

Why Can't She Leave?

Experiences of Victims of IPV Regarding the Role of Victim Empowerment Programmes in Tackling Housing Needs

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Partner violence, also known as Intimate Partner Violence (IPV), is a form of human rights violation and a significant public health issue. Despite the strides and efforts that have been made to empower women, victims continue to be disempowered and remain vulnerable. A qualitative research approach was employed, guided by phenomenological, exploratory research design, seeking to explore the experiences of victims of IPV and social workers to inform guidelines for practice in Gauteng. The study aimed to develop an understanding of the contribution of VEP to the empowerment of victims of IPV in Gauteng. Data were collected through semi-structured interviews with a sample of fifteen victims of IPV. The non-probability purposive sampling method allowed the researcher to use their judgment by purposively selecting persons based on accessibility and suitability, and the participants embodied certain characteristics of the study. The study has revealed a pressing need to move beyond short-term emergency shelter provisions and focus on sustainable housing solutions for IPV survivors. Programmes should prioritize access to affordable, long-term housing that offers survivors stability and a foundation for rebuilding their lives.

Keywords: Accommodation, Intimate partner violence, Victim empowerment, Second-stage housing

1. Introduction

Intimate partner violence (IPV) is a pervasive global issue that affects individuals across all socioeconomic, cultural, and geographic boundaries. Individuals from various social, cultural, and geographic backgrounds are

impacted by intimate partner violence (IPV), which is a widespread worldwide problem (Albanesi, Tomasetto, & Guardabassi, 2021). Approximately one in three women will, at some point in their lives, experience physical or sexual violence at the hands of an intimate partner, according to the World Health Organization (WHO, 2021). The effects of intimate partner violence (IPV) on a survivor's capacity to get safe housing are just as significant, even if the immediate physical and psychological effects are frequently the most obvious. According to Davies and Lyon (2020), victims of abuse frequently stay with their abusers because of fear of homelessness or unstable economic conditions, which increases the length of time they are exposed to violence.

Housing insecurity is both a cause and consequence of IPV. Survivors frequently face challenges such as financial dependence on the abuser, lack of affordable housing, and limited access to resources that would enable them to secure independent living arrangements (Ponic, Varcoe, & Smutylo 2011). Victim empowerment programs designed to support survivors of IPV have emerged as a key strategy to address these barriers. These programs typically offer a combination of legal assistance, financial aid, counseling, and housing services to facilitate the transition to safety and self-sufficiency. However, the effectiveness of these programs, particularly in addressing the housing needs of survivors, remains a subject of ongoing debate and research. This paper explores the role of victim empowerment programs in tackling housing challenges for IPV survivors, focusing on the barriers that prevent them from leaving abusive environments and the extent to which these programs help overcome those obstacles.

In South Africa, Intimate partner violence (IPV) forms a large proportion of the violence faced by the country, with many cases being reported in the Gauteng Province. Although GBV has been flagged as one of the country's burdens, Intimate Partner Violence remains on the increase. According to (Sibanda-Moyo, Khonje, & Brobbey, 2017), even with limited data to work from, Violence Against Women (VAW) in South Africa is enduring. It has been described as 'widespread, at a high level and normalized' and occurring in endemic proportions. Interpol's comparative statistics worldwide suggest that in 2023, South Africa ranked the world's number one in reported VAW cases (Albanesi et al. 2021).

There is an observation that South Africa is currently experiencing a persistent rise in IPV despite many programmes designed to empower the victims. IPV, as one form of domestic violence, is both a human rights violation and a public health concern (Guli and Geda, 2021). A victim of spousal violence is susceptible to both short and long-lasting physical, emotional, and financial consequences. These effects are confined to the victim and stretch to the victim's family, friends, and society. In its broader spectrum, IPV also impacts countries' social and economic development (Guli and Geda, 2021).

Low levels of education and a lack of decision-making power in these regions make women more dependent on their male partners and increase their likelihood of experiencing violence. It is an explicit exhibition of gender inequality and is gradually being recognized as an important risk factor in a range of poor health and economic development outcomes. IPV that a spouse or intimate partner perpetrates is the most common form of gender-based violence. In addition to causing direct injury or loss of life, it increases the victim's vulnerability to a range of negative health outcomes (Kebede, Weldesenbet, and Tusa, 2022).

Yonfa, Fasol, Cueva, and Zavgorodniaya (2021) define IPV as a behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors. This is because of a power imbalance within society, most notably between men and women, due to a cultural model of men's superiority and privilege and how these are entrenched and expressed in partner, familial, cultural, social, economic, and political institutions. Thus, a National Victim Empowerment Programme (VEP) was eventually rolled out to support the victims of violence and their families in dealing with the impact of the experience of violence. The VEP aims to develop a victim-friendly criminal justice system, provide quality services to victims, and promote intersectoral and departmental collaboration in victim-centered interventions (Sibanda-Moyo, Khonje, and Brobbey, 2017).

2. The relationship between housing and intimate partner violence

The relationship between IPV and housing insecurity has been well-documented in academic and policy-oriented research. Studies show that survivors of IPV often remain in abusive relationships due to the lack of viable housing options. For instance, Fleury (2000) argues that many survivors return to their abusers after attempts to leave because they encounter insurmountable financial and logistical barriers, particularly in securing housing. This points to a need for specialized interventions that provide survivors with stable, affordable housing as part of a broader empowerment strategy.

Victim empowerment programs have increasingly been recognized as effective in addressing these complex needs. These programs are designed to provide comprehensive support to IPV survivors, focusing on immediate safety concerns and long-term well-being, including housing stability. According to Sullivan (2000), such programs play a crucial role in facilitating survivors' exit from abusive environments by offering resources such as emergency shelters, transitional housing, and financial assistance. These services are particularly important for women who are economically dependent on their abusers or who face structural barriers, such as discrimination in the housing market (Baker, 2010).

Several studies have examined the effectiveness of empowerment programs in meeting the housing needs of IPV survivors. A meta-analysis by Johnson et al. (2018) found that survivors who received comprehensive support, including housing assistance, were significantly more likely to achieve long-term safety and stability than those who only accessed emergency shelters. Similarly, Goodman and Epstein (2008) argue that empowerment-based approaches are particularly effective because they center the survivor's agency and autonomy, offering physical safety and the tools to rebuild their lives.

Despite these successes, there are limitations to the current victim empowerment models. Access to affordable housing remains a persistent challenge, particularly in urban areas where the demand for safe and affordable accommodation often exceeds the supply (Ponic et al. 2011). Additionally, while many empowerment programs offer short-term housing solutions, there is a growing recognition that long-term stability requires more sustainable interventions, such as permanent housing and ongoing financial support (Baker, 2010).

Furthermore, there is evidence that empowerment programs may not be equally effective for all survivors. For example, research by Pavao (2007) suggests that survivors from marginalized groups, such as ethnic minorities and women with disabilities, may face additional barriers to accessing these services. These findings highlight the need for more inclusive and accessible program designs that address the diverse needs of all IPV survivors.

Summarily, while victim empowerment programs play a crucial role in helping IPV survivors address their housing needs, challenges remain in ensuring that all survivors can access safe, affordable, and long-term housing solutions. Future research should focus on addressing these gaps and exploring innovative approaches to improving the effectiveness of these programs, particularly for the most vulnerable populations. Given the above, this paper aims to describe the experiences of women victims of IPV regarding the role of Victim empowerment programmes in tackling their housing needs. This study can then be useful in providing recommendations for long-term solutions to the identified accommodation needs of the victims of IPV.

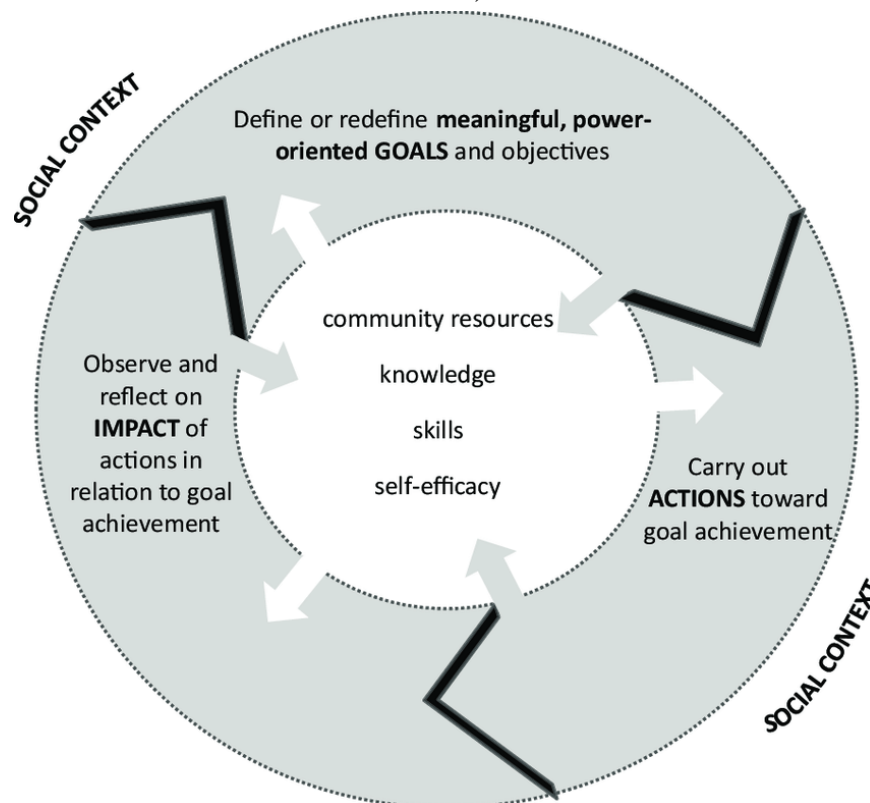
3. Theoretical framework

Structural system theory was used in this study, and it was found to be relevant because it supports the investigation of society and family structures and closely looks at the interconnectedness of systems that work collaboratively to support and empower victims of intimate partner violence. As Chih-Hui and Sapphire (2017) described, structural functionalism theory focuses on three levels of observation: the environment, the social organization as a system, and human participants within the organization. Therefore, the structural systems theory believes that each system's components are structured in a hierarchical

ordering, and components are interdependent with one another in the system to the extent that one component cannot function without the support of other components. The support of women victims of violence is hosted by a myriad of systems that include government, non-governmental organizations, faith-based organizations, and multidisciplinary professionals. While all these systems and structures are available, the researcher has noticed a recurrent pattern of victims falling back into the hands of their abusers, which, at most, is because of a lack of housing and resources.

The empowerment theory was further used to underpin the study. The empowerment process occurs where power is unequally distributed, and structures exist to perpetuate some advantages over others. Cattaneo and Chapman, (2014) defined empowerment as “a process in which individuals learn to see a closer correspondence between their goals and a sense of how to achieve them and a relationship between their efforts and life outcomes. The theory supports the notion that all people who lack power do not have an equal chance of gaining it.

Image 1: The Empowerment Process Model (Cattaneo and Chapman, 2014).



As shown in this figure, the process is not linear, an individual may go back and forth between elements about specific goals and related aims, reevaluating as experience encourages introspection. A personally significant rise in power that a person achieves on their initiative is the successful conclusion of the empowerment process.

Albanesi, Tomasetto and Guardabassi (2021) further denote that

Empowerment Process Model (EPM) assumes empowerment as an iterative process where internal (psychological) and external (social) factors interact and in which “a person who lacks power sets a personal meaningful goal-oriented towards increasing power, takes action and makes progress towards that goal, drawing on his or her evolving self-efficacy, knowledge, skills, and community resources and supports, and observes the impact of his or her action”. However, the empowerment process occurs where power is unequally distributed, and structures exist to perpetuate some advantages over others. The theory also brings forth the assortment of women’s experiences as a basis for understanding IPV and the dynamics involved in the study.

4. Research Methodology

The qualitative research approach centers on collecting and analyzing words (written or spoken) and documented data. A qualitative study was undertaken using the exploratory, descriptive, and contextual design to collect, interpret, and analyze the stories and experiences of victims of IPV and implementers of Victim Empowerment Services. Phenomenology was used to describe the common meaning of the experiences of victims of IPV regarding victim empowerment services alongside the experiences of implementers of services working in the victim empowerment centers. The study population in this research referred to women who are victims of Intimate Partner Violence and who have sought services of Victim Empowerment. In addition, officials are rendering empowerment services to victims of IPV in Gauteng. The study purposefully selected a sample of 15 participants. These included individuals who had experienced intimate partner violence, had experienced VE services, and lived in a victim empowerment center for a period of zero to three months. Purposive sampling in this research was a method of choice whereby the sample items depended exclusively on the investigator's judgment. Data was collected at the victim empowerment centers (known as shelters), where they were temporarily accommodated. Semi-structured interviews were used as a method of data collection. The method was used to gain a detailed picture of a participant’s belief about, or perceptions or accounts of, the topic. Interviews were carried out face-to-face. The researcher conducted face-to-face semi-structured interviews guided by open-ended questions to get information from participants. Thematic analysis was used to analyze and generate the meaning from the data collected. According to (Galani,2018:420), thematic analysis aims to create a comprehensive and systematic record of the coding and themes raised in interviews or observations. Themes were identified in transcript data from participants, and then attempts were made to confirm, verify, and expand these themes and repeat the procedure to find new themes. Coding with similar content is then compiled into themes with a wider range. The initial coding framework and themes were created according to the study's theoretical

framework.

5. Ethical considerations

The Ethical Clearance, which granted permission to undertake the study, was granted by the College of Human Science (CHS) Research Ethics Committee (REC) at the University of South Africa (UNISA) 32380798_CRECHS_2021. Permission was also granted from the Department of Community Safety (Victim Empowerment) to conduct research in the shelters in Gauteng Province. A consent form that specifies the whole purpose of the study and the main study design, as well as the possible risks and benefits of participating in the research to ensure voluntary participation. Research participants were treated as autonomous agents by informing them about the study. At all times, participants' autonomy was respected.

6. Research findings and discussion

The research findings are outlined in two sections, namely key participants' biographical information, followed by a presentation of four themes, sub-themes, and categories.

Demographic information of participants

The participants in this study ranged between the age bracket of 22 -51 years. Eight (8) participants were between the ages of 22 -29, four (4) participants were between the ages of 30-36, one (1) participant was forty (40) years of age, and another one (1) was fifty-one (51) years of age. Of the women who participated in the study, fourteen (14) were unmarried at the time of the study and had never been married, and only one (1) was married. Of the fifteen (15) women who participated in the study, thirteen (13) of them considered themselves not to be in a relationship even though they were abused by their partners whom they had been in a relationship with before accessing the VEP center. Only (2) participants regarded themselves as being in a relationship. One (1) of the two (2) participants who are in a relationship has been in a relationship for 8 years, and the other one (1) has been in a relationship for only 1 year. In the study, thirteen (13) out of fifteen (15) participants had one (1) or more children. One (1) participant had five (5) children, one (1) had three (3) children, four (4) had two (2) children, two (2) had one (1) child, two (2) had no children. Fourteen (14) participants who took part in the study were unemployed, and only one (1) was employed at the time of the study. Social workers referred thirteen (13) participants, and two (2) were referred by the police, yet social workers are still seen as a port of entry for services of women with experience. All fifteen (15) participants who accessed the VEP centers reported that their partners violently abused them.

Table 1 presents the demographic information of participants.

	Age	Gender	Marital Status	If not married, what type of relationship	Number of children	Employment Status	Point of Referral	Reasons for accessing the VEP Centre
P1	31	Female	Not Married	Not in a relationship	3	Not Employed	Social Worker	Physical; and emotional abuse
P2	22	Female	Not Married	Not in a relationship	2	Not Employed	Social Worker	Hitting; Sexual violence
P3	27	Female	Not Married	Not in relationship	1	Not Employed	Social Worker	Fighting; Moody; stalking
P4	53	Female	Not Married	Not in a relationship	0	Not Employed	No Social worker	Physical abuse
P5	40	Female	Not Married	Cohabiting /1 Year	2	Not Employed	No Social Worker	Physical abuse, emotional
P6	30	Female	Not Married	Not in a relationship	5	Not Employed	Yes Social Worker	Physical abuse
P7	36	Female	Not Married	In a relationship/ 8 years	2	Not employed	Police	Physical Abuse
P8	25	Female	Not married	Not in a relationship	2	Not Employed	Social Worker	Physical, emotional, mental
P9	22	Female	Not Married	Not in a relationship	0	Not Employed	Social Worker	Physical, Emotional, mental abuse
P10	28	Female	Not Married	Not in a relationship	1	Not Employed	Social Worker	Physical Abuse, financial abuse
P11	33	Female	Not Married	Not in a relationship	4	Employed	Social Worker	Physical Abuse
P12	29	Female	Not Married	In a relationship	2	Not employed	Social Worker	Physical Abuse, emotional abuse
P13	29	Female	Not Married	Not in a relationship	3	Not employed	Police	Physical abuse
P14	31	Female	Not Married	Not in a relationship	2	Not employed	Social Worker	Physical abuse
P15	25	Female		Married	1	Not employed	Social Worker	Physical Abuse

The findings revealed a wide range of experiences of victims of IPV in the victim empowerment centers. This is reflected in the rich data insights obtained in this study.

Theme: Role of Victim Empowerment Programmes in addressing the needs of victims.

This theme examined the awareness and understanding of victims and the role the victim empowerment programmes play. There were, however, also some immediate physical needs that most victims expressed that they hoped to receive when they arrived at a Victim Empowerment Centre.

The objectives of these programmes are to address psychosocial issues and minimize the impact of such acts of violence (Leburu-Masigo 2020). This theme emerged in the study, which included the victims' understanding of the role of VEP. The themes were categorized according to participants' responses, which translated into their needs and how they benefitted from their involvement in the program. Participants expressed their understanding of the role of IPV in providing for their needs.

Sub-theme: Addressing the needs of victims of IPV.

The sub-theme looked at how the VEP addressed the needs of the victims during their stay in the shelters with the following categories.

Need for safety and shelter: Some participants felt that the role played by victim empowerment programmes is to provide for their immediate needs, which included the need for shelter. The major role was identified as addressing the needs of Victims of IPV and how these needs were met through their involvement in the victim empowerment program. According to (Sullivan, 2022:3), IPV is a leading cause of homelessness. However, little evidence exists about effective strategies to assist IPV survivors as they work to avoid homelessness while freeing themselves from abuse. When women experience violence in their relationships or their domestic space, it puts them in a vulnerable position in a way that most women become destitute.

Specifically, most women indicated that one of the main needs at the time of their first contact with the centre was safety and shelter. Some women expressed safety and shelter as the major role in the empowerment process.

“I asked for a safe place because I could see that I was no longer safe with my partner; if I met him again, he would hurt me. I asked to be at least brought here to be safe to find myself and then see what I do with my life”.

“I was not expecting much, except for safety, which I got”.

“All I expected was a place of safety. A place to stay”.

The above assertions that the primary need of IVP victims when treated is housing for safety before anything else. The Centre provided for the immediate needs, the second basic need in Maslow's hierarchy of needs for every individual. It turned out from their experiences that they did not have anywhere else to go for their safety; therefore, the centers played a significant role in ensuring that they removed themselves from the violence and had a safe place to go to.

Most participants recognized that their needs progressed over time, and other needs were identified and became more pertinent. For example, the participants identified the need for financial independence, including the idea of improving their employability, which includes developing and learning new skills, obtaining a job to fend for themselves (economic independence), as well as being independent financially so that they can be able to break free from the violence. According to (Leburu-Masigo, 2020; Poncic et. al, 2011), women's empowerment and development require fostering and promoting economic opportunities for women through work on business training and development, job training, and placement in different sectors. Women can be capacitated through financial education and labor market opportunities.

At this point, most participants realized that all their needs were important but felt the need to prioritize some:

“For me to come here, I just told myself maybe they can help me find a job”.

“Here they help us; they can help a person on how they can try to get a

job. They encourage us to find ways of making plans when we leave here”.

“I feel like I have a lacked behind, with not getting the job hunting done”.

“I will have to see how I get a job. They help me find a job for myself and my children”.

“But I do not have enough money to start everything at once”.

Most women indicated that amongst other aspects of the role of VEP that they received when they got to the center was the need to re-establish themselves. All 15 women at the time of their stay at the centres shared a common goal, which was to change their situation:

Need for re-establishment: the women expressed that they aim at improving their lives, which will, in turn, empower them to stop their partner’s violence or deal with partner violence decisively. After the victim empowerment program has catered to all the victim’s needs, the program’s objective is to empower women victims towards self-reliance and independence. With all the emotional and psychosocial support that victims receive from the Victim Empowerment Programmes, the study revealed that the women ultimately feel empowered and confident to take up their lives independently.

“I can see myself getting ahead. Being a success in life. I can see myself working for myself”.

“I saw that I must choose me because he does not want me anymore. The truth is when a person loves you, they cannot harm you. I will see what I do with my life; my life cannot be stuck because of him”.

“Where do I begin? What are your Short-term goals? They told me I needed to set them. I searched for my long-term goals. “Just do something with your life.” That will mean something in life. They helped me a lot.”

“When I leave here, I want to return to college because I was in college. I was doing a Call Centre course, but now I want to do IT. I also want to be an air host. I am inspired.

Sub-Theme: Types of Empowerment Programmes and Services.

Another sub-theme that developed was that of the different types of Victim Empowerment Programmes (VEP) as a form of response to IPV. Different programs were offered in the VEP centers in different ways, but all were aimed at offering much-needed support to women. The centres offered support and help by welcoming the women. Individual counseling or self-help group opportunities (i.e., psychological support) were then offered to sustain women’s self-esteem and self-efficacy.

Psychosocial support: Women who participated in the study indicated that the psychosocial support they received at the centers helped them to heal from the psychological impact of the abuse and violence. According to (Vetten and

Lopes, 2018), South African research finds that there is a relationship between IPV and different forms of psychological distress. The research confirms the notion that IPV certainly does contribute to anxiety disorders in South African women. Various types of psychosocial support can be implemented to help victims contribute to their empowerment.

Short-term reactions to victimization include anger and fear; however, over time, these emotions can turn into long-term depressive effects, low self-esteem, lack of self-confidence, and occasionally post-traumatic stress disorder (PTSD).

"I am attending a psychologist, I am still attending sessions, I do, I do tell the social workers, I do not know what type of help they can give me, but as for financial problems, they made it clear that is not in their hands, but for donating food and mental health, like to provide food and clothes, they can manage to do that".

"I was a person who was always crying. Now, as I am talking to you, I could be crying. But since I arrived, I feel strong, even though sometimes. you know how abuse is; sometimes your mind comes back, and you will sit alone and cry, but eventually tell yourself, let me be strong, then remember the social worker's words, or go to Sis Lungile and say I have a problem I was thinking about 123, and they will give you direction".

"I was stressed; my heart was sore. Hmm, I was just not right. I was even crying, but now I am all right.

"Like, I did not know whether I was coming or going. I did not know how to go forward. You understand? So, like I was stuck, I was even smoking drugs. I was telling myself that my life is over. Saying I am done".

Women in the study expressed that they all received emotional support in all the centres of empowerment. All centres had therapeutic services where all women engaged with a counseling therapist to deal with the psychological impact of IPV. Skills Development Programmes: Participants in the study indicated that they participated in different skills development categories as an element of empowerment. However, little is known about their effectiveness and if they achieve their intended outcomes. Watson and Lopez (2017: 6) further allude that given that most of the women at the shelters do not have an education and being economically active is important in helping them to leave violent relationships, these programmes are critical. However, there appears to be a need to ensure they are more targeted, resourced, and effective in assisting women to find entry-level employment. Participants, however, felt equipped with some skills.

" We learned how to sew on the machine, we learned how to....remember COVID-19 was still new, so we learned how to sew our masks, sewing blankets, and then art, we were told to draw something from time to time to draw something on paper and put it on the wall and put it on our bed, so it was

sort of a competition in a way, I want to draw a beautiful flower and outdo others to see who is going to make the most beautiful flower”

“I think I have developed a skill to cook for many people, even though sometimes it is tiring, but it is not an everyday thing because we are changing, so just to cook, I love and express my feelings around the kitchen, because I love to be around the kitchen, cooking, but we once had a computer training, that was it”.

“Oh, we sew. There was a school, but I finished. It was a six-month course, A call centre course; Yah, now we are waiting for certificates”.

“Ahh, we first went for healthy what (first aid), for training, and then we went for computer, and after now we are going for this thing, license.”

The empowerment of women through the skills programmes is seen as an active means of enabling women to realize their full identity in all spheres of life. They identified the programs as a preparation for life beyond the center.

It is prescribed in the Victim’s Charter that victims in the Victim Empowerment Centres need to be assisted with an Individual Development Plan (IDP), which will guide their personal development in preparation for exit. Not all centres appeared to have a proper strategy for helping victims to navigate their way out of these centres. For example, participants need an exit plan that helps them prepare for independent living. All fifteen women in the study indicated their aspirations of leaving their relationships. According to (Zedner,2020), The National Guidelines for Victim Empowerment indicates that victims are allowed to participate in activities and processes aimed at their empowerment.

None of the participants planned on going back to their abusers upon their exit from the centers. However, some exit plans were unclear because they were unsure what would come next. They did not have the financial means to live independently and did not want to go to their families' (parents' house).

“I reckon that if things go as I anticipate, I will find a place for us to stay and live there with my children”.

“I see myself back in Cape Town; you see, this time if I go home, I want to start over because their jobs even at home because Cape Town is more like Joburg; I want to stay with my mom, I want to go back home, I do not ever want to stay here, breathe the same air as him”.

“Where I come from, I have a stand in Mamelodi. That stand is mine. I was staying with him there, but the stand was in my name. When I left here, I was thinking of going there. My problem is that I do not know if he is arrested and what will happen when he gets released. So, if I can find a job, I would look for another place and get someone to rent that place”.

“My plan, when I leave this place, is to take my son home and move on with my life”.

7. Limitations of the study

The study had limited access to participants due to the COVID-19 lockdown. The commencement of the study coincided with the third wave of the COVID-19 pandemic, called the Delta Virus. Despite the precautionary protocols that the researcher had designed to ensure minimum to no harm to participants, the researcher had to temporarily postpone the initializing of the process because most centers were not accepting visitors. Some shelters did not do any intakes of victims for some period because of their COVID-19 policies, which served as a limitation to access participants. Another limitation of access was that even though permission was sought from the relevant department and custodian of the programmes, some resistance was present among some gatekeepers, which hindered and delayed the data collection process. Lastly, there was a limitation of openness from some participants who were not free and open to discussing the service offerings at some centers for fear of victimization even when intensive probing was done, and confidentiality was overemphasized and assured.

8. Recommendations

The study has revealed a pressing need to move beyond short-term emergency shelter provisions and focus on sustainable housing solutions for IPV survivors. Programmes should prioritize access to affordable, long-term housing that offers survivors stability and a foundation for rebuilding their lives. Also, future efforts should include policy advocacy aimed at increasing funding for transitional and permanent housing initiatives tailored to IPV survivors. Attention should be directed at improving the inclusivity and effectiveness of victim empowerment programmes by considering the unique challenges marginalized populations face.

Moreover, VEP program managers and supervisors should work to eliminate barriers that disproportionately affect these groups by implementing targeted interventions, such as culturally sensitive services and disability accommodations, that cater to their specific needs. Since economic dependence is one of the key factors preventing IPV survivors from leaving abusive relationships, it is crucial to integrate financial empowerment into victim support services. Expanding access to job training, financial literacy programs, and economic assistance will enable survivors to achieve financial independence, making it easier for them to secure stable housing and break free from abusive environments. Researchers should focus on fostering collaboration between victim empowerment programs, housing agencies, and other social service providers. Strengthening these networks can create a more integrated and comprehensive support system that addresses the multifaceted needs of IPV survivors. Chiefly, partnerships with local governments and housing authorities can also improve the availability of affordable housing for survivors.

Academics and researchers should prioritize longitudinal studies and evaluations of victim empowerment programmes to assess their long-term effectiveness in addressing housing insecurity for IPV survivors. Additionally, research should examine existing housing policies' impact and identify improvement areas. Evidence-based recommendations can then inform policy changes and the development of more effective support frameworks. By addressing these critical areas, victim empowerment programs can be more responsive to the diverse housing needs of IPV survivors, helping them achieve lasting safety and self-sufficiency.

The decentralizing Victim Empowerment centres to communities. Development of Victim Empowerment One-stop facilities in rural communities. Establishment of more long-stay facilities for victims who cannot reintegrate with families. Developing a Victim Foster Model. The model would capacitate and support willing and capable families in the communities to open their homes as safe houses for victims, especially those with children. Involvement of critical stakeholders such as the Department of Labour, the Department of Small Business Development, and the Department of Housing and Rural Development. Such ministries can play a very important role in filling in the employment gaps and housing needs and supporting the development of sustainable businesses to empower victims of IPV.

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