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INYUVESI
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School of Applied Human Sciences: The Experience of Care workers
for abused women in the area of Durban.

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ii. NOTICE

- The style of referencing of the American Psychological Association (APA) was used in this research report.
- All the participating respondents were care workers who took care of abused women at the time of the study. They were sampled from various non-governmental organizations operating in Durban, South Africa.

iii. ABSTRACT

A perusal of various studies that had been conducted among the victims of abuse and those who took care of them revealed that the researchers tended to focus on the victims rather than on the people who took care of these abused women. These studies unintentionally did not bear in mind that people working with victims of abuse may experience a number of challenges when working with such women. Such experiences may have an influence on their ability to provide appropriate services. Therefore, the aim of this research project was to establish which experiences that were encountered by care workers involved with abused women impacted the services they were able to render. This was achieved by initially consulting various literatures by different authors with regards to the experiences encountered by care workers involved with abused women. This was done by assessing at how being Factors that were investigated were the training experiences and knowledge base of care workers and to establish what influences these factors had on the caring process. The study employed a qualitative design and interviews were conducted with volunteer care taker respondents in order to obtain rich data that would inform the questions of this research study.

The study was guided by Kurt Lewin's Field Theory: Individual Psychology and career. According to Adair and Mowesian (1999: 335), the totality of coexisting facts [i.e., those guiding human behaviour] are conceived as mutually interdependent in influencing an individual's career. This theory gives emphasis to the significance of several life roles and their interactions with a person's career (Adair & Mowesian, 1999), and for this reason it was selected as an appropriate theory to give impetus to the current study.

The results obtained from the interviews with the care workers involved with abused women emphasized the importance of training in care work. The care worker participants touched on issues such as the language barrier, cultural differences, and different social statuses as their concerns when providing services to the victims of abuse. Not being able to communicate because of a language barrier, not knowing how different cultures dealt with women abuse, and having to deal with women who derived from different social contexts proved to be barriers in their efforts to render effective services.

It is argued that this study add value to care departments as it has revealed the powerful challenge that their employees experience. This knowledge supports policy and decision makers in coming up with solutions to address the negative experiences encountered by their employees. This study also adds value to those who are interested in taking the same career path or who wish to work with abused women in the future in the sense that they may be prepared to face the challenges that they will encounter. This study also educates society at large about the dreadful phenomenon of women abuse and the reasons for and effects of its occurrence as seen through the eyes of care workers. In conclusion, the limitations of a qualitative approach as they affected this study are discussed, and recommendation for practice, policy and further research are offered.

Keywords: abuse, women abuse, care workers, caring process, training, victims, culture, language, social status, economic status, psychological experiences.

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CHAPTER ONE

INTRODUCTION, PROBLEM STATEMENT AND OBJECTIVES

1. Background to the study

According to Baker and Cunningham (2008), less than 10% of women in abusive relationships consult workers at shelters for assistance. Before they indulged in their research, the above researchers believed that most women who terminated abusive relationships did so without going to shelters for assistance. However, the findings of their study outline the perception of women seeking help at shelters in two ways. First; shelters see women who look for safety and security after abusive experiences as necessary. To stay with their relatives would put their families in danger from their perpetrators' potential violent responses. These female victims may also worry that their perpetrators may do something harmful to their children or they may remain terrified by their presence. The second inference may be that females have restricted options or insufficient substitutes. They views helter as remaining their only choice for a place to stay. In other words, the summary of women seeking refuge at shelters does not contest the profile of all abused women in society over-all (Baker& Cunningham, 2008).

The literature review of this study provided data under different sub-headings that focus on issues such as the abuse of women, the causes of women abuse, and some factors that lead to some groups of women being more vulnerable to abuse then others. The main focus of this study was to investigate the experiences encountered by care workers who took care of abused women in the Durban area, specifically focusing on Kwa-Ndengezi, Morningside and Chatsworth. The information was gathered by visiting different types of non-governmental organisations that work with abused women. Semi-structured interviews using open-ended questions were conducted with care workers involved with the care of abused women.

It can be noted that so much research has been done with regards to different types of issues that affect the society with women abuse but not much has been done about the people who provide help for these people. Therefore the researcher felt that it is important that a study on experiences of care workers who work with abused women, as you may find that some may have traumatic experiences due to the different kinds of issues they had to deal with and not much has been noticed from them as they are not the victims of abuse. It is also important to study their experiences as you find that some of these workers have been victims of abuse before finding out how they use their own experiences of abuse to help those who are still victims of such acts.

1.1 Introduction

In different types of occupations that people acquire there are different type of experiences that individual's encounter some may be challenging while some may be helping. Working with abused women might affect those who are taking care of them through stories they share with them and also if the care taker has been a victim of such acts of abuse previously. With consideration to the above; the following chapter contains a guide to the study, showing the main objectives of the study which will guide both the literature review and also the construction of questions for field research. It also contains the problem statement which outlines the main focus of this study using different component to analyse the problem.

1.2 Problem Statement

Various studies were perused as part of the literature review. These studies describe the importance of training and knowledge in working with abused women from the perspectives of different researchers. Kartrndahl, Burger and Kellog(2006) believe that when a care worker assumes that a woman's choices and actions reflect a lack of knowledge about abuse,

parenting, and problem solving, the carer's response might be to impart information through instruction. According to these authors, this becomes problematic when the worker does not hear the woman's expressed needs, does not access her existing expertise, or fails to listen to what she and other women say (Kartndal, Burger and Kellong, 2006).

Goldblatt and Buchbinder (2003) investigated how the issue of having a lack of training in care workers who take care of abused women decreases the quality of assistance given to women who have been victims of abuse. If care workers who take care of abused women lack training, they may encounter challenges such as burnout, culture shock and a high level of job turnover. These authors argue that these challenges may then have an impact on the kind of services the care workers provide (Goldblatt & Buchbinder, 2003).

Raj and Silverman (2002) believe that if care workers lack appropriate training concerning different cultures' perspectives of abuse against women, they won't be able to assist; hence individuals who come from a cultural group they are not familiar with may not be treated appropriately, as different cultures perceive the acts of abuse in different ways. Raj and Silverman (2002) also explain that, as a result of different challenges encountered by care workers who take care of abused women regardless of a lack of training, it may result in such things as high job turnover, burnout and providing services that are not up to standard to the women who have been victims of abuse (Raj & Silverman, 2002).

The literature also revealed the importance of the impact of language in dealing with abused women. For instance, a lack of knowledge of foreign languages may impact the services a carer renders negatively. Clearly, the literature places a strong premium on the requirement for care givers to learn about different cultures and also how to deal with psychological

experiences that they might encounter as a care worker. They should also be passionate about their job in order to provide quality services to those who seek their assistance; particularly as such women are deeply traumatised as victims of abuse.

In light of the above, it was deemed important to do a study on the experiences of care workers who take care of abused women, particularly as the literature has focused predominantly on the victims of abuse and not on those who take care of them. To fill this gap, this research contributes to scholarly discourse on the phenomenon of abused women and their carers by stimulating awareness and also serving as a guide for those who wish to work as care workers who take care of abused women to know what to expect. Moreover, the owners and managers of organisations that take care of abused women were sensitised as they were informed of the issues that affect their workers. This knowledge will in turn impact policy and training decisions that impacts improved training programmes for care takers of abused women.

1.3 Objectives

The main aim of the study and the study objectives are outlined as follows:

1.3.1 The aim of the study

The main aim of this research study was to investigate the experiences of care workers who take care of abused women in the Durban area, in the hope of informing policy decisions and training programmes in this field.

1.3.2 Specific research objectives

- 1) To determine the experiences of care workers who take care of women who have been faced with different forms of abuse;
- 2) To understand the perceptions of care workers regarding the causes of women abuse;
- 3) To determine how care workers manage to maintain a professional relationships with women who have faced abuse;
- 4) To determine if different groups of women were more vulnerable to abuse than others in terms of factors such as social class, race, economic status, cultural background and age group;
- 5) To determine whether care workers who take care of abused women receive any form of training.

1.4 Research Questions

The following were the research questions that guided the research study:

- 1) What is the experience of care workers who take care of women who have been faced with different forms of abuse?
- 2) What are the different causes of women abuse according to the perspective of care workers?
- 3) How do care workers manage to keep professional relationships after working with an individual who has been faced with abuse?
- 4) Are women of different societal groups more or less vulnerable to abuse?
- 5) What training programmes are available to care workers who take care of abused women?

1.5 The Study Sample

The participants were selected using purposive sampling, which is defined by Neuman (2006:p. 267) as “the type of sampling where you choose people with [your] desired characteristics”. For this research study, the participants were purposively selected from among care workers from different non-governmental organisations that cater for abused women in the Durban area. These organisations provide shelter, care and counselling for women in crisis. The reason why purposive sampling was used for this study was that the term ‘care worker’ is a broad term which includes different people dealing with different social issues. In this case the interest was focused on a group of care workers who took care of abused women, which means that they had desirable characteristics and knowledge that would suit the study’s purpose.

1.6 Chapter Division

Chapter one: This chapter provides a brief introduction and background to the study, sets the problem statement, and states the main aim of the study. The objectives and research questions that gave impetus to the study are presented. It was these latter two elements that shaped and guided the study and determined how the researcher would proceed to obtain the desired results.

Chapter two: Literature review and theoretical framework. This chapter provides different views from the literature on the research topic as presented by different authors. It’s also illuminates the theoretical framework that was employed to locate the study within scholarly discourse that was viewed through the lens of theoretical perspective.

Chapter three: Research methodology. This chapter provides an elucidation of the research methodology by explaining the methods that were used in the processes of data collection and analysis.

Chapter four: Results-This chapter presents a discussion of the results that were obtained during the study. Differences and similarities among the respondents' views and with previous studies' findings are highlighted to lend validity and reliability to the current study's results.

Chapter five: Conclusions, limitations and recommendations. The final chapter concludes the study by discussing the main conclusions. The challenges that were experienced in the execution of the study and the limitations that emerged are highlighted. The study report is concluded by offering thought provoking recommendations that should, among other things, drive future studies in this field.

1.7 Chapter Summary

The problem statement was presented and the main aim of the study was outlined. The focus of the literature review, the study objectives, and the main research questions were also presented. The envisaged value of the study and the structure of the study report (i.e., this dissertation) were presented. The manner in which the sample was purposively selected from a population of NGO safe houses for abused women and care takers was also presented in tabular format.

In the next chapter relevant literature was reviewed to provide a backdrop for the current scholarly investigation.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The purpose of this chapter is to review related literature by different authors on the experiences of care workers who took care of abused women. The main focus of this chapter is mainly to review the literature and provide a theoretical explanation for the study by using a scholarly theory to outline the topic under study. The theory within which this study was framed was the Field Theory: Individual Psychology and Career by Kurt Lewin 1951.

One hundred care workers who took care of abused women were studied by Haggbom, Harberg and Moller (2005); their study focused on burnout, supposed social support, job-related stress, and coping styles. These researchers studied shelter-specific job stressors such as feeling discouraged when an abused woman went back home when she suspected that abuse would take place all over again, dealing with the devastating pain and dreadfulness of women abuse, and dealing with anger at the perpetrators of women abuse. According to Brown and O'Brien (1998:p. 384), the workers as a group were not burned out. However, any person with a score high on emotional fatigue also had high scores on depersonalisation. This implied that the victims were likely to use mental detachment to survive. They sensed less social support from their superiors coupled with less support from their co-workers. The researchers thus argue that workers who use mental disengagement to manage are more likely to develop pessimistic and unresponsive observations of women, colleagues and the shelter itself. They also found that shared proposals for approaches to develop the occupational environment were to hire more staff, improve communication between supervisors and front-

line staff, and raise salaries (Brown & O'Brien, 1998). However, the current study moved away from the experiences of abused women and looked at those of the women who took care of them after the fact.

2.2. Conceptualisation of terms

2.2.1 Abuse

The term abuse is defined by Curry, Renker, Wheren, Haughes, Oswald and Power al. (2011) as any action that intentionally harms or injures another person. Abuse also encompasses inappropriate use of any substance, especially those that alter consciousness (Curry et al., 2011). However Saywer-Kuran, Wechsberg and Luseno (2009:p.13) believe that the abuse of women and children has been and is still a big problem in South Africa as thousands of women and children fall victim to this scourge every year. Hunger and poverty have been cited as the factors that will force a woman to continue living with a man that abuses her. The above authors argue that domestic violence is common and widespread in South Africa. Every day women are murdered, physically and sexually assaulted, threatened and humiliated within their own homes. The authors further explain that the issue of domestic violence is not only seen in heterosexual relationships, but also takes place in lesbian/gay relationships. The Lesbian , Gay, Bisexual and Transgendered group has specifically been identified as a risk factor for abuse in certain populations(Saywer-Kuran et al., 2009).

The role of the South African Police Service (SAPS) in curbing or addressing this phenomenon is contentious. Police response to incidents of abuse is problematic, as the average number of domestic incidents reported per shift can vary from five to twelve, depending on the geographical area of the police station (Abrahams and Mvo, 2001). This author found that even though actual figures were difficult to obtain, South Africa registered one of the world's highest rates of reported domestic violence. More cases of domestic

violence are reported and attended to in urban than in rural areas because of the difference in geographical size and access to resources. It is however evident that there has been an increase in the number of reported incidents of domestic violence in both rural and urban areas (Abrahams and Mvo, 2001). The fact that the incidence is so high echoes the findings by Venis and Horton(2002), who reveals that the predominant forms of violence that women are subjected to are still socially, culturally and even legally condoned.

Abuse is seen as a global problem that affects individuals of all backgrounds. According to Gottbeb (2012:p. 199), the term ‘abuse’ refers to any form of non-accidental acts by someone a person is in a relationship with, caregivers, and particularly closes relative’s that regard themselves as being exempt from some rules of conduct. It is the behaviour of this latter group that involves an extensive risk of producing physical or emotional damage to others, particularly women and children. These behaviours are said to be purposeful or accidental and may also emanate in diverse forms, which may include physical abuse, emotional abuse and sexual abuse (Gottebeb, 2012). Raphael (2002) explains that women abuse is a multifaceted societal problem, considering its implications. Rapheal states that research has come a long way in identifying factors associated with woman abuse. Broadly, woman abuse has been integrally linked to ideas of patriarchal norms, gender inequality, and male superiority over women (Raphael , 2002).

2.2.2 The abuse of women

Bates, Schuler and Islam (2004) explain that woman abuse is a multifaceted societal problem, considering its implications. Raphael states that research has come a long way in identifying factors associated with woman abuse. Broadly, woman abuse has been integrally linked to ideas of patriarchal norms, gender inequality, and male superiority over women (Bates, Schuler and Islam, 2004.) Okenwa and Lawoko (2002) Perceive women abuse as any act of

threatening behaviour, violence or abuse directed at a woman. Such acts have been said to put women at higher risk of depression and alcohol and drug misuse(Okenwa and Lawoko, 2002). While Jones (2011), states that some women are said to experience psychological issues such as self-blame and low self-esteem, which appear to have an effect on their sense of self-worth in terms of asking for help from care workers as some women feel that they waste the care workers' time, which reflects their feeling of low self-worth(Jones, 2011).

Wingood, Dimente and Raj (2000:p.272) posit that women abuse refers to “any physical or sexual assault” and is seen as a challenge to care workers “as it is normally perpetuated by the victim’s husband, intimate partner or former intimate partner”. Windgood et al (2000) explain that this is challenging because it makes it difficult for care workers to assist them in cases where they return to their abusive partners; It also causes care workers to believe that they have failed to do their job (Windgood et al, 2000).

Abused women notoriously return to the men who abused them. Baker and Cunningham (2008) explain that the process of ending an abusive relationship is best understood as a process which includes emotional leaving, meaning getting to fall out of love and not being attached to the perpetrator, and physical leaving means that an individual who has been abused moves away from the perpetrator (Barker& Cunningham, 2008).However, this departure seems to be easier said than done for most abused women.

2.2.3 Forms of women abuse

According to Wilson and Richard (2010:p.82), abuse may come in different forms that may be accompanied by intimidation such as degradation and mental and verbal abuse (insults, threats and name calling), humiliation, and deprivation which includes restricting a woman’s access to money and her isolation from family, friends and even her children (Wilson & Richard, 2010). Stauffer (2015) specifies different forms of abuse which include pushing,

slapping, punching, burning and stabbing. Sexual abuse occurs in any form of involuntary sexual activity, which may include unwanted sexual touching, sexual relations without voluntary approval, and forcing or intimidating a woman to unwanted sexual acts. Another type of abuse is psychological abuse in which the abuser uses different ways or behaviours intended to control, humiliate, intimidate, infuse fear, and compel woman to deny herself-worth (Stauffer, 2015).

Certain types of abuse are experienced by women that are not caused by their partners. According to d'Olivera et al (2002:p.359), verbal abuse by health care givers when a woman gives birth is one of the worst. In such situations most women are intimidated to refrain from screaming when they experience pain. Having experienced excruciating pain in an effort to avoid being shouted at, many women described healthcare workers as unkind, rude, unsympathetic and uncaring (d'Olivera et al., 2002), which may be categorised as a form of abuse.

2.2.4 Causes of women abuse

Wingood et al, (2000) define women abuse as physical or sexual assault normally being perpetuated by the victim's husband, intimate partner or former intimate partner. According to these authors, cultural ideologies can help to increase respect for women but at the same time can also serve to disempower women and increase the likelihood of abuse (Wingood et al, 2000). Culturally bound and traditional gender roles have been cited as facilitating abuse of women in immigrant populations. According to Raj and Silverman (2002), in some South African cultures such as Zulu traditional homes, if women do not stay within their prescribed roles it is culturally acceptable for men to discipline them by using physical force (Raj& Silverman, 2002). As a result, it has become a challenge for care workers to assist patients

who come from cultures where abuse is viewed as part of discipline and to convince them not to go back into such abusive relationships.

One of the factors argued by Koci and Strickland (2009:p.82) that may be associated with an increase in women's vulnerability to abuse is 'marginality', which is said to refer to social isolation within the broader culture. According to Koci and Strickland (2009:p. 89), marginality is a condition of living on the margins of the power structures of society; it affects one's identity, associations, experiences and environments. Individuals who hold minority status within society are at risk of marginality. Females in society, according to Koci and Strickland (2009), are marginalised because they are often excluded from powerful decision making roles in relation to society. Therefore, victims belonging in such settings make it difficult for care workers who take care of them to assist if they are not well aware of the society's norms and acts (Koci & Strickland, 2009). Abraham and Tatsoglou (2012) have also associated violence against women as being closely related to structural and cultural factors that put emphasis on women being inferior compared to men. Their argument refers to issues such as immigration or minority status and lack of equal access to resources experienced by women. Arguments on domestic violence/women abuse show that the root causes of domestic violence or abuse against women are structural. Such causes may include factors such as poverty, unemployment, economic disparity, racism and a patriarchal social structure (Abraham & Tatsoglou, 2012). In some cases where care workers had to deal with immigrant women who experienced abuse and were sent to shelters, it became a challenge when they were not trained to understand foreign languages, norms or how abuse was viewed in the abused immigrant women's culture.

According to Wilson (2004), some men are said to become violent when under the influence of alcohol. However, some cultures believe that it is acceptable for men to consume alcohol as it gives them strength; but it is ironically often when men are under the influence of

alcohol that they perpetrate different forms of abuse against women (Wilson, 2004). By being equipped with information about such things as the acceptable abuse of alcohol in some cultures, a care worker who takes care of an abused woman may assist her in dealing more appropriately with a similar situation in the future, and this form of assistance may decrease the number of burnout sufferers due to cultural conflict.

Curry et al. (2011) sought to understand how low self-esteem, mental health problems, unemployment, difficulties living independently and maintaining personal health were associated with the occurrence of abuse among women with disabilities. Curry et al. (2011: p,431) explain that “facilitators to disclosing abuse in this group were often rooted in the belief that taking action would result in validation, respect, positive change, safety and access to resources”, while disclosure was said “to create formidable barriers, including shame and fear of increased violence”. Curry et al. (2011) further explain that some women suffering from mental illness or different disabilities are sometimes not aware of what was happening when they were being abused, because they were not in a state of normal functioning. Facing such situations thus becomes a challenge for care worker as the victims might not want to leave their abusive relationships, which then becomes an emotional challenge for those who try to assist them (Curry et al., 2011).

2.2.5 Consequences of women abuse

Wilson (2004) argues that different forms of abuse directed at women of different ages normally lead to women and children requiring medical treatment for physical, psychological, and sexual problems. When abused women come to shelters having both been abused and afflicted with a health related matter, it becomes a problem for care workers who are not well equipped to deal with such situations (Wilson, 2004). According to Wilson and Richard (2010), long term experiences of abuse result in low self-esteem, high feelings of

guilt for what happened, and feelings of shame, depression and stress. Dealing with and treating women who feel this way becomes a challenge for care workers if they are not aware of how to influence these women who have been victims of abuse to change how they feel about themselves. Wilson and Richard (2010) also explain that this feeling and abuse itself may also affect the health of children who witness abuse in their families. Boys may grow up thinking that it is a good thing to use violence against women and girls may grow angry and direct their abhorrence of violence at men. Such girls may later not want to involve themselves in relationships with men (Wilson & Richard, 2010). Care workers who are ill-equipped to deal with the demands of their job may be severely challenged by individuals who have witnessed women abuse from a very young age and are re-experiencing it.

Wingood et al. (2000) argue that women abuse can be seen as a serious economic, legal and public health problem that can result in injury or death. Anderson, Fall in and Al-Madallal (2013) further explain that victims of women abuse suffer more from absenteeism, tardiness and distraction in the workplace than those who are not affected by abuse. Anderson et al. (2013) also state that women who experience chronic abuse have more health problems such as depression and paranoia that unpleasantly affect their ability to work. Having such encounters may then affect the country's economy because of high rates of absenteeism and an ineffective workforce (Anderson et al., 2013).

Egnes, Linden and Lundgren (2012) explain that being abused during pregnancy does not only have an impact on the woman, but also on the developing foetus. It may also carry dangers such as miscarriage, premature birth or lower birth weight and complications because of infections. According to Egnes et al. (2012), most women do not report abuse by their partners in the first year after child birth. The above authors suggest that this may be due to financial constraints, which include depending on the abuser for financial support and not understanding their legal rights. Such situations relate to how some women may not

understand that they can report their abusers and get them arrested, simply because they are not well informed about their rights against abuse (Egnes et al., 2012).

2.3 The vulnerability of different groups of women to abuse

2.3.1 Age groups

The age group of abused women, according to Jones (2011), may be seen as one of the underlying factors that affect care workers who work with abused women. According to Jones (2011), the majority of victims of woman abuse are between the ages of 20-25, which might be because this is the stage when women may start experiencing abuse because of, issues such as financial insecurity. Because women of this age often have young children, they are said to depend on men for financial support, and this makes it hard for them to leave their partners if they are in abusive relationships and they are scared of not having someone to depend on (Jones, 2011). Moreover Jewkes 2002 states that social and demographic factors, for example, ethnicity and religion behavioural factors, for example, alcohol consumption; experience of abuse in childhood; and social isolation are factors associated with increased vulnerability of women to abuse (Jewkes, 2002).Such situations may become a challenge to care workers who try to assist abused women who are faced with financial insecurities at this age, as they might not want to leave their abusive partners as they depend on them. This could then become a burden to a care worker as she might find it difficult to explain the situation and may be faced with a feeling of failure in assisting the abused woman due to her compassionate nature.

Straka and Montiminy (2006) also explain that younger women are often faced with financial barriers that maintain them in situations of violence. However, Raphael(2002) argues that violence is even greater for older women; because many of them are unemployed and have always depended on their partners for financial support (Raphael, 2002). Similarly,

Umbuyeyi, Persson, Magrren and Krantz (2016) argue that older abused women are different from younger women on a number of levels. First, they mention that older women have been socialized with more traditional attitudes and values that more especially relate to gender roles, marriage and family. According to Umbuyeyi et al. (2016), abused women who do not report or leave a relationship are restrained by socio-economic and cultural factors. Cultural and socio-economic factors position men as the authority figures who control family finances and take decisions. It is also observed that women's economic dependency on men impacts the fact that abused women do not report this abuse (Umbuyeyi et al., 2016).

Nicolson and Wilson (2004:p.267) explain that some theories supply a social analysis of women abuse. They particularly refer to those that are directed at gender-role socialisation models that describe women abuse as resulting from "men's controlling and maintaining power over women and that masculinity and expectations placed upon men in relation to gendered behaviours go through interpersonal dynamics that lead to abuse" (Nicolson & Wilson, 2004).

According to Straka and Montiminy (2006, p. 253), older women "have been taught to be submissive to their husbands and silently accept their lot in life". They were socialised with a keen sense of privacy about family matters and a strong commitment to family loyalty and solidarity. These values prevent them from discussing family problems with others. Domestic violence in particular is viewed as a private matter, which makes it more difficult for older women to seek help or leave abusive marriages. This may be a challenge for care workers because they may not know how to deal with the situation as they are not aware of different traditions and how to deal with the issue of abuse in such circumstances. Training care workers in dealing with different traditions may therefore become essential.

2.3.2 Economic status

In relation to abused women's economic status, Lyon (2000) argues that women receiving welfare support generally experienced more issues of abuse by their intimate partners or parents than women who are financially more independent. Lyon (2000) also states that these women's partners may take away their money, which may be seen as another form of abuse (Lyon, 2000).

Westbrook (2009) believes that even though women abuse occurs in all socioeconomic communities, it has a disproportionate impact on those who lack financial independence and legal resources. Hence, women who lack financial independence may be more prone to being victims of abuse as they cannot afford proper legal assistance if they take their abusers to court. Westbrook (2009) also looks at how financial dependency on the perpetrator increases the potential for increased vulnerability through continued abuse. This scholar explains that many survivors are torn between fear of their partners and the desire to protect them. He argues that survivors of women abuse may hesitate to call the police out of shame and feelings of guilt for the perpetrator's life (Westbrook, 2009). Danhua (2011) perceives that woman's vulnerability to abuse results from high rates of poverty, inferior socioeconomic status, low education, and lack of awareness and knowledge regarding sexual abuse (Danhua, 2011).

2.3.3 Social status

Nicolson and Wilson (2004) also view abuse against women as occurring in all social backgrounds in all societies, although it is mostly evidenced in those from minority groups and previously disadvantaged communities. According to Vinton (2008:p.87), throughout most of recorded history and around the globe, women have taken a back seat to men. This means that men have had, and continue to have, more physical and social power and status

than women have, especially in the public arena. Men tend to be more aggressive and violent than women, so they fight wars. In the same way, boys are often required to attain proof of masculinity through strenuous effort. This leads to males holding public office, creating laws and rules, and defining society (Vinton, 2008).

According to Malcoe, Duran, & Montgomery, (2004) the role of social status variables in the occurrence of woman abuse, however, remain elusive. While independent studies suggest that such indicators may be associated with woman abuse, there is a lack of consensus regarding the direction of association. Some findings have supported the notion that poor socioeconomic conditions, for example, less schooling, unemployment, social isolation, and low income (Malcoe, Duran, & Montgomery, 2004). Koci and Strickland (2009), further explain that being female leads to them being marginalised as a minority group and having less power as a result; this puts females at a risk of experiencing abuse because of the low status they hold in society. Females are said, compared to men, to be more likely to have lower socioeconomic status which puts them at greater risk of being abused. Historically, the role of a woman distanced them from the centre of society and resulted in unequal power. Such imbalances of power usually resulted, and still result, in vulnerability to violence (Koci & Strickland, 2009). Because care workers work with abused women, it may be difficult because of the social status they hold in society to assist them, particularly if they have to address the issue of abuse with an alleged perpetrator who pleads innocence. Because culturally some women believe that the word of men is law and they cannot go against it, the importance of training becomes vitally important for women to be able to differentiate between work and their personal lives (Koci & Strickland, 2009)

Raj and Silverman (2002) explain that abuse against women is maintained in societies because of culture, social contexts and laws that often uphold male control of female partners. Amaro et al. (2005:p.495) argue that, within the framework of culture and racial/ethnic

discrimination is a social vulnerability that can increase the likelihood of exposure to abuse. Because of their lower socioeconomic resources, black women are more likely to live in communities burdened by drugs and violence, which is a situation that increases their risk of being victims of violence (Amaro et al., 2005)

Abraham and Tatsoglou (2016) suggest that immigrant women may suffer additional vulnerability to abuse due to factors relating especially to sexual abuse, as some of them have no shelter when they come to the foreign country. Due to not having shelter, some stay in informal settlements which are associated with high risks of criminal acts and abuse, and more especially sexual abuse. Having problems with understanding the local language and the lifestyle of immigrant women also present problems with help seeking as carers do not understand the language and the women might be in the country illegally (Abraham & Tatsoglou, 2016). Raj and Silverman (2002) also explain that an issue that increases their vulnerability to an even greater extent is that these women live within two often conflicting cultures and within a context in which they are isolated and viewed as 'other'. This is because many of them are in the country illegally and have no documents to validate their stay.

2.3.4 Personal disabilities

Nosek et al (2001) explains that some types of disabilities are associated with cognitive impairments which may include such things as traumatic brain injury, mental illness and mental retardation, which may limit a woman's ability to recognize abuse. These impairments are also said to interfere with that particular woman's understanding that she should go and ask for help and how she should go about seeking help (Noseket al, 2001). Referring to the issue of some women being more exposed to violence than others, Noseket al (2001) points out that women with disabilities experience higher levels of emotional, physical and sexual abuse than women with no disabilities. The latter author argues that the increased

vulnerability to abuse of women with disabilities might result from such factors as increased dependency on others for a long period of time and denial of human rights, which in turn result in a perception of powerlessness.

Bengston and Saveman (2009) explain that women with disabilities or a mental illness are more vulnerable to exposure to abuse such as sexual and physical violence, threats and verbal harassment. Experiences of abuse in this particular group of women have been shown to be related to low self-esteem, poor confidence, anxiety, fear, social problems, severe psychiatric symptoms, diminished future expectations and persistent feelings of stigmatisation. Similarly, Curry et al. (2011) explain that women with disabilities are at greater risk of experiencing different forms of abuse, arguing that negative stereotypes, poverty, and unemployment are among the factors that result in higher risk of abuse for women with disabilities. It is argued that women with disabilities remain or choose to remain in abusive relationships for the sake of being partnered and for survival.

2.4 Care Workers

According to Felton (1998:p.238), burnout is one of the major experiences encountered by care workers who take care of abused women. This form of exhaustion is explained as lack of physical or emotional strength or motivation that is usually the result of prolonged stress or frustration and may result in lowered production and increases in absenteeism, health care costs, and personnel turnover. Felton (1998) defines burnout as a severe degree of stress induced by unhappiness that causes fatigue and even episodes of major depression. Affected workers are often found among care workers (Felton, 1998). Care workers are described by Wu and Pooler (2014) as part of a bigger group and are supervised by a superior or senior care worker. They can work in a residential care home, domiciliary care, or out in the community. Their work is defined by a care plan, which is usually developed by a social

worker or care manager to meet the assessed needs of the person requiring care or support (Wu & Pooler, 2014).

In recent studies on the work of care givers, more focus was put on the victims of abuse than on those who take care of them. According to Goldblatt (2006), it is important to also look at the experiences of and impact of their work on care workers. The latter author explains that professional encounters with survivors of domestic violence have elicited concerns for their personal and their families' safety. The fear of the potential for re-occurrence of similar traumatic experiences and the reawakening of personal memories of exposure to violence in the facility where abused women are treated may create emotional assonance, whereby authentically felt and professionally desired emotions clash with the need to properly care for the victims of abuse and this result in emotional labour (Golblatt, 2009).

2.4.1 Characteristics of a care worker

Payne (2008:p.1199) believes that unsympathetic or victim-blaming attitudes can reinforce isolation and self-blame, undermine women's self-confidence, and make it less likely that women will reach out for help. According to Payne (2008), carers who work with women who have been victims of abuse need to be attentive to possible symptoms and signs of abuse and follow up on them. Where feasible; they should routinely ask all clients about their experiences of abuse as part of normal history taking. They should also provide appropriate medical care and document the client's medical record to highlight instances of abuse, including recording details of the perpetrator. They should refer patients to available community resources and maintain the privacy and confidentiality of the patient's information and records (Payne, 2008).

Forset and Sandel (2010) argue that care workers and abused women are a team, each with different strengths. One goal is shared learning and requires the worker to see herself as a

learner rather than a controller. The mutual accountability and respect that are inherent in this role mean that the woman can have expectations of care workers and hold them accountable. The latter author argues that the teamwork approach minimizes power differentials without erasing them. The worker and the abused women develop a plan of shared goals and this relationship strikes a balance between the worker and the victim of abuse (Forset and Sandel 2010).

Goldblatt and Buchbinder (2003) argue that similar gender, age or intimate relationship status might cause female care workers to become overly protective of their patient and thus they may experience resentment towards men who abuse women. They state that same gender encounters with abused women may also provoke anger and criticism on the workers' side which may then affect their performance at work (Goldblatt & Buchbinder, 2003). However, Baker and Cunningham (2008) hold an opposing view, as they argue that the most crucial characteristic when working with abused women is being a female. They thus suggest that the preferred gender for this profession is female, as women best fulfil the role of carers in shelters where they are responsible for the safety, comfort and interest of all the women who seek refuge there (Baker& Cunningham, 2008).

In some instances, it may seem that patients feel that female care workers are not competent in their work. Golblatt and Buchbinder (2003) found that care workers were sometimes seen as uncaring, uninformed and unhelpful when dealing with abused women. Their study found that carers were also seen by the patients as failing to recognize abuse as a problem and thus they failed to make appropriate interventions and referrals. Some care workers were criticised for lacking the ability to help teenagers who were in relationships with abusive partners. The latter authors argue that these findings could be ascribed to the reason that the care workers in question had not been trained in dealing with such patients and, as a result,

they were unable to provide their patients with appropriate services (Goldblatt & Buchbinder, 2003).

According to Jones (2011), a relationship of trust between abused women and their care workers is one of the most crucial requirements in this context, as the quality of the relationship between the patient and the care worker may either encourage or prevent abused women from seeking help (Jones, 2011). A positive, supportive and trustful relationship between victims and care workers thus plays a crucial role in the care giving process, as it is only under these circumstances that both will be able to open up without overstepping professional boundaries.

Bullock, Mcfartene, Bateman and Miller (1999) strongly advise that lack of knowledge and training with regards to issues pertaining to women abuse contributes to the inability of care workers to recognize and correctly interpret behaviours associated with abuse. If they are untrained, carers are unable to identify, assess, document and manage the care of patients who experienced abuse. Limitations in the education of carers related to women abuse cause them to under estimate the prevalence of trauma symptoms and they may thus fail to recognize common presentations of severe complications. The lack of educational support also affects the occupational capacity of a care worker. Based on this strong argument in the literature, the current study that focused on creating awareness of emotional exhaustion experienced by care workers also investigated if it was important for care workers in this field to have a sound knowledge base of the prevalence indicators and referral sources as suggested by Bullock et al. (1999). Ortega and Armendariz (2014) also state that training and high levels of experience of professionalism in care working protect the care workers from stress reactions and burnout. Brown and O'Brien (1998) also argue that it is important for a care worker to monitor herself for indications of work-related emotional exhaustion. They explain that those signs may include reduced energy or motivation and taking sick leave,

among others (Ortega & Armandariz, 2014). This study therefore investigated the need for care workers to be well trained to avoid the occurrence of stress reactions and burnout.

Hablom, Hairberg and Moller (2005) argue that a meaningful patient-provider relationship is an important contributor to high quality health care outcomes to serve patients adequately. Care workers are expected to distinguish between the professional and private domains of their lives and to be attentive to their patients' needs by caring for them emotionally, irrespective of a care worker's personal background and emotional reactions resulting from professional encounters; further explaining that it could be argued that mutual influences between professionals' work and their private lives are unavoidable (Hablom, Hairberg and Moller 2005).

Hamberiger, Ambuci and Guse (2007) looked at racial differences between abused women and their care workers. Based on their findings, these authors argue that racial and ethnic background is one contextual factor that may influence the care worker-patient relationship, and that understanding racial differences will help the care worker to anticipate individual patients' unique needs (Hamberiger et al., 2007). In this context, Amaro et al. (2005) argue that racial and ethnic differences are important factors to consider in the design of services for abused patients. They state that little has been suggested in terms of racial and ethnic variation that may have important implications for service delivery for abused women. Social vulnerabilities can be seen as contextual factors such as gender relations, racial discrimination, and political and economic circumstances that differently and adversely impact various populations of the victims of abuse (Amaro et al., 2005).

According to Harris, Stickey, Grasley, Hutchinson, Greaves and Boyd (2001), women who seek assistance after being abused are affected by societal attitudes towards what has previously been seen as a private family matter. They argue that even though there is a belief

that abused women are unwilling to disclose their experiences of abuse, it happens in some cases that even the smallest encounters motivate the abused to report the occurrence (Harris et al., 2001). In such cases it may be hard for care workers to understand the plight of their patient if they were not specifically trained in issues of facility or culture.

2.4.2 Role of a care worker

McLindon and Harm (2011) perceive the role of care workers as a very important one in identifying the history of an abused patient and foreseeing the impact of gendered violence on their clients, given that they are often the first persons who respond to women who display common signs or symptoms of trauma. The role of care workers according to McLindon and Harm (2011) is to assess, treat and provide appropriate referral and to engage in good practice responses to victims of women abuse. This may include belief and empathy, reassurance against blame, validation of perceptions and feelings expressed, and understanding that the victim's reactions might be contrary to her preferred way of living (McLindon & Harm, 2011). Yaragui, Mankowski and Glass (2012) emphasise the importance of assistance offered by and received in personal relationships. The latter authors argue that where there are frequent interactions and strong positive feelings, social support is beneficial to the health and well-being of an individual as such support reduces the negative psychological consequences of exposure to stressful life events.

In their assessment of the role of care workers, Jewkes, Abraham and Mvo (2001) first define the term 'gender role'. Gender role is "the cultural expectations of one's behaviour as appropriate for a male or a female". Experiences from the victim's family of origin are seen as an important dimension when caring for women who have been abused. The family of origin are said to be a valuable resource for care workers based on what they have experienced. For example, it may happen that the victim reports an incident of intimate

partner violence; “this evokes the basic issues related to gender asymmetry and power relationships and therefore convinces [the] intensive involvement of the worker” (Jewkes, Abraham and Mvo, 2001). Therefore, it could be argued that working as a care worker who takes care of abused women is about providing personal and practical support to help individuals live their lives. It’s about supporting them to maintain their independence, dignity and ability to take control of their own lives.

2.4.3 The caring process

Mc Cauley, Yurk , Jenckes and Ford (2000) explain that the caring process can be thought of as “an on-going negotiation of reality between the care worker and the victim of abuse shaped by personal, political and cultural contexts”. In these interactions, the care worker and the victim are constantly changing and mutually influencing each other; The personal (meaning how individuals identify themselves as a person) and social (referring to how society perceives an individual) identities of care workers are considered by Mc Cauley et al (2000) to be inseparable, meaning that these identities (personal and social) “merge together in various ways such as gender roles and power equality”. Personal and social identities are thus considered important in both family organization and the dynamics of intervention (Mc Cauley et al, 2000).Yaragui, Mankowski and Glass (2012) explain that, in the context of abused women who seek shelter, the emotional and instrumental support from care workers may be directly linked with greater well-being(Yarahui et al., 2012).

Harris, Stickey, Grasley, Hutchinson, Greaves and Boyd (2001) believe that it is important for care workers to understand the process of help seeking from service providers across sectors. They further state that in the health care sector of service provision, “understanding how individuals use and access either social life or professionally based support may help inform healthcare providers in planning for services that maximize multiple supports”

(p.125). These authors also emphasise the importance of the relationship between the care worker and the abused woman. They further explain that care workers are judged to be good if they are readily available, aware of their work, and also have good listening skills with willingness to help the abused woman who is in need of assistance (Harris et al., 2001).

Tops, Saveman and Tops (2009) explain that the abuse of women with a mental illness is one of the most unrecognised features by workers within care and support services. They argue that this is because care workers often fail to implement the tools that have been shown to be effective in identifying abuse in women with a mental illness. One of the reasons they mention is that some professionals lack training and experience in how to use these tools, and another reason is professionals' often aloof attitude towards abused women (Tops et al., 2009), which precludes them from identifying symptoms of mental disturbance.

Baker and Cunningham (2008) explain that, in the process of care working, some women in shelters may return to their abusive partners. According to these authors, this is caused by strong feelings of guilt because of their situation, as well as confusion and fear which will not automatically disappear as these victims enter the shelter. Therefore, no matter how dangerous the experiences of abuse were these women may experiences emotional and practical pulls “which may include the comfort of a familiar and predictable routine, guilt and loneliness. This may happen through communication with the abuser through phone calls and other modes [of communication]” (Baker& Cunningham, 2008:p.13).

2.5 Experiences of Care Workers Who Work with Abused Women

Williams and Sommer (2005) explain that highly stressful events affect people in a number of ways. Some people are said to experience no change while some may develop severe psychological difficulties. Care workers with a history of personal trauma are at risk of developing secondary traumatic stress. Referring to counsellors (such as care workers),

Williams and Sommer (2005) argue that the secondary stress theory suggests that persons with a personal history of trauma will be at higher risk owing to increased and prolonged exposure. Counsellors with a history of victimisation are usually not more distressed compared to those without a history of victimisation as a result of working with survivors. Therefore, when care workers “have explored and worked through their life histories of traumatic events, they may come to therapeutic encounter feeling less naïve and may bring some positive coping strategies with them which they have learned” (Williams & Sommer, 2005:p.232). It is therefore important to emphasise training regarding such encounters as this may equip care workers with the knowledge of how to deal with such patients, and it will also prepare them for the challenges they will encounter in their working environment.

Goldblatt (2009) identified emotional, cognitive and behavioural influences that may affect health care providers who are tasked with managing sensitive topics, such as terminal illness, domestic violence, or women abuse. According to this author, working with women who are survivors of trauma and violence may cause care workers to experience symptoms such as burnout, which have a negative impact on care workers’ professional and private domains (Goldblatt, 2009).It could also be argued that listening to different experiences of abuse by patients may have an impact on a care worker’s empathetic side.

Similarly, Goldblatt and Buchbinder (2003) explain that care workers who take care of abused women “may experience vicarious trauma, stress and burnout”. This experience has an impact on care workers’ functioning in professional and private domains. The authors also argue that the danger of vicarious trauma exists for care workers who are vulnerable to the impact of clients’ traumatic experiences, and these effects may influence care workers who deal with all kinds trauma cases (Goldblatt & Buchbinder, 2003).Such effects may manifest in negative behaviour outside the work environment, for example at home.

Pack (2014) argues that supportive professionals consistently deal with patients who reveal traumatic material. Therefore, when constantly engaging with traumatic revelations by survivors of domestic violence, abuse and sexual offenses, care workers run the risk of becoming traumatised themselves. For example, it was found that male care workers who faced vicarious traumatisation by helping abused women had developed a tendency to think that all the women whom they knew had been subjected to some form of abuse. This was caused as a result of having been exposed to such bad experiences. The male care workers also often changed their views about the correct manner of counselling female patients who had been faced with abuse (Pack, 2014). According to Pakirser, Lenagham and Mullenman (1998), secondary exposure to trauma may have an impact on relationships in the professional and personal lives of care workers. Personal relationships can suffer because of increased stress or difficulties related to trust and intimacy. Research has shown that the professional relationship between the therapist and the client “may be affected when workers experience secondary traumatic stress and respond to their clients by either the relationship dynamics of detachment or over identification” (Pakirser, Lenagham & Mullenman, 1998:p.17).

Collins and Long (2010) also explain that treating abused women may challenge professionals’ attitudes and emotions and thus evoke anger and criticism about women’s decisions to continue living with abusive partners. Professional encounters with survivors of domestic violence may also elicit worry for their personal and family safety, as they may fear potential occurrence or similar traumatic experiences that may reawaken their personal memories of exposure to violence in the facility of origin. Encounters with abused women may create “emotional assonance, whereby authentically felt and professionally desired emotions clash with proper care for these patients, resulting in emotional labour” (Collins and Long, 2010).

Delp et al. (2010) focused on job satisfaction as one of the most important aspects to be looked at when looking at different experiences encountered by caretakers who take care of abused women. Job satisfaction is said to be fostered by intrinsic rewards, which are usually threatened by the physical and emotional demands of providing care and by inadequate external rewards. The rewards and stressors of the care relationship individually experienced by care workers are shaped by long-term care policies. Insufficient authorized hours and working unpaid overtime hours create stress in the care relationship. Challenged financial and health statuses are also considered as personal stressors that are influenced by long-term care wage and benefits policies. Cost is cutting and privatizations of home care services have also been linked to care worker dissatisfaction, stress and turnover (Delp et al., 2010). Wu and Pooler (2014) argue that job stress encountered by care workers may include funding shortfalls and low payment, which may in turn cause a preoccupation with danger risk and the daily reality of abuse against women. They also mention that, due to listening to the stories of abused women, care workers may experience anger and sadness (Wu & Pooler, 2014). Nicolson and Wilson (2004) explain that a shortage of finances may lead to other resource problems such as high caseloads or having one care worker handling a high number of clients. Most care organisations are non-governmental or non-profit organisations, which mean they receive financial assistance through different sponsors. When there is a shortage in finances, they are forced to have a small number of care workers while there is a high demand for care by victims of abuse (Wilson, 2004).

2.6 Theoretical Framework

The current research study on the experiences of care workers who took care of abused women was guided by Kurt Lewin's Field Theory 1951: Individual Psychology and Career Counselling. According to Adair and Moweslian (2006:p.334), this theory is defined by

Kurt Lewin as “the totality of coexisting facts which are conceived as mutually interdependent in influencing an individual’s career”. With reference to its various objectives, the arguments of the current study were linked to this theory. Kurt Lewin believes that “the total constellation of psychological, educational, physical and economic factors combine to shape the career of any given individual” Adair & Mowesian (2006). The individual is seen as continuously recreating him/her through experiences and choices, and the theory views an individual as one part of a number of interdependent systems. The psychological factor of the theory argues that human personality or behaviour is determined by forces outside the person. These elements were linked to the current study in terms of the experiences of care workers of abused women, as it was argued that education or training could be a vital factor that would determine the nature of the service an individual could offer abused women. It was argued that, if individuals lacked appropriate education or training, their behaviour in the workplace could be affected and the kind of service they provides would not be as effective as it is supposed to be.

However it can be noted that there are other various studies that have been done using the same theory; in his study Super (2014) explains that life career rainbow emphasises the importance of numerous life roles and theirs interaction with a person’s career (Super, 2014). While Gysbers and Moore (2000:p.261) assert that life career development is self-development over the life span through the integration of the roles, settings and events of a person’s life; Explaining that work is no longer viewed as external to or separate from the individual, rather ore holistically(Gysbers and Moore,2000)

Moreover, some care workers’ economic status may influence their performance in the workplace. It may be seen that some care workers may not be well informed due to a lack of training in their job, and thus they only do what they know in order to get paid at the end of

the month without considering how poor the service they provide their patients is. Economic factors may also affect an individual who encounters negative challenges with working with abused women. Some care workers may continue working even if they don't feel good about the job they do, but because of their poor economic backgrounds, they may continue and end up providing a service that is of low standard.

Smith (2001) explains that Kurt Lewin's theory 1951 emphasises the study of behaviour as a function of the total physical and social situation of workers. He explains that behaviour is determined by the totality of an individual's situation. The field theory is defined as "the totality of co-existing facts which are conceived as mutually independent". In this context, an individual is seen to "behave differently according to the way in which tensions between perceptions of self and the environment [exist], and behaviour is a function of the field that exists at the time the behaviour occurs" (Smith, 2001).

Adair and Mowesian (2006) explain that, according to this theory, Kurt Lewin 1951 also looks at how genetic predispositions, which he refers to as an individual's inherited traits, shape an individual's perceptions. Sex (or gender) is defined as either of the two main categories (male and female) to which humans and most other living things belong. Race is defined by Macionis and Plummer (2008:p.232) as "a group of individuals with a common ancestry, distinguished from others by physical features such as hair, skin colour and stature", and physical handicaps are defined as "loss of or failure to develop a specific bodily function or functions, whether of movement or ability" (Macionis & Plummer, 2008:p.232). In the current study, gender is also mentioned by Goldblatt and Buchbinder (2003) as one of the most important factors in rendering services to women who have been victims of abuse. Based on the information in the literature, it is emphasised that it is much easier for a woman

to communicate her problems with another woman, as it will be easier for her to understand womanly problems, compared to working with a man who may not have the same sympathetic side as women have Goldblatt & Buchbinder (2003). In this study it was also investigated whether a factor such as race might have an influence on the caring process. This part of the investigation tried to determine if the race of the carer, when different from that of the patient, would be an issue if the care worker was not well educated about how that particular race viewed an act of abuse and how to deal with it. Physical disabilities were seen in this study as a problem that affected victims more than it affected care workers, and it was therefore not one of the foci.

Kurt Lewin's field theory, according to Adair and Mowlesian (2006), also perceives learning as one of the most important skills to adopt as a care worker. In relating the theory to this study, it was argued that there was a need for training and learning about different cultural values and norms to equip carers to deal with abused women of different race groups and origins. For example; the importance of learning foreign languages or not was investigated.

It is important for care workers who take care of abused women to learn foreign languages as some of the care workers outlined that they sometimes had people from other countries that they had difficulties communicating with; as a result, they failed to render appropriate services.

In conclusion, the employment of this theory aimed at explaining the purpose of the study on the experiences of care workers who took care of abused women.

2.7 Chapter Summary

In summary, Chapter two aimed at presenting a conceptualised literature review using different concepts or headings to outline the main aim of the study and to elucidate the theoretical framework that underpinned the study from as theoretical perspective.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The main purpose of this chapter is to outline the research methodology which was employed by this study to qualitatively investigate the experiences of care workers who were taking care of abused women. Fieldwork was done using semi-structured interviews with ten care worker respondents, qualitative processes to collect information that will represent the whole population. The chapter outlines the data collection process (fieldwork) as well as the manner in which the data were analysed and interpreted.

3.2 Research Approach and Methodology

A qualitative research technique was used for this study. Beins (2009) explains that the qualitative research approach allows the researcher to study social phenomena in their natural circumstances. In this process, the researcher tries to make sense of and understand phenomena in relation to the meanings individuals give to them. It therefore proposes to penetrate to the deeper significance that the subject of the research assigns to the topic being researched. It also contains an interpretive, realistic approach to its subject matter and provides importance to what the data give to essential research questions or current information (Beins, 2009). Cohen and Cabtree (2006) also views qualitative research as a naturalistic endeavour, arguing that “it aims to study the everyday life of various persons and societies in their ordinary settings”. It is said to be useful in scholastic settings and processes as it consists of an interpretive, realistic approach to its subject matter in the effort to create

sense of or interpret occurrences in terms of the meaning individuals bring to them. The aim of qualitative research is to explore and discover issues about the problem being investigated and also to assist scholars understand individuals and the social and cultural circumstances within which they live (Cohen & Cabtree, 2006). The type of qualitative research that was used was a phenomenological study, which is explained by Neuman (2006) as “the study of subjective experiences [as] it derives from a school of thought that emphasizes a focus on people’s subjective experiences and interpretations of the world”.

The qualitative research design was chosen because the aim of such research was to understand the subjective meanings behind or the recognition of how the subject affects the object.

3.3 Research Paradigm

A research paradigm is defined by Neuman (2006, p.90) as “an idea which means a basic orientation to a theory and research”. It may also refer to the whole system of thinking, which is said to include aspects such as basic assumptions, the important questions to be answered or puzzles to be solved, the type of research technique to be used and an example of what a good scientific research is like (Neuman, 2006).

In this research, the interpretive social science (ISS) approach was used. According to Neuman (2006); this approach allows a researcher to use people’s behaviour, beliefs and perceptions to draw conclusions and inferences about a particular phenomenon. In the case of this study, the different experiences of care workers who took care of abused women were investigated with specific attention on how different behaviours by the victims of abuse influenced the experiences of care workers, and how these experienced might lead to either negative or positive outcomes for them.

According to (Neuman, 2006), people's actions are conscious: they can think and understand the world according to their experiences. Thus people's behaviour "can be a response to external stimuli, but it is also determined by their previous experiences and the context they are in (Neuman, 2006). As human beings, we are always interpreting or giving meaning to the things that we see in the social world. According to Braun and Clarke (2008:p. 85), interpretive research is also referred to as "a phenomenological approach which aims to understand people". It is said to be rooted in an understanding of the lived experiences of individuals. In this study, the researcher looked at the lives of care workers who took care of abused women and explored how their daily experiences with the victims had an influence on their perceptions of their job. Arguing that all humans are attempting to make sense of their worlds, Braun and Clarke (2008 :) state that, in doing so, "they continuously interpret, create, give meaning to, define, justify and rationalise daily actions".

3.4 Research Participants

The subjects in this study were care workers who took care of abused women in NGO managed shelters the three different areas around Durban. Three organizations that specialize in caring for abused women were chosen, namely Kerr House Hospice for abused women, Ethembeni centre, and the V.J. Kara family Centre (ABH).

Permission for using the above participants was obtained in writing from the three NGO gatekeepers who allowed the study to be conducted using their employees. The letters of request and approval, together with the research proposal, were submitted to the UKZN Ethical Committee which granted permission to conduct the research study.

3.5 Sampling

The study made use of non-probability sampling, which is explained by Neuman(2006) as the type of sampling technique “where the samples are gathered in a process that does not give all the individuals in the population equal chance of being selected” (Neuman, 2006) The type of non-probability sampling that was used for this research is was purposive sampling, which is defined as a method that is used by the researcher “to make specific selections, where a researcher uses his knowledge to select participants who possess the characteristics he/she is looking for” (Nueman, 2006).For this particular study, care workers who took care of abused women and who were perceived to possess the required experience and knowledge were identified with the assistance of NGO managements and approached to participate in the study. In this context, the researcher aimed the investigation at a specific group, knowing that the group would not symbolize the general population but would be simply symbol of it. This approach is acceptable if the researcher wishes to generalize outcomes further than the group sampled as the group is seen as representing the whole population (Neuman, 2006).

Motivation for choosing the purposive sampling technique was because abuse in general is an umbrella term which may take place in different forms and may be experienced by different persons under different social structures. In this study, researcher focused only on the experiences of care workers who took care of abused women, not everyone who had been abused. Upon receiving permission from the gatekeepers, care givers were identified and approached to willingly participate in this research study. They were furnished with the required information regarding the aims and processes of the study so that they could make an informed decision.

The fact that the sample was selected from three settings that served different race groups facilitated a comparison of the results. For example, some questions required care workers to share their experiences of which groups they viewed as more vulnerable to being abused or which race group of women predominantly experienced acts of abuse in their experience of working with survivors of abuse.

3.6 Data Collection

Primary data were collected by means of one-on-one semi-structured interviews with care givers on the basis of their personal experiences of caring for abused women. The semi-structured, open-ended questions (Appendix A) were designed with reference to findings in the literature, and they were steered towards procuring information regarding the experiences encountered by the care workers that would address the objectives and research questions. The use of semi-structured interviews in this study was to leave opportunity for the participants to further clarify themselves and their feelings, because the interviews were not based on standardized questions only (Neuman, 2006). The semi-structured interviews and open-ended interview questions also afforded the researcher room to probe the respondents for more in-depth answers in order to produce rich data that would facilitate a deep understanding of the participants' situation (Neuman, 2006).

On arrival at these organizations, a letter issued by the UKZN Ethical Committee was presented to each Centre manager before starting with the interviews. This letter served to inform management that the researcher had been given permission to continue with the research study. Before commencing the interviews, the respondents were introduced and given the informed consent form to read and sign if they were willing to participate in the study. The respondents were assured of the confidentiality of their participation and the fact that they could withdraw any time they so wished.

3.7 Research Procedure

The Internet was used to identify the organisations that had the desired characteristics of the topic, which were that they needed to be centres where care workers took care of abused women. After identifying such organisations, letters were written to the gatekeepers asking for permission to conduct a research with their employees. Letters of consent were received from three NGOs and these letters were submitted to the university's Ethical Committee. After receiving final ethical clearance and permission to conduct the study, the field work phase of the study commenced.

3.7.1 One-on-one interviews

Interviews are defined as “methods of gathering data or information using verbal examination which encompasses a set of pre-planned central questions”(Neuman.2006). This method of data collection is seen as very useful because the interviewer can pursue precise topics of concern that may lead to focused and constructive responses. The interviews in this study were conducted using person-to-person format with care workers who worked with abused women.

After signing the consent forms, each interview began. Each interview was voice recorded with the permission of the interviewee. During these interviews, some of the responses allowed the interviewer to shift from the topic as the respondents were free to talk and even to add more information which they felt affected them when working with victims of abuse.

Demographic table

For ethical purposes, the real identities of the study participants are obscured in the data presentation of this report by allocating a code to each participant. In total, ten care workers

from three NGOs participated in the study. The following abbreviations or codes refer to the NGO safe houses and the participants that were sampled from each NGO:

KH1- Kerr house 1

KH2- Kerr house 2

ET1- Ethembeni 1

ET2- Ethembeni 2

ET3- Ethembeni 3

ABH1- ABH V.L Khara 1

ABH2- ABH V.L Khara 2

ABH3-ABH V.L Khara 3

ABH4- ABH V.L Khara 4

ABH5- ABH V.L Khara 5

The following table presents a summary of the interview schedule in terms of dates and times that each one-on-one interview was conducted.

Table: Interview Schedule and Respondent Participation

Name(code)	Date	Time	Gender	Occupation
KH1	12 September 2016	09:30 – 10:30	Female	Careworker
ET1	19 September 2016	10:30-11:00	Female	Care worker
ET2	19 September 2016	11:00-11:30	Female	Care worker

KH2	23 September 2016	10:30-11:00	Female	Care worker
ET3	10 October 2016	10:00-10:30	Female	Care worker
ABH1	18 October 2016	10:00-10:15	Female	Care worker
ABH2	18 October 2016	10:20-10:40	Female	Care worker
ABH3	18 October 2016	10:45-11:00	Female	Care worker
ABH4	18 October 2016	11:05-11:20	Female	Care worker
ABH5	18 October 2016	11:25-11:40	Female	Care worker

3.8 Reliability and Validity

The adherence to the requirements for the reliability and validity of a study are vital in quantitative research and has become an important consideration in qualitative research

paradigm as well. Golafshani (2003) explains that qualitative research studies are based on subjective, interpretive and contextual data, making the findings more likely to be scrutinised and questioned. Golafshani (2003) further explains that it is therefore important for researchers to take steps to ensure the reliability and validity of their research findings. The findings must be “believable, consistent, applicable and credible if they are to be useful to readers and other researchers” (Golafshani, 2003). Reliability is defined by Smith (2007) as “the consistency with which the research will show the same repeated results”, while validity is defined as “the accuracy or correctness of the findings of the study” (Smith, 2007).

3.8.1 Trustworthiness

Trustworthiness is defined by Neuman (2006:p.207) as “the corresponding term used in qualitative research as a measure of the quality of the research. It is thus “the extent to which the data and data analyses are believable and are trustworthy” (p. 207). Neuman (2006) suggests that the trustworthiness of qualitative research can be established by using four strategies: credibility, transferability, dependability and conformability. These are discussed under the sub-headings below.

3.8.1.1 Credibility

According to Blanche, Durrheim and Painter (2006), the credibility of a qualitative research study is created when the research is being commenced. The researcher persistently looks for discrepant proof to the assumption or emerging data as a means of producing a rich and believable interpretation. Credibility of the research is also seen when the outcomes of the research of the literature review match or [or counteract] those of the respondents (Blanche, Durrheim & Painter, 2006). During the interviews of the current study, participants were given the opportunity to divert from or further explain their perceptions regarding the questions in relation to the topic under question. The information obtained from the

respondents was more or less similar to the information that had emerged from the literature review. This was the case because purposive sampling had been used, which means that the selection of the participants was done with desired characteristics in mind, which in this case required care workers who took care of abused women. The questions asked and the literature reviews were both guided by the objectives that facilitated correspondence if the results.

3.8.1.2 Transferability

According to Blanche et al. (2006: p.91), transferability is achieved “by creating in-depth and rich explanations of context. These give the persons reading detailed interpretations of the arrangements of meaning which advance in a precise context”. The understanding can then be transferred to different frameworks in other studies to provide a context with which to reveal the engagements of meanings and action that occur in these new contexts (Blanche et al., 2006). During the interviews, the researcher ensured that the participants who touched the lives of abused women in different ways provided detailed information about various aspects of their experiences that could be compared for verification. The care workers who took part in the interviews were purposively chosen. This is a sampling method that is aimed at selecting a group that possesses desired characteristics. In this study they had to be care workers in shelters taking care of abused women. The participants were selected from organizations in three different residential areas where people of the Indian, White and Black communities resided respectively. Having done this and obtaining similar results make them transferable to the population of care workers as the participants represented people from different groups yet with the same desirable characteristics.

3.8.1.3 Dependability

Blanche et al. (2006) explain that dependability refers to the point to which the person who is reading can be persuaded that the outcomes had indeed occurred in the manner that the researcher claimed they did. According to these authors, dependability is accomplished through rich and comprehensive explanations that show how definite actions and sentiments are embedded in, and established from, circumstantial relations. Dependability is also achieved by providing the person who is reading with an open declaration of the techniques used to gather and scrutinize data (Blanche et al., 2006). In this study, dependability was achieved by using one-on-one interviews. Ideas were discussed freely during the interviews as the researcher had ensured confidentiality and anonymity so the participants were free to discuss their experiences and even add more information.

3.8.1.4 Conformability

Blanche et al. (2006:p. 90), define conformability as “the state where the research findings can be confirmed or corroborated by others [and] it is the extent to which a researcher is aware of or accounts for individual subjectivity or bias”. In this research the researcher kept records of the recordings of each interview, the transcripts, the informed consent forms and also the gatekeepers’ letters from each organization. This was done to ensure that the evidence was secured and that the results could be endorsed or sanctioned upon external scrutiny.

3.9 Data Analysis

Data analysis is defined by Neuman (2006:p.361) as “the process of reducing large amounts of collected data to make sense of them”. Data analysis is also defined by Blanche et al (2006: p.86) as “the stages where a researcher works with the collected data, organising them, synthesising them and searching for patterns”. In other words, we could argue that the aim of

data analysis in a research study is to discover patterns, concepts, themes and meaning that can be found in the collected data (Blanche et al, 2006).

After the data had been collected, Kvale's general thematic content analysis method was used, which involved reading and re-reading records while observing for similarities and differences that would permit the researcher to develop themes and categories. Ways to mark the script included coding paragraphs, arranging data into themes, and cutting transcripts and pasting them into various thematic folders.

3.9.1 Familiarizing yourself with the data

This step is defined by Braun and Clarke (2008) as the stage where the researcher, after conducting the interviews, starts transcribing the data. This involves reading and re-reading the data and noting preliminary ideas (Braun & Clarke, 2008). During this stage, the data were transcribed from the recorded interviews. Some of the respondents preferred being asked questions in isiZulu, hence some transcriptions had to be translated into English. Relevant information was used to create profile for each participant from which a demographic table was developed.

3.9.2 Generating initial codes

This stage is described by Braun and Clarke (2008:p.88) as the stage "when you are coding stimulating features of the information in a systematic fashion through the entire data set, and organizing [the] data appropriate to each code". Before the transcribed data were recorded using Microsoft Word, pseudonyms and codes were allocated to each participant and NGO to make it easier for referencing when quoting the responses that elicited the identified themes, and also when comparing the obtained results with the findings from the literature.

3.9.3 Searching for themes

This process is explained by Braun and Clarke (2008:p.89) as “the stage of thematic analysis where you are organising codes into possible themes, and collecting all data applicable to each possible theme. After recording the data using Microsoft Word, specific headings were selected to be used as themes and sub-themes to focus on during the comparison of similarities and differences between the obtained data.

3.9.4 Reviewing themes

According to Braun and Clarke (2008), this is the stage when a researcher starts checking if the themes work in relation to coded extracts from the entire data set and generating a thematic map for analysis. After formulating themes, the data were matched with those from the literature review to spot similarities and differences. This was done in order to ease the formulation of themes based on what had been gathered in the data collection process.

3.9.5 Defining and naming themes

This is described by Braun and Clarke (2008) as on-going analysis to sharpen up the specifics of every theme and to illuminate the general story the analysis tells by generating clear definitions and names for each theme. In this research study, after the data had been collected using both interviews and the literature review, the themes that had emerged were merged. Themes were created using common headings from the literature review and the interview transcripts.

3.9.6 Producing the report

Bran and Clarke (2008) state that the report, or dissertation, is the concluding aspect of a research project and it encompasses the selection of intense, convincing extracts from the study and connecting the analyses of the findings to the research questions and the literature. In this process, an academic report of the findings and analyses is generated (Bran & Clarke, 2008).

3.10 Ethical Considerations

The participants were required to read and sign an informed consent form. The form contained the main aims and purposes of this research study, which were also explained verbally to the participants during the first meeting. Issues of confidentiality and the benefits of the research were also explained in this form. The informed consent form also outlined how the issue of privacy would be ensured and who would have access to the data that the participants would provide (see appendix B).

The second ethical issue that might be encountered by the participants during this research study was psychological trauma such as stress or loss of self-esteem during the one-on-one interviews. Individuals who encountered problems would be referred to a qualified psychologist whose services had been assured prior to the study.

The third type of ethical issue that might be encountered during this research project was a breach of anonymity and confidentiality. Therefore, in this study report as well as in every published report the participants will be referred to by pseudonyms (codes) to maintain their anonymity. Moreover, the transcripts and recordings of the data will be stored safely according to ethical guidelines.

The voluntary participation of the participants was assured. It was stated in the informed consent for that the research would be conducted is for academic purposes only. Therefore, it was assured that participation in this research study was voluntary and that any participant could withdraw whenever she felt hat she did not want to continue with the study. None of the participants chose this option and all completed the interviews successfully.

3.11 Chapter Summary

The methodology that was described in this chapter followed the processes for a qualitative research design. The different processes that were followed in terms of data collection (the fieldwork phase) and data analysis were described with reference to scholarly guidelines in the literature. Different subheadings were used to further explain how the process of data collection occurred, starting with the processes of obtaining permission and concluding with the ethical considerations that guided the study. Considerations such as the reliability, validity, and trustworthiness of the study, and how these were achieved, were also highlighted.

CHAPTER FOUR

RESULTS

4.1 Introduction

This research study was formulated in accordance with a qualitative research design. According to Beins (2009), this design is suitable for investigating social phenomena in their normal circumstances when a researcher tries to make sense of or understand phenomena in relation of the meanings individuals attach to their world and experiences. Such as study thus proposes “to penetrate to the deeper significance that the subject of the research assigns the topic being researched” (Beins, 2009:p.120). This chapter presents the findings based on the data that were collected during the interviews. The findings are discussed by looking at the similarities and differences in the views of the participants and in comparison with findings of other studies that were reported in the literature. The process of analysis is also guided by the theoretical framework (Chapter two) in an effort to address the research objectives and answer the research questions (Chapter one). Thematic content analysis was used as a technique to develop the themes. In the interest of authenticity and validity, the respondents’ transcribed and translated comments are presented **verbatim and unedited** in this chapter, which highlights the following themes:

4.2 Table: Themes and Sub-Themes

Themes	Sub-Themes
1. General challenges encountered by care workers who take care of abused women.	<ul style="list-style-type: none">• Language barrier• Victim’s behavior• Care workers competence• External forces• Personal attributes

<p>2. The vulnerability of abused women from the perspective of care workers.</p> <p>3. Psychological challenges experienced by care workers who take care of abused women.</p> <p>4. Working with women who have been victims of abuse.</p> <p>5. Finding a balance between work and a personal life.</p> <p>6. Relationship after working with abused women.</p>	<ul style="list-style-type: none"> • Changes in victims that visit the shelter. • Race domination • Life events • Listening to victims stories • experiencing burnout • Setting boundaries.
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4.3 NGO Centre and Participant Codes

Table 4.1: NGO Centres and Participant Codes

NGO Centre	Participants
KH-Kerr House	KH1, KH2
ET-Ethembeni	ET1, ET2, ET3

4.4 Discussion of Results

4.4.1 General challenges encountered when working with abused women

Some of the care workers reported that they had encountered problems with language the barrier. This was because women of different ethnic groups, races and even of different nationalities sought assistance at these centres. This was expressed by ET1 as follows:

“The other challenge we usually encounter is the language barrier, as we sometimes have foreigners referred to us by the refugee office” (ET1).

Language barrier

The language barrier was seen as one of the challenges that the care workers encountered. To overcome this obstacle, it could be suggested that when recruiting employees for caring for the victims, the issue of language proficiency should be considered. Amaro, Lasson, Gamped, Richardson, Savage and Wagler (2005) argue that racial and ethnic differences are important factors to consider in the design of services. The latter authors also state that a limited consideration of racial and ethnic variation may important implications for service delivery for women with experiences of abuse and other social issues (Amaro et al., 2005).

Victim's behaviour

When the care workers were asked to state the challenges they encountered when working with women who had been victims of abuse, they identified cases where conflict arose because of a victim's behaviour or attitude. They argued that some victims tended to manifest abusive behaviour towards care workers, which might have been caused by their vulnerable personalities. For example:

“Challenges I have encountered...eeh... is that sometimes if a woman has been victimized they tend to have abusive behavior themselves towards us, and they always want to fight so you have to be able to control them. How you calm them down [is difficult], especially during weekends. They are not the same as how they are during weekdays when the staff is around. On weekends, it's when you see who they really are” (ET2).

However, ABH3 felt that sometimes the victims they were working with wanted to control them, as she mentioned in the quote below:

“Ehh... yes, sometimes, where like sometimes you get that some of them want to overpower us they like talk behind our back or whatever. But I don't worry, I just do my job, and then sometimes I'll be like hey, I don't feel like going to work. It's not like only about the abused women, but sometimes you get like admin stuff from outside the V.J.Khara, like you see now we have new board members and they are very strict. They are there ... you know what I'm saying, they are up there, so with us now they come ... you know sneak around to watch what we doing blah blahblah” (ABH2).

In the quote below ABH3 touched on how some of the victims changed their behaviour at times, which affected their relationship:

“Sometimes yes, ehh... you just feel like not wanting to come in the mornings because as soon as you enter there’s too much of complaints and that happened over the weekend, or maybe during the nights, but I guess I have a passion for it. I always find that inner strength to get to work” (ABH3).

Care workers competence:

This finding is contradicted in the literature, where the focus is on the victim rather than on the care worker. Victims revealed that, when there was an argument, in some cases care workers were not always competent in doing their work (Golblatt & Buchbinder (2003). These authors found that most care workers were sometimes described as uncaring, uninformed and unhelpful to abused women. They were also seen as failing to recognize abuse as a problem, thus they failed to take appropriate interventions and make referrals. Some care worker were said to lack the ability to help teenagers who were in relationships with abusive partners (Goldblatt & Buchbinder, 2003). From the care workers’ view in this study, the failings referred to in the literature might be caused by the way victims behave towards them.

Some of the care workers also described how they had experienced problems with some of the issues put forward by the victims. Being less qualified, some of the care workers reported that they had issues in handling some of the cases that were reported by abused women. However, as they had different facilities in the care department they were able to refer these women to other carers who were more qualified for that particular job. The quotes below show some of these encounters by care workers:

“You find that sometimes a woman has been abused for so many years and they come into a place like Kerr House where you are willing to help them, and they find it

difficult to settle in. I think they find it difficult to trust people that time, because sometimes their attitude of their past experiences and come to a place like Kerr House where there are rules and a program and this person is so not down to settle in... You know, we have a qualified social worker who does all the interviews and care plan with the residents. She refers them to a psychiatrist, home affairs.... You find that some women who come in don't want to bath. They are so depressed because abuse leads to lots of depression" (KH1).

External forces

Some of the care worker did not mention physical and emotional challenges only, but also looked at how external forces challenged the process of caring for or obtaining further assistance for abused individuals. For example, ET3referredto the delays caused by the police as a challenge when they tried to assist an individual who had been exposed to domestic violence:

"Ehh, challenges ... there are a lots of them. But more specifically when working with women who are victims of domestic violence, we are faced with a challenge that the police don't know how to do processing in a correct manner. Ehh ...they end up not issuing the protection order on time because again, if the victim is kept here at the shelter, it means they can't go out whether they are going to the clinic or going to town because they are being protected. But if the protection order is not issued on time, that causes us to keep the victim and they can't even go do their important documents, because obviously fit's domestic violence that person has usually run away from her house, so sometimes the documents she may need to accomplish the process that the individual is safe ends up not coming out on time. Also, you find that some mothers who have children and have been victimized, that victimization gets

transferred to their kids and the kids end up not coping, so now you have to assist both the mother and the child” (ET3).

The above quote reveals that when working with women who have been victims of abuse, care workers are affected by external challenges as well as the ones that occur personally. ET3 mentioned that one such factor was obtaining the required papers from the police, which became a challenge when the police response was tardy or inadequate. ET3 also looked at how having kids affected and in fact exacerbated the victimization of the mother, as she could not care for her children in the shelter and the carers therefore had to assist both the mother and the child or children.

Personal attributes

In the quote below, ABH1 explains how personal attributes such having a caring nature became a challenge to her as a care worker when working with abused women and how it was viewed as a negative attribute in the world of care:

“Ok the challenges ...emm ... when working with these women, its traumatizing...emm ...you know, from a social work point of view it takes a lot of strain. You got to have the heart for the profession. In the very beginning and then with regards to the challenges specifically when these women come out of the shelter, they don't have anywhere to go, to and the shelter can only accommodate them for a maximum of one month. But as a social worker, I have a strain on me getting people jobs immediately and getting them houses immediately, coz they only have like a period of one month. The reason why I say one month it because would be the department gives us six months but they are allowed to stay for one month, so what

happens in those cases, the people that stay here for that limited time they need to get jobs and houses so that the next person can come and stay in for the next month, so that we can reach our target for the year, so the longer they stay it means we do not get people to come in” (ABH1).

Goldblatt and Buchbinder (2003) explain that care workers who take care of abused women may experience vicarious trauma, stress and burnout. The above quote revealed that the stress of securing a safe house or employment for women after their allotted stay at the centre had an impact on their functioning in both the professional and the private domains. ABH1 argued that there was the danger of vicarious trauma for care workers who were vulnerable to the impact of clients’ traumatic experiences. These effects may influence care workers who deal with all kinds of trauma cases, which is corroborated by Goldblatt and Buchbinder (2003).

However, when the care workers were asked if there was ever a time when they considered quitting their jobs as care workers, most of their responses were in contrast to what was reported in the literature. Most of the care workers were aware of the challenges experienced in their field, but they responded that they had a passion for what they did, regardless of the challenges they encountered on a daily basis. The following quotes reveal this passion that was shared by the care workers:

“Ehh, there has never been a time when I felt like quitting my job as a house mother, because what I see is people of black skin have not yet learnt about their rights. A person stays with their abusive husband who abuses them physically and she chooses to stay in such a relationships saying ‘No, even my mom experienced abuse so it’s

normal'.an some may say if their partners don't beat them it means they do not love them anymore: 'Even if I have done wrong he doesn't beat me'. So there's a lot to be done for females" (ET1).

Some care workers felt that they would not quit their jobs as they believed that they were called to help people .Below are some comments that expressed this sentiment:

"Ehh, for me...ehh...being a social worker isa calling, so I don't think I can quit because it's more where I get ehh... self-content that I assisted someone, unlike that I'm only doing it for the sake of being paid at the end of the month. But I understand the calling of being a social worker so everything that we deal with in social work I enjoy it. Even if it's challenging, I still enjoy it" (ET3).

"Oh never (laughs) I don't want to, I love it, its stressful it's everything but I love it" (ABH1).

"Not really (haha). I just got the passion even if it can be so difficult we find a solution to it and work through it.Yah!" (ABH4).

However, there were also negative responses as some care workers admitted that they had had a phase when they considered quitting their job as care workers. Somehow, as time went by, they became adjusted to the job and started feeling more positive. The quotes below show some of the more negative responses concerning job satisfaction:

"Ehh, I think basically in the beginning getting to learn the rules and the regulations and trying to keep up with them because you know people have different personalities

and some people don't go well with rules and regulations. And sometimes you know, with me we have a house mother Sarah who is a very strong natured person and she's not bent on rules. Rules must go accordingly, so for me I give in a little bit here and there so I felt sometimes that ehh... yah, it was very difficult for me to keep up with some of the rules you know. Ehh... I found they were quite strict and you know like we could say in a hospital you know you gotta wake up early, you got to do your chores on time, you go to ehh ...make sure meals are cooked on time and things like that. There's a lot of things that are a bit difficult and it took me a while to also adjust to some of the rules, but I'm good now" (KH2).

4.4.2 The vulnerability of abused women from the perspective of care workers

The literature suggests that women abuse occurs in social contexts, although it is mostly prevalent among minority groups and in previously disadvantaged communities (Nicolson & Wilson, 2004) where women are at greater risk of experiencing all forms of abuse. The obvious causal factors mostly affect their day-to-day living, which includes access to basic needs and services. Victims include women under the age of 25 years who are experiencing abuse because of issues of bankruptcy or financial insecurity. When asked which group was most vulnerable, the following comments were forthcoming:

"I'd say the Black group. I also found in the beginning that a lot of ladies that were coming in were middle-aged. We have foreigners who have papers, but the group that is most vulnerable is Black women" (KH1).

“Most of the times it’s the black Africans who come here, who are usually victims of abuse. If they are married it usually from age 30-45 years, but sometimes it is those who are not married, and those from 18 years upwards” (ET1).

“People who usually come here are Black people and some Coloured women, but most of the time it’s the Black group from the age 18 to 40” (ET2).

The above statements by the care workers were largely similar to findings reported in the literature. Amaro et al. (2005) argue that the most vulnerable groups are minority groups in terms of social status, which in South Africa may be immigrants and mentally disturbed people. However, in South Africa it was the vast majority of Black or African people who were socially, politically and economically disadvantaged over a long period of time, and it is this group of people who was referred to by KH1 as the most affected group. The findings also corroborated the latter author’s argument that women under the age of 25 are the ones who are at great risk of experiencing abuse against women. In fact, comment in this study shockingly referred to girls as young as 18 years who had been treated at the centre.

According to Amaro et al. (2005), Black women are more likely to live in communities burdened by drugs and violence because of their lower socioeconomic resources and this increases their risk of being victims of violence. Nicolson and Wilson (2004) explain that victims include women under the age of 25 years who are experiencing abuse because of issues of bankruptcy or financial insecurity. Pregnancy may also result in the increased vulnerability of women (Nicolson & Wilson, 2004).

Changes in victims that visit the shelter:

In contrast to the above, one of the housemothers believed that the vulnerability of women to abuse could not be confined to one specific group. Moreover, one of the care workers mentioned that the arrival of different groups at the shelters was seasonal. She argued that in some cases a group of young women would arrive, while at other times it would be predominantly older women. But whenever they had a group; it was people of similar age. This comment contradicted the literature According to Straka and Montiminy (2006: p, 253), older women “have been taught to be submissive to their husbands and silently accept their lot in life”. They were socialised with a keen sense of privacy about family matters and a strong commitment to family loyalty and solidarity. Which demonstrates the significance of the study as it contributes valuable new information to the discourse on this topic.

“Ehh, it changes somehow from season to season, but yes it seems like when we have a new group they all seem to be around 25-30, but before that we had a group that were older women. The house had quite a few older women but, yah it’s seasonal” (KH2).

Race domination

Some of the care workers pointed out that in terms of race, the domination or vulnerability of abused women depended on the dominant race group in the communities where the centres were located. The quotes below show how the above argument was presented:

“Ehh, we are from the area Chatsworth. I mean, I’m not being racist or something, but we are predominantly an Indian community so we have a lot of Indians – like 50%, and 30% are Blacks and you can say 5% are Coloured and the rest are White” (ABH1).

“Ehh, in my experience of working with abused women here at the V.J. Khara Centre; I would say that it is the Indians that mostly come for assistance” (ABH5).

However, in contrast to the above, some care workers explained they did not have a dominant race group at the centre but that women from all race groups were referred. The quotes below show how this view was expressed by the care workers:

“Ehh, we have all types. We get all types of people, so we get like good lots sometimes. I mean we must consider them coming from different backgrounds, you know. And they are abused. But I’m a very passionate person” (ABH2).

“We have more Indians but now we’ve got Blacks as well and a very few Whites, and sometimes and a few Coloureds” (ABH4).

4.4.3 Psychological challenges experienced by care workers

Goldblatt (2009) argues that psychological factors may include emotional, cognitive and behavioural influences that may affect health care providers managing sensitive topics, such as terminal illness and domestic violence or women abuse. In light of this argument, some of the care workers clearly identified psychological challenges that they were faced with when dealing with abused women:

“Like I said, your mind ... sometimes you become vulnerable hearing stories. You feel like crying but I always try to tell a person that our conversation ends here because

some of the work is not mine, but for the social worker. I am not professional enough to go as far, so don't tell me everything" (ET1).

Some of the care workers mentioned challenges encountered by the victims rather than those that they encountered. The quotes below reveal which psychological challenges the victims of abuse usually face, according to a care worker who took care of abused women:

"Ehh, we...I never experienced any, but there was one specific... well, she's gone out now. She was a bit psychotic, so I used to take her to the clinic because I do the adults, so I managed... I actually managed to do that"(ABH2).

"Ehh, psychological affects? You see, sometimes a client comes in displaying normal characteristics, but in a couple of days you find out that they have psychological problems where they accuse you of doing things that you have no clue. They are like delusional and they insist that they have stuff that they didn't declare on arrival so which means they didn't have it so yah, it's like it affects us 'coz how do we deal with these clients "Because if you tell them A they will jump right to B and if you tell them this paper is white they'll insist it's black, so sometimes what we do is that we let them be because we cannot dispute to them and then they obviously come back to their normal self again. You know, it's a repetition of it again so we just have to be patient with them" (ABH3).

Life events:

Williams and Sommer (2005) explain that highly stressful events affect people in a number of ways. Some people are said to experience no change while some may develop severe psychological difficulties. Care workers with a history of personal trauma are at risk of

developing secondary traumatic stress (Williams & Sommer, 2005). These authors suggest that care workers with a personal history of victimization could be at high risk owing to increased and prolonged exposure to stress. They add that care workers with a history of victimization are usually not more distressed compared to those without a history of victimization as a result of working with survivors. They further explain that when care workers have explored and worked through their life histories of traumatic events, they may come to a therapeutic encounter feeling less naïve and this may result in some positive coping strategies which they have learned (Williams & Sommer, 2005).

Listening to the victim's stories:

In contrast, some of the of the care workers; mentioned how they were affected by the stories they listened to. As a result, some carers failed to cope both at home and in the work place because of their sympathetic nature. ET1's comments illustrate this:

“There are... sometimes it happens that I find myself at home being harsh because of the situations I had encountered here. Sometimes the victims can be rude because of being abused. A person may not trust themselves and other people, even those who are trying to help you because of experiences. Sometimes they may ask: ‘Why do I have to talk to you?’ ‘Because they have to get on going to counseling they ask, ‘Why do I have to tell them how I feel?’ ‘This affects me because you are trying to help and some do not even talk, they just cry. And when you are reading their statement as they have been referred by social development or health or pastors you can see that she cannot talk about the situation. Sometimes their children are the ones who sent them to take the step of reporting” (ET1).

4.4.4 Working with women who have been victims of abuse

Different people have had different experiences or feelings about working with women who have been victims of abuse. Some might consider quitting their job because of the negative experiences encountered when working with abuse women, while some might remain in the job with all its trials and tribulations. Below are the quotes showing how some of the care workers responded about their experiences of working with abused women:

“Sometimes yes. Ehh, you just feel like not wanting to come in the mornings because as soon as you enter there’s too much of complaints and that happened over the weekend or maybe during the night, but I guess I have a passion for it. I always find that inner strength to get to work” (ABH3).

“Yah, yah. There was such a time because now, the time they are affected in their minds they also twist your mind to make you look like them. And what I have learnt is you have to be strong and know your place that you are a caregiver, and your job is to take care of them and not be vulnerable like them. The senior house mother taught me everything” (ET2).

Tops, Saveman and Tops (2009) explain that when it comes to listening to victims’ stories of abuse, carers are confronted with a painful and violent reality. It is difficult to listen to cases such as when a woman gives details of the violence that she was subjected to. This violence was most probably due to her mental state, social isolation, low-economic status, and dependency on the perpetrator, which were all seen as the most dominant causes of abuse and emotional distress by the care workers. They also felt that these women mostly had no control

over their way of life. It could be argued that listening to different experiences of abuse as experienced by patients may have an impact on a care worker's empathetic side:

“Like I said, that your mind...sometimes you become vulnerable hearing stories. You feel like crying but I always try to tell a person that our conversation ends here because some of the work is not mine, but for the social worker. I am not professional enough to go as far, so don't tell me everything” (ET1).

4.4.5 Finding a balance between work and a personal life

The results showed that some of the care workers were able to balance their work and their personal lives, while some were not. Some had experiences where they ended up taking what happened to their patients with them to their homes. This implies that irritations at work might have caused negativity even when they were with their families at home.

“That's the thing, like if I had to show you my appraisal my superior wrote for me...He says that I become overly involved with my clients, which is negative really, because my personal life I even take my clients to my church. You know, for emm because part of my job is spiritual upliftment, so even on weekends I'm busy with them after hours. I work late so that's what I mean. It takes a strain on me and nobody asks me to do it, but I do it out of my own freewill. But I do have a personal life. Professionally I set boundaries when I spend time with my family, and what happens at work stays at work” (ABH1).

“Ehh, that one is difficult. I don’t want to lie because you find yourself not being able not to think of the situation you have come across at work, so with that you are not balancing. If there has been a gap with the police you go back home and complain about the police, so you cannot say your life is balanced while you cannot function at home in a proper manner” (ET3).

There are. Sometime sit happens that I find myself at home being harsh because of the situations I encountered here. Sometimes the victims can be rude because of being abused. A person may not trust themselves and other people, even those who are trying to help because of experiences. Sometimes they may ask, ‘Why do I have to talk to you?’ because they have to get on going to counseling they ask, ‘Why do I have to tell them how I feel?’ which then affects me because you are trying to help and some do not even talk, they just cry, and when you are reading their statement as they have been referred by social development or health or pastors you can see that she cannot talk about the situation. Sometimes the children are the ones who sent them to take the step of reporting” (ET1).

Experiencing burnout

Felton (1998) explains that burnout is one of the major threats encountered by care workers. Burnout is exhaustion of physical or emotional strength or motivation usually because of prolonged stress or frustration. It results in lowered production and increases in absenteeism as well as in health care costs and personnel turnover. Felton also defines burnout as a severe degree of stress-induced unhappiness, caused by fatigue or an episode of major depression. The affected workers are said to be usually found among the services professionals. According to Felton, the symptoms of burnout may include being rundown or affected individuals find that they make more mistakes and cannot concentrate on their work or even

on their personal lives (Felton, 1998).Pakirser et al. (1998) looked at how secondary exposure to trauma might impact both the professional and personal relationships of care workers. They found that personal relationships could suffer because of increased stress or difficulties related to trust and intimacy.

4.4.6 Relationships with abused women after their stay at care centres

During the interviews, the care workers shared their different experiences and how they reacted to women who had been at the shelter and completed the course.

Setting boundaries

Different responses were given by the care workers. Some emphasised the importance of setting boundaries between the victims and themselves, while others highlighted the importance of forming friendship or companionship bonds afterwards. Some responses are presented here to illustrate their points:

“Ehh, I can see someone level and be at the same level as them, and even meet up after they are done. I have friends even, and I’ve even helped some to open similar organizations which I monitor, [for example] in KwaZulu [-Natal] at Nquthu and Underberg. Some are divorced but some did not [divorce their husbands]” (ET1).

“...what goes first is respect; even if the person is a victim their dignity should not be removed because of their victimization status. So even outside [the shelter] I treat them as people who deserve respect. The fact that I know their stories and everything doesn’t mean I have to go around identifying them, but I show respect and I am glad that I [could] assist [them]” (ET3).

“I find that lots of people, once they leave Kerr House and they’ve moved on, come back and visit and some don’t. I think it’s because it’s part of their life that they don’t want to remember. They’ve moved on and they don’t want people to know they were here, but yah, we encourage ladies to come back and visit, yes” (KH1).

“While they were here living at the shelter, there was a professional boundary between clients or victims and care workers, because although we might spend 24 hours with them for such a very long time, we have a daily schedule that we follow. We have a proper routine that people do, so there’s no such thing as that we get too cozy with people [i.e., the patients], although we try to create a friendly environment. But it still remains a shelter, so when they see us in the community, they see us as a workers and not as a friend to say, ‘Hello, how are you?’ to” (ABH1).

4.5 Chapter Summary

In summary, this chapter presented the results that had been obtained through a literature review and during the interviews that had been conducted with the care workers. The results were presented by highlighting the similarities and differences that had been exposed by analysing the literature and the respondents’ comments. In some cases, the respondents held different views in terms of a particular issue, just as it was found that various authors also held different views on certain issues. The following themes were developed to discuss the results: (1) General challenges encountered when working with abused women; (2) the vulnerability of abused women from the perspective of care workers; (3) psychological challenges experienced by care workers; (4) experiences of working with abused women; (5) creating a balance between work and personal life; and (6) relationships with abused women after their stay at the centres.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS AND LIMITATIONS

5.1 Introduction

In the above chapters information has been provide both from the data obtained during interviews and the one obtained using literature from different scholars. The following chapter aims at providing discussions of the similarities and differences in themes containing information obtained both in the literature and from the respondents. Also to discuss recommendations for future studies in the same topic and also to the departments related to the topic in question. This chapter also aims to present with the limitations which the researcher encountered during the study of care workers who take care of abused women.

5.2 Themes:

With reference to the responses of the care worker participants, a number of themes emerged from the data. The finding were presented and discussed under these themes in Chapter four. The results were also compared with findings in the literature. These themes were: (1)General challenges encountered when working with abused women; (2)the vulnerability of abused women from the perspective of the care workers; (3)psychological challenges experienced by care workers who take care of abused women; (4) experiences of working with abused women; (5)creating a balance between work and personal life; and(6)the relationship between care workers and victims after their (the victims') departure from the shelters.

5.2.1 Theme 1: General challenges encountered when working with abused women

The results highlighted language barriers as an important challenge that care workers encountered when working with abused women from other nationalities or race groups as the

one they belonged to. Women from different ethnic groups and even women of foreign nationalities sought assistance and refuge at these centres. According to the care workers, some foreign victims of abuse were unable to speak any of the South African languages. As a result, some of the care workers admitted that they struggled to communicate with them and they felt that they failed to provide appropriate services for this reason. A peripheral conclusion that emerged from this finding is that no group of women, regardless of their origins or ethnic attachments, is exempt from abuse.

Additionally in the literature Abraham and Tatsoglou (2016) explained how immigrant women may suffer additional vulnerability to abuse due to factors such as not being familiar with the justice system of the country they are at, and some might be in the country illegally; relating especially to sexual abuse, as some of them have no shelter when they come to the foreign country (Abraham & Tatsoglou, 2016). Therefore the researcher argues that having to learn different languages such as those foreign to their own may assist the care workers in providing competent assistance for foreign women who visit the shelters.

The results also showed that the challenges experienced by care workers were as a result of victims' behaviour or attitude. It appeared in the current research that having been abused, some of these victims became abrasive and aggressive towards persons of their own gender. Women would resist instructions or requests by care workers, claiming that they were grown adults and that they could not be told what to do. Ironically, such behaviour was aimed at the people who would help and protect them, whereas they had been unable to show such assertiveness towards their abusers. This finding highlights the importance of appropriate training in language proficiencies and the knowledge of various cultures. Moreover, training is required to sensitise all care workers to the possible reasons for the aggressive behaviour of abused women and appropriate ways of dealing with such behaviour.

5.2.2 Theme 2: The vulnerability of abused women from the perspective of the care workers

The results showed that the care workers believed that the vulnerability of women to abuse could not distinguish between groups or categories because the arrival of different groups at the shelters appeared to be seasonal. They stated that, in some instances, a group of young women would arrive, whereas in some cases the group would comprise predominantly older women. However, groups usually comprised women of more or less the same age. Some care workers argued that abuse occurred more among women of the Black race groups than in others. This was explained by their perception that most women in this category come from traditional Black families where husbands 'violent acts to show their authority in the household are still condoned.

According to Koci and Strickland (2009), being female leads to them being marginalised as a minority group and having less power as a result. This puts females at a risk of experiencing abuse because of the low status they hold in society. Females are said, compared to men, to be more likely to have lower socioeconomic status which puts them at greater risk of being abused. Historically, the role of a woman distanced them from the centre of society and resulted in unequal power. Such imbalances of power usually resulted, and still result, in vulnerability to violence (Koci & Strickland, 2009).

The majority of the care workers also stated that, according to their experiences of working with abused women, women who come from disadvantaged economic backgrounds are more prone to experiencing abuse. In their view, this happened because they depend on their partners (who were also the perpetrators) for subsistence. These women therefore feared losing their partners and in turn their financial support.

In the literature, Westbrook (2009) believes that even though women abuse occurs in all socioeconomic communities, it has a disproportionate impact on those who lack financial independence and legal resources. Hence, women who lack financial independence may be more prone to being victims of abuse as they cannot afford proper legal assistance if they take their abusers to court. Westbrook (2009) also looks at how financial dependency on the perpetrator increases the potential for increased vulnerability through continued abuse. This scholar explains that many survivors are torn between fear of their partners and the desire to protect them. He argues that survivors of women abuse may hesitate to call the police out of shame and feelings of guilt for the perpetrator's life (Westbrook, 2009). Danhua (2011) perceives that woman's vulnerability to abuse results from high rates of poverty, inferior socioeconomic status, low education, and lack of awareness and knowledge regarding sexual abuse (Danhua, 2011).

The care workers also emphasised the importance of education to sensitise carers to the reasons for and ways of dealing with abused women. The literature was clear on the fact that women who are not educated about the dangers of abuse or who do not know how to seek help are more prone to experiencing abuse, as they view it as normal (Baker & Cunningham, 2008). Therefore, it is important to create awareness among women in all societies on what ways to take when facing abuse. These results show that the importance of training of care workers should be stressed so that they will be better able to assist victims from different social classes, educational levels, and race and age groups. This knowledge will improve their skills and, in turn, reduce the levels of stress they experience as part of their job.

5.2.3 Theme 3: The psychological challenges experienced by care workers who take care of abused women

One challenge that care workers may experience is their *psychological* sensitivity because of the traumatic nature of the stories they listen to on an almost daily basis. The effect that others' traumatic experiences have on them may, because of their sympathetic nature, result in their failure to cope both at home and in the work place. This constant exposure to trauma may impact care workers' performance and may result in attrition or high job turnover. However, none of the participants admitted to a desire to quit their jobs at the time of the study, but some admitted that they had come close to doing so. The danger exists that showing a sympathetic side in the presence of a victim of abuse may lead to the victim relating false stories or not the full story to generate sympathy. This in turn may result in incompetent service or assistance that may not address the real problem. Again, appropriate training may help care workers to devise appropriate coping strategies when faced with situations that are disturbing and emotionally taxing.

In the literature Felton (1998) explains that burnout is one of the major experiences encountered by care workers who take care of abused women. This form of exhaustion is explained as lack of physical or emotional strength or motivation that is usually the result of prolonged stress or frustration and may result in lowered production and increases in absenteeism, health care costs, and personnel turnover. Felton defines burnout as a severe degree of stress induced by unhappiness that causes fatigue and even episodes of major depression. Affected workers are often found among care workers (Felton, 1998).

In the literature Pack (2014) argues that supportive professionals consistently deal with patients who reveal traumatic material. Therefore, when constantly engaging with traumatic revelations by survivors of domestic violence, abuse and sexual offenses, care workers run

the risk of becoming traumatized themselves. Pack (2014) makes an example that male care workers who are faced with vicarious traumatization by helping abused women had developed a tendency to think that all the women whom they knew had been subjected to some form of abuse. This was caused as a result of having been exposed to such bad experiences. The male care workers also often changed their views about the correct manner of counselling female patients who had been faced with abuse (Pack, 2014)

5.2.4 Theme 4: Experiences of working with abused women

The results showed that some of the care workers mentioned that there was a time when they considered quitting their job as a care worker. Because of the negative experiences encountered when working with abused women, while one of the care workers ET1 admitted that she would never consider quitting regardless of all the challenges they encountered as she believes that she has passion for this career and that she was professionally trained with the expectations of the job. In this context, being aware of what to expect when considering a career of working with abused women seems vital, as such knowledge is important in the process of finding coping strategies to deal with challenges. Only then will job turnover or attrition be curbed and job retention be assured.

Some of the care workers of the care workers admitted that listening to the stories of the victims of abuse became a challenge that they even transferred to their own homes; mentioning that the stories of abused women often caused them to feel anger towards men in general. Also mentioning that some patients could be rude, which then became a challenge as they might develop mood swings themselves, and they might then take their work stress to their homes.

Again, training before starting the job of a care worker as well as on-going in-service training in the form of workshops or seminars will equip carers with knowledge and skills about job expectations and coping strategies respectively. If NGOs in the field of abused women care provide continued compulsory and appropriate training, they will be furnishing care workers with precautionary measures on how to deal better with their struggles in times when they feel like quitting their job. Majority of the care workers reported such workshops are being held, but the system should be extended and improved on an on-going basis and with reference to scholarly findings such as the ones of this study. For example Bullock et al. (1999), strongly advise that lack of knowledge and training with regards to issues pertaining to women abuse contributes to the inability of care workers to recognize and correctly interpret behaviours associated with abuse. Bullock et al. (1999) explain that if the care workers untrained, carers are unable to identify, assess, document and manage the care of patients who experienced abuse. Limitations in the education of carers related to women abuse cause them to underestimate the prevalence of trauma symptoms and they may thus fail to recognize common presentations of severe complications. The lack of educational support according to Bullock et al (1999) also affects the occupational capacity of a care worker. Based on this strong argument in the literature, the current study that focused on creating awareness of emotional exhaustion experienced by care workers also investigated if it was important for care workers in this field to have a sound knowledge base of the prevalence indicators and referral sources as suggested by Bullock et al.(1999). Ortega and Armendariz (2014) also state that training and high levels of experience of professionalism in care working protect the care workers from stress reactions and burnout

However, the rudeness of some of the victims often caused them to feel like quitting their jobs as care workers, but due to their financial needs they were forced to stay, as they depended on their salaries or wages for survival.

5.2.5 Theme 5: Creating a balance between work and personal life

The results showed that some of the care workers were able to balance their work and their personal lives, while some were not. Some of the care workers had experiences that caused such an emotional response that they ended up taking what had happened with their clients to their homes. Some of the care workers made example that, if something irritating happened at work, they would start reacting negatively even when they were with their families. The importance of training is thus once again emphasized by the researcher, because if you are aware of the challenges that may be encountered when working with abused women, you will be able to differentiate between work time and home time.

In their responses to the issue of balancing work and personal life, some of the care workers mentioned that there were certain workshops that they were expected to attend by their organisations. These workshops served to teach different kinds of coping mechanisms regarding working with women who have been victims of abuse and how to cope with work challenges to prevent your work stress in interrupting with one's personal life. The workers admitted that they used what they had learnt and applied it to their work situations, therefore interruption of their personal lives were somewhat beneficial.

5.2.6 Theme 6: Maintaining relationships with victims after their departure from the centres

The care workers shared their different experiences of how they reacted to patients who had been treated at the shelter and completed the course. Contradictory responses were forthcoming as some of them emphasised that they adhered to the professional rule of setting boundaries between the former victim and themselves, while some highlighted the importance of forming friendship or companionship bonds afterwards.

In the literature Goldblatt (2009) argues that a meaningful patient-provider relationship is an important contributor to high quality health care outcomes to serve patients adequately. Care workers are expected to distinguish between the professional and private domains of their lives and to be attentive to their patients' needs by caring for them emotionally, irrespective of a care worker's personal background and emotional reactions resulting from professional encounters. However, Goldblatt (2009) also explains that it could be argued that mutual influences between professionals' work and their private lives are unavoidable (Goldblatt, 2009).

Setting boundaries helps to establish a professional relationship between the patient and the care worker, this may also assist in avoiding conflict of interest. This implies that, as much as a carer must maintain friendly relationships with patients, they must remain at a professional distance.

However, keeping in touch with former patients in different ways also had positive outcomes. For example, one care worker mentioned that a former patient had decided to start a similar support centre to assist women in her area who had been victims of abuse. This valuable

information emphasises the importance of creating a learning environment that could assist rehabilitated abused women to extend support services to others in need.

5.3 Main Conclusions: Summary Based on Findings Guided by the Objectives of the Study

1. Objective one: To explore the experiences of care workers who take care of women who have been faced with different forms of abuse

This objective aimed at exploring the experiences that care workers who took care of abused women had. In the literature review it was shown that authors had different views. For example, Wu and Pooler (2014) argued that experiences such as job stress that is encountered by care workers may be caused by funding shortfalls, low payment, pre-occupation with danger risk, and the daily reality of abused against women. They also mention that by listening to the stories of abused women on a regular basis, care workers may experience anger and sadness (D'Brein, 1998). This current study corroborated these findings when the care workers responded that they experienced challenges when working with abused women such as reversed anger and aggression, fear because of low remuneration packages, and transferring their stress to their family settings.

2. Objective 2: To understand the perceptions of care workers on the causes of women abuse

This objective aimed to expose what care workers viewed as the main cause of abuse in their experience of working with abused women. In the literature review, different views were presented on what usually caused the abuse of women. For example, Umbuyeyi et al. (2016)

argue that gender inequality prevents abused women from seeking help. They explain that intimate partner violence against women is a global problem that is said to be rooted in unequal power relations between men and women. In most societies, women's dependency and their submission to transgression of gender norms contribute to intimate partner violence. These experiences of women abuse which in some cases result in severe violence may lead to mental and physical health problems. In some cultures, according to these authors women abuse may be regarded as part of life, as violence is accepted or viewed as a family matter and therefore it is not revealed to anyone (Umbuyeyi et al., 2016). Where also in field some questions required the care workers to tell their views on what causes the vulnerability of abuse women where they mostly focused on race as being the most common factor. In the current study the respondents also alluded to gendered societal norms as a cause of violence, particularly as some argued that Black women were a predominantly abused group because of the sustained superior position of men in economically disadvantaged Black communities.

3. Objective 3: To determine and find how care workers manage to keep professional relationships after working with an individual who has faced women abuse

This objective aimed at obtaining information on how care workers managed to maintain a professional relationship with their patients. During the study, the respondents were asked questions related to this objective to which some responded that they were allowed to keep contact with ex-victims but the relationship should remain professional. However, a centre manager who served as a housemother helped a former victim to open a similar service in her community, whereas another admitted that she saw it as her duty to maintain assistance by taking a victim to her church where she would receive spiritual support and nurturing.

4. Objective 4: To determine the vulnerability of abused women indifferent societal groups

The main aim of this objective was to discover if, in the experience of care workers working with abused women, any group in society was more vulnerable to abuse than the others. Information in the literature showed fairly similar results to those that emerged from the interviews with the care workers. However, some information was different. For example; Nosek et al. (2001) found that women with disabilities were predominantly experiencing higher levels of emotional, physical and sexual abuse than women who had no disabilities. They argued that the increased vulnerability of the abuse of women with disabilities might result from such things as increased dependency on others for a long period of time (Nosek et al., 2001). In this study, most of the care workers argued that Black African women were the most vulnerable group that suffered abuse, but this also differed according to the place the organisation was located.

5. Objective 5: To determine whether care workers who take care of abused women receive any form of training

The final objective of the study aimed at discovering if, in their experience of working with abused women, there had ever been a time when the care workers considered quitting their jobs. Responses obtained from the participants showed that some participants have qualifications that educate about working with abused women; some of the qualifications mentioned by the care worker were Degree in social work. Having received professional training is said to have helped that maintain work ethics and maintain competent behavior when working with the abused women.

In the literature Harris et al (2001) argued that it is important for care workers to understand the process of help seeking from service providers across sectors. They further state that in the health care sector of service provision, “understanding how individuals use and access either social life or professionally based support may help inform healthcare providers in planning for services that maximize multiple supports” (p.125).

5.4 Recommendations

The following recommendations were developed regarding the above conclusions:

Policy

The financial dependency of women on their partners may be seen as one of the major concerns that lead to abuse against women. By organising informative workshops on employment issues as provided for in the newly introduced Employment Equity Amendment Act No 47 of 2013, which emphasises the equality of both genders in the work place, women may be assisted in understanding their rights and working towards their independence from abusive partners.

It was also observed that the prevalence of abuse against women was more common in the Black race group than in the others, and also in poorer socioeconomic communities than in more affluent ones. Awareness programmes for both men and women that warn about acts of abuse should be introduced in communities where the prevalence of women abuse is high, to

make all citizens aware of the illegality of such acts. This will allow men to be aware of the wrongs in their acts of abuse and help with the decrease of such occurrences.

Health care practice

In the process of caring for abused women, more interventions should be considered to address the needs of carers, as the focus in this field seems to be put predominantly on the victims rather than on those who take care of them. To avoid issues such as job dissatisfaction and stressful family situations due to the inability of care workers to distance themselves from work-related stress at home, focus group workshops, rather than general workshops, should be attended by both the victims and their care workers.

The inappropriate behaviours of victims because of self-pity should be addressed in such focus group discussions and interactions, which could also assist care workers in understanding the requirements for appropriate behaviour when working with people who have been faced with abuse. Topics that can be addressed in these discussions, which should be led by appropriately educated and experienced practitioners in the field, should include the respect and the professional distance between patient and carer, so that crossing the boundaries will never occur to affect future work-related relationships.

5.5 Challenges and Limitations

1. Some of the care workers preferred to respond in isiZulu. Translating the responses accurately into English was a challenge, but it was overcome by having the translated transcripts edited by a language editor without detracting from the voices of the respondents.

2. The care workers worked on different days or exchanged shifts. It became a challenge as the researcher had to adapt an already busy schedule to accommodate those of the respondents.
3. A particular limitation was that the open-ended questions in the interview schedule had been designed with reference to themes, recommendations and suggestions in the literature as well as my own observations and experiences in the field. However, most of the respondents battled to understand some of the questions and they deviated considerably from the focus in their answers. By prompting them and steering them back in the desired direction, more appropriate answers were offered. However, the researcher has to admit that some areas lacked richness in response, which may have impacted the quality of the data. This limitation may be overcome in future studies in the field by employing a pilot study in order to ensure that questions are adapted to be understood in the vernacular of the intended participants.
4. One factor that would reflect the world of care workers that was investigated in this study was their level of satisfaction with their job. This investigation could not include job turnover (or care worker attrition), as the perusal of employment records or conversations with managers in the various Centre's was beyond the scope of this study. Future studies may include attrition rates among care workers as an objective.
5. The scope of the study was limited to ten care worker respondents and three care Centre's for abused women in the Durban area. The total population of care workers and care centers in the Durban area is much larger and more extensive. Moreover, the total population in the South African context was not established. In light of the relatively small scale of the study, it is acknowledged that the data and findings

cannot be generalized to the entire South African population of care workers and care centers for abused women. Moreover, many of these centers operate in obscurity and

6. Relative secrecy due to the need to protect the women who seek refuge there.

5.6 Chapter Summary

In summary, Chapter five aimed at presenting recommendations for future studies on the topic under investigation for scholars who may wish to learn about different challenges encountered by those who take care of abused women, including those who are willing to pursue a career as care workers. This information will also inform organizations who may learn of the challenges their employees experience when assisting women who have been victims of abuse. Conclusions that were reached based on the literature review and the final results obtained from the interviews were also discussed in this chapter. The themes that emerged from the data were used to answer the main research questions and to achieve the objectives

References

- Abrahams, A.J. and Mvo, Z., (2001) Why do nurses abuse the patient. *Reflections from South African Obstetric Services*, Vol 47(11) ,1781-1795 .
- Abraham, M. & Tastoglou, E. (2016).*Addressing domestic violence in Canada and the United States: The uneasy co-habitation of women and the state*. Retrieved 04 May 2016 from www.csi.sagepub.com at University of KwaZulu-Natal Library.
- Adair, S. and Mowesesian, R. (2009). Individual Psychology. *University of Texas press*, Vol 44(3).
- Alaggia, R. & Turton, J.V. (2005). Against odds: The impact of women abuse on maternal response to disclosure of childhood sexual abuse. *Journal of child sexual abuse*, Vol 14(4).
- Amaro, H., Lasson, M.J., Gamped, J., Richardson, E., Savage, A., & Wagler, D. (2005).Racial/Ethnic differences in social vulnerabilities among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Wiley Periodicals*, 33(4), 495-511.
- Anderson, D. G., Fallin, A., & Al-Modallal, A.(2013). Workplace violence experiences of homeless women and women residing in battered women shelters. *USA, Journal of women and social work*. Vol 32(4).
- Baker, L.,& Cunningham, A. (2008).Helping an abused woman. *Early childhood education journal*, Vol 37(3) 199.
- Bates, M.L., Schuler,S.R., & Islamic, K. (2004) Socio-economic factors and process associated spousal physical violence in Albania: A cross -sectional study. *British medical Journal* , Vol 331 , 17-201.

- Beins, B.C. (2009). *Research methods: a tool for life*(2nded.). USA: Allyn and Bacon, 118-148.
- Blanche, M.T., Durrheim, K., & Painter, D. (2006).*Research in practice: Applied methods for the social sciences* (2nded.). Cape Town, South Africa: University of Cape Town Press.
- Bullock, L.F., Mcfartene, J., Bateman,L.,& Miller, V. (1999). The prevalence characteristics of battered women in a primary care setting. *Nurse Practitioner*, 14(6), 47-54.
- Braun, V., & Clarke,V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brown, C., & O'Brein, K. (1998).Understanding stress and burnout in shelter workers. *Professional Psychology: Research&Practice*29(4), 383-385.
- Carly, J.M., Yurk, A.R., Jenckens, M.L., & Ford, D.E (2000). Inside Pandora box, Abused women's experience with clinicians and health services.
- Curry, M.A.,Renker, M., Wheren, S.P., Hughes,R.B.,Oshwald, M., &Power, L.E.(2011). Facilitators and barriers to disclosing abuse among women with disabilities. *Springer Publishing Company*, 2(4).
- Cohen,D., &Cabtree, D. (2006).*Qualitative research guidelines project*.RetrievedJuly2016from <http://www.qualres.org/HomeSemi-3629.html>
- Collins, S. & Long A.(2003). Working with the psychological effects of trauma: Consequences for mental health care workers. *Journal of psychiatric and mental health nursing*, Vol 10, 414-424.

- Danahua, L., Xidoming, L., Fang, X., & Xiuyun, L.(2011).Childhood sexual abuse and sexual risks among Pung rural-to-urban migrant women in Beijing, China. Detroit MI, USA: Wayne State University,23(1), 113-119.
- Delp, L., & Wallance, P.S. (2010).Job stress and job satisfaction: Home care workers in a consumer directed model of care. *Health service research*. Vol 43(4).p 922-940.
- D'Oliveira, L.P., Simone, G.D., &Schraber, B. L.(2002). Violence against women in health-care institutions:Anemergingproblem.*Department of de medicinapreventiva*, 359.
- Engnes, K., Liden, E., & Lundgren, I. (2012). Women's experiences of important others in a pregnancy dominated by intimate partner violence. *Scandivanian journal of carring science*, Vol 27(3) p. 643-650.
- Felton, J.S. (1998). Burnout as a clinical entity its importance in healthcare workers. *Occupational Medicine*, Vol 48(4), p. 237-250.
- Foster, F. & Sandil, M.(2010). Abuse of women with disabilities: Towards an empowerment perspective. *Sex disability*, Vol 28, 117-186.
- Golfshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-606.
- Goldblatt, H.,& Buchbinder, E. (2003). Challenging gender roles: The impact of female social work students of working with abused women. *Spring/Summer*, 39(2).
- Goldblatt, H.(2009). Caring for abused women: Impact on nurses' professional and personal experiences. *Journal of advanced nursing*, Vol 65(8), p 1645-1654.
- Gottbeb, A.S.(2012). Domestic violence: A clinical guide for women healthcare providers. *USA*.14,197-202.

- Gybers, N.C. & Moore, E.S.(2000). Major trends in career development theory and practice. *Counseling to entrance education, work and leisure*, 68-632.
- Hadeed, L., & Lee, S.L. (2010). Intimate partner abuse and women's employment: A study on Afro-Trinidadian women. *Taylor & Francis Group*, 14, 285-307.
- Haggblom, M.E., Harberg, L.R.M., & Moller, A.R. (2005). Attitude towards abused women. *Nursing and health science*, Vol 7, 235-242.
- Hambeiger, L. K., Ambuel, B., & Guse, C.E. (2007). Racial difference in battered women's experiences and preferences for treatment from physicians. *Science & Business Media*, Vol(22), 259-265.
- Harris, R., Stickey, T., Grasley, C., Hutchinson, G., Greaves, L., & Boyd, T. (2001). Searching for help and information: Abused women speak out. *Elsevier Science Inc, Canada*, 23, 123-141.
- Johnson, M. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003-1018.
- Jones, B. (2011). Improving the health care of women living with domestic abuse. *Journal*, 25 (343).
- Katerndahl, D., Burger, S., & Kellogg, N.(2006). Factors that predict how women label their childhood sexual abuse. *A journal of child sexual abuse*, Vol 15(2).
- Koci, A., & Strickland, O. (2009). Marginality and physical and sexual abuse in women. *Healthcare for Women International*, 30, 79-92.
- Krauss, S. E. (2005). Research paradigms and meaning making. *A Premier*, 10(4), 758-770.

- Lyon, E., (2000). Welfare, poverty and abused women: New research and its implications. *National Resource Center on Domestic Violence*. USA.
- Malcoe, L.H., Dura, B.M, & Montgomery(2004).Socio-economic disparities in intimate partner violence against Native Americans women. A cross-sectional study *Biomed Central*, Vol 21(20).
- Marsh, J.C., Daunno, T.A., & Smith, B.D., (2000). Increasing and providing social services of improve drug abuse treatment for women with children. Vol 95(5),1237-1247.
- McLindon, E., &Harms, L.(2011). Listening to mental health workers' experiences: Factors influencing their work with women whom disclose sexual assault.*International Journal of Mental Health Nursing*, 20, 2-11.University of Melbourne, Vidora, Australia.
- Neuman.L. (2006). Social research methods: Qualitative and quantitative (7thed.). USA: Pearson International.
- Nicolson, P.,& Wilson, R.(2004). Is domestic violence a gender issue? Views from a British city. *University of Sheffield*,14, 266-283.
- Nosek, M.A.(2001). Vulnerabilities among women with disabilities. *Sexuality and Disability*,19(3).
- Okenwa, L., & Lawoko, S., (2010). Social indicators and physical abuse of women by intimate partners: A study of women in Zambia. *Violence and Victims*, Vol 25(2).
- Ortega, D., &Armendariz, N.B. (2014). Elite knowledge of the reproduction of the knowledge of privilege.*SocialWork Doctoral Education*, 29(1), 5-7.
- Pack, M.(2014). Vicarious resilience: A multilayered model of stress and trauma. *Journal of women and social work*, 29(1), 18-29.

- Pakieser, R.A., Lenaghan, P.A., & Mullenman, R.L. (1998). Battered women: Where they go for help. *San Antonio Emergency Nurses' Association*, 24(1), 16-19.
- Payne, B. K. (2008). Training adult protective services workers about domestic violence: Training needs and strategies. *Violence against women* 14(10), 1199-1213.
- Raj, A., & Silverman, T. (2002). Violence against women: The role of culture, context and legal immigrant status on intimate partner violence. *SAGE Publications*, 8(3), 367-398.
- Raphael, J.D., (2002). Keeping battered women safe during welfare reform : New challenge. *American Medical Women's Association* ,Vol 57,32-35.
- Sawyer-Kuran, K.M., Wechsberg, W.M., & Luseno W.K. (2009). Exploring the difference and similarities between black/African and colored men regarding violence against women, substance abuse and HIV risk in CapeTown, South Africa. *Psychology of Men & Masculinity*, 10(1), 13-29.
- Smith, J.A. (2007). *Qualitative psychology: A practical guide to research methods*. Singapore, SAGE.
- Smith, M.K. (2001). Kurt Lewin: Groups, experimental learning and action research. *Encyclopedia of Informal Education*, retrieved 20 May 2016 from <http://www.infed.org/thinkers/et-lewin.htm>
- Stauffer, C.S. (2015). Sexual politics of gender-based violence in South Africa: Linking the public and private world. *Journal for the sociological integration of religion and society* , 5(1).
- Straka, M.S. & Montminy, L.(2009). Responding to the needs of older women experiencing domestic violence. *Violence against women*. Vol 12(3), 251-267.

- Super, D.(2014). Perspectives on the meaning and value of work, *Designing careers*, p. 27-53. San Francisco: Jossey Bass.
- Tops,B. A., Saveman, B. I. & Tops.D.,(2009).Staff experience and understanding of working with abused women suffering from mental illness. *Health& social care in the community*.Vol.17(), p. 459-465.
- Umbuyeyi, A., Persson, M., Mogren, I., &Krantz, G. (2016). Gender inequality prevents abused women from seeking care despite protection given in gender based violence legislation: A qualitative study from Rwanda. *Koushuv Dalal Orebro University of Sweden, 11(5)*.
- Vinton, L. (2008).Working with abused older women from a feminist perspective.*Journal of Perspectives& Aging*, 11(2&3), 85-100.
- Westbrook, N., (2009). Crisis information concerns information needs of domestic violence survivor. *School of information*. 45, 98-114.
- Williams M.B., & Sommer, J.F.(2005). Self-care and the vulnerable therapist .In B.H Stamm(ed.).*Secondary traumatic stress: self-care issues for clinicians, researchers and educators*(ed Stamm, B.H.), 230-246.Lutherville, MD: Sidran Press.
- Wilson, G., (2004). Dilemmas and ethics: Social work practice in the direction and management of abused older women and men. *Journal of Elderly Abuse &Neglect*, 14(1),79-94.
- Wingood, G.M., Didemente, R.J., & Raj, A., (2000). Adverse consequences of intimate partner abuse among women in non-urban domestic violence shelters. *Elsevier Science Inc. 19(4)*, P. 270-275).

Wu, C., & Pooler, D. (2014). Social caregivers' identity and distress: Examining the moderate role of self-esteem and social support. *Social work research*. 38 (4), p. 237-249.

Yragui, N. L. Mankowski, P. N. A., & Glass, N.E. (2012). Dimensions of support among abused women in the workplace. *Community Psychol.* 49, 31-42.

Appendixes

Appendix A

One on One Interviews questions:

English :	Isizulu:
1. What are some of the challenges you have experienced when working with abused women?	Iziphithiizinkoezijwayeleojwayeleukuhlangabezananaoumausebenzisananabantubesifazaneabahlukunyezwayo?
2. In your experience of working with abused women, which societal groups are more vulnerable to experiencing women abused?	Ekusebenzenikwakhonalabobesifazaneabahlakunyeziwe ,iliphiiqembuelibonwayilaboabanakekelaabantubesifazanenjengeqembuelisengoziniyokuhlukumezeka?
3. Have you ever experienced a phase where you considered quitting your job as a care worker?	Kwakekwabakonaisikhathilaphoowakewazizwaufunaukuyekaukusebenzanzengomnakekeliwabantubesifazaneabahlukunyezwayo?
4. How do you manage to balance between your work and your personal life?	ukwazikanjaniukwehlukanisaphakathikomsebenzinobudlelwanoonabonaloomsizayo?
5. What are different types of psychological effects experienced when working with abused women?	Iziphizindlelazokuhlukumezekaezihlangenenokomqondookewahlangaekusebenzeninabesifazaneabahlukunyeziwe?
6. How do care workers manage to keep the professional relationship after working with the abused women?	Ukwazikanjaniukugcinaubudlelwanokubeiloboobomusebenzikuphelaumakadeusebenzanosesifazaneohlukunyeziwe?

Appendix B

School of Applied Human Sciences,

University of KwaZulu-Natal,

Howard College Campus,

Dear Participant

INFORMED CONSENT LETTER

My name is Mbaliyethemba Shezi I am a Master of Social Sciences candidate studying at the University of KwaZulu-Natal, Howard College campus, South Africa.

I am interested in learning about different experiences encountered by care workers or people who take care of abused women in the area of Durban. I am studying cases from Kerr House, Ethembeni and ABH V.J Kara family Centre. Your organization is one of my case studies. To gather the information, I am interested in asking you some questions.

Please note that:

- Your confidentiality is guaranteed, as your inputs will not be attributed to you in person, but reported only as a population member opinion.
- The interview may last for about 1 hour and may be split depending on your preference.
- Any information given by you cannot be used against you, and the collected data will be used for purposes of this research only.
- Data will be stored in secure storage and destroyed after 5 years.

- You have a choice to participate, not participate or stop participating in the research. You will not be penalized for taking such an action.
- The research aims at knowing the challenges of your community relating to resource scarcity, peoples' movement, and effects on peace.
- Your involvement is purely for academic purposes only, and there are no financial benefits involved.
- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

willing Not willing

Audio equipment

Photographic equipment

Video equipment

I can be contacted at:

Email: mbaliyethemba.shezi@yahoo.co.za

Cell: 0761435674

My supervisor is Dr. Johanna HendrinaBuitendach who is located at the school of applied human sciences Psychology Department Howard College campus of the University of KwaZulu-Natal.

Contact details: email: buitendach@ukzn.ac.za Phone number: 0312602407

You may also contact the Research Office through:

P. Mohun

HSSREC Research Office,

Tel: 031 260 4557 E-mail: mohunp@ukzn.ac.za

Thank you for your contribution to this research.

DECLARATION

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT

DATE

.....

.....



August 2016

Gatekeepers

Mbaliyethemba Shezi, a Master of Social Science by dissertation student in the School of Applied Human Science formally requests permission to interview staff in your institution for my research project on different kind of experiences encountered by care workers who take care of abused women. The main aim of this research project is to get different experiences encountered by those who take care of abused women and this will be done by conducting interviews with the care workers. I would like to use your employees as part of the participant in my Masters dissertation entitled: "The experiences Of Care workers who take care of abused Women: The case of Durban Organisation for abused women, this dissertation will acknowledge the organisation and gathered data will be shared with UKZN if requested.

Thank you and kind regards

Name: Mbaliyethemba Shezi
School of Applied Human sciences
Email: Mbaliyethemba.shezi@yahoo.co.za
Tel number: 076 143 5674

Permission to use

Name: SIZAKELE MBODGWA

Signature: 

Date: 17/08/2016

Department or Institution: MBALIYETHEMBA C.C.C.

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