribe, control and limit family members' behaviour. These rules give power and induce guilt. Each family contains a number of subsystems, usually with two to three people as members, who form alliances or coalitions with each other. Each subsystem has its own characteristics, rules and boundaries. The sum of the parts is more than the whole (Corby, 2001). Straus (1973) originally used family systems theory to explain domestic violence.

According to family systems theory, domestic violence is the result of a dysfunctional family setup. Victims and abusers are mutually causal elements. Both partners contribute to the violence by competing to dominate the relationship. Violence results from partners' complementary needs to maintain homeostatic patterns by regulating closeness and distance. There is a complete lack of communication and coping skills. Violence is accepted, because it was modelled in the family of origin. This perspective does not take intrapsychic factors and



the lack of power and control of women into account (Schoeman & Ferreira, 2002; Singh, 2003; Van der Hoven, 1992).

iii) Three-generational theory

Bowen developed a three-generational theory to explain individual pathology. This theory is closely related to family systems theory. According to him, families are a combination of emotional and relationship systems and individual pathology is a symptom of a dysfunctional family system. Problems arise in the family when family members are unable to maintain a balanced emotional system. Domestic violence is the result of an imbalance in the emotional system of the family and the family's inability to adapt. According to Bowen, family members' inability to differentiate themselves psychologically from their families of origin, contributes to emotional imbalances in the family system (Barker, 2001; Schoeman & Ferreira, 2002).

iv) Social ecological theory

Germain and Gitterman (1980) describe social ecological theory as:

An adaptive, evolutionary view of human beings in constant interchange with all elements of their environment. Human beings change their physical and social environments and are changed by them through a process of continuous reciprocal adaptation. (p. 5)

This interchange is motivated by the need to maintain an equilibrium and is more influenced by the context in which a person lives than by intrapersonal and interpersonal factors (Park, 1996). Social stress, poverty, population mobility, isolation from support systems and environments not conducive to psychological well-being could thus contribute to abuse (Wakefield, 1996). Corby (2001) emphasises the need to include political factors in this approach, as political factors contribute to the deterioration of neighbourhoods and the disorganisation and break-up of social networks.

The ecological perspective shifts the focus from individual pathology to the influence of the immediate environment (Corby, 2001). According to White and Kowalski (1998) social and cultural influences and attitudes create the context within which men, with certain personality traits and certain behavioural tendencies, will likely be violent given certain social situations and dyadic relationships.



### 2.2.2.3 Sociological theories

Sociological theories focus on social and political conditions as the most important reasons for abuse. Attention is given to the structures and norms, as well as the collective behaviour in groups and in the community (Corby, 2001; Plug et al., 1997).

#### i) Social cultural theory

Social cultural/sociocultural theory relies on macro-level analyses and examines the structural features of society that could account for differences in the rates of domestic violence in different social groups (White & Kowalski, 1998). Certain multi-racial and multi-cultural beliefs, norms, practices and traditions perpetuate violence against women. The family is viewed as a power system mirroring the power of the wider society. Conformity and compliance with rules are viewed as desirable, with these rules being enforced by the use of violence, or the threat of violence. Families and children are socialised into believing that this type of rule enforcement is legitimate and beneficial (Buzawa & Buzawa, 2003; Okereke, 2002; Schoeman & Ferreira, 2002; Singh, 2002). The social cultural perspective emphasises the role of societal influences in the incidence of abuse and emphasises the need for broader evaluation in dealing with it.

Some forms of socialisation are as follows:

- Indoctrination by initiation schools: In initiation schools men are taught that they are the leaders and the rulers and that women are subordinate and inferior to them. They are taught to dominate women and violence against women is encouraged (Lewis, 1999; Singh, 2002).
- According to the lobola (dowry) marriage system, the husband pays for his wife and considers her to be his possession. Women have to accept the authority of her husband without question. As the owner, the husband is allowed to use and abuse his wife as he wants (Singh, 2002; Van der Hoven, 2001).
- Patriarchal family systems have a rigid sex-role orientation (Barkhuizen & Pretorius, 2005). The man is the head of the household and the breadwinner. He is responsible for protecting his wife and children and has the right to discipline them. The woman's role is restricted to the kitchen and to bearing and raising children. The wife is expected to play a passive marital role and is blamed for the abuse if she is assertive (Landenburger, 1998; Naidoo, 2006; Okoreke, 2002; Singh, 2002).
- In polygamy the husband is allowed to have more than one wife, whilst the wife is expected to be faithful (Van der Hoven, 2001).

- Traditionally men were seen as breadwinners and the head of their families. As women became better educated and enlightened, they entered the labour market and became financially independent. This led to an increase in violence, as men felt that their position and authority were challenged (Van der Hoven, 2001).
- Girls growing up with domestic violence find abuse in their relationships normal and acceptable (Van der Hoven, 2001).
- Alcohol abuse contributes to domestic violence (Okereke, 2002).
- Lerner's just world hypothesis (Lerner & Simmons, 1966) states that you deserve what you get and you get what you deserve. According to Van der Hoven (2001), this leads to misconceptions and victim blaming.
- Religious beliefs and practices often lead to guilt and the continuation of abuse (Buzawa & Buzawa, 2003; Singh, 2002).
- Women's economic dependency on men can lead to an acceptance of abuse (Lewis, 1999).

All these socialisation processes could contribute to domestic violence. This theory suggests that domestic violence may serve a social function and/or be reflective of a culture of violence (White & Kowalski, 1998). One of the weaknesses of this perspective is that it does not explain why some people become abusers, but some not (Corby, 2001).

#### ii) Feminist theory

This theory integrates aspects of social learning theory and socio-cultural theory by stressing the impact of socio-cultural influences on the learning process (White & Kowalski, 1998). According to feminist theory socio-cultural and political factors are central to the understanding of the abuse of women (Plug et al., 1997). Society is viewed as a patriarchal system where women are subordinate to men. Abuse is seen as an extreme example of institutionalised male power over females, where violence is used by men to control women (Dominelli, 1986). Domestic violence is a punishment for women who step out of their prescribed roles, with career and socio-economic stress experienced by the abuser contributing to domestic violence (Singh, 2003; Van der Hoven, 1992). Some of the weaknesses of the feminist perspective are that it does not take the individual character of men and women into account and can, as it attributes every ill to patriarchy, be reductionist (Featherstone & Lancaster, 1997).

### 2.2.3 Cyclical nature of abuse

Abuse is a continuous, interactional process that takes place over time (Barkhuizen & Pretorius, 2005; Landenburger, 1998; Riggs, Caulfield & Street, 2000; Singh, 2003) and follows a set, predictable pattern (Carnes, 1997; Collins, 2000). In most cases victims are exposed to different forms of violence over long periods (Oosthuizen & Wissing, 2005). The periods are normally characterised by phases of abuse, apology and non-violence (Usden et al., 1999) and usually escalate with each revolution of the cycle and as the relationship progresses (Collins, 2000). A feeling of inferiority, lack of self-esteem and over-dependency on the abuser, leads to the continuation of the cycle of abuse (Van der Hoven, 1989). According to Barkhuizen and Pretorius (2005), the victim's subordination is secured when she becomes fearful of future abuse and changes her behaviour in order to avoid it. Leaving an abusive relationship is a result of personal growth, increased self-concept and increased ability to cope within the parameters of their environments (Ulrich, 1998).

Collins (2000) identifies three phases, namely the tension-building phase, the explosion phase and the honeymoon phase to explain the cyclical nature of abuse. Landenburger (1998) identifies four phases, namely the binding phase, enduring phase, disengaging phase and recovering phase, while Van der Hoven (1992) identifies three phases, namely the impact phase, the post-traumatic adaptation phase and the turning-point phase. The phases, as identified by Collins (2000), Landenburger (1998) and Van der Hoven (1992) are closely related.



#### 2.2.3.1 Tension-building phase (Collins, 2000), or Binding phase (Landenburger, 1998), or Impact phase (Van der Hoven, 1992)

This phase incorporates the initial development of the relationship and the beginning stages of abuse. The victim senses that the abuser is feeling tense and feels as if he/she is "walking on eggshells". The victim often complies to prevent the abuser's anger from escalating. Verbal abuse, threats and hitting or breaking of objects often occur (Collins, 2000). Warning signs, for example excessive jealousy, are overlooked and concentrated efforts are made to fulfil the needs of the abuser. Incidents of abuse are considered minor, or might lead to shock, powerlessness and fear (Landenburger, 1998; Van der Hoven, 1992).

#### 2.2.3.2 Explosion phase (Collins, 2000), or Enduring phase (Landenburger, 1998), or Post-traumatic adaptation phase (Van der Hoven, 1992)

The abuse subsumes a larger part of the relationship. The victim may be physically, emotionally and/or sexually abused. The victim may or may not become violent in return,

with the children being afraid, hiding, calling the police or trying to intervene (Collins, 2000). A high value is placed on the positive aspects of the relationship and the victim stays committed to the relationship. The victim could experience an emotional relapse characterised by depression, apathy, powerlessness, exhaustion, passivity and self-blame. Periodic abuse and remorse or blaming external factors, for example alcohol or unemployment, contribute to traumatic bonding of the victim to the abuser. A phase of retrospection follows and the victim could try to determine who is to blame for the abuse. Internal attributes of the abuser, for example aggression or jealousy, and/or internal factors of the victim, for example an inability to satisfy the abuser's needs, could be blamed for the abuse. The victim then evaluates the possibility of future abuse and his/her ability to control such abuse (Landenburger, 1998; Van der Hoven, 1992).

### **2.2.3.3 Honeymoon phase** (Collins, 2000), or **Disengaging phase** (Landenburger, 1998), or **Turning-point phase** (Van der Hoven, 1992)

A crisis, for example a serious domestic violence incident, a conflict, unfaithfulness of the abuser or abuse of the children, normally leads to the turning-point phase. The victim realises that she has lost total control over the situation. She realises that her life is meaningless if she stays. The repetitive nature and intensity of the abuse, the strength of the emotional bond with the abuser, internal attributes of the victim and the availability of social support systems determines the success in breaking the cycle of abuse (Van der Hoven, 1989). The abuser's conduct after incidences of abuse could make the breaking of the cycle of abuse very difficult.

After the release of the tension by an abusive episode, the abuser may feel remorse or guilt for what he/she had done and ask for forgiveness (Carnes, 1997). The abuser, being afraid that the victim might leave, could make promises to ensure that the victim stays or returns to the home if she left after the attack. According to Carnes (1997) and Collins (2000) the typical patterns of the abuser to ensure that the victim stays or returns home are:

- Honeymoon syndrome: The abuser starts a new courtship and uses bribes, for example showering the victim with flowers and devotion.
- Sugar Dad syndrome: The abuser promises to be a great dad.
- Revival syndrome: The abuser promises to be saved, or go to church.
- Sobriety syndrome: The abuser promises to stop drinking.
- Counselling syndrome: The abuser promises to go for counselling.

As soon as the abuser starts to recommit her/himself to the relationship, the tension starts building again and the abuser starts to distance her/himself again and the cycle continues (Carnes, 1997).

#### **2.2.3.4 Recovering phase (Landenburger, 1998)**

The recovering phase is the period of initial adjustment after a woman has left her abuser. Her primary focus is survival and gaining a new balance in her life. She regains a balanced view of herself, others and the world she lives in and finds meaning in her life.

Above phases confirm that abuse is a continuous, interactional process that takes place over time (Landenburger, 1998; Riggs, Caulfield & Street, 2000; Singh, 2003) and follows a set, predictable pattern (Collins, 2000). Being aware of the phases of abuse has important implications for therapeutic interventions (Carnes, 1997).

### **2.3 LEGISLATION PERTAINING TO DOMESTIC VIOLENCE**

#### **2.3.1 Introduction**

The current South African Government, which came into power in 1994, committed itself to the eradication of violence against women (Van der Hoven, 2001). The National Crime Prevention Strategy (NCPS) was approved in 1996 and has been in operation since 1997 (Department of Justice, 1996). The Victim Empowerment Programme (with special focus on women and children) is one of the priority programmes identified within the NCPS (Department of Justice, 1996).

South African Human Rights Law Act 108 of 1996 (Section 9) entrenches the individual's right to equality, specifically equal treatment before the law and equal protection and benefit of the law (Constitution of the Republic of South Africa, 1996). Section 10 reinforces the right of everyone to have their dignity respected and protected. Section 12 (1)(C) entrenches the security of a person, which includes the right to be free from all forms of violence (Constitution of the Republic of South Africa, 1996).

The new Constitution of South Africa, with its focus on the right to the equality, freedom and security of every person and the right to be free from all forms of violence, led to the implementation of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998).

#### **2.3.2 Domestic Violence Act 116 of 1998**

The Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) came into operation on 15 December 1999 (Smit & Nel, 2002). It replaced the Prevention of Family Violence Act 113 of 1993 (South African Law Commission, 1996). The purpose of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) was to address the shortcomings in the previous Act. The new act aimed to reduce the high number of incidents of domestic violence in society, to afford maximum protection to the victims of domestic

violence, to uphold the rights of all people and to ensure that the organs of state gave full effect to the provisions of the Act (Smit & Nel, 2002).

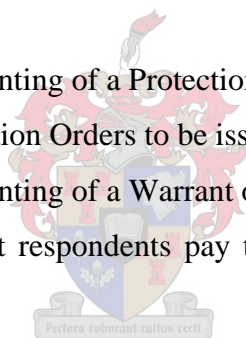
Victims of domestic violence can apply for a Protection Order under the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). This is a civil order from the court and restricts abusers from committing certain acts of violence. The Domestic Violence Act 116 of 1998 does not criminalise domestic violence, but criminalises the breach of the Protection Order. When the Protection Order is breached, the abuser is charged with breaching the Protection Order (contempt of court) and not for the domestic assault. Criminal charges for common assault, assault with the intention of doing grievous bodily harm, attempted murder, indecent assault, rape, pointing a firearm, malicious damage to property, crimen injuria or the abuse of animals can be laid in addition to the Protection Order (Artz, 2001).

### **2.3.2.1 Improvements on the Family Violence Act 113 of 1993**

The Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) replaced the Prevention of Family Violence Act 113 of 1993, as this Act was too narrow in its scope (ANC, 1998; South African Law Commission, 1996). The South African Government, elected in South Africa's first national general election in 1994, introduced the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) to rectify the injustices of past practices, to demonstrate the high priority the Government is giving to improving the position of women and children in society and to make the Act more people friendly (ANC, 1998; Constitutional Court of South Africa, 2003). Some of the improvements on the Family Violence Act 113 of 1993 (South African Law Commission, 1996) are as follows:

- The Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) acknowledges that domestic violence is a serious crime against society, and a major obstacle on the way to gender equality.
- It gives extended protection to the victims of domestic violence.
- It gives civil and criminal remedies for domestic violence. (Although domestic violence is not criminalised, the breach of the Protection Order is.)
- It recognises domestic violence as a social evil and that its victims are mostly women and children.
- The conduct qualifying as domestic violence is broadened.
- It applies to a wider range of relationships and not only to 'parties in a marriage' as in the previous Act.

- Emergency measures are now available in the form of an Interim Protection Order. The previous act did not have emergency measures.
- Court powers are increased. The court may impose prohibitions, conditions, orders or obligations on the perpetrator to ensure the safety and well-being of the victim.
- Anyone can apply for a Protection Order on behalf of the victim.
- Special duties are placed on the South African Police Service (SAPS), for example informing victims of their rights at the scene of an incident of abuse, helping them to find medical treatment or assisting them with finding shelter. Previously, victims often had no idea of what their rights were.
- The SAPS can, without a warrant of arrest, arrest any person at the scene of an incident of abuse if he/she reasonably suspects a person of having committed an offence containing an element of violence against the complainant. Previously victims were often left at the scene at the mercy of the abuser.
- Firearms and other dangerous weapons may be seized by the SAPS in domestic violence situations.
- Provision is made for the granting of a Protection Order.
- Provision is made for Protection Orders to be issued outside of court hours.
- Provision is made for the granting of a Warrant of Arrest.
- The court may stipulate that respondents pay the rent and other expenses for their dependents.
- Should the respondent breach the Protection Order, he/she will be arrested by the SAPS.
- The respondent can apply for the amendment or the setting aside of a Protection Order.
- Proceedings are held in camera.
- Provision is made for perpetrators to be sentenced to a fine or five year's imprisonment. The previous act stipulated a maximum of twelve months imprisonment.
- There are special duties for prosecutors. The Act prohibits a prosecutor from refusing to prosecute or withdrawing a charge in respect of the contravention of a Protection Order, unless authorisation has been obtained from a prescribed senior member of the prosecuting authority.





- Failure by policemen to fulfil their obligations in terms of this act constitutes misconduct, so the SAPS is compelled to institute disciplinary proceedings against such members.
- On a six-monthly basis, the National Commissioner is required to report the number of complaints relating to the failure by members to fulfil their obligations, the disciplinary proceedings instituted as a result thereof and the steps taken as a result of recommendations by the Independent Complaints Directorate, to Parliament

(ANC, 1998; Constitutional Court of South Africa, 2003; Kruger, 2004; Smit & Nel, 2002; Van der Hoven, 2001).

### **2.3.3 Protection Orders**

A Protection Order is the legal document of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). Unlike the interdict, the legal document of the Prevention of Family Violence Act 113 of 1993 (South African Law Commission, 1996), it never expires. It specifies what the abuser is not allowed to do, for example physically abuse his/her partner, and what the abuser must do, for example pay the medical cost (as a result of the abuse) of the victim (RSA Government Gazette, 1998).

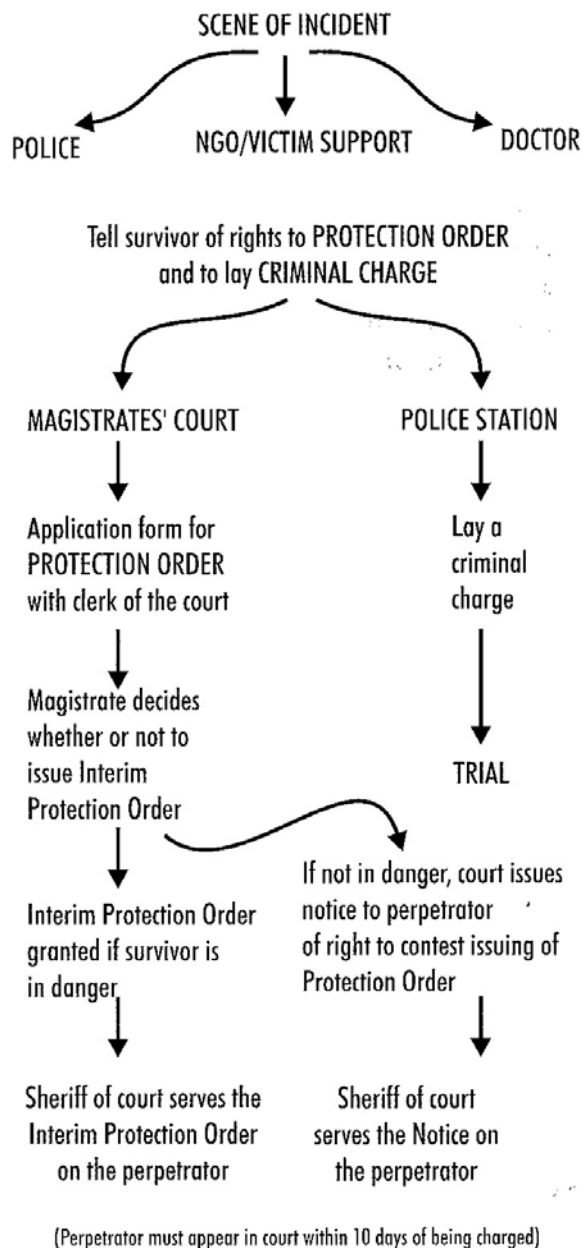
#### **2.3.3.1 Application procedure for a Protection Order**

The procedures to apply for an Interim and a Final/Permanent Protection Order (Institute of Criminology, University of Cape Town, quoted in Miller, 2003) are illustrated in Figure 2.1. The procedures to apply for an Interim Protection Order are illustrated on the left, while the procedures to obtain a Final/Permanent Protection Order are illustrated on the right side of the figure.



## OBTAINING A PROTECTION ORDER

(Acknowledgement: Institute of Criminology UCT)



## MAGISTRATE'S COURT

(Acknowledgement: Institute of Criminology UCT)

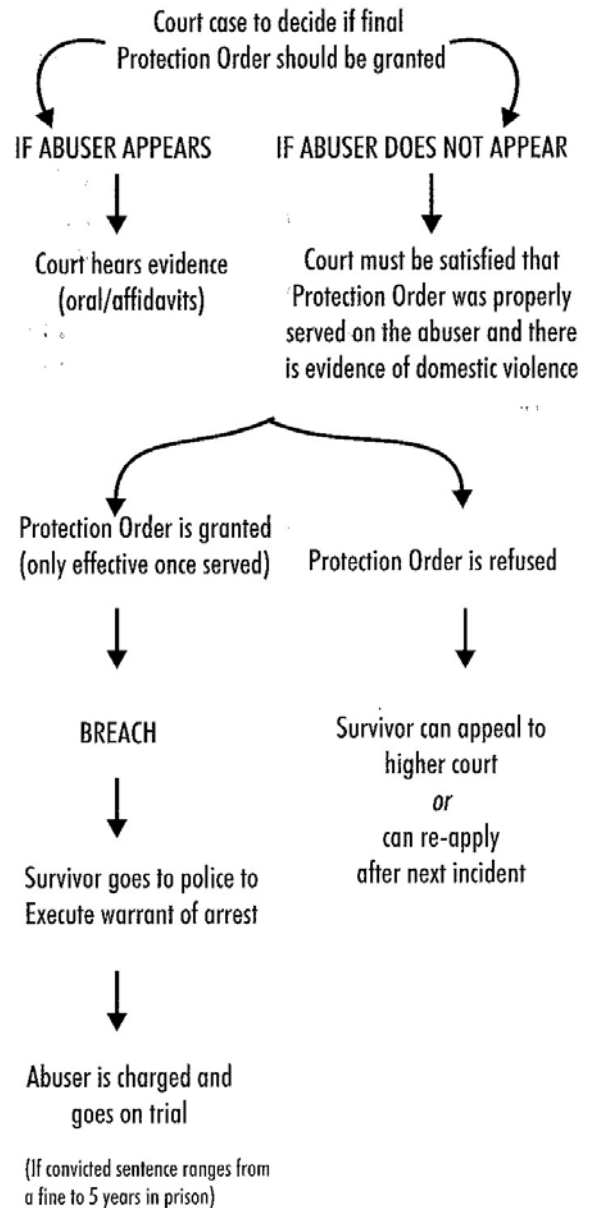


Figure 2.1 Procedures to obtain a Protection Order (Institute of Criminology, University of Cape Town, quoted in Miller, 2003, p. 6).

After an Interim Protection Order has been granted, the abuser is served with a copy of the Interim Protection Order, containing the victim's affidavit. The abuser is given notice of the date of appearance in front of the Magistrate and can choose to be represented by a lawyer. Courts attempt representation of both parties at a hearing prior to the issue of a Final/Permanent Protection order. The focus is on the prevention of future abuse, rather than the punishment of past behaviour (Buzawa & Buzawa, 2003).

### **2.3.4 Domestic violence legislation in Africa**

After a conference in Durban in 1998, the Heads of State of the Southern African Development Community (SADC) added an “Addendum on the Eradication of All Forms of Violence Against Women and Children” to the previous “Declaration on Gender and Development” which was adopted in 1997 (Moolman, 2006). This addendum, which was supposed to be reviewed every second year, included the passing of laws, the provision of services for the survivors of gender violence, and education and awareness campaigns by some of the member countries. A follow-up survey, including 12 of the member countries, namely Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, was conducted by the Gender and Media Southern Africa (GEMSA) Network in December 2004 (Moolman, 2006).

The main finding of this survey was that only four countries, namely Mauritius, Namibia, Seychelles and South Africa, had passed specific Domestic Violence Acts. Three countries, namely Botswana, Malawi and Zimbabwe, had domestic violence legislation pending in 2004. In the remaining five countries, namely Lesotho, Mozambique, Swaziland, Tanzania and Zambia, no steps had been taken to introduce specific domestic violence legislation, with domestic violence still being classified as “common assault” (Moolman, 2006).

The Combating of Domestic Violence Act 4 of 2003 (Republic of Namibia Government Gazette, 2003) is similar to the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). The main differences between the two Acts are:

- In Namibia the Final Protection Order is valid for a period of three years, compared to South Africa where a Final Protection Order is permanent.
- In Namibia breach of the Protection Order can lead to a fine not exceeding N\$8000.00, or imprisonment for a period which does not exceed two years, or to both the fine and imprisonment. In South Africa breaching the Protection Order can lead to a fine (no value specified) and / or imprisonment for a period not exceeding five years.
- In Namibia the making of a false statement can lead to a fine not exceeding N\$4000.00 or imprisonment for a period not exceeding one year, while the same offence in South Africa can lead to a fine (no value specified) or imprisonment for a period not exceeding two years.

In December 2004 women activists in Zimbabwe petitioned parliament to approve a four-year-old Prevention of Domestic Violence Bill. Fast tracking the Electoral Commissions Bill and a lack of commitment on the part of parliamentarians were cited as some of the reasons for the Bill not being approved. Mushonga (coordinator of the Women’s Coalition)

was of the opinion that a fear of women becoming “too strong” was the main reason for the delay in the Bill’s approval. The Bill contains a broader definition of domestic violence, and includes economic, verbal and psychological abuse, intimidation and stalking. While physical and sexual abuse were seen as crimes of common assault before, the new Bill made domestic violence a crime in its own right. Cultural practices which degrade women such as female genital mutilation, virginity testing and wife inheritance are covered in this Bill, as well as the right to apply for a Protection Order. Provision is made for a jail term for the perpetrator. The Protection Order is valid for two years, but has to be issued within 48 hours of the abuse (IRIN News.org, 2004).

Kenya has been accused of not having legislation to protect women from domestic violence, including marital rape (Women living under Muslim laws, 2005). In Somalia (Agenda, 2006) there is no framework to address widespread violence against women; Somalia refused to sign the “International Convention on the Elimination of all Forms of Discrimination against Women” (CEDAW). Male dominance, physical punishment of women within family homes, sexual harrasment, rape and female genital mutilation are accepted. Abuses are hidden because of shame and fear. “Blood compensation”, where the male elders are paid with livestock or money for the raping of a daughter, or young girls being forced to marry their rapist, is a regular occurrence. Court cases are not fully investigated, and often even the perpetrators who are charged do not suffer any consequences. Some civil society organisations provide medical support and counselling services to victims, but there are no shelters for abused victims. The media (programmes, news paper articles and the radio) has been used to disseminate information, but a lot of work still needs to be done (Agenda, 2006).

In Uganda, the Domestic Relations Bill (DRB) has been pending for forty years (Women living under Muslim laws, 2005). There is no law on sexual offences, marital rape or the protection of women against domestic violence. The high prevalence rate of HIV/AIDS in Uganda has been blamed on domestic violence, with widespread rape and brutal attacks on women by their partners, happening on a daily basis (Africa News Update, 2003; Human Rights News, 2003). According to the article, Women living under Muslim laws (2005), the government in Uganda intended to withdraw the Domestic Relations Bill completely.

### **2.3.5 International legislation on domestic violence**

In the United States of America, all fifty states and the District Columbia have some mechanism to protect the victims of domestic violence (DeJong & Burgess-Proctor, 2006). One of the most important advances in the treatment of domestic violence has been the implementation of Personal Protection Orders (PPOs) as part of the Violence Against Women

Act (VAWA, 1994). These civil orders, also called no-contact orders, prohibit an individual accused of domestic violence from contacting the alleged victim and are designed to reduce the incidence of domestic violence. PPOs are not uniformly legislated from state to state and states differ dramatically in accessibility of orders for the victims of domestic violence (DeJong & Burgess-Proctor, 2006). Two important provisions are made in the VAWA concerning PPOs. First, all PPOs issued in the United States by any State shall be afforded full faith and credit by the court of any other State. Police officers are required to enforce a foreign PPO if it appears to be valid on face-value. The second provision is that mutual PPOs are invalid in foreign States, unless both parties have given sufficient evidence to the court that domestic violence has been perpetrated by both parties (DeJong & Burgess-Proctor, 2006).

In the United States mutual PPOs have been used due to a lack of time or when courts were unable to determine who the aggressor in a domestic violence situation was. These orders imply shared responsibility for domestic violence and increase the likelihood of the victim being punished. There is an implication that abusers are not responsible for their behaviour and that their behaviour is excusable (DeJong & Burgess-Proctor, 2006). According to Hodges (1999-2000), courts tend to overuse mutual orders in same-sex cases, rather than taking the time to investigate who the actual victim is.

In Scotland the Protection from Abuse Act of 2001 (PFA Act) was introduced to increase protection for those experiencing domestic violence (Cavanagh, Connelly & Scoular, 2003). This Act was designed to afford greater protection to individuals (for example same sex couples, or those people experiencing abuse post separation), who were prohibited from seeking help under the Matrimonial Homes (Family Protection)(Scotland) Act 1981. Breach of a PFA interdict is not an offence. If the actions which amount to a breach of an interdict are not marked for prosecution, the only remedy for the person holding the interdict is to bring civil proceedings against the perpetrator for breach of the interdict. Civil procedures are often cumbersome and of limited effectiveness, and legal aid is often not available. There are strict eligibility criteria for legal aid and civil court actions are expensive and have to be privately funded. Powers of arrest assist the police in responding to domestic violence, but there is no guarantee of prosecution. Petition proceedings are available, should no prosecution take place, but there are no criminal sanctions (Cavanagh et al., 2003).

In Texas, qualification criteria for Protection Orders are set by state law (McFarlane et al., 2004). The applicant has to provide evidence that domestic violence has occurred and is likely to happen again. The applicant must have previously lived with the perpetrator in the

same household, or they must be the biological parents of the same child. If the applicant's case is accepted, attorneys file the case with the family law court, a court date is set for the hearing and a Temporary Protection Order is granted. A copy of this order is sent by mail to the applicant, while a copy is served on the perpetrator. The Temporary and Permanent Orders are similar. It informs the perpetrator that he/she must stay 60m away from the applicant's home and workplace. It prohibits assault, harassment, stalking and threatening the applicant directly or through another person. Violation of the Temporary Protection Order cannot be charged as a criminal offence, but only as a civil contempt of court. It is valid for twenty days and then expires whether or not the perpetrator was served or whether or not the hearing took place. The Temporary Protection order may be extended if the perpetrator was not served by the hearing date. The applicant is not responsible for any fees associated with the Protection Order. The Final Protection Order is granted for two years and violation can result in both criminal and civil penalties. A case worker manages all qualifying applicants' cases and provides them with educational information about violence, safety planning and community resources. Case workers can be contacted if there are any further questions (McFarlane et al., 2004).

In England and Wales Part IV of the Family Law Act of 1996 came into force in October 1997 (Family Law Act, 1996). It provides for a single set of civil remedies for domestic violence in all courts with family law jurisdiction. According to Burton (2003) Part IV of the Act had significantly improved the level of protection for victims of domestic violence. Obtaining non-molestation orders in cases of physical violence prove to be effective. Problems that are experienced are that *ex parte* occupation orders are difficult to obtain and that ongoing problems with enforcement are experienced. Although most orders have a power of arrest attached to them, police are sometimes uncertain of their powers and how to respond appropriately. There are issues with regard to the way abusers who breach Protection Orders are handled in courts and the payment for the Protection Order and the enforcement thereof (Burton, 2003).

## **2.4 GENERAL WELL-BEING**

### **2.4.1 Introduction**

In 1946 the World Health Organisation (WHO) defined health in terms of not merely the absence of disease, but also a state of complete physical, mental and social well-being (WHO, 1946). Literature suggests that there are six dimensions that comprise human health, namely the physical, mental, emotional, social, vocational and spiritual dimensions (Chandler et al., 1992; Coward & Reed, 1996; Wissing & Van Eeden, 2002). These dimensions are

interrelated and, when in balance, contribute to health and general well-being. Greenberg (1985) considers well-being/wellness as the integration of the six dimensions, at any level of health or illness, into a meaningful whole. Moberg (2002) supports this view and states that all aspects of an individual's life are interrelated.

Potgieter (1998) conceptualised general well-being through the contextual paradigm, focusing on the individual within the different systems (on the micro-, meso- and macrolevels of existence) that interact with him/her. The microlevel refers to the immediate physical and social environment, for example the family, the neighbourhood, the experience of being an employee at work or being a patient in a hospital. The mesolevel refers to the interactions between the settings containing the individual, for example relationships between groups and institutions that affect the person's life, for example school or work. The mesolevel influences and determines the functioning of the microlevel. The macrolevel refers to the wider structures in which mesogroups are functioning, for example the health, economic, social, cultural, political and religious systems.

According to Potgieter (1998) social systems require constant transactions with their environment to enable them to grow, maintain differentiation, and avoid atrophy. The absence of adequate opportunities for interchange, lead to isolation, arrested growth and development, a reduction in adaptive capacities and the degeneration of social relationships into apathy. This often results in the disintegration of the system. General well-being refers to a balance between the physiological, social, psychological and spiritual aspects of individuals (microlevel), within the context of their social and cultural milieu, their educational attainments and their economical and recreational facets (meso- and macrolevels) (Potgieter, 1998).

Vogt (2001) compiled a diagram using the opinions of Bernstein and Gray (1997), Derezotes (2000), Kirst-Ashman and Hull (1994), Meenaghan (1987), Potgieter (1998) and Zastrow (1992) to demonstrate the levels of human functioning. This diagram is illustrated in Figure 2.2.

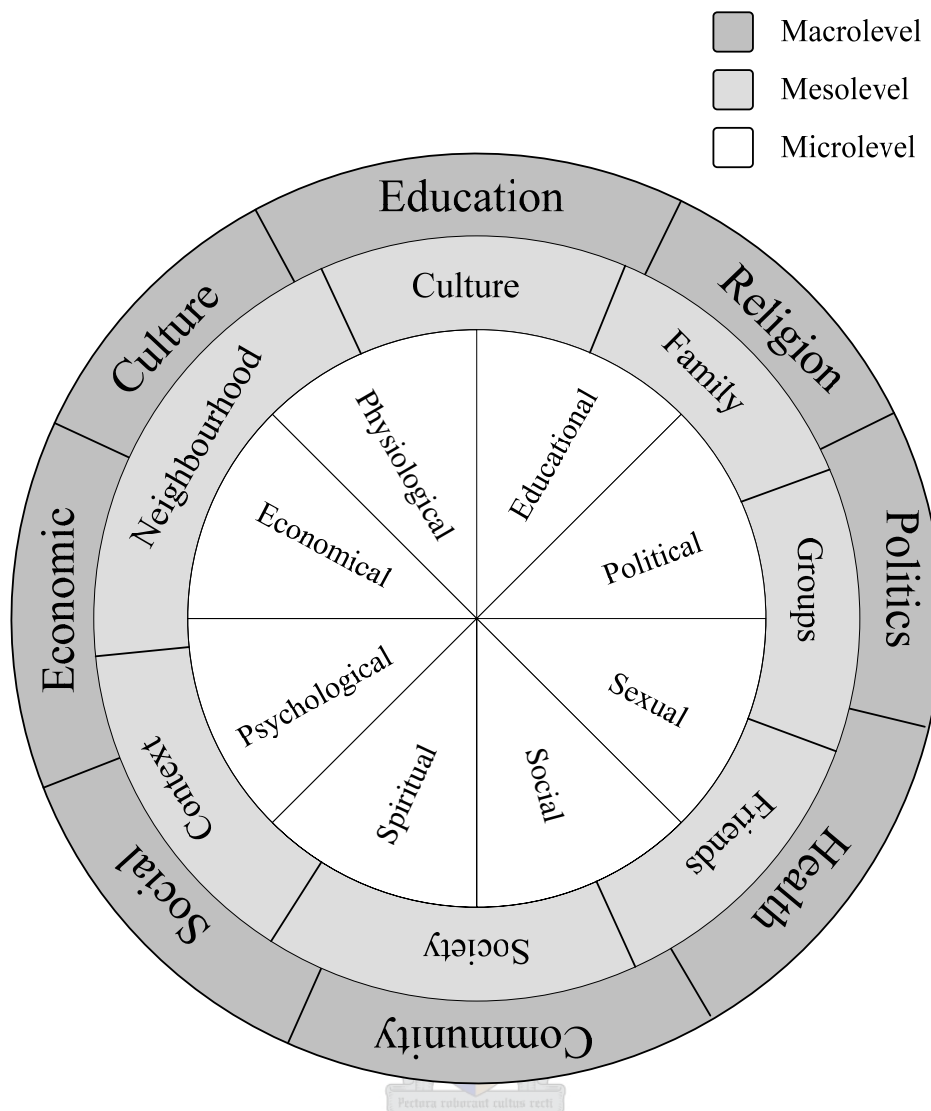


Figure 2.2 Human functioning on the micro- (inside circle), meso- (middle circle) and macrolevels (outside circle) of existence (Vogt, 2001, p. 10).

General well-being is the result of the reciprocal satisfying of the needs of the individual on the micro-, meso- and macrolevels of functioning (Schlesinger, 1985). According to Coward and Reed (1996) wellness/health reflects a sense of well-being that is derived from an intensified awareness of wholeness and integration among all dimensions of a person's being. Hood-Morris (1996) takes a similar view, equating well-being with holism, which refers to an integrated, vital, dynamic and evolutionary conceptualisation of the biological, social, psychological and spiritual aspects of human nature.

Emmons, Cheung and Tehrani (1998) argue that "spiritual intelligence" is a basic psychological function. In their research, they found that spiritual or religious content in personal goals had a strong influence on well-being. In the present study, attention is given to the impact of domestic violence on the spiritual and psychological well-being of victims.



## 2.4.2 Spiritual well-being

According to Moberg (2002) investigating spirituality is very complicated compared to studying physiological and anatomical aspects of health. This is mainly because the spiritual side of human nature is extremely complex and multidimensional. Reductionism is inevitable when measuring spirituality, but attempts to study it contribute a greater understanding of the concept. The identification of different dimensions and indicators also contributes to the knowledge base of spiritual well-being (Moberg, 2002). Although many measuring instruments exist, no instrument manages to capture the depth of spiritual well-being fully (Daaleman & Frey, 2004). In view of the focus being placed on the strength perspective in the empowerment of people and the possible advantages of spirituality in people's lives (Koenig, 2000; Marsh, 2003; Potgieter, 1998; Turner, 2001), spiritual well-being needs further exploration.

Spirituality contributes to improved coping capacities, feelings of empowerment, resilience, life satisfaction, physical and emotional health, increased levels of interpersonal relationships, improved ego strength, a sense of hope and power, increased motivation, improved decision making abilities, increased understanding of suffering and a sense of purpose and meaning (Damianakis, 2001; Gotterer, 2001; Hodge & Williams, 2002; Kasiram, 1998; Ver Beek, 2000). Researchers have not been able to agree on a universal definition for spirituality/spiritual well-being that can be operationalised and measured fully (Koenig, 2000).

Fehring, Miller and Shaw (1997, p. 664) define spiritual well-being as “an indication of individuals' quality of life in the spiritual dimension, or simply an indication of their spiritual health.” Gotterer (2001) and Newlin, Knafl and Melkus (2002) state that living in spiritual harmony, which includes finding meaning in life and fulfilling one's life purpose, is necessary for protection against life's adversities. According to Goodloe and Arreola (1992) spirituality encompasses all health components and affects every area of a person. Koenig (2000) equates spirituality to religion and contends that religious people are physically healthier, lead healthier lifestyles, and require fewer health services than non-religious people. Gotterer (2001) differ from this view and state that spirituality can be experienced without any religious affiliation. Religion refers to the formal adherence to a certain belief system, the endorsement of the values, beliefs, ethics and practices of a specific faith and the organised expression thereof. It does not necessarily result in a spiritual experience (Cascio, 1999; Gotterer, 2001). Spirituality encompasses a search for meaning, unity, purpose,



connectedness, transcendence and for the highest of human potential (Pargament & Park, 1995).

The 1971 White House Conference on Aging organised a major section on spiritual well-being. One of the outcomes of this conference was the founding of the National Interfaith Coalition on Aging (NICA) in 1972. Based on the wide range of implicit understandings of spiritual well-being, NICA convened an interdisciplinary and interfaith workshop to formulate a definition of spiritual well-being. In 1975, NICA (quoted in Fisher, 2000a, p. 42) formulated the following definition of spiritual well-being: “spiritual well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness.” Fisher’s four-dimensional model for spiritual well-being (Fisher, 2000a) is closely linked to this definition of spirituality, as it also touches on the personal, communal, environmental and transcendental dimensions of individuals.

#### **2.4.2.1 Fisher’s four-dimensional model for spiritual well-being**

Fisher’s four-dimensional model for spiritual well-being (Fisher, 2000a) focuses on the spiritual component of the integration, or wholeness of people, as it relates to their general well-being (see Figure 2.3). This model outlines the dynamic and inter-connective nature of spiritual health and highlights that internal harmony depends on intentional self-development. Self-development comes from congruence between expressed and experienced meaning, purpose and values in life. By embracing the divergence of world-views, beliefs and the lived experiences of humanity, it expresses the knowledge and inspirational aspects of spiritual well-being (Fisher, 2000a). Fisher defines spiritual well-being as:

A fundamental dimension of people’s overall health and well-being, permeating and integrating the other dimensions of health (i.e. the physical, mental, emotional, social and vocational), as it is a dynamic state of being, shown by the extent to which people live in harmony with themselves, others, some-thing/some-One beyond the human level and the environment. (p. 43)

According to Fisher (2000a) spiritual well-being reflects the extent to which people live in harmony within relationships with themselves (personal), others (communal), nature (environmental), and God (transcendental other) (see Figure 2.3). A person’s world view filters the knowledge aspect of the four domains of spiritual well-being, namely meaning, purpose and values in the personal domain, morality, culture and religion in the communal domain, care, nurture and stewardship in the environmental domain and transcendental factors in the transcendental domain (depicted by the **bold type** under the heading for each domain).

A person's beliefs filter the *inspirational aspects* (the essence of and the motivation for) for each of the domains. These inspirational aspects are depicted by self-awareness in the personal domain, in-depth interpersonal relations in the communal domain, connectedness with nature in the environmental domain and connection with a transcendent Other or cosmic force in the transcendental domain (depicted in *italics* within each domain).

Well-being is expressed through joy, peace, patience, identity and self-esteem in the personal domain, through forgiveness, justice, love, hope and faith in the communal domain, through awe and wonder in the environmental domain and through faith, adoration and worship in the transcendental domain. The expressions of well-being are indicated in Arial type at the bottom of each cell (Fisher, 2000a).

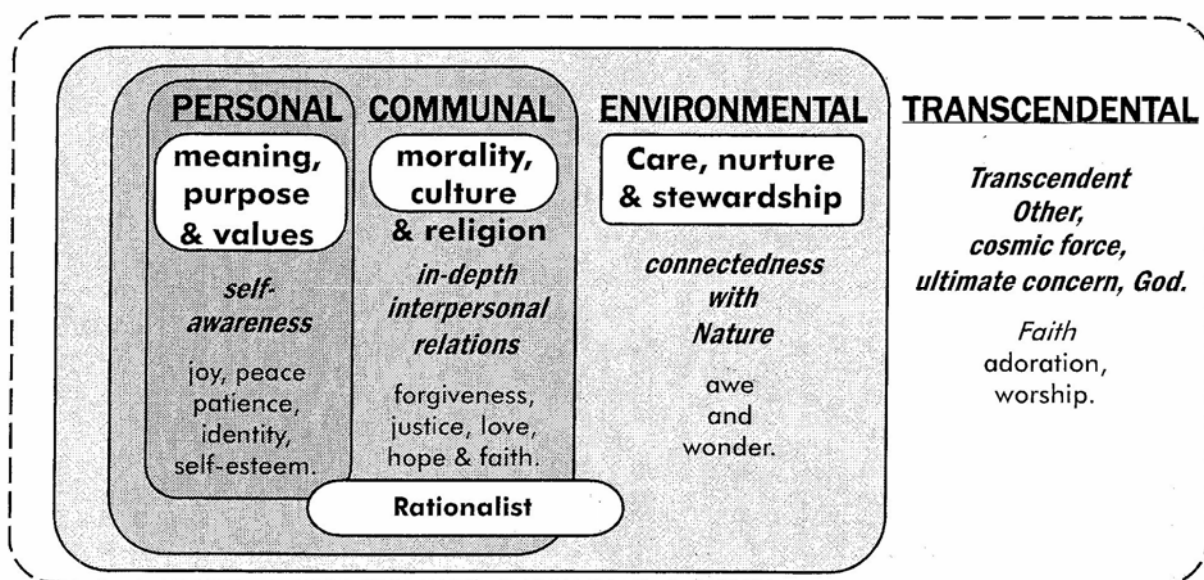


Figure 2.3 Fisher's four-dimensional model for spiritual well-being (Fisher, 1999a, p. 32).

The *personal domain* refers to the process of intra-relating to oneself with regard to the meaning, purpose and values in life. Joy, peace, patience, identity, self-awareness and self-esteem are created by the human spirit (Fisher, 1999a).

The *communal domain* is expressed in the quality and depth of interpersonal relationships. It relates to morality, culture and religion and is expressed through forgiveness, justice, love, hope and faith in humanity (Fisher, 1999a).

The *environmental domain* refers to connectedness with nature and a sense of unity with the environment, caring and nurturing of the physical and biological environments and a sense of awe and wonder (Fisher, 1999a).

The *transcendental domain* refers to the relationship of the individual with some-Thing or some-One beyond the human level, for example an ultimate concern, cosmic force,

transcendent reality, or God. This relationship involves faith toward, adoration for and worship of the Transcendent Other and is potentially boundless. The relationship with a Transcendent Other embraces the relationships in the other three domains (Fisher, 1999a; Wallace, 2000).

Fisher's four-dimensional model for spiritual well-being (Fisher, 2000a) has a distinct nature and highlights the interrelation between the 'knowledge' and 'inspirational' aspects of each of the four domains. The quality of relationships in each domain constitutes a person's spiritual well-being in that domain. The combined effect of spiritual well-being in each domain constitutes the person's spiritual health.

Spiritual health is enhanced by developing positive relationships in each domain, and by embracing more domains. The interrelationship between the different domains could be explained by the principle of progressive synergism. According to this principle, "as the levels of spiritual well-being in the domains are combined, the result is more than the sum of the quality of the relationships in each individual domain" (Fisher, 1999a, p. 31). The domains are interrelated and dependent on each other. When relationships are absent, or dysfunctional, in each or all of the domains, a lack of wholeness, health and/or spiritual disease could manifest itself in a person's life (Fisher, 2000a). This model supports the view of Pellebon and Anderson (1999) that spirituality determines a person's perception of his/her self-image and his/her relationship with the natural world and the metaphysical domain.

Chandler et al. (1992) emphasise the importance of linking spiritual well-being to psychological well-being, as spirituality and the connection to a higher power provide meaning in life and affect the way that life is experienced and evaluated. Dunbar, Mueller, Medina and Wolf (1998) support this view and argue that by assessing client's strengths on all levels (including spiritual and psychological levels) feelings of hope and worthiness can be reinforced and negative deficits counteracted. This approach enhances growth and empowerment.

### **2.4.3 Psychological well-being**

Most existing intervention programmes for women exposed to domestic violence focus on alleviating stress symptoms and practical ways of avoiding the situation (Jory, Anderson & Greer, 1997). To empower the victims of domestic violence, it is important to understand the impact of domestic violence on their psychological well-being, taking distress symptoms and lower levels of wellness into account. It is also important to understand their strengths and resources, and to focus on the utilisation and enhancement of these capacities, for example their constructive coping mechanisms, self-efficacy, hope, courage, and other competencies.

By focusing on these capacities, victims can be helped to re-experience their dignity (Oosthuizen & Wissing, 2005).

According to Wissing and Van Eeden (2002) no completely coherent, empirically evaluated, theoretical framework which fully explains psychological well-being exists. Roothman, Kirsten and Wissing (2003) contend that psychological well-being entails well-being on the affective, physical, cognitive, spiritual, personal and social levels. Edwards, Ngcobo, Edwards and Palavar (2005) support this view, but consider that psychological well-being has multidimensional personal, transactional and environmental determinants, which become more complex as the human life cycle progresses. The above factors meet the definition of general well-being as defined by Chandler et al. (1992) and Coward and Reed (1996). Wissing and Van Eeden (2002), Roothman et al. (2003) and Edwards et al. (2005) thus use the concepts of psychological well-being and general well-being synonymously. Fox (2000) views physical self-esteem, which refers to the evaluative element of self-concept, as a sub-set of global self-esteem, psychological well-being, health and life.

Most research in South Africa focuses on the understanding of coping behaviour and psychological well-being from a salutogenic viewpoint. The salutogenic paradigm and its constructs developed from various personality theories focusing on personal growth, well-being and optimal psychological functioning (Cilliers, 1988). It is grounded in positive psychology, which is defined as the scientific study of ordinary, subjective, positive human strengths, virtues, experiences and functioning (Sheldon & King, 2001).

Positive psychology includes many behavioural constructs, for example self-actualisation, a sense of coherence, self-efficacy, hardiness, potency, learned resourcefulness, internal locus of control, coping, well-being, creativity, resilience, emotional intelligence, engagement, happiness, flow, humour, positive affect, courage, gratitude, faith and optimism (Cilliers & Kossuth, 2004). The correlation between the salutogenic constructs determines the salutogenic profile of the individual and illustrates the individual's psychological functioning at both intrapersonal and interpersonal levels (Strümpher, 1995).

At a cognitive level, the individual's ability to evaluate information from the environment in a positive and constructive manner and to use that information for mature decision making contribute to a strong salutogenic profile. At an affective level, an individual with a strong salutogenic profile views behaves in an emotionally mature way, is self-fulfilled, confident and is one with himself or herself. At the motivational level, such an individual is able to solve problems, make use of his or her inner resources to cope and to achieve results. On a relationship level, such an individual is able to form meaningful

interpersonal relationships at work and in society (Cilliers & Kossuth, 2004; Emmons, Cheung & Tehrani, 1998). These levels relate to Fisher's four-dimensional model of spiritual well-being (Fisher, 2000b), as it also focuses on the personal, communal and environmental domains as described by Fisher (2000b). It does not refer to the transcendental domain of Fisher's model though (Fisher, 1999a). Some of the salutogenic constructs will now be discussed and related to Fisher's four-dimensional model for spiritual well-being (Fisher, 2000b).

#### **2.4.3.1 Antonovsky's salutogenic perspective**

The salutogenic paradigm for understanding stress and coping behaviour was introduced by Antonovsky (1979). It focuses on the origins of psychological health and well-being. According to this paradigm, stressors are omnipresent in human existence, and even with a high stressor load, many people survive and cope well. The paradigm focuses on normal behaviour and the locating and developing of personal and social resources and adaptive tendencies to bring about coping and growth (Strümpfer, 1995). The salutogenic question that is asked is: Why do some people cope with difficulty, while others cope successfully in spite of omnipresent stressors? Antonovsky (1979) explained the perceived differences in coping abilities between individuals.

Antonovsky (1979) argued that, through life experiences, individuals develop generalised resistance resources (GRRs). A GRR could be defined as any characteristic of the individual that facilitates the avoidance or combating of a wide variety of stressors. According to Antonovsky, individuals who regularly experience the availability of GRRs develop personality constructs which prevent them from being subjected to some stressors. Subsequently, stressors are viewed as "welcome" inputs. The personality constructs decisively determines the extent to which individuals move on the health ease/dis-ease continuum. A feedback loop is thus formed from the GRRs to the salutogenic constructs. Previous experience in overcoming stressors strengthens the salutogenic constructs, which in turn strengthens the GRR's (Antonovsky, 1979).

The main salutogenic constructs are sense of coherence, learned resourcefulness and self-actualisation. Antonovsky (1979) defines a sense of coherence as: "a generalized, long-lasting way of seeing the world and one's life in it" (p. 124). It has perceptual, cognitive and affective components and expresses the extent to which an individual has a pervasive, enduring, and dynamic feeling of confidence. Comprehensibility, manageability and meaningfulness contribute to a sense of coherence (Antonovsky, 1993). Rosenbaum (1990) describe learned

resourcefulness as a set of well-learned behaviours and mostly cognitive skills, by which a person controls his/her behaviour.

Antonovsky (1994) has emphasised the importance of macrosocial factors in the general well-being of people by focusing on the “structural sources of salutogenic strengths” (p. 6). According to Antonovsky (1994) a strong sense of coherence will emerge and will be maintained by the following factors:

- The extent to which the individual (as a system) is linked to or isolated from suprasystems (the environment and other people);
- The clarity of the messages received from the suprasystems and the freedom and choice for the individual contained in the messages received;
- The power relationship between the individual and the suprasystem and the degree of cultural integration of the individual;
- The extent with which the information (messages) are deciphered and internally integrated by the individual;
- The formulation of a plan of action and the availability of motivational, emotional, cognitive, instrumental-personal, and social resources to carry out this plan;
- The information being send back to the suprasystem by the individual;
- The extent to which the suprasystem ignores or provides feedback to the individual.

The sense of coherence of the individual is determined by the effectiveness of this process (Antonovsky, 1994). What Antonovsky does not explain is the extent to which the sense of coherence changes over the course of a lifetime, and whether psychological and social interventions can strengthen it (Lenderking & Levine, 1995). However, he emphasises the importance of the social conditions of people in the development of a sense of coherence. He considers both macrosocial factors and individual socialisation processes as being important in this development process.

Antonovsky’s salutogenic paradigm relates to Fisher’s four-dimensional model of spiritual well-being (Fisher, 2000b) as it contains principles of personal, communal, environmental and transcendental well-being. The main salutogenic constructs as identified by Antonovksy (1979) can be divided in the same domains as identified by Fisher (2000a).

#### Personal domain

- Sense of coherence
- Self-actualisation
- Learned resourcefulness

#### Communal domain



- Comprehensibility – structured, predictable and explicable stimuli deriving from the internal and external environments in the course of living.

Environmental domain

- Manageability – resources are available to the individual to meet the demands posed by stimuli from internal and external environments.

Transcendental domain

- Meaningfulness – demands are seen as challenges, worthy of investment and engagement.

Comprehensibility, manageability and meaningfulness are dependent on internal and external stimuli and contribute to a sense of coherence. As in Fisher’s four-dimensional model for spiritual well-being (Fisher, 2000a), the importance of macrosocial factors or the suprasystem in psychological well-being is emphasised by Antonovsky (1994).

#### **2.4.3.2 Maslow’s “composite impressions” of self-actualising people**

Maslow (1950) describes self-actualisation as a natural and life-long process of growth towards fulfilling the full potential of the person. According to Maslow (1950) humans are only able to actualise their full potential after their basic survival, safety, personal and social needs had been met. This process includes the actualisation of all talents and potential in a full, clear and selfless experience, with full concentration and absorption, totally and fully human, and incorporating both actuality and potentiality.

The fifteen qualities of self-actualisers as identified by Maslow (1950) can be divided in the same domains as identified by Fisher (2000a).

Personal domain

- They are problem centred and not ego centred.
- They are spontaneous.
- They value and need privacy and are able detach themselves to achieve it.
- They are autonomous.
- They accept themselves, others and nature.
- They have a democratic character structure.
- They can discriminate between good and evil and between means and ends.
- They possess a philosophical and unhostile sense of humour.
- They are original, creative and inventive.
- They resist enculturation.

Communal domain

- They care about mankind.

- They have deep and profound interpersonal relations.

#### Environmental domain

- They have the capacity to continuously appreciate life with awe, pleasure and ecstasy.
- They are efficient in perceiving reality and feel comfortable in relation with it.

#### Transcendental domain

- They have had peak or mystical experiences.

The ability to perform effectively on personal, communal, environmental and transcendental levels, and thus reach self-actualisation, contributes to general well-being (Maslow, 1950).

### 2.4.3.3 Ryff's key dimensions of psychological well-being

According to Ryff (1995) psychological well-being includes feeling good about one's self and one's life, the sense that one is continuing to grow and develop as a person, the belief that life has meaning and purpose, having good relationships with others, the ability to manage life effectively, and a sense of self-determination. She identifies the following key dimensions contributing to psychological well-being, namely self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (Ryff, 1989).

According to Ryff (1989) general well-being has the following key dimensions closely related to Fisher's model of spiritual well-being (Fisher, 2000a). Ryff did not include any transcendental factors in her dimensions of general well-being.

#### Personal domain

- Self-acceptance based on the capacity to see and accept one's strengths and weaknesses
- Personal growth emerging from the realising of one's talents and potential over time
- Autonomy
- Finding purpose in life by having goals and objectives that give life meaning and direction.

#### Communal domain

- Having positive, intimate and valued relationships with significant others.

#### Environmental domain

- Environmental mastery.

According to Ryff's key dimensions for psychological well-being, the ability to perform effectively on a personal, communal and environmental level contributes to general well-being (Ryff, 1989).



#### **2.4.3.4 Bar-on's emotional intelligence factors and psychological well-being**

Bar-on (2005) defines psychological well-being as “a subjective state that emerges from a feeling of satisfaction with one’s physical health and oneself as a person, with one’s close interpersonal relationships, and with one’s occupation and financial situation” (p. 48). He identified the following emotional intelligence variables: self-regard, emotional self-awareness, impulse control, reality testing, social responsibility, optimism and self-actualisation. In his view, more than half of a person’s sense of general well-being is dependent on emotional-social intelligence and the constellation of these emotional intelligence factors (Bar-on, 2005).

The seven emotional intelligence factors identified by Bar-on (2005) can be divided in the personal and communal domains as identified by Fisher (Fisher, 2000a).

##### **Personal domain**

- Self-regard – the ability to be aware of and accept yourself
- Emotional self-awareness – the ability to be in touch with your emotions
- Impulse control – the ability to control your emotions
- Reality testing – the ability to keep things in correct perspective
- Optimism – the ability to be self-motivated and optimistic
- Self-actualisation – the ability to pursue goals and to realise your potential

##### **Communal domain**

- Social responsibility – the ability to be responsible, cooperative and constructive in relationships with others.

The emotional intelligence variables identified by Bar-on (2005) relate to the personal and communal well-being domains in Fisher’s four-dimensional model of spiritual well-being (Fisher, 2000a).

#### **2.4.3.5 Additional views on psychological well-being**

Wissing and Van Eeden (2002) support and elaborate on the constructs as described by Antonovsky (1994), Bar-on (2005), Maslow (1950) and Ryff (1995). According to Wissing and Van Eeden (2002) a sense of coherence, satisfaction with life, a positive affect balance, and a positive life orientation are important facets of psychological well-being. Having an interest in the world, having the motivation to carry out activities on a behavioural level, possessing high self-worth and the absence of physical symptoms and psychopathology (for example depression, anxiety or substance dependency) also contribute to psychological well-being. Perceiving significant others as being supportive and affirming and considering difficulties in life to be challenges and surmountable, also contribute to psychological well-

being. This view is confirmed by Aldwin (1994) who identifies stress, coping and social support as transactional variables that mutually influence each other and the well-being of the individual. Wissing and Van Eeden (2002) find the personal, communal and environmental facets of Fisher's four-dimensional model of spiritual well-being (Fisher, 2000a) particularly valuable.

Hayes, Wilson, Gifford, Follette and Strosahl (1996) state that psychological acceptance is an important factor in psychological well-being. It refers to a willingness to experience all thoughts, feelings, and physiological sensations, especially those which are negatively evaluated (for example, fear), without avoidance and not allowing them to determine one's actions. According to Donaldson-Feilder and Bond (2004) psychological acceptance entails becoming aware of unwanted internal events (for example, fear) and making a decision to (a) not attempt to change it, (b) not to avoid it, or (c) not to control it. In this way, actions can be guided by overarching goals and values and be unaffected by unhelpful cognitive and emotional content. The reduction of distress caused by unwanted cognitive content (thoughts) and the satisfaction resulting from goal attainment increase psychological well-being. This view is supported by Bell (2003) who states that we scare ourselves with our anxious imaginings, but that we can learn to do the opposite. He states that positive thoughts have a positive effect on our physical and emotional well-being. These views mainly support the personal domain in Fisher's four-dimensional model for spiritual well-being (Fisher, 2000a).

Some, or all of the domains (personal, communal, environmental and transcendental), as described by Fisher's four-dimensional model of spiritual well-being (2000a), seem to form an integral part of the definitions of psychological well-being, and of the different constructs, which contribute to psychological well-being, which are found in the literature. The implication is that an imbalance or a crisis in any of these domains could impact on psychological and spiritual well-being. According to Aldwin (1994), any change in the environment or the person could affect the general well-being of that person.

## **2.5 RELATIONSHIP BETWEEN DOMESTIC VIOLENCE AND GENERAL WELL-BEING**

According to Maslow's theory on self-actualisation (1950), potential for personal growth can only be actualised after personal, emotional and social needs have been met. According to Fisher (1999a) spiritual health and well-being are reflected in the quality of the relationships in the four domains of human existence, namely the personal, communal, environmental and transcendental domains. As the person faces challenges and struggles to maintain harmony, character develops and the four sets of relationships grow. As the person starts to embrace

more of the domains, spiritual well-being improves. In the absence of these relationships, a lack of wholeness, health problems and spiritual imbalances might be experienced and spiritual health is deleteriously affected. Domestic violence challenges the quality of relationships in each of the domains identified by Fisher (1999a).

Domestic violence has a devastating effect on all the facets of the victim's well-being in all four domains and thus blocks growth towards self-actualisation. It impacts significantly on victims' health, emotional, social and spiritual well-being (Coker et al., 2002; Fisher, 2000a; Ratner, 1998) and could lead to emotional distance, anxiety, depression, isolation and aggression (Roestenburg, 2000). It threatens the stability of the family and has a negative impact on all family members. It violates the safety, the health, the welfare and economics of communities, because of medical expenses, psychological problems and loss of productivity (Van der Hoven, 2001).

All six dimensions of existence, namely the physical, mental, emotional, social, vocational and spiritual dimensions are affected by domestic violence (Chandler et al., 1992; Coward & Reed, 1996; Wissing & Van Eeden, 2002). When physical health is affected, headaches and backaches could occur, or more serious health problems (Lewis, 1999). Intimate partner abuse increases the risk of mental problems in women (Golding, 1999), for example depression (Sackett & Saunders, 1999; Zlotnick, Warshaw, Shea & Keller, 1997). It also lowers self-esteem (Cascardi & O'Leary, 1992; McNamara & Fields, 2001; Tuel & Russell, 1998), increases anxiety, anger and leads to a loss of interest in life, it adds to increased self-blame for the abuse, a feeling of failure, and a sense of loss, for example the loss of the loving relationship they had hoped for, the loss of control over their lives and the loss of the relationship if they decide to leave the abuser (Lewis, 1999). Abuse could lead to impaired relationships (Chu, 1992; Cole & Putnam, 1992) and the inability to care for the children (Lewis, 1999). It could also lead to social isolation (Lewis, 1999).

McNamara and Brooker (2000) argue that the consequences of abuse may lead to a disabling psychological perspective that affects both self-perception and life functioning (the way life is viewed, evaluated and lived). They call this disabling psychological perspective impairment, and contend that domestic violence leads to relationship disability, psychological dysfunction, anxiety, life restriction, inadequate life control, health status issues, concern with physical harm and substance abuse. According to Gross and Keller (1992), different types of abuse lead to different types of impairment. The effectiveness of the coping mechanisms of the individual determines the impact of the abuse on the well-being of the individual (Gerber, 2001).

According to the Agenda for First Nations & Inuit Mental Health (quoted in Frank, 1992) a holistic approach to domestic violence is necessary:

A holistic approach integrates all aspects of health: physical, spiritual, mental and emotional. The approach also envisages: the individual in the context of the family; the family in the context of the community; the community in the context of larger society; and the impact of socio-economic problems such as poverty, unemployment, welfare dependence and poor housing on mental well-being. (p. 8)

Domestic violence impacts on all dimensions of the individual, namely the physical, mental, emotional, social, vocational and spiritual dimensions (Chandler et al., 1992; Coward & Reed, 1996; Wissing & Van Eeden, 2002). Intervention must focus on each of these dimensions, but also on the personal, communal, environmental and transcendental domains as described by Fisher (2000b).

## **2.6 SUMMARY**

Domestic violence can take many forms. There is physical, sexual, emotional, psychological, verbal and/or economic abuse; harassment; intimidation; stalking; damage to property; entry into the complainant's residence without consent, where the parties do not share the same residence; or any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to the safety, health or well-being of the complainant (RSA Government Gazette, 1998). As defined by the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998), domestic violence can happen in a variety of different relationships.

There are a number of diverse theories explaining domestic violence in relationships, for example psychological, social psychological and sociological theories. Psychological theories focus on the instinctive and psychological qualities of the individuals who abuse others (Corby, 2001), while social psychological theories focus on the dynamics of the interaction between the abuser, the victim and the environment (Corby, 2001; Plug et al., 1997). Sociological theories focus on social and political conditions as the most important causes of abuse (Corby, 2001). All these theories contribute to a better understanding of the causes of domestic violence.

Abuse is a continuous, interactional process, which takes place over time. The phases as described by Collins (2000), Landenburger (1998) and Van der Hoven (1992) are closely related and confirm the predictable pattern of domestic violence (Collins, 2000).

The Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) replaced the Family Violence Act 113 of 1993 (South African Law Commission, 1996) and is an improvement on this Act in a number of ways. The biggest improvement centres on the Protection Order and the extended protection given to the victims of domestic violence (Kruger, 2004; Smit & Nel, 2002; Van der Hoven, 2001).

Domestic violence legislation in Africa varies. A survey was conducted by the Gender and Media Southern Africa (GEMSA) Network in December 2004, focusing on the passing of domestic violence laws, the provision of services for the survivors of gender violence and education and awareness campaigns by the countries who accepted an “Addendum on the Eradication of All Forms of Violence Against Women and Children” at a SADC conference in 1998 (Moolman, 2006). It was found that only four countries, namely Mauritius, Namibia, Seychelles and South Africa, had passed specific Domestic Violence Acts. Three countries, namely Botswana, Malawi and Zimbabwe, had domestic violence legislation pending. In the remaining five countries, namely Lesotho, Mozambique, Swaziland, Tanzania and Zambia, no steps had been taken to introduce specific domestic violence legislation, with domestic violence still being classified as “common assault” (Moolman, 2006). Kenya, Somalia and Uganda have no domestic violence legislation either.

Internationally, Scotland, Texas, all fifty States in the United States, the District of Columbia in the United States and England and Wales have domestic violence legislation which make provision for Protection Orders. There are similarities and differences between the application procedures, cost of and the practical application of the Protection Orders and enforcement thereof in the different countries.

General well-being is the integration or balance of all six dimensions of an individual, namely the physical, mental, emotional, social, vocational and spiritual dimensions, into a meaningful whole (Chandler et al., 1992; Coward & Reed, 1996; Greenberg, 1985; Wissing & Van Eeden, 2002). Potgieter (1998) conceptualises general well-being through the contextual paradigm, focusing on the individual within the different systems (on the micro-, meso- and macrolevels of existence) that interact with him/her. These systems require constant transactions with their environments to enable them to grow, to maintain differentiation and to avoid atrophy. The different dimensions of individuals, within their contextual paradigm, are interrelated and interconnected to each other (Potgieter, 1998).

Psychological well-being and spiritual well-being are closely related to each other. Roothman et al. (2003) contend that psychological well-being is the result of well-being on the affective, physical, cognitive, spiritual, personal and social levels. Spiritual well-being

reflects the extent to which people live in harmony within relationships with themselves (personal), others (communal), nature (environmental), and God (transcendental other) (Fisher, 2000a). Chandler et al. (1992) emphasise the importance of linking spiritual well-being to psychological well-being, as spirituality and the connection to a higher power, provides meaning in life and affects the way that life is experienced and evaluated.

Fisher's four-dimensional model of spiritual well-being (Fisher, 2000a) and the salutogenic constructs as described and researched by Antonovsky (1979, 1993, 1994), Maslow's (1950) "composite impressions" of self-actualising people, Ryff's (1995) key dimensions of general well-being and Bar-on's (2005) emotional intelligence factors overlap with each other. This confirms the interconnectedness between spiritual and psychological well-being.

The consequences of abuse may create an impairing or disabling psychological perspective that affects both self-perception and life functioning (the way life is viewed, evaluated and lived) (McNamara & Brooker, 2000). This disabling perspective could lead to relationship disability, psychological dysfunction, anxiety, life restriction, inadequate life control, health status issues, concern with physical harm and substance abuse. Different types of abuse lead to different types of impairment (Gross & Keller, 1992). According to Chandler et al. (1992), Coward and Reed (1996) and Wissing and Van Eeden (2002) all six dimensions of existence, namely the physical, mental, emotional, social, vocational and spiritual dimensions are affected by domestic violence. The quality of the relationships in the four domains of human existence, namely the personal, communal, environmental and transcendental domains, is also affected by domestic violence (Fisher, 1999a).

A holistic approach to intervention in domestic violence cases is necessary. Such an intervention must integrate the six dimensions of an individual, namely the physical, mental, emotional, social, vocational and spiritual dimensions. The individual must be assessed in the context of the family; the family must be assessed in the context of the community and the community must be assessed in the context of the larger society. The impact of socio-economic problems such as poverty, unemployment, welfare dependence and poor housing on psychological and spiritual well-being, must also be taken into account (Agenda for First Nations & Inuit Mental Health, quoted in Frank 1992; Fisher, 2000a). All these dimensions affect the general well-being of individuals and should be the focus of intervention and/or educational programmes.



## **CHAPTER 3**

### **RESEARCH ON DOMESTIC VIOLENCE AND GENERAL WELL-BEING**

#### **3.1 INTRODUCTION**

Various South African, African and International studies have added to the knowledge of domestic violence. In an attempt to understand the phenomenon of domestic violence better, an overview of studies on domestic violence is given in this chapter. The incidence of abuse, the incidence of different forms of abuse, biographical information of the victims of domestic violence, the reporting of abuse and the cyclical nature of abuse are discussed in this chapter. A discussion on the effectiveness of Protection Orders in the light of published literature follows.

Studies conducted to determine the reliability and validity of the two questionnaires used in the present study, namely the Abuse Disability Questionnaire (ADQ) (McNamara & Brooker, 2000) and the Spiritual Well-being Questionnaire (SWBQ) or the Spiritual Health and Life Orientation Measure (SHALOM) (Fisher, 2000a) are examined in this chapter. The SWBQ is the section in the SHALOM that measures how participants feel each item reflects their personal experience of their spiritual health (Gomez & Fisher, 2005).

The results from the studies conducted with the ADQ will confirm that it is a reliable and valid instrument to measure the negative consequences of domestic violence. Similarly, the results from the studies conducted with the SWBQ will confirm that it is a reliable and valid instrument to measure the personal, communal, environmental and transcendental dimensions of human functioning, as well as a single global spiritual well-being dimension. Studies using this questionnaire confirm that some aspects of spiritual well-being are associated positively with psychological well-being (Gomez & Fisher, 2003).

According to Motingoe, Gilchrist and Keen (1996) domestic violence creates severe psychological and physical trauma and effects the general well-being of the victims. Measuring general well-being entails the assessment of positive states of functioning and/or the factors contributing to the quality of life (MacDonald & Friedman, 2002), taking the physical, emotional, intellectual, social and spiritual aspects of human experience into account (Egnew, 2005).

General well-being, psychological well-being and spiritual well-being are interpreted in diverse ways; it is unclear from the literature what the exact nature and/or dimensions of psychological and spiritual well-being are (MacDonald & Friedman, 2002; Newman & Pargament, 1990; Wissing & Van Eeden, 2002). In an effort to conceptualise general well-



being, psychological well-being and spiritual well-being, South African and International research studies are discussed in this chapter. The chapter ends with a discussion of the effect of domestic violence on the general well-being of the victims.

## **3.2 DOMESTIC VIOLENCE**

### **3.2.1 Domestic violence: South African research**

#### **3.2.1.1 Studies focusing on domestic violence in South Africa**

As noted earlier, various South African studies have added to the knowledge base of domestic violence. Information about the incidence of abuse, the incidence of different forms of abuse, biographical information of the victims of domestic violence, and the reporting of abuse are provided by these studies.

In their study in the North West Province of South Africa, Oosthuizen and Wissing (2005) found that 62.53% of women in a stratified population-based sample of 387 had experienced domestic violence of various degrees of intensity, and 42.37% of them had experienced domestic violence regularly to very often. The total group experienced emotional abuse most often, while intimidation and isolation were second most common. Physical abuse, financial abuse and victimisation rated the third highest. These findings support those of Jewkes, Penn-Kekana, Levin, Ratsaka and Schrieber (1999, 2001). Jewkes et al. (1999, 2001) reported the level of emotional and financial abuse as 51.4% in the Eastern Cape, 50% in Mpumalanga, and 39.6% in Limpopo. A physical abuse percentage of 26.8% in the Eastern Cape, 28.4% in Mpumalanga and 19.1% in Limpopo was also reported.

Oosthuizen and Wissing (2005) found that the overall prevalence of domestic violence did not differ significantly among the women participants, when age, residential areas, language groups, socio-economic levels and educational levels were taken into account. Domestic violence seemed to be equally prevalent in all socio-economic classes. Other findings in the study by Oosthuizen and Wissing were that separated women experienced the highest frequency of abuse, confirming that leaving a partner does not necessarily stop the abuse, but often creates a more serious and dangerous situation for the victims. Divorced women experienced the second highest levels of abuse, which could be an indication of divorce as a result of domestic violence, or post-divorce violence. Contextual factors, for example alcohol use by the abuser and a lack of support when incidents were reported to the police, played a role in the continuation of domestic violence (Oosthuizen & Wissing, 2005).

In a study by Bollen, Artz, Vetten and Louw (1999), a total of 269 culturally diverse women in Durban, Cape Town and Johannesburg were interviewed to determine the nature, extent and impact of the abuse that they had experienced. The research also included the

nature of the abuse that they considered to be the most serious and damaging, details about the abusers, the impact of the abuse on the victims, participants' experiences of both formal and informal service providers, the extent and nature of participants' fear of crime in general and their suggestions about the kind of policies and changes required to serve their needs appropriately. A stratified random sampling technique was used to select the participants according to race, age and type of abuse, in the following ways: there was an even distribution of race groups: half of the women were between 18 and 30 years old and half of the women were 30 years and older, while two-thirds of the women had experienced domestic violence and one third had experienced non-domestic violence. The researchers defined domestic violence as abuse perpetrated by a family member or someone with whom the victim was cohabitating at that time.

The main findings made by Bollen et al. (1999) were that 90% of the participants had experienced emotional abuse, 90% had experienced physical abuse, 71% had experienced sexual abuse, 58% had experienced economic abuse and 42.5% of participants had experienced all four of these forms of abuse. Most abuse occurred in the confines of a home, on an ongoing basis, and 59% of the participants were abused by a lover, partner or spouse. A percentage (11%) of the worst cases of abuse involved more than one abuser, and were mainly incidents of sexual abuse (83%). Most participants in the study by Bollen et al. had an educational level of Grade 10 to 12 (43.1%) or Grade 7 to 9 (24.7%) and were married (42.8%) or single (28.6%). Most of the abusers were employed (67.5%), male (95.4%) and between the ages of 21 and 40 years old (71%). Of the 182 abusers with whom women were well-acquainted, 69% had abused someone else before. Nearly half of the abusers (46%) acted as if nothing had happened after the incidents of abuse. Most women (90%) believed that the abusers could be treated and 76% of these women suggested therapy, rehabilitation and education, while 19% suggested imprisonment.

Only 25% of the participants in the study done by Bollen et al. (1999) sought help after their worst incidence of abuse. Friends, family and medical personnel were contacted most often, while religious people, lawyers, psychologists and counsellors were contacted to a lesser extent. Police, legal advisors and courts were underutilised, with only 30% of participants contacting the police, 13% seeking legal assistance and 9% approaching the district surgeon. Only seven participants (n=269) reported their worst incidence of abuse resulting in a court case. Almost half of the participants who contacted the police were satisfied with the service received. The main recommendations by participants in this study were better education and training for the police, an extension of the number and variety of

counselling services by social welfare, better training of service providers, co-ordinated service delivery by multidisciplinary teams under one roof, an attitude change and greater gender sensitivity in emergency rooms, in clinics and by district surgeons, extended hours of service delivery by counsellors, more shelters for women and children, community education (focusing on the changing of belief systems), harsher punishment for abusers in the form of longer sentences and no parole, improving the attitudes of court officials towards the survivors of abuse, improved efficiency of the legal system, gender sensitive training and employment and improved protocol for abuse cases (Bollen et al., 1999).

In a descriptive study by Padayachee (1988), investigating wife abuse in the Indian Community in Metropolitan Durban, interview schedules were administered to 175 women, questionnaires were administered to service providers (social workers, medical practitioners and specialists, attorneys and magistrates) and information was extracted from files from various service agencies. Padayachee found that marital violence was more common in families where the wife was younger than the husband, compared to being the same age or older. The mean age for husbands in her study was 35.7 years and for wives 32.5 years. Although husbands from lower and higher status levels abused their wives, abuse was more prevalent among the wives who were more qualified or who occupied higher status positions than their husbands. According to the researcher, this finding reflected the class-dominated, hierarchical and male-dominated type of society of the Indian community. This difference in status led to feelings of inadequacy and a loss of power, culminating in abuse by the husband. A higher or equal earning capacity contributed to the husband's sense of failure and loss of control, with abuse being used as a way to regain control. Religious differences between spouses were likely to lead to stress, conflict and ultimately violence. Linguistic differences between partners were not found to be related to abuse.

The emancipation of Indian women, their belief in an egalitarian marital relationship, their increased individuality, their changing attitudes and roles and the failure of the perpetrators to adapt to these changes, were also found to be factors contributing to wife abuse (Padayachee, 1988). Based on the findings of her study, Padayachee made the following recommendations:

- Shelters for abused women
- Rehabilitation services for abusers
- Standard procedures for the management of domestic violence
- Hot-lines
- Public education programmes

- Media coverage
- Educating and training of professionals
- Education programmes at schools
- Legal aid clinics, counselling and family therapy clinics at tertiary institutions
- Introduction of new legislation
- Research.

Fisher (1999d) compiled a profile of 25 abused women treated at an in-patient psychiatric unit at Lentegour Hospital in Cape Town as result of domestic violence, over a period of one year (January to December 1994). The main findings of the study by Fisher were that most women experienced more than one type of abuse. Physical abuse was the most prevalent (80%) abuse experienced and was often experienced in combination with other forms of abuse, for example verbal abuse (50%) or sexual abuse (40%). Most women (92%) were subjected to two forms of abuse, while 40% experienced three types of abuse. Most women were physically abused by their husbands (68%), boyfriends (8%), ex-boyfriend (4%) or ex-husband (4%). The mean age of the women in this study was 32.8 years. Most women (92%) had children and about half of the sample (52%) was employed. The average number of years of abuse documented in this study was eight, with a minimum one year and a maximum 23 years. The main stressors experienced by women in this study were physical abuse (72%), ongoing abuse (48%), financial problems (48%), husband's substance abuse (44%), husband's infidelity (36%), parent/child related problems (24%), fear of divorce and loneliness (16%) and death of children (16%). Almost half of the women had attempted suicide just prior to admission (44%). The incidence of suicide in abused women is high as women often direct their rage and hatred towards themselves and then try to commit suicide (Herman, 1992). According to Herman (1992) chronic trauma leads to cognitive impairment such as decreased concentration, which contributes to apathy, helplessness and depression. This reinforces social withdrawal, leads to isolation and increases the risk for suicidal behaviour.

In this study by Fisher (1999d), 28% of participants had a court interdict in terms of the Prevention of Family Violence Act 133 of 1993 (South African Law Commission, 1996). According to Fisher (1999d), admittance of these women as a result of continuing abuse was an indication that the interdict did not serve as a deterrent for abusers.

It is clear from the literature that domestic violence transcended cultural, national origin, racial, ethnic, socio-economic, geographical, educational level, age, sexual orientation, marital status, religious and linguistic boundaries (Arnold & Sobieraj, 1999).

### **3.2.1.2 Studies focusing on domestic violence and the impact of Protection Orders in South Africa**

In South Africa, Moulton (2005) interviewed 26 women in Khayelitsha, Cape Town, to determine what mechanisms they used to address domestic violence. He found that the family was the main source of support, followed by the church, street committees, the headman, traditional healers and non-governmental organisations. The court system was the last resort after all the other options had been exhausted. Transport problems, lack of money and lack of time affected whether formal criminal justice structures were used. Almost all of the participants in the study reported that unemployed women would not use the formal criminal system for fear of the breadwinner being arrested (Moulton, 2005). In the study by Moulton many participants reported an unwillingness to contact the police. They cited the police's inability and unwillingness to deal with domestic violence cases satisfactorily, the lack of urgency exhibited by the police (even in cases of physical abuse), police corruption, and the police's unwillingness to serve Protection Orders as the main reasons for not contacting the police.

Whilst no South African studies focusing on the impact of Interim Protection Orders could be found, some studies, focusing on the impact of the Final/Permanent Protection Order were found.

In a study by Mathews and Abrahams (2002) the impact of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) was evaluated by exploring the differences in the number of applications a year before and a year after implementation of the Act, coupled with an analysis of 23 women's experiences six weeks after receiving Protection Orders. Requests for Protection Orders increased by 37.5% in the period of the study. The writers ascribed this increase in applications to a broader scope of the relationships covered by the Act. Most applications were made by women in their mid-30s and late 30s, with the majority of applications made against male intimate partners. They found a slight increase in applications against female partners by men. Psychological abuse was the most common form of abuse noted, with sexual abuse being the least prevalent. The extreme physical and psychological impact of the abuse on themselves and their children were noted in this research. Some of the women in the study by Mathews and Abrahams experienced the Protection Order application process as too time-consuming and the application form as too difficult. Most women in this study had to wait two months for a return date, with this waiting period creating additional stress and a situation of increased risk for further abuse. The waiting period caused a few women to withdraw their applications, while others felt

overwhelmed by the process. In the three domestic violence courts sampled in this study, between 40.3% and 54.5% of applications were finalised (Mathews and Abrahams, 2001).

Mathews and Abrahams (2002) found that many women reported continued psychological and verbal abuse even after Protection Orders had been issued. Few women described a positive change in the abuser's behaviour. A continued sense of vulnerability and heightened anxiety were experienced by many. Based on these findings the writers concluded that a Protection Order in itself is not a sufficient solution for domestic violence, as it does not provide sufficient protection and safety to women and children. Their recommendation was that the health sector should be mobilised to protect women and children and a national policy instituted to guide the process of creating a co-ordinated, comprehensive inter-sectoral strategy against gender-based violence. More extensive research on the application of Protection Orders is also recommended (Mathews & Abrahams, 2002). The findings in this study confirmed the finding by Madonsela (2001) who found that physical abuse stopped after a Final Protection Order was granted, but that emotional abuse continued.

Madonsela (2001) interviewed twenty participants (ten marital couples), between January 2000 and January 2001, in Alexandra Township in Gauteng. In all ten couples, the wife applied for and was granted a Protection Order against her husband. The main finding of this study was that none of the participants had sufficient information and knowledge about Protection Orders prior to their contact with a social worker or the legal system. Most male participants (perpetrators) had a negative attitude towards Protection Orders (n=7), compared to a positive attitude by all female participants (victims) (n=10). Most male participants in this study feared the Protection Order and felt that it contributed to a loss of their power and control (n=8). All participants stated that the Protection Order contributed to a power shift in their marriages (n=20). Although physical abuse in the marriages stopped, emotional abuse continued. Victims were still threatened, intimidated and harassed by the perpetrators. Some male participants stated that unemployment exacerbated their domestic situations and contributed to their wives' applying for a Protection Order. On the basis of this study, Madonsela (2001) concluded that legal remedies alone would not eradicate domestic violence.

In the study by Bollen et al. (1999) conducted in Durban, Cape Town and Johannesburg, some complaints were made with regard to the application process for Protection Orders. Participants complained that the application process for Protection Orders was time consuming, complicated and expensive. Some women were uncertain with regard to the application process. Fifteen of the nineteen women, who had Interim Protection Orders, described the outcome of their cases. For some their cases had not been resolved, as the



abuser was not arrested, tried or charged. Some reported that the charges against the abuser were withdrawn, while others reported that divorce, or the notice of divorce, resolved the situation for them. In four cases the case went to court, but the abuser was tried and convicted in only one case. One woman was imprisoned for murdering the abuser.

Naidoo (2006) conducted a content analysis study of a random sample of 50 case files at the Johannesburg Family Court for the period March to December 2004. Five files were randomly sampled from each of the boxes representing each month of the year. The aims of the study were to determine who the applicants for Protection Orders and the respondents were, the types of conduct/domestic violence complained of in the applications, the appearances of the parties in the courts, the duration of the process and the type of relief granted by the court. The main findings of the study by Naidoo were as follows:

- The parties

Women were applicants in 70% (n=35) of the cases and were involved with the abuser in a variety of different domestic relationships, for example wives, girlfriends, partners, mothers and sisters. Men were applicants in 30% of the cases and were husbands, male partners in a cohabiting relationship, boyfriends in dating relationships or blood relatives of the abuser, for example grandfather, grandson, father and brother. This finding supported the finding of Parenzee, Artz and Moulton (2001) that more men were starting to apply for protection orders. The finding by Parenzee et al. (2001) that men often obtained protection orders as a counter measure was not confirmed by Naidoo (2006).

- Conduct

Male abusers were most likely to use physical violence, for example assault and forcing a female to have sex. Female abusers were most likely to resort to verbal abuse (swearing and insulting), denying the male access to the shared home and destroying personal belongings (Naidoo, 2006).

- Appearance of the parties at the court

In 30% of the cases (n=15) both parties appeared in court, while in 12% of the cases (n=6) only one party appeared. In 54% of the cases (n=27) both parties were in default. Although no indication was given for reasons for the default, 6% (n=3) discontinued the process by mutual consent (Naidoo, 2006). Almost half (48%) of the women who applied for Interim Protection Orders, defaulted (n=24). Naidoo (2006) ascribed the default to possible intimidation of the applicant, the Interim Protection Order not being properly served, the Interim Protection Order not being served, or loss of interest in the long process with no immediate relief in sight.



- Duration of the process

The process lasted from two weeks to six months (Naidoo, 2006) and thus failed to meet the ten day requirement between the issuing of an Interim Protection Order and the Final Protection Order, as stipulated in the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). Reasons given for the delay were the excessive case load and limited infrastructure at the Johannesburg Family Court (Naidoo, 2006).

- Nature of the Final Protection Order

The Final Protection Order was granted in only 8% of the sample (n=4), with three of these Final Protection Orders granted to male applicants (a husband, an elderly father and a grandfather) (Naidoo, 2006). Based on the findings in his study, Naidoo made the following recommendations:

- Training of Family Court Personnel, for example to record domestic case files more systematically, to assist applicants with writing statements and to complete forms in a more coherent manner.
- Training on how to serve the Interim Protection Order on the respondent.
- Public education.
- Criminal sanction for default of the perpetrator.
- Establishment of a specialised court for domestic violence.

Results from these studies, focusing on the efficiency of the application process for Protection Orders and the effectiveness of Protection Orders, as measured by the cessation of abuse, are varied and inconsistent. This is in line with international studies (Gist et al., 2001; McFarlane et al., 2004).

### **3.2.2 Studies focusing on the cyclical nature of abuse**

Abuse is a continuous interactional process that takes place over time (Barkhuizen & Pretorius, 2005; Landenburger, 1998; Riggs, Caulfield & Street, 2000; Singh, 2003) and follows a set, predictable pattern (Carnes, 1997; Collins, 2000). According to Mills (1996) domestic violence is very confusing for women and the abrupt removal of the abuser may be even more confusing. It is in this confusing period that women attempt over and over to leave their abusers, or decide to stay and endure the abuse forever. The deep uncertainty abused women experience and the lack of emotional clarity, perpetuates the cycle of abuse.

In a study by Van der Hoven (1989) it was found that, during the post-traumatic adaptation phase, victims often blame themselves for the abuse. When they try to change their behaviour and the abuse continues, external factors, for example alcohol is blamed for the abuse. In this study, 84% of victims were immobilised to act due to helplessness, 56% still

had feelings for the abuser, 52% were hoping that the abuser would change, and 40% stayed with the abuser because of the children.

Padayachee (1988), investigating wife abuse in the Indian Community in Metropolitan Durban, found that, although the majority of women in her study disapproved of any form of violence, a small percentage found some forms of violence, for example an occasional slap or push, as being normal. The researcher argued that this could be the result of early exposure to violence as children and concluded that a view of abuse as normal, a poor self-concept, vulnerability and manipulation could contribute to women staying in abusive relationships (Padayachee, 1988). She found that, not only is there a pattern of violence in abusive relationships, but that violence is learned and passed from generation to generation. A common feature among the abusers in her study was that they came from unstable home backgrounds, with family violence occurring more frequently in their families, compared to the families of the victims. There was also a strong association between exposure to violence, either as an observer or as a victim, during the childhood of the abuser, and violent behaviour as an adult. Her study did not explain why abused women from stable home backgrounds remained in abusive relationships as long as they did (Padayachee, 1988).

Nordien, Alpaslan and Pretorius (2003), who investigated six Muslim women's experiences of domestic violence in Port Elizabeth, found that the women employed the following coping mechanisms to enable them to stay in abusive relationships:

- Faith in God and prayer
- Keeping busy
- Relationship with the children
- Internal strength
- Retaliation

The participants in the Nordien et al. study employed the following coping mechanisms to leave their abusive relationships:

- Faith in God
- Financial independence
- Knowing their rights and being empowered
- Therapy or counselling

According to Humphreys and Thiara (2003), even when the victim leaves the abuser, the cycle of abuse often continues. In a study conducted with 161 separated women, it was found that 76% experienced further abuse and harassment from their former partners. Post-separation violence is part of a continuum of abuse and violence and is an on-going part of the

abuser's efforts to continue his control over the victim and the children (Humphreys & Thiara, 2003).

### **3.2.3 Domestic violence: International research**

#### **3.2.3.1 Domestic violence: South African Development Community (SADC)**

The “Addendum on the Eradication of All Forms of Violence Against Women and Children” was accepted and signed by the Heads of State of the Southern African Development Community (SADC), namely Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, after a conference in Durban in 1998. It was supposed to be reviewed every second year, with the review focussing on the passing of laws, the provision of services for the survivors of gender violence and education and awareness campaigns by the member countries (Moolman, 2006). As the previous review took place in Lesotho in November 2000, the Gender and Media Southern Africa (GEMSA) Network, conducted a survey of the twelve countries in December 2004, as a civil society initiative to hold the governments accountable to their pledges.

Some of the main findings of the survey conducted by GEMSA, were that although gender violence was firmly on political agendas and all the Southern African countries had ratified the “United Nations Convention for the Elimination of All Forms of Discrimination Against Women” (CEDAW), only Namibia had ratified the “African Union (AU) Protocol on Women’s Rights” (Moolman, 2006). Only four countries, namely Mauritius, Namibia, Seychelles and South Africa, had passed specific Domestic Violence Acts. These Acts included more comprehensive definitions of the types of domestic violence and made provision for the application for Protection Orders. Three countries, namely Botswana, Malawi and Zimbabwe, had domestic violence legislation pending. In the remaining five countries, namely Lesotho, Mozambique, Swaziland, Tanzania and Zambia, no steps had been taken to introduce specific domestic violence legislation. In most of these countries domestic violence was still classified as common assault.

Some of the other findings of the survey conducted by GEMSA were that in seven countries specialised facilities had been introduced at police stations and/or domestic violence courts. Mauritius, Mozambique, Swaziland, South Africa, Zambia and Zimbabwe had victim support units in separate rooms at police stations, while Seychelles had a “Family Tribunal” who heard all cases related to gender violence. “Victim friendly courts” were in the process of being set up in Zimbabwe, while South Africa was in the process of setting up special sexual offences courts (Moolman, 2006).

Only one country, namely Mauritius, reported having adequate places of safety, partly funded by government, for the survivors of gender violence. Lesotho, Swaziland and Tanzania reported having no places of safety, except for police stations, while the other eight countries, namely Botswana, Malawi, Mozambique, Namibia, Seychelles, South Africa, Zambia and Zimbabwe, indicated that all their places of safety were run by non-governmental organisations (NGO's) under financial pressure (Moolman, 2006).

Limited government funds were spent on public education and awareness with regard to gender violence in all of the countries. Most work in this area was done by NGOs which had led to considerable improvement in the media coverage of gender violence (Moolman, 2006). Inadequate resource allocation, relative to the provisions in the new laws, were found in all of the countries surveyed (Moolman, 2006).

### **3.2.3.2 International studies focusing on the impact of Protection Orders**

Although the expectation is that Protection Orders will significantly reduce domestic violence, there is little empirical evidence that it has such an impact (Buzawa & Buzawa, 2003). Little research has been done on the effectiveness of Protection Orders and the results are inconsistent (Gist et al., 2001; McFarlane et al., 2004). Meloy, Cowett, Parker, Hofland and Friedland (1997) searched the published literature for the period 1981-1996 and found eleven studies that attempted to measure the effectiveness of Protection Orders. Using interviews and surveys, participants were requested to report on their perceptions with regard to the effectiveness of Protection Orders. Six studies concluded that Protection Orders were effective, whilst four studies had mixed results. In one study, Protection Orders were found not to be effective at all. McFarlane et al. (2004) evaluated eight recent longitudinal studies. In six of these studies, the participants reported that the Protection Order helped to end or reduce the abuse, while the other two studies reported high re-assault rates after filing for Protection Orders. Searching through literature in the present study produced the same varied results on the impact of the Protection Order on the victims of domestic violence.

In a study by the Urban Institute, conducted by Harrell, Smith and Newmark (1993), the varying effectiveness of Protection Orders was demonstrated. Researchers interviewed 779 victims and abusers in Denver and Boulder, Colorado, to measure the impact of Protection Orders issued in 1991. According to this study by Harrell et al., most abusers tried to “work things out” or “talk their way out of the order”, but only 4% contested its terms. According to both victims and abusers, 85% of the abusers obeyed all of the conditions of the Protection Orders. Compliance was at best the cessation of physical abuse, but economic abuse, stalking, and entering the residence without permission started or continued. Despite Protection Orders

to the contrary, 88% of participants with Permanent Protection Orders and 81% with Interim Protection Orders, reported no economic support from the abuser. Although no-contact orders were issued, 75% of abusers continued to contact the victim. Recurrent abuse was more likely if the abuser contested the terms of the Protection Order, attempted to obtain child custody or attempted to remain in the house (Harrell et al., 1993).

Other findings in this study by Harrell et al. (1993) were that only 60% of victims who had applied for Interim Protection Orders sought a Permanent Protection Order. The low return rate could be the result of victims achieving all they required through the IPO, fear of retaliation by the abuser or due to difficulties experienced in courts on the application day (for example, restrictive court hours or other judicial impediments to action). Due to fear of revenge by the abuser, the belief that the Protection Order would not help and the belief that it would worsen the problem, most female participants (68%) were hesitant to return to court if the abuser violated the Protection Order, because they felt that “it wouldn’t help” (58%) or that it would “worsen the problem” (57%). Buzawa and Buzawa (2003) contend that the severity and frequency of the abuse might be so terrifying to victims that they might not return for Permanent Protection Orders. Post-traumatic stress disorder, victims acting in a forgetful, confused or indecisive way (McGregor & Hopkins, 1991), the unwillingness to discuss the details of the abuse in front of an audience, a time-consuming application process, embarrassment, an overall fear of appearing in front of the unknown and intimidating judges and court personnel may also contribute to the attrition (Buzuwa & Buzuwa, 2003).

Ptacek (1999) conducted interviews with 40 women who applied for Protection Orders in a north-eastern state in the United States of America and found that 85% (n=34) received Protection Orders. Most women (86%) reported that the Protection Orders either stopped or reduced the abuse. Violations of the Protection Orders occurred in 62% of the cases (n=21), but were mainly in the form of threats. Only 9% (n=3) reported further physical abuse.

Gist et al. (2001) conducted a longitudinal study comparing two groups of female victims of domestic violence. The first group was a sample of 90 women who applied for Protection Orders at a district attorney’s office which specialises in family violence. The second group was a sample of 90 women who sought to file assault charges at a specialised family violence unit of a large urban police department in the United States of America. Both departments provided free services, counselling and community referral information to victims of domestic violence. Women who were English speaking and 18 years and older were included in the study. Eleven women refused to participate, mainly due to time constraints or discomfort from injury.

A demographic profile and three interview schedules were administered, namely The Severity of Violence against Women Scale (SVAWS), Stalking Victimization Survey (SVS) and the Danger Assessment Scale (DAS). In the first interview women had to report on the previous three months of abuse, with telephonic follow-ups three, six and twelfth months after the initial interview for participants who had applied for Protection Orders, and follow-ups 3, 6 and 24 months after the initial interview for women who had laid assault charges. The main findings of this study were that both groups of women reported lower levels of intimate partner violence for up to two years after contacting the justice system (Gist et al., 2001). Both the women who applied for Protection Orders and the women who laid assault charges reported significantly lower mean violence scores at 3, 6, 12 and 24 months after the initial interviews. In the case of women who filed assault charges, the justice system outcome did not affect the levels of violence afterwards. Women who applied for Protection Orders, but did not receive one, reported significantly more threats of abuse and physical abuse at 6 months compared to women who received Protection Orders. Not receiving a Protection Order was mainly due to procedural delays at the agency, lack of a cohabiting relationship with the abuser or inability to locate the abuser to serve the Protection Order (Gist et al., 2001).

A study conducted by McFarlane et al. (2004) from January 2001 to June 2002, at a special family violence unit at the district attorney's office in Houston, Texas, confirmed the findings of Gist et al. (2001). The main aim of McFarlane et al.'s (2004) study was to compare the types and frequencies of intimate partner violence experienced by women before and after receipt of a two-year Protection Order. The participants were 149 urban English- and Spanish speaking Black, Hispanic and White women. A demographic data form, the Severity of Violence Against Women Scales (SVAWS), the Stalking Victimization Survey (SVS), ten items from the HARASS Scale, the Danger Assessment Scale (DAS) and eight questions about worksite harassment, was used in this study and were available in English and Spanish. Women were followed up telephonically 3, 6, 12 and 18 months after the original interview and were reimbursed for each interview.

The main findings of this study by McFarlane et al. (2004) were that forty women dropped their Protection Orders before the court date. The main reasons were that they returned to a relationship with the abuser, the hassle of the application process for a Protection Order, the long period between the application date and the Final Protection Order date, loss of income if not at work and work absences. Most women dropped the Protection Order within two weeks of application. Eighteen women were not granted a Protection Order,



because the abuser could not be found, eleven women's cases were dismissed, six women's cases were dismissed because of incomplete application forms, seven cases were dismissed by the judge (two because the Protection Order was contested by the abuser and five because the applicant did not show up on the return date) and one woman committed suicide. McFarlane et al. (2004) found a significant reduction in threats of assault, physical assault, stalking and worksite harassment over an eighteen month period, regardless of whether or not a Protection Order was granted. This confirmed the finding by Gist et al. (2001) that lower levels of violence was experienced by women seeking assistance from the justice system, irrespective of the justice system outcome.

Taylor (1995) surveyed 250 victims of domestic violence in New York City who had called 911 for help and found that the most common service sought (58.5%) was help with securing a Protection Order. According to Gist et al. (2001) and McFarlane et al. (2004), contacting the judicial system plays a huge role in empowering women. Abusers realise that the silence is broken and that official agencies now know about the abuse. Privatisation of domestic violence contributes to its continuation (McFarlane et al., 2004). With information being shared and the abuse becoming public knowledge, further abuse could be prevented. A fear of going to jail or losing prestige in the community could also deter abusers from further violence. Most of the abusers (93%) believe that police intervention would follow non-compliance (Harrell et al., 1993) and thus police and the official reaction to Protection Orders might affect future abuse (Buzuma & Buzuma, 2003).

In a study by Humphreys and Thiara (2003), commissioned by the Women's Aid Federation in England and carried out in 2000/2001, post-separation violence was researched. More than three quarters (76%) of the 161 women who completed questionnaires, suffered further abuse and harassment after ending a relationship with an abusive person. For many, the abuse ceased after between 6 and 12 months of separation. The participants in this study had all been subjected to severe physical, psychological and emotional abuse within their relationships. They left the relationship because they feared for their emotional well-being (69%), the abuse was becoming worse (66%), they feared being killed (60%), they feared for their mental health (60%), they could see the impact of the abuse on the children (54%), they feared for their children's lives (25%) or they feared that they would kill the abuser (25%) (Humphreys & Thiara, 2003).

In this study by Humphreys and Thiara (2003), the women who laid criminal charges, reported feeling more endangered than protected by the prosecution process. Of the women who used Protection Orders (32%), about one-third (36%) found them to be very helpful and



reported that the abuse stopped. A further 39% reported that it was of some help and that, even when the orders were breached, there was less abuse and they felt more protected. Most participants (73%) said that they would apply for an order if they needed one in future, whilst 60% said that they would have preferred a third party to have taken out the application on their behalf. This would release them of the dangers and the responsibilities of invoking legal proceedings (Humphreys & Thiara, 2003). Burton (2003) examined the views of service providers to determine whether third party applications for Protection Orders in England and Wales should be brought into force. After conducting 60 interviews in Leicestershire and Manchester with representatives from legal professions, social workers, housing officers, health visitors and others, she concluded that there are advantages and dangers to third party applications for Protection Orders. She suggested a pilot run and further research before full implementation (Burton, 2003).

In the study by Humphreys and Thiara (2003) over a third of participants (36%) found that abuse was continuing in spite of reporting breaches of the terms of the Protection Orders. Participants found the police and courts unhelpful and felt disillusioned and exposed. Poor law enforcement, the ineffectiveness of Protection Orders and inadequate prosecution and sanctions left some participants and their children vulnerable to further abuse. Some participants were unable to obtain Protection Orders as they found them too expensive, they lacked knowledge of the orders, they feared that the abuse might get worse if they started legal proceedings, or their immigration status precluded them from access (Humphreys & Thiara, 2003). Child contact arrangements often created an opportunity for post-separation violence. Only four of the 49 participants with children, who were interviewed, had no problems with post-separation violence (Humphreys & Thiara, 2003).

In a study by Cavanagh, Connelly and Scoular (2003) in Scotland, an evaluation of the impact of the Protection from Abuse Act of 2001 (Scotland) was done. It was found that women were the pre-eminent users of the Protection from Abuse Act (PFA Act) of 2001. The time after separating from a partner was found to be a dangerous and potentially lethal time for women. There was a tendency for some professionals to place the responsibility for both the occurrence and the prevention of domestic violence with women and thereby minimising the responsibility and culpability of perpetrators. The PFA appeared to be successful in increasing access to powers of arrest. Cavanagh et al. found that many Protection Orders did not progress beyond the interim stage. Choice, cost of pursuing actions, intimidation by abusers, or negotiation in the context of divorce actions were given as possible reasons. Difficulties in securing powers of arrest, inconsistent judicial powers and difficulties in

securing legal aid were identified as problem areas. Eighteen (33%) respondents to a postal questionnaire reported that they found it difficult to pay the financial contribution required by the Scottish Legal Aid Board. Over half of the women reported that police were taking domestic violence more seriously, but only 36% felt that the courts took domestic violence seriously. Over 60% expressed the view that it continued to be difficult to secure legal protection from domestic violence and 94% felt that more legal assistance for victims was needed (Cavanagh et al., 2003).

In 1992, in Massachusetts in the United States of America, more than 6 000 people were arrested for violating Protection Orders. In this state violation of a Protection Order is a misdemeanour punishable by imprisonment for up to 30 months. In other states, violation is punishable by contempt of court, which allows for more severe punishment (Buzuma & Buzuma, 2003). Grau, Fagan and Wexler (1985) found that hard-core offenders were not deterred by Protection Orders, but that perpetrators who were less addicted to abusive lifestyles, who had less serious prior histories of family violence and who were less violent in their abuse, showed a decline in future acts of domestic violence. Keilitz, Hannaford and Efke (1997) found that prior criminal history of the perpetrator was strongly correlated to future violence and the severity of subsequent violence. Harrell and Smith (1996) confirmed this by finding that prior offenders were likely to reoffend.

In a study sponsored by the National Centre for State Courts in the United States of America, Keilitz et al. (1997) conducted a study with 554 female applicants for Protection Orders. One month after receiving Protection Orders, 285 participants (51%) could be recontacted and 72% reported no continuing problems. At six months 177 (32%) participants could be recontacted and 65% reported no continuing problems. They found that both the participants interviewed 1 and 6 months after obtaining Protection Orders, reported increased general well-being over time. There were low incidences of re-abuse and overall satisfaction with Protection Orders. In contrast with this study, Harrell and Smith (1996) found a re-abuse rate of 60% in their follow up of 50% of their original 355 female participants.

A possible reason for the difference in reported effectiveness of the Protection Order might lay in the way effectiveness is measured (Buzuma & Buzuma, 2003). If effectiveness is measured in the cessation of further domestic violence, little positive impact is shown by the studies. It seems that the true value of Protection Orders lay in the way victims were empowered or felt protected by the legal measures (Buzuma & Buzuma, 2003). By making the abuse public, women regained some measure of control in their lives. The Protection

Order served as an announcement of power and empowerment, while the legal system approved and reinforced their decision to leave the abuser (Fischer & Rose, 1995).

In most of these studies low response rates, short follow-up periods, small samples and lack of comparison groups do not allow generalisations to be made (Gist et al., 2001; McFarlane et al., 2004). Self-reports might have led to underreporting as a result of a lack of voluntary disclosure or inadequate recall (McFarlane et al., 2004).

### **3.2.3.3 Studies focusing on the Abuse Disability Questionnaire (ADQ)**

The Abuse Disability Questionnaire (ADQ) (McNamara, 1999) is one of the standardised questionnaires used in the present study. In a study by McNamara and Brooker (2000), the ADQ was administered to a convenience sample of women in domestic violence shelters, and a convenience sample of women, from the community, who were members of the Chamber of Commerce in Ohio. Participants in the community sample reported far less exposure to abuse and disability than those in the shelter sample. Results from this study indicated that the ADQ was a reliable and valid means of measuring the negative consequences of domestic violence. Factor analysis indicated that the ADQ contained eight factors, suggesting that domestic violence is multidimensional in its effects (McNamara & Brooker, 2000).

In a study by McNamara and Fields (2000a) 50 outpatients at a community mental health centre completed the ADQ. Their scores were compared to the scores of the samples in the McNamara and Brooker (2000) study cited in the previous paragraph. Significant correlations were found between Total Impairment and Total abuse exposure in the two studies, supporting the construct validity of the questionnaire. This study found that prior experience of abuse leads to negative psychological consequences.

In a study by McNamara and Fields (2000b) the scores of 80 outpatients and 68 residents at a domestic violence shelter in Ohio, who completed the ADQ, were compared. The residents experienced higher general disability than outpatients, and significantly higher scores for relationship disability and concern with physical harm. This finding supported the validity of the questionnaire (McNamara & Fields, 2000b).

A study by McNamara and Fields (2001) replicated the validity findings of the previous studies. A relationship between prior exposure to abuse and adult dysfunction was found. Total ADQ scores were negatively correlated with self-esteem scores from the Rosenberg Self-Esteem Scale, indicating that, as perceived impairment or abuse disability increases, self-esteem decreases. Social desirability and total abuse shared a negative relationship, indicating that the amount of abuse reported may be influenced by perceived social desirability. This

might lead to the reports of abuse being higher and the levels of impairment being lower, in the presence of lower levels of social desirability (McNamara & Fields, 2001).

In a study by Fields, Champion and McNamara (2001) a sample of 359 adult women from two domestic violence shelters in Ohio completed the ADQ. Women with a high school or higher educational level reported lower levels of perceived abuse impairment. The researchers speculated that the higher the educational level, the healthier the perception of intimate relationships and thus the less the perceived impairment from abuse. They also speculated that, in the event of partner abuse, education possibly serves as a buffer against disabling self-perception.

Further findings in this study by Fields et al. (2001) were that the higher the intensity of physical and psychological abuse, the higher the perceived impairment. Sexual abuse was found to be a less salient predictor of perceived impairment, which means that, while sexual abuse may lead to pathology for the individual, it does not necessarily lead to a disabling self-perception, or a disabling perception of the world. It was also found that multiple types of abuse (physical, psychological and sexual) lead to more perceived abuse impairment. This finding is in line with studies by Follette, Polusny, Bechtle and Naugle (1996) and Gold, Milan, Mayall and Johnson (1994) which found that multiple traumas lead to more severe psychological impairment.

One study was found where the ADQ was used in Africa. Nangolo and Peltzer (2003) conducted a study with the aim of exploring the experiences of women who had been victims of domestic violence, the consequences for their mental health and their attempts to deal with the abuse. A semi-structured interview was conducted, using the ADQ questions on sociodemographic aspects, basic partner/violence characteristics (for example, how long the women had been living with her partner, how the abuse was experienced and the type of help-seeking behaviour). Although the ADQ consists of 30 items, only 24 items with a clear factor structure were used in this study, namely relationship disability (8 items), life restrictions (5 items), psychological dysfunction (5 items), and substance abuse (3 items). Another way in which the ADQ was adapted for this study is that the 5-point Likert scale, indicating the extent of agreement with each item/statement, was changed to record a simple “yes” and “no” format. Items were translated from English to Oshiwambo. The sample in this study consisted of a non-probability convenience sample of 60 women who reported domestic violence at the Woman and Protection Units in Oshakati and Eenhana in Namibia. The average age of the women was 38.1 years, with the youngest being 19 years old and the oldest being 65. Most of

the women (61.6%) were married, 25% were living with a partner, 10% were separated and 3.3% were divorced.

Women in this study experienced an average of two to three types of abuse at the same time. Most participants reported that they experienced financial abuse (81.7%), emotional abuse (60%), physical abuse (53.3%) and sexual abuse (26.6%). According to Nangolo and Peltzer (2003), three-quarters of the participants reported various forms of relationship disability and psychological dysfunction, half reported life restriction and a negative impact on their health status, while a few abused substances. As all the items in the ADQ and the formula to determine the total abuse exposure and total impairment were not used in this study, comparisons to the present and other studies could not be made.

### **3.3 GENERAL WELL-BEING**

#### **3.3.1 Introduction**

With a growing appreciation of the holism of human functioning, there has been an increased focus on healing as a necessary element for general well-being (Egnew, 2005). According to MacDonald and Friedman (2002) measuring general well-being entails the assessment of positive states of functioning and/or the factors contributing to the quality of life. Egnew (2005) conducted a qualitative inquiry of in-depth, open-ended, semi-structured interviews with Drs Eric J. Cassell, Carl A. Hammerschlag, Thomas S. Inui, Elisabeth Kübler-Ross, Cicely Saunders, Bernard S. Siegel and G. Gayle Stephens to determine a definition of healing that operationalised its mechanisms.

After conducting the interviews with above influential theorists and subjecting these interviews to grounded theory content analysis, Egnew (2005) concluded that healing is “an intensely personal, subjective experience involving a reconciliation of the meaning an individual ascribes to distressing events with his or her perception of wholeness as a person” (p. 255) Healing is thus the personal experience of the transcendence of suffering (Egnew, 2005) and is the process of bringing together all the aspects of the self, body-mind-spirit, at deeper levels of inner knowing, leading towards integration and balance, with each aspect having equal importance and value (Dossey, Keegan & Guzzetta, 2005). According to Eric Cassell, wholeness requires a relationship with yourself, your body, your culture and significant others. Hammerschlag takes the view that harmony between mind, body and spirit requires a balance in what you know, say and feel. He views spirituality as an important aspect of healing. Other findings of this study are that suffering is transcended when invested with meaning congruent with a new sense of personal wholeness, and that wholeness of personhood is facilitated through personal relationships that are marked by continuity

(Egnew, 2005). Egnew (2005) concludes that developing a sense of personal wholeness involved the physical, emotional, intellectual, social and spiritual aspects of human experience. An appreciation for the important role of psychological and spiritual well-being in healing and general well-being is also evident in this study by Egnew (2005).

In the literature, the conceptualisation of psychological well-being is diverse, as it is still unclear what the nature and/or dimensions of psychological well-being are (Wissing & Van Eeden, 2002). In the past, the concept “mental health” was used to describe the absence or the degree of psychopathology of a person (Brooks & McKinlay, 1992). In the last couple of years a paradigm shift to psychological well-being instead of psychopathology has occurred (Strümpfer, 1990). Some of the main constructs used in literature to conceptualise psychological well-being are:

- Affect balance (Wissing & Van Eeden, 2002)
- Comprehensibility (Wissing & Van Eeden, 2002)
- Constructive thinking (Brown, 2002)
- Coping (Amirkhan, 1990; Zeidner & Endler, 1996)
- Dispositional optimism (Peterson, 2000; Scheier & Carver, 1987)
- Emotional intelligence (Bar-on, 2005; Donaldson-Feilder & Bond, 2004)
- Fortitude (Pretorius, 1998)
- Hardiness (Strümpfer, 1990)
- Internal locus of control (Strümpfer, 1990)
- Hope (Snyder, 2000)
- Manageability (Wissing & Van Eeden, 2002)
- Meaningfulness (Wissing & Van Eeden, 2002)
- Potency (Strümpfer, 1990)
- Resilience (Barnard, 1994)
- Resourcefulness (Rosenbaum, 1990)
- Satisfaction with life (Wissing & Van Eeden, 2002)
- Self-actualisation (Maslow, 1950)
- Self-efficacy (Bandura, 1973, 1977)
- Sense of coherence (Antonovsky, 1987, 1993; Strümpfer, 1990; Van Eeden, 1996)
- Social support (Jackson & Jeffers, 1989).

It has not yet been empirically determined to what extent the constructs refer to the same or different aspects of psychological well-being (Wissing & Van Eeden, 2002).



### **3.3.2 South African studies focusing on psychological well-being**

Wissing and Van Eeden (2002) called the new paradigm in psychology, which focuses on health, strengths and psychological well-being, salutogenesis and fortigenesis. Salutogenesis focuses on the origins of psychological health (Antonovsky, 1979) and fortigenesis focuses on the origins of strength (Strümpfer, 1990). This new paradigm is grounded in positive psychology (Sheldon & King, 2001) and includes many behavioural constructs, for example self-actualisation, a sense of coherence, self-efficacy, hardiness, potency, learned resourcefulness, internal locus of control, coping, well-being, creativity, resilience, emotional intelligence, engagement, happiness, flow, humour, positive affect, courage, gratitude, faith and optimism (Cilliers & Kossuth, 2004). Some studies focusing on the salutogenic constructs and their role in psychological well-being will now be discussed.

In an effort towards achieving greater empirical clarification of the nature of psychological well-being, Wissing and Van Eeden (2002) conducted a factor analytical study by using scales based on several models and constructs from diverse theoretical traditions about psychological well-being. The main aims of the study were to investigate the nature of psychological well-being from a fortigenic perspective and to evaluate the nature of psychological well-being in different age, gender and cultural groups. The availability sample consisted of 550 participants from different cultural groups, from two university campuses, several organisations and residencies for the aged in the Vaal Triangle, a microcosm in South Africa. Male (n=244) and female (n=306) participants with a Grade 12 educational level, and who were Black (n=258) and White (n=292) were included in the study. The sample comprised young (18 to 35 years, n=367), middle (36 to 64 years, n=149), and older (65+ years, n=34) participants.

After abstracting attributes and dimensions of psychological well-being from theories and models of psychological well-being, as well as from literature on empirical findings, Wissing and Van Eeden (2002) chose various measuring instruments in an effort to operationalise the categories and constructs of psychological well-being. The measuring instruments used in this study were Kammann and Flett's Affectometer 2 (AFM), Diener, Emmons, Larson and Griffen's Satisfaction with Life Scale (SWL), Antonovsky's Sense of Coherence Scale (SOC), Jackson and Jeffers's Attitudes about Reality Scale (AAR), Amirkham's Coping Strategy Indicator (CSI), Tipton and Worthington's Generalised Self-efficacy Scale (GSE), Procidano and Heller's Perceived Social Support Scale (PSSS) of, Shostrom's Personal Orientation Inventory (POI), Ellsworth's Profile of Adaptation to Life – Holistic (PAL) and Goldberg and Hillier's General Health Questionnaire (GHQ). The validity



of the scales was determined as being sufficient. A preliminary evaluation of the applicability of all the scales to the South African context were done in a pilot group (n=35) and satisfactory results were obtained. Questionnaires were available in Afrikaans and English.

The main findings in this study by Wissing and Van Eeden (2002) were that psychological well-being was multidimensional with regard to the facets of the self (cognition, affect, behaviour), as well as the domains of life in which these facets manifested themselves (the intrapersonal, interpersonal, social and contextual domains, as well as in work, behaviour, love and recreation). As multidimensionality was found within and across factors, the findings of the study support more holistic models of psychological well-being, especially models based on the systems perspective. Significant differences were found between the scores of subgroups with regard to psychological well-being. According to Wissing and Van Eeden (2002) this could have been an indication that moderator variables such as age, gender and cultural/ethnic context influence the manifestation of psychological well-being. This study revealed three strong indicators of general psychological well-being, namely a sense of coherence, satisfaction with life and affect balance.

According to Wissing and Van Eeden (2002), the main limitation of their study was that, out of all the available measuring instruments, focusing on the important aspects of psychological well-being, only a few could be used in their study. The researchers recommended further research on other psychological well-being constructs, for example, optimism, hope, constructive thinking and emotional intelligence, to contribute to the formulation of a clear description of psychological well-being.

Antonovsky (1979) defined a sense of coherence as “a generalised, long-lasting way of seeing the world and one’s life in it” (p. 124). According to Antonovsky (1993) a sense of coherence has perceptual, cognitive and affective components and it expresses the extent to which an individual has a pervasive, enduring, and dynamic feeling of confidence. Van Eeden (1996) assessed the validity of the sense of coherence construct in a study conducted with 550 male and female participants in the Vaal Triangle in South Africa. A convenience sample of white and black participants, 18 years and older, were included in the study. It was found that the construct, “sense of coherence”, had acceptable levels of convergent and discriminant validity, that it was universally applicable and that it was valid across cultural, gender and age differences. This finding supported Antonovsky’s (1993) view. Van Eeden (1996) found that there was a positive relationship between psychological well-being constructs, for example, self-actualisation, holistic adaptation, positive affect, life-satisfaction, affect balance, social

support, coping and problem-solving abilities. A negative relationship was found between psychological symptomatology and pathology and a sense of coherence.

A study by Cilliers and Coetzee (2003) aimed at ascertaining a relationship between three of the psychological well-being constructs, namely a sense of coherence, self actualisation and learned resourcefulness. A convenience sample of 200 participants was drawn from 403 middle level managers in a semi-governmental organisation, with branches all over South Africa. Male (97%, n=195) and female (3%, n=5) participants were included in the study. Participants were 21 to 30 years old (2%, n=4), 31 to 40 years old (35%, n=69), 41 to 50 years old (37%, n=75) and 51 to 60 years old (26%, n=52). They had an educational level of up to grade 12 (21.5%, n=43), a diploma (37%, n=74), a degree (21.5%, n=43) or an advanced degree (20%, n=40) (Cilliers & Coetzee, 2003).

The measuring instruments used in this study by Cilliers and Coetzee (2003) were Antonovsky's Orientation of Life Questionnaire, Rosenbaum's Self-control Schedule, and Knapp's Personal Orientation Inventory (POI). The main findings of this study were that sense of coherence, self actualisation and learned resourcefulness all contribute to psychological well-being. Self-actualisation was seen as the stronger of the three constructs, indicating that the affective component acts as an important moderator in the coping abilities of individuals. Cilliers and Coetzee (2003) describe coping by an individual as the individual's ability to see the environment as understandable, manageable and meaningful. They describe comprehensibility as a dynamic feeling of confidence in the experience that stimuli are structured, predictable and explicable; manageability as a feeling of confidence that resources are available to meet life's demands; and meaningfulness as a feeling and experience of these demands as challenges worthy of investment and engagement. According to Cilliers and Coetzee (2003), coping requires that the individual possess certain intrapersonal and interpersonal characteristics. Realistic orientation towards the present, the ability to act autonomously, the ability to seek support from others in a balanced manner and the ability to live according to self-actualising values are important characteristics of coping. The ability to be spontaneous with regard to own emotions and self-worth, and the skill to self-regulate internal thoughts and feelings are also important intrapersonal characteristics, while the capacity to form meaningful relationships with others is an important interpersonal characteristic making coping possible.

Cilliers and Coetzee (2003) found cognitive behaviour (referring to the individual's ability to cognitively make sense of his/her environment, view stressors as manageable and meaningful and regulate internal responses that might interfere with smooth functioning) as

important supportive factors in coping. These findings by Cilliers and Coetzee (2003) confirmed the findings by Brown (2002) that constructive thinking, cognitive flexibility, hope, optimism, automatic positive thoughts and self-efficacy were aspects of the cognitive component of psychological well-being. Both these studies confirmed the finding by Wissing and Van Eeden (2002) that psychological well-being is multidimensional with regard to the facets of the self. A limitation of the study by Cilliers and Coetzee (2003) is that the factor structure obtained in this study could not be used to explain the underlying variables of self-actualisation, sense of coherence and learned resourcefulness in their population. They conclude that sense of coherence and learned resourcefulness are two different constructs within the salutogenic profile, but suggest further research and confirmation with different sample groups.

Cilliers and Kossuth (2004) conducted a survey in the South African coal mining industry with a representative sample of 245 employees to determine whether there was a relationship between the salutogenic constructs sense of coherence, self-efficacy and internal locus of control. The sample consisted of 13 (5%) mine managers, 39 (16%) senior supervisors and 193 (79%) artisans, miners, foremen and supervisors. Antonovsky's Sense of Coherence Scale (SOC), Tipton and Worthington's Self-efficacy Questionnaire, and Rotter's Locus of Control Questionnaire were used as measuring instruments by Cilliers and Kossuth. The main findings were that there is a significant relationship between the three constructs. This supports the findings of Antonvosky (1987, 1993) that these three constructs are significant constructs in salutogenic functioning and thus contribute to psychological well-being (Cilliers & Kossuth, 2004). Wood and Bandura (1989) describes self-efficacy as a belief in your own capabilities to motivate yourself, to mobilise your cognitive resources and to determine courses of action needed to meet the demands of given situations. Antonovsky (1979) suggests that an internal locus of control develops when an individual perceives a degree of freedom for effective action. An external locus of control develops when an individual views reinforcement as being outside of his or her control, for example depending on fate, chance or powerful others.

According to Cilliers and Kossuth (2004), on a conceptual level, a sense of coherence is supported by the belief in one's own capabilities (self-efficacy), experiencing freedom and being in control (internal locus of control). On a behavioural level, Cilliers and Kossuth compiled the following salutogenic profile by integrating the three constructs, namely sense of coherence, self-efficacy and internal locus of control.

- Cognitive behaviour – The ability to view information from outside the self in a positive and constructive manner, making sense out of it, understanding it and using your own intellect to make constructive and mature decisions.
- Affective behaviour – The ability to identify with and experience external events as meaningful. Being confident, self-fulfilled, comfortable with the self, emotionally mature and feeling in control.
- Motivational behaviour – Focusing on the inner world first and using internal resources to cope with internal demands. Experiencing the freedom to choose different options within own's control and the ability to take appropriate action. Using own initiative to mobilise experience, resources and skills. Having the capabilities to set challenging and achievable goals, coping with demands, making effective decisions, taking appropriate action and achieving results.
- Belief system – Demands are evaluated as worthy of investment and engagement. The belief that internal resources and capabilities are available to resist negativity and to meet demands. Trusting the self, trusting own skills and trusting own judgment. Believing that things will work out well.
- Interpersonal behaviour – The ability to form meaningful, constructive and participative work and societal relationships.
- Environmental interaction – Experiencing the environment as being structured and predictable. Responding to stimuli in the environment with realness, understanding and expectation. This stimulates a sense of accomplishment, reward and fulfilled aspirations and encourages further engagement.
- Work behaviour – Experiencing the self as being cognitively and socially prepared and competent. Having the freedom to set own goals, plan, perform effectively and the ability to be successful. Tasks are performed with confidence using own skills and judgment, initiative and commitment. All available resources are engaged, whilst concentrating on self-development.
- Coherence – All the above characteristics function in a coherent, dynamic, reciprocal and causative interaction.

Cilliers and Kossuth (2004) recommend that behavioural researchers and academics take note of their salutogenic profile and the extension of the salutogenic constructs to include the personal, social and work domains of functioning. They emphasise the behavioural significance of their findings in, for example, work settings. They recommend further

research with some of the other salutogenic constructs, for example coping, meaningfulness, resilience and engagement, in work settings.

These studies confirm that psychological well-being is multidimensional with regard to the facets of the self and that the salutogenic constructs contribute to psychological well-being in different ways and in different combinations (Wissing & Van Eeden, 2002).

### **3.3.3 International studies focusing on psychological well-being**

Ryff (1989) identified self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth as key dimensions contributing to psychological well-being. Saunders and Kashubeck-West (2006) used Ryff's measure of psychological well-being as one of their measuring instruments in their study which focused on the relationship between feminist identity development, gender-role orientation and psychological well-being. They used a sample of 244 women affiliated with a university campus in the south-western United States. The main finding of this study by Saunders and Kashubeck-West (2006) was that, the more advanced the feminist identity of the women was, the higher their psychological well-being was. The researchers came to the conclusion that, the more advanced the feminist identity, the more able women were to differentiate between healthy behaviour and socially ingrained behaviour. These women were thus empowered to choose more beneficial life alternatives. Advanced feminist identity also led to an increased sense of solidarity among women and the validation of their experiences as women. This contributed to improved mental health. The lower the feminist identity, the more traditional roles and expectations for women were supported and the less personal growth was reported. The researchers commented that the more societal messages were internalised, the less likely it was for women to engage in personal growth and development. It was also found that the higher scores on instrumentality and expressiveness, the higher the levels of overall psychological well-being. Possessing positive stereotypic traits associated with males and females (gender-role orientation) contributed to better psychological well-being. Women who scored higher on expressiveness had higher scores on positive relations with others, and women who scored higher on instrumentality had higher scores on autonomy. These findings of Saunders and Kashubeck-West (2006) confirmed the finding of Snyder and Hasbrouch (1996) who found that women who adhered to a feminist ideology were more likely to have a positive or healthy body image and were less likely to exhibit eating disorder behaviour.

In a study by Arulrajah and Harun (2000) at the Universiti Putra Malaysia in Malaysia, the psychological well-being of 421 undergraduates, sampled from different programmes in the faculty, was measured in relation to their perceived stress, coping styles and social

support. It was found that coping styles and social support have a positive relationship and perceived stress a negative relationship with psychological well-being. This supported Aldwin's (1994) theory that stress, coping and social support are transactional variables that mutually influence each other and the well-being of the individual.

Coping through avoidance, positive intrusive thoughts and problem-focused coping were the main coping styles found in the study by Arulrajah and Harun (2000). It was found that people learned to overcome difficulties by actively interacting with environmental circumstances. The recommendation was that training in positive intrusive thoughts and problem-focused coping should be given. These findings by Arulrajah and Harun (2000) supported the work of Folkman and Lazarus (1988) who found that coping served two primary functions, namely the regulation of stressful emotions (emotion-focused coping) and the alteration of the person-environment relation which is causing the distress (problem-focused coping). Stefani (2004) found that appraisal-focused, problem-focused and emotion-focused coping were the main coping mechanisms employed by an elderly sample (N=231) in Buenos Aires, Argentina. Appraisal-focused coping referred to the realistic evaluation of a problem and then resolving it. The researcher concluded that the experience that elderly people had acquired through their lives allowed them to tap on psychological resources from their own histories. This helped them to keep their emotional balance when faced with irreversible situations and to continue living within their communities, according to the rules and regulations of those communities (Stefani, 2004).

McCarthy, Lambert and Seraphine (2001) who did a study on 304 undergraduate university students in the United States found that in female participants higher scores of self-acceptance and social support were related to lower scores of negative affect following parental conflict. Male participants who experienced more negative affect following parental conflict, reported higher levels of both family cohesion and the ability to self-disclose their emotions. The researchers hypothesised that this finding might have been due to societal norms, where males only feel safe to express their emotions in a close family unit. It is within this close family unit that the ability to express emotions (self-disclose) is developed. The pattern of social desirability (the tendency to "fake good") was expressed by the females in this study. Social desirability was found to have a negative correlation with self-disclosure, acceptance and social support. This suggested that participants concerned with an overly positive presentation of their coping resources were less able to cope and to handle their emotions.



Several researchers have found that married people have higher levels of physical and psychological well-being compared to individuals who are single, separated or divorced (Horowitz, McLaughlin & White, 1997; Lillard & Waite, 1995). In their study, Hawkins and Booth (2005) found that long-term low-quality marriages have a significant negative impact on general well-being. A nationally representative sample of 1 150 married people was tracked over a period of twelve months. It was found that remaining unhappily married was associated with significant lower levels of life satisfaction, overall happiness, self-esteem and overall health, while levels of psychological distress were elevated. Staying unhappily married was found to be more detrimental than getting divorced, as people in low-quality marriages were less happy than individuals who divorced and remarried. People who stayed unhappily married had less life-satisfaction, a lower self-esteem and lower levels of overall health compared to individuals who divorced and stayed single.

Bar-on (2005) researched the relationship between emotional intelligence and subjective well-being in a sample of 3 394 males and females in the United States. He found that emotional intelligence and subjective well-being are significantly related to each other. He also found that emotionally and socially intelligent individuals experience a higher sense of well-being compared to those who are less emotionally and socially intelligent. His third finding was that emotional intelligence is a good predictor of general well-being, as well as various aspects of our ability to feel good about ourselves, others and life in general. He concluded that more than half of a person's sense of general well-being is dependent on emotional-social intelligence and the constellation of emotional intelligence factors, namely self-actualisation, self-regard, emotional self-awareness, impulse control, social responsibility, reality testing and optimism. Self-regard and social responsibility emerged as key factors determining subjective well-being (Bar-on, 1995).

In a qualitative study by Sokoya (2004) the impact of marital dynamics on the psychological well-being of farm-families in Ogun-state, Nigeria, was researched. Spouses from 26 families from five farming communities were sampled in this study. The main findings of this study were that length of marriage, effective communication between spouses, fulfilment of traditional gender role expectations, spousal support and mutual dependency enhanced marital and psychological well-being.



## **3.4 SPIRITUAL WELL-BEING**

### **3.4.1 Introduction**

Spirituality is a multidimensional construct (MacDonald & Friedman, 2002). According to Yalom (1995) and Westgate (1996), healthy emotional development is dependent on a variety of factors, involving physical, emotional, spiritual, social and environmental factors. Hodges (2002) contends that healthy human growth and transition must include an examination of the various factors of human experience, namely the social, educational, family, vocational and religious/spiritual factors.

Spiritual well-being as a component of psychological well-being is not well researched. Most studies focus on spiritual well-being / religiosity and psychological well-being as two separate factors in the general well-being of individuals (Newman & Pargament, 1990). While there have been a few international studies on certain aspects of spiritual well-being and their relation to certain aspects of psychological well-being, there seems to be only one South African study (Fourie, 1999) in which spiritual well-being as a whole was related to psychological well-being as a whole.

### **3.4.2 South African studies focusing on spiritual well-being**

Fourie (1999) conducted a cross-sectional research study to investigate the nature of spirituality as a component of psychological well-being. Originally a convenience sample of students from the Potchefstroom University for Christian Higher Education was used, followed by the snowball sampling method to get more participants to take part in the study. A total of 384 participants, who were younger than 65, were included in the study. The sample consisted of 288 (75%) female and 92 (23.96%) male participants, as well as four participants' whose gender was not given. Participants were white (81.51%, n=313), black (14.58%, n=56), Indian (2.08%, n=8), coloured (1.04%, n=4). In some cases the racial group was not provided (0.78%, n=3). Most participants (66.93%, n=257) were in the 18 to 25 age group, 69 (17.97%) were in the 26 to 40 age group, 30 (7.81%) in the 41 to 50 age group, and 23 (5.99%) in the 51-65 age group. Five participants (1.3%) did not give their age.

Numerous empirical instruments were used in the study. To measure psychological well-being, Antonovsky's Sense of Coherence Scale (SOC), a shortened version of the Kammann and Flett's Affectometer 2 (AFM), Diener, Emmons, Larsen and Griffin's Satisfaction with Life Scale (SWLS) and Goldberg and Hillier's General Health Questionnaire (GHQ) were used. To measure spirituality, Paloutzian and Ellison Goldberg and Hillier's Spiritual Well-being Scale (SWS-E&P), Hangelmann, Kenkel-Rossi, Klassen and Stollenwerk Goldberg and

Hillier's JAREL Spiritual Well-being Scale (SWS-H) and some items from Elkins, Hedstrom, Hughes, Leaf and Saunders Goldberg and Hillier's Spiritual Orientation Inventory (SOI) were used. To measure hope, Snyder et al.'s Hope Scale (HS) and Nunn, Lewin, Walton and Carr's Hunter Opinions and Personal Expectations Scale (HOPES) were used. To measure religious coping style, Pargament et al.'s Religious Problem-solving Scales (RPSS) was used. To measure religious orientation, Batson's Means, End and Quest questionnaire for measuring or religious orientation (MEQ) was used, and some items from Moberg's Personal Piety Index of Spiritual Well-being (SWBQ) were used to measure religiosity.

The main finding of this study by Fourie (1999) was that spirituality, religiosity, religious orientation and religious coping predicted the degree of psychological well-being significantly. Participants with a high sense of coherence (an indicator of psychological well-being) showed significantly higher scores on scales measuring religion and collaborative religious coping styles, compared to participants with a lower sense of coherence. Aspects of religiosity overlapped with spirituality, but were clearly differentiated on an empirical level. Fourie found that psychological well-being contained a spiritual component. Hope, having a purpose in life and experiencing life as meaningful are all spiritual factors contributing to psychological well-being. Fourie contends that since programmes focusing on the improvement of psychological well-being should take spiritual aspects into account, theories on psychological well-being should include a spiritual dimension.

Kruger and Williams (2003) researched the role that spirituality played in the survival of 15 Xhosa-speaking women, despite severe poverty, who attended a specific community centre in the Western Cape. This exploratory study was qualitative in nature, with semi-structured interviews conducted to gather information. All the participants in this study were members of a church denomination and viewed the church as their main support system. Ancestral beliefs were still relevant and valued. Spirituality played a crucial and valuable role in the lives of the participants. Spirituality contributed to a sense of hope and participants were empowered to deal with their problems. Their resilience was strengthened, their interpersonal relationships and support networks were extended and their emotional and physical well-being was enhanced. This led to an acceptance of their poverty, a positive outlook on life and a sense of security (Kruger & Williams, 2003). This finding was confirmed by Oosthuizen and Wissing (2005) who found that women who experienced domestic violence often turned to religion as a coping mechanism.

### **3.4.3 International studies focusing on spiritual well-being**

According to the philosophy of elementalism, human functioning can be divided into three separate components, namely the body (soma), soul (psyche) and spirit (pneuma) (Westgate, 1996). According to Westgate, this belief has resulted in illness being treated within one component, without regard to the other components. Within the framework of holism, spiritual functioning has equal relevance to physical, mental and emotional functioning, and treatment of any disease or illness takes account of the balance and interaction between all of the components. Few empirical studies have attempted to substantiate the mechanisms through which spirituality or spiritual well-being contribute to psychological well-being (Westgate, 1996).

In an effort to understand the role of spirituality in depression, Westgate (1996) examined clinical literature and empirical research studies. She identified four dimensions of spiritual well-being, namely a sense of meaning in life, a transcendent perspective, an intrinsic value system and a sense of belonging to a spiritual community of shared values and support. Westgate analysed sixteen studies focusing on spirituality and found that in nine of these studies, depression had a significant negative relationship with one of the dimensions of spiritual well-being as described by her. In four of the studies a positive relationship between spiritual well-being and one or more aspect of psychological well-being was found. The literature review provided support for a negative relationship between depression and each of the dimensions of spiritual wellness, namely a sense of meaning in life, a transcendent perspective, an intrinsic value system and a sense of belonging to a spiritual community of shared values and support.

Maton (1989) examined the relationship of spiritual support to psychological well-being for several high and low life-stress samples in two studies. In the first study, participants were sampled from eight self-help groups for bereaved parents. Of the 81 usable questionnaires, 62 were completed by females and 19 by males. The average age of the participants was 46.3. A high life-stress parent was someone whose child had died within the past two years (n=33) and a low life-stress individual was one whose child had died more than two years before (n=48). Spiritual support was assessed using a three-item scale developed by the researcher. To assess emotional intimacy and faith aspects of spiritual support the following three items were formulated: "I experience God's love and caring on a regular basis", "I experience a close personal relationship with God", and "Religious faith has not been central to my coping". Questions were answered on a five-point Likert scale ranging from "not at all accurate" to "completely accurate". Social support variables were assessed by focusing on

support received at group meetings, support given at group meetings and friendships developed with group members. Depression was assessed by using the Hopkins Symptom Checklist developed by Derogatis, Lipman, Rickels, Uhlenhuth and Covi. Self-esteem was assessed by using Bachman's and O'Malley's adaptation of Rosenberg's self-esteem scale .

In Maton's (1989) second study, 68 first-semester college students (75% of the original sample) were solicited through the mail to take part in the study. A semi-structured interview was conducted with each of the participants and they also completed two self-report questionnaires. The same spiritual support scale was used as in the first study, but with two minor changes. A separate Church attendance Likert-type item was included. To assess spiritual support, the Social Support-Parents and Social Support-Friends scales developed by Procidano and Heller were used. A life-stress measure composed of 22 major, negative life events likely to have been outside the control of the participant was developed by the researcher in collaboration with five other researchers. High life-stress was described as having three or more life events outside of the control of the participant. Adjustment was assessed by using the Personal-Emotional Adjustment (15 items) and the Social Adjustment (20 items) scales from the Student Adaptation to College Questionnaire (SACQ) developed by Baker and Siryk. Pre-college depression was used as a baseline control variable for the analysis and was assessed at the initial interview using the depression scale (7 items) of the Brief Symptom Inventory developed by Derogatis and Spencer.

The main findings of the studies by Maton (1989) were that individuals under high levels of life-event stress were likely to benefit from perceived spiritual support. The higher the levels of perceived spiritual support in both samples, the higher psychological well-being were reported. There were no significant relationship between spiritual support and psychological well-being for the lower life-stress samples in both studies. Spiritual support was inversely related to depression and positively related to self-esteem for high life-stress (recently bereaved parents). Spiritual support may influence psychological well-being by enhancing self-esteem and reducing negative affect, or through enhancing positive understanding of the meaning of the event. These emotional and cognitive benefits may lead to increased adaptation and stress-related coping. As such, spiritual support can serve as a buffer to protect individuals from stress (Maton, 1989). This finding confirmed the view of Levin and Schiller (1987) that the development of intrinsically orientated religious variables and positive psychological attitudes may buffer individuals from stress-related components of illness.

Laubmeier, Zakowski and Bair (2004) found that spirituality (which they define as a combination of existential and religious well-being), was related to both emotional well-being and quality of life. In a study conducted in Chicago, United States of America, on 95 cancer patients with various types of cancer, they found that spirituality (especially the existential component) was associated with reduced symptoms of distress and better quality of life, regardless of life threat.

Daaleman, Perera and Studenski (2004) examined the interaction of religion and spirituality with self-reported health status in a community-dwelling geriatric population. In a cross-sectional analysis of 277 geriatric outpatients, 65 years and older, in Kansas City, it was found that participants with greater spirituality, but not greater religiosity, were more likely to adjudge their health as good. According to the researchers, spirituality was an important explanatory factor of subjective health status in older adults.

Emmons, Cheung and Tehrani (1998) found that spirituality is a motivating force in people's lives. Earlier, Poloma and Pendleton (1990) provided a comprehensive critique of research literature on religiosity and the domains of general well-being. They found that religiosity was an important predictor of overall happiness, life satisfaction, and existential well-being.

In a study by Ellis, Vinson and Ewigman (1999) 231 questionnaires were mailed to Missouri family physicians to assess family physicians' attitudes and practices with regard to spiritual well-being. Some of the main findings of this study were that most participants (96%) felt that spiritual well-being was an important component of good health and 58% of the participants expressed the view that physicians should address spiritual concerns with patients.

Kass, Friedman, Leserman, Zuttermeister and Benson (1991) developed the Index of Core Spiritual Experience (INSPIRIT) scale to measure participants' life purpose and satisfaction, their attitudes towards health and the frequency of medical symptoms. The researchers described core spiritual experiences as having the following characteristics:

- A distinct event and a cognitive appraisal which resulted in a personal conviction of God's (or some form of a Higher Power's) existence
- The perception of a highly internalised relationship between God / a Higher Power and the person (feeling God within and feeling close to God)

These core spiritual experiences were assessed and related to health outcomes (Kass et al., 1991). The sample in their study consisted of 83 adult outpatients in a hospital-based behavioural medicine programme with diagnoses such as musculoskeletal disorders, chronic

pain, hypertension, cancer and gastrointestinal disorders. The people in sample were between 25 and 72 years old, with the average age being 46.2 years. They were predominantly female (66%) and white (94%); Catholic (37%), Protestant (23%) or Jewish (40%). Various measuring instruments were used in this study, namely Leserman's Medical Symptom Checklist (MSCL), Kass, Friedman, Leserman, Caudill, Zuttermeister and Benson's Inventory of Positive Psychological Attitudes to Life (IPPA), Allport and Ross's Religious Orientation Inventory (ROI), and the Index of Core Spiritual Experiences (INSPIRIT). Patients were taught to elicit the relaxation response in a ten week treatment programme, focusing on the stress-related components of illness. Measurement was done at the beginning and the end of this ten week programme. Most of the participants had practised eliciting a relaxation response through meditation for less than a month.

The study by Kass et al. (1991) suggested a relationship between core spiritual experiences and health outcomes. They found that core spiritual experiences contributed to positive psychological attitudes, a reduction of medical symptoms and an improved quality of life. It was also found that elicitation of relaxation responses through meditation facilitated an increase in the occurrence of core spiritual experiences. The main limitation of the study was that health was measured by patients' personal assessments of their health. The researchers recommended the use of physiological indices to measure changes in health in future research.

Newman and Pargament (1990) conducted a study to examine the problem-solving function of religion. The sample consisted of 327 students drawn from introductory courses in Psychology at Bowling Green State University in the United States of America. Participation in the research was voluntary. The sample included 210 females and 117 males from different religious backgrounds. Participants were Catholic (n=138), Protestant (n=127) and the rest were of other denominations or had no religious affiliation (n=57). Varied church attendance was reported. Measurement was done by asking participants to describe the most important problem or problematic event that they had experienced over the previous three years. By using open-ended questions, attention was given to the type of problem situation, their efforts to solve the problem and the importance of supportive measures. The Challenging Event Scale (developed by the authors), the Religion in Problem Solving Scale (RPS) (developed by the authors) were used and demographic questions were answered. Intrinsic Motivation was measured by using the Intrinsic Religious Motivation Scale developed by Hoge.

The main findings of this study by Newman and Pargament (1990) were that the evaluation of one's ability to solve a problem via religious means may have a self-



maintenance function, meaning that the individual may draw emotional support through the appraisal of a problem as solvable with God's help. Religion had an important emotional self-maintenance function, with 47% of participants reporting that they derived comfort from religion while facing their problems. God was approached as a friend, a partner or an enabler in solving problems, more than being the source of miraculous intervention. Religion was used to derive meaning and to make sense of problems. The researchers concluded that studies on religion should incorporate cognitive, affective and behavioural dimensions of human functioning. They also emphasised the importance of taking transactions between individuals and their life situations into account (Newman & Pargament, 1990). These findings confirm the finding by Pargament, Kennell, Hathaway, Grevengoed, Newman and Jones (1988) that religion plays an important role in the problem-solving process of individuals. The main limitations of this study were the reliance on a student sample and the use of a retrospective self-report methodology. The researchers recommend that the findings should be compared to those gathered in a more representative sample (Newman & Pargament, 1990).

Noble (1987) reviewed various studies with regard to spiritual and psychological well-being and came to the conclusion that, although transcendental experiences could be accompanied by periods of adaptation, or temporary panic, anxiety or depression, it contributed to psychological well-being.

#### **3.4.3.1 Studies focusing on the Spiritual Health and Life Orientation Measure (SHALOM)**

Knowledge and beliefs reflect who we are as people. According to (Fisher, 2000b), people's world views filter their knowledge, while their beliefs colour the way in which they interpret and embrace life. Fisher came to the conclusion that some aspects of spiritual life are associated positively with psychological well-being (Gomez & Fisher, 2003).

During 1997-1998 the Spiritual Health in Four Domains Index (SH4DI) was developed from research with 311 primary school teachers in the United Kingdom (Fisher, Francis, & Johnson, 2000). In 1998, Fisher (1999a) conducted interviews with 98 teachers from a variety of schools in Australia, to develop a definition of spiritual health, to determine how these teachers thought spiritual health could be fostered and to determine what hindered its development in the school curriculum. This study confirmed Fisher's original model of spiritual well-being (as compiled from literature) (Fisher, 1999b). It was found that spiritual health was reflected in the quality of relationships that students developed with themselves,



others, the environment and with a Transcendent Other. Based on this research, guidelines were given to teachers to enable them to foster spiritual growth in students.

In 1999 more studies were conducted to develop and finalise the Spiritual Well-being Questionnaire (SWBQ) (Fisher, 2000a). This questionnaire was based on the principles of the Spiritual Health in Four Domains Index (SH4DI) (Fisher, 2000a). The SWBQ is the section in the SHALOM (the Spiritual Health and Life Orientation Measure) that measures how participants feel each item reflects their personal experience of their spiritual health (Gomez & Fisher, 2005). The SHALOM is one of the standardised questionnaires used in the present study.

A study with 850 secondary school children was conducted by Fisher (1999c) to develop an instrument to give a balanced assessment of young people's spiritual health. Fisher (1999c, p. 57) defined spiritual health as: "a dynamic state of being, which can be reflected in how well people relate in up to four domains of human existence, namely with themselves; with others; with the environment; and/or with a Transcendent Other". A convenience sample of 850 students from various secondary schools in Ballarat and Melbourne, Australia, was surveyed during 1999. The main aim of the study was to determine how important participants considered each of the four dimensions of spiritual well-being (relationship with self, others, environment and Transcendent Other) to be for an ideal state of spiritual health. Fisher (1999c) called this "life orientation". Participants also expressed how each area reflected their personal experience of each dimension most of the time. Fisher called this "spiritual health". Life orientation and spiritual health were compared to provide an overall indication of spiritual well-being.

The results of the study by Fisher (1999c) showed that the SHALOM had the potential to be a balanced, flexible and sensitive measuring instrument for spiritual well-being. It was also found that the SHALOM was flexible and could be used as a 1-, 2-, or 3-dimensional instrument (Fisher, 1999c). If only column b was completed, it gave an indication of lived experience of each participant, with a balanced view of the four dimensions. If columns a and b were completed, examination of the difference between the ideal state and the lived experience provided understanding of each person's level of spiritual well-being. Completion of column d was a direct measure of each person's perceived need for help in nurturing his/her spiritual well-being. It was found that this questionnaire provided a basis and guidelines for spiritual programmes focussing on improvement of spiritual well-being (Fisher, 1999c).

Various studies, using the SHALOM to determine spiritual well-being, followed. Fisher (2000a) used the SHALOM to assess four factors of spiritual well-being among university students, as well as the variety of ways in which they enhance their quality of life in these areas. Some of the main findings of this study were that being happy in themselves influenced female students' spiritual well-being in the personal, communal and environmental domains, while relationships with their families enhanced their spiritual well-being in the personal, communal and transcendental domains. For the male participants, taking 'time-out' or relaxing influenced their spiritual well-being in the personal and communal domains. The Bible had a significant influence on the personal, communal and transcendental well-being of the male participants in the study. The researcher concluded that females showed greater reliance on developing relationships, while males tended to be more independent in developing their spiritual well-being. Relating to nature was an important influence on developing spiritual well-being in the environmental domain for both males and females, but it also influenced the personal domain for females. Building a relationship with a Transcendent Other through prayer was seen to have a great influence on enhancing the transcendental domain of spiritual well-being for both males and females (Fisher, 2000a).

In a study by Fisher and Sellers (2000) focusing on the relationship between meaning and purpose in life and workplace expectations, the majority of participants did not expect the work place to play a major role in their spiritual well-being. They also found that a relationship with a god-type figure as being of lesser importance in their spiritual well-being. High feelings of turbulence, anxiety and discomfort were reported, caused by a focus on management on profits, rather than on people. Male participants described the work place as being less friendly, warm and caring than female participants, while female participants reported greater work satisfaction and less depression in doing their jobs than male participants (Fisher & Sellers, 2000).

The validity and reliability of the SWBQ were determined in four studies in Australia (Gomez & Fisher, 2003). In the first study, 248 participants took part in the study. Male (n=120) and female (n=128) participants, between 11 and 16 years old, were sampled from different secondary schools in Ballarat and Melbourne. The Preliminary Spiritual Well-being Questionnaire (PSWBQ) developed by Fisher, Francis and Johnson was completed. The aim of this study was to develop a self-rating questionnaire for measuring personal, communal, well-being and transcendental well-being (Gomez & Fisher, 2003). In the second study, 537 participants completed questionnaires. Male (n=272) and female (n=265) students from different types of secondary schools (State, Catholic, Christian Community and others) were

sampled in Ballarat and Melbourne. Participants' ages ranged from 11 to 16 years. The Spiritual Well-being Questionnaire (SWBQ) and Ellison's Spiritual Well-being Scale (SWBS) of Ellison were completed. The religious well-being subscale of the SWBS has items reflecting the transcendental domain in the SWBQ while the existential well-being subscale of the SWBS has items reflecting Fisher's personal, communal and transcendental domains (Gomez & Fisher, 2003). The aim of this study was to examine the factor structure of the 20 items in the SWBQ, as compiled in study 1, using exploratory factor analysis (Gomez & Fisher, 2003).

In the third study, 832 participants took part in the study. Male (n=416) and female (n=416) students, aged 18 to 42 years old, from six universities in Australia completed the questionnaires (Fisher, 2000a). The aim of this study was to examine the factor structure of the SWBQ, based on studies 1 and 2, using confirmatory factor analysis (Gomez & Fisher, 2003). In the fourth study, 456 participants took part in the study. Male (n=146) and female (n=310) participants from the University of Ballarat, and Universities in England and Ireland, completed the SWBQ, the Adult Eysenck Personality Questionnaire-Revised Short Scale (EPQ-R/SS) developed by Eysenck and Eysenck, and Argyle, Martin and Crossland's Oxford Happiness Inventory (OHI). Participants were between 18 and 24 years old. The aim of this study was to examine the composite reliability, variance and internal consistency of the four spiritual well-being factors and the overall spiritual well-being factor, based on study 3 (Gomez & Fisher, 2003).

All four studies supported the Four-dimensional model for Spiritual Well-being proposed by Fisher (2000a). The SWBQ showed high reliability (Cronbach's alpha, composite reliability and variance extracted), and validity (construct, concurrent, discriminant, predictive and factorial independence from personality) (Gomez & Fisher, 2003). According to Gomez and Fisher (2003) the value of the SWBQ lies in its broader conceptualisation of spiritual well-being compared with other spiritual well-being measures.

The reported studies by Gomez and Fisher (2003) have also confirmed that some aspects of spiritual well-being are associated positively with psychological well-being. The finding of incremental validity of personal, communal, environmental and global well-being in the prediction of happiness, suggests that spiritual-life-experience constructs may play important roles in happiness and depression. This finding is based on the fact that low depression is a major component of happiness (Gomez & Fisher, 2003).

In a study by Gomez and Fisher (2005) the psychometric properties of the personal, communal, environmental and transcendental scales of the SWBQ were examined. The

sample comprised 4464 male and female participants from mainly secondary schools, universities and the general community in Australia, United Kingdom and Ireland. Participant's ages ranged from 15 to 32 years. The findings indicated general support for the psychometric properties of the SWBQ, but there were also indications that the measure could be improved by decreasing some of the item responses and increasing them at the low and high trait levels, for example.

### **3.5 DOMESTIC VIOLENCE AND GENERAL WELL-BEING**

Motingoe et al. (1996) state that domestic violence creates severe psychological and physical trauma and thus affects general well-being. In a study by Oosthuizen and Wissing (2005) of 387 women in the North West Province of South Africa, it was found that women who experienced domestic violence showed significantly more physical symptoms (for example, aches), psychological symptoms (for example, anxiety and sleeplessness) and interpersonal dysfunctions, compared to women who did not experience domestic violence. It was also found that, the more often abuse occurred, the more symptoms were present and the more intense the effect on the general well-being of victims was. Oosthuizen and Wissing (2005) ascribe the more intense effect to the cumulative impact of the experiences of abuse. These findings support the finding by Coker et al. (2002) that domestic violence has serious physical and psychological health consequences. Victims of domestic violence often report symptoms of post-traumatic stress disorder (Oosthuizen & Wissing, 2005). Women who experience domestic violence often experience feelings of anger, guilt, panic, hatred, hurt, and unworthiness (Blackman, 1989).

In a qualitative study by Nordien, Alpaslan and Pretorius (2003) semi-structured interviews were conducted with six Muslim women in an effort to understand their abusive experiences. Participants reported that they felt nervous, fearful, insulted, belittled, angry, hurt, vengeful, unhappy, numb, tired, worthless, taken for granted, unloved, trapped, suicidal and hopeless as a result of the abuse.

In the study by Oosthuizen and Wissing (2005) no significant differences could be found between the coping mechanisms of women who experienced domestic violence and those who did not. This indicated that abused women, in spite of their painful experiences, were still manifesting coping mechanisms. This confirmed that women in abusive relationships are not passive victims, but often have the strength to employ active and reasoned strategies to cope and deal with abuse.

Women who had experienced some form of domestic violence did not differ significantly with regard to their sense of coherence, affect balance and degree of satisfaction with life

from those who did not experience domestic violence. Those women experiencing domestic violence regularly to very often, had a significantly lower sense of coherence and less life satisfaction compared to women who experienced little or no violence. The researchers came to the conclusion that an accumulation of experiences of domestic violence erodes the experience of life as comprehensible, manageable, meaningful and satisfying (Oosthuizen & Wissing, 2005).

Ferrer, Palmer and Burge (2005) focused on the proportion of general health status that could be attributed to individual-, family-, and community level determinants. Ferrer et al. (2005) did a secondary analysis of data gathered in a telephonic survey, from July 1996 to July 1997, during the Community Tracking Study in 60 communities in the United States. A stratified random sample of 35 055 participants (a response rate of 65%) was used. Responses from participants eighteen years or older with at least one child were analysed. It was found that, at a population level, the family contribution to individual health status was substantial and measurable. It accounted for 4.5% to 26.1% of the total variance in individual physical and mental health status. The family level effect was most pronounced in older, married people without children sharing their household and could be ascribed to the long exposure to the shared family environment. This study by Ferrer et al. (2005) confirms the findings of Agerbo (2003) and Hippisley-Cox, Coupland, Pringle, Crown and Hammersley (2002) that the family affects a wide range of health outcomes, through genetics, a shared physical environment and a shared social environment. The social environment includes functional relationships and shared socio-economic circumstances (for example, income and wealth) (Medalie & Cole-Kelly, 2002).

Women who had had experiences of violence had lower levels of life satisfaction at work, home and in their neighbourhoods. The higher the frequency and intensity of abuse, the more domains of life were affected negatively, for example work, play, love, family, home and community. This confirmed the cumulative impact of violence on women, noticeable in deteriorating positive health and the presence of symptoms of pathology (Oosthuizen & Wissing, 2005).

According to Barnett, Miller-Perrin and Perrin (1997) domestic violence has a detrimental effect on the victims of abuse. Participants in the study by Bollen et al. (1999) suffered from emotional and psychological problems, a negative self-image, fear, stress and their behaviour or characters changed as a result of the abuse. They had to leave, or wanted to leave their homes and their relationships and lives were negatively affected. Anger, depression, irritability, changes in sleeping patterns, changes in eating patterns, flashbacks,

panic attacks, nightmares, and suicidal thoughts were present, with some women actually attempting suicide (Bollen et al., 1999).

Spies and Louw (2003) conducted a qualitative study, using play therapy techniques, to identify the losses that the victims of domestic violence in their sample experienced. Three participants were identified by using the accidental research sampling technique. Interviews were conducted in Bredasdorp and Struisbaai in the Western Cape in South Africa. The following losses as a result of domestic violence were identified:

- Loss of physical and/or sensory awareness

All three participants suffered from a loss of physical and sensory awareness, especially a loss in touch awareness. This finding is in line with Brown (1991) who identified dissociation and a numbing of the senses as consequences of domestic violence.

- Loss of emotional awareness

All three participants suffered from a loss of emotional awareness. According to Brown (1991) a loss of emotional awareness is a protective mechanism which protects victims from intense pain and emotions.

- Loss of control

One participant in the study felt totally powerless and her mother brought her to do the interview. The second participant took back her power by taking legal steps and the third participant left the abuser and experienced a sense of control.

- Loss of boundaries

The participant who felt totally powerless had no boundaries, while the other two participants demonstrated boundaries.

- Loss of integrated polarities / traumatic bonding

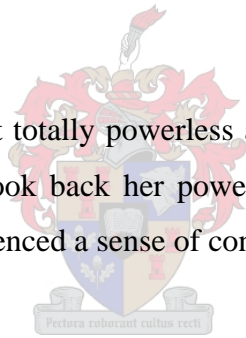
The participant who felt totally powerless was stuck in a situation of traumatic bonding, while the other two participants were fighting to break free.

- Fragmentation

All three participants were fragmented. Wenar (1994) defines fragmentation as: “A thought disorder in which tangentially related or unrelated ideas disrupt the chain of thought” (p. 507).

- A weakened sense of self

All three participants had a weakened sense of self and were unable to make spontaneous choices. This study by Spies and Louw (2003) confirms the impact of domestic violence on the psychological well-being of the victims of domestic violence.





### 3.6 SUMMARY

The literature review on the incidence of abuse, the incidence of different forms of domestic violence and the biographical information of participants, confirmed that domestic violence transcends cultural, national origin, racial, ethnic, socio-economic, geographical, educational levels, age, sexual orientation, marital status, religious, and linguistic boundaries (Arnold & Sobieraj, 1999). All forms of domestic violence were experienced in all races, ages, genders, marital status, cultures and countries.

Abuse is a continuous interactional process that takes place over time and follows a set, predictable pattern (Barkhuizen & Pretorius, 2005; Carnes, 1997; Collins, 2000; Landenburger, 1998; Riggs, Caulfield & Street, 2000; Singh, 2003). Early exposure to violence as children could lead to abuse being viewed as normal and women staying in abusive relationships. Other factors contributing to women staying in abusive relationships, could be a poor self-concept, vulnerability and manipulation by the abuser (Padayachee, 1988). Faith could contribute to women staying in abusive relationships, but it could also empower them to leave (Nordien et al., 2003). Post-separation violence is seen as an on-going effort by the abuser to continue his control over the victim and the children (Humphreys and Thiara, 2003).

The “Addendum on the Eradication of All Forms of Violence Against Women and Children” was accepted and signed by the Heads of State of the Southern African Development Community (SADC), namely Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, after a conference in Durban in 1998. In December 2004, the Gender and Media Southern Africa (GEMSA) Network conducted a survey of the twelve countries, as a civil society initiative to hold the governments accountable to their pledges. Only four countries, namely Mauritius, Namibia, Seychelles and South Africa, had passed specific Domestic Violence Acts. Three countries, namely Botswana, Malawi and Zimbabwe, had domestic violence legislation pending. In the remaining five countries, namely Lesotho, Mozambique, Swaziland, Tanzania and Zambia, no steps had been taken to introduce specific domestic violence legislation.

In South Africa, Moulton (2005) found that the court system was often the last resort after all the other options had been exhausted. Lack of money, transport problems and time constraints affected whether formal criminal justice structures were used. Unemployed women often did not use the formal criminal system for fear of the breadwinner being arrested (Moulton, 2005).



No research study focusing on the impact of an Interim Protection Order in South Africa could be found. South African and International research on the effectiveness of Protection Orders is sparse and the results inconsistent (Gist et al., 2001; McFarlane et al., 2004). A possible reason for the difference in the reported effectiveness of the Protection Order might lay in the way effectiveness is measured (Buzuma & Buzuma, 2003). When effectiveness of the Protection Order is measured in terms of cessation of abuse, little positive impact is shown. Even when physical abuse ended, psychological and emotional abuse often continued. The participants in the study of Nordien et al. (2003) found emotional abuse to be the worst kind of abuse, because the psychological effects of the abuse stayed, even after the physical abuse stopped.

The real positive effect of Protection Orders lies in the victims of abuse feeling empowered and protected (Buzawa & Buzawa, 2003). By making the abuse public, women regained some measure of control in their lives. The Protection Order became an announcement of power and empowerment, while the legal system approved and reinforced their decision to leave the abuser (Fischer & Rose, 1995).

In various studies the Abuse Disability Questionnaire (ADQ) showed high reliability and validity. Factor analyses indicated that the ADQ contained eight factors, suggesting that domestic violence is multidimensional in its effects. Results from studies indicated that the ADQ is a reliable and valid instrument to measure the negative consequences of domestic violence (McNamara & Brooker, 2000).

Measuring general well-being entails the assessment of positive states of functioning and/or the factors contributing to the quality of life (MacDonald & Friedman, 2002). Developing a sense of personal wholeness, involves the physical, emotional, intellectual, social and spiritual aspects of human experience (Egnew, 2005). Various writers emphasise the importance of psychological and spiritual well-being in determining healing and general well-being (Egnew, 2005; Hodges, 2002; Westgate, 1996; Yalom, 1995).

The conceptualisation of psychological and spiritual well-being is diverse and it is unclear from literature what the nature and/or dimensions of psychological and spiritual well-being are (MacDonald & Friedman, 2002; Newman & Pargament, 1990; Wissing & Van Eeden, 2002). In recent years a paradigm shift from psychological psychopathology to psychological well-being has taken place (Strümpfer, 1990). In literature, psychological well-being is conceptualised by different constructs, for example, affect balance, sense of coherence, emotional intelligence, manageability, meaningfulness, satisfaction with life and resourcefulness. It has not yet been empirically determined to what extent the constructs refer

to the same or different aspects of psychological well-being (Wissing & Van Eeden, 2002). This new paradigm in psychology, which focuses on health, strengths and psychological well-being, is called salutogenesis and fortigenesis (Wissing & Van Eeden, 2002).

The main findings in all the studies focusing on the relationship between salutogenic constructs were that psychological well-being is multidimensional with regard to the facets of the self (cognition, affect, behaviour), as well as the domains of life in which these facets manifest themselves (the intrapersonal, interpersonal, social and contextual domains), as well as in work behaviour, love and recreation (Wissing & Van Eeden, 2002). A sense of coherence (Cilliers & Coetzee, 2003; Cilliers & Kossuth, 2004; Van Eeden, 1996; Wissing & Van Eeden, 2002), satisfaction with life (Hawkins & Booth, 2005; Wissing & Van Eeden, 2002), affect balance (McCarthy et al., 2001; Wissing & Van Eeden, 2002), coping (Arulrajah & Harun, 2000; Cilliers & Coetzee, 2003), self actualisation, learned resourcefulness, comprehensibility, manageability, meaningfulness, cognitive behaviour (Cilliers & Coetzee, 2003), self-efficacy and internal locus of control (Cilliers & Kossuth, 2004), expressiveness (McCarthy et al., 2001; Saunders & Kashubeck-West, 2006), instrumentality (Saunders & Kashubeck-West, 2006), self-acceptance (McCarthy et al., 2001; Ryff, 1989), positive relations with others, autonomy, environmental mastery, purpose in life, personal growth (Ryff, 1989), social support (Arulrajah & Harun, 2000; McCarthy et al., 2001), overall happiness, self-esteem (Hawkins & Booth, 2005), emotional intelligence, self-actualisation, self-regard, emotional self-awareness, impulse control, social responsibility, reality testing and optimism (Bar-on, 2005) were found to be strong indicators of psychological well-being. Moderator variables such as age, gender and cultural/ethnic context could influence the manifestation of psychological well-being (Wissing & Van Eeden, 2002).

Within the framework of holism, spiritual functioning has equal relevance to physical, mental and emotional functioning (Westgate, 1996). Few empirical studies have attempted to substantiate the mechanisms through which spirituality or spiritual well-being contributes to psychological well-being (Westgate, 1996). Westgate (1996) found that spiritual well-being and depression were in an inverse relationship with each other. She identified a sense of meaning in life, a transcendent perspective, an intrinsic value system and a sense of belonging to a spiritual community of shared values and support, as dimensions of spiritual well-being.

The development of intrinsically orientated religious perspectives and positive psychological attitudes may buffer individuals from stress-related components of illness and stress (Levin & Schiller, 1987; Maton, 1989). Spirituality (defined as a combination of existential and religious well-being), was found to be related to both emotional well-being and

quality of life (Laubmeier et al., 2004). Spirituality was also found as being an important explanatory factor of subjective health status in older adults (Daaleman et al., 2004), a motivating force in people's lives (Emmons et al., 1998) and an important predictor of overall happiness, life satisfaction, and existential well-being (Poloma & Pendleton, 1990).

Spirituality, religiosity, religious orientation and religious coping significantly predicted the degree of psychological well-being of participants in a study by Fourie (1999). She found that psychological well-being contained a spiritual component, reflected in hope, having a purpose in life and experiencing life as meaningful.

Kass et al. (1991) found a positive relationship between spiritual experiences and psychological well-being, based on an intensified experience of life purpose and life satisfaction. The evaluation of one's ability to solve a problem via religious means may serve a self-maintenance function, meaning that the individual may draw emotional support through the appraisal of a problem as solvable with God's help (Newman & Pargament, 1990). Noble (1987) came to the conclusion that, although transcendental experiences could be accompanied by periods of adaptation, or temporary panic, anxiety or depression, it contributed to psychological well-being.

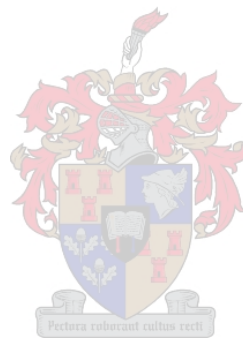
Fisher's (2000a) Spiritual Well-being Questionnaire (SWBQ) or (SHALOM), used as a measuring instrument in the present study, measures the personal, communal, environmental and transcendental dimensions of human functioning and a single global spiritual well-being dimension. The SWBQ is the section in the SHALOM that measures how participants feel each item reflects their personal experience of their spiritual health (Gomez & Fisher, 2005).

The SWBQ has shown high reliability and validity in studies (Gomez & Fisher, 2003). The value of the SWBQ lies in its broader conceptualisation of spiritual well-being compared with other spiritual well-being measures (Gomez & Fisher, 2003). Studies using the SWBQ confirmed that some aspects of spiritual well-being are associated positively with psychological well-being (Gomez & Fisher, 2003).

Domestic violence creates severe psychological and physical trauma and thus affects general well-being (Barnett et al., 1997; Motingoe et al., 1996). Participants in a study by Bollen et al. (1999) suffered from emotional and psychological problems, a negative self-image, fear, stress and their behaviour or characters changed as a result of the abuse. Women who had had experiences of violence had lower levels of life satisfaction at work, home and in their neighbourhoods, deteriorating positive health and the presence of symptoms of pathology (Oosthuizen & Wissing, 2005). It seems that various losses are suffered through domestic violence, for example loss of physical and/or sensory awareness, emotional

awareness, control, boundaries, integrated polarities and a sense of self (Spies & Louw, 2003). An accumulation of experiences of domestic violence erodes the experience of life as comprehensible, manageable, meaningful and satisfying (Oosthuizen & Wissing, 2005). All these findings confirm the impact of domestic violence on the general well-being of the victims of domestic violence.

Various South African, African and International studies have added to the knowledge base of domestic violence and general well-being. As no research on the impact of Interim Protection Orders on the general well-being of the victims of domestic violence could be found in the literature review, it was decided to focus on this aspect in the present study. Problem formulation, the research design and the research methodology of the present study, is presented in the next chapter.



**CHAPTER 4**  
**PROBLEM FORMULATION, RESEARCH DESIGN AND**  
**RESEARCH METHODOLOGY**

**4.1 INTRODUCTION**

According to Mouton (2003) any research project involves the transformation of a research idea into a feasible, researchable problem. This is done by the formulation of research questions and/or research hypotheses. A research design, which focuses on the type of study being planned and the kind of evidence required to address the research question, is then chosen. The research methodology refers to the practical application of the research process and the tools and the procedures used (Mouton, 2003). This chapter is structured in accordance with this framework. The research problem, with reference to the research questions and research hypotheses, is discussed. A discussion of the research goals, research design and research methodology follows.

**4.2 FORMULATION OF THE RESEARCH PROBLEM**

Since the Interim Protection Order (IPO) was introduced, no research has been done on its impact on the general well-being (physical, social, psychological and spiritual) of the victims of domestic violence. It is not clear whether abuse stops, worsens, stays the same, or changes in any other way, after an IPO has been granted. It is also not known whether an IPO protects applicants or further endangers them. The effectiveness of the application procedure, as well as the impact of police involvement is also not known.

**4.2.1 Research questions**

The study is constructed on the following research questions:

- i) How does the IPO impact on the nature and the extent of domestic violence?
- ii) How does the IPO impact on the general well-being of the victims of domestic violence?
- iii) How efficient is the application procedure of an IPO?

**4.2.2 Research hypotheses**

The research was based on the following hypotheses:

- i) An IPO leads to a decrease in physical abuse, but to an increase in verbal, emotional and/or psychological abuse.

- ii) An IPO leads to an increase in the general well-being of the victims of domestic violence.
- iii) The application procedure for an IPO is efficient.

These hypotheses will either be confirmed or disapproved based upon the results of the empirical study.

### **4.3 RESEARCH GOALS**

To reach the aims of the study, the following primary and secondary objectives are specified.

#### **Primary objectives**

Primary objective 1: To determine the impact of an IPO on the nature and the extent of domestic violence.

Primary objective 2: To determine the impact of an IPO on the general well-being of the victims of domestic violence.

Primary objective 3: To determine the efficiency of the application procedure of an IPO.

#### **Secondary objectives**

Secondary objective 1: To compile profiles of the victims of domestic violence in different cultural groups.

Secondary objective 2: To describe and compare the nature and extent of domestic violence in different cultural groups.

Secondary objective 3: To review the role of the police in the implementation of an IPO.

Secondary objective 4: To make recommendations where applicable and to inform government and the policy makers with regard to the findings of this study.

### **4.4 RESEARCH DESIGN**

A pre-test post-test quasi-experimental design was used for this research. The participants in this study comprised of two groups, namely an experimental and a control group. A control group, which appeared similar to the experimental group (in the sense that they also experienced domestic violence), was sampled from the same communities as the experimental group. A quasi-experimental design was used as it would have been unethical to prevent participants in the population (applicants for protection orders) from applying for protection orders in order to compare the results of an experimental and a pure control group (Babbie, Mouton, Payze, Vorster, Boshoff, & Prozesky, 2003).

Both groups were pre-tested (completed a first set of questionnaires). The experimental group was exposed to a treatment (the IPO). Both groups were then post-tested (completed a

second set of questionnaires). Differences between the first and second measurements in the groups were noted and, where it was statistically significant, were attributed to the IPO.

Applied research was done, as a practical problem was addressed and possible solutions were suggested (Cozby, 1989). This study is exploratory, as no previous research addressing the impact of an IPO in South Africa could be found; descriptive, as the population and the domestic violence phenomenon is described in detail; and evaluatory, as it evaluates the process of application for an protection order, as well as the outcome (impact) of the IPO (Babbie et al., 2003).

## **4.5 RESEARCH METHODOLOGY**

### **4.5.1 Population**

The empirical study was conducted from June 2004 to December 2004 in the domestic violence divisions of the Khayelitsha, Wynberg and Bellville Magistrates' Courts in the Western Cape. The first selection criterion was choosing courts where Mosaic's Court Support Desk Project was running. The second selection criterion was choosing courts according to the jurisdictional areas served. Courts were chosen in such a way that the population of the study would be representative of different racial groups in the South African population.

Participants in the control group were from the Belhar, Khayelitsha and Mitchells Plain Day Hospitals in the Western Cape. As a selection criterion, Day Hospitals in the jurisdictional area of the selected courts, and with Mosaic Outreach Centres on their premises, were chosen. Mosaic currently has Outreach Centres in Mitchells Plain, Delft, Khayelitsha, Langa, Phillipi and Dunoon in the Cape Town Metropole.

### **4.5.2 Sampling method used in this study**

Purposive or judgmental sampling as described by Babbie et al. (2003) was used in this study, as random assignment from a common pool of subjects to the experimental and control groups could not be done. All participants applying for Protection Orders for the first time, during a pre-determined time period, at the Bellville, Khayelitsha and Wynberg Magistrate's Courts were approached and requested to take part in the research as participants in the experimental group.

Volunteers at the Delft, Khayelitsha and Mitchells Plain Day Hospitals, who had experienced domestic violence, but who had not applied for Protection Orders, were requested to take part in the research. These participants formed the control group. Reliance on available subjects as described by Babbie et al. (2003) was done. Babbie et al. (2003) warned against



the generalization of data gathered from participants sampled using this method. As the purpose of the control group was to compare changes from the first to the second measurement with changes in the experimental group, this sampling method was feasible in the present study.

#### **4.5.3 Identification of participants**

Participation in the study was voluntary, confidentiality was assured and signed consent was obtained. The experimental group consisted of 884 participants (see Table 4.1). Participants in the experimental group were men and women who applied for IPO's for the first time. Applicants, who had applied for IPO's before or wanted to obtain an IPO as a counter measure for an IPO taken out against them, were excluded from the study.

The control group consisted of 125 participants (see Table 4.12). Participants in the control group were approached by research workers at the selected Day Hospitals and, if they were victims of domestic violence, requested to take part in the study. Men and women who had applied for a Protection Order before, who had a Protection Order against them or who needed a Protection Order urgently were excluded from the study.

#### **4.5.4 Compilation and size of subgroups**

A non-equivalent control group method of sampling was used, where the control group appeared similar to the experimental group in the sense that they were sampled from the same communities and also experienced domestic violence. This made the comparability of results possible (Babbie et al., 2003).

##### **4.5.4.1 Experimental group for the present study**

The experimental group consisted of Coloured, Black, Asian and White male and female applicants who applied for an IPO for the first time. It consisted of 884 participants who completed the first set of questionnaires (see Table 4.1), and 464 (52.49%) participants who completed the second set of questionnaires on the return date, about three weeks later (see Table 4.1). The 884 participants in the experimental group consisted of 14 participants from the trial run, which was conducted in the previous two months, 833 participants sampled in the three month data collection period (see Table 4.2) and 37 participants sampled in an additional month. The period of data collection was extended for a month, to allow for more data to be gathered to increase the representation of all the cultural groups and genders in the sample. The sample for the experimental group was drawn from the Bellville, Khayelitsha and Wynberg Magistrates' Courts in the Western Cape. The total participants in the experimental group per court per month are illustrated in Table 4.1.

Table 4.1

*Participants in experimental group per court per month – First and second measurement samples*

	Total	Total %	Bellville	Bellville %	Khayelitsha	Khayelitsha %	Wynberg	Wynberg %
<b>Experimental Group - First Measurement Sample</b>								
July	14	1.58	2	0.23	0	0.00	12	1.36
August	320	36.20	91	10.29	51	5.77	178	20.14
September	307	34.73	68	7.69	47	5.32	192	21.72
October	206	23.30	26	2.94	78	8.82	102	11.54
November	37	4.19	0	0.00	33	3.73	4	0.45
Total	884	100.00	187	21.15	209	23.64	488	55.20
<b>Experimental Group - Second Measurement Sample</b>								
August	18	3.88	3	0.65	7	1.51	8	1.72
September	117	25.22	41	8.84	13	2.80	63	13.58
October	264	56.90	38	8.19	19	4.09	207	44.61
November	55	11.85	11	2.37	29	6.25	15	3.23
December	10	2.16	0	0.00	8	1.72	2	0.43
Total	464	100.00	93	20.04	76	16.38	295	63.58

It follows from Table 4.1 that most participants completed the first set of questionnaires at the Wynberg Magistrate's Court (55.20%, n=488) followed by participants at the Magistrate's Courts in Khayelitsha (23.64%, n=209) and Bellville (21.15%, n=187). Most participants completed the second set of questionnaires at the Wynberg Magistrate's Court (63.58%, n=295), followed by participants at the Magistrate's Courts in Bellville (20.04%, n=93) and Khayelitsha (16.38%, n=76). As only 464 of the 884 participants completed the second set of questionnaires, a return rate of 52.49% was noted.

i) Cultural profile of the applicants for an IPO over a three-month period

Originally, data collection for a period of three months was planned, but this period was extended by a month, when the majority of participants (50.66%; n=422) in the sample after three months were Coloured females (see Table 4.2). As the focus of the study was on the impact of an IPO on the victims of domestic violence and the other groups in the sample were not well represented, the data collection was extended for another month. A cultural breakdown of the experimental group sample over the three-month period (August, September and October 2004) is presented in Table 4.2.

Table 4.2

*A cultural breakdown of the experimental group sample over a three-month period (August, September and October 2004)*

Racial group	Sex	First Measurement Sample		Second Measurement Sample	
		Total	%	Total	%
Coloured	Male	104	12.48	50	11.47
	Female	422	50.66	268	61.47
Black	Male	34	4.08	11	2.52
	Female	210	25.21	78	17.89
White	Male	8	0.96	4	0.92
	Female	46	5.52	21	4.82
Asian	Male	2	0.24	1	0.23
	Female	7	0.84	3	0.69
Total		833	100.00	436	100.00

Table 4.2 shows that, after three months of data collection, coloured females had the highest level of application (50.66%, n=422) and return (61.47%, n=268) rates, followed by black females (25.21%, n=210 and 17.89%, n=78) and coloured males (12.48%, n=104 and 11.47%, n=50). During the first measurement 685 (82.23%) females and 148 (17.77%) males completed the research questionnaires, while 370 (84.86%) females and 66 (15.14%) males completed the second set of questionnaires on the return date.

ii) Cultural profile of the research sample

By excluding female Coloured participants and only sampling Black female, White female and all male participants during the extended month, the representation of the other groups in the experimental group increased. Table 4.3 illustrates the cultural profile of the first and second measurement samples surveyed for the research.

Table 4.3

*The cultural representations during the first and second measurements*

Racial group	Sex	First Measurement Samples				Second Measurement Samples			
		Experimental Group		Control Group		Experimental Group		Control Group	
		Total	%	Total	%	Total	%	Total	%
Coloured	Male	112	12.67	10	8.00	55	11.85	5	4.95
	Female	428	48.42	49	39.20	272	58.62	46	45.54
Black	Male	38	4.30	9	7.20	13	2.80	7	6.93
	Female	240	27.15	56	44.80	92	19.83	42	41.58
White	Male	9	1.02	0	0.00	5	1.08	0	0.00
	Female	48	5.43	0	0.00	23	4.96	0	0.00
Asian	Male	2	0.23	0	0.00	1	0.22	0	0.00
	Female	7	0.79	1	0.80	3	0.65	1	0.99
Total		884	100.00	125	100.00	464	100.00	101	100.00

As shown in Table 4.3, most participants in the experimental group, who completed the first set of questionnaires, were coloured females (48.42%; n=428), followed by black females (27.15%; n=240) and coloured males (12.67%; n=112). The second set of questionnaires was completed mainly by coloured females (58.62%; n=272), black females (19.83%; n=92) and coloured males (11.85%; n=55).

In the control group, the first set of questionnaires was mainly completed by black females (44.80%; n=56) and coloured females (39.20%; n=49), while the second set of questionnaires was mainly completed by coloured females (45.54%; n=46) and black females (41.58%; n=42).

iii) Biographical information of the research sample

a) Age of participants in the research sample

Participants were requested to indicate their age in the first section of the Abuse Disability Questionnaire (ADQ) (McNamara, 1999). The age of the participants in the research samples for the experimental and control groups (first and second measurements) are shown in Table 4.4.

Table 4.4

*Age of participants in the research sample – First and second measurement samples*

	First measurement sample	First measurement sample %	Second measurement sample	Second measurement sample %	Non- returns	Non- returns %
Age - Experimental Group						
<20	40	4.52	23	4.96	17	4.05
20-29	283	32.01	127	27.37	156	37.14
30-39	305	34.50	162	34.91	143	34.05
40-49	178	20.14	108	23.28	70	16.67
50-59	53	6.00	31	6.68	22	5.24
60-69	20	2.26	11	2.37	9	2.14
70-79	2	0.23	2	0.43	0	0.00
Unknown	3	0.34	0	0.00	3	0.71
Total	884	100.00	464	100.00	420	100.00
Age - Control Group						
<20	7	5.60	4	3.96	3	12.50
20-29	23	18.40	18	17.82	5	20.83
30-39	38	30.40	32	31.68	6	25.00
40-49	38	30.40	36	35.64	2	8.33
50-59	11	8.80	7	6.93	4	16.67
60-69	4	3.20	3	2.97	1	4.17
70-79	1	0.80	0	0.00	1	4.17
Unknown	3	2.40	1	0.99	2	8.33
Total	125	100.00	101	100.00	24	100.00

It follows from Table 4.4 that, of those participants in the experimental group who returned, the highest percentage were in the age group 31-40 (36.42%; n=169), followed by 21-30 (29.09%; n=135). The highest number of non-returns were in the age group 21-30 (39.05%; n=164) followed by 31-40 (33.33%; n=140). To determine significant differences between the ages of participants in the experimental group who returned and those who did not return, and between the participants in the experimental and control groups who returned, a one-way analysis of variance was done. The results of this analysis are presented in Table 4.5.

Table 4.5

*Results of a one-way analysis of variance for the ages of participants in the experimental and control groups*

Variables	Group	n	Means	Standard deviations	F	p
Age	Returns	464	35.1	10.36	5.47	0.02
	Non-returns	417	33.5	10.36		
Age	Experimental group returns	464	35.1	10.61	5.05	0.02
	Control group returns	100	37.8	10.61		

It follows from Table 4.5 that the mean age of participants in the experimental group who returned were 35.1 years, while the mean age of participants who did not return were significantly younger at 33.5 years ( $p=0.02$  and thus statistically significant on a 5% significance level, but not on a 1% significance level). The mean age in the experimental group was 35.1 years, while the mean age in the control group was significantly higher at 37.8 years ( $p=0.02$  and thus statistically significant on a 5% significance level, but not on a 1% significance level). Although these differences are statistically significant, it is not clinically significant.

b) Marital status of participants in the research sample

Participants were requested to indicate their marital status in the first section of the ADQ. The marital status of the participants in the research samples for the experimental and control groups (first and second measurements) are presented in Table 4.6.

Table 4.6

*Marital status of participants in the research sample – First and second measurement samples*

	First measurement sample	First measurement sample %	Second measurement sample	Second measurement sample %	Non-returns	Non-returns %
<b>Marital status - Experimental Group</b>						
Single	363	41.06	177	38.15	186	44.29
Divorced	89	10.07	58	12.50	31	7.38
Married	405	45.81	216	46.55	189	45.00
Widow/Widower	27	3.05	13	2.80	14	3.33
Total	884	100.00	464	100.00	420	100.00
<b>Marital status - Control Group</b>						
Single	54	43.20	46	45.54	8	33.33
Divorced	7	5.60	7	6.93	0	0.00
Married	55	44.00	43	42.57	12	50.00
Widow/Widower	7	5.60	5	4.95	2	8.33
No answer	2	1.60	0	0.00	2	8.33
Total	125	100.00	101	100.00	24	100.00

From Table 4.6 we see that most participants in the experimental group were either married (45.81%; n=405) or single (41.06%; n=363). Married participants had the highest return rate (46.55%; n=216), followed by single participants (38.15%; n=177). Most participants in the control group were either married (44%; n=55) or single (43.20%; n=54). In the control group, single participants had the highest return rate (45.54%; n=46) followed by married participants (42.57%; n=43). To determine significant differences between the marital status of participants who returned to finalise their Protection Orders and those who did not return, and between participants in the experimental and control groups who returned, a chi-square analysis was done. The results of this analysis are presented in Table 4.7.



Table 4.7

*Results of Chi-square analysis of the marital status of participants in the experimental and control groups*

Groups	N	Married n	Single n	Divorced n	Widowed n	Chi-square (p-value)
Experimental group returns	464	217 (46.77%)	177 (38.15%)	57 (12.28%)	13 (2.80%)	
Experimental group non-returns	420	189 (45.00%)	186 (44.29%)	31 (7.38%)	14 (3.33%)	0.05
Experimental group returns	464	217 (46.77%)	177 (38.15%)	57 (12.28%)	13 (2.80%)	
Control group returns	101	44 (43.56%)	45 (44.55%)	7 (6.93%)	5 (4.95%)	0.22

From Table 4.7 we see that a smaller percentage of single participants in the experimental group returned for the finalisation of their Protection Orders ( $p=0.05$  and thus significant on a 5% significance, but not 1% significance level). There were no significant differences between the marital status of participants in the experimental and control groups who completed the second set of questionnaires ( $p=0.22$ ).

c) Educational level of participants in the research sample

Participants were requested to indicate their educational level in the first section of the ADQ. The educational level of participants in the experimental and control groups are presented in Table 4.8.

Table 4.8

*Educational level of research sample – First and second measurement samples for experimental and control groups*

	First measurement sample	First measurement sample %	Second measurement sample	Second measurement sample %	Non- returns	Non- returns %
Education - Experimental Group						
None	9	1.02	1	0.22	8	1.90
Grade 1	0	0.00	0	0.00	0	0.00
Grade 2	0	0.00	0	0.00	0	0.00
Grade 3	3	0.34	3	0.65	0	0.00
Grade 4	14	1.58	9	1.94	5	1.19
Grade 5	21	2.38	10	2.16	11	2.62
Grade 6	24	2.71	15	3.23	9	2.14
Grade 7	79	8.94	54	11.64	25	5.95
Grade 8	97	10.97	53	11.42	44	10.48
Grade 9	100	11.31	53	11.42	47	11.19
Grade 10	172	19.46	91	19.61	81	19.29
Grade 11	115	13.01	57	12.28	58	13.81
Grade 12	250	28.28	118	25.43	132	31.43
Total	884	100.00	464	100.00	420	100.00
Education - Control Group						
None	1	0.80	0	0.00	1	4.17
Grade 1	0	0.00	0	0.00	0	0.00
Grade 2	0	0.00	0	0.00	0	0.00
Grade 3	0	0.00	0	0.00	0	0.00
Grade 4	3	2.40	2	1.98	1	4.17
Grade 5	5	4.00	5	4.95	0	0.00
Grade 6	17	13.60	17	16.83	0	0.00
Grade 7	10	8.00	8	7.92	2	8.33
Grade 8	28	22.40	23	22.77	5	20.83
Grade 9	17	13.60	15	14.85	2	8.33
Grade 10	17	13.60	13	12.87	4	16.67
Grade 11	10	8.00	7	6.93	3	12.50
Grade 12	15	12.00	11	10.89	4	16.67
N/A	2	1.60	0	0.00	2	8.33
Total	125	100.00	101	100.00	24	100.00

*(table continues)*

Table 4.8 (continued)

*Educational level of research sample - First and second measurement samples for experimental and control groups*

Higher education - Experimental Group						
Yes	135	15.27	66	14.22	69	16.43
No	749	84.73	398	85.78	351	83.57
Total	884	100.00	464	100.00	420	100.00
Higher education - Control Group						
Yes	3	2.40	2	1.98	1	4.17
No	122	97.60	99	98.02	23	95.83
Total	125	100.00	101	100.00	24	100.00

It follows from Table 4.8 that most participants in the experimental group had an educational level of either grade 12 (n=250, 53.88%) or grade 10 (n=172, 37.07%). Grade 12 participants had the highest return rate (n=118, 25.43%), followed by grade 10 participants (19.61%, n=91). Most applicants who applied for protection orders had Grade 9 or 10 qualifications. Most participants in the experimental and control groups had no higher/tertiary education. To determine significant differences between the educational levels of participants in the experimental group who returned and those who did not return, and between the participants in the experimental and control groups who returned, a one-way analysis of variance was done. The results of this analysis are presented in Table 4.9.

Table 4.9

*Results of a one-way analysis of variance for the educational level of participants in the experimental and control groups*

Variables	Group	n	Means	Standard deviations	F	p
Educational level	Returns	464	9.5	2.30	3.02	0.08
	Non-returns	420	9.8	2.30		
Educational level	Experimental group	464	9.5	2.18	21.63	<0.01
	Control group	101	8.4	2.18		

It follows from Table 4.9 that the mean educational level of participants in the experimental group (grade 10) was significantly higher than in the control group (grade 8) ( $p < 0.01$ ). There were no statistically significant differences between the educational levels of participants who returned and those who did not return in the experimental group ( $p = 0.08$ ).

d) Home language

Participants in the experimental group were requested to indicate their home language in the court report form of Mosaic. Table 4.10 shows the home language of participants in the experimental group.

Table 4.10

*Home language of participants in the experimental group*

Home language	Total	%
Afrikaans	389	44.00
Xhosa	239	27.04
English	169	19.12
Unknown	80	9.05
French	3	0.34
Zulu	2	0.23
Sotho	1	0.11
Swahili	1	0.11
Total	884	100.00

It follows from Table 4.10 that most participants in the experimental group had Afrikaans (44%, n=389), Xhosa (27.04%, n=239) or English (19.12%, n=169) as their home language.

e) Employment status of participants in the experimental group

Participants in the experimental group were requested to indicate their employment status in the court report form of Mosaic. The employment status of participants in the experimental group is presented in Table 4.11. To determine any significant differences between the employment levels of participants who returned to have their Protection Orders finalised and those who did not return, a chi-square analysis was done. The results of this analysis are presented in Table 4.11.

Table 4.11

*Results of Chi-square analysis of the employment status of participants in the experimental group*

Experimental Group	N	Full-time n	Unemployed n	Self- employed n	Part-time n	Chi-square (p-value)
Returns	456	224 (49.12%)	190 (41.67%)	19 (4.17%)	23 (5.04%)	
Non-returns	391	180 (46.04%)	186 (47.57)	7 (1.79%)	18 (4.60%)	0.10

It follows from Table 4.11 that most participants in the experimental group were employed full-time or unemployed. There were no statistically significant difference between the employment status of participants who returned to have their Protection Orders finalised and those who did not return ( $p=0.1$ ).

#### 4.5.4.2 Control group for the present study

A convenience sample of Coloured, Black, Asian and White males and females who were abused, but who had not applied for IPO's, were included in this study. Of the 125 participants who agreed to complete the first set of questionnaires in the first measurement (pre-test), 101 returned about three weeks later to complete the second set of questionnaires in the second measurement (post test). To ensure a higher return rate, participants were financially compensated on completion of the second set of questionnaires.

To prevent contamination of the data by the legal process, all participants agreed in writing that, although they were free to apply for protection orders in the interim period between completion of the first and second set of questionnaires, their data would not be used, if they had applied in the interim period. No payment would be given in such a case.

The control group's data was collected at Mosaic's Outreach Centres at Delft, Mitchells Plain and Khayelitsha Day Hospitals in the Western Cape. For the duration of data collection, no community education was done by Mosaic at the venues where the data was collected. The distribution of participants according to months and venues is illustrated in Table 4.12.

Table 4.12

*Participants in control group per venue per month – First and second measurement samples*

	Total	Total %	Delft	Delft %	Khayelitsha	Khayelitsha %	Mitchells Plain	Mitchells Plain %
<b>Control Group - First Measurement Sample</b>								
August	88	70.40	25	78.13	38	60.32	25	83.33
September	35	28.00	7	21.88	23	36.51	5	16.67
October	2	1.60	0	0.00	2	3.17	0	0.00
Total	125	100.00	32	100.00	63	100.00	30	100.00
<b>Control Group - Second Measurement Sample</b>								
August	19	18.81	2	7.14	17	36.17	0	0.00
September	78	77.23	26	92.86	26	55.32	26	100.00
October	4	3.96	0	0.00	4	8.51	0	0.00
Total	101	100.00	28	100.00	47	100.00	26	100.00

It follows from Table 4.12 that most participants in the control group were from Khayelitsha Day Hospital, followed by Delft Day Hospital and Mitchells Plain Day Hospital.

#### 4.5.4.3 Return percentage per venue

Not all participants in the experimental group returned to have their Protection Orders finalised and to complete the second set of questionnaires. The same tendency towards non-returns was visible in the control group. Table 4.13 illustrates the percentage of returns for the second measurement for the experimental and control groups.

Table 4.13

*Percentage of returns – Experimental and control groups*

Experimental Group returns	Bellville Court	Khayelitsha Court	Wynberg Court
First measurement	187	209	488
Second measurement	93	76	295
Return percentage	49.73	36.36	60.45
Control Group returns	Delft Day Hospital	Khayelitsha Day Hospital	Mitchells Plain Day Hospital
First measurement	32	63	30
Second measurement	28	47	26
Return percentage	87.50	74.60	86.67

It follows from Table 4.13 that participants in both the experimental and control groups from the Khayelitsha Magistrate’s Court and Khayelitsha Day Hospital had a lower return rate compared to participants from Bellville and Wynberg Magistrate’s Courts and the Mitchells Plain and Delft Day Hospitals.

## 4.6 DATA GATHERING

### 4.6.1 Measuring instruments

Information was gathered through qualitative and quantitative measures. Qualitative questions were asked to gain a greater depth of understanding of the concepts (De Vos, 2002), namely the experiences and perspectives of participants concerning domestic violence, the application process for, and the impact of Interim Protection Orders (IPO’s).

In the experimental group, each participant completed a set of questionnaires on the first day of measurement (application date) and another set of questionnaires on the second day of measurement (return date). In addition, Mosaic’s court workers completed the existing court report forms on the first day of measurement. Court report forms are routinely completed by the court workers when they assist the victims of domestic violence to complete the application forms for IPO’s and is completed for statistical purposes. In this study, these

forms were used to gather biographical information of participants in the experimental group.

Certain sections of the first and second sets of questionnaires were compiled using the existing literature, contributions by the Director of Mosaic and contributions by the seventeen research assistants involved in the research. These questions were refined during the trial run.

In the control group, each participant also completed a set of questionnaires on the first day of measurement and another set of questionnaires on the second day of measurement (about three weeks later).

To measure for possible change between period one and two, two standardised questionnaires were used in both the experimental and control groups, namely:

The Abuse Disability Questionnaire (ADQ) (McNamara, 1999)

The Spiritual Health and Life-Orientation Measure (SHALOM) (Gomez & Fisher, 2003)

Both are self-report questionnaires and were available in English, Afrikaans and Xhosa. Translation of the questionnaires was done by professionals, in accordance with acceptable translating practices. Questionnaires were translated into Afrikaans and Xhosa and then translated back into English to control for possible differences.

#### **4.6.1.1 Court report form (Mosaic)**

The court report form of Mosaic was used to gather demographic information and information on the nature and intensity of abuse experienced by the participants. Information on gender, marital status, age, employment status and home language of participants in the experimental group were gathered by using this form. This form also provided information on the types of abuse experienced by participants.

#### **4.6.1.2 Questionnaires used during the first measurement**

In the experimental group, the first set of questionnaires consisted of six sections. In the first section, biographical and general information were gathered, while general questions with regard to the applicant's general beliefs and experiences were asked in section 2. Section 3 consisted of the SHALOM, followed by additional questions providing an overview of participants health status and cultural beliefs in section 4. In section 5 the application procedure was evaluated, followed by the ADQ in section 6 (see Addendum A).

In the control group, the first set of questionnaires was similar to those of the experimental group, although questions to evaluate the application procedures of the IPO were excluded (see Addendum B).



#### **4.6.1.3 Questionnaires used during the second measurement**

In the experimental group, the second set of questionnaires consisted of eight sections, with quantitative and qualitative questions. In sections 1 to 5, questions on the serving of the IPO, the effect of the IPO, withdrawal of the IPO, police involvement and social support were asked. Section 6 consisted of the SHALOM, followed in section 7 by general questions and a request for additional comments. Section 8 consisted of the ADQ. Qualitative questions in the second set of questionnaires focused on ways in which the IPO helped or did not help participants, what changes they would want to make to the IPO to make it more effective, what advice they would give someone who wanted to apply for an IPO and what they had learned from completing the questionnaires (see Addendum C).

In the control group, the second set of questionnaires was similar to that in the experimental group, but questions had no reference to IPOs. General information, information on the changes in abuse, the impact of abuse, police involvement, social support, the SHALOM, general questions and the ADQ were asked. Qualitative questions in the second set of questionnaires focused on what participants had learned from completing the questionnaires and reasons for wanting to, or not wanting to apply for IPOs (see Addendum D).

#### **4.6.1.4 The Abuse Disability Questionnaire (ADQ)**

The Abuse Disability Questionnaire (ADQ) is a self-report screening questionnaire developed by McNamara (1999) to assess both the extent of abuse and the extent to which a disabling psychological perspective has been acquired among abused persons (see Addendum E). According to McNamara and Brooker (2000) the consequences of abuse may create an impairing or disabling psychological perspective that affects both self-perception and life functioning (the way life is viewed, evaluated and lived). This view is consistent with Bergner (1997), who views psychopathology as a disability or a functional impairment.

A disability perspective further assumes that victims have been exposed to various levels of stress over a prolonged period of time, and that behavioural, cognitive and affective coping mechanisms, after being mobilised, have proved to be only slightly successful or unsuccessful. Negative self-evaluation and inappropriate physical or affective responses follow. This leads to life experiences being filtered through a negative evaluation set affecting for example physical health, life satisfaction and psychological well-being (McNamara & Brooker, 2000).

As most measuring instruments only measure the trauma or victimisation effects of abuse (Briere & Elliot, 1997), McNamara and Brooker (2000) developed a questionnaire to measure

the disabling perspectives of the victims of abuse. The assumption is made that repeated abuse will shift the judgmental processes, which the victim uses to evaluate life functioning, in a negative direction. By measuring the degree of negativity expressed about various life functions, the extent to which a disabling psychological perspective has been acquired, can be determined. This questionnaire does not assess clinical symptomatology, but is a subjective evaluation of how impaired victims believe themselves to be. This subjective evaluation could have a detrimental affect on the general well-being of the victim of domestic violence (Fields et al., 2001).

The ADQ has three sections. The first part gathers information about demographics (for example age, educational level and marital status), while the second parts gathers information, on a 5-point Likert scale, about the intensity of the psychological/emotional, physical and sexual abuse. The third section consists of 30 items depicting impairment in different life areas and is answered by using a 5-point Likert scale, indicating the extent of agreement with each statement (McNamara & Brooker, 2000). The total of the three scores indicates the total abuse experienced.

The ADQ has 30 items covering eight subscales, namely relationship disability, psychological dysfunction, anxiety, life restriction, inadequate life control, health status issues, concern with physical harm and substance abuse. Total Impairment is calculated by using the scores from the eight subscales (McNamara, 1999). Total Abuse Exposure is calculated by using the psychological/emotional abuse, physical abuse and sexual abuse scores in the first section, focusing on the intensity of abuse suffered by participants (McNamara, 1999). To establish the reliability scores of the subscales in the ADQ the Cronbach alpha's of each subscale was determined.

According to Babbie et al. (2003) reliability is “a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time” (p. 119). According to Murphy and Davidshofer (1991) the goal of determining reliability is to determine how much of the variability in test scores is due to errors in measurement, and how much is due to the variability in true scores. The reliability indices (obtained in this study) of Total Abuse Exposure and Total Impairment and the subscales of the ADQ are presented in Table 4.14.

Table 4.14

*Reliability indices of the total scores and subscales of the ADQ*

	First measurement				Second measurement			
	N	Cronbach alphas	Means	Standard Deviations	N	Cronbach alphas	Means	Standard Deviations
Total impairment	565	0.78*	95.50	28.23	565	0.86*	76.78	33.09
Total abuse exposure	565	0.48	6.63	3.00	565	0.70	3.47	3.46
Relationship disability	565	0.96	29.59	10.60	565	0.98	22.99	11.63
Psychological dysfunction	565	0.82	20.88	6.49	565	0.92	16.27	7.54
Anxiety	565	0.53	8.37	3.13	565	0.71	6.98	3.30
Life restriction	565	0.90	18.92	7.83	565	0.95	15.30	7.83
Inadequate life control	565	0.83	13.31	5.13	565	0.90	10.42	5.26
Health status issues	565	0.76	10.35	4.68	565	0.85	8.86	4.50
Concern with physical harm	565	0.63	6.77	2.69	565	0.78	5.25	2.70
Substance abuse	565	0.55	5.45	2.68	565	0.78	5.29	2.84

\* *Note.* Guttman split-half alpha. A split-half reliability analysis was only performed for Total Impairment as the scale consisted of many items.

A value of 0.7 was used as a reference point to determine the reliability of the subscales (Nunnally, 1978). It follows from Table 4.14 that for the first measurement, the coefficients for total abuse exposure, anxiety, substance abuse were below 0.7. As the coefficient for concern with physical harm (for the first measurement) was on the boundary of this reference point, the indice was deemed to be reliable. For the second measurement, all the coefficients were found to be sufficiently reliable. A split-half reliability analysis was only performed for Total Impairment as the scale consisted of many items.

According to McNamara (1999) the level of impairment represents the extent to which a disabling psychological perspective has been acquired. At low levels of impairment (score of 75 or below) life is viewed as mostly positive with adequate functioning in social roles. There is successful coping with past and present issues at emotional, cognitive and behavioural levels and major psychiatric or personality problems are absent. At mild levels of impairment (score of 76-100), life is viewed as less positive and there is a strain on the performance of social roles. Psychiatric conditions, for example depression or an adjustment disorder, may be present and slight functional difficulties to major impairment in several life areas may exist. Variable coping with past issues and great difficulty in dealing with present life issues might be present. At moderate levels of impairment (scores of 101-125), life is viewed as being negative. Several life areas may be affected, with greater role strain and temporary disruption in the performance of some roles, for example absenteeism from work. Serious impairment in functioning to slight difficulty in functioning, with a probable psychiatric condition, might exist. For severe levels of impairment (score of 126+), life is viewed as being negative and multiple life areas are often affected. Inadequate coping with past and present life issues are common. Great role strain reflected in inadequate performance in certain roles or the cessation of certain role activities is often present. The presence of a psychiatric condition is very likely, with serious to mild impairment in life functioning (McNamara, 1999).

Initial psychometric research indicates that the ADQ has adequate test-retest reliability, internal consistency, and construct validity. Short-term test-retest reliability is 0.76 (McNamara & Brooker, 2000) and internal consistency coefficients range from 0.88 (McNamara & Brooker, 2000) to 0.93 (McNamara & Fields, 2000a). Construct validity has been indicated by findings of a positive relationship between ADQ Total Abuse Ratings and ADQ Total score (McNamara & Brooker, 2000), as well as by findings of a positive relationship between impairment scores and abuse ratings and a negative relationship between scores on impairment and self-esteem (McNamara & Fields, 2001). During factor analysis, it was found that the thirty statements on the questionnaire account for approximately 70% of

the variance (McNamara & Brooker, 2000). Permission for the use of this questionnaire was granted by Prof. J. McNamara (University of Ohio) (personal communication, 13 April, 2004).

#### **4.6.1.5 The Spiritual Well-being Questionnaire (SHALOM)**

General well-being is defined as the integration or the balance of the six dimensions of human functioning, namely the physical, mental, emotional, social, vocational and spiritual dimensions, into a meaningful whole (Chandler et al., 1992; Coward & Reed, 1996; Greenberg, 1985; Wissing & Van Eeden, 2002). There is growing evidence that spirituality is linked to general well-being, physical well-being and psychological well-being (Miller & Thoreson, 2003).

As one of the primary objectives of the present study was to determine the impact of an IPO on the general well-being of the victims of domestic violence, a questionnaire, measuring general well-being was needed. The Spiritual Well-being Questionnaire (SWBQ) or (SHALOM) (Gomez & Fisher, 2003) was the only questionnaire that could be found that included a balance between the personal, communal, environmental and transcendental domains of human functioning.

In 1998 Fisher proposed a broad-based spiritual well-being model, comprising of four related domains of well-being, namely a personal, communal, environmental and transcendental domain (Fisher, 1999a). The Spiritual Well-being Questionnaire (SWBQ) or (SHALOM) is a self-report questionnaire developed by Gomez and Fisher (2003). The questionnaire supports Fisher's four-dimensional model of well-being and contains a personal, communal, environmental and transcendental domain and a single global spiritual well-being dimension (Gomez & Fisher, 2003). The four domains of spiritual well-being as described by Fisher (2000a) are:

- Personal – this domain deals with how one relates with oneself with regard to purpose, meaning and values in life. The human spirit creates self-awareness, which relates to self-esteem and identity.
- Communal – this domain deals with the quality and depth of interpersonal relationships and includes love, justice, hope and faith. It relates to morality, culture and religion.
- Environmental – this domain deals with care and nurturing of the physical and biological world and includes a sense of wonder, awe and unity with the environment.

- Transcendental – this domain deals with the relationship of self with something or someone beyond the human level, such as a cosmic force, a transcendent reality or God, and involves faith towards, adoration for and worship of the source of mystery of the universe.

The Spiritual Health and Life Orientation Measure (SHALOM) (Gomez & Fisher, 2003) consists of three different sections (see Addendums A, B, C and D). The first section (a) measures how important participants consider each of the four dimensions of spiritual well-being (relationship with self, others, environment and Transcendent Other) to be for an ideal state of spiritual health. Fisher (1999c) called this “life orientation”. The second section (b) measures how each area reflect participants’ personal experience of each dimension most of the time. Fisher (1999c) called this “spiritual health”. The third section of this questionnaire is a direct measure of participants’ perceived need for help in nurturing their spiritual well-being (Fisher, 1999c).

In a study by Fisher (1999c), it was found that the SHALOM was flexible and that it could be used as a 1-, 2-, or 3-dimensional instrument (Fisher, 1999c). If only column (b) was completed, it gave an indication of the lived experience of each participant, with a balanced view of the four dimensions. If columns (a) and (b) were completed, examination of the difference between the ideal state and the lived experience provided understanding of each person’s level of spiritual well-being (Fisher, 1999c). For the purpose of the present study, , only column (b) was used. This section of the SHALOM is called the Spiritual Wellbeing Questionnaire (SWBQ) and measures how participants feel each item reflect their personal experience of their spiritual health (Gomez & Fisher, 2005).

The SHALOM comprises twenty questions, five representing each of the four domains of spiritual well-being. Each of the items can be measured on a five-point Likert scale, ranging from very low to very high. Each item indicates how much a participants feels each of the items reflect his/her personal experience most of the time. It gives a measure of a participant’s spiritual health in each domain (Fisher, 2000b).

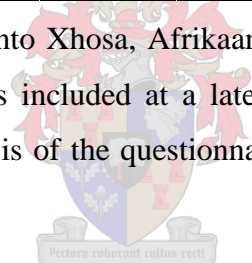
Initial psychometric research indicates that the SHALOM has adequate test-retest reliability, internal consistency, and construct validity. An exploratory factor analysis and a supportive study indicated that the 20 items supported Fisher’s four dimensional model of spiritual well-being (Fisher, 1999a). Construct validity was confirmed by these findings and an internal consistency coefficient of 0.92 (Cronbach alpha) was found (Gomez & Fisher, 2003). The reliability indices obtained in this study, for the subscales of the SHALOM, are presented in Table 4.15.

Table 4.15

*Reliability indices of the subscales of the SHALOM*

	First measurement				Second measurement			
	N	Cronbach alphas	Means	Standard Deviations	N	Cronbach alphas	Means	Standard Deviations
Personal	565	0.83	21.01	3.87	563	0.90	21.49	3.61
Communal	563	0.80	21.48	3.47	563	0.88	21.62	3.33
Environmental	564	0.87	20.74	3.96	562	0.92	21.13	3.64
Transcendental (excluding item 11)*	565	0.88	17.51	3.04	563	0.91	17.58	2.76
Transcendental (including item 11)*	477	0.91	21.94	3.82	521	0.93	21.92	3.39

\* *Note.* During the translation process of the questionnaires into Xhosa, Afrikaans and English, item 11 in the SHALOM was not included in the Xhosa questionnaires. Although item 11 was included at a later stage, some participants completing the Xhosa questionnaires could not answer that item. A statistical analysis of the questionnaires with item 11 included and then with item 11 excluded were done to determine significant differences.





It follows from Table 4.15 that, for the first and the second measurements, the reliability coefficients for personal, communal and transcendental well-being were found to be acceptable. A value of 0.7 was used as a reference point to determine the reliability of the subscales (Nunnally, 1978). Permission for the use of this questionnaire was granted by Dr. J. Fisher (University of Ballarat) (personal communication, 8 June, 2004).

## **4.7 DATA COLLECTION PROCEDURES**

### **4.7.1 Data collection**

Seventeen research assistants / fieldworkers administered the first and the second set of questionnaires at the Bellville, Khayelitsha and Wynberg Magistrate's Courts (experimental group) and the Delft, Khayelitsha and Mitchells Plain Day Hospitals (control group). Nine community workers from Mosaic and eight students from the Department of Social Development (Mitchells Plain) were specifically trained for the purpose of this study. Weekly supervision sessions were held at Mosaic's head office in Wynberg for the period of data collection. This was in keeping with Mouton (2003), who encourages keeping track of fieldwork as a form of quality control.

In an effort to standardise the administration procedures of the questionnaires, field workers were trained not to explain questions to participants, but to encourage participants to answer according to their own understanding. Completion of the questionnaires on behalf of participants were discouraged, but was permitted in exceptional cases, for example if the participant was blind or short-sighted.

A trial run was conducted in the Bellville, Khayelitsha and Wynberg Magistrate's Courts to streamline the procedures of the empirical study and to uncover any defects in the questionnaires (Babbie et al., 2003). As certain sections in the first and second sets of questionnaires were not standardised, for example the questions with regard to the efficiency of IPO procedures and the role of the police, pre-testing of the questions were necessary. These questions were revised according to feedback received from the fieldworkers. The procedures of administering the questionnaires were also streamlined based on the feedback received from the fieldworkers. After receiving permission from Prof. J. McNamara (University of Ohio) (personal communication, 21 June, 2004) some items in the ADQ were simplified to make it understandable to participants. During the trial run 372 participants completed the first set of questionnaires and 111 completed the second set of questionnaires.

For the experimental group a trial run of two months, followed by data collection for a period of three months, was planned. After the three-month period, the majority of participants (50.66%) in the sample were Coloured females. As the focus of the study was on

the impact of an Interim Protection Order on the victims of domestic violence and the other groups in the sample were not well represented, the data collection was extended for another month. By excluding female Coloured participants and only sampling Black female, White female and all male participants during this extended month, the representation of the other groups in the sample increased.

In the experimental group, the first set of questionnaires was administered by the research assistants on the day of application for an IPO prior to seeing the Magistrate, while the second set of questionnaires were administered on the return date, also prior to seeing the Magistrate and knowing whether a Final/Permanent Protection Order had been granted or not. Completion of each set of questionnaires took approximately twenty to thirty minutes. Participation in the study was voluntary and participants were assured of confidentiality. A period of two weeks to two months passed between the completion of the first and second sets of questionnaires.

Data collection in the control group was done in the same three-month period as data collection for the experimental group. The first set of questionnaires was administered by the research assistants at Mosaic's Outreach Centres at the Delft, Mitchells Plain and Khayelitsha Day Hospitals on the day that participants agreed to take part in the study. Participants were given a follow-up date to complete the second set of questionnaires at the same venues. Completion of each set of questionnaires took approximately twenty to thirty minutes. For most participants, a period of approximately three weeks lapsed between completion of the first and second set of questionnaires.

Each participant in the control group signed a form stating that they voluntarily consent to participation in the study. By signing the form, participants certified that they had never applied for a Protection Order before, that nobody had a Protection Order against them and that they would not apply for a Protection Order until both sets of questionnaires were completed. On the form, it was also confirmed that participants would be paid a retaining fee on completion of both sets of questionnaires. Each participant received a paper slip as proof of participation and a confirmation of the proposed payment on completion of both sets of questionnaires. On receipt of payment, after completion of the second set of questionnaires, participants signed a paper slip confirming full and final payment for participation in the research project. It was explained to participants that they could apply for Protection Orders in the interim period before the second set of questionnaires had been completed, but that their questionnaires could not be used in such an instance and that no payment would thus be made.

## **4.7.2 Data processing**

The data from the questionnaires were meticulously captured using a data set created in the ACCESS computer software programme. Possible-code clearing, as described by Babbie et al. (2003), was done by examining the distribution of responses to each item in the data set. When errors were discovered, the source document was located, the items checked and necessary corrections made.

Data were then imported into EXCEL spreadsheets, analysed and graphically illustrated. Scoring of the ADQ (McNamara, 1999) and the SHALOM (Gomez & Fisher, 2003) was done in accordance with the guidelines provided by the developers thereof.

## **4.7.3 Data analysis**

Analysis of the data was done in consultation with the Centre for Statistical Consultation at the University of Stellenbosch. Quantitative and qualitative data analysis techniques were applied under the Centre's supervision.

### **4.7.3.1 Qualitative data**

According to Patton (1986) qualitative data consists of detailed descriptions of people, interactions, situations, events and observed behaviours. Direct quotations from people's thoughts, attitudes, beliefs and experiences are often reported when qualitative data is analysed. The qualitative data were categorised according to themes and interpreted in that context. Direct quotations were reported where applicable.

Coding was used to reduce a wide variety of qualitative responses to a more limited set of attributes composing a variable (Babbie et al., 2003). Definitions of code categories were then refined. The meaning of each of the code categories was explained to two research assistants, who were then shown how to assign given responses to the proper categories. As a trial run, the same responses were coded by the researcher and the research assistants to compare results and to clear out any discrepancies. Throughout the coding process, some of the responses were check-coded to check reliability. Conceptual analysis and grounded theory, as described by Mouton (2003), were used in the analysis of the qualitative data.

### **4.7.3.2 Quantitative data**

STATISTICA (data analysis software system), version 7.1 (StatSoft, Inc., 2005) was used in the analysis of the quantitative data. The responses to structured questions were codified, frequencies determined and graphically illustrated.

Descriptive statistics and Cronbach alpha reliability coefficients were computed for each scale and/or subscale. The Cronbach alpha was used to determine the reliability of the scales.

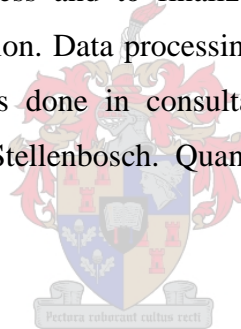
In those cases where scales consisted of many items, a split-half reliability analysis was performed (see Table 4.15) (Babbie et al., 2003).

The significance of differences between the means of sub-groups and between pre-and post measurements were determined using repeated measures ANOVA (Cozby, 1989). In other cases where only groups were compared, standard one-way ANOVA was applied. Relationships between the groups and categorical variables (for example Yes/No responses) were tested using cross-tabulation and the chi-square test (Babbie et al., 2003).

#### **4.8 SUMMARY**

In this chapter, the research problem, including the research questions and research hypotheses, the research goals, research design and research methodology were discussed. By following a rigorous approach, the research process could be focused and the research results validated.

Seventeen field workers were trained and weekly supervision sessions held. A trial run to streamline the data collection process and to finalize the questionnaires was conducted, followed by a period of data collection. Data processing was done meticulously to limit any mistakes. Analysis of the data was done in consultation with the Centre for Statistical Consultation at the University of Stellenbosch. Quantitative and qualitative data analysis techniques were applied.



## CHAPTER 5

### RESULTS

#### 5.1 INTRODUCTION

Four aims were identified for the present study. The first aim was to improve the ability of government and policy makers to protect the victims of domestic violence by identifying and affirming strengths in the current legal system with regard to Interim Protection Orders (IPOs), to identify weaknesses or shortcomings and to indicate how these problems could be remedied. The second aim was to identify the needs of the victims of domestic violence and to make recommendations to meet these needs. The third aim was to bring the above information to the attention of policy makers and the South African judicial system, aiming to improve the ability of government and policy makers to protect the victims of domestic violence. The fourth aim was to contribute to a better understanding of domestic violence in South Africa.

Three primary and four secondary objectives were formulated to meet these aims. The first primary objective was to determine the impact of an IPO on the nature and the extent of domestic violence. The second primary objective was to determine the impact of an IPO on the general well-being of the victims of domestic violence and the third primary objective was to determine the efficiency of the application procedure for an IPO.

The first secondary objective was to compile profiles of the victims of domestic violence in different cultural groups, while the second secondary objective was to describe and compare the nature and extent of domestic violence in different cultural groups. The third secondary objective was to review the role of the police in the implementation of an IPO. The last secondary objective was to make recommendations where applicable and to inform government and the policy makers with regard to the findings of the study.

The research findings are presented in accordance with the primary and secondary objectives of the study. The findings obtained by using the Spiritual Health and Life-Orientation Measure (SHALOM) (Gomez & Fisher, 2003) and the Abuse Disability Questionnaire (ADQ) (McNamara, 1999) are central to the first primary objective, namely determining the impact of an IPO on the nature and the extent of domestic violence, as well as to the second primary objective, namely determining the impact of an IPO on the general well-being of the victims of domestic violence. These are presented in this chapter.

## **5.2 PRIMARY OBJECTIVES**

### **5.2.1 The impact of an IPO on the nature and the extent of domestic violence**

The first primary objective of the present study is to determine the impact of an IPO on the nature and the extent of domestic violence. This was done by assessing a number of factors in four different sections of the self-report questionnaires.

Findings obtained by using the ADQ (McNamara, 1999) which focus on the impact of an IPO on total impairment, total abuse exposure, physical abuse, psychological/emotional abuse and sexual abuse are presented first. Participants' perceptions of changes in abuse from the first to the second measurements are presented second. Thirdly, a qualitative analysis is made of the participants' responses to a question on whether and how an IPO helped them. Fourthly, participants' perceptions of changes in the relationship with the abuser, changes in the abuser's behaviour towards the children, changes in the abuser's behaviour towards other family members and changes in the abuser's behaviour in the community, during the interim period between the first and the second measurements are presented. A comparison is made between the responses of participants in the experimental and control groups to determine the impact of the IPO on participants in the experimental group. The changes in the state of mind of children, as perceived by participants in both the experimental and control groups, are then compared to determine whether the IPO had an impact on the children's state of mind.

#### **5.2.1.1 Impact of an IPO on total impairment, total abuse exposure, physical abuse, psychological/emotional abuse and sexual abuse**

The ADQ (McNamara, 1999) was used to determine the impact of an IPO on the total score measurements of impairment and abuse exposure. The subscales of physical abuse, psychological/emotional abuse and sexual abuse were used to determine the total abuse exposure of participants. Total impairment was determined by using the subscale scores of concern with physical harm, anxiety, inadequate life control, substance abuse, health status issues, psychological dysfunction, life restriction and relationship disability. The standard deviations reported in this section are pooled standard deviations arising from the ANOVA assumption of equal variance in the two groups.

##### **i) Total impairment**

Total impairment refers to the extent to which a disabling psychological perspective has been attained and is the total score measurement of the ADQ (McNamara, 1999). The means and standard deviations for total impairment were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.1.

Table 5.1

*Means and standard deviations for total impairment*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	83.97	27.74
Control	Second measurement	101	74.88	33.10
Experimental	First measurement	464	98.01	27.74
Experimental	Second measurement	464	77.19	33.10

According to the calculated means (shown in Table 5.1), the Total Impairment for both the experimental and control groups for the first measurement was mild (with 76-100 defined as mild impairment, McNamara, 1999). For the second measurement, participants in the control group reported low impairment (with a score of 75 and lower being defined as low impairment, McNamara) while the participants in the experimental group reported mild impairment. According to McNamara a score of 101-125 indicates moderate impairment and a score of 126 and more, severe impairment.

There was a decrease in total impairment in both the experimental and control groups from the first to the second measurements. The changes in impairment from the first to the second measurements for the experimental and control groups are illustrated in Figure 5.1.

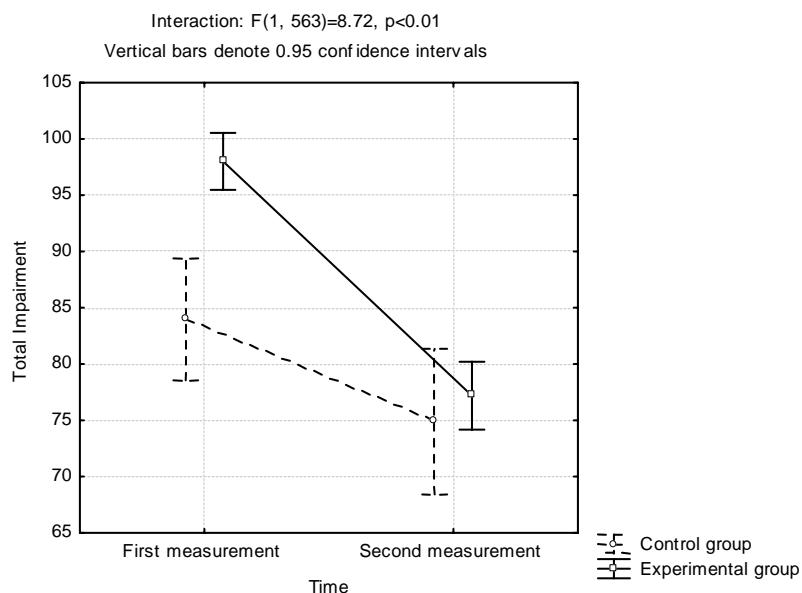


Figure 5.1 Changes in impairment from the first to the second measurements for the experimental and control groups.

Figure 5.1 shows that participants in both the experimental and control groups reported experiencing a decrease in total impairment from the first to the second measurements. Participants in the experimental group experienced higher levels of impairment, compared to participants in the



control group, at the time of the first measurement. To determine whether the results were statistically significant, a repeated measures analysis of variance for total impairment was done. The results of the analysis are presented in Table 5.2.

Table 5.2

*Results of the repeated measures analysis of variance for total impairment*

Variables	Factors	F	p
Total impairment	Group	9.15	<0.01
	Time	56.70	<0.01
	Time*group	8.72	<0.01

The results of the group analysis depicted in Table 5.2 show statistically significant differences between the experimental and the control groups ( $F=9.15$ ,  $p<0.01$ ). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=56.70$ ,  $p<0.01$ ). As there was a highly significant interaction between group and time ( $F=8.72$ ,  $p<0.01$ ), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.3.

Table 5.3

*Bonferroni post hoc analysis for total impairment*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement		0.07	<0.01	0.26
(2) Control group	Second measurement	0.07	-	<0.01	1.00
(3) Experimental group	First measurement	<0.01	<0.01	-	<0.01
(4) Experimental group	Second measurement	0.26	1.00	<0.01	-

At the time of the first measurement the experimental group reported experiencing significantly higher impairment compared to the control group ( $p<0.01$ ). At the time of the second measurement the levels of impairment in both groups were basically the same ( $p=1$ ). From these results the deduction can be made that the reduction in impairment in the experimental group can be ascribed to the IPO.

## ii) Total abuse exposure

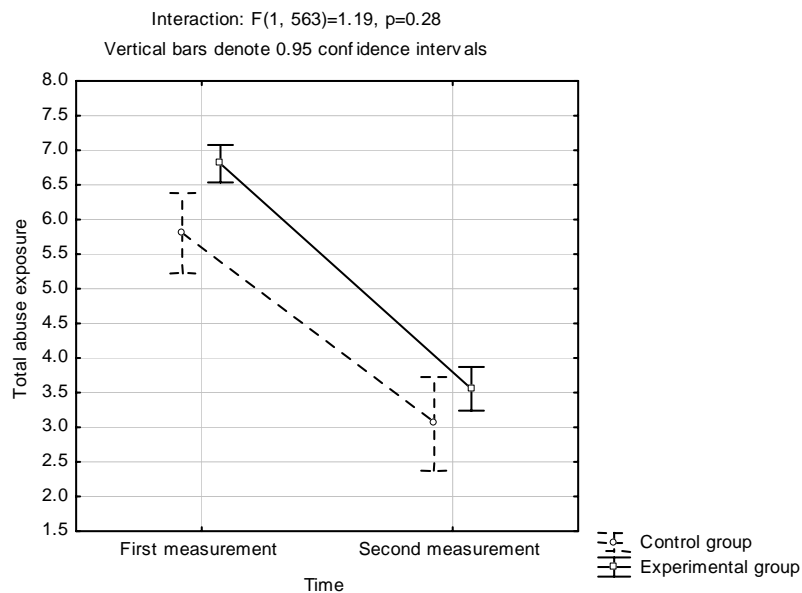
The total abuse exposure of participants was measured by calculating the scores of physical, psychological/emotional and verbal abuse that was suffered (McNamara, 1999). This was measured by using the ADQ (McNamara, 1999). The means and standard deviations for total abuse exposure were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.4.

Table 5.4

*Means and standard deviations for total abuse exposure*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	5.80	2.97
Control	Second measurement	101	3.05	3.46
Experimental	First measurement	464	6.81	2.97
Experimental	Second measurement	464	3.56	3.46

Table 5.4 shows a decrease in the total abuse exposure for participants in both the experimental and control groups from the first to the second measurements. The total abuse exposure in the experimental group was consistently higher than that in the control group. The changes in total abuse exposure from the first to the second measurements for the experimental and control groups are illustrated in Figure 5.2.



*Figure 5.2* Changes in total abuse exposure from the first to the second measurements for the experimental and control groups.

Figure 5.2 shows that the total abuse exposure levels for the experimental group were in general higher than for the control group. Participants in both the experimental and control groups reported a decrease in total abuse exposure. To determine whether the results are statistically significant, a repeated measures analysis of variance for total abuse exposure was done. The results are presented in Table 5.5.

Table 5.5

*Results of a repeated measures analysis of variance for total abuse exposure*

Variables	Factors	F	p
Total abuse exposure	Group	7.77	<0.01
	Time	172.64	<0.01
	Time*group	1.19	0.28

Table 5.5 indicates that there were statistically significant differences between the experimental and the control groups ( $F=7.77$ ,  $p<0.01$ ) in the group analysis. According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=172.64$ ,  $p<0.01$ ). Both the experimental and control groups reported a decrease in total abuse exposure from the first to the second measurements. The decrease was roughly the same for both groups which meant that there was the same downward trend from the first to the second measurements. The finding was supported by the non-significant interaction between group and time ( $F=1.19$ ,  $p=0.28$ ). From these results the deduction can be made that, although there was a decrease in exposure to abuse from the first to the second measurements, this reduction can not be ascribed to the IPO as the control group's abuse exposure decreased by roughly the same amount as the experimental group.

### iii) Physical abuse

Physical abuse is one of the subscales of the ADQ (McNamara, 1999) used to determine total abuse exposure. The means and standard deviations for physical abuse were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.6.

Table 5.6

*Means and standard deviations for physical abuse*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	1.85	1.69
Control	Second measurement	101	0.84	1.51
Experimental	First measurement	464	2.33	1.69
Experimental	Second measurement	464	1.08	1.51

Table 5.6 shows that participants in the experimental group reported experiencing more physical abuse than participants in the control group at both the first and the second measurements. The changes in physical abuse from the first to the second measurement for the experimental and control groups are illustrated in Figure 5.3.

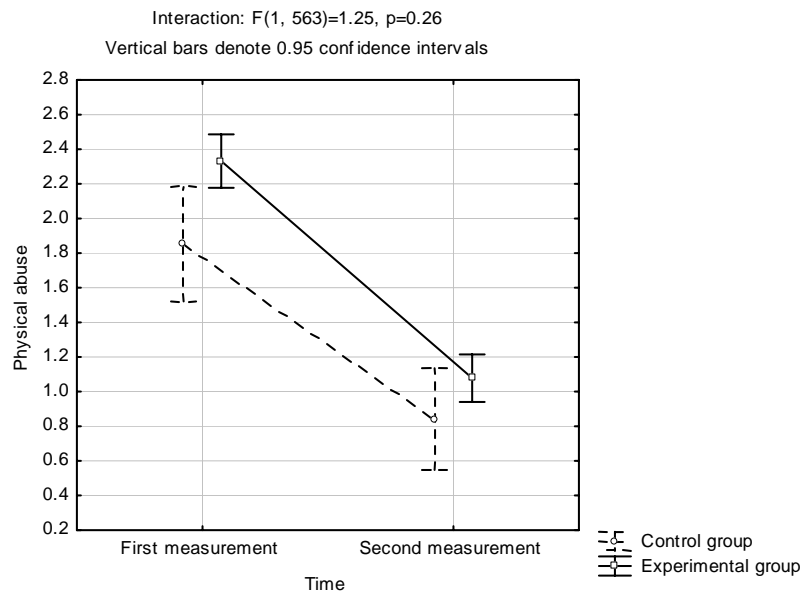


Figure 5.3 Changes in physical abuse from the first to the second measurements for the experimental and control groups.

Figure 5.3 shows a decrease in physical abuse in both the experimental and control groups from the first to the second measurements. The decrease was roughly the same for both groups, which meant that there was the same downward trend from the first to the second measurements. To determine if the differences between the two groups are statistically significant, a repeated measures analysis of variance was done. These results are presented in Table 5.7.

Table 5.7

*Results of a repeated measures analysis of variance for physical abuse*

Variables	Factors	F	p
Physical abuse	Group	6.76	0.01
	Time	107.21	<0.01
	Time*group	1.25	0.26

Table 5.7 show that there were statistically significant differences between the experimental and the control groups ( $F=6.76, p=0.01$  according to the group analysis and thus significant on a 5% significant level, but not a 1% significant level). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=107.21, p<0.01$ ). Both the experimental and control groups reported experiencing a decrease in physical abuse from the first to the second measurements. The decrease was roughly the same for both groups which meant that there was the same downward trend from the first to the second measurements. The finding was supported by the non-significant interaction between group and time ( $F=1.25, p=0.26$ ). Although there was a decrease in physical abuse from the first and the second measurements, this reduction

cannot be ascribed to the IPO as the control group's physical abuse decreased roughly by the same amount as the experimental group.

**iv) Psychological/emotional abuse**

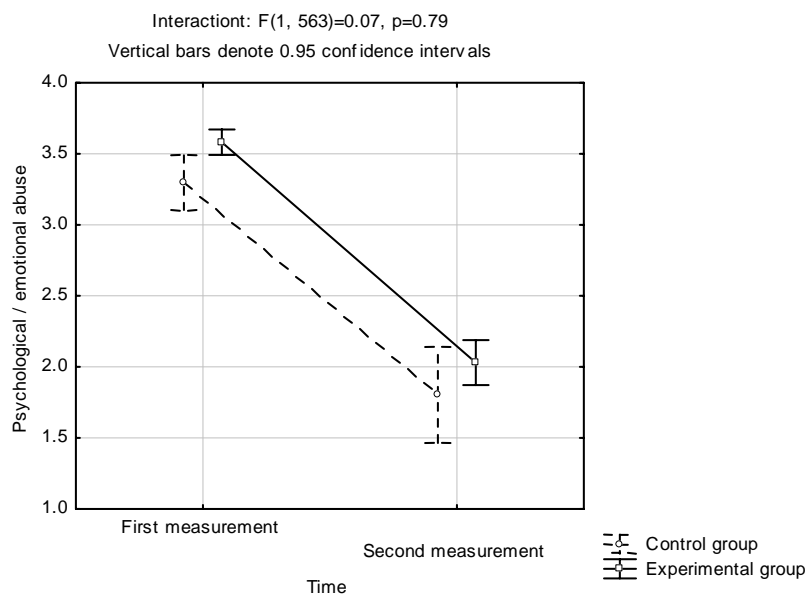
Psychological/emotional abuse is one of the subscales of the ADQ (McNamara, 1999), used to determine total abuse exposure. The means and standard deviations for psychological/emotional abuse were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.8.

Table 5.8

*Means and standard deviations for psychological/emotional abuse*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	3.30	0.98
Control	Second measurement	101	1.80	1.73
Experimental	First measurement	464	3.58	0.98
Experimental	Second measurement	464	2.03	1.73

Table 5.8 reveals that participants in both the experimental and control groups were experiencing similar psychological/emotional abuse at the time of both measurements. Participants in both groups reported a decrease in psychological/emotional abuse from the first to the second measurements. The changes in psychological/emotional abuse from the first to the second measurements for the experimental and control groups are illustrated in Figure 5.4.



*Figure 5.4* Changes in psychological/emotional abuse from the first to the second measurements for the experimental and control groups.

Figure 5.4 indicates that there was roughly the same decrease in psychological/emotional abuse from the first to the second measurements for both groups. This meant that there was the same downward trend from the first to the second measurements. To determine whether this trend is statistically significant, a repeated measures analysis of variance of psychological/emotional abuse was done. The results of this analysis are presented in Table 5.9.

Table 5.9

*Results of a repeated measures analysis of variance for psychological/emotional abuse*

Variables	Factors	F	p
Psychological/emotional abuse	Group	5.12	0.02
	Time	210.43	<0.01
	Time*group	0.07	0.79

The results of the group analysis depicted in Table 5.9, show statistically significant differences between the experimental and the control groups ( $F=5.12$ ,  $p=0.02$  and thus significant on a 5% significance level, but not a 1% significance level). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=210.43$ ,  $p<0.01$ ). The responses of both the experimental and control groups indicate a decrease in psychological/emotional abuse from the first to the second measurements. The decrease was roughly the same for both groups which meant that there was the same downward trend from the first to the second measurements. The finding was supported by the non-significant interaction between group and time ( $F=0.07$ ,  $p=0.79$ ). From these results the deduction can be made that, although there was a decrease in psychological/emotional abuse from the first to the second measurements, the decrease in the experimental group can not be ascribed to the IPO, as the control group's psychological/emotional abuse decreased by roughly the same amount as the experimental group.

**v) Sexual abuse**

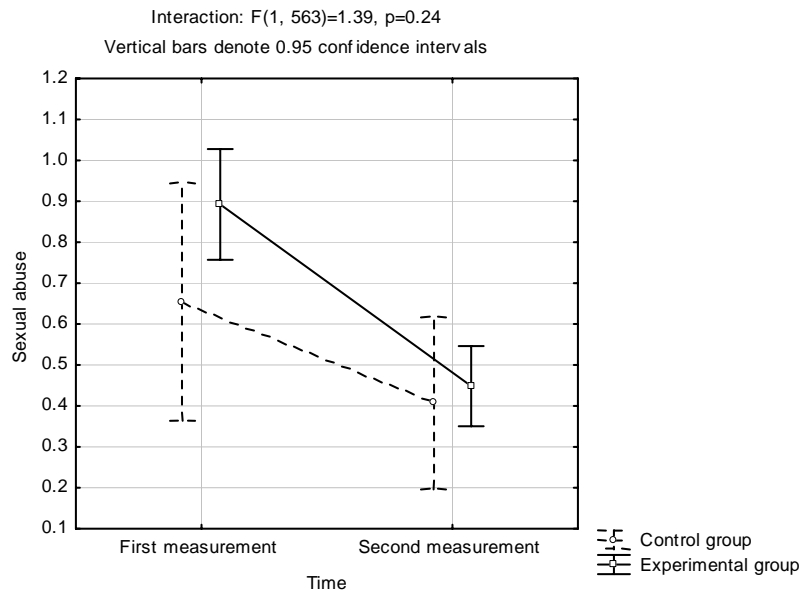
Sexual abuse is one of the subscales of the ADQ (McNamara, 1999) used to determine total abuse exposure. The means and standard deviations for sexual abuse were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.10.

Table 5.10

*Means and standard deviations for sexual abuse*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	0.65	1.48
Control	Second measurement	101	0.41	1.08
Experimental	First measurement	464	0.89	1.48
Experimental	Second measurement	464	0.45	1.08

Table 5.10 indicates that sexual abuse in both the experimental and control groups decreased from the first to the second measurements. Participants in the experimental group consistently reported slightly higher levels of sexual abuse compared to participants in the control group. The changes in sexual abuse from the first to the second measurements for the experimental and control groups are illustrated in Figure 5.5.



*Figure 5.5* Changes in sexual abuse from the first to the second measurements for the experimental and control groups.

Figure 5.5 shows a decrease in the level of sexual abuse experienced by participants in both the experimental and control groups from the first to the second measurements. To determine whether this reduction is statistically significant, a repeated measures analysis of variance for sexual abuse was done. These results are presented in Table 5.11.



Table 5.11

*Results of a repeated measures analysis of variance for sexual abuse*

Variables	Factors	F	p
Sexual abuse	Group	1.48	0.22
	Time	17.24	<0.01
	Time*group	1.39	0.24

As can be seen in Table 5.11, the group analysis did not reveal any statistically significant differences between the experimental and the control groups ( $F=1.48$ ,  $p=0.22$ ). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=17.24$ ,  $p<0.01$ ). Both the responses of the experimental and the control groups indicated a decrease in sexual abuse from the first to the second measurements. The decrease was roughly the same for both groups which means that there was the same downward trend from the first to the second measurements. The finding was supported by the non-significant interaction between group and time ( $F=1.39$ ,  $p=0.24$ ). Since both groups reported experiencing a decrease in sexual abuse, the decrease in the experimental group can not be attributed to the IPO.

#### **5.2.1.2 Changes in the nature and extent of abuse experienced by participants from the first to the second measurements**

In the second set of questionnaires, participants in both the experimental and control groups were asked to report their perception of change in the nature and extent of abuse experienced, from the first to the second measurements. The different types of abuse, as defined by the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) were specified, with possibilities of “much more”, “more”, “same”, “less”, “stopped” and “none” given. Participants’ experience of the nature and extent of abuse from the first to the second measurements, in the experimental group, were compared to the responses of participants in the control group. This was done to determine the impact of the IPO on the nature and the extent of abuse in the experimental group.

##### **i) Changes in the nature and extent of abuse experienced by participants in the experimental group from the first to the second measurements**

Participants in the experimental group’s perception of change in the nature and extent of abuse experienced by themselves, from the first to the second measurements, were evaluated. The results are illustrated in Figure 5.6. The percentages of participants responding to each option are presented in the histogram.

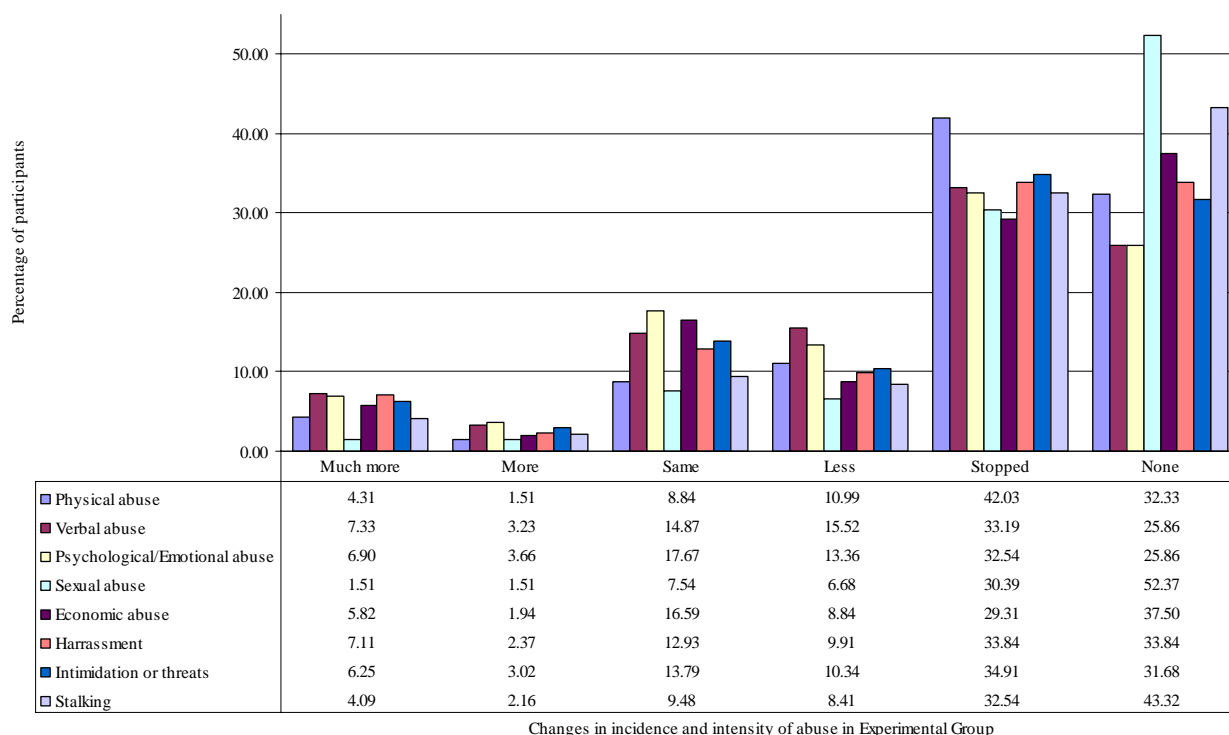


Figure 5.6 The changes in the nature and extent of abuse experienced by participants in the experimental group from the first to the second measurements.

Figure 5.6 shows that at the time of the second measurement most participants in the experimental group reported that abuse had stopped (from 29.31% to 42.03%) or that none had been experienced (from 25.86% to 52.37%). The stopped category referred to the abuse experienced at the time of the first measurement, which had stopped by the second measurement. The none category indicated that a certain nature of abuse was not experienced by the participant.

Some participants reported that they had experienced the same amount of abuse (from 7.54% to 17.67%) at the time of the second measurement as at the time of the first measurement. Others reported that they had experienced less (from 6.68% to 15.52%), more (from 1.51% to 3.66%) or much more abuse (from 1.51% to 7.33%).

It seems that much more verbal abuse (7.33%), harassment (7.11%) and psychological/emotional abuse (6.9%) were being experienced, while more psychological/emotional abuse (3.66%), verbal abuse (3.23%) and intimidation or threats (3.02%) were being experienced at time of the second measurement.

Participants responses reflected that psychological/emotional abuse (17.67% of participants), economic abuse (16.59% of participants), and verbal abuse (14.87% of participants), stayed the same from the first to the second measurements. It seems that the physical abuse experienced by 42.03% of participants, intimidation or threats (34.91% of participants) and the psychological/emotional abuse and stalking experienced (32.54% of participants) stopped.

At the time of the second measurement, it seems that no sexual abuse was being experienced by 52.37% of participants, no stalking by 43.32% of participants and no economic abuse by 37.50%.

**ii) Changes in the nature and extent of abuse experienced by participants in the control group from the first to the second measurements**

Participants in the control group’s perception of changes in the nature and extent of abuse experienced by themselves, from the first to the second measurements were also evaluated. The results are illustrated in Figure 5.7. The percentages of participants who selected each option are presented in the histogram.

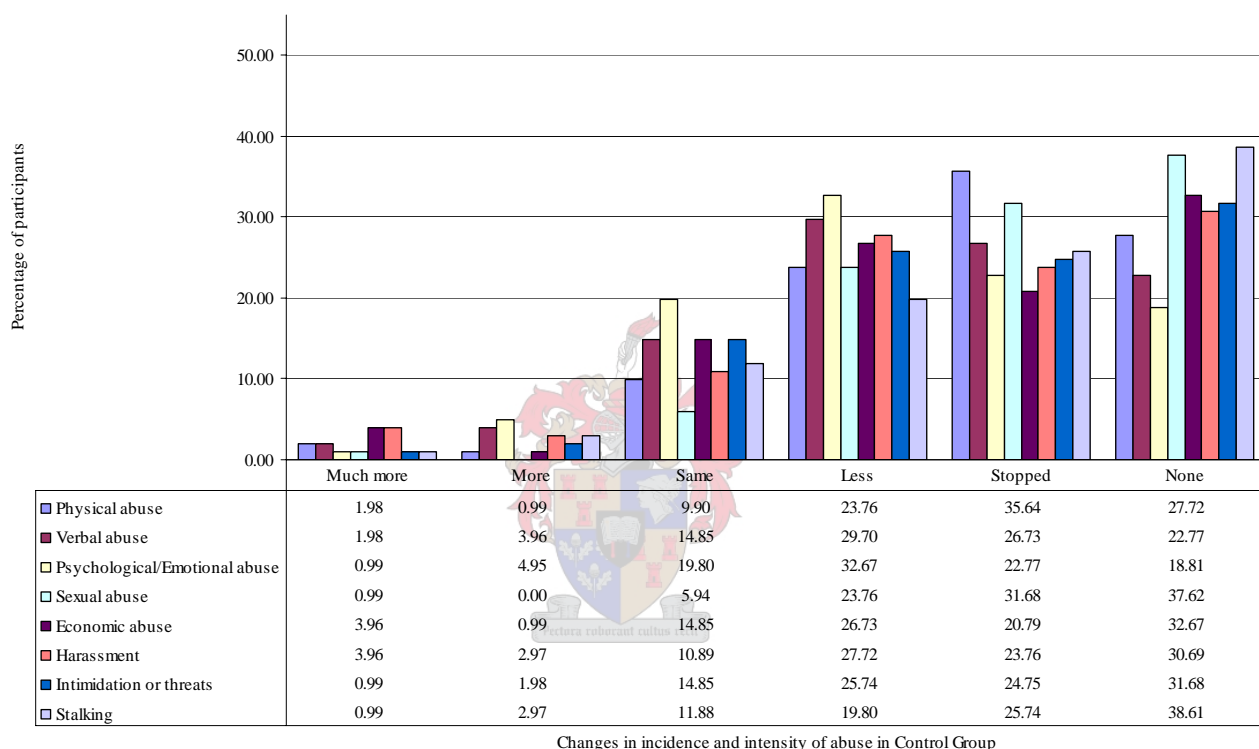


Figure 5.7 Changes in the nature and extent of abuse experienced by participants in the control group from the first to the second measurements.

Figure 5.7 shows that some participants reported that abuse was the same (from 5.94% to 19.80%) or less (from 19.80% to 32.67%) from the first to the second measurement, whilst others reported that the abuse had stopped (from 20.79% to 35.64%) or that none (from 18.81% to 38.61%) was being experienced. The stopped category referred to the nature of abuse experienced at the time of the first measurement, but which had stopped at the time of the second measurement. The none category indicated that a certain nature of abuse was not experienced by the participant. Some participants reported that the abuse was more (from 0.99% to 4.95%) or much more (from 0.99% to 3.96%) at the time of the second measurement.

It seems much more economic abuse and harassment was being experienced by 3.96% of participants, while more psychological/emotional abuse (4.95%) and verbal abuse (3.96%) was being experienced by participants at the time of the second measurement. At the time of the second measurement, 19.80% of participants reported that psychological/emotional abuse had stayed the same, while 14.85% of participants reported that verbal abuse, economic abuse and intimidation or threats had stayed the same.

At the time of the second measurement, it seems less psychological/emotional abuse was being experienced by 32.67% of participants, less verbal abuse by 29.70% and less harassment by 27.72% of participants. The physical abuse of 35.64% participants, the sexual abuse of 31.68% of participants and the verbal abuse of 26.73% of participants stopped.

It seems that no stalking was being experienced by 38.61% of participants, no sexual abuse by 37.62% and no economic abuse by 32.67% of participants at the time of second measurement.

**iii) Comparison between the changes in the nature and extent of abuse experienced by participants in the experimental and control groups, from the first to the second measurements**

Participants in the experimental and control group's perception of changes in the nature and extent of abuse from the first to the second measurements are compared. This is done to determine the impact of the IPO on the abuse experienced by participants.

The means and standard deviations for the changes in the nature and extent of abuse, being experienced by participants in the experimental and control groups, as reported by participants at the time of the second measurement, were determined. The standard deviations reported in this section are pooled standard deviations due to the ANOVA assumption of equal variance in the two groups. A one-way analysis of variance for the changes in the different forms of abuse was done to determine whether the differences between the two groups were statistically significant. The results of the analysis are presented in Table 5.12.

Table 5.12

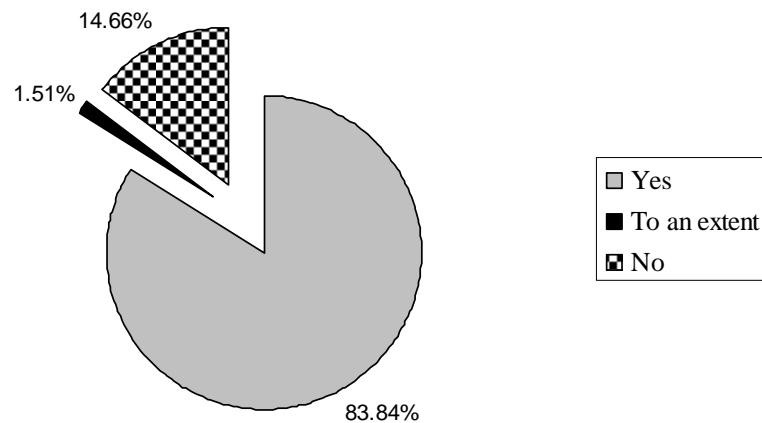
*The means, standard deviations and the results of a one-way analysis of variance for the changes in the nature and extent of abuse experienced by participants in the experimental and control groups, as reported at the time of the second measurement*

Variables	Group	n	Means	Standard deviations	F	One-way ANOVA p-value
Physical abuse	Experimental	456	1.20	1.24	0.23	0.63
	Control	101	1.27	1.24		
Verbal abuse	Experimental	455	1.61	1.42	0.09	0.76
	Control	101	1.56	1.42		
Psychological / emotional abuse	Experimental	456	1.64	1.42	0.26	0.61
	Control	101	1.72	1.42		
Sexual abuse	Experimental	454	0.82	1.10	2.82	0.09
	Control	101	1.02	1.10		
Economic abuse	Experimental	456	1.36	1.44	0.18	0.68
	Control	101	1.43	1.44		
Harassment	Experimental	456	1.40	1.45	0.05	0.82
	Control	101	1.44	1.45		
Intimidation or threats	Experimental	454	1.43	1.40	0.40	0.53
	Control	101	1.34	1.40		
Stalking	Experimental	455	1.09	1.30	0.17	0.68
	Control	101	1.15	1.30		

Table 5.12 shows that the participants in both the experimental and control groups reported similar changes in the nature and the extent of abuse at the time of the second measurement. There was a trend towards less sexual abuse in the experimental group, compared to the control group ( $p=0.09$ , which was significant on a 10% significance level, but not a 5% significance level). No other statistically significant differences between the perceived changes in abuse in the experimental and control groups were found.

### 5.2.1.3 Impact of the IPO

Participants in the experimental group were requested in the second set of questionnaires to indicate whether the IPO helped them. Although only “yes” and “no” were given as possible answers, some participants indicated that the IPO had helped them to an extent. In Figure 5.8, participants in the experimental group’s responses to whether the IPO had helped them are illustrated.



*Figure 5.8* Impact of the IPO as experienced by participants in the experimental group.

As can be seen in Figure 5.8, most participants (83.84%, n=389) felt that the IPO had helped them, while 14.66% (n=68) felt that the IPO did not help them. Some participants indicated that the IPO had helped them to an extent (1.51%, n=7).

**i) Ways in which the IPO helped participants**

An open-ended question was asked in the second set of questionnaires, requesting participants in the experimental group to indicate the ways in which the IPO had helped them. From the responses of 391 participants, six main themes were identified, namely the positive emotions of participants, the change in abuse, the positive changes in the abuser’s behaviour, less contact with the abuser, an improved relationship with the abuser, an improved home situation and support systems. The main themes, with detailed aspects, are presented in Table 5.13.

Table 5.13

*Ways in which the IPO helped participants in the experimental group*

	Frequency	Percentage of Participants	Total	Total percentage
Positive feelings of participants.			122	31.20
Feeling better, relieved, protected, safer, happier, freer, empowered, less frightened, more confident, calmer, stronger, wiser or more in control.	103	26.34		
Improved self-esteem.	10	2.56		
Clearer thoughts and everything put into perspective.	3	0.77		
I realised that I must put my desires and feelings before anyone else.	1	0.26		
Having peace of mind and hope.	1	0.26		
Feeling safer. "I know that I can phone the police if he shows up. No fear at night."	1	0.26		
"I can walk freely where I want to go".	1	0.26		
"Gave me someone else to enforce some kind of order in my relationship with the abuser."	1	0.26		
"Feeling more secure about my life and my purpose to live."	1	0.26		
Change in abuse. Abuse stopped or abuse is less.			114	29.16
Positive change in abuser's behaviour.			89	22.76
Abuser's behaviour changed for the better. Abuser is more passive, quieter and less aggressive.	41	10.49		
Abuser is more careful.	12	3.07		
Abuser is a little scared – cannot use threats and violence anymore	12	3.07		
Abuser respects me more.	11	2.81		
Abuser knows where the boundaries are.	5	1.28		
Abuser came back home and wants to be with me all the time.	3	0.77		
Abuser's drug habit stopped.	2	0.51		
Abuser agreed to go for counselling.	2	0.51		
Abuser started to communicate with the children.	1	0.26		

*(table continues)*



Table 5.13 (continued)

*Ways in which the IPO helped participants in the experimental group*

	Frequency	Percentage of Participants	Total	Total percentage
Less contact with abuser.			50	12.79
No more contact with abuser.	24	6.14		
Abuser moved out.	16	4.09		
Abuser is keeping distance – no speaking.	9	2.30		
Abuser is in prison.	1	0.26		
Improved relationship with abuser.			23	5.88
Better relationship with abuser.	9	2.30		
Abuser is nicer and kinder.	6	1.53		
Abuser apologised and felt ashamed.	4	1.02		
"We came to an agreement."	2	0.51		
"It gave us the opportunity to talk."	1	0.26		
"It created a platform for us to take our problems seriously. He couldn't use violence and threats anymore."	1	0.26		
Improved home situation.			22	5.63
"Big change and more peace in my life and home".	12	3.07		
My property is protected.	2	0.51		
"I got my clothes and other property back."	3	0.77		
Abuser doesn't have access to participant's property.	2	0.51		
My animals are safer.	1	0.26		
My family feels safer.	1	0.26		
The abuser gives me money now.	1	0.26		
Support systems.			17	4.35
Mosaic workers supported me.	6	1.53		
Police supported me.	5	1.28		
Know that I have the legal system and process on my side.	5	1.28		
Male applicant: Realised that males also have rights.	1	0.26		

As can be seen in Table 5.13, most participants felt that the biggest benefit of the IPO was increased positive feelings (31.20%, n=122), while a decrease in abuse or cessation (29.16%, n=114) was the second biggest benefit mentioned. A positive change in the abuser's behaviour (22.76%, n=89) and less contact with the abuser (12.79%, n=50) were also cited as ways in which the IPO helped participants in the experimental group.

**ii) Reasons why the IPO did not help participants in the experimental group**

An open-ended question was asked in the second set of questionnaires, requesting participants in the experimental group to indicate the ways in which the IPO did not help them. From the responses of 78 participants, five main themes were identified, namely the limited impact of the IPO on abuse, problems with the IPO, the limited impact of the IPO on the abuser, problems with the police and debilitating feelings of the participant. The main themes, with detailed aspects, are presented in Table 5.14

Table 5.14

*Reasons why the IPO did not help participants in the experimental group (n=78)*

	Frequency	% of Participants	Total	Total %
Limited impact of IPO on abuse			67	85.90
Abuse never stopped or there was no change in abuse.	32	41.03		
Small change in abuse, but not much.	8	10.26		
Abuse became worse.	7	8.97		
Don't know what impact the IPO had.	6	7.69		
Abuse stopped, but drug problem of abuser continued.	2	2.56		
Abuser stopped paying the rent to spite participant.	2	2.56		
"Abuser will destroy me financially. The court and process did not help met at all. Abuser withholds money out of spite."	2	2.56		
Participant raped three times by abuser after IPO was served.	1	1.28		
Still silent calls and sms's from abuser.	1	1.28		
Abuser continued to phone family members.	1	1.28		
Abuse is now emotional. Emotional and economical abuse continued.	1	1.28		
"I was unable to get prove of his transgressions."	1	1.28		
Only relief for a while – then back to usual.	1	1.28		
Abuse now directed towards children.	1	1.28		
"I still haven't received my belongings, ID, etc back."	1	1.28		
Problems with the IPO			21	26.92
No return of service	11	14.10		
IPO was never served.	5	6.41		
Uncertain where and how to use IPO.	2	2.56		
I didn't use the Interim Warrant of Arrest.	2	2.56		
No access to phone.	1	1.28		

*(table continues)*

Table 5.14 (continued)

*Reasons why the IPO did not help participants in the experimental group (n=78)*

	Frequency	% of Participants	Total	Total %
Limited impact of the IPO on the abuser			15	19.23
Abuser ignored the IPO.	8	10.26		
The abuser ran away.	2	2.56		
The abuser did not show up in court. Case was postponed.	2	2.56		
Abuser is drinking much more and is still abusing the children.	1	1.28		
"When abuser uses drugs I can do nothing to stop him."	1	1.28		
Abuser is more disrespectful.	1	1.28		
Problems with the police			7	8.97
"I didn't feel safer. Police told me that the copy of the IPO didn't help at all. If I had a Warrant of Arrest I would have felt safer."	1	1.28		
"I was physically abused after the IPO was served. I phoned the police and they responded in two hours. I told them he could have hurt me badly, but they said they can't arrest him because I don't have a Warrant of Arrest. I feel that a warrant should be given when I applied because I needed to feel safe. I feel the police did nothing to help me. Research needs to be done to look at the justice system."	1	1.28		
Police never showed up.	1	1.28		
"Couldn't do anything because I had no evidence."	1	1.28		
"Phoned police and after that he was looking for me."	1	1.28		
"I never phoned the police after he abused me again."	1	1.28		
"Phoned the police, but because the verbal abuse was not in my presence, they couldn't arrest her."	1	1.28		
Debilitating feelings of participants			6	7.69
Can't trust abuser.	2	2.56		
"Feel that it is unfair to me. I must go now and I feel sick. Feel as if it didn't help."	1	1.28		
Feeling scared.	1	1.28		
Suffering more.	1	1.28		
Still fear for my children's safety.	1	1.28		

As can be seen in Table 5.14, the main reasons that participants felt that the IPO was not helping were that the abuse continued or became worse (85.9%, n=67). Some participants experienced

problems with the IPO (26.92%, n=21), the limited impact of the IPO on the abuser (19.23%, n=15), lack of support by the police (8.97%, n=7) or debilitating feelings, for example fear (7.69%, n=6).

### **iii) Reasons why IPO helped to an extent**

Seven participants indicated that the IPO helped them to an extent. One participant indicated that the abuser's behaviour only improved for a week, but then changed back to the previous behaviour. A small improvement in the abuser's behaviour, feeling safer, but still fearing the abuser, the unpredictability of the abuser's behaviour and not trusting the abuser, were cited as other reasons for the IPO only helping to an extent.

#### **5.2.1.4 Impact of IPO on abuser's relationships**

In a question in the second set of questionnaires, participants in the experimental group's perception of the impact of the IPO on their relationship with the abuser, the abuser's behaviour towards the children, the abuser's behaviour towards other family members and the abuser's behaviour in the community were assessed and compared to the same factors in the control group. These relationships were assessed on a 5-point Likert scale to determine the IPO's impact on the interpersonal relationships of the abuser, as perceived by the participants. The changes in the state of mind of the children, as perceived by participants were assessed on a 3-point Likert scale.

Participants in the control group did not apply for IPOs. Their responses with regard to changes in the interim period between completing the first and the second sets of questionnaires were compared to the responses of participants in the experimental group. By comparing the results, it was possible to determine the impact of the IPO on the abuser's relationships, as perceived by participants.

Participants responded to the questions on a 5-point Likert scale and indicated whether the relationships were much better, better, same/no change, worse or much worse. The state of mind of the children was assessed on a 3-point Likert scale. Since the number of the number of participants in the experimental and control groups was not the same, findings are presented in percentages. The means and standard deviations of the changes in the abuser's relationships, as perceived by participants, were determined and a one-way analysis of variance was done to determine statistically significant differences between the experimental and control groups. The results are presented in Table 5.15.

### **i) Relationship between the participant and the abuser**

In the second set of questionnaires, changes in the relationship between the participant and the abuser, as perceived by participants, were assessed on a 5-point Likert scale. The changes in the relationship between the participant and the abuser, from the first to the second measurements, as

perceived by participants, are illustrated in Figure 5.9. The responses of participants in the experimental group are compared to the responses of participants in the control group. Findings are presented in percentages, as the number of participants in the experimental and control groups were unequal.

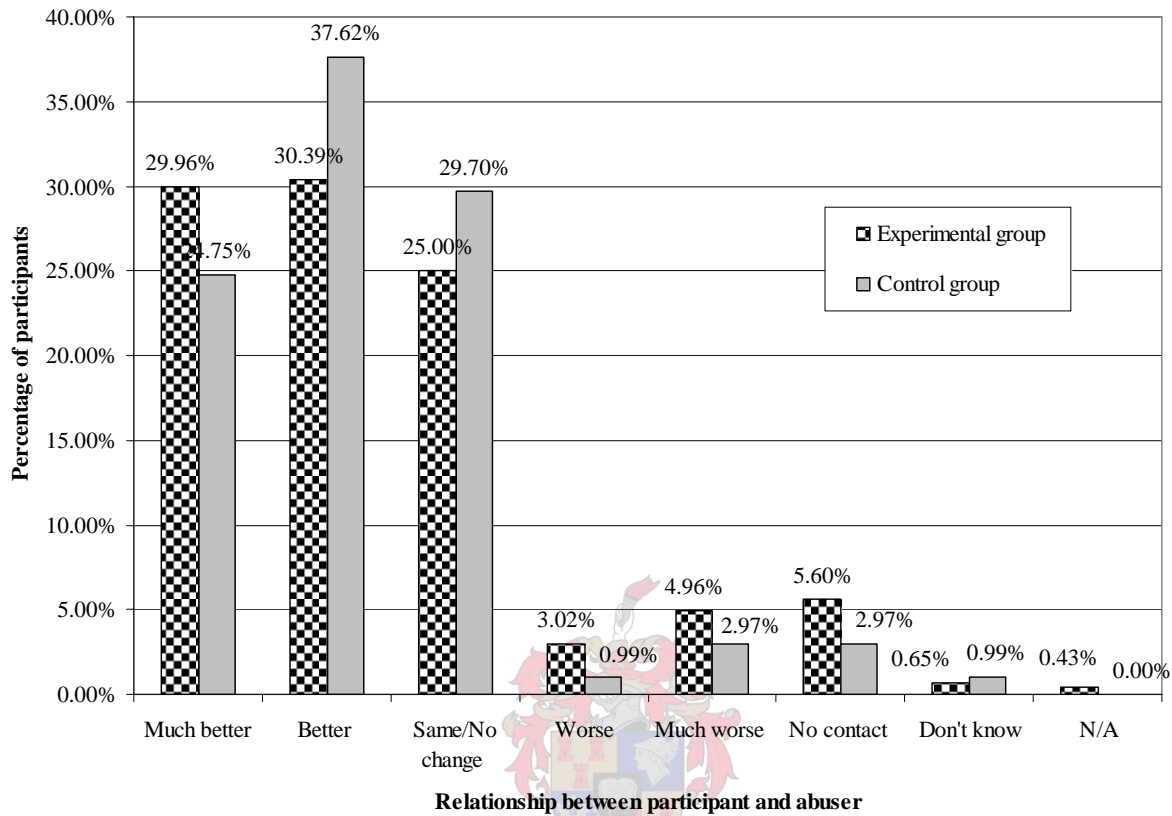


Figure 5.9 Changes in relationship between the participant and the abuser from the first to the second measurements (as perceived by participants).

Figure 5.9 illustrates the changes in the relationship between the participant and the abuser from the first to the second measurements (as perceived by participants). At the time of the second measurement, 29.96% of the participants in the experimental group and 24.75% of the participants in the control group experienced the relationship with the abuser to be much better. A smaller percentage of participants in the experimental group (30.39%), than in the control group (37.62%), felt that their relationship with the abuser was better.

**ii) Abuser’s behaviour towards the children**

In the second set of questionnaires, changes in the abuser’s behaviour towards the children, from the first to the second measurements, as perceived by participants were assessed on a 5-point Likert scale. The responses of the participants in the experimental and the control groups were assessed and compared. The results are illustrated in Figure 5.10. Findings are presented in percentages, as the number of participants in the experimental and control groups were unequal.

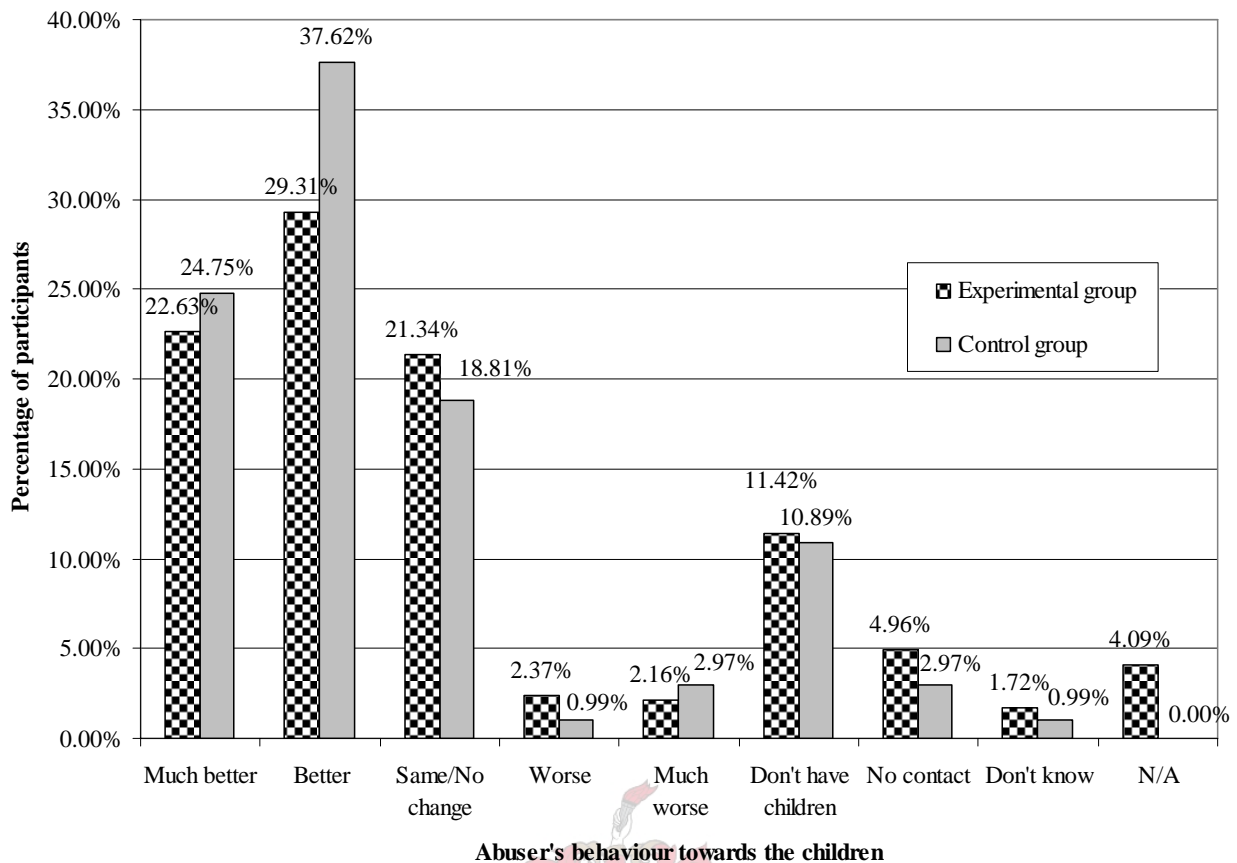
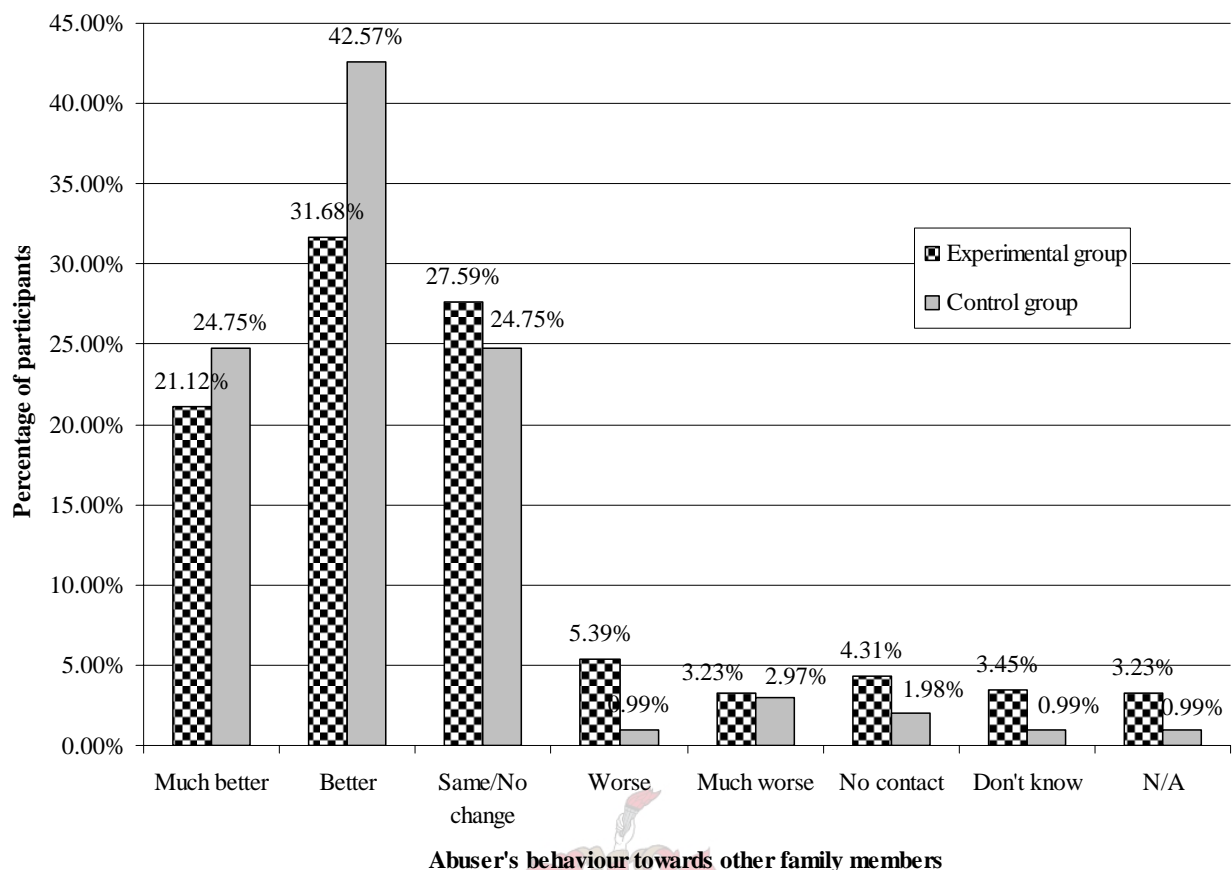


Figure 5.10 Changes in the abuser's behaviour towards the children from the first to the second measurements (as perceived by participants).

It seems from Figure 5.10 that 37.62% of participants in the control group experienced the abuser's behaviour towards the children to be better, compared to 29.31% of participants in the experimental group.

### iii) Abuser's behaviour towards other family members

Changes in the behaviour of the abuser towards other family members, from the first to the second measurements, as perceived by participants in the experimental and control groups, were assessed on a 5-point Likert scale. The responses of participants in the experimental group are compared to the responses of participants in the control group. The results are illustrated in Figure 5.11. Findings are presented in percentages, as the number of participants in the experimental and control groups was not the same.



*Figure 5.11* Changes in the abuser's behaviour towards other family members from the first to the second measurements (as perceived by participants).

Figure 5.11 shows that a smaller percentage of participants in the experimental group (21.12%) than in the control group (24.75%) felt that the abuser's behaviour was much better towards other family members, while 31.68% of participants in the experimental group felt that the abuser's behaviour was better, compared to 42.57% of participants in the control group.

**iv) Abuser's behaviour in the community**

Changes in the abuser's behaviour in the community, from the first to the second measurements, as perceived by participants, was assessed on a 5-point Likert scale. The responses of participants in the experimental group are compared to the responses of participants in the control group. The results are illustrated in Figure 5.12. Findings are presented in percentages, as the number of participants in the experimental and control groups was not the same.



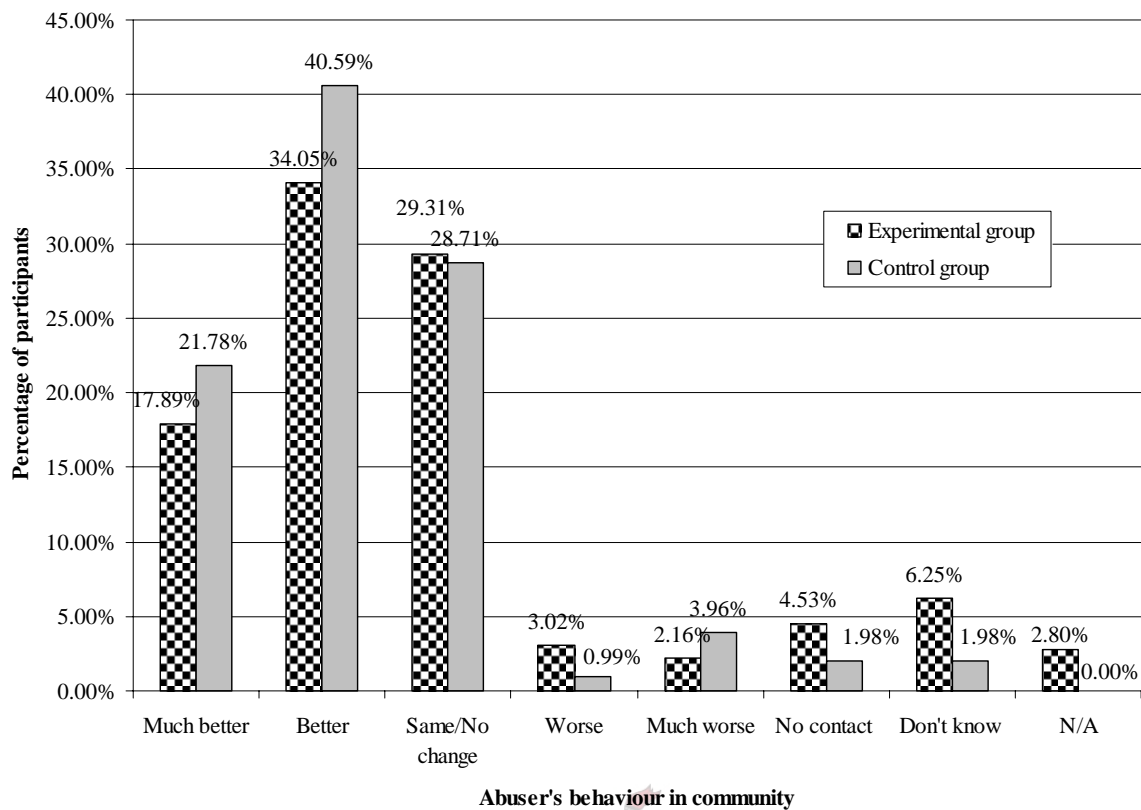


Figure 5.12 Changes in the abuser's behaviour in the community from the first to the second measurements (as perceived by participants).

Figure 5.12 shows that a bigger percentage of participants in the control group felt that the abuser's behaviour in the community was better (40.59%), compared to the participants in the experimental group (34.05%).

**v) State of mind of children**

The changes in children's state of mind, as perceived by participants, from the first to the second measurements, were assessed on a 3-point Likert scale. Participants who had children were requested to indicate whether the children felt safer, the same as before or less safe at the time of the second measurement. The responses of participants in the experimental group are compared to the responses of participants in the control group. The results are illustrated in Figure 5.13. Findings are presented in percentages, as the number of participants in the experimental and control groups was not the same.

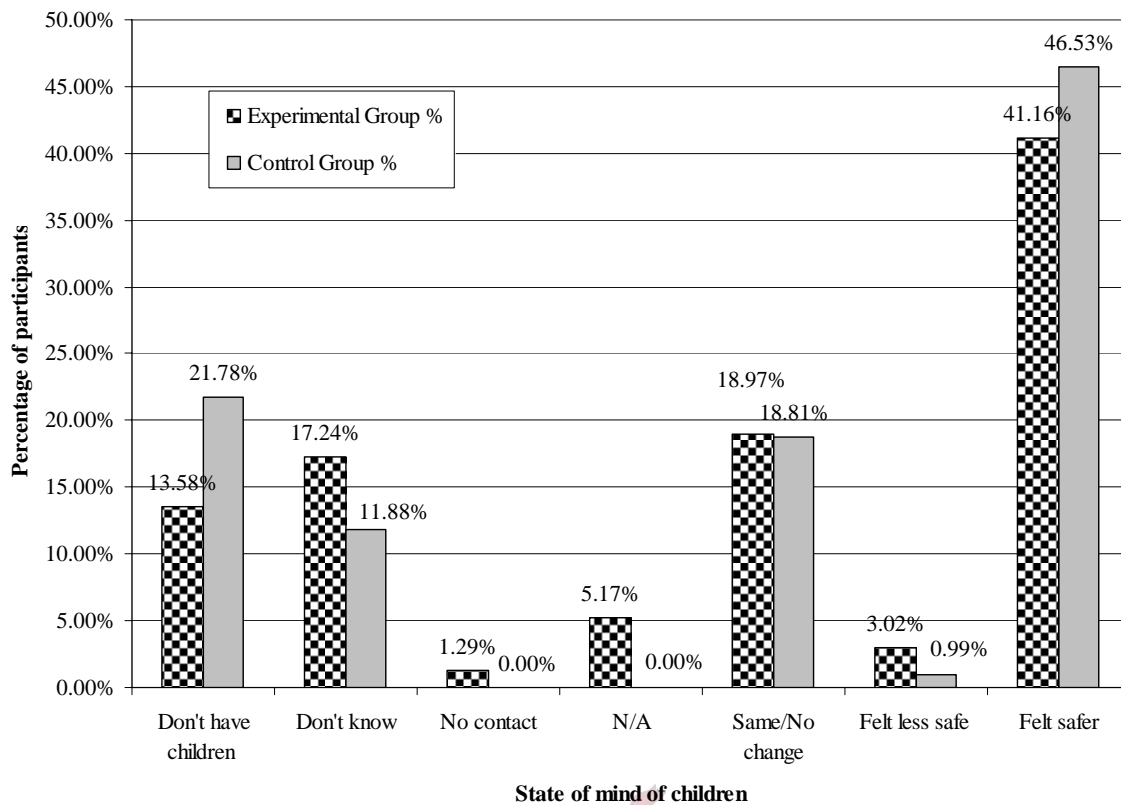


Figure 5.13 Changes in children’s state of mind from the first to the second measurements (as perceived by participants).

Figure 5.13 shows the responses of participants in the experimental and control groups in respect of the perceived changes in the state of mind of the children from the first to the second measurements. Of the participants in the experimental group, 41.16% reported that the children felt safer, while 46.53% of the participants in the control group reported that the children felt safer.

**vi) The means, standard deviations and a one-way analysis of variance for participants’ perceptions of changes in abusers’ relationships from the first to the second measurements**

The means and standard deviations for participant’s perception of their relationship with the abuser, the abuser’s behaviour towards the children, the abuser’s behaviour towards other family members and the abuser’s behaviour in the community, from the first to the second measurements, were determined for both the experimental and control groups at the time of the second measurement. The means of the questions were determined, using the 5-point and 3-point Likert scales. Additional answers, for example “don’t have children”, “don’t know” and “no contact” were excluded from the analysis. To determine any statistically significant changes as perceived by participants, a one-way analysis of variance was done. The results are presented in Table 5.15.

Table 5.15

*The means, standard deviations and the results of a one-way analysis of variance for participants' perceptions of changes in abusers' relationships from the first to the second measurements*

Factor	Group	n	Means	Standard deviations*	F	One-way ANOVA p-value
Participant's relationship with abuser.	Experimental	433	2.83	1.06	0.02	0.90
	Control	96	2.84	1.06		
Abuser's behaviour towards the children.	Experimental	361	2.87	0.95	0.64	0.42
	Control	85	2.96	0.95		
Abuser's behaviour towards other family members.	Experimental	412	2.70	0.99	2.73	0.10
	Control	97	2.89	0.99		
Abuser's behaviour in the community.	Experimental	400	2.73	0.92	0.29	0.59
	Control	96	2.78	0.92		

\**Note.* The standard deviations reported in this section are pooled standard deviations due to the ANOVA assumption of equal variance in the two groups.

As can be seen in Table 5.15, there was a trend for participants in the control group to perceive their abusers as behaving better towards other family members ( $p=0.1$  and thus statistically significant on a 10% significance level, but not on a 5% significance level), compared with participants in the experimental group.

### **5.2.2 Impact of an IPO on the general well-being of the victims of domestic violence**

The second primary objective of the present study is to determine the impact of an IPO on the general well-being of the victims of domestic violence. Greenberg (1985) considers well-being/wellness as the integration of the six dimensions of human health, namely the physiological, mental, emotional, social, vocational and spiritual dimensions (Chandler et al., 1992; Coward & Reed, 1996; Wissing & Van Eeden, 2002), at any level of health or illness, into a meaningful whole. The physiological, psychological, social and spiritual dimensions of general well-being were assessed in the present study. The changes with regard to these dimensions in the general well-being of participants in the experimental and control groups, from the first to the second measurements, were assessed by the ADQ (McNamara, 1999) and the SHALOM (Gomez & Fisher, 2003). The ADQ and the SHALOM were administered during both the first and the second measurements. The responses of participants in the experimental group were compared to the responses of the participants in the control group to determine the impact of the IPO on the general well-being of participants in the experimental group. The standard deviations reported in this section are pooled standard deviations due to the ANOVA assumption of equal variance in the two groups.

### 5.2.2.1 Physiological factors

Health status issues are one of the subscale measurements of the ADQ (McNamara, 1999) and is one of the eight factors determining the total impairment of participants. It is used to measure physiological well-being in the present study. The means and standard deviations for health status issues were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.16.

Table 5.16

*Means and standard deviations for health status issues*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	2.32	1.16
Control	Second measurement	101	2.26	1.12
Experimental	First measurement	464	2.64	1.16
Experimental	Second measurement	464	2.20	1.12

It follows from Table 5.16 that participants in both the experimental and control groups experienced a decrease in health status issues from the first to the second measurements. An interesting point to note is that participants experienced more health status issues at the time of the first measurement, but less than the control group at the time of the second measurement. The changes in health status issues from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.14.

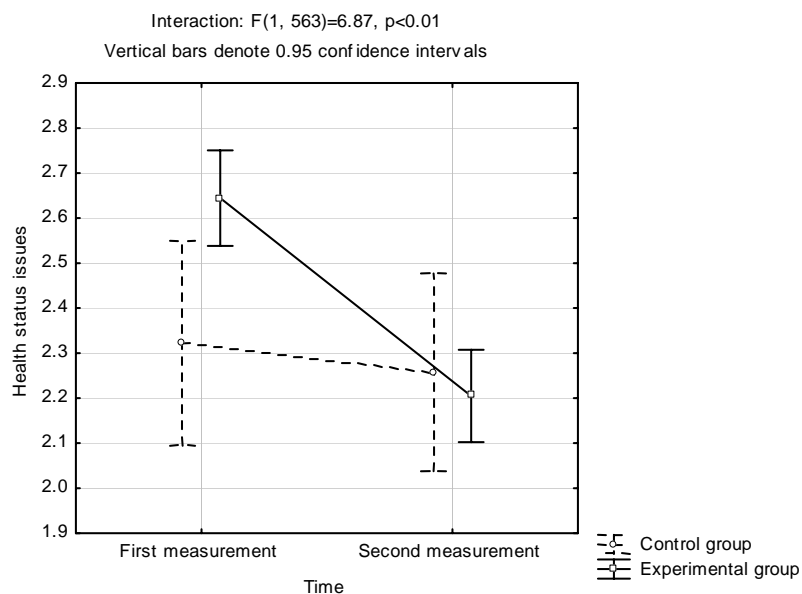


Figure 5.14 Changes in health status issues from the first to the second measurements in the experimental and control groups.

Figure 5.14 shows that participants in the experimental group experienced a bigger decrease in health status issues compared to participants in the control group. To determine whether these differences are statistically significant, a repeated measures analysis of variance for health status issues was done. The results of this analysis are presented in Table 5.17.

Table 5.17

*Results of a repeated measures analysis of variance for health status issues*

Variables	Factors	F	p
Health status issues	Group	1.71	0.19
	Time	12.39	<0.01
	Time*group	6.87	<0.01

The results of the group analysis depicted in Table 5.17 do not show any statistically significant differences between the experimental and the control groups ( $F=1.71$ ,  $p=0.19$ ). However, the time analysis reveals that significant changes occurred from the first to the second measurements ( $F=12.39$ ,  $p<0.01$ ). As there was a highly significant interaction between group and time ( $F=6.87$ ,  $p<0.01$ ), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.18.

Table 5.18

*Bonferroni post hoc analysis for health status issues*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement	-	1.00	0.17	1.00
(2) Control group	Second measurement	1.00	-	0.01	1.00
(3) Experimental group	First measurement	0.17	0.01	-	<0.01
(4) Experimental group	Second measurement	1.00	1.00	<0.01	-

It follows from Table 5.18 that the experimental group experienced a highly significant decrease in health status issues from the first to the second measurements ( $p=0.01$ ), while the level of health status issues in the control group stayed basically the same from the first to the second measurements ( $p=1$ ). The deduction can thus be made that the IPO contributed significantly to the decrease of health status issues in the experimental group.

### 5.2.2.2 Psychological factors

Concern with physical harm, psychological dysfunction, life restriction, inadequate life control, anxiety, and substance abuse, six of the subscale measurements of the ADQ (McNamara, 1999), play a role in determining the total impairment of participants. Personal well-being, a subscale of

spiritual well-being (SHALOM) (Gomez & Fisher, 2003), and these six factors were used in the present study as indicators of psychological well-being.

**i) Concern with physical harm**

The means and standard deviations for concern with physical harm were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.19.

Table 5.19

*Means and standard deviations for concern with physical harm*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	2.60	1.29
Control	Second measurement	101	2.55	1.35
Experimental	First measurement	464	3.55	1.29
Experimental	Second measurement	464	2.64	1.35

It follows from Table 5.19 that participants in the experimental group experienced higher levels of concern with physical harm at the first and the second measurements. Both groups experienced a decrease in concern with physical harm. The changes in concern with physical harm from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.15.

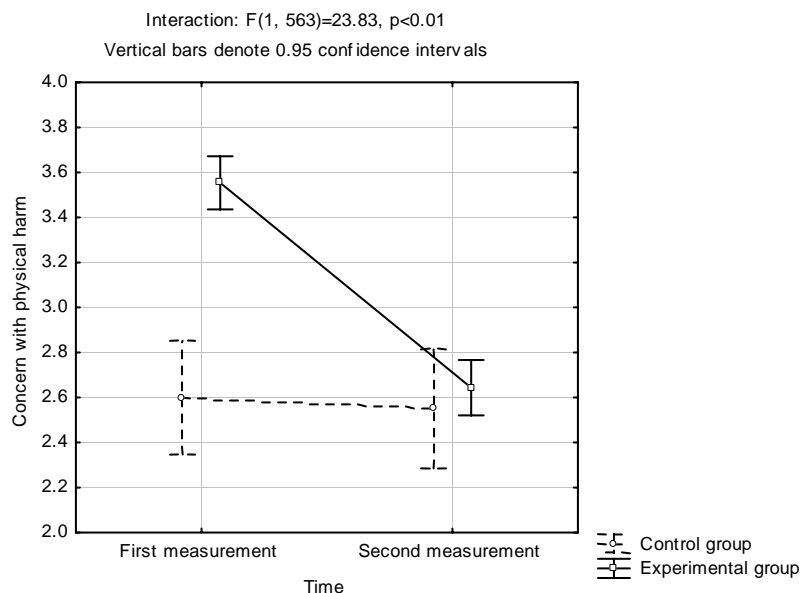


Figure 5.15 Changes in concern with physical harm from the first to the second measurements in the experimental and control groups.

Figure 5.15 indicates that participants in the experimental group reported significantly higher levels of concern with physical harm at the time of the first measurement and a significant decrease

in concern with physical harm from the first to the second measurements. Participants in the control group reported only a slight decrease in concern with physical harm. To determine whether these changes are statistically significant, a repeated measures analysis of variance for concern with physical harm was done. The results of this analysis are presented in Table 5.20.

Table 5.20

*Results of repeated measures analysis of variance for concern with physical harm*

Variables	Factors	F	p
Concern with physical harm	Group	20.60	<0.01
	Time	29.63	<0.01
	Time*group	23.83	<0.01

The results of the group analysis given in Table 5.20 show statistically significant differences between the experimental and the control groups ( $F=20.60$ ,  $p<0.01$ ). The results of the time analysis indicate that statistically significant changes occurred from the first to the second measurements ( $F=29.63$ ,  $p<0.01$ ). As there was a highly significant level of interaction between group and time ( $F=23.83$ ,  $p<0.01$ ), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.21.

Table 5.21

*Results of Bonferroni post hoc analysis for concern with physical harm*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement	-	1.00	<0.01	1.00
(2) Control group	Second measurement	1.00	-	<0.01	1.00
(3) Experimental group	First measurement	<0.01	<0.01	-	<0.01
(4) Experimental group	Second measurement	1.00	1.00	<0.01	-

Table 5.21 shows that there was a highly significant reduction in concern with physical harm from the first to the second measurements in the experimental group ( $p<0.01$ ). Participants in the experimental group experienced significantly higher levels of concern with physical harm compared to participants in the control group at the time of the first measurement ( $p<0.01$ ), while the concern with physical harm was almost the same at the time of the second measurement ( $p=1$ ). The deduction can thus be made that the IPO contributed significantly to the decrease in ‘concern with physical harm’ in the experimental group.



## ii) Psychological dysfunction

Psychological dysfunction is one of the subscale measurements of the ADQ (McNamara, 1999) and is one of the eight factors determining the total impairment of participants. In the present study it was used as one of the factors to measure the psychological well-being of participants. The means and standard deviations for psychological dysfunction were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.22.

Table 5.22

*Means and standard deviations for psychological dysfunction*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	3.17	1.07
Control	Second measurement	101	2.73	1.26
Experimental	First measurement	464	3.55	1.07
Experimental	Second measurement	464	2.71	1.26

Table 5.22 shows that the psychological dysfunction of participants in the experimental group was significantly higher than that of the participants in the control group at the time of the first measurement. At the time of the second measurement, the level of psychological dysfunction was similar. The changes in psychological dysfunction from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.16.

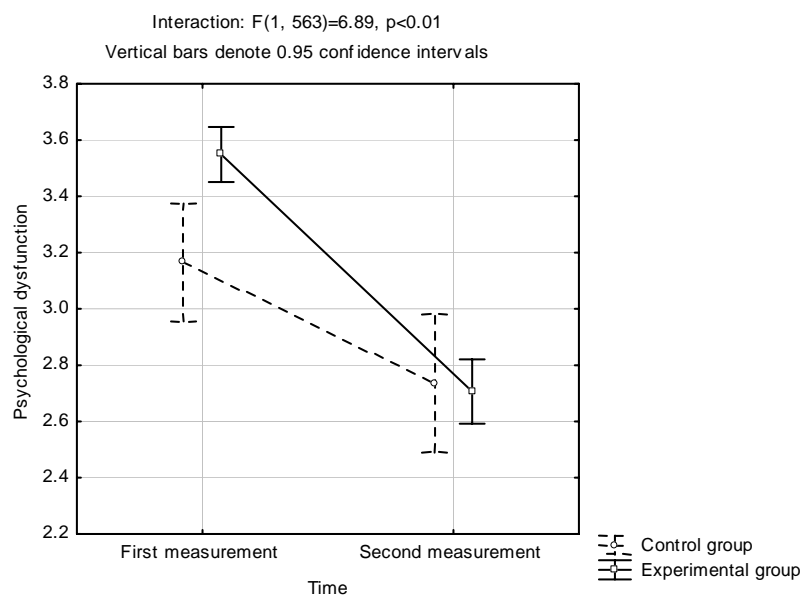


Figure 5.16 Changes in psychological dysfunction from the first to the second measurements in the experimental and control groups.

Figure 5.16 shows that participants in both the experimental and control groups perceived a decrease in psychological dysfunction from the first to the second measurements. To determine any statistically significant changes, a repeated measures analysis of variance for psychological dysfunction was done. The results of this analysis are presented in Table 5.23.

Table 5.23

*Results of a repeated measures analysis of variance for psychological dysfunction*

Variables	Factors	F	P
Psychological dysfunction	Group	3.07	0.08
	Time	65.81	<0.01
	Time*group	6.89	<0.01

According to the group analysis shown in Table 5.23, there was a trend towards differences between the experimental and the control groups ( $F=3.07$ ,  $p=0.08$ , which was significant on a 10% significance level, but not a 5% significance level). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=65.81$ ,  $p<0.01$ ). As there was a highly significant interaction between group and time ( $F=6.89$ ,  $p<0.01$ ), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.24.

Table 5.24

*Bonferroni post hoc analysis for psychological dysfunction*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement	-	0.02	0.05	<0.01
(2) Control group	Second measurement	0.02	-	<0.01	1.00
(3) Experimental group	First measurement	0.05	<0.01	-	<0.01
(4) Experimental group	Second measurement	0.01	1.00	<0.01	-

Table 5.24 reveals that psychological dysfunction of participants in the experimental group at the time of the first measurement was slightly higher than that of participants in the control group ( $p=0.05$ ). Participants in both groups experienced basically the same level of psychological dysfunction at the time of the second measurement ( $p=1$ ). Although the results show a decrease in psychological dysfunction in both groups, it seems that the IPO contributed significantly to greater reduction in psychological dysfunction in the experimental group.

### iii) Life restriction

Life restriction is one of the subscale measurements of the ADQ (McNamara, 1999) and is one of the eight factors used to measure the total impairment of participants by the ADQ. The means and

standard deviations for life restriction were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.25.

Table 5.25

*Means and standard deviations for life restriction*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	2.76	1.29
Control	Second measurement	101	2.54	1.31
Experimental	First measurement	464	3.24	1.29
Experimental	Second measurement	464	2.55	1.31

Table 5.25 indicates that participants in the experimental group reported experiencing higher levels of life restriction at the time of the first measurement, compared to participants in the control group. At the time of the second measurement, level of life restriction of the participants in both groups was basically the same. The changes in life restriction from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.17.

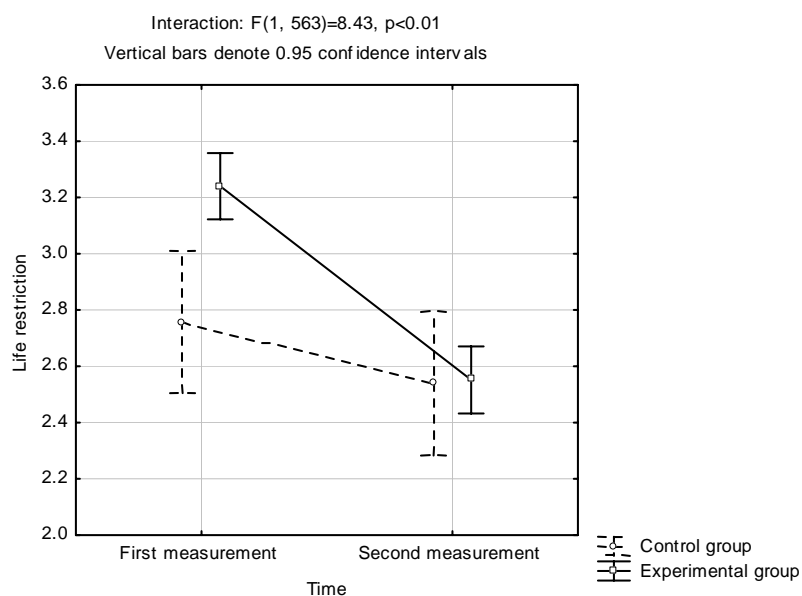


Figure 5.17 Changes in life restriction from the first to the second measurements in the experimental and control groups.

Figure 5.17 shows that participants in both the experimental and control groups experienced a decrease in life restriction from the first to the second measurements. To determine whether these changes are statistically significant, a repeated measures analysis of variance was done. The results of this analysis are presented in Table 5.26.

Table 5.26

*Results of a repeated measures analysis of variance for life restriction*

Variables	Factors	F	p
Life restriction	Group	4.46	0.04
	Time	31.57	<0.01
	Time*group	8.43	<0.01

According to the results of the group analysis which are depicted in Table 5.26, there were statistically significant differences between the experimental and the control groups ( $F=4.46$ ,  $p=0.04$ , which is significant on a 5% significance level). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=31.57$ ,  $p<0.01$ ). As there was highly significant interaction between group and time ( $F=8.43$ ,  $p<0.01$ ), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.27.

Table 5.27

*Results of Bonferroni post hoc analysis for life restriction*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement	-	0.81	0.02	0.90
(2) Control group	Second measurement	0.81	-	<0.01	1.00
(3) Experimental group	First measurement	0.02	<0.01	-	<0.01
(4) Experimental group	Second measurement	0.90	1.00	<0.01	-

Table 5.27 shows that the experimental group reported slightly higher levels of life restriction compared to the control group at the time of the first measurement ( $p=0.02$ , which is significant on a 5% significance level). At the time of the second measurement both groups reported experiencing basically the same levels of life restriction ( $p=1$ ). The deduction can thus be made that, although there was a decrease in life restriction in both groups, the IPO contributed significantly to the decrease in life restriction in the experimental group.

#### iv) Inadequate life control

Inadequate life control is one of the subscale measurements of the ADQ (McNamara, 1999) and is one of the eight factors determining the total impairment of participants. The means and standard deviations for inadequate life control were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.28.

Table 5.28

*Means and standard deviations for inadequate life control*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	2.97	1.27
Control	Second measurement	101	2.55	1.32
Experimental	First measurement	464	3.40	1.27
Experimental	Second measurement	464	2.62	1.32

Table 5.28 shows that participants in the experimental group reported experiencing higher levels of inadequate life control at the time of both the first and the second measurements. Participants in both groups reported a decrease in inadequate life control. The changes in inadequate life control from the time of the first to the time of the second measurements in the experimental and control groups are illustrated in Figure 5.18.

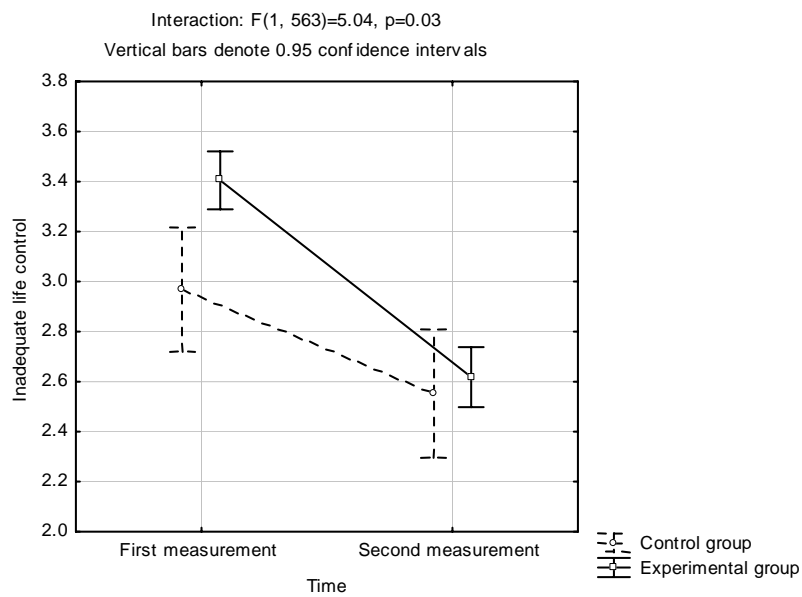


Figure 5.18 Changes in inadequate life control from the first to the second measurements in the experimental and control groups.

It follows from Figure 5.18 that participants in both groups were experiencing a decrease in inadequate life control. To determine whether these changes are statistically significant, a repeated measures analysis of variance was done. The results of this analysis are presented in Table 5.29.

Table 5.29

*Results of a repeated measures analysis of variance for inadequate life control*

Variables	Factors	F	p
Inadequate life control	Group	4.73	0.03
	Time	52.98	<0.01
	Time*group	5.04	0.03

According to the results of the group analysis depicted in Table 5.29, there were statistically significant differences between the experimental and the control groups ( $F=4.73$ ,  $p=0.03$  and thus significant on a 5% significance level, but not a 1% significance level). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=52.98$ ,  $p<0.01$ ). As there was a significant level of interaction between group and time ( $F=5.04$ ,  $p=0.03$ ), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.30.

Table 5.30

*Bonferroni post hoc analysis for inadequate life control*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement	-	0.03	0.05	0.08
(2) Control group	Second measurement	0.03	-	<0.01	1.00
(3) Experimental group	First measurement	0.05	<0.01	-	<0.01
(4) Experimental group	Second measurement	0.08	1.00	<0.01	-

Table 5.30 shows that at the time of the first measurement, the experimental group was significantly higher than the control group ( $p=0.05$ ), while the second measurement was almost the same ( $p=1$ ). The deduction can thus be made that, although there was a decrease in inadequate life control in both groups, there was a bigger decrease in the experimental group. This can be attributed to the IPO.

#### v) **Anxiety**

Anxiety is one of the subscale measurements of the ADQ (McNamara, 1999) and is one of the eight factors determining the total impairment of participants. The means and standard deviations for anxiety were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.31.

Table 5.31

*Means and standard deviations for anxiety*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	2.75	1.04
Control	Second measurement	101	2.39	1.10
Experimental	First measurement	464	2.80	1.04
Experimental	Second measurement	464	2.31	1.10

The results shown in Table 5.31 indicate that participants in both the experimental and control groups experienced a decrease in anxiety from the first to the second measurements. Participants in both groups experienced similar levels of anxiety at both measurements. The changes in anxiety from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.19.

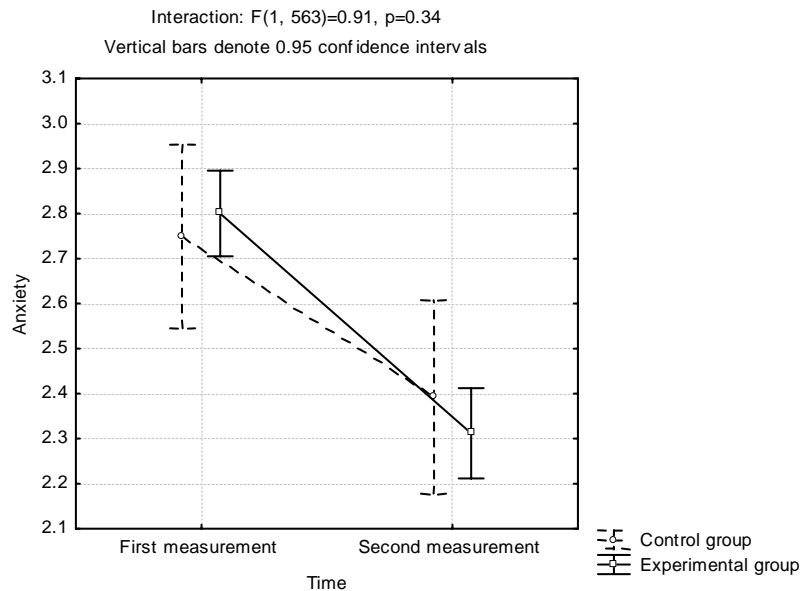


Figure 5.19 Changes in anxiety from the first to the second measurements in the experimental and control groups.

Figure 5.19 indicates that participants in both the experimental and control groups experienced a decrease in anxiety from the first to the second measurements. To determine whether these changes are statistically significant, a repeated measures analysis of variance was done. The results of this analysis are presented in Table 5.32.



Table 5.32

*Results of a repeated measures analysis of variance for anxiety*

Variables	Factors	F	p
Anxiety	Group	0.03	0.88
	Time	37.09	<0.01
	Time*group	0.91	0.34

The results of the group analysis shown in Table 5.32 indicate that there were no statistically significant differences between the experimental and the control groups ( $F=0.03$ ,  $p=0.88$ ). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=37.09$ ,  $p<0.01$ ). Both the experimental and control groups seem to have experienced a decrease in anxiety from the first to the second measurements. The decrease was roughly the same for both groups which meant that there was the same downward trend from the first to the second measurements. The finding was supported by the non-significant interaction between group and time ( $F=0.91$ ,  $p=0.34$ ). From these results, the deduction can be made that, although there was a decrease in anxiety from the first to the second measurements, this decrease can not be ascribed to the IPO in the experimental group.

#### vi) Substance abuse

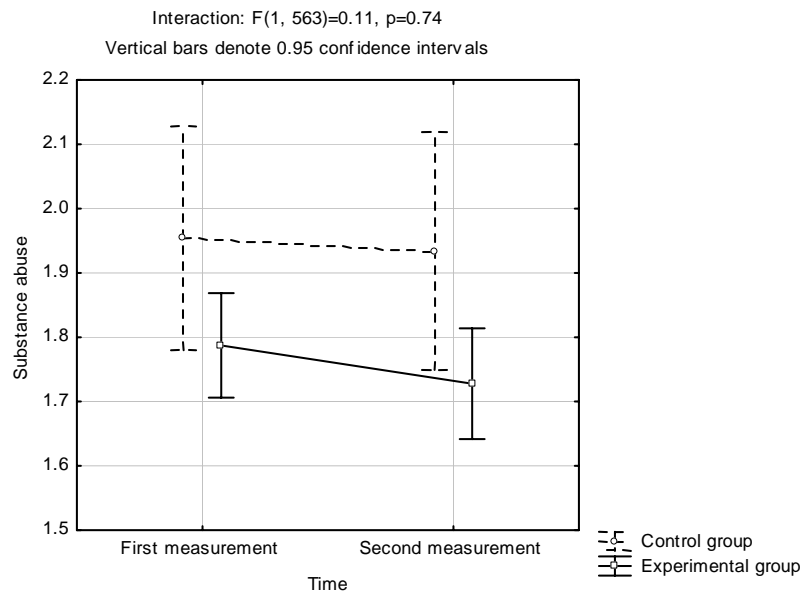
Substance abuse is one of the subscale measurements of the ADQ (McNamara, 1999) and is one of the eight factors determining the total impairment of participants. The means and standard deviations for substance abuse were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.33.

Table 5.33

*Means and standard deviations for substance abuse*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	1.95	0.89
Control	Second measurement	101	1.93	0.95
Experimental	First measurement	464	1.79	0.89
Experimental	Second measurement	464	1.73	0.95

The results in Table 5.33 indicate that there was a slight decrease in substance abuse in both the experimental and control groups from the first to the second measurements. Participants in both groups experienced similar levels of substance abuse at both measurements. The changes in substance abuse from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.20.



*Figure 5.20* Changes in substance abuse from the first to the second measurements in the experimental and control groups.

It follows from Figure 5.20 that participants experienced limited changes in substance abuse from the first to the second measurements. To determine any significant changes, a repeated measures analysis of variance was done. The results of this analysis are presented in Table 5.34.

Table 5.34

*Results of a repeated measures analysis of variance for substance abuse*

Variables	Factors	F	p
Substance abuse	Group	5.23	0.02
	Time	0.45	0.50
	Time*group	0.11	0.74

The results of the group analysis shown in Table 5.34 shows a statistically significant difference between the experimental and the control groups ( $F=5.23, p=0.02$ ). An interesting point to note is that the substance abuse in the control group seems to have stayed consistently higher than that in the experimental group. According to the time analysis, no statistically significant changes occurred from the first to the second measurements ( $F=0.45, p=0.50$ ). Substance abuse levels in both the experimental and control groups stayed consistent. This finding was supported by the non-significant interaction between group and time ( $F=0.11, p=0.74$ ). From these results the deduction can be made that the IPO had almost no effect on the levels of substance abuse in the experimental group.

**vii) Personal well-being**

The changes in personal well-being, a subscale of the spiritual well-being questionnaire, and measured by the SHALOM (Gomez & Fisher, 2003) are presented to determine its role in the psychological well-being of participants. The means and standard deviations for personal well-being were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.35.

Table 5.35  
Means and standard deviations for personal well-being

Group	Time	n	Means	Standard deviations
Control	First measurement	101	20.32	3.86
Control	Second measurement	101	20.59	3.59
Experimental	First measurement	462	21.15	3.86
Experimental	Second measurement	462	21.69	3.59

It follows from Table 5.35 that participants in both the experimental and control groups experienced a similar increase in personal well-being from the first to the second measurements. Participants in the experimental group experienced slightly higher levels of personal well-being compared to participants in the control group. The changes in personal well-being from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.21.

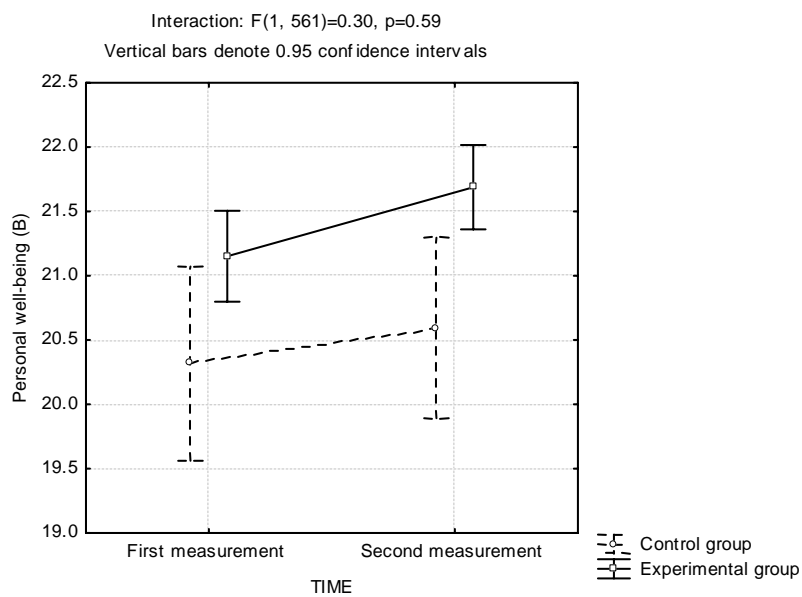


Figure 5.21 Changes in personal well-being from the first to the second measurements in the experimental and control groups.

Figure 5.21 shows that participants in both groups experienced an increase in personal well-being from the first to the second measurements. To determine whether these changes are statistically significant, a repeated measures analysis of variance for personal well-being was done. The results of this analysis are presented in Table 5.36.

Table 5.36

*Results of a repeated measures analysis of variance for personal well-being*

Variables	Factors	F	p
Personal well-being	Group	8.35	<0.01
	Time	2.93	0.09
	Time*group	0.30	0.59

The group analysis, shown in Table 5.36, show a statistically significant difference between the experimental and the control groups ( $F=8.35$ ,  $p<0.01$ ). The experimental group experienced higher levels of personal well-being, at both the first and the second measurements, compared to the control group. According to the time analysis, there was a trend towards an increase in personal well-being from the first to the second measurements ( $F=2.93$ ,  $p=0.09$  and thus significant on a 10% significance level, but not a 5% significance level). Both the experimental and control groups seem to have experienced a slight increase in personal well-being from the first to the second measurements. This increase was roughly the same for both groups. This finding was supported by the non-significant interaction between group and time ( $F=0.30$ ,  $p=0.59$ ). From these results, the deduction can be made that, as there was a similar increase in personal well-being in both groups, the increase in the experimental group can not be ascribed to the IPO.

### 5.2.2.3 Social factors

The measurement of relationship disability, a subscale of the ADQ (Gomez & Fisher, 2003) and communal well-being and environmental well-being, subscales of the SHALOM (McNamara, 1999), was used in the present study to determine social well-being.

#### i) relationship disability

Relationship disability is one of the subscale measurements of the ADQ (and is one of the eight factors determining the total impairment of participants). The means and standard deviations for relationship disability were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.37.

Table 5.37

*Means and standard deviations for relationship disability*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	3.08	1.29
Control	Second measurement	101	2.57	1.45
Experimental	First measurement	464	3.83	1.29
Experimental	Second measurement	464	2.94	1.45

Table 5.37 demonstrates that participants in the experimental group had higher levels of relationship disability both at the first and the second measurements. It seems that participants in both groups experienced a decrease in relationship disability from the first to the second measurements. The changes in relationship disability from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.22.

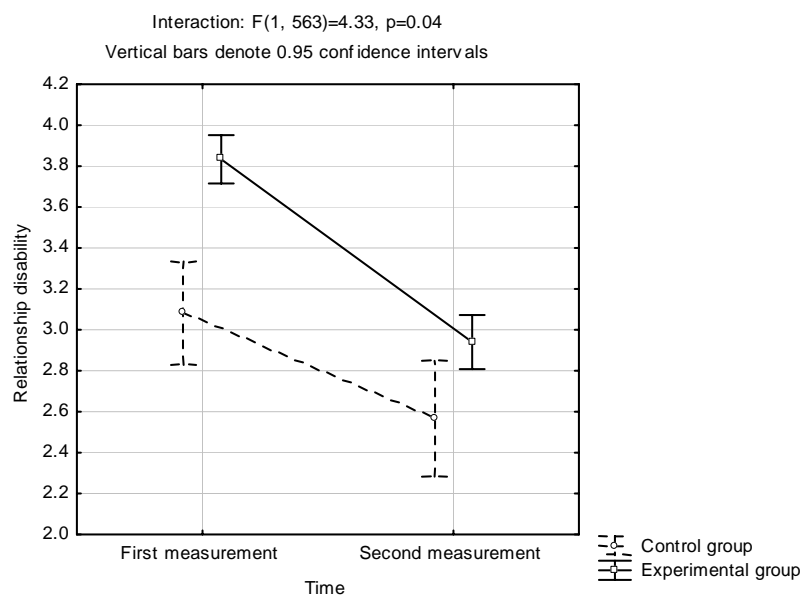


Figure 5.22 Changes in relationship disability from the first to the second measurements in the experimental and control groups.

It follows from Figure 5.22 that participants in both groups experienced a decrease in relationship disability from the first to the second measurements. To determine whether these changes are statistically significant, a repeated measures analysis of variance for relationship disability was done. The results of this analysis are presented in Table 5.38.

Table 5.38

*Results of a repeated measures analysis of variance for relationship disability*

Variables	Factors	F	p
Relationship disability	Group	21.88	<0.01
	Time	60.38	<0.01
	Time*group	4.33	0.04

According to the group analysis shown in Table 5.38, there were statistically significant differences between the experimental and the control groups ( $F=21.88$ ,  $p<0.01$ ). According to the time analysis, statistically significant changes occurred from the first to the second measurements ( $F=60.38$ ,  $p<0.01$ ). As there was a significant interaction between group and time ( $F=4.33$ ,  $p=0.04$ , it was therefore significant on a 5% significance level, but not a 1% significance level), a Bonferroni post hoc analysis was done to determine significant differences between the groups. The results of the Bonferroni post hoc analysis are presented in Table 5.39.

Table 5.39

*Bonferroni post hoc analysis for relationship disability*

Group	Time	(1)	(2)	(3)	(4)
(1) Control group	First measurement	-	0.01	<0.01	1.00
(2) Control group	Second measurement	0.01	-	<0.01	0.17
(3) Experimental group	First measurement	<0.01	<0.01	-	<0.01
(4) Experimental group	Second measurement	1.00	0.17	0.00	-

Table 5.39 indicates that, at the time of the second measurement, both groups experienced basically the same level of relationship disability ( $p=0.17$ ). From these results the deduction can be made that, as the reduction in relationship disability in the experimental group between the two time points was significantly higher than in the control group, it can be ascribed to the IPO ( $F=4.33$ ,  $p=0.04$  and thus significant on a 5% significance level, but not a 1% significance level).

## ii) communal well-being

The social well-being of participants was measured by a subscale of the SHALOM (Gomez & Fisher, 2003) focusing on communal well-being. The means and standard deviations for communal well-being were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.40.

Table 5.40

*Means and standard deviations for communal well-being*

Group	Time	n	Means	Standard deviations
Control	First measurement	100	20.72	3.45
Control	Second measurement	100	20.87	3.32
Experimental	First measurement	461	21.64	3.45
Experimental	Second measurement	461	21.78	3.32

Table 5.40 shows that participants in the experimental group experienced a slightly higher level of communal well-being than participants in the control group. It seems that participants in both groups experienced a slight increase in communal well-being from the first to the second measurements. The changes in communal well-being from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.23.

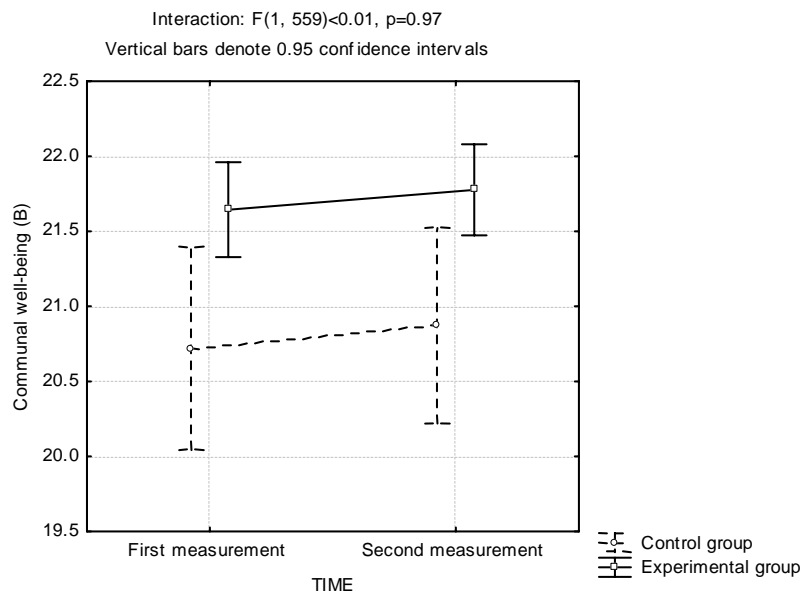


Figure 5.23 Changes in communal well-being from the first to the second measurements in the experimental and control groups.

It follows from Figure 5.23 that participants in the experimental group consistently experienced a higher level of communal well-being compared to participants in the control group. It seems that participants in both groups experienced a slight increase in communal well-being from the first to the second measurements. To determine any significant changes, a repeated measures analysis of variance for communal well-being was done. The results of this analysis are presented in Table 5.41.



Table 5.41

*Results of a repeated measures analysis of variance for communal well-being*

Variables	Factors	F	P
Communal well-being	Group	8.75	<0.01
	Time	0.46	0.50
	Time*group	<0.01	0.97

According to the group analysis shown in Table 5.41, there were statistically significant differences between the experimental and the control groups ( $F=8.75$ ,  $p<0.01$ ). The experimental group experienced higher levels of communal well-being, at both the first and the second measurements, compared to the control group. According to the time analysis, there were no statistically significant changes in communal well-being from the first to the second measurements ( $F=0.46$ ,  $p=0.50$ ). This finding was supported by the non-significant interaction between group and time ( $F<0.01$ ,  $p=0.97$ ). From these results, the deduction can be made that the IPO did not affect the communal well-being of participants in the experimental group significantly.

### iii) environmental well-being

The social well-being of participants was measured by a subscale of the SHALOM (Gomez & Fisher, 2003) focusing on environmental well-being. The means and standard deviations for environmental well-being were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.42.

Table 5.42

*Means and standard deviations for environmental well-being*

Group	Time	n	Means	Standard deviations
Control	First measurement	101	20.02	3.95
Control	Second measurement	101	20.12	3.61
Experimental	First measurement	460	20.91	3.95
Experimental	Second measurement	460	21.35	3.61

It follows from Table 5.42 that participants in the experimental group experienced a slightly higher level of environmental well-being than participants in the control group. It seems that participants in both groups experienced a slight increase in environmental well-being from the first to the second measurements. The changes in environmental well-being from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.24.

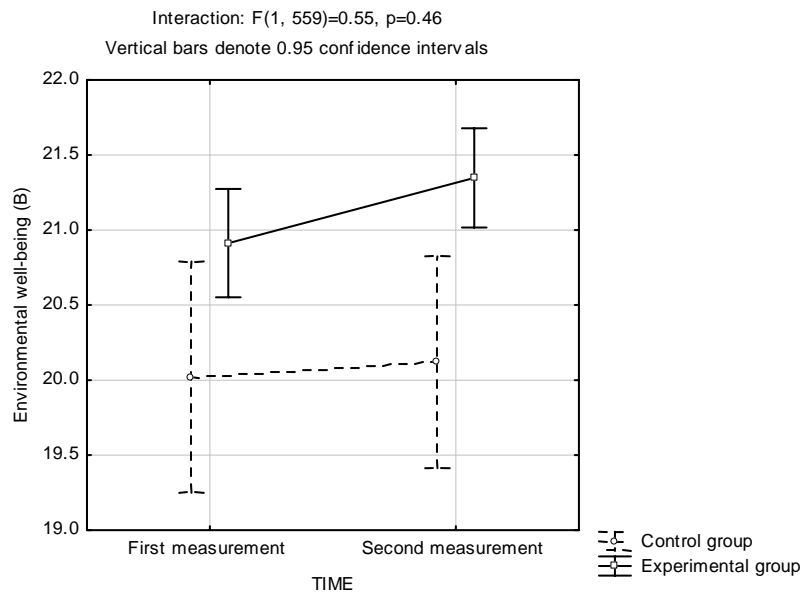


Figure 5.24 Changes in environmental well-being from the first to the second measurements in the experimental and control groups.

It follows from Figure 5.24 that participants in the experimental group consistently experienced a higher level of environmental well-being compared to participants in the control group. It seems that participants in both groups experienced a slight increase in environmental well-being from the first to the second measurements. To determine any significant changes, a repeated measures analysis of variance for environmental well-being was done. The results of this analysis are presented in Table 5.43.

Table 5.43

*Results of a repeated measures analysis of variance for environmental well-being*

Variables	Factors	F	P
Environmental well-being	Group	9.27	<0.01
	Time	1.38	0.24
	Time*group	0.55	0.46

Table 5.43 shows that there were statistically significant differences between the experimental and the control groups ( $F=9.27, p<0.01$ ) in the group analysis. According to these results, the experimental group experienced higher levels of environmental well-being, at both the first and the second measurements, compared to the control group. According to the time analysis, there were no statistically significant changes in environmental well-being from the first to the second measurements ( $F=1.38, p=0.24$ ). This finding was supported by the non-significant interaction between group and time ( $F=0.55, p=0.46$ ). From these results, the deduction can be made that the

IPO did not affect the environmental well-being of participants in the experimental group significantly.

#### 5.2.2.4 Spiritual factors

The spiritual well-being of participants was measured by a subscale of the SHALOM (Gomez & Fisher, 2003) focusing on transcendental well-being. During the translation process of the SHALOM (Gomez & Fisher, 2003) into Xhosa and Afrikaans, item 11 in the SHALOM was not included in the Xhosa questionnaires. Although item 11 was included at a later stage, some participants completing the Xhosa questionnaires did not answer this item. The statistical analysis of transcendental factors excluding and including item 11 was done. No significant differences between the analysis including and excluding item 11 were found. In both analyses, it was found that the IPO did not affect the transcendental well-being of participants in the experimental group significantly.

##### i) Transcendental well-being (excluding item 11)

The means and standard deviations for transcendental well-being (excluding item 11) were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.44.

Table 5.44

*Means and standard deviations for transcendental well-being (excluding item 11)*

Group	Time	N	Means	Standard deviations
Control	First measurement	101	17.04	3.04
Control	Second measurement	101	16.96	2.74
Experimental	First measurement	462	17.60	3.04
Experimental	Second measurement	462	17.72	2.74

As can be seen in Table 5.44, participants in the experimental group experienced a slightly higher level of transcendental well-being compared to participants in the control group. Participants in both groups experienced a slight increase in transcendental well-being between the first and the second measurements. The changes in transcendental well-being from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.25.

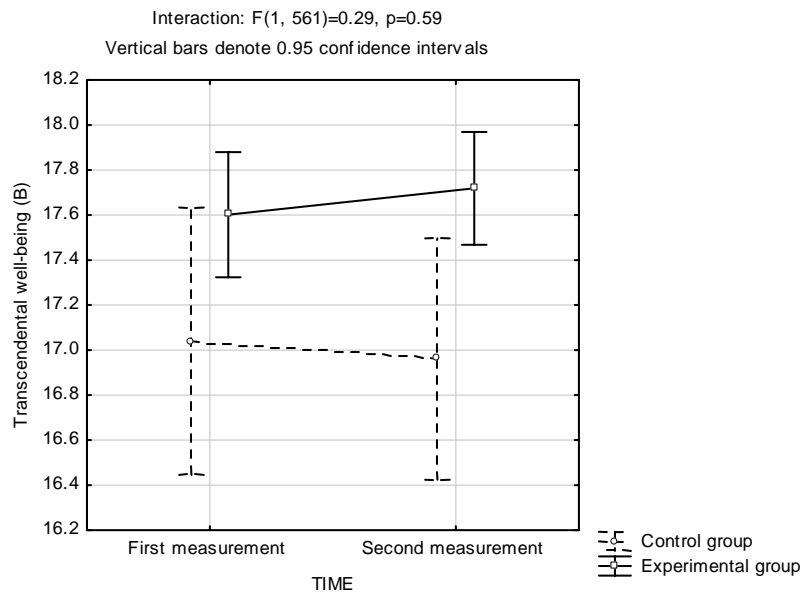


Figure 5.25 Changes in transcendental well-being from the first to the second measurements in the experimental and control groups.

It follows from Figure 5.25 that participants in the experimental group consistently experienced a higher level of transcendental well-being compared to participants in the control group. Participants in both groups experienced a slight increase in transcendental well-being from the first to the second measurements. To determine any significant changes, a repeated measures analysis of variance for transcendental well-being was done. The results of this analysis are presented in Table 5.45.

Table 5.45

*Results of a repeated measures analysis of variance for transcendental well-being (excluding item 11)*

Variables	Factors	F	p
Transcendental well-being	Group	6.46	0.01
	Time	0.01	0.92
	Time*group	0.29	0.59

According to the group analysis shown in Table 5.45, there were statistically significant differences between the experimental and the control groups ( $F=6.46, p=0.01$ ). The experimental group experienced higher levels of transcendental well-being, at both the first and the second measurements, compared to the control group. According to the time analysis, there were no statistically significant changes in transcendental well-being from the first to the second measurements ( $F=0.01, p=0.92$ ). This finding was supported by the non-significant interaction between group and time ( $F=0.29, p=0.59$ ). From these results, the deduction can be made that the

IPO did not affect the transcendental well-being of participants in the experimental group significantly.

**ii) Transcendental well-being (including item 11)**

The means and standard deviations for transcendental factors (including item 11) were determined for both the experimental and control groups for both the first and the second measurements. The results are presented in Table 5.46.

Table 5.46

*Means and standard deviations for transcendental well-being (including item 11)*

Group	Time	N	Means	Standard deviations
Control	First measurement	53	21.21	3.81
Control	Second measurement	53	21.09	3.46
Experimental	First measurement	415	22.03	3.81
Experimental	Second measurement	415	22.07	3.46

It follows from Table 5.46 that participants in the experimental group experienced a slightly higher level of transcendental well-being than participants in the control group. It seems that participants in both groups experienced a slight increase in transcendental well-being between the first and the second measurements. The changes in transcendental well-being (including no. 11) from the first to the second measurements in the experimental and control groups are illustrated in Figure 5.26.

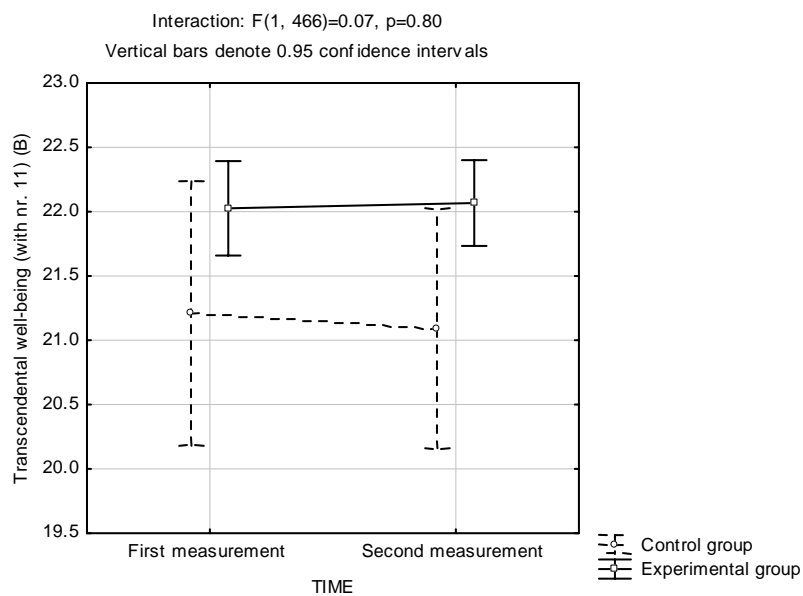


Figure 5.26 Changes in transcendental well-being from the first to the second measurements in the experimental and control groups (including item 11).

It follows from Figure 5.26 that participants in the experimental group consistently experienced a higher level of transcendental well-being compared to participants in the control group. Participants in both groups experienced a slight increase in transcendental well-being from the first to the second measurements. To determine any significant changes, a repeated measures analysis of variance for transcendental well-being was done. The results of this analysis are presented in Table 5.47.

Table 5.47

*Results of a repeated measures analysis of variance for transcendental well-being (including item 11)*

Variables	Factors	F	p
Transcendental well-being (including item 11)	Group	4.15	0.04
	Time	0.02	0.90
	Time*group	0.07	0.80

The results of the group analysis shown in Table 5.47 show that there were statistically significant differences between the experimental and the control groups ( $F=4.15$ ,  $p=0.04$ , thus significant on a 5% significance level, but not a 1% significance level). It seems the experimental group experienced higher levels of transcendental well-being at the time of both the first and the second measurements compared to the control group. According to the time analysis, there were no statistically significant changes in transcendental well-being from the first to the second measurements ( $F=0.02$ ,  $p=0.90$ ). This finding was supported by the non-significant interaction between group and time ( $F=0.07$ ,  $p=0.80$ ). From these results, the deduction can be made that the IPO did not affect the transcendental well-being of participants in the experimental group significantly.

#### **5.2.2.5 Feelings of participants when they saw abusers again immediately after application for an IPO (experimental group) and immediately after completion of the first set of questionnaires (control group)**

In the second set of questionnaires, participants in the experimental group were requested to indicate how they felt when they saw the abuser again immediately after the IPO was served. Participants in the control group were asked to indicate how they felt when they saw the abuser again, immediately after completion of the first set of questionnaires. A number of possible answers were provided. Participants could indicate that they felt more powerful, safer, relieved, less powerful, very frightened, nervous, or that there was no change in their feelings after completion of the first set of questionnaires. The responses of the participants in the experimental group were compared to the responses of the participants in the control group to determine the impact of the

IPO. The responses to the question by the participants in the experimental and control groups are illustrated in Figure 5.27.

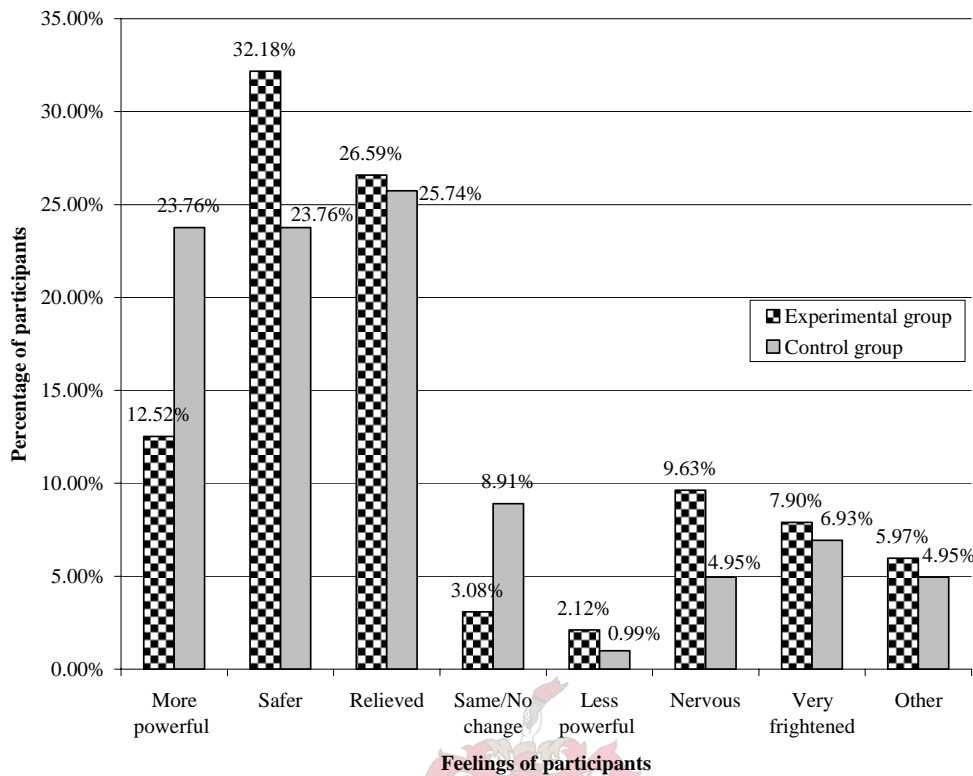


Figure 5.27 Feelings of participants when they saw abusers again immediately after completion of the first set of questionnaires.

It follows from Figure 5.27 that a bigger percentage of participants in the experimental group felt safer (32.18%), than in the control group (23.76%). It seems that more participants in the control group (23.76%) felt more powerful as compared to 12.52% of participants in the experimental group. More participants in the control group (8.91%) seemed to have experienced no change, compared to 3.08% of participants in the experimental group. To determine whether statistical significant differences exist between participants in the experimental and control groups' responses to this question, a Chi-square analysis was done. The results are presented in Table 5.48.



Table 5.48

*Results of a Chi-square analysis of the feelings of participants when they saw abusers again immediately after completion of the first set of questionnaires*

Feelings of participants (YES responses)	Experimental Group Nr	Experimental Group n (%)	Control Group Nr	Control Group n (%)	Chi-square (p-value)
More powerful	464	66 (14.22%)	87	24 (27.59%)	<0.01
Safer	464	167 (35.99%)	87	24 (27.59%)	0.12
Relieved	464	138 (29.74%)	87	26 (29.89%)	0.98
Less powerful	464	11 (2.37%)	87	1 (1.15%)	0.44
Very frightened	464	42 (9.05%)	87	7 (8.05%)	0.76
Nervous	464	51 (10.99%)	87	5 (5.7%)	0.11

*Note.* Nr: Total number of participants answering the question.

Table 5.48 indicates that a significantly bigger proportion of participants in the control group felt more powerful compared to participants in the experimental group after completing the first set of questionnaires ( $p < 0.01$ ). No other significant differences between the feelings of participants in the experimental and control groups were found.

### **5.2.3 The efficiency of the application procedure for an IPO**

The third primary objective of the present study is to determine the efficiency of the application procedure for an IPO. In evaluating the application procedures for an IPO, the experiences of participants in the experimental group whilst completing the IPO application forms, IPO procedures (receipt of the IPO, payment for the IPO, serving of the IPO, receipt of an Interim Warrant of Arrest and the time period between the application date and return dates), were assessed. Participants were given different potential answers, but also the opportunity to provide other responses.

#### **5.2.3.1 Experiences of participants whilst completing the IPO application forms**

As part of the first measurement, participants in the experimental group were requested to report on their experiences whilst applying for an IPO. This section was completed immediately after completion of the IPO application forms and affidavits, but before seeing the Magistrate. Participants reported on who helped them with the completion of the IPO application forms, whom they experienced as being the most helpful or unhelpful, the difficulties they experienced and what helped them most. Participants were given different potential answers and the opportunity to provide other responses. Some participants provided more than one answer to each question. Their responses are presented in Table 5.49.

Table 5.49

*Experiences of participants whilst completing the IPO application forms*

	Self	%	Clerk	%	Mosaic	%	Police	%
Who helped you to complete the IPO forms? (n=884)	59	6.67	46	5.20	768	86.88	11	1.24
Who was helpful? (n=926)	N/A	N/A	76	8.60	798	90.27	52	5.88
Who was not helpful? (n=166)	N/A	N/A	3	0.34	32	3.62	131	14.82
	Long waits	%	Didn't understand forms	%				
What difficulties did you experience? (n=265)	144	16.29	121	13.69				
	Assistance with forms	%	Someone listening without judgment	%	Talking about the abuse	%	Received information	%
What helped you most? (n=1945)	560	63.35	616	69.68	457	51.70	312	35.29

Note. n: Total responses to each question

Clerk – Clerk of the Domestic Violence Court

Mosaic – Non-governmental organisation providing assistance during the application process for IPO's in the Domestic Violence Court

It follows from Table 5.49 that most participants in the experimental group were assisted by employees of the Mosaic organisation to complete the IPO application forms (86.88%, n=768) and found them to be helpful (90.27%, n=798). They found someone listening without judgment (69.68%, n=616) and assistance with the forms (63.35%, n=560) the most helpful. Some participants cited the long waits (16.29%, n=144) and not understanding the forms (13.69%, n=121) as problems in the application process.

### 5.2.3.2 IPO procedures

Participants' experiences of the IPO procedures were assessed by focusing on when the IPO was received, who paid for the IPO, who served the IPO and when the IPO was served, as part of the second set of questionnaires. The receipt of an Interim Warrant of Arrest and the period between the application and return dates were also assessed. Participants were given different options and the

opportunity to provide other responses. Table 5.50 provides information with regard to the IPO procedures as experienced by participants.

Table 5.50

*IPO procedures: Receiving of IPO, payment of IPO, who served the IPO, when IPO was served, whether an Interim Warrant of Arrest was given, when it was given and the time period between the application and the return date*

	Total	%
<b>Receiving of IPO</b>		
Same day	321	69.18
Next day	104	22.41
Within one week	16	3.45
After 2 weeks	4	0.86
After 3 weeks	1	0.22
A month later	1	0.22
Later	8	1.72
Uncertain	6	1.29
On return date	3	0.65
<b>Total</b>	<b>464</b>	<b>100.00</b>
<b>Payment of IPO</b>		
Court	364	78.45
Self	77	16.59
Uncertain	15	3.23
No one	6	1.29
Police	2	0.43
<b>Total</b>	<b>464</b>	<b>100.00</b>
<b>Who served the IPO?</b>		
Police	267	57.54
Sheriff	154	33.19
Clerk	26	5.60
Uncertain	13	2.80
Self	2	0.43
Other	2	0.43
<b>Total</b>	<b>464</b>	<b>100.00</b>

*(table continues)*

Table 5.50 (continued)

*IPO procedures: Receiving of IPO, payment of IPO, who served the IPO, when IPO was served, whether an Interim Warrant of Arrest was given, when it was given and the time period between the application and the return date*

	Total	%
<b>When IPO was served.</b>		
Same day	165	35.56
Within one week	246	53.02
Later than a week (2 weeks to 1 month)	26	5.60
Never	7	1.51
Uncertain	20	4.31
<b>Total</b>	<b>464</b>	<b>100.00</b>
<b>Were you given an Interim Warrant of Arrest?</b>		
Yes	104	22.41
No	327	70.47
Uncertain	33	7.11
<b>Total</b>	<b>464</b>	<b>100.00</b>
<b>When were you given an Interim Warrant of Arrest?</b>		
Same day	44	9.48
Next day	27	5.82
Within a week	26	5.60
On return date	20	4.31
Never	318	68.53
Uncertain	29	6.25
<b>Total</b>	<b>464</b>	<b>100.00</b>
<b>Time period between application day and return date.</b>		
2 Weeks	96	20.69
3 Weeks	8	1.72
1 Month	300	64.66
6 Weeks	59	12.72
2 Months	1	0.22
<b>Total</b>	<b>464</b>	<b>100.00</b>



**i) Receiving of an IPO**

Table 5.50 provides details of when the IPO was received. Most participants received the IPO on the same day (69.18%, n=321) or the next day (22.41%, n=104).

**ii) Payment of IPO**

Table 5.50 provides details of who paid for the IPO. Most participants indicated that the court paid for the IPO (78.45%, n=364). Some participants paid for the IPO themselves (16.59%, n=77), while some were uncertain as to who paid (3.23%, n=15).

### iii) **Serving of IPO**

Table 5.50 provides details of who served the IPO. Most participants indicated that the police (57.54%, n=267) or sheriff (33.19%, n=154) served the IPO. Some participants indicated that the clerk served the IPO (5.6%, n=26) or were uncertain (2.8%, n=13) as to who served it.

### iv) **When IPO was served**

Table 5.50 provides details of when the IPO was served. With most participants, the IPO was served on the same day (35.56%, n=165) or within a week of application (53.02%, n=246). In 5.6% of the cases (n=26) the IPO was served later than a week. Seven participants (1.51%, n=7) indicated that the IPO was never served.

### v) **Receiving an Interim Warrant of Arrest**

The Interim Warrant of Arrest is an instrument of the New Domestic Violence Act of 1998 that is given with the Interim Protection Order. The police require an Interim Warrant of Arrest in order to arrest the abuser in the interim period until a Final/Permanent Protection Order is granted (Miller, 2003). Table 5.50 provides information relating to whether an Interim Warrant of Arrest was received or not by participants.

Most participants indicated that they had never received an Interim Warrant of Arrest (70.47%, n=327) or were uncertain as to whether they had received one (7.11%, n=33). In the question concerning when the Interim Warrant of Arrest was received, 117 participants (25.22%) indicated that they had received it either on the same day (9.48%, n=44), the next day (5.82%, n=27), within a week (5.60%, n=26), or on the return date (4.31%, n=20), with 29 participants (6.25%) feeling uncertain.

### vi) **Time period between application date and return date**

Table 5.50 provides details of the period between the application and return dates. In most cases, this was between 2 to 6 weeks (99.8%, n=493).

### 5.2.3.3 **Withdrawal of the IPO**

Participants in the experimental group were requested to report on their experiences with regard to the withdrawal of the IPO as part of the second set of questionnaires. They responded to questions asking whether the IPO was withdrawn, whether they wanted to withdraw the IPO on their own and what their reasons were. The efforts of abusers of participants in the experimental group to get the IPO withdrawn were compared to the behaviour of the abusers of participants in the control group in the interim period between the first and the second measurements. The reasons for deciding not to withdraw the IPO were also assessed.

**i) Experiences of participants with regard to withdrawal of the IPO**

In Table 5.51 participants’ experiences with regard to the withdrawal of the IPO are presented.

Table 5.51

*Withdrawal of the IPO: whether the IPO was withdrawn, whether participants wanted to withdraw the IPO on their own and whether the abuser tried to get the participant to withdraw the IPO*

	Total	%
Did you withdraw the IPO?		
Yes	12	2.59
No	452	97.41
Total	464	100.00
Did you want to withdraw the IPO on your own?		
Yes	20	4.31
No	444	95.69
Total	464	100.00
Did your abuser try to get you to withdraw the IPO?		
Yes	51	10.99
No	413	89.01
Total	464	100.00

Table 5.51 shows that most participants did not withdraw the IPO (97.41%, n=452). Twenty participants (4.31%), however, considered withdrawing the IPO on their own, and 10.99% (n=51) were pressurised by the abuser to withdraw the IPO.

**ii) Reasons why participants wanted to withdraw the IPO on their own**

In a question in the second set of questionnaires, participants were requested to indicate the reasons they wanted to withdraw the IPO. From the responses of the 27 participants who answered this question, the main reasons were better communication, or no communication with the abuser, debilitating or empowered feelings of participants, or abuser-related reasons. The main themes, with details, are presented in Table 5.52.

Table 5.52

*Reasons why participants wanted to withdraw the IPO on their own (n=27)*

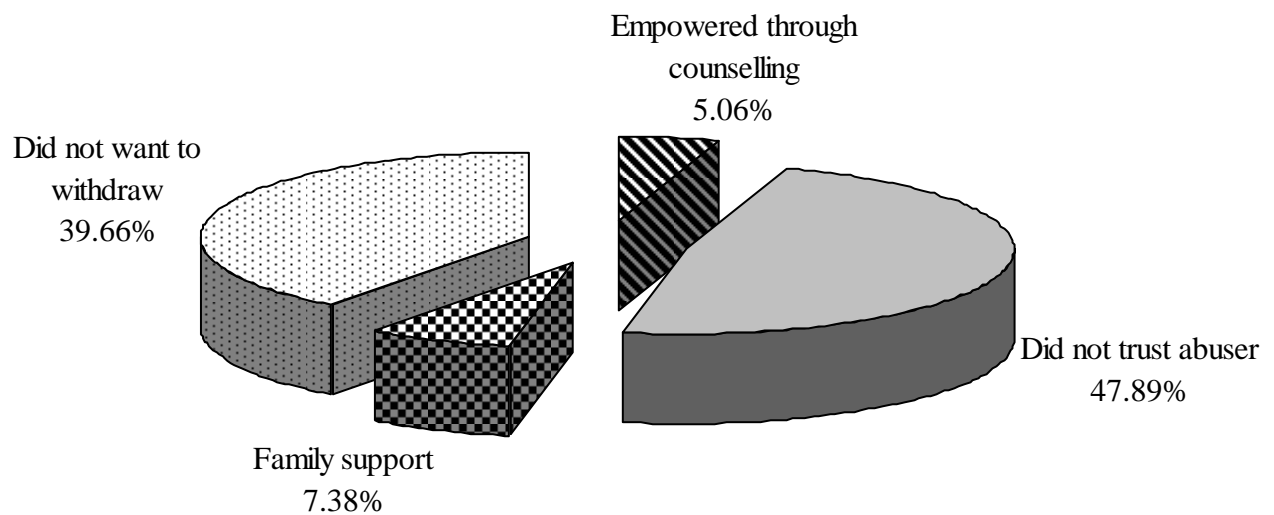
	Frequency	Percentage of Participants	Total	Total %
Better, worse or no communication with the abuser.			11	40.74
No contact with abuser.	4	14.81		
Better communication with abuser.	4	14.81		
"For peace."	1	3.70		
"He swears at me and my child."	1	3.70		
"We came to an agreement that he will leave me alone."	1	3.70		
Debilitating or empowered feelings of participants.			10	37.04
Feeling safe and loved.	2	7.41		
Fear.	1	3.70		
"The church is there for me now."	1	3.70		
"I want to help him."	1	3.70		
"I was confused, I didn't know if I was doing the right thing."	1	3.70		
Abuser made participant feel guilty.	1	3.70		
Feeling confident and safe.	1	3.70		
"My father wanted me to withdraw IPO."	1	3.70		
"I filed for divorce."	1	3.70		
Abuser related reasons			6	22.22
The abuser was suspended for a month.	1	3.70		
The abuser changed a lot.	1	3.70		
The abuser brought the furniture back.	1	3.70		
The abuser was late.	1	3.70		
"She is still my wife."	1	3.70		
Want the abuser to go for counselling.	1	3.70		

Table 5.52 indicates that most of the participants in the experimental group who wanted to withdraw the IPO on their own cited better, worse or no communication with the abuser (40.74%, n=11), debilitating or empowered feelings of participants (37.04%, n=10) or abuser-related factors (22.22%, n=6), as reasons.

### iii) Reasons for not withdrawing the IPO

Participants were requested to report the main reasons they decided not to withdraw the IPO. The main reasons for not withdrawing the IPO, namely not trusting the abuser, being empowered through counselling and family support are illustrated in Figure 5.28.





*Figure 5.28* Reasons for not withdrawing the IPO.

Figure 5.28 shows that not trusting the abuser was the main reason for not withdrawing the IPO (47.89%, n=227). Family support (7.38%, n=35) and counselling (5.06%, n=24) also had a supportive function.

**iv) Efforts by abusers, from the first to the second measurements to get the IPO withdrawn, as experienced by participants in the experimental group**

In the experimental group, participants responded to a question in the second set of questionnaires and reported that abusers tried in a variety of ways to convince them to withdraw the IPO. Their responses are illustrated in Figure 5.29. Results are presented in percentage form to make comparison with the responses of the control group possible.

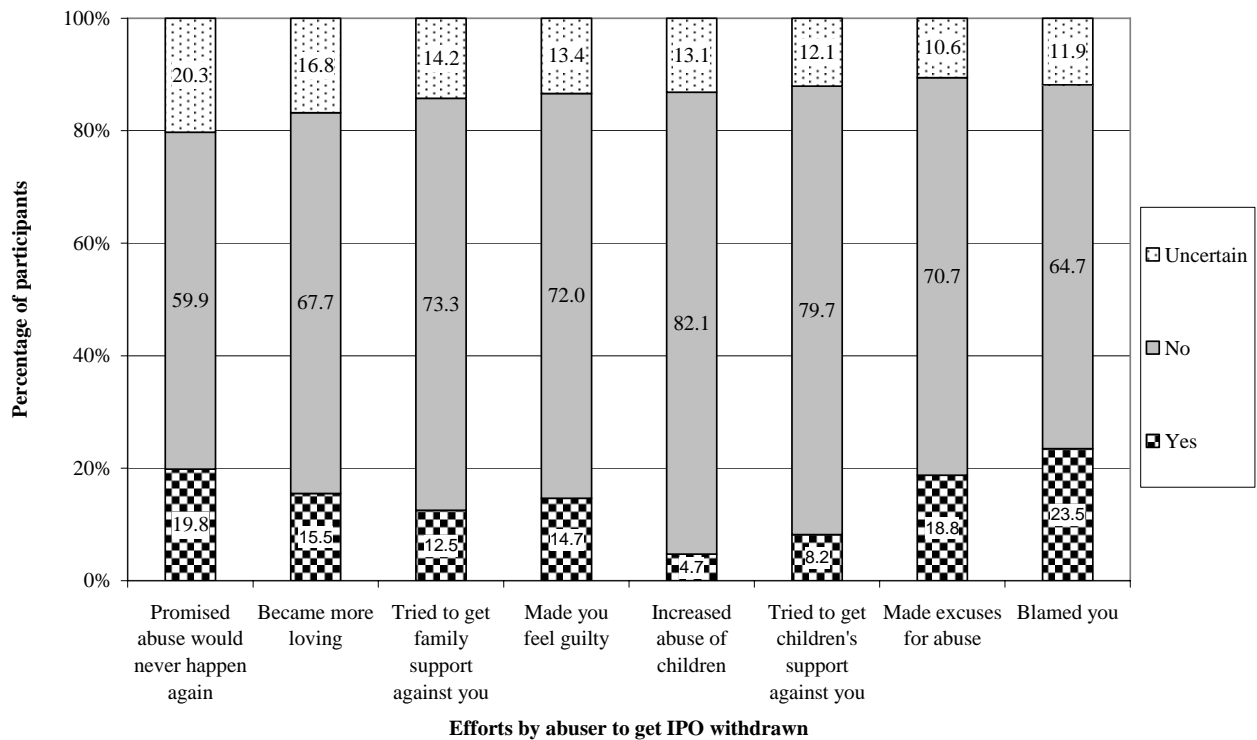


Figure 5.29 Efforts by abusers to get the IPO withdrawn, from the first to the second measurements, as experienced by participants in the experimental group.

Figure 5.29 illustrates that most abusers blamed the participant (23.5%), promised that the abuse would never happen again (19.8%), or made excuses for the abuse (18.8%) in order to get the IPO withdrawn.

v) **Reaction of abusers between the first and second measurements, as experienced by participants in the control group**

In the control group participants reported that abusers reacted in a variety of ways in the period between the completion of the first and second questionnaires. Their responses are presented in Figure 5.30.

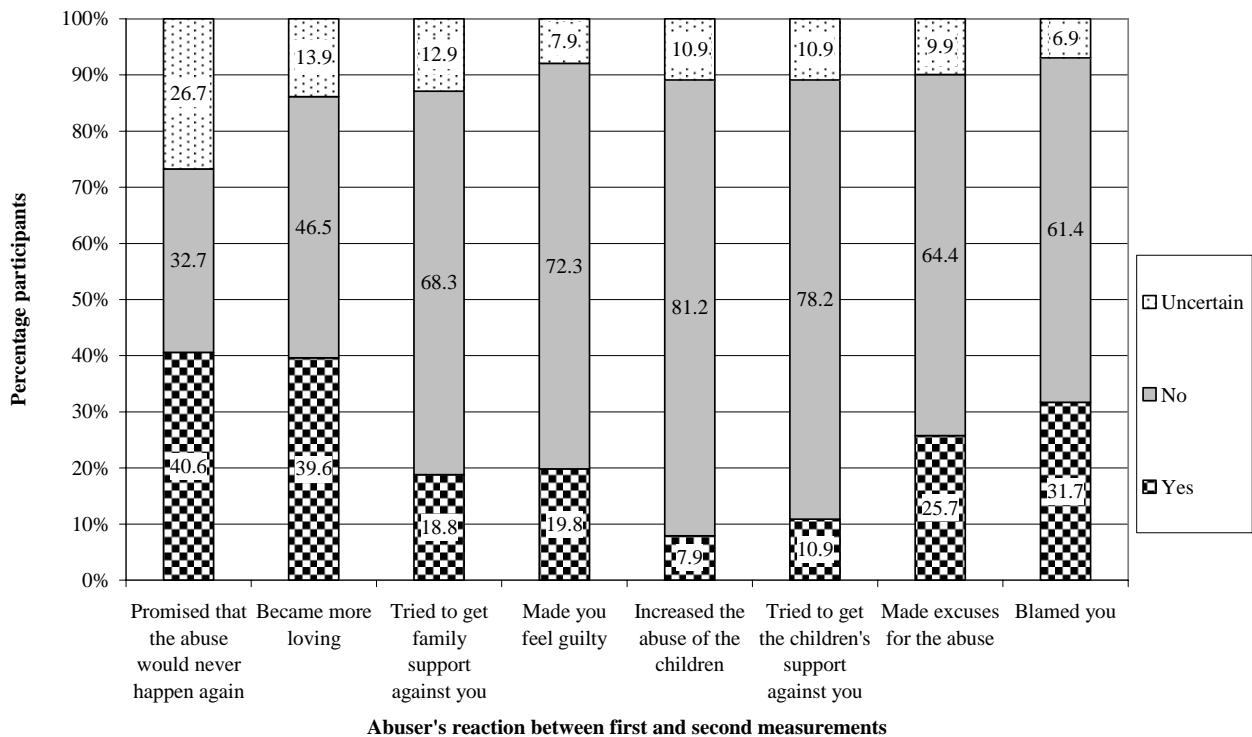


Figure 5.30 Reactions of abusers, between the first and second measurements, as experienced by participants in the control group.

Figure 5.30 illustrates the abusers' behaviour, in the interim period between the first and the second measurements, as experienced by participants in the control group. Most abusers of participants in the control group promised that the abuse would never happen again (40.6%), became more loving (39.6%), while others blamed the participant in the interim period (31.7%).

**vi) Comparison between the participants in the experimental and control groups' experience of the abusers' behaviour in the interim period between the first and the second measurements**

To determine whether there are any statistically significant differences between the responses of participants in the experimental and control groups' experience of the abusers' behaviour in the interim period between the first and the second measurements, a chi-square analysis was done. The results of the analysis are presented in Table 5.53.

Table 5.53

*Results of Chi-square analysis of participants in the experimental and control groups' experience of the abusers' behaviour in the interim period between the first and the second measurements*

Behaviour of abuser	Experimental Group Nr	Experimental Group Yes n (%)	Experimental Group Uncertain n (%)	Experimental Group No n (%)	Control Group Nr	Control Group Yes	Control Group Uncertain n (%)	Control Group No n (%)	Chi-square (p-value)
Abuser promised that the abuse would never happen again.	462	92 (19.91%)	94 (20.35%)	276 (59.74%)	101	41 (40.59%)	27 (26.73%)	33 (32.67%)	<0.01
Abuser became more loving.	462	72 (15.58%)	78 (16.88%)	312 (67.53%)	101	40 (39.60%)	14 (13.86%)	47 (46.53%)	<0.01
Abuser tried to get family support against participant.	462	58 (12.55%)	66 (14.29%)	338 (73.16%)	101	19 (18.81%)	13 (12.87%)	69 (68.32%)	0.28
Abuser made participant feel guilty.	462	68 (14.72%)	62 (13.42%)	332 (71.86%)	101	20 (19.80%)	8 (7.92%)	73 (72.28%)	0.17
Abuser increased the abuse of the children.	461	22 (4.77%)	61 (13.23%)	378 (82.00%)	101	8 (7.92%)	11 (10.89%)	82 (81.19%)	0.41
Abuser tried to get the children's support against the participant.	460	38 (8.26%)	56 (12.17%)	366 (79.57%)	101	11 (10.89%)	11 (10.89%)	79 (78.22%)	0.69
Abuser blamed the participant.	462	109 (23.59%)	55 (11.90%)	298 (64.50%)	101	32 (31.68%)	7 (6.93%)	62 (61.39%)	0.12

*Note.* Nr: Total number of participants answering the questions.

It follows from Table 5.53 that there was a statistically higher percentage of participants in the experimental group who promised that the abuse would never happen again ( $p < 0.01$ ), or who became more loving, compared to the control group ( $p < 0.01$ ).

### 5.3 SECONDARY OBJECTIVES

#### 5.3.1 A profile of the victims of domestic violence in different cultural groups

The first secondary objective of the present study is to compile a profile of the victims of domestic violence in different cultural groups. See Chapter 4 for a cultural profile of the applicants for an IPO over a three-month period, and the cultural profile of the research sample.

#### 5.3.2 Relationship between participant and abuser in experimental and control groups

In the first set of questionnaires participants were requested to indicate who the abuser was. Various options were given, but participants could also add additional abusers not listed. Table 5.54 illustrates the relationship between participants and abusers in the experimental and control groups.

Table 5.54

*Relationship between participant and abuser in experimental and control groups*

Abused by	Experimental	Experimental group %	Control	Control group %
Partner	485	53.18	51	38.06
Ex-partner	158	17.32	24	17.91
Child	80	8.77	10	7.46
Brother	43	4.71	1	0.75
In-laws	36	3.95	7	5.22
Father	25	2.74	5	3.73
Sister	18	1.97	7	5.22
Cousin	9	0.99	0	0.00
Mother	7	0.77	9	6.72
Stepchild	7	0.77	0	0.00
Tenant	6	0.66	2	1.49
Stepfather	5	0.55	5	3.73
Uncle	5	0.55	2	1.49
Stepmother	4	0.44	0	0.00
Stepsister	4	0.44	2	1.49
Stepbrother	4	0.44	1	0.75
Aunt	4	0.44	1	0.75
Grandchild	3	0.33	0	0.00
Friend	3	0.33	2	1.49
Grandparent	1	0.11	0	0.00
Other	5	0.55	5	3.73
Total	912	100.00	134	100.00

Table 5.54 reveals that, in both the experimental and control groups, a partner or ex-partner was the main abuser, followed by a child. In some cases, more than one person abused a participant. In both groups, abuse by partners significantly exceeded abuse by ex-partners.

### 5.3.3 The nature and extent of domestic violence in different cultural groups in the experimental group

The second secondary objective of the present study is to describe and compare the nature and extent of domestic violence in different cultural groups in the experimental group. The court report form of Mosaic was used to gather information on the nature and extent of economic, physical, sexual, verbal and psychological/emotional abuse suffered by participants in the experimental group. The percentages of abuse, according to the different cultures (Black, Coloured and White groups), are presented in Figure 5.31, followed by statistical analysis of the nature of abuse in Table 5.55. Because of the small number of Asians who completed questionnaires, the analysis only focuses on the nature and extent of abuse in the Black, Coloured and White groups.

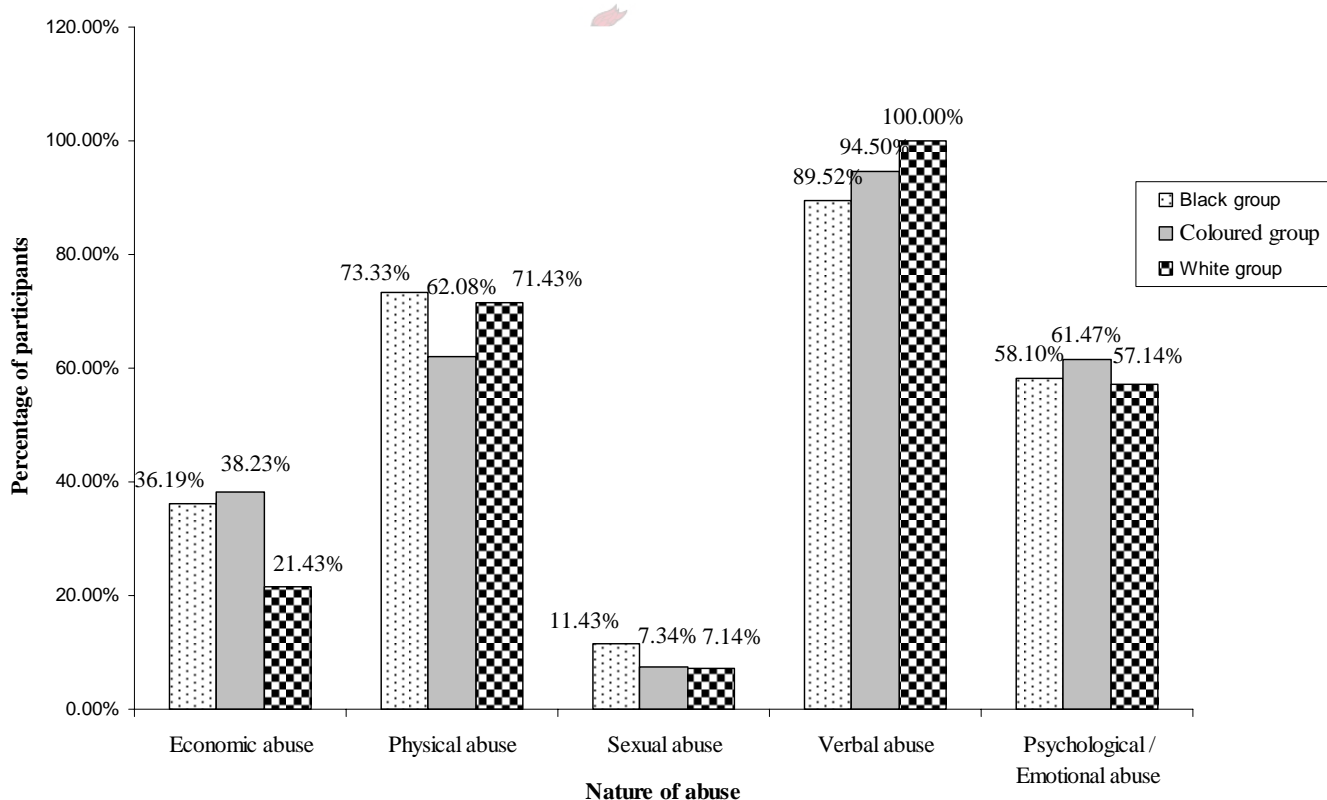


Figure 5.31 The nature and extent of domestic violence in different cultural groups in the experimental group.

As can be seen in Figure 5.31, all cultural groups (Black, Coloured and White groups) experienced economical, physical, sexual, verbal and psychological/emotional abuse. Verbal and physical abuse were the most frequent abuses experienced by all participants in all cultural groups,

followed by psychological/emotional abuse. A chi-square analysis was done to determine any statistically significant differences in abuse in the different cultural groups. The results are presented in Table 5.55.

Table 5.55

*Results of Chi-square analysis of the nature and extent of domestic violence in different cultural groups*

Nature of abuse (Yes responses)	Nr	Black n (%)	Nr	Coloured n (%)	Nr	White n (%)	Chi-square (p-value)
Economic abuse	105	38 (36.19%)	327	125 (38.23%)	28	6 21.43%)	0.18
Physical abuse	105	77 (73.33%)	327	203 (62.08%)	28	20 (71.43%)	0.08
Sexual abuse	105	12 (11.43%)	327	24 (7.34%)	28	2 (7.14%)	0.43
Verbal abuse	105	94 (89.52%)	327	309 (94.50%)	28	28 (100%)	0.04
Psychological / Emotional abuse	105	61 (58.10%)	327	201 (61.47%)	28	16 (57.14%)	0.77

*Note.* Nr: Total number of participants in each cultural group answering the questions.

It follows from Table 5.55, that there was a trend towards participants in the Coloured group experiencing less physical abuse than the participants in the Black and White groups ( $p=0.08$  and thus significant on a 10% significance level, but not a 5% significance level). There was a strong trend in the Black group to experience less verbal abuse than participants in the White and the Coloured groups ( $p=0.04$  and thus significant on a 5% significance level, but not a 1% significance level). No other statistically significant differences between the cultural groups were found.

### 5.3.4 The role of the police in the implementation of an IPO

The third secondary objective of the present study is to review the role of the police in the implementation of an IPO. Questions with regard to police involvement were asked in the second set of questionnaires. The role of the police was evaluated by focusing on the treatment of participants and the responses of the police when abuse was reported. As the questions with regard to police involvement was not formulated to request information on police involvement in the period between the completion of the first and the second set of questionnaires only, participants' responses might also refer to involvement of the police in the period of being abused. Statistical analysis of participants' responses to police-related questions was not done, as participants might have misunderstood the question and thus reported information on the role of the police over the whole period of being abused.



### 5.3.4.1 Reporting of abuse to the Police

In the second set of questionnaires, participants in both the experimental and control groups were requested to report on whether they contacted the police to report incident of abuse. If they had contacted the police, they were requested to report whether they had found the police helpful. They were also requested to report on whether the police had arrived to assist them when they contacted them telephonically. The results of these questions are shown in Table 5.56.

Table 5.56

#### *Reporting of abuse to the police*

	Experimental Group		Control Group		No response
	Yes	No	Yes	No	
Did you contact the police to report an incident of abuse? (n=464)	255 (54.96%)	209 (45.04%)	25 (24.75%)	76 (75.25%)	-
Were the police helpful? (n=265)	219 (82.64%)	46 (17.36%)	17 (68%)	8 (32%)	-
Did the police arrive to assist you after you contacted them telephonically? (n=237)	174 (73.42%)	63 (26.58%)	14 (56.00%)	8 (32.00%)	3 (12.00%)

*Note.* n: Total number of participants answering each question.

As can be seen in Table 5.56, 54.96% (n=255) of the participants in the experimental group and 24.75% (n=25) of the participants in the control group contacted the police to report abuse. In the experimental group 82.64% (n=219) of the participants found the police helpful, while 68% (n=17) in the control group found the police helpful.

Of the 255 participants in the experimental group who contacted the police, 237 phoned the police to request assistance. Of this 237 participants, 73.42% (n=174) reported that the police arrived to assist them, while 26.58% (n=63) of participants reported that the police did not come. In the control group, 56% (n=14) of the 25 participants who contacted the police reported that they arrived, while the 32% (n=8) indicated that the police did not come.

### 5.3.4.2 Ways in which the police helped participants

The ways that the police helped participants are presented in Figure 5.32. The responses of participants in the experimental group are compared to responses of participants in the control group. As the groups were not the same size, findings are presented in percentages.

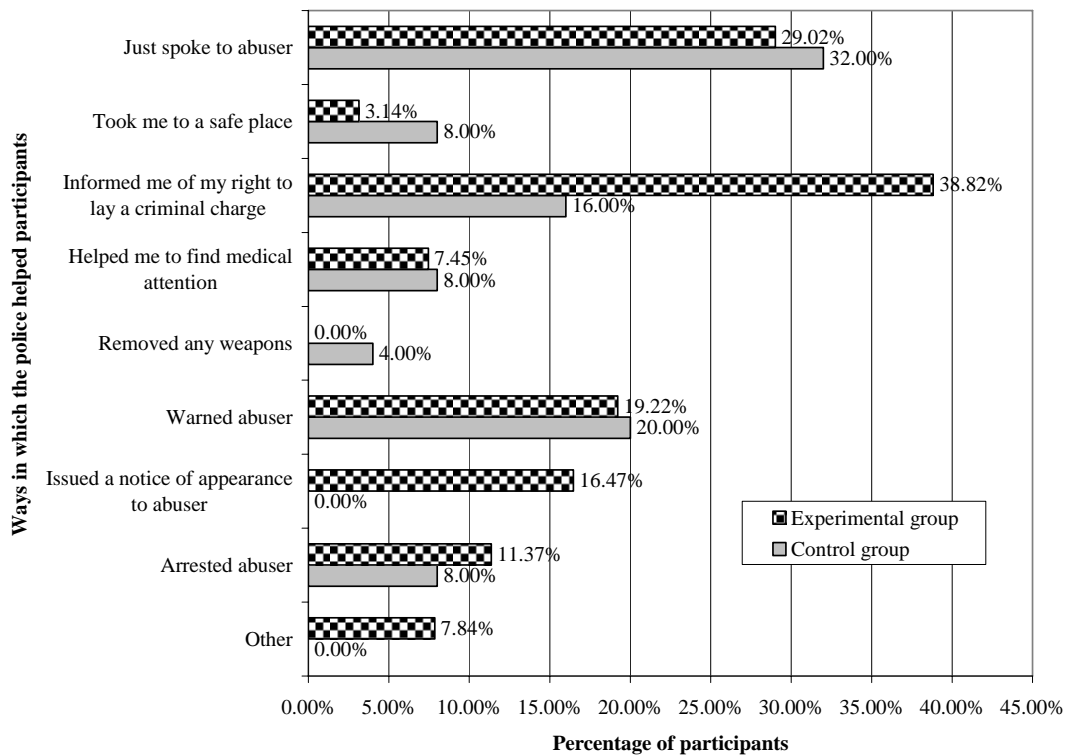


Figure 5.32 Ways in which participants felt that the police helped them.

As shown in Figure 5.32, most participants in the experimental group felt that the police helped them by informing them to lay a criminal charge (38.82%). Speaking to the abuser (29.02%), warning the abuser (19.22%) and issuing a notice of appearance to the abuser (16.47%) was also cited as being helpful to participants in the experimental group. Most participants in the control group were assisted by the police who spoke to the abuser (32.00%) or warned the abuser (19.22%). Participants in the experimental group were also requested to comment on additional ways in which the police helped them. This open-ended question was answered by 23 participants. Their responses are presented in Table 5.57.

Table 5.57

Additional ways in which the police helped participants in the experimental group (n=23)

	Frequency	Percentage of participants
Police advised participant to apply for an IPO.	13	56.52
Police advised participant to move out of the house.	1	4.35
Police gave participant advice.	1	4.35
Abuser had to apologise to participant by phone.	1	4.35
Police helped participant to remove belongings from home.	1	4.35
Police spoke to participant's parents.	1	4.35
"They brought my child, who the abuser took, back to me."	1	4.35
Police advised participant to approach court for an earlier return date.	1	4.35
Police arrived when participant phoned them.	1	4.35
Police walked with participant to get IPO application forms.	1	4.35
Police gave participant a hearing.	1	4.35

Table 5.57 shows that advising participants to apply for an IPO was cited as being the most helpful additional way in which the police supported participants (56.52%, n=13).

### 5.3.4.3 Reasons why the police did not help participants

The reasons why the police had not helped participants are presented in Figure 5.33.

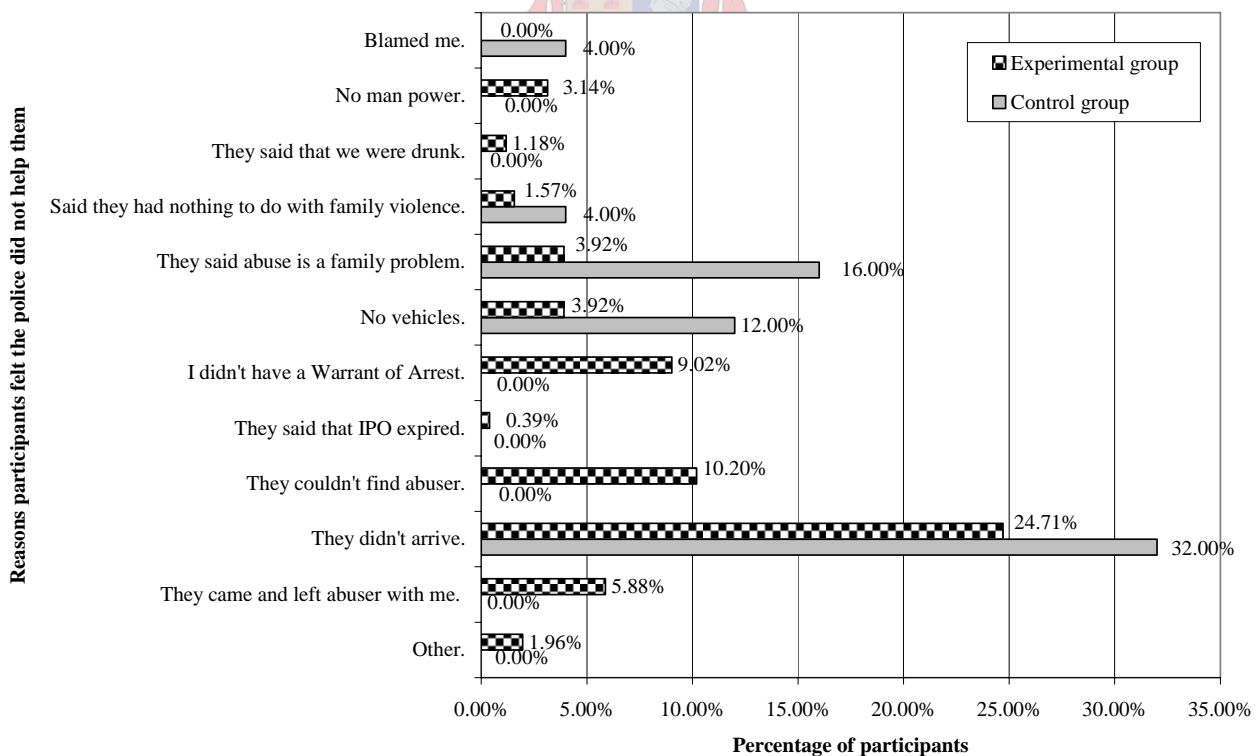


Figure 5.33 Reasons participants felt that the police did not help them.

Figure 5.33 shows that the main reasons why participants in the experimental group were not helped by the police were because the police didn't arrive (24.71%), or because the police couldn't

find the abuser (10.20%). The main reasons why participants in the control group were not helped by the police were because the police didn't arrive (32.00%), or because the police said that abuse was a family problem (16.00%).

An open-ended question with regard to additional ways in which the police did not help participants in the experimental group was answered by six participants. Their responses are presented in Table 5.58.

Table 5.58

*Additional ways in which the police did not help participants in the experimental group (n=6)*

	Frequency	Percentage of participants
"Police only send me to get an IPO."	2	33.33
Police send participant to court to ask for an earlier date.	1	16.67
Police negotiated with abuser.	1	16.67
"Police said that it is nonsense, that the abuser is not guilty."	1	16.67
"They told my mother- in- law to take out an interdict against me."	1	16.67

Table 5.58 shows that the main reason for the police not helping participants was because the police "only send me to get an IPO" (n=2, 33.33%).

## **5.4 ADDITIONAL QUESTIONS**

To give participants in the experimental and the control groups the opportunity to contribute additional information and provide insights to the present study, additional open-ended questions were asked.

### **5.4.1 Additional questions: Experimental group**

Participants in the experimental group were asked what advice they would give someone who wanted to apply for an IPO. They were also asked what changes they would like to make to the IPO to improve its impact and what knowledge they gained from completing the questionnaires. These open-ended questions were asked to gather additional information, not covered by the closed-ended questions in the questionnaires.

#### **5.4.1.1 Advice participants in the experimental group would give someone who wanted to apply for an IPO**

The open-ended question with regard to advice that participants would give someone who wanted to apply for an IPO was answered by 443 participants. Their responses are presented in Table 5.59.

Table 5.59

*Advice participants in the experimental group would give someone who wanted to apply for an IPO (n=443)*

	Frequency	Percentage of participants
"There is help" Approach the court, your lawyer, Mosaic, the police, a social worker, your family or friends for assistance.	155	34.99
The IPO is an effective tool.	126	28.44
Apply for an IPO.	107	24.15
Be certain that you want to do it.	17	3.84
Break the silence.	16	3.61
Do not withdraw your application.	7	1.58
Empower yourself, be independent, find yourself, be strong and get a different perspective on life.	6	1.35
Be patient and honest.	3	0.68
Apply before the abuse gets worse.	3	0.68
Don't apply - It didn't help me at all.	2	0.45
Talk to the abuser.	1	0.23
Leave abuser.	1	0.23
Pray / trust God.	1	0.23
Find what is central to the matter.	1	0.23

Table 5.59 reveals that most participants in the experimental group advised others who wanted to apply for an IPO to make use of social support structures (34.99%, n=155) and to apply for an IPO (24.15%, n=107). Advising others on the effectiveness of the IPO was cited by 28.44% (n=126) of participants.

#### **5.4.1.2 Changes participants in the experimental group would like to make to the IPO to improve its impact**

Although only 178 participants in the experimental group responded to the open-ended question with regard to changes they would like to make to the IPO, numerous recommendations were made. Eight main themes were identified, namely changes to the IPO, the courts, counselling services, police services, IPO application forms, children-related changes, community and research. The main themes, with detailed aspects, are presented in Table 5.60.

Table 5.60

*Changes participants in the experimental group would like to make to the IPO to improve its impact (n=178)*

	Frequency	Percentage of Participants	Total	Total Percentage of participants
IPO			120	67.42
Shorter time period between application and return days	80	42.12		
Warrant of arrest must be given to applicant immediately	14	7.37		
IPO must give more protection and must carry more weight	12	6.32		
Abuser must be locked up immediately.	4	2.11		
Abuser must be warned and informed about the seriousness of the matter.	4	2.11		
More people must be informed about the IPO.	2	1.05		
"The law is too tight around victim."	1	0.53		
"Emotional and economical abuse is missed by courts and the police."	1	0.53		
Community service for abuser.	1	0.53		
Punishment for the abuser must be more severe.	1	0.53		
Courts		0	15	8.43
Stop long waiting in court.	5	2.63		
More privacy at courts.	4	2.11		
More personnel to help applicants. and more personal attention.	3	1.58		
Community based application venues.	1	0.53		
Magistrate must talk to abuser and warn him/her.	1	0.53		
Paralegal support in courts.	1	0.53		

*(table continues)*

Table 5.60 (continued)

Changes participants in the experimental group would like to make to the IPO to improve its impact (n=178)

	Frequency	Percentage of Participants	Total	Total Percentage of participants
Counselling services			15	8.43
Bigger venues and better furniture for counselling. / Room for counselling in courts.	6	3.16		
Opportunity for counselling by Mosaic at the court.	3	1.58		
Applicant and/or both parties must be sent for counselling.	2	1.05		
Counselling must be given to applicants while waiting in courts.	1	0.53		
Counselling rooms/cubicles should be increased and made more client friendly. There must be more privacy in communication.	2	1.05		
Some counsellors should receive more training.	1	0.53		
Police services			8	4.49
Police must work with the community.	2	1.05		
Police must be trained with regard to the whole IPO procedure.	3	1.58		
Police must respond faster when contacted.	2	1.05		
Police must accompany victims when they fetch their belongings.	1	0.53		
IPO application forms			7	3.93
Not throwing out of court for minor mistakes in completion of forms.	4	2.11		
More space to write.	1	0.53		
Application forms must be simplified.	1	0.53		
IPO application forms must be in Xhosa or the home language of the applicant.	1	0.53		
Children-related changes			5	2.81
Children must be protected as well.	2	1.05		
Abuser must be ordered to see children more.	2	1.05		
Abuser must be able to collect children without fear that the police will be contacted.	1	0.53		

(table continues)



Table 5.60 (continued)

*Changes participants in the experimental group would like to make to the IPO to improve its impact (n=178)*

	Frequency	Percentage of Participants	Total	Total Percentage of participants
Community			4	2.25
Community must be involved.	1	0.53		
More education in community with regard to Protection Orders.	2	1.05		
Repercussions for abusers if they abuse someone else as well.	1	0.53		
Research			4	2.25
More research must be done.	2	1.05		
"Do not give these questionnaires - it is too long and I am already stressed."	2	1.05		

Table 5.60 shows that 42.12% of the participants recommended a shorter waiting period between the day of application for an IPO and the return date to have the Protection Order finalised. Harsher punishment for abusers, victim friendly courts, counselling services in the courts, adapting the IPO application forms and protection of children were some of the other recommendations.

#### **5.4.1.3 Knowledge gained by participants in the experimental group from completing the research questionnaires**

Six themes were identified from participants in the experimental group's responses to the question about the knowledge gained from completing the research questionnaires. Personal knowledge, knowledge about life, knowledge about the legal system and the courts, knowledge about support systems, knowledge about abuse and knowledge about the research, were gained. The responses of the 408 participants in the experimental group who responded to this question are presented in Table 5.61.

Table 5.61

*Knowledge gained by participants in the experimental group from completing the research questionnaires*

	Frequency	Percentage of Participants	Total	Total Percentage of participants
Personal			119	29.17
Learnt a lot that I did not know.	41	10.05		
Improved self-respect , self-esteem and dignity.	28	6.86		
Learnt to be stronger.	18	4.41		
There is hope.	6	1.47		
Helped to express feelings which usually unable to express./Talking about abuse helps.	4	0.98		
Felt relieved and good afterwards.	4	0.98		
The importance of honesty.	3	0.74		
I deserve better and to be respected.	3	0.74		
Gave me the opportunity to evaluate myself and my relationship.	2	0.49		
The need to change and to be new.	2	0.49		
To be positive and act positively.	1	0.25		
The importance of security and safety.	1	0.25		
Knowing that I am unique.	1	0.25		
Realising that I need help.	1	0.25		
The impact of the abuse on my health.	1	0.25		
I am a survivor.	1	0.25		
That I am the cause of the problems.	1	0.25		
Realized where I went wrong.	1	0.25		
Life			75	18.38
Learnt a lot about myself, life and about what I want out of life.	63	15.44		
The importance of helping and supporting others.	8	1.96		
I learnt that everything in your life can change in a second.	2	0.49		
"I realised that I love life and I feel absolutely great".	1	0.25		
I learnt that life is difficult.	1	0.25		

*(table continues)*

Table 5.61 (continued)

Knowledge gained by participants in the experimental group from completing the research questionnaires

	Frequency	Percentage of Participants	Total	Total Percentage of participants
Legal system and the court			60	14.71
Learnt about the law and the court process.	25	6.13		
Learnt how to protect myself.	14	3.43		
Learnt about my human rights.	13	3.19		
The importance and value of the IPO.	5	1.23		
Report problems to the police/the court.	2	0.49		
Many people do not respect the law.	1	0.25		
Support systems			58	14.22
I am not alone. There is help available and people who care.	47	11.52		
My faith in God.	4	0.98		
Mosaic can and wants to help.	2	0.49		
Learnt about friendship and about life.	2	0.49		
Who to trust and who not to trust.	2	0.49		
The importance of peace in the family.	1	0.25		
Abuse			27	6.62
There are many different forms of abuse and a lot of people experience it.	10	2.45		
Nobody has the right to make somebody else unhappy.	9	2.21		
Abuse must stop.	6	1.47		
Abuse happens in all social groups and classes. "Het gelee dat daar 'n stigma aan kleef en dat enigeen dit kan oorkom, hetsy paleis of plakkerskamp."	1	0.25		
Children are affected by abuse.	1	0.25		

(table continues)

Table 5.61 (continued)

*Knowledge gained by participants in the experimental group from completing the research questionnaires*

	Frequency	Percentage of Participants	Total	Total Percentage of participants
Research			26	6.37
Learnt nothing new.	13	3.19		
Interesting and thought-provoking.	8	1.96		
Research was an eye-opener.				
Some questions not relevant to everyone.	2	0.49		
Questions are very good – especially if you have a fear of confronting your own feelings.	1	0.25		
Gave attention to everyday happenings that are normally overlooked.	1	0.25		
Learnt a lot about Xhosa.	1	0.25		

Table 5.61 shows that most participants indicated that they had gained a lot of personal knowledge (29.17%, n=119) and had learned about life (18.38%, n=75), about the legal system and the court (14.71%, n=60) and about available support systems (14.22%, n=58).

#### **5.4.2 Additional questions: Control group**

Participants in the control group were asked what knowledge they had gained from completing the questionnaires. They were also asked whether they were going to apply for an IPO and were requested to motivate their answers.

##### **5.4.2.1 Knowledge gained from completing the research questionnaires by participants in the control group**

Six main themes were identified from participants in the control group's responses about the knowledge they gained from completing the research questionnaires. Personal knowledge, general knowledge, taking action, breaking the silence and knowledge about abuse were gained. The knowledge gained by the 97 participants in the control group who responded to this open-ended question is presented in Table 5.62.

Table 5.62

*Knowledge gained from completing research questionnaires by participants in the control group*

	Frequency	Percentage of Participants	Total	Total Percentage of Participants
Personal			33	34.02
I need protection.	8	8.25		
To appreciate myself and nature.	4	4.12		
I deserve respect.	4	4.12		
To love myself.	4	4.12		
That I need healing.	2	2.06		
To be honest with myself.	2	2.06		
Faith is important.	2	2.06		
I am as good as anyone else.	1	1.03		
I only have one life.	1	1.03		
To be careful who I trust.	1	1.03		
I have needs.	1	1.03		
That I have a choice in handling my abuser.	1	1.03		
To be calmer and stronger.	1	1.03		
That I need to help others to see the light.	1	1.03		
General knowledge			25	25.77
My knowledge improved with regards to the different forms of abuse, the impact of abuse, etc. Knowledge is power.	20	20.62		
The questionnaires helped me to reflect on my life and helped me to get new insights.	5	5.15		
Taking action			25	25.77
Get help. Act. Can't do it on my own anymore.	8	8.25		
I have rights and have the right to not be abused.	9	9.28		
There is hope and a better future.	4	4.12		
Get an IPO	3	3.09		
I am important and have the right to be happy.	1	1.03		

*(table continues)*

Table 5.62 (continued)

*Knowledge gained from completing research questionnaires by participants in the control group*

	Frequency	Percentage of Participants	Total	Total Percentage of Participants
Breaking the silence			23	23.71
The importance of talking – Talking makes you stronger, brings relief, helps you to feel better and makes you feel protected.	23	23.71		
Support systems			21	21.65
There is help out there and people who care.	11	11.34		
I learned how to get along with people and how to work with the community.	6	6.19		
Contact a social worker/ the police.	4	4.12		
Abuse			17	17.53
I realised that I couldn't allow the abuse anymore.	9	9.28		
Talking can make the abuser listen.	2	2.06		
Nobody has the right to abuse me.	1	1.03		
The abuse is not my fault.	1	1.03		
I can leave the abuser.	1	1.03		
Abuse affects the whole family.	1	1.03		
I learned that I was really abused.	1	1.03		
Both parties are responsible to make a relationship work.	1	1.03		

Table 5.62 indicates that most participants in the control group gained personal knowledge (34.02%, n=33), general knowledge (25.77%, n=25), knowledge about the importance of taking action (25.77%, n=25), and the importance of breaking the silence (23.71%, n=23), the availability of support systems (21.65%, n=21) and knowledge with regard to abuse (17.53%, n=17).

**5.4.2.2 Applying for an IPO by participants in the control group**

Participants in the control group were asked whether they were going to apply for an IPO. Their answers are presented in Figure 5.34.

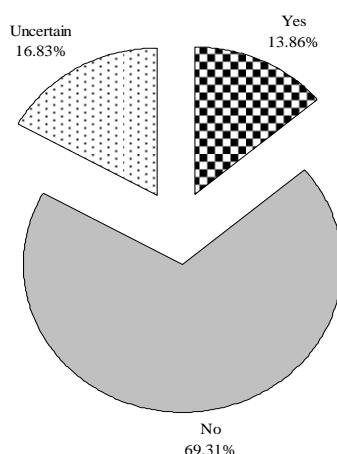


Figure 5.34 Applying for an IPO by participants in the control group.

As can be seen in Figure 5.34, most participants in the control group (69.31%, n=70) indicated that they were not going to apply for an IPO, while 14 participants (13.86%) indicated that they were going to apply. Some participants (16.83%, n=17) were uncertain.

#### 5.4.2.3 The reasons why participants in the control group wanted to apply for an IPO

Participants were asked to motivate their answers if they wanted to apply for an IPO. The main reasons given by the 14 participants who responded to this question are presented in Table 5.63.

Table 5.63

*Reasons for wanting to apply for an IPO by participants from the control group (n=14)*

	Frequency	Percentage
To stop the abuse.	5	35.71
To protect and help myself.	4	28.57
Don't trust abuser.	2	14.29
Nothing changed since the first questionnaires were completed.	2	14.29
Had lots of time to think since completing the first questionnaires.	1	7.14
I am not going to allow the abuser to make me unhappy anymore.	1	7.14

It follows from Table 5.63 that the main reasons for wanting to apply for an IPO were to stop the abuse (35.71%, n=5) and to protect and help themselves (28.57%, n=4).

#### 5.4.2.4 Reasons why participants in the control group did not want to apply for an IPO

Eight main themes were identified with regard to the reasons participants in the control group did not want to apply for an IPO. General, abuse-related, abuser-related, relationship, self, children, accommodation and support-related reasons were the main themes identified. The main reasons for



not wanting to apply for an IPO, as given by the 76 participants who responded to this question, are presented in Table 5.64.

Table 5.64

*Reasons by participants of the control group for not wanting to apply for an IPO (n=76)*

	Frequency	Percentage of Participants	Total Frequency	Total Percentage of Participants
Wasn't aware of existence of IPO.	10	13.16	10	13.16
Have never thought of applying.	9	11.84	9	11.84
It means nothing at all. I don't think it works.	2	2.63	2	2.63
Abuse			22	28.95
Not necessary at the moment.	19	25.00		
Abuse stopped.	3	3.95		
Abuser			19	25.00
Spoke to abuser and he has changed – things are better. Want to see whether changed behaviour lasts.	11	14.47		
No contact with abuser. Has new relationship.	4	5.26		
Abuser died.	2	2.63		
Abuser has cancer – is too ill.	1	1.32		
Hope that abuser will change.	1	1.32		
Relationship			10	13.16
Want to take him for counselling.	4	5.26		
Better communication with abuser.	2	2.63		
Want to try and save our relationship.	2	2.63		
We came to a mutual agreement	1	1.32		
Leaving him for short while.	1	1.32		
Self			6	7.89
Feeling better about myself – things have changed.	1	1.32		
Focusing on myself, have changed my perspective, learning to love myself, focusing on God.	1	1.32		
I have dealt with it and put it behind me.	1	1.32		
I want to go for therapy.	3	3.95		

*(table continues)*

Table 5.64 (continued)

*Reasons by participants of the control group for not wanting to apply for an IPO (n=76)*

	Frequency	Percentage of Participants	Total Frequency	Total Percentage of Participants
Children			3	3.95
Trying to understand abuser because of small children.	2	2.63		
Waiting for my child to be born first	1	1.32		
Accommodation			1	1.32
Nowhere else to stay.	1	1.32		
Support			1	1.32
Went for other help and first want to see whether he is going to abuse me again.	1	1.32		

Table 5.64 shows that the main reasons for not wanting to apply for an IPO were that the participants were not aware of the IPO's existence (13.16%, n=10), the abuse was less or stopped (28.95%, n=22), there was a positive change in the abuser (25%, n=19) or in the relationship with the abuser (13.16%, n=10) or participants felt better about themselves (7.89%, n=6).

#### 5.4.2.5 Reasons participants in the control group were uncertain about applying for an IPO

Some participants indicated that they were uncertain whether they were going to apply for an IPO and 17 participants gave their reasons for this. The main reasons for being uncertain about applying for an IPO are presented in Table 5.65.

Table 5.65

*Reasons from participants in the control group for being uncertain about applying for an IPO (n=17)*

	Frequency	Percentage
Uncertain – first want to think about it.	13	76.47
First want to discuss it with abuser.	2	11.76
First have to find other accommodation.	2	11.76
Everything OK at the moment.	2	11.76
Hope that abuser will change out of own choice and not because of pressure.	1	5.88

It follows from Table 5.65 that most of the participants who were uncertain about applying for an IPO, wanted to think about applying first (76.47%, n=13), some wanted to discuss it with the

abuser (11.76%, n=2), some wanted to find other accommodation first (11.76%, n=2), while some felt that their situation was OK at the moment (11.76%, n=2).

## 5.5 SUMMARY

The present study comprised of two groups, namely an experimental and a control group. Participants in the experimental group and control group were pre-tested (completed a first set of questionnaires). The experimental group was then exposed to a treatment (the IPO). Both groups were then post-tested (completed a second set of questionnaires). Differences between the first and second measurements in the groups were noted and, where statistically significant, were attributed to the IPO.

The research findings in this chapter were presented in accordance with the primary and secondary objectives of the study. The first primary objective, the impact of an IPO on the nature and the extent of domestic violence, was discussed with reference to the impact of the IPO on total impairment, total abuse exposure, physical abuse, psychological/emotional abuse, sexual abuse. Significant changes in the variables from the first to the second measurements in the experimental and control groups were compared. It was found that the IPO contributed significantly to a reduction in impairment. The IPO did not contribute significantly to a reduction in total abuse exposure, physical abuse, psychological/emotional abuse and sexual abuse, as participants in both the experimental and control groups experienced a decrease in these variables.

Participants' perception of changes in abuse from the first to the second measurements followed. The participants in the experimental group experienced a trend for less sexual abuse (significant on a 10%, but not on a 5% significance level), compared to participants in the control group. No other statistically significant differences between the perceived changes in abuse in the experimental and control groups were found.

The results of participants' responses to an open-ended question on whether and how the IPO helped participants in the experimental group were presented and a qualitative analysis was made of their responses. Most participants felt that the IPO helped them and that the biggest benefits were increased positive feelings, a decrease or even cessation of the abuse, a positive change in the abuser's behaviour and less contact with the abuser. The main reason why the IPO did not help participants was because the abuse continued or became worse.

Participants' perceptions of changes in the relationship with the abuser, changes in the abuser's behaviour towards the children, changes in the abuser's behaviour towards other family members and changes in the abuser's behaviour in the community, during the interim period between the first and the second measurements were then presented. Only one significant difference between participants in the experimental and control groups was found. There was a tendency for participants in the control group to perceive their abusers as behaving better towards other family

members (significant on a 10% significance level, but not on a 5% significance level), compared with participants in the experimental group.

The second primary objective is to determine the impact of an IPO on the general well-being of the victims of domestic violence. The physiological/physical, psychological, social and spiritual dimensions of general well-being were assessed in this study. The changes in these dimensions of the general well-being of participants in the experimental and control groups, from the first to the second measurements, were assessed by means of the ADQ (McNamara, 1999) and the SHALOM (Gomez & Fisher, 2003).

On a physical level, it was found that the IPO contributed significantly to the reduction of health status issues in the experimental group. On a psychological level, it contributed significantly to the reduction of concern with physical harm, psychological dysfunction and life restriction. It contributed significantly to a reduction in inadequate life control (significant on a 5% significance level, but not a 1% significance level). On a social level, it contributed significantly to a reduction in relationship disability (significant on a 5% significance level, but not on a 1% significance level). The IPO did not contribute to a reduction in anxiety and substance abuse. There were similar changes in both groups with regard to their experience of their personal, communal, environmental and transcendental well-being from the first to the second measurements. No statistically significant differences were found.

Participants in the both the experimental and control groups were requested to report any changes in their relationship with the abuser, the abuser's behaviour towards the children, the abuser's behaviour towards other family members and the abuser's behaviour in the community between the first and the second measurements. Participants in the control group tended to perceive their abusers as behaving better towards other family members (significant on a 10% significance level, but not a 5% significance level). No other significant differences were found. No significant impact on the state of mind of the children was found, indicating similar changes in both the experimental and control groups from the first to the second measurements.

In the second set of questionnaires, participants in the experimental and control groups were requested to indicate how they felt when they saw the abuser again, immediately after application for an IPO and/or completion of the first set of questionnaires. Participants in the control group felt significantly stronger than participants in the experimental group after completion of the first set of questionnaires. There were no other statistically significant differences between participants' feelings.

The third primary objective is to determine the efficiency of the application procedure for an IPO. Employees of the Mosaic organisation assisted most participants in the experimental group to complete the IPO application forms. The participants found these employees very helpful.

Assistance with the forms and someone listening without judgment were found to be the most helpful. The long waits and not understanding the application forms were cited as problems in the application process. Most participants received the IPO either the same day or the following day. The court paid for the IPO in most of the cases and in most of the cases the police or the sheriff served the IPO within one week. Most of the participants did not receive an Interim Warrant of Arrest. Most participants did not want to withdraw the IPO. There was a statistically higher percentage of abusers who abused participants in the experimental group who promised that the abuse would never happen again or who became more loving ( $p < 0.01$ ) in an effort to get the IPO withdrawn.

Compiling a profile of the victims of domestic violence in different cultural groups is the first secondary objective. A cultural profile of the applicants for an IPO over a three-month period, and the cultural profile of the research sample, were presented and discussed in Chapter 4.

The second secondary objective is to describe and compare the nature and extent of domestic violence in different cultural groups (Black, Coloured and White groups). All the cultural groups experienced economical, physical, sexual, verbal and psychological/emotional abuse. Verbal abuse and psychological/emotional abuse were the abuses most frequently experienced by all participants in all cultural groups.

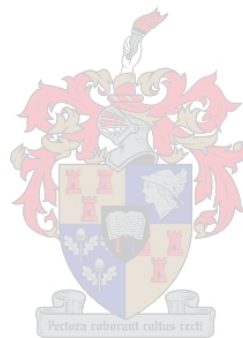
In line with the third secondary objective, a general overview of the role of the police in the application process for, and the implementation of an IPO, was provided. Participants were also asked an open-ended question requesting advice for other victims of abuse. Most participants in the experimental group advised others who wanted to apply for an IPO to be make use of social support structures to apply for an IPO. They also advised others on the effectiveness of the IPO.

Answering the open-ended question requesting participants to make recommendations to increase the impact of the IPO, most participants recommended a shorter waiting period between the day of application for an IPO and the return date. Harsher punishment for abusers, victim friendly courts, counselling services, adapting the application forms and protection of children were some of the other recommendations.

A summary of participants in the experimental and control groups' responses to an open-ended question with regard to knowledge gained from completion of the questionnaires followed. Most participants in the experimental group indicated that they had gained a lot of personal knowledge, that they had learned about life, about the legal system, the court and about available support systems. Most participants in the control group had gained personal knowledge, general knowledge, knowledge about the importance of taking action and the importance of breaking the silence, the availability of support systems and knowledge with regard to abuse.

The final question to participants in the control group was open-ended. It asked whether they were planning to apply for an IPO. Most participants were uncertain.

The findings of this chapter will be discussed in the next chapter.



## **CHAPTER 6**

### **DISCUSSION AND CONCLUSIONS**

#### **6.1 INTRODUCTION**

Three primary objectives and four secondary objectives were specified and focused the research study. The first primary objective was to determine the impact of an IPO on the nature and the extent of domestic violence. The second primary objective was to determine the impact of an IPO on the general well-being of the victims of domestic violence, whilst the third primary objective was to determine the efficiency of the application procedure for an IPO.

The first secondary objective was to compile a profile of the victims of domestic violence in different cultural groups. The second secondary objective was to describe and compare the nature and the extent of domestic violence in different cultural groups, whilst the third secondary objective was to review the role of the police in the implementation of an IPO. The last secondary objective was to make recommendations where applicable and to communicate the findings of the study to government and policy makers. In this chapter the main findings of this study are discussed, conclusions drawn and recommendations made, using the primary and secondary objectives as a guideline.

#### **6.2 DISCUSSION OF FINDINGS**

##### **6.2.1 The impact of an IPO on the nature and the extent of domestic violence**

Domestic violence is a multidimensional phenomenon (Lewis, 1999), referring to different types of abuse in different types of relationships. According to section 1(viii) of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) domestic violence refers to physical, sexual, emotional, psychological, verbal, and/or economic abuse; harassment; intimidation; stalking; damage to property; entry into the complainant's residence without consent, where the parties do not share the same residence; or any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to the safety, health or well-being of the complainant. The first primary objective of the present study is to determine the impact of an IPO on the nature and the extent of domestic violence. This objective was achieved by assessing a number of factors.

Firstly, the impact of an IPO on total impairment, total abuse exposure, physical abuse, psychological/emotional abuse and sexual abuse of participants were assessed by using the ADQ (McNamara, 1999). Secondly, participants' perceptions of changes in abuse from the first to the second measurements were assessed. Thirdly, participants were asked to indicate



whether the IPO had helped them, how it had helped them, or the ways in which it had not helped them. Fourthly, in the second measurement, participants in both the experimental and control groups' perceptions of changes in their relationship with the abuser, changes in the abuser's behaviour towards the children, changes in the abuser's behaviour towards other family members and changes in the abuser's behaviour in the community were assessed. The changes in the state of mind of children, as perceived by participants in both the experimental and control groups, were also assessed at the second measurement. To determine the impact of the IPO on the participants in the experimental group, a comparison was made between the responses of participants in the experimental and control groups.

#### **6.2.1.1 Impact of an IPO on total impairment, total abuse exposure, physical abuse, psychological/emotional abuse and sexual abuse**

The impact of an IPO on total impairment, total abuse exposure, physical abuse, psychological/emotional abuse and sexual abuse was assessed by using the Abuse Disability Questionnaire (ADQ) (McNamara, 1999). The total impairment was determined by calculating and adding the subscale scores of concern with physical harm, anxiety, inadequate life control, substance abuse, health status issues, psychological dysfunction, life restriction and relationship disability.

Total impairment, as measured by the ADQ (McNamara, 1999) represents the extent to which a disabling psychological perspective has been acquired. This perspective influences how life is viewed and lived (McNamara, 1999). It seems that participants in both the experimental and control groups were experiencing mild impairment at the time of the first measurement (see Table 5.1). At the time of the second measurement, participants in the control group were experiencing low impairment, while participants in the experimental group were still experiencing mild impairment (see Table 5.1).

At the time of the first measurement, the experimental group were experiencing a significantly higher level of impairment compared to the control group (see Table 5.3). This finding was in line with Fields et al. (2001) whose study reveals that the higher the intensity of physical and psychological abuse, the higher the perceived impairment. In the present study, there was a significant decrease in total impairment in both the experimental and control groups from the first to the second measurements (see Figure 5.2). This finding was supported by a highly significant interaction between group and time (see Table 5.2). Consequently, the conclusion drawn is that the IPO played an important role in the reduction of impairment in the experimental group, indicating an improvement in the functioning of the

victims and more successful coping on emotional, cognitive and behavioural levels after the application for an IPO.

According to the results obtained with the ADQ (McNamara, 1999) the IPO did not contribute significantly to the reduction in total abuse exposure (see Table 5.5), physical abuse (see Table 5.7), psychological/emotional abuse (see Table 5.9) or sexual abuse (see Table 5.11). The total abuse exposure levels for the experimental group was significantly higher than the total abuse exposure levels for the control group at both measurements (see Table 5.5). Both the experimental and the control groups experienced a decrease in total abuse exposure from the first to the second measurement (see Figure 5.2). The decrease in abuse exposure in both groups from the first to the second measurements cannot be ascribed to the IPO as the control group's abuse exposure decreased by roughly the same amount as the experimental group. The finding was supported by the non-significant interaction between group and time (see Table 5.5).

The level of physical and psychological/emotional abuse for participants in the experimental group was significantly higher than that of participants in the control group at both measurements (see Tables 5.7 and 5.9). Although the sexual abuse levels of participants in the experimental group were also slightly higher than that of participants in the control group, this difference was not statistically significant (see Tables 5.10 and 5.11). Consequently, the conclusion was drawn that participants who applied for IPOs had higher levels of physical and psychological/emotional abuse, compared to the participants who were part of the control group and who did not apply for IPOs.

The responses of both the experimental and control groups reflected a similar decrease in physical abuse, psychological/emotional and sexual abuse from the first to the second measurements (see Figures 5.3, 5.4 and 5.5). Since the responses of participants in both the experimental and control groups reflected a similar decrease in physical abuse, psychological/emotional and sexual abuse from the first to the second measurements, the conclusion was drawn that these decreases cannot be ascribed to the IPO. The finding was supported by the non-significant interaction between group and time for these forms of abuse (see Tables 5.7, 5.9 and 5.11).

The finding, that both the experimental and control groups had experienced a similar decrease in physical, psychological/emotional and sexual abuse from the first to the second measurements was confirmed by responses to a question in the second set of questionnaires (see Figures 5.6 and 5.7).

### **6.2.1.2 Changes in the nature and extent of abuse experienced by participants from the first to the second measurements**

In this question, the different forms of abuse, as described in the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998), were specified and participants were requested to indicate any changes in abuse in the interim period between completion of the first and second sets of questionnaires (see Figures 5.6 and 5.7).

Participants in both the experimental and control groups reported similar changes in the nature and the extent of abuse at the second measurement. Participants in the control group reported higher levels of physical abuse, psychological/emotional abuse, sexual abuse, economic abuse, harassment, and stalking compared to the experimental group at the time of the second measurement (see Table 5.12).

A one-way analysis of variance was done to determine whether there were differences in the different forms of abuse between the two groups. There was a trend towards less sexual abuse in the experimental group compared to the control group (see Table 5.12). No other trend or statistically significant differences between the perceived changes in abuse in the experimental and control groups were found. As the changes in domestic violence from the first to the second measurements were similar for the two groups and they were not statistically significant, they cannot be ascribed to the IPO.

### **6.2.1.3 Impact of the IPO**

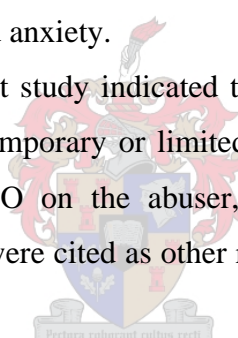
In a closed-ended question in the second set of questionnaires, participants were asked whether the IPO had helped them. This question was followed by an open-ended question asking them how it had helped them, or how it had not helped them. The majority of participants responded that the IPO had helped them, while some participants indicated that the IPO had not helped them, or only helped them to an extent (see Figure 5.8). This finding confirms the findings of Humphreys and Thiara (2003) where one-third of the participants found the Protection Order very helpful since the abuse stopped after it had been served. A further 39% of the participants in this study by Humphreys and Thiara (2003) reported that it had helped to an extent and that, although the Protection Order was breached, the abuse was less and that they felt more protected.

The main way in which the IPO helped participants in the present study was that it contributed to increased positive feelings about themselves. Participants reported feeling empowered, stronger, more confident, relieved and in control. Other ways in which the IPO helped were that the participants reported that the abuse decreased or ceased after the IPO had been served. A positive change in the abuser's behaviour, less contact with the abuser, an

improved relationship with the abuser, an improved home situation and becoming aware of the existence of and making use of support systems were some of the other main ways in which the IPO helped the participants (see Table 5.13).

According to the participants in the present study, the main reasons that the IPO had not helped them were the limited impact of the IPO on the abuse they experience. Problems with the IPO procedures, the limited impact of the IPO on the abuser, problems with the police and the debilitating feelings of participants were some of the other reasons given for the IPO not helping participants (see Table 5.14). This confirms the finding by Humphreys and Thiara (2003) that over a third of their participants reported that abuse was continuing in spite of reporting breaches of the terms of the Protection Orders. The participants in the study by Humphreys and Thiara (2003) found the police and courts to be unhelpful and they felt disillusioned and exposed. Mathews and Abrahams (2002) found that after Protection Orders had been issued, many women reported continued psychological and verbal abuse. Few women described a positive change in the abuser's behaviour. Many experienced a continued sense of vulnerability and heightened anxiety.

Some participants in the present study indicated that the IPO helped them to an extent (see Figure 5.8). They reported a temporary or limited change in abuse. Problems with the IPO, the limited impact of the IPO on the abuser, problems with the police, and the debilitating feelings of participants were cited as other reasons why they felt that the IPO had only helped to some extent.



#### **6.2.1.4 Impact of IPO on abuser's relationships**

In a question in the second set of questionnaires of the present study, participants were requested to report their perception of changes in their relationship with the abuser, changes in the abuser's behaviour towards the children, changes in the abuser's behaviour towards other family members and changes in the abuser's behaviour in the community, from the first to the second measurements. Changes were assessed on a 5-point Likert scale. The changes in the state of mind of children, as perceived by participants in both the experimental and control groups from the first to the second measurements were assessed on a 3-point Likert scale. A comparison was made between the responses of participants in the experimental and control groups to determine the impact of the IPO on participants in the experimental group.

To determine any significant changes in the abuser's relationships, as perceived by participants, a one-way analysis of variance was done. It was found that the IPO did not have a statistically significant effect on the abuser's relationship with the participant, the abuser's behaviour towards the children, and the abuser's behaviour in the community (see Table

5.15). The IPO did not have a statistically significant effect on the state of mind of the children (see Table 5.15). However, there was a trend for participants in the control group to perceive their abusers as behaving better towards other family members compared to participants in the experimental group (see Table 5.15).

### **6.2.2 The impact of the IPO on the general well-being of the victims of domestic violence**

The second primary objective of the present study was to determine the impact of an IPO on the general well-being of the victims of domestic violence. Well-being/wellness is the integration of six dimensions of human health, namely the physiological, mental, emotional, social, vocational and spiritual dimensions (Chandler et al., 1992; Coward & Reed, 1996; Greenberg, 1985; Wissing & Van Eeden, 2002). The changes in the general well-being of participants in the experimental and control groups with regard to the physiological, psychological, social and spiritual dimensions of general well-being, from the first to the second measurements, were assessed with the ADQ (McNamara, 1999) and the SHALOM (Gomez & Fisher, 2003). The ADQ and the SHALOM were administered during both the first and the second measurements. The responses of participants in the experimental group were compared to the responses of the participants in the control group to determine the impact of the IPO on the general well-being of participants in the experimental group.

In the second set of questionnaires, participants in the experimental group were requested to indicate how they felt when they saw the abuser again, immediately after the IPO was served. Participants in the control group were requested to indicate how they felt when they saw the abuser again, immediately after they had completed the first set of questionnaires. This question was asked to give an indication of participants' psychological well-being. Participants could choose from the following options, namely that they felt more powerful, safer, relieved, less powerful, very frightened, nervous, or that there was no change in their feelings. The responses of the participants in the experimental group were compared to the responses of the participants in the control group to determine the impact of the IPO.

On a **physiological level**, according to the ADQ (McNamara, 1999), the IPO contributed significantly to a reduction in health status issues (see Figure 5.14). Health status issues were measured by items such as: "I believe I am not in a good physical condition" and "I believe I have a weight problem" (ADQ) (McNamara, 1999). Although there was no statistically significant difference between health status issues in the experimental and control groups when the first set of questionnaires was completed, there was a significant decrease in health status issues in the experimental group from the first to the second measurement (see Table

5.17). Consequently, the conclusion was drawn that domestic violence impacts negatively on the health of victims. Taking control of their situation, however, contributed to a reduction in health status issues and thus an improvement in the health of the participants in the experimental group. This finding confirmed the finding in a 1996-1997 United States study by Ferrer, Palmer and Burge (2005). They found that the family's contribution to individual health status was measurable and substantial. It follows from this finding that an imbalance in the family situation, for example domestic violence, could affect the health of individual family members.

To determine the impact of the IPO on the **psychological well-being** of participants, a number of factors were measured with the ADQ (McNamara, 1999). These were concerned with physical harm (see Table 5.20), psychological dysfunction (see Table 5.23), life restriction (see Table 5.26), inadequate life control (see Table 5.29), anxiety (see Table 5.32) and substance abuse (see Table 5.34). Personal well-being was measured using a subscale of the SHALOM (Gomez & Fisher, 2003) as an indication of psychological well-being (see Table 5.36).

Concern with physical harm was measured by items such as: "I believe I experience too much physical pain" and "I believe my personal safety is at risk" (ADQ) (McNamara, 1999). The responses of the participants in the experimental group reflected significantly higher levels of concern with physical harm at the time of the first measurement compared to the participants in the control group (see Table 5.21). There was a significant decrease in concern with physical harm from the first to the second measurements in the experimental group (see Table 5.20). The responses of the participants in the control group reflected only a slight decrease in concern with physical harm (see Table 5.19). As there was a highly significant interaction between group and time, the conclusion was reached that the IPO significantly helped participants in the experimental group to feel less concerned about physical harm (see Table 5.20).

Psychological dysfunction was measured by items such as: "I feel I don't have any control over my life" and "I believe I don't enjoy life as much as I could" (ADQ) (McNamara, 1999). The psychological dysfunction of participants in the experimental group was significantly higher than that of the participants in the control group at the time of the first measurement. Participants in both the experimental and control groups experienced a decrease in psychological dysfunction from the first to the second measurements (see Table 5.22). At the second measurement, the level of psychological dysfunction was similar for both groups (see Table 5.24). As there was a highly significant interaction between group and time (see Table



5.23), the deduction was made that, although there was a decrease in psychological dysfunction in both groups, the IPO contributed significantly to a greater reduction in psychological dysfunction in the experimental group.

Life restriction was measured by items such as: “I feel that I am not free to have enough social contact with my family and friends” and “I feel that I am not free to improve myself through education or other positive experiences” (ADQ) (McNamara, 1999). The responses of the participants in the experimental group reflected significantly higher levels of life restriction at the time of the first measurement compared to participants in the control group (see Table 5.27). Participants in both the experimental and control groups seemed to have experienced a decrease in life restriction from the first to the second measurements (see Figure 5.17). At the time of the second measurement, participants in both groups seemed to have experienced basically the same level of life restriction (see Table 5.27). Although there was a decrease in life restriction in both groups, the conclusion was drawn that the IPO contributed significantly to the decrease in life restriction in the experimental group since there was a highly significant interaction between group and time.

Inadequate life control was measured by items such as: “I feel like I am not going anywhere in my life” and “I feel unneeded in my intimate relationships” (ADQ) (McNamara, 1999). Participants in the experimental group seemed to have experienced significantly higher levels of inadequate life control at the time of the first measurement (see Table 5.30). Participants in both the experimental and control groups seemed to have experienced a decrease in inadequate life control from the first to the second measurements (see Figure 5.18). There was a significant interaction between group and time (see Table 5.29). Consequently, although there was a decrease in inadequate life control in both groups, the conclusion was drawn that the greater decrease in the experimental group can be attributed to the IPO.

According to results obtained with the ADQ (McNamara, 1999) the IPO did not contribute significantly to a reduction in anxiety (see Table 5.32) or substance abuse (see Table 5.34) in the experimental group. According to the SHALOM (Gomez & Fisher, 2003), the IPO also did not contribute significantly to an improvement in the personal well-being of participants in the experimental group (see Table 5.36).

Anxiety was measured by items such as: “I believe I smoke too much” and “I believe I am too often anxious” (ADQ) (McNamara, 1999). Participants in both the experimental and control groups experienced similar levels of anxiety at both measurements (see Table 5.31). Participants in both groups seemed to have experienced a decrease in anxiety from the first to



the second measurements (see Figure 5.19). The decrease was roughly the same for both groups which meant that there was the same downward trend from the first to the second measurements. This finding was supported by the non-significant interaction between group and time (see Table 5.32). Consequently, a decrease in anxiety in both groups between the first and the second measurements cannot be ascribed to the IPO.

Substance abuse was measured by items such as: “I believe I take too many drugs” and “I believe I drink too much alcohol” (ADQ) (McNamara, 1999). Substance abuse in the control group was significantly higher than substance in the experimental group at both the first and the second measurements (see Table 5.34). There was a slight decrease in substance abuse in both the experimental and control groups from the first to the second measurements, but this decrease was not statistically significant (see Table 5.33). This finding was supported by the non-significant interaction between group and time (see Table 5.34). Consequently, the conclusion was reached that the IPO had almost no impact on the levels of substance abuse in the experimental group.

The responses of the participants in the experimental group consistently reflected significantly higher levels of personal well-being, compared to the control group (see Table 5.36). Participants in both groups seemed to have experienced a slight increase in personal well-being, from the first to the second measurements, as measured by the SHALOM (Gomez & Fisher, 2003). This increase was roughly the same for both groups (see Table 5.35). This finding is supported by the non-significant interaction between group and time (see Table 5.36). Since there was a similar increase in personal well-being in both groups, the increase in the experimental group cannot be ascribed to the IPO.

The **social well-being** of participants was measured by focusing on relationship disability, as measured by the ADQ (McNamara, 1999) and communal and environmental well-being, as measured by the SHALOM (Gomez & Fisher, 2003).

Relationship disability was measured by items such as: “I feel trapped in my intimate relationships” and “I feel unloved in my intimate relationships” (ADQ) (McNamara, 1999). Participants in the experimental group reported significantly higher levels of relationship disability at the time of the first measurement, compared to participants in the control group (see Table 5.39). Participants in both groups experienced a decrease in relationship disability from the first to the second measurements (see Figure 5.38). There was significant interaction between group and time (see Table 5.38). Since the reduction in relationship disability in the experimental group from the first to the second measurements was higher than in the control group, it can be ascribed to the IPO.

According to the SHALOM (Gomez & Fisher, 2003), participants in the experimental group experienced a higher level of communal well-being, at the time of first and the second measurements, compared to participants in the control group (see Table 5.40). Participants in both groups experienced a slight increase in communal well-being, from the first to the second measurements, but this increase was not statistically significant (see Table 5.41). This finding was supported by the non-significant interaction between group and time (see Table 5.41). Consequently, the IPO did not seem to have a significant effect on participants' experience of their communal well-being in the experimental group.

The responses of the participants in the experimental group reflected a higher level of environmental well-being, at the time of both the first and the second measurements compared to participants in the control group (see Table 5.42). Participants in both groups experienced a slight increase in environmental well-being from the first to the second measurements, but this increase was not statistically significant (see Table 5.43). This finding was supported by the non-significant interaction between group and time (see Table 5.43). Since both groups experienced an increase in environmental well-being, one can conclude that the IPO did not have a significant effect on participants' experience of their environmental well-being.

According to the SHALOM (Gomez & Fisher, 2003), on a **spiritual level**, participants in the experimental group experienced a significantly higher level of transcendental well-being compared to participants in the control group at the time of both the first and the second measurements (see Table 5.45). This finding was the same for the analysis of transcendental factors including and excluding item 11. There was a slight increase in transcendental well-being from the first to the second measurements, but this increase was not statistically significant (see Tables 5.45 and 5.47). This finding was supported by the non-significant interaction between group and time (see Tables 5.45 and 5.47). Consequently, the conclusion was reached that the IPO did not affect the transcendental well-being of participants in the experimental group significantly.

After the IPO had been served (experimental group) and the first set of questionnaires completed (control group), participants in the experimental group reported feeling safer, but also less powerful, more nervous and frightened than participants in the control group (see Figure 5.27). To determine whether statistically significant differences exist between the feelings of participants in the experimental and control groups, a Chi-square analysis was done. A significantly bigger proportion of participants in the control group reported a greater feeling of power than did participants in the experimental group, after completing the first set

of questionnaires (see Table 5.48). No other significant differences between the feelings of participants in the experimental and control groups were found.

### **6.2.3 The efficiency of the application procedure for an IPO**

The third primary objective of the present study was to determine the efficiency of the application procedure for an IPO. This was done so that the researcher could highlight the strengths with regard to IPO application procedures. It was also aimed at identifying weaknesses or shortcomings regarding IPO application procedures, enabling the researcher to make recommendations to improve them.

The experiences of participants in the experimental group whilst completing the IPO application forms were assessed in the first set of questionnaires. Participants were given different potential answers and the opportunity to provide other responses. Some participants provided more than one answer to each question.

Participants' receipt of the IPO, payment for the IPO, serving of the IPO, receipt of an Interim Warrant of Arrest and the period between the application date and return dates, were assessed in the second set of questionnaires. Participants were given different potential answers, but also the opportunity to provide other responses.

#### **6.2.3.1 Experiences of participants whilst completing the IPO application forms**

During the first measurement, participants in the experimental group were requested to report on their experiences whilst applying for an IPO. This section was completed immediately after completing the IPO application forms and affidavits, but before seeing the Magistrate. Participants reported on who helped them with the completion of the IPO application forms, whom they experienced as being the most helpful or unhelpful, the difficulties they experienced and what helped them most.

Employees of the Mosaic organisation helped most participants to complete the IPO application forms. The responses of participants indicate this as being the most helpful (see Table 5.49). They perceived the police as the least helpful (see Table 5.49). The long waits and not understanding the forms were cited as problematic by some of the participants, whilst someone listening without judgement and assistance with the forms was cited as being the most helpful (see Table 5.49). The long waits were also cited as a problem in the application process by the majority of participants in the study by Mathews and Abrahams (2001). Some complaints made by participants in a study by Bollen et al. (1999) were that the application process for Protection Orders was time consuming, complicated and expensive.

### 6.2.3.2 IPO procedures

As part of the second set of questionnaires, participants' experiences of the IPO procedures were assessed. Receipt of the IPO, who paid for the IPO, who served the IPO and when the IPO was served, receipt of an Interim Warrant of Arrest and the period between the application and return dates were also assessed.

Most participants received the IPO either on the same day (69.18%), or the next day (22.41%) (see Table 5.50). Some received it within a week (3.45%), after two weeks (0.86%), after three weeks (0.22%), after a month (0.22%) or on the return date (1.72%). Some participants (1.29%) were uncertain as to when they received the IPO.

Most participants (78.45%) indicated that the court paid for the IPO (see Table 5.50). Some paid for the IPO themselves (16.59%), whilst some were uncertain (3.23%) as to who paid, some indicated that no one paid (1.29%) and some indicated that the police paid for the IPO (0.43%). This finding highlights participants' uncertainty regarding the IPO application process.

Most participants indicated that either the police (57.54%) or the sheriff (33.19%) served the IPO (see Table 5.50). The clerk served some of the IPO's (5.60%), whilst some of the participants (2.80%) were uncertain as to who served it, or indicated that they served it themselves (0.43%).

In most cases the IPO was served on the same day (35.56%) or within a week (53.02%) (see Table 5.50). Some participants (5.60%) indicated that the IPO was served from two weeks to a month later, that it was never served (1.51%) or that they were uncertain as to when it was served (4.31%).

The majority of participants (70.47%) indicated that they did not receive an Interim Warrant of Arrest, whilst some (7.11%) were uncertain as to whether they had received one (see Table 5.50). If the IPO was received, it was mostly received on the same day (9.48%), the next day (5.82%), within a week (5.60%) or on the return date (4.31%). The difference in answers concerning whether the IPO was received and when the IPO was received confirms the confusion surrounding the Interim Warrant of Arrest.

Most participants had a return date a month later (64.66%), two weeks later (20.69%) or six weeks later (12.72%) (see Table 5.50). One participant had a return date two months later. Naidoo (2006) found the IPO process could last between two weeks and six months. According to Naidoo (2006) the extended period was mainly due to the excessive case load at the Johannesburg Family Court. In a study by Mathews and Abrahams (2001) conducted in 1999-2000, the majority of participants had to wait for a period of two months for a return

date. If return dates are set months away, or are postponed due to the fact that the notice to appear on the return date was not served to the abuser properly, the period between the granting of an IPO and the finalisation of the Final Protection Order can be a highly dangerous time for complainants (Artz, 2004).

### **6.2.3.3 Withdrawal of the IPO**

Participants in the experimental group were requested to report on their experiences with regard to the withdrawal of the IPO. They responded to questions asking whether the IPO was withdrawn, whether they wanted to withdraw the IPO on their own and what their reasons were. The efforts of abusers of participants in the experimental group to get the IPO withdrawn were compared to the behaviour of the abusers of participants in the control group in the interim period between the first and the second measurements. The reasons for deciding not to withdraw the IPO were also assessed.

The majority of participants did not withdraw the IPO and were not influenced by the abuser to withdraw it (see Table 5.51). The main reason (47.89%) for not withdrawing the IPO was because the participant did not trust the abuser (see Figure 5.28). To determine any statistically significant differences between the responses of participants in the experimental and control groups' experience of the abusers' behaviour in the interim period between the first and the second measurements, a chi-square analysis was done (see Table 5.53). A significantly higher percentage of participants in the experimental than in the control group reported that their abusers promised that the abuse would never happen again, or that the abusers became more loving in an effort to get the IPO withdrawn (see Table 5.53). In a study by Harrell et al. (1993) in Denver and Boulder, Colorado, most abusers tried to work things out or talk their way out of the Protection Order, but only 4% contested its terms.

The main reasons for wanting to withdraw the IPO were because of better, worse or no communication with the abuser, debilitating or empowered feelings of participants and abuser related reasons (for example positive changes in the abuser). Some participants in the present study wanted to withdraw the IPO as they felt safer and more loved and felt that they didn't need the IPO anymore (see Table 5.52). According to Singh (2003) many women are victimised repeatedly, either because of the psychological effects of continual abuse or for a variety of social and economic reasons. Some reasons for staying in an abusive relationship could be guilt, embarrassment, humiliation, shame, a sense of failure, lack of social support, psychological pressure to remain in the relationship, social norms stressing that domestic violence is a private matter, inadequate response from the law enforcement agents, sex-role stereotypes, fear, financial and emotional dependency, hope, love and the presence of

children. Abuse is viewed as a 'part of life' and is normalised as such (Michalic & Elliot, 1997). According to Oosthuizen and Wissing (2005) this normalisation of violence, threatens the health and moral fabric of society. Humphreys and Thiara (2003) contend that the fear of post-separation violence could play a role in women's remaining in abusive relationships as it compounds the abuser's control over the victim and the sense of entrapment that the victim experiences. All of these reasons could lead to the victims of abuse withdrawing their IPO applications.

#### **6.2.3.4 Return rate to have IPO made final**

In the present study, only 52.49% of participants in the experimental group returned to have their Protection Orders finalised (see Table 4.1). The studies by Artz (2001) and Cavanagh et al. (2003) support this finding. They found that many Protection Orders did not progress beyond the interim stage. Naidoo (2006) found a default rate of 54% in his study at the Johannesburg Family Court in 2004. Mathews and Abrahams (2001) found that between 40.3% and 54.6% of cases in their study were finalised. In their study, the long period between the application date and return date and being overwhelmed by the process were the main reasons for the IPO being withdrawn.

Van der Hoven (2001) suggested that women are often driven by fear to lay a charge. After the crisis had abated and they realised that financial and other support might be lost if they continued with the case, they withdrew their application. This could reinforce the aggressive behaviour of the partner and perpetuate a vicious cycle of perpetuating violence. Cavanagh et al. (2003) found that choice, cost in pursuing actions, intimidation by abusers and negotiation in the context of divorce actions were some of the reasons for withdrawal of the IPOs. Naidoo (2006) found that 8% of his participants defaulted because of improper service or no service of the IPO on the abuser.

Harrell et al. (1993) in a study in Denver and Boulder, Colorado, found that only 60% of victims who applied for Interim Protection Orders sought a Final/Permanent Protection Order. He ascribed the low return rate to victims possibly achieving all they required through the IPO, fear of retaliation by the abuser or difficulties experienced in courts on the application day (for example, restrictive court hours or other judicial impediments to action). He found that most female participants (68%) were hesitant to return to court if the abuser violated the Protection Order, because of fear of revenge by the abuser, the belief that the Protection Order would not help (58%) and the belief that it would worsen the problem (57%).

The reasons behind the low return rate in the present study were not explored. Follow-up research on the attrition rate of applicants for Protection Orders to be made final, as well as



police dereliction of duty in domestic violence cases, is currently being conducted in the Western Cape (Mosaic, 2004/2005).

#### **6.2.4 A profile of the victims of domestic violence in different cultural groups**

The first secondary objective was to compile a profile of the victims of domestic violence in different cultural groups (see Chapter 4 for a profile of the participants in this study). In the original three-month period of this study, Black, Coloured, White and Asian men and women applied for IPOs (see Table 4.2). Coloured females had the highest application and return rates, followed by black females and coloured males.

For the duration of the study, most participants completed the first set of questionnaires at the Wynberg Magistrate's Court, followed by participants at the Magistrate's Courts in Khayelitsha and Bellville. Most participants completed the second set of questionnaires at the Wynberg Magistrate's Court, followed by participants at the Magistrate's Courts in Bellville and Khayelitsha.

During the first measurement 82.23% females and 17.77% males completed the research questionnaires, while 84.86% females and 15.14% males completed the second set of questionnaires on the return date. This finding supports the finding by Naidoo (2006) that most participants in his study (70%) were female.

The mean age of participants in the experimental group who returned to finalise the IPO was 35.1 years, while the mean age of participants who did not return were younger at 33.5 years. The results of a one-way analysis of variance show that this age difference is statistically significant (see Table 4.5). The mean age in the control group was 37.8 years. A one-way analysis of variance revealed that the age difference is statistically significant (see Table 4.5). Although these age differences are statistically significant, they are not clinically significant. The present study is consistent with the findings of a study by Mathews and Abrahams (2002) exploring the differences in the number of Protection Order applications a year before and a year after implementation of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). Most applications in their study were made by women in their mid-30s and late 30s, with the majority of applications made against male intimate partners. In the present study, most participants in the experimental group were also female and between 30 and 39 years old.

To determine whether differences exist between the marital status of participants who returned to finalise their protection orders and those who did not return, a chi-square analysis was done. A significantly smaller percentage of single participants in the experimental group returned to finalise their protection orders (see Table 4.7). There were no significant



differences between the marital status of participants in the experimental and control groups who completed the second set of questionnaires (see Table 4.7).

To determine whether differences exist between the educational level of participants who returned to finalise their protection orders and those who did not return, and between the educational levels of participants in the experimental and control groups, a one-way analysis of variance was done. It was found that participants in the experimental group had a significantly higher educational level (grade 10, compared to grade 8 of participants in the control group) (see Table 4.9). This finding is congruent with Bollen et al. (1999), who conducted a study with a total of 269 culturally diverse women in Durban, Cape Town and Johannesburg, and found that most participants in their study had a grade 10 to 12 educational level.

In a study by Fields et al. (2001), it was found that women with high school or higher educational level had lower levels of perceived abuse impairment. The researchers speculated that education possibly serves as a buffer against disabling self-perception in the event of partner abuse. This could explain the significantly higher educational level of participants in the experimental group – the group which was proactive and applied for Protection Orders.

There was no significant difference between the educational level of returns and non-returns in the experimental group (see Table 4.9). Most participants in the experimental and control groups had no higher/tertiary education (see Table 4.8).

Most participants in the experimental group had Afrikaans, Xhosa or English as their home language. Other home languages were French, Zulu, Sotho, and Swahili (see Table 4.10).

Most participants in the experimental group were employed full-time or unemployed. To determine any significant differences between the employment levels of participants who returned to have their Protection Orders finalised and those who did not return, a chi-square analysis was done. No statistically significant differences between the employment of participants who returned and those who did not return to have their protection orders finalised were found (see Table 4.11).

In both the experimental and control groups a partner or ex-partner was the main abuser, followed by a child (see Table 5.54). In some cases, participants were abused by more than one person. This finding was in line with a study by Bollen et al. (1999) who found that 59% of the participants in their study were abused by a lover, a partner or a spouse.

### **6.2.5 The nature and extent of domestic violence in different cultural groups in the experimental group**

The second secondary objective is to describe and compare the nature and extent of domestic violence in different cultural groups in the experimental group. The Mosaic court report form was used to gather information on the nature and extent of economic, physical, sexual, verbal and psychological/emotional abuse suffered by participants in the experimental group.

All cultural groups (Black, Coloured and White groups) reported that they had experienced economic, physical, sexual, verbal and psychological/emotional abuse (see Figure 5.31). Verbal and physical abuse were the most frequent abuses experienced by all participants in all cultural groups, followed by psychological/emotional abuse. In studies by Jewkes et al. (1999, 2001), Mathews and Abrahams (2002) and Oosthuizen and Wissing (2005), emotional abuse was found to be the most frequent abuse experienced. According to Sackett and Saunders (1999) psychological abuse may lead to long-term disabling psychological consequences that are more devastating than that of other types of abuse. Words, threats and abusive comments can leave a lasting impact on the victim's view of the world and self-concept and affects psychological/emotional well-being.

In the present study, there was a trend in the Coloured group to experience less physical abuse than in the Black and White groups (see Table 5.55). The White and Coloured groups experienced the most verbal abuse, while there was a trend in the Black group to experience less (see Table 5.55). No other statistically significant differences between forms of abuse in the different cultural groups were found.

### **6.2.6 The role of the police in the implementation of an IPO**

The third secondary objective was to evaluate the role of the police in the implementation of an IPO. The role of the police was assessed by focusing on the responses of the police when abuse was reported and the ways in which the police helped or did not help participants. As the questions with regard to police involvement were not formulated to request information on police involvement in the period between the completion of the first and the second set of questionnaires only, participants' responses might also refer to involvement of the police in the period before they applied for an IPO. Participants' responses to police-related questions were thus not analysed statistically, as participants might have misunderstood the question and might have reported information on the role of the police over the whole period of being abused.

Some participants in the experimental group (26.58%) and in the control group (32.00%) reported that the police did not arrive to assist them after they had been contacted

telephonically (see Table 5.56). Most of the participants in the experimental group, were helped by the police who informed them to lay a criminal charge (38.82%), spoke to the abuser (29.02%), warned the abuser (19.22%), or issued a notice of appearance to the abuser (16.47%) (see Figure 5.32). Some of the additional ways in which the police helped participants in the experimental group were by advising participants to apply for an IPO, advising some applicants to go to court for an earlier date to have their Protection Orders finalised, by going with victims to get Protection Order application forms, or by helping victims to remove their belongings from their houses (see Table 5.57). This finding supports a finding by Bollen et al. (1999) that most participants in their study were positive about the way the police dealt with them. The majority of the participants in the study by Bollen et al. (1999) reported that they felt comfortable in the presence of the police officials and that the police were willing to help them.

Most of the participants in the experimental group, who reported that the police had been unhelpful, were not helped because the police didn't arrive (24.71%), or because the police couldn't find the abuser (10.20%) (see Figure 5.33). The main reasons why participants in the control group were not helped by the police were because the police didn't arrive (32.00%), or because the police said that abuse was a family problem (16.00%) (see Figure 5.33). These findings are in line with the view of Lewis (1999) that police are often insensitive and treat the victims of domestic violence badly.

## **6.2.7 ADDITIONAL QUESTIONS**

To give participants in the experimental and the control groups the opportunity to contribute additional information and insights to the present study, additional open-ended questions were asked in the second set of questionnaires. Participants in the experimental group were asked what advice they would give someone who wanted to apply for an IPO. They were also asked what changes they would like to make to the IPO to improve its impact, and what knowledge they had gained from completing the research questionnaires. Participants in the control group were asked what knowledge they had gained from completing the research questionnaires. They were also asked whether they were going to apply for an IPO. They were asked to give reasons for their answers.

### **6.2.7.1 Additional questions to participants in the experimental group**

The first additional question requested participants in the experimental group to give advice to someone who wanted to apply for an IPO. Most participants in the experimental group advised others who wanted to apply for an IPO to make use of social support structures, for

example the legal system, a lawyer, Mosaic, the police, a social worker, their families or friends. They advised others to apply for an IPO and cited the effectiveness of the IPO (see Table 5.59).

Most participants who responded to the question with regard to possible changes to the IPO to improve its impact recommended a shorter waiting period between the day of application for an IPO and the return date to have the Protection Order finalised (see Table 5.60). They also recommended that an Interim Warrants of Arrest be given to the applicant immediately after applying for an IPO and that the IPO should give more protection and carry more weight. Some court related recommendations were shorter waiting periods in the courts, more privacy, community application venues and paralegal support in the courts. Counselling services and counselling venues in the courts, adaptation of IPO application forms (for example more space to write on forms, and Xhosa application forms) were also recommended. It was also suggested that magistrates should not reject IPO application forms because of minor mistakes. Other recommendations were additional repercussions for abusers who abuse somebody else, increased efficiency of police services, protection of children, involvement of the community and more research with regard to the judicial system.

In response to the question on the knowledge they had gained from completing the research questionnaires, participants in the experimental group responded that their personal and general knowledge had increased (for example they learnt a lot about themselves, about life and about what they want out of life (see Table 5.61). They had learnt about the legal system and the court, they had learnt about available support systems, about abuse and about research. Completion of the questionnaires led to increased knowledge, more self-respect, self-esteem and dignity.

#### **6.2.7.2 Additional questions to participants in the control group**

Participants in the control group were also asked what knowledge they gained from completing the research questionnaires. Another additional question was whether they were going to apply for an IPO. Participants were requested to give reasons for their answers.

Most participants learnt more about themselves and their general knowledge with regard to the aspects covered in the research questionnaires (for example the different forms of abuse and the impact of abuse on themselves) improved (Table 5.61). They learnt about the importance of talking about the abuse and of taking action. They also learnt about available support systems and about the affects of abuse on themselves and their families.

Most participants in the control group indicated that they were not planning to apply for an IPO as it was not necessary at that moment (see Figure 5.34). Some were not planning to

apply for an IPO because the abusers behaviour had changed after they had been spoken to, the relationship with the abusers had improved, they felt better about themselves, they were worried about the affect of such an application on the children, they had nowhere else to stay or they were not aware of the existence of an IPO (see Table 5.64). Some were uncertain as to whether they were going to apply, as they wanted to think about it first or wanted to discuss it with the abuser (see Table 5.65). Most of the participants who wanted to apply for an IPO wanted an IPO to stop the abuse or wanted to protect themselves (see Table 5.63).

### **6.2.8 Informing government and policy makers with regard to the findings of this study**

The last secondary objective was to make recommendations where applicable and to inform government and policy makers with regard to the findings of this study.

On 28 February 2006 a research report, containing the main findings of this study, was released. The guest speaker at the research launch in Cape Town was Ms Lulama Nongogo, the Chief Director of the Department of Justice and Constitutional Development, who had obtained a copy of the research report. Using the findings of this research, a joint workshop on Protection Orders was run by Mosaic and the Western Cape Department of Justice and Constitutional Development on 9 August 2006 (National Women's Day). This workshop was aimed at the strengthening and the standardising of Protection Order administration and adjudication under the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998). This workshop was attended by representatives of the South African Police Service, the National Prosecuting Authority, the Lower Court Judiciary and Non-Governmental Organisations. The findings of the present research were presented at this workshop.

The purposes of this workshop were (Mosaic, 2006):

- To make representatives of the National Prosecuting Authority, the Lower Court Judiciary, the South African Police Service, Non-Governmental Organisations, policy makers, the sheriff and other interested parties aware of the research results of the present study.
- To highlight certain challenges such as:
  - The different interpretations and applications of the Domestic violence Act by court personnel.
  - A large percentage of applicants are not issued with Interim Warrants of Arrest when they apply for IPOs.
  - A large percentage of applicants do not return to court to have their Protection Orders finalised.

- The long waiting periods for IPOs.
- A lack of communication between clerks/court managers and magistrates.
- To discuss and find solutions to the challenges.
- To discuss standardised IPO procedures and to formulate a way forward.

This workshop was regarded as a huge success as different people from different sectors discussed the issues and challenges that they face on a daily basis. A partnership to improve functioning under the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) was formed. The main recommendations of this workshop are included in the recommendations for the present study. Based on the success of this workshop in the Western Cape, similar workshops are currently being planned for the rest of South Africa.

### **6.3 DISCUSSION OF RESEARCH HYPOTHESES**

#### **Research hypothesis 1**

- **An IPO leads to a decrease in physical abuse, but to an increase in verbal, emotional and/or psychological abuse**

No statistical evidence could be found to support this hypothesis. According to the results obtained with the ADQ (McNamara, 1999) participants in both the experimental and control groups experienced a similar decrease in physical abuse (see Table 5.7), psychological/emotional (see Table 5.9) and sexual abuse (see Table 5.11) from the first to the second measurements. Consequently, the conclusion was reached that these decreases could not be ascribed to the IPO. Both parts of the hypothesis were therefore disproved.

This finding, that both the experimental and control groups experienced a similar decrease in physical, psychological/emotional and sexual abuse from the first to the second measurements was confirmed by responses to a question in the second set of questionnaires. In this question, participants were requested to report any changes in abuse in the interim period between completion of the first and second sets of questionnaires (see Figures 5.6 and 5.7). Participants in both the experimental and control groups reported similar changes in the nature and the extent of abuse at the second measurement. There was a trend for less sexual abuse in the experimental group, compared to the control group (see Table 5.12). No other statistically significant differences between the perceived changes in abuse in the experimental and control groups were found.

These findings are congruent with those of Mathews and Abrahams (2002), who analysed the experience of 23 women six weeks after receiving Protection Orders. After the Protection Orders were issued, the majority of women in their study reported continued



physical, emotional, psychological and verbal abuse. Madonsela (2001), however, found that although emotional abuse continued, physical abuse stopped after a Final Protection Order was granted.

## **Research hypothesis 2**

- **An IPO leads to an increase in the general well-being of the victims of domestic violence**

The IPO led to an improvement in certain aspects of the physical, psychological and social well-being of participants in the experimental group, but did not contribute significantly to participants' experience of their personal, communal, environmental and transcendental well-being or a reduction in anxiety or substance abuse. The IPO played an important role in the reduction of impairment in the experimental group, indicating an improvement in the functioning of the victims and more successful coping on emotional, cognitive and behavioural levels after the application for an IPO (see Table 5.2).

On a **physiological level**, according to the ADQ (McNamara, 1999), the IPO contributed significantly to a reduction in health status issues (see Figure 5.14). The conclusion was reached that domestic violence impacts negatively on the health of victims, but that taking control of their situation contributed to a reduction in health status issues and thus an improvement in the health of the participants in the experimental group.

To determine the impact of the IPO on the **psychological well-being** of participants, a number of factors were measured using the ADQ (McNamara, 1999). These were concerned with physical harm (see Table 5.20), psychological dysfunction (see Table 5.23), life restriction (see Table 5.26), inadequate life control (see Table 5.29), anxiety (see Table 5.32) and substance abuse (see Table 5.34). Personal well-being was measured with a subscale of the SHALOM (Gomez & Fisher, 2003) as an indication of psychological well-being (see Table 5.36).

There was a significant decrease in concern with physical harm from the first to the second measurements in the experimental group (see Table 5.20). It seems that the IPO significantly helped participants in the experimental group to feel less concerned about physical harm compared to participants in the control group (see Table 5.20).

It also seems that the IPO significantly contributed to a greater reduction in psychological dysfunction, life restriction and inadequate life control in the experimental group compared to the control group (see Figure 5.17, Table 5.23).

According to results obtained with the ADQ (McNamara, 1999) the IPO did not contribute significantly to a reduction in anxiety (see Table 5.32) or substance abuse (see



Table 5.34) in the experimental group. According to the SHALOM (Gomez & Fisher, 2003), the IPO also did not contribute significantly to an improvement in the personal well-being of participants in the experimental group (see Table 5.36).

Participants in both the experimental and control groups experienced a slight increase in personal well-being, from the first to the second measurements, as measured by the SHALOM (Gomez & Fisher, 2003) (see Table 5.36). As there was a similar increase in personal well-being in both groups, the increase in the experimental group cannot be ascribed to the IPO (see Table 5.36).

The **social well-being** of participants were measured by focusing on relationship disability, as measured by the ADQ (McNamara, 1999) and communal and environmental well-being, as measured by the SHALOM (Gomez & Fisher, 2003).

There was a reduction in relationship disability in both the experimental and control groups from the first to the second measurements. As the reduction was higher in the experimental than in the control group, it was ascribed to the IPO (see Table 5.38).

Participants in both groups experienced a slight increase in communal, environmental and transcendental well-being, from the first to the second measurements, but this increase was not statistically significant (see Table 5.41, 5.43, 5.45 and 5.47). Consequently, the conclusion was drawn that the IPO did not have a significant affect on participants' experience of their communal, environmental and transcendental well-being in the experimental group (see Tables 5.41, 5.43, 5.45 and 5.47).

After the IPO was served (experimental group) and the first set of questionnaires completed (control group), participants in the experimental group felt significantly safer, but also slightly less powerful, more nervous and frightened than participants in the control group (see Figure 5.27). The results of a Chi-square analyses showed that a significantly bigger proportion of participants in the control group felt more powerful, than participants in the experimental group, after completing the first set of questionnaires (see Table 5.48). No other significant differences between the experimental and control groups were found.

## **6.4 SUMMARY OF RESULTS**

### **i) A profile of the victims of domestic violence in different cultural groups**

- In the three-month sample period Black, Coloured, White and Asian men and women applied for IPOs and completed the research questionnaires. Coloured females had the highest application and return rates, followed by black females and coloured males.

- For the duration of the study, most participants completed the first set of questionnaires at the Wynberg Magistrate's Court, followed by participants at the Magistrate's Courts in Khayelitsha and Bellville. Most participants completed the second set of questionnaires at the Wynberg Magistrate's Court, followed by participants at the Magistrate's Courts in Bellville and Khayelitsha.
- The mean age of participants in the experimental group who returned to have their Protection Orders finalised was 35.1 years, while the mean age of participants who did not return was 33.5 years. Although statistically significant on a 5% significance level, this difference is not clinically significant.
- The mean age in the experimental group was 35.1 years, while the mean age in the control group was higher at 37.8 years. Although statistically significant on a 5% significance level, this difference is not clinically significant.
- There was a trend for a smaller percentage of single than married, divorced and widowed participants in the experimental group to return for the finalisation of their Protection Orders. There were no significant differences between the marital status of participants in the experimental and control groups who completed the second set of questionnaires.
- The mean educational level of participants in the experimental group was significantly higher (grade 10 compared to grade 8) than the educational level of participants in the control group. There were no statistically significant differences between the educational levels of participants who returned and those who did not return to have their Protection Orders finalised in the experimental group.
- Most participants in the experimental group had Afrikaans, Xhosa or English as their home language.
- Most participants in the experimental group were employed full-time or they were unemployed. There were no statistically significant difference between the employment status of participants who returned to have their Protection Orders finalised and those who did not return.

**ii) Return rate to have IPO made final**

- During the first measurement 82.23% females and 17.77% males completed the research questionnaires, while 84.86% females and 15.14% males completed the second set of questionnaires on the return date.
- Participants in the experimental group had a return rate of 52.49%. This finding confirms the finding by Mathews and Abrahams (2001) that 40.3% to 54.6% of

participants in their study returned to have their Protection Orders finalised. This raises a question with regard to the reasons for the low return rate of applicants to domestic violence courts to have their Protection Orders finalised.

**iii) Relationship between participant and abuser in experimental and control groups**

- In both the experimental and the control group, a partner or ex-partner was the main abuser, followed by a child.

**iv) The nature and extent of domestic violence in different cultural groups in the experimental group**

- Participants in the experimental and control groups experienced all forms of domestic violence as described in the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998).
- Verbal and physical abuse were the most frequent abuses experienced by all participants in all cultural groups, followed by psychological/emotional abuse.
- There was a trend for participants in the Coloured group to experience less physical abuse than the participants in the Black and White groups, while there was a trend in the Black group to experience less verbal abuse than participants in the White and the Coloured groups. No other statistically significant differences between the cultural groups were found.

**v) The impact of an IPO on the nature and the extent of domestic violence**

- The IPO did not contribute significantly to the reduction in total abuse exposure, physical abuse, psychological/emotional abuse or sexual abuse as both the experimental and control groups experienced similar changes over time.
- There was a trend for less sexual abuse in the experimental group than in the control group. No other statistically significant differences between the perceived changes in abuse in the experimental and control groups were found.
- Participants in the experimental group reported statistically significantly higher levels of total abuse exposure at both measurements, compared to participants in the control group.
- Participants in the experimental group reported significantly higher levels of physical abuse and psychological abuse compared to participants in the control group, at the time of both measurements.

vi) **The impact of the IPO on the general well-being of the victims of domestic violence**

- The IPO contributed significantly to a reduction in total impairment. On a **physical level**, the IPO contributed significantly to the reduction of health status issues. On a **psychological level**, it contributed significantly to the reduction of concern with physical harm, psychological dysfunction and life restriction. It also contributed significantly to a reduction in inadequate life control. On a **social level**, the IPO contributed significantly to a decrease in relationship disability.
- The IPO did not contribute to a reduction in anxiety and substance abuse as participants in both the experimental and control groups experienced similar changes over time.
- The IPO did not contribute significantly to an increase in the personal, communal, environmental and transcendental well-being of participants in the experimental group.
- Participants in the experimental group experienced significantly higher levels of total impairment, concern with physical harm, and relationship disability compared to participants in the control group at the time of the first measurement.
- Participants in the experimental group experienced significantly higher levels of psychological dysfunction, life restriction and inadequate life control compared to participants in the control group at the time of the first measurement.
- There were no statistically significant differences between the anxiety levels of the participants in the experimental and control groups at the time of both measurements.
- Participants in the control group consistently reported higher levels of substance abuse compared to participants in the experimental group.
- At the time of the second measurement, participants' responses in both the experimental and control groups reflected similar levels of total impairment, health status issues, concern with physical harm, psychological dysfunction, life restriction and inadequate life control.
- The personal, communal and environmental well-being of participants in the experimental group was statistically significantly higher than that of the participants in the control group at the time of both measurements.
- The transcendental well-being of participants in the experimental group was statistically significantly higher than that of the participants in the control group at the time of both measurements.

### **vii) Impact of IPO on abuser's relationships**

- The IPO did not have a significant impact on the participants' relationships with the abuser, the abusers' behaviour towards the children, the abusers' behaviour in the community or the state of mind of the children. Only one significant difference between participants in the experimental and control groups was found. There was a trend for participants in the control group to perceive their abusers as behaving better towards other family members (statistically significant on a 10% level, but not on a 5% significance level), compared with participants in the experimental group.

### **viii) Impact of the IPO**

- A significantly bigger proportion of participants in the control group perceived themselves as more powerful as compared to participants in the experimental group after completing the first set of questionnaires. No significant differences between the groups were found with regards to feelings of being safer, relieved, less powerful, very frightened or nervous.
- Most participants (83.84%) felt that the IPO helped them, while fewer (14.66%) felt that the IPO did not help them. Some participants (1.51%) indicated that the IPO helped them to an extent.
- The main ways in which participants in the experimental group felt the IPO helped them were increased positive feelings, the abuse ceasing or decreasing and a positive change in the abuser's behaviour.
- The main reasons participants in the experimental group felt the IPO was not helping were because of a limited impact on the abuse, a limited impact on the abuser and because they experienced problems with the IPO procedures.
- The main reasons given for the IPO only helping to an extent were because the abuser's behaviour only changed for a short period and then changed back to the original behaviour, because the participant felt safer, but still feared the abuser and because of the unpredictability of the abuser's behaviour.
- An area of concern is that 20.51% of the participants were not helped by the IPO, because it was never delivered (6.41%) or because there was no return of service (14.10%). This could lead to victims being more vulnerable and being exposed to more domestic violence.

### **ix) The efficiency of the application procedure for an IPO**

- Employees of the Mosaic organisation helped most participants with their IPO applications (86.88%) and most of these applicants (90.27%) indicated that they

experienced them as being helpful.

- Long waiting times and not understanding the IPO application forms were cited as problematic by some of the participants. Someone listening without judging and assistance with the IPO application forms were cited as being the most helpful.
- Most participants received the IPO either the same day (69.18%) or the next day (22.41%).
- Most participants (78.45%) indicated that the court paid for the IPO. Some participants paid for the IPO themselves (16.59%), while some were uncertain as to who paid (3.23%).
- Most participants indicated that the police (57.54%) or sheriff (33.19%) served the IPO. Some participants indicated that the clerk served the IPO (5.6%) or were uncertain as to who served it (2.8%).
- With most participants, the IPO was served on the same day (35.56%) or within a week of application (53.02%). In 5.6% of the cases the IPO was served later than a week. Seven participants (1.51%) indicated that the IPO was never served.
- Most participants (64.66%) had a return date after 1 month, whilst others returned 2 weeks later (20.69%), 3 weeks later (1.72%), 6 weeks later (12.72%) or 2 months later (0.22%).
- Most participants indicated that they had never received an Interim Warrant of Arrest (70.47%) or were uncertain as to whether they had received one (7.11%).
- In the case of participants who received an Interim Warrant of Arrest, most received it on the same day as the IPO application (9.48%), the next day (5.82%), within a week (5.60%), or on the return date (4.31%). Some participants were uncertain as to when they received an Interim Warrant of Arrest (6.25%), whilst 68.53% of participants, replying to this question, indicated that they had never received one.
- The Interim Warrant of Arrest is a matter for concern. Not having an Interim Warrant of Arrest (70.47%) or not knowing that they were in possession of one (7.11%) could expose participants to more domestic violence, as they would be unable to use this tool to protect themselves.

**x) Withdrawal of the IPO**

- Most participants in the experimental group (97.41%) did not want to withdraw the IPO. Not trusting the abuser was the main reason (47.89%) for not wanting to withdraw the IPO.

- A significantly higher percentage of participants in the experimental group, compared to the control group, reported that their abusers promised that the abuse would never happen again, or became more loving in an effort to get the IPO withdrawn.
- The main reasons for wanting to withdraw the IPO were because of better or no communication with the abuser, debilitating or empowered feelings of participants and abuser related reasons (for example positive changes in the abuser).

**xi) The role of the police in the implementation of an IPO**

- Of the 237 participants in the experimental group who phoned the police to request assistance, 73.42% reported that the police arrived to assist them, while 26.58% of participants reported that the police had never arrived. In the control group, 56% of the 25 participants who contacted the police reported that they arrived, while the 32% indicated that the police had never arrived.
- In the experimental group, 54.96% of the participants and in the control group 24.75% of the participants contacted the police to report abuse. In the experimental group 82.64% of the participants perceived the police as helpful, while 68% in the control group perceived the police to be helpful.
- Most participants in the experimental group felt that the police had helped them by informing them to lay a criminal charge (38.82%). Speaking to the abuser (29.02%), warning the abuser (19.22%) and issuing a notice of appearance to the abuser (16.47%) was also cited as being helpful to participants in the experimental group. Most participants in the control group were assisted by the police who spoke to the abuser (32.00%) or warned the abuser (19.22%).
- Advising participants to apply for an IPO was cited as being the most helpful additional way in which the police supported participants in the experimental group.
- Most of the participants in the experimental group who indicated that the police had not helped them, cited that the main reasons for not being helped were because the police didn't arrive (24.71%), or because the police couldn't find the abuser (10.20%). The main reasons why participants in the control group were not helped by the police were because the police didn't arrive (32.00%), or because the police said that abuse was a family problem (16.00%).

**xii) Additional information**

- Most participants in the experimental group advised others who wanted to apply for an IPO to make use of social support structures and to apply for an IPO. Advising others on the effectiveness of the IPO was also cited.



- Many participants (42.12%) recommended a shorter waiting period between the day of application for an IPO and the return date to have the Protection Order finalised. Harsher punishment for abusers, victim friendly courts, counselling services in the courts, adapting the IPO application forms and protection of children were some of the other recommendations made by participants in the experimental group to improve the impact of the IPO.
- Most participants in the experimental group indicated that they gained a lot of personal knowledge, that they learned a lot about life, about the legal system, the courts and about available support systems by completing the research questionnaires.
- Most participants in the control group gained personal knowledge, general knowledge, knowledge about the importance of taking action, knowledge about the importance of breaking the silence, the availability of support systems and knowledge with regard to abuse by completing the research questionnaires.
- From comments from participants in the control group on what they had learned from the completion of the questionnaires, the conclusion could be made that interest shown in them and the process of completing the questionnaires improved their knowledge and empowered them.
- Most participants in the control group (69.31%) indicated that they were not going to apply for an IPO, while 13.86% of participants indicated that they were going to apply. Some participants (16.83%) were uncertain.
- The main reasons for wanting to apply for an IPO were to stop the abuse and to protect themselves.
- The main reasons for not wanting to apply for an IPO were that the participants were not aware of the IPO's existence, the abuse was less or stopped, there was a change in the abuser or in the relationship with the abuser, or participants felt better about themselves.
- Most of the participants who were uncertain about applying for an IPO, wanted to think about applying first, some wanted to discuss it with the abuser, some wanted to find other accommodation first, while some felt that their situation was OK at that moment.

## **6.5 LIMITATIONS OF THE STUDY**

It is important to note shortcomings of this study.

Due to ethical dilemmas, participants in the control group could not be sampled from the same population as the experimental group. Participants in the control group were sampled

from the same communities as the experimental group. The assumption was made that, as they were from comparable geographical and socio-economical environments, they would be exposed to the same external variables and so comparable.

The results of this study can only be generalised to the Domestic Violence Courts sampled in this study, as the procedures in the other Domestic Violence Courts in South Africa might be different.

Due to the short time period between the first and second measurements, participants' responses (in both the experimental and control groups) might not be a true reflection of the long-term changes in domestic violence.

The findings of this study focus on the impact of an IPO on all applicants and does not distinguish between age, gender and race. Further research needs to be done to clarify age, gender and racial differences with regard to the impact of an IPO.

The role of the police in the application process for, and the implementation of an IPO could not be analysed accurately, as the questions pertaining to the police did not specify that questions were only referring to experiences of participants in the period between completion of the first and second sets of questionnaires. Most participants answered the questions to give an indication of their general experience of the police over the whole period of being abused. This was not noticed in the trial run. Although the role of the police in the implementation of an IPO was one of the secondary objectives of this study, no attention was given to it in the literature study. A follow-up doctoral study is currently being conducted in the Western Cape on the police dereliction of duty in domestic violence cases.

During the translation process of the questionnaires from English into Xhosa and Afrikaans, item 11 in the SHALOM was not included in the Xhosa questionnaires. Although item 11 was included at a later stage, some participants completing the Xhosa questionnaires could not answer that item. During statistical analysis of the data with item 11 included and then excluded, no statistically significant differences could be found between the two analyses.

The questionnaires were long and took a long time to complete. Some questions that were not directly relevant to the present study were asked. It should be noted, however, that the information that was gathered, but not used, could be used for further research.

Some participants, choosing to complete the Xhosa questionnaires, found the Xhosa difficult to understand. This could have influenced their responses.

## 6.6 RECOMMENDATIONS

The most critical recommendations to improve the efficiency of the IPO are:

- Improving the court process to ensure that 100% of applicants receive an Interim Warrant of Arrest either on the application day, within one to two days, or as soon as possible after an IPO was granted.
- Training of court personnel and other concerned persons with regard to the importance of the Interim Warrant of Arrest.
- Education of all applicants for an IPO with regard to the collection, use of, and purpose of an Interim Warrant of Arrest.
- Closer monitoring of the serving of IPO's on abusers and follow-up if it was not delivered.
- Shorter period between application and return dates.

Other important recommendations:

- Community based application venues.
- Counselling rooms in the domestic violence courts to ensure privacy and to prevent secondary abuse by the system (Kruger, 2004).
- Trauma counselling services based in the Domestic Violence Courts (Kruger, 2004).
- Education services based in the Domestic Violence Courts. The importance of explaining the different forms of domestic violence to applicants for Interim Protection Orders was highlighted by Artz (2001). The result of applicants not being aware of the different forms of abuses, may lead to these abuses not being registered and applicants being at a continued risk for these abuses.
- Additional repercussions for abusers who have more than one Protection Order against them.
- Ongoing training for personnel dealing with domestic violence cases (Artz, 2001; Gist et al., 2001; Kruger, 2004).
- Education of police officials with regard to their role and the Domestic Violence Act 116 of 1998 (Altbeker, 2005; Artz, 2001; RSA Government Gazette, 1998).
- Community based education (Moult, 2005; Nordien et al., 2003) focusing on:
  - empowering the victims of domestic violence, and capacity building
  - the prevention of domestic violence
  - the use of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) and Protection Orders

The importance of education is confirmed by Angless (1990) and Fields et al. (2001), as

education could serve as a buffer against a disabling perceptive of the self in the event of domestic violence. Arulrajah and Harun (2000) emphasise the importance of education as a preventative measure and states that the “strength of community counseling is prevention, and not so much remedy” (p. 3). They suggest that prevention must be the heart of community counseling and encourages the strengthening of resources, for example social support, and the teaching of coping skills. They support an holistic approach and suggest researching the community, assessing their needs and resources, and then exploring strategies for prevention and cure.

- Changing patriarchal belief systems in the community through educational workshops and talks on gender issues, the rights of men and women in relationships, religious roles, role definitions and stereotypes (Angless, 1990; Nordien et al., 2003).
- Community outreach to encourage victims of domestic violence to report their abuse (Gist et al., 2001).
- Peer group counselling.
- Application forms translated into Xhosa.
- Application forms should not be rejected for minor mistakes.
- More space to write on application forms.
- Establishing community based safe houses and support centres for the victims of domestic violence (Angless, 1990; Nordien et al., 2003).
- An increase in the personnel dealing with the workload in both the SAPS and the Justice Department.
- Rehabilitation programmes for perpetrators (Kruger, 2004).

According to the draft report on the Joint Workshop by the Department of Justice, Mosaic and the Gender Advocacy Programme (GAP) on the implementation of the Domestic Violence Act 116 of 1998 (RSA Government Gazette, 1998) the following main recommendations were made (Mosaic, 2006):

- A seminar for Magistrates, focussing on the recommendations of the draft report from the Joint Workshop and aimed at the standardisation of the processes with regard to Interim Warrants of Arrest, requirements for affidavits, counter applications and the handling of non-returns of applicants and/or respondents, must be conducted. A counter application refers to a case where the abuser/perpetrator makes an IPO application against the applicant/victim as a result of an IPO application against themselves.

- In the case of a counter application, the magistrate should extend the return date for the applicant who applied first, with a joint return date being set. Before the return date, couple or family counselling should be attended by the parties involved.
- The Department of Justice and NGOs should jointly lobby for the amendment of the Act to ensure that arrests are made by the police. This would help bring perpetrators to a realisation of the seriousness of domestic violence and make them take the law seriously.
- A huge campaign should be considered to educate and inform the general public and IPO applicants that they can access Independent Complaints Directorate (ICD) in Pretoria if the police fail in their duty. The ICD is a government department that was established in 1997 to investigate complaints of brutality, criminality and misconduct against members of the South African Police Service (SAPS) (RSA Government, 1998).
- The Department of Justice, Mosaic and GAP should form a committee to discuss how the results of the workshop could be used towards the planned Departmental provincial round table discussions in November 2006. Mosaic would like to present a paper at that forum on the history and results of this workshop.
- The draft report on the Joint Workshop (Mosaic, 2006) and the recommendations must be submitted to the Court Services Directorate at the Department of Justice and Constitutional Development's National level to inform the national protocol process.
- All role players must be trained with regard to any implemented changes as a result of the workshop.
- The Department of Justice must budget for sheriff costs per court to relieve the SAPS of the burden of serving IPOs and to expedite the serving of IPOs.
- The Department of Justice must develop a protocol in terms of the Interim Warrant of Arrest (IWA) as soon as possible. The IWA must be linked to the IPO. This might also increase the return rate as the applicants would be aware that the IWA expires on the date of return.
- An information video on the Protection Order application process must be produced and set up in the waiting areas of all the courts.
- The Department of Justice must support the national process of considering financial support of NGOs that are working in the courts and with whom a service level agreement has been signed.

- Clerks in the courts and NGO personnel must put renewed effort into explaining the IPO application process to applicants. Applicants must be given a written indication of the return date. An SMS reminder service was also suggested as a possibility for people with mobile phones.

#### Further research

- Research into the reasons behind the low return rate in the Domestic Violence Courts.
- Research into the role of the police and sheriff with regard to the effectiveness of the IPO.
- Research into the Impact of an IPO in Domestic Violence Courts where the Mosaic organisation is not providing assistance.
- Research into the differences between cultural groups and gender with regard to the impact of an IPO. This will impact on education and victim empowerment programmes.
- Comparison between the impact of an IPO and a Final/Permanent Protection Order on domestic violence.
- Research with regard to role of reciprocal or counter protection orders (Artz, 2001).

## 6.7 CONCLUSIONS

The main finding of this study was that the IPO played an important role in the reduction of total impairment in the experimental group, indicating an improvement in the functioning of the victims and more successful coping on emotional, cognitive and behavioural levels after the application for an IPO.

The IPO contributed significantly to a reduction in total impairment. On a physical level, the IPO contributed significantly to the reduction of health status issues. On a psychological level, it contributed significantly to the reduction of concern with physical harm, psychological dysfunction and life restriction. It also contributed significantly to a reduction in inadequate life control. On a social level, the IPO contributed significantly to a decrease in relationship disability. These findings were confirmed by most participants (83.84%) reporting that the IPO helped them. The IPO did not contribute to a reduction in anxiety and substance abuse as participants in both the experimental and control groups experienced similar changes over time.

The personal, communal, environmental and transcendental well-being, as experienced by participants in the experimental group, was consistently higher than that of the participants in the control group, at the time of the first and the second measurements.

Although there were changes in the intensity of physical, psychological/emotional and

sexual abuse, total abuse exposure, the abuser's relationship to the participant, the abuser's behaviour towards the children, the abuser's behaviour in the community and participants' experiences of their personal, communal, environmental and transcendental well-being, these changes could not be attributed to the IPO, as the control group experienced similar changes.

By completing the questionnaires, participants' knowledge improved and they were empowered. They learnt more about themselves, the importance of breaking the silence and of taking action. They also learnt about available support systems and about the impact of abuse. The above contributed to a reduction in abuse and the impact of abuse. It also contributed to the improvement in participants' experience of their personal, communal, environmental and transcendental well-being. This finding emphasises the importance of community education and empowerment programmes for the victims of domestic violence.

Although there were some exceptions, receiving of the IPO, payment of the IPO, serving of the IPO and the period between the application and return dates were satisfactory. The Interim Warrant of Arrest is an area of concern, as the majority of participants did not receive one, or were uncertain as to whether they had received one. Not having one, or not knowing that they were in possession of one, could expose participants to more domestic violence, as they would be unable to use this tool to protect themselves.

This finding emphasises the importance of training of court personnel, other concerned persons and applicants with regard to the collection, use of and purpose of the Interim Warrant of Arrest. The court process needs to improve to ensure that 100% of applicants receive the Interim Warrant of Arrest on the application day, within one to two days, or as soon as possible after the IPO was granted. There has to be closer monitoring of the serving of IPO's on abusers and follow-up if it was not delivered. A shorter period between application and return dates is also recommended.

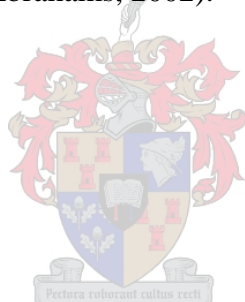
The findings of the present study answer the research questions and address the primary and secondary objectives of the study. An extensive literature study focusing on domestic violence, general well-being and the link between the two concepts formed the theoretical basis of the study. By measuring the impact of the IPO on the general well-being of participants, it was possible to determine what impact a change in domestic violence / abuse had on the general well-being of participants. The empirical study confirmed the link between domestic violence and general well-being.

The findings of the present study and the study by Mathews and Abrahams (2002) reveal that Interim Protection Orders and Final Protection Orders are not, in themselves, a solution for domestic violence in South Africa. A study by McFarlane et al. (2004) measuring the



types and frequencies of intimate partner violence experienced by women before and after receipt of a two-year Protection Order confirms this view. There was a significant reduction in threats of assault, physical assault, stalking and worksite harassment over an eighteen-month period, regardless of whether or not a Protection Order was granted. According to Gist et al. (2001) and McFarlane et al. (2004), contacting the judicial system plays a huge role in empowering women. Abusers become aware that the silence has been broken and that official agencies now know about the abuse. As privatization of domestic violence contributes to its continuation (McFarlane et al., 2004) public knowledge of the abuse could prevent further incidences of domestic violence.

Community education and empowerment programmes for the victims of domestic violence focusing on the improvement of the well-being of abusers and victims, will contribute to domestic violence being prevented and/or stopped. The health sector needs to be mobilised to protect women and children and a national policy to guide the process of creating a co-ordinated, comprehensive inter-sectoral strategy against gender-based violence needs to be developed (Mathews & Abrahams, 2002).



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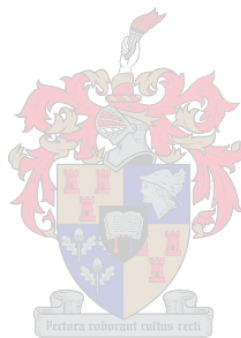
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**Addendum A: Experimental group – Questionnaire used during the first measurement**

<b>EXPERIMENTAL GROUP: TO BE COMPLETED ON DAY OF APPLICATION</b>		<b>COURT:</b>
<b>QUESTIONNAIRE 1: An overview of DOMESTIC VIOLENCE</b>		<b>RETURN DATE:</b>
<b>NAME:</b>	<b>DATE:</b>	<b>RESEARCH WORKER:</b>
		<b>FILE / REFERENCE NUMBER:</b>

**SECTION A - GENERAL INFORMATION** (IPO = Interim Protection Order)  
 Please read the questions below and choose an answer. If you choose "other" always specify what it is.

<b>1. Your gender</b>	Male	Female	
<b>2. Your cultural group</b>	White	Black	Coloured Asian Other:
<b>3. Culture</b>	Muslim	Traditional African	Western Other:
<b>4. Have you had contact with Mosaic before?</b>	Yes	No	
<b>5. If yes, what kind of contact did you have with Mosaic?</b>			
<b>6. Have you read Mosaic's information booklet: It's an order! ?</b>	Yes	No	
<b>7. Who abused you?</b>	Partner	Ex-partner	Mother Father Stepmother Stepfather In-laws Grandchild
	Child	Grandparent	Sister Brother Stepsister Stepbrother Tenant Other:
<b>8. Have you applied for an IPO before?</b>	Yes	No	<b>If yes, how many times?</b>
	Spoken to my religious leader	Spoken to friend	Laid a charge of assault Spoken to abuser Spoken to in-laws Called the police
<b>10. Who has supported and helped you?</b>	Friend	Family	Social Worker Police Religious leader Doctor
	Sangoma	Psychologist	In-laws Shelter for abused people No one Other:

**SECTION B - GENERAL QUESTIONS**

Please read each statement and decide how often you agree with each.

	Always	A lot	Half the time	A little	Never
1. I was a victim of child abuse.	5	4	3	2	1
2. I have been abused by someone else before.	5	4	3	2	1
3. There was violence in the family I grew up in.	5	4	3	2	1
4. I cannot live without my abuser.	5	4	3	2	1
5. I have the power to stop the abuse.	5	4	3	2	1
6. I believe that my ancestors call me.	5	4	3	2	1
7. I think that witchcraft is responsible for my misfortune.	5	4	3	2	1
8. I am being abused because my ancestors are angry with me.	5	4	3	2	1
9. I have been cursed.	5	4	3	2	1
10. One or both of my parents had an alcohol / drug problem.	5	4	3	2	1
11. I believe I have to obey my partner because of religious / cultural laws.	5	4	3	2	1
12. I obey my in-laws.	5	4	3	2	1
13. I am not comfortable with obeying my in-laws.	5	4	3	2	1
14. Lobola / Miskavy was paid so I have to obey my husband.	5	4	3	2	1
15. My husband has more than one wife.	5	4	3	2	1
16. I am not comfortable with my husband having more than one wife.	5	4	3	2	1

**SECTION C - SPIRITUAL HEALTH AND LIFE-ORIENTATION (SHALOM)**

Please choose one answer in each of the two columns (A) and (B):

	<b>(A) How important do you feel each item is for an ideal state of spiritual health? (Generally speaking for everyone)</b>					<b>(B) How do you feel each item reflects your personal experience most of the time? (How is it actually for you?)</b>				
	Very High	High	In between	Low	Very Low	Very High	High	In between	Low	Very Low
1. a love of other people	5	4	3	2	1	5	4	3	2	1
2. personal relationship with the Divine/God	5	4	3	2	1	5	4	3	2	1
3. forgiveness towards others	5	4	3	2	1	5	4	3	2	1
4. connection with nature	5	4	3	2	1	5	4	3	2	1
5. a sense of identity	5	4	3	2	1	5	4	3	2	1
6. worship of the Creator	5	4	3	2	1	5	4	3	2	1
7. appreciation for a breathtaking view	5	4	3	2	1	5	4	3	2	1
8. trust between individuals	5	4	3	2	1	5	4	3	2	1
9. self-awareness	5	4	3	2	1	5	4	3	2	1
10. oneness with nature	5	4	3	2	1	5	4	3	2	1
11. oneness with the Divine / God	5	4	3	2	1	5	4	3	2	1
12. harmony with the environment	5	4	3	2	1	5	4	3	2	1
13. peace with God	5	4	3	2	1	5	4	3	2	1

	Very High	High	In between	Low	Very Low	Very High	High	In between	Low	Very Low
14. joy in life	5	4	3	2	1	5	4	3	2	1
15. prayer life	5	4	3	2	1	5	4	3	2	1
16. inner peace	5	4	3	2	1	5	4	3	2	1
17. respect for others	5	4	3	2	1	5	4	3	2	1
18. meaning in life	5	4	3	2	1	5	4	3	2	1
19. kindness towards other people	5	4	3	2	1	5	4	3	2	1
20. a sense of wonder or excitement in the environment	5	4	3	2	1	5	4	3	2	1

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### SECTION D - ADDITIONAL QUESTIONS

Please read the questions below and choose an answer. (If you choose "other" always specify what it is.)

<b>1. Have you ever tried to commit suicide?</b>		Yes	No
<b>If no, what stopped you?</b>			
<b>2. Why do you think your partner is abusive?</b>		Jealousy	Possessiveness
Wants to control me	From an abusive family	Obsessed with me	Other:
<b>3. I believe that I am being punished by:</b>		Satan/Devil	God
<b>4. I believe that I am being looked after by:</b>		God	Angels
<b>5. What are your plans for your future relationship with your abuser?</b>		Separation	Divorce
<b>6. What motivated you to step out of cultural laws &amp; religious beliefs and apply for a Interim Protection Order?</b>			
<b>7. I have the following health / physical problems ( Please specify):</b>			
<b>Head</b>	Headaches	Feeling dizzy	Migraine
<b>Mouth</b>	Jaw problems	Gum problems	Teeth problems
<b>Ears</b>	Can't hear very well	Earache	Problems with balance
<b>Eyes</b>	Can't see very well	Pink eyes	Eye problems
<b>Nose</b>	Nose bleeds	Post nasal drip	Sinus problems
<b>Throat</b>	Sore throat	Cold	Flu
<b>Neck and back</b>	Neck problems	Back problems	Back ache
<b>Heart</b>	Heart problems	Heart attack	None
<b>Chest</b>	Asthma	Pneumonia	Breathing problems
<b>Stomach</b>	Spastic colon	Nausea	Constipation
<b>Sexual</b>	Can't get erection	Orgasm problems	Menstrual problems
<b>Bladder</b>	Bladder infection	None	Other:
<b>Legs and feet</b>	Sore feet	Sore lower legs	Knee problems
<b>Arms and hands</b>	Sore arms	Elbow problems	Arthritis
<b>Blood</b>	High blood pressure	Low blood pressure	Cholesterol
<b>Other</b>	Diabetes	Cancer	Skin problems

TO BE FILLED IN AFTER APPLICATION FORM AND AFFIDAVIT COMPLETED:

### SECTION E - Evaluation of application procedure

Please read the questions below and choose an answer. (If you choose "other" always specify what it is.)

<b>1. Who helped you fill out the IPO forms?</b>	Self	Clerk	Mosaic	Police	Other:
<b>2. Who was helpful?</b>	Clerk	Mosaic	Police	Other:	
<b>3. Who was not helpful?</b>	Clerk	Mosaic	Police	Other:	
<b>4. What difficulties did you experience?</b>	Long waits	Did not understand forms	Other:		
<b>5. What helped you most?</b>	Assistance with forms	Someone listening without judgement	Talking about the abuse		
<b>6. How did you feel before you were helped with the IPO application?</b>	Received information	Other:			
<b>7. How did you feel after you were helped with the IPO application?</b>					

### ADDITIONAL COMMENTS:

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**Addendum B: Control group – Questionnaire used during the first measurement**

<b>CONTROL GROUP: TO BE COMPLETED ON RESEARCH DAY 1</b>		<b>VENUE:</b>
<b>QUESTIONNAIRE 1: An overview of DOMESTIC VIOLENCE</b>		<b>RETURN DATE:</b>
<b>NAME:</b>	<b>DATE:</b>	<b>RESEARCH WORKER:</b>
		<b>REFERENCE NUMBER:</b>

**SECTION A - GENERAL INFORMATION**

(IPO = Interim Protection Order)

Please read the questions below and choose an answer. If you choose "other" always specify what it is.

<b>1. Your gender</b>	Male	Female	
<b>2. Your cultural group</b>	White	Black	Coloured Asian Other:
<b>3. Culture</b>	Muslim	Traditional African	Western Other:
<b>4. Who told you about this research?</b>			
<b>5. If you were told about this research at the hospital, why were you at the hospital?</b>			
<b>6. Have you had contact with Mosaic before?</b>			
	Yes	No	
<b>7. If yes, what kind of contact did you have with Mosaic?</b>			
<b>8. Have you read Mosaic's information booklet: It's an order! ?</b>			
	Yes	No	
<b>9. Who abused you?</b>	Partner	Ex-partner	Mother Father Stepmother Stepfather In-laws Grandchild
	Child	Grandparent	Sister Brother Stepsister Stepbrother Tenant Other:
<b>10. Have you applied for an IPO before?</b>			
	Yes	No	
<b>11. If no, why not?</b>			
<b>12. How have you tried to change your situation?</b>			
	Spoken to abuser	Spoken to in-laws	Called the police
	Spoken to my religious leader	Spoken to friend	Laid a charge of assault Spoken to family Other:
<b>13. Who has supported and helped you?</b>			
	Friend	Family	Social Worker Police Religious leader Doctor
	Sangoma	Psychologist	In-laws Shelter for abused people No one Other:

**SECTION B - GENERAL QUESTIONS**

Please read each statement and decide how often you agree with each.	Always	A lot	Half the time	A little	Never
1. I was a victim of child abuse.	5	4	3	2	1
2. I have been abused by someone else before.	5	4	3	2	1
3. There was violence in the family I grew up in.	5	4	3	2	1
4. I cannot live without my abuser.	5	4	3	2	1
5. I have the power to stop the abuse.	5	4	3	2	1
6. I believe that my ancestors call me.	5	4	3	2	1
7. I think that witchcraft is responsible for my misfortune.	5	4	3	2	1
8. I am being abused because my ancestors are angry with me.	5	4	3	2	1
9. I have been cursed.	5	4	3	2	1
10. One or both of my parents had an alcohol / drug problem.	5	4	3	2	1
11. I believe I have to obey my partner because of religious / cultural laws.	5	4	3	2	1
12. I obey my in-laws.	5	4	3	2	1
13. I am not comfortable with obeying my in-laws.	5	4	3	2	1
14. Lobola / Miskavy was paid so I have to obey my husband.	5	4	3	2	1
15. My husband has more than one wife.	5	4	3	2	1
16. I am not comfortable with my husband having more than one wife.	5	4	3	2	1

**SECTION C - SPIRITUAL HEALTH AND LIFE-ORIENTATION (SHALOM)**

Please choose one answer in each of the two columns (A) and (B):

**(A) How important do you feel each item is for an ideal state of spiritual health? (Generally speaking for everyone)**

**(B) How do you feel each item reflects your personal experience most of the time? (How is it actually for you?)**

	<b>(A) How important do you feel each item is for an ideal state of spiritual health? (Generally speaking for everyone)</b>					<b>(B) How do you feel each item reflects your personal experience most of the time? (How is it actually for you?)</b>				
	Very High	High	In between	Low	Very Low	Very High	High	In between	Low	Very Low
1. a love of other people	5	4	3	2	1	5	4	3	2	1
2. personal relationship with the Divine/God	5	4	3	2	1	5	4	3	2	1
3. forgiveness towards others	5	4	3	2	1	5	4	3	2	1
4. connection with nature	5	4	3	2	1	5	4	3	2	1
5. a sense of identity	5	4	3	2	1	5	4	3	2	1
6. worship of the Creator	5	4	3	2	1	5	4	3	2	1
7. appreciation for a breathtaking view	5	4	3	2	1	5	4	3	2	1
8. trust between individuals	5	4	3	2	1	5	4	3	2	1
9. self-awareness	5	4	3	2	1	5	4	3	2	1
10. oneness with nature	5	4	3	2	1	5	4	3	2	1

	Very High	High	In between	Low	Very Low	Very High	High	In between	Low	Very Low
11. oneness with the Divine / God	5	4	3	2	1	5	4	3	2	1
12. harmony with the environment	5	4	3	2	1	5	4	3	2	1
13. peace with God	5	4	3	2	1	5	4	3	2	1
14. joy in life	5	4	3	2	1	5	4	3	2	1
15. prayer life	5	4	3	2	1	5	4	3	2	1
16. inner peace	5	4	3	2	1	5	4	3	2	1
17. respect for others	5	4	3	2	1	5	4	3	2	1
18. meaning in life	5	4	3	2	1	5	4	3	2	1
19. kindness towards other people	5	4	3	2	1	5	4	3	2	1
20. a sense of wonder or excitement in the environment	5	4	3	2	1	5	4	3	2	1

### SECTION D - ADDITIONAL QUESTIONS

Please read the questions below and choose an answer. (If you choose "other" always specify what it is.)

<b>1. Have you ever tried to commit suicide?</b>		Yes	No								
<b>If no, what stopped you?</b>											
<b>2. Why do you think your partner is abusive?</b>		Jealousy			Possessiveness			Unsure of self			
Wants to control me		From an abusive family			Obsessed with me			Other:			
<b>3. I believe that I am being punished by:</b>		Satan/Devil		God		Ancestors		Other:		I am not being punished	
<b>4. I believe that I am being looked after by:</b>		God		Angels		Guardian Angels		Forefathers		Deceased person	
		No one		Other:							
<b>5. What are your plans for your future relationship with your abuser?</b>											
Staying in relationships		Counselling		Separation			Divorce		Other:		
<b>6. I have the following health / physical problems ( Please specify):</b>											
<b>Head</b>	Headaches		Feeling dizzy		Migraine		None		Other:		
<b>Mouth</b>	Jaw problems		Gum problems		Teeth problems		None		Other:		
<b>Ears</b>	Can't hear very well		Earache		Problems with balance		None		Other:		
<b>Eyes</b>	Can't see very well		Pink eyes		Eye problems		None		Other:		
<b>Nose</b>	Nose bleeds		Post nasal drip		Sinus problems		Hay fever		None		
<b>Throat</b>	Sore throat		Cold		Flu		Voice goes away		Problems with tonsills		
<b>Neck and back</b>	Neck problems		Back problems		Back ache		None		Other:		
<b>Heart</b>	Heart problems		Heart attack		None		Other:				
<b>Chest</b>	Asthma		Pneumonia		Breathing problems		Coughing		Breast problems		
	TB		None		Other:						
<b>Stomach</b>	Spastic colon		Nausea		Constipation		Stomach cramps		Ulcer		
	Diarrhea		Heartburn		None		Other:				
<b>Sexual</b>	Can't get erection		Orgasm problems		Menstrual problems		Sexual disease		None		
	Other:										
<b>Bladder</b>	Bladder infection		None		Other:						
<b>Legs and feet</b>	Sore feet		Sore lower legs		Knee problems		Sore upper legs		Hip problems		
	None		Other:								
<b>Arms and hands</b>	Sore arms		Elbow problems		Arthritis		Hand problems		Nail biting		
	None		Other:								
<b>Blood</b>	High blood pressure		Low blood pressure		Cholesterol		HIV+ / Aids		None		
	Other:										
<b>Other</b>	Diabetes		Cancer		Skin problems		Epilepsy		Fainting		
	Allergies		Eating too much		Eating too little						
	Thyroid problems		None		Other:						

**ADDITIONAL COMMENTS:**



**Addendum C: Experimental group – Questionnaire used during the second measurement**

**EXPERIMENTAL GROUP:**

TO BE COMPLETED ON RETURN DATE **BEFORE SEEING CLERK OR MAGISTRATE**

**QUESTIONNAIRE 2: Impact of the Interim Protection Order:**

Research worker: \_\_\_\_\_

**Please read the questions below and choose an answer. (If you choose “other” always specify what it is.)**

<b>NAME:</b>			<b>DATE:</b>			<b>FILE NUMBER:</b>			
a) To whom did you first speak today?			Clerk	Magistrate	Mosaic				
b) Have you had contact with Mosaic since you completed the previous questionnaires?						Yes	No		
c) If yes, what kind of contact did you have with Mosaic?									
<b>A) SERVING OF IPO (Interim Protection Order)</b>									
1. When did you receive your IPO?			Same day	Next day	Later - When?				
2. Who paid for the service of the IPO?			Court	Self	Other:				
3. Who served the IPO?			Police	Sheriff	Clerk	Other:			
4. If the police served the IPO, how did they treat you when you asked them to serve it?						Helpful	Not helpful	Rude	
Police not involved			Other:						
5. When was the IPO served?			Same day	Within one week	Later – When?		Never		
6. Were you given an Interim Warrant of Arrest?			Yes	No	Uncertain				
7. If yes, when were you given an Interim Warrant of Arrest?			Same day	Next day	Within a week	On return date	Never		
8. How long did you have to wait for your return date?			2 weeks	1 month	6 weeks	Later – how long?			
<b>B) EFFECT OF IPO (Interim Protection Order)</b>									
9. What was the response of your abuser towards you when the IPO was served?									
Okay			Surprised		Didn't care		Upset		
Angry			Very angry		Other:				
10. How did you feel when you saw your abuser after the IPO was served?									
More powerful		Safer		Relieved		Same/No change		Less powerful	
Very frightened		Nervous		Other:					
11. Did the abuser's behaviour change towards you after the IPO was served?						Yes	No		
If yes, how did the behaviour change?									
Physical abuse		Much more		More		Same		Less	
Stopped		None							
Verbal abuse		Much more		More		Same		Less	
Stopped		None							
Psychological/emotional abuse		Much more		More		Same		Less	
Stopped		None							
Sexual abuse		Much more		More		Same		Less	
Stopped		None							
Economic abuse		Much more		More		Same		Less	
Stopped		None							
Harassment		Much more		More		Same		Less	
Stopped		None							
Intimidation or threats		Much more		More		Same		Less	
Stopped		None							
Stalking		Much more		More		Same		Less	
Stopped		None							
Other changes									
12. Did the IPO help you?			Yes	No					
13. If YES, How did the IPO help you?									
14. If NO, Why did the IPO not help you?									
15. How did the IPO affect your relationship with abuser?			Much better	Better	Same	Worse	Much worse		
Other changes:									
16. How did the IPO affect the abuser's behaviour towards the children?									
Much better		Better		Same / No change		Worse		Much worse	
Don't have children		Other:							
17. How did the abuser's behaviour change towards other family members?									
Much better		Better		Same / No change		Worse		Much worse	
Other:									
18. How did the abuser's behaviour change in the community?									
Much better		Better		Same / No change		Worse		Much worse	
Other:									
19. Did your children know that you applied for an IPO?						Yes	No	Don't have children	
20. Did the IPO make a difference to the children?			Felt safer	Same / No change		Felt less safe		Don't know	
Don't have children			Other:						
<b>C) WITHDRAWAL OF IPO (Interim Protection Order)</b>									
21. Was the IPO withdrawn?			Yes	No					
22. Did you want to withdraw the IPO on your own?			Yes	No					
23. If yes, what was your own reason?									
24. Did your abuser try to get you to withdraw the IPO?						Yes	No		
25. If yes, did your abuser:									
a) Promise that the abuse would never happen again?						Yes	No	Uncertain	
b) Become more loving to make you withdraw the IPO?						Yes	No	Uncertain	
c) Try to get family support against you?						Yes	No	Uncertain	
d) Make you feel guilty?						Yes	No	Uncertain	
e) Increase the abuse of the children to make you withdraw the IPO?						Yes	No	Uncertain	
f) Try to get the children's support against you?						Yes	No	Uncertain	
g) Make excuses for the abuse?						Yes	No	Uncertain	

h) Blame you?	Yes	No	Uncertain
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i) Other

**26. If you wanted to withdraw the IPO and then changed your mind, why did you NOT withdraw it?**

Empowered through counselling	Do not trust abuser	Family support	Other:
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**D) POLICE INVOLVEMENT**

27. Did you contact the police to report an incident(s) of abuse? Yes No

28. Were the police helpful when you reported the incident (s) ? Yes No I didn't report any incidents

29. If you phoned the police, did they arrive to assist you? Yes No

30. How long did they take to arrive? Less than 1 hour Longer – How many hours?

31. Did you have a Interim Warrant of Arrest when you asked the police to help you? Yes No

32. If the police helped you, how did they help you? Helped me find medical attention Arrested the abuser

Issued a Notice of Appearance to abuser Took me to a safe place Removed any weapons Just spoke to abuser

Warned the abuser Informed me of my right to lay a criminal charge Other:

33. If the police did not help you, what were their reasons? No man power They said that abuse is a family problem

They came and then left the abuser with me They said the IPO expired They said that we were drunk I didn't have a warrant of arrest

They said that they had nothing to do with domestic violence Blamed me No vehicles Other:

**E) SOCIAL SUPPORT**

34. Who supported you in the period between the IPO being granted and your return date?

Shelter for abused women	Mother	Father	Religious leader	Friend	In-laws	Neighbour	Brother	Sister
--------------------------	--------	--------	------------------	--------	---------	-----------	---------	--------

Psychologist	Grandparent(s)	Sangoma	Doctor	Support group	Social Worker	No one	Counsellor	Other:
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**F) SPIRITUAL HEALTH AND LIFE-ORIENTATION (SHALOM)**

Please choose one answer in each of the two columns (A) and (B):

**(A) How important do you feel each item is for an ideal state of spiritual health? (Generally speaking for everyone)**

**(B) How do you feel each item reflects your personal experience most of the time? (How is it actually for you?)**

	Very High	High	In between	Low	Very Low	Very High	High	In between	Low	Very Low
1. a love of other people	5	4	3	2	1	5	4	3	2	1
2. personal relationship with the Divine/God	5	4	3	2	1	5	4	3	2	1
3. forgiveness towards others	5	4	3	2	1	5	4	3	2	1
4. connection with nature	5	4	3	2	1	5	4	3	2	1
5. a sense of identity	5	4	3	2	1	5	4	3	2	1
6. worship of the Creator	5	4	3	2	1	5	4	3	2	1
7. appreciation for a breathtaking view	5	4	3	2	1	5	4	3	2	1
8. trust between individuals	5	4	3	2	1	5	4	3	2	1
9. self-awareness	5	4	3	2	1	5	4	3	2	1
10. oneness with nature	5	4	3	2	1	5	4	3	2	1
11. oneness with the Divine/God	5	4	3	2	1	5	4	3	2	1
12. harmony with the environment	5	4	3	2	1	5	4	3	2	1
13. peace with God	5	4	3	2	1	5	4	3	2	1
14. joy in life	5	4	3	2	1	5	4	3	2	1
15. prayer life	5	4	3	2	1	5	4	3	2	1
16. inner peace	5	4	3	2	1	5	4	3	2	1
17. respect for others	5	4	3	2	1	5	4	3	2	1
18. meaning in life	5	4	3	2	1	5	4	3	2	1
19. kindness towards other people	5	4	3	2	1	5	4	3	2	1
20. a sense of wonder or excitement in the environment	5	4	3	2	1	5	4	3	2	1

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**G) GENERAL QUESTIONS**

35. What advise would you give someone who wanted to apply for an IPO?

36. What changes would you like to make to the IPO to make it more effective?

37. What have you learned from completing these questionnaires?

**H) ADDITIONAL COMMENTS**

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**Addendum D: Control group – Questionnaire used during the second measurement**

**CONTROL GROUP : TO BE COMPLETED ON RESEARCH DAY 2**

**QUESTIONNAIRE 2:**

Research worker: \_\_\_\_\_

Please read the questions below and choose an answer. (If you choose “other” always specify what it is.)  
(IPO = Interim Protection Order)

<b>NAME:</b>	<b>DATE:</b>	<b>REFERENCE NR:</b>	
<b>A) GENERAL INFORMATION</b>			
1. Have you applied for an IPO since you completed the first questionnaires?		Yes    No	
2. Have you had contact with Mosaic over the past 3 weeks?		Yes    No	
3. If yes, what kind of contact did you have?			
<b>B) IMPACT</b>			
4. How did you feel when you saw your abuser again after you completed the first questionnaires?			
More powerful	Safer	Relieved	
Same/No change	Less powerful	Very frightened	
Nervous	Other:		
5. Did your abuser's behaviour change towards you during the past 3 weeks?		Yes    No	
6. If yes, how did your abuser's behaviour change?			
Physical abuse	Much more	More	
Verbal abuse	Much more	More	
Psychological/emotional abuse	Much more	More	
Sexual abuse	Much more	More	
Economic abuse	Much more	More	
Harassment	Much more	More	
Intimidation or threats	Much more	More	
Stalking	Much more	More	
Other changes			
7. If your abuser's behaviour changed, what were the reasons for the changes?			
8. How did your relationship with your abuser change during the past 3 weeks?			
Much better	Better	Same / No change	
Worse	Much worse	Other changes:	
9. How did your abuser's behaviour change towards the children during the past 3 weeks?			
Much better	Better	Same / No change	
Worse	Much worse	Don't have children	
Other:			
10. How did your abuser's behaviour change towards other family members during the past 3 weeks?			
Much better	Better	Same / No change	
Worse	Much worse	Other:	
11. How did your abuser's behaviour change in the community during the past 3 weeks?			
Much better	Better	Same / No change	
Worse	Much worse	Other:	
12. If there were changes, what are the reasons for the changes in:			
a) your relationship with your abuser?			
b) abuser's behaviour towards children?			
c) abuser's behaviour towards other family members?			
d) abuser's behaviour in the community?			
13. How are your children feeling now, compared to 3 weeks ago?			
Feeling safer	Same / No change	Feeling less safe	
Don't know	Don't have children	Other:	
14. During the past 3 weeks, did your abuser:			
a) Promise that the abuse would never happen again?	Yes	No	Uncertain
b) Become more loving?	Yes	No	Uncertain
c) Try to get family support against you?	Yes	No	Uncertain
d) Make you feel guilty?	Yes	No	Uncertain
e) Increase the abuse of the children?	Yes	No	Uncertain
f) Try to get the children's support against you?	Yes	No	Uncertain
g) Make excuses for the abuse?	Yes	No	Uncertain
h) Blame you?	Yes	No	Uncertain
i) Other:			
<b>C) POLICE INVOLVEMENT</b>			
15. Did you contact the police to report an incident(s) of abuse?			
Yes	No		
16. Were the police helpful when you reported the incident (s) ?			
Yes	No	I didn't report any incidents	
17. If you phoned the police, did they arrive to assist you?			
Yes	No		
18. How long did they take to arrive?			
Less than 1 hour	Longer – How many hours?		



<b>19. If the police helped you, how did they help you?</b>		Helped me find medical attention		Arrested the abuser	
Informed me of my right to lay a criminal charge		Took me to a safe place		Removed any weapons	
Warned the abuser		Other:			
<b>20. If the police did not help you, what were their reasons?</b>					
No man power		They said that abuse is a family problem			
They came and then left the abuser with me		They said that we were drunk		They said that they had nothing to do with domestic violence	
Blamed me		No vehicles		Other:	

### D) SOCIAL SUPPORT

<b>21. Who supported you during the past 3 weeks?</b>										
Shelter for abused women		Mother	Father	Religious leader	Friend		In-laws	Neighbour	Brother	Sister
Psychologist	Grandparent(s)		Sangoma	Doctor		Support group	Social Worker	No one	Counsellor	Other:

### E) SPIRITUAL HEALTH AND LIFE-ORIENTATION (SHALOM)

Please choose one answer in each of the two columns (A) and (B):

	<b>(A) How important do you feel each item is for an ideal state of spiritual health? (Generally speaking for everyone)</b>					<b>(B) How do you feel each item reflects your personal experience most of the time? (How is it actually for you?)</b>				
	Very High	High	In between	Low	Very Low	Very High	High	In between	Low	Very Low
1. a love of other people	5	4	3	2	1	5	4	3	2	1
2. personal relationship with the Divine/God	5	4	3	2	1	5	4	3	2	1
3. forgiveness towards others	5	4	3	2	1	5	4	3	2	1
4. connection with nature	5	4	3	2	1	5	4	3	2	1
5. a sense of identity	5	4	3	2	1	5	4	3	2	1
6. worship of the Creator	5	4	3	2	1	5	4	3	2	1
7. appreciation for a breathtaking view	5	4	3	2	1	5	4	3	2	1
8. trust between individuals	5	4	3	2	1	5	4	3	2	1
9. self-awareness	5	4	3	2	1	5	4	3	2	1
10. oneness with nature	5	4	3	2	1	5	4	3	2	1
11. oneness with the Divine/God	5	4	3	2	1	5	4	3	2	1
12. harmony with the environment	5	4	3	2	1	5	4	3	2	1
13. peace with God	5	4	3	2	1	5	4	3	2	1
14. joy in life	5	4	3	2	1	5	4	3	2	1
15. prayer life	5	4	3	2	1	5	4	3	2	1
16. inner peace	5	4	3	2	1	5	4	3	2	1
17. respect for others	5	4	3	2	1	5	4	3	2	1
18. meaning in life	5	4	3	2	1	5	4	3	2	1
19. kindness towards other people	5	4	3	2	1	5	4	3	2	1
20. a sense of wonder or excitement in the environment	5	4	3	2	1	5	4	3	2	1

### F) GENERAL QUESTIONS

<b>22. What advice would you give someone who is being abused?</b>				
<b>23. What have you learned from completing these questionnaires?</b>				
<b>24. Are you going to apply for an Interim Protection Order?</b>		Yes	No	Uncertain
If yes, why?				
If no, why not?				

### G) ADDITIONAL COMMENTS

## Addendum E: Experimental and control group – Abuse Disability Questionnaire used during the first and the second measurement

### QUESTIONNAIRE 3: ABUSE DISABILITY QUESTIONNAIRE

Name: ..... Age: ..... Date: .....

Highest school qualification: Standard ..... or Grade ..... Marital status: .....

Higher/tertiary education (Diplomas/Degrees): ..... Male ..... or Female.....

The following contains a list of statements that people use to describe their experiences with life and their thoughts and feelings about it. Go ahead and describe your experiences, thoughts, and feelings about life by circling the appropriate number next to each item that represents your life situation.

I (AE) Please indicate the amount of abuse you have experienced in the following areas (circle):

	None	Some	Moderate	Much	Very much
Psychological/Emotional Abuse	0	1	2	3	4
Physical Abuse	0	1	2	3	4
Sexual Abuse	0	1	2	3	4

II (IM) Please indicate the degree to which you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1.I feel trapped in my intimate relationships.	5	4	3	2	1
2.I feel unloved in my intimate relationships.	5	4	3	2	1
3.I feel unfulfilled in my intimate relationships.	5	4	3	2	1
4.I feel not good enough in my intimate relationships.	5	4	3	2	1
5.I feel unneeded in my intimate relationships.	5	4	3	2	1
6.I feel scared in my intimate relationships.	5	4	3	2	1
7.I feel unhappy in my intimate relationships.	5	4	3	2	1
8.I feel unappreciated in my intimate relationships.	5	4	3	2	1
9.I feel that I am not free to have enough social contact with family and friends.	5	4	3	2	1
10.I feel that I am not free to take part in recreational activities (e.g. sports, hobbies, etc.)	5	4	3	2	1
11.I feel that I am not free to have daily contact with other people.	5	4	3	2	1
12.I feel that I am not free to obtain employment and work outside the home.	5	4	3	2	1
13.I feel that I am not free to improve myself through education or other positive experiences.	5	4	3	2	1
14.I feel like I don't have any control over my life.	5	4	3	2	1
15.I feel like I'm not going anywhere with my life.	5	4	3	2	1
16.I believe I am unattractive.	5	4	3	2	1
17.I believe I have a weight problem.	5	4	3	2	1
18.I believe I am not in good physical condition.	5	4	3	2	1
19.I believe I take too many drugs.	5	4	3	2	1
20.I believe I smoke too much.	5	4	3	2	1
21.I believe I drink too much alcohol.	5	4	3	2	1
22.I believe my health is getting worse.	5	4	3	2	1
23.I believe I don't enjoy life as much as I could.	5	4	3	2	1
24.I believe I worry too much.	5	4	3	2	1
25.I believe I am too often depressed.	5	4	3	2	1
26.I believe I'm too often anxious.	5	4	3	2	1
27.I believe I experience too much physical pain.	5	4	3	2	1
28.I believe I experience too much psychological distress.	5	4	3	2	1
29.I believe my personal safety is at risk.	5	4	3	2	1
30.I believe I am not as good as everybody else.	5	4	3	2	1