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Article

# The Views of Mental Health Professionals Regarding Barriers to Effectively Supporting Women Surviving Intimate Partner Violence in the Rural Eastern Cape

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## Abstract

Intimate partner violence is a serious public health issue with detrimental consequences on the victim's health. This study explores the perspectives of mental health professionals on their role in supporting women who seek help following the experience of intimate partner violence in the rural areas of the Eastern Cape, South Africa. The findings highlight the association between the experience of violence, poverty, lack of access to health services, and rural women's limited ability to escape abuse and recover. These structural factors contribute significantly to poor health outcomes, as this study found barriers preventing rural women from receiving counselling following the traumatic experience of abuse. Most notably, our findings uncover the impact of the shortage of shelters in rural areas, which often forces mothers to separate from their young children as they try to rebuild their lives after escaping the abuse. This unique insight distinguishes this study from previous work on this topic. The findings reveal a major gap in the public health response to intimate partner violence in rural areas of the Eastern Cape, particularly regarding the lack of accessible shelters for rural women. The study concludes that addressing the major shortcomings in the public health response to abuse of women in rural areas is critical to address poor health outcomes for women. We recommend increasing the quantity of shelters across the Eastern Cape and making them accessible to rural women and their children.

**Keywords:** intimate partner violence; abused women; rural women; rural areas; mental health professionals; support services; shelters

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## Introduction

Intimate partner violence is recognised as a global pandemic, with South Africa's rural areas lacking specialist support services, resulting in poorer health outcomes for women. Intimate partner violence is described as a pattern of behaviour used against a partner in intimate relationships to threaten their safety (Johnson et al., 2022; Walker, 2021). The World Health Organisation recognises intimate partner violence as a public health issue due to its adverse health effects (WHO, 2025). Research evidence suggests a direct link between women's experiences of intimate partner violence and increased risk of physical and mental health issues (Chandan, 2020; Malik, 2021). Research consistently shows that recovering from intimate partner violence is often influenced by the social determinants of health; for example, women with low economic status often face barriers to escaping and recovering from intimate partner violence (Cervantes & Sherman, 2021; Papas et al., 2023; Stulz et al., 2024)

In recognition of the negative impact of intimate partner violence, specialist support services have evolved to provide victim-centred support that encompasses a range of services, including shelters, counselling, outreach, and legal advice (Cribb, 2025; Wyatt, 2019). However, studies from around the world reveal an inadequacy of specialist support services in rural areas (Barlow et al., 2023; Farhall et al., 2020; Rhodes et al., 2021). These studies show that the lack of access to support services hinders rural women from receiving the much-needed help to address the impact that

violence has had, particularly on their mental health. Further, it reduces their chances of escaping abusive relationships, subjecting them to a cycle of violence.

While the rural women's limited access to support services in the Eastern Cape is well documented, much of the knowledge is derived from survivors' perspectives, and little is known about service providers' perspectives on these support services. This study closes this gap by exploring the views of mental health professionals regarding support services they provide for abused women in rural areas. The study aims to understand mental health professionals' efforts in addressing the needs of abused rural women who seek help from them. Mental health professionals play a critical role as frontline workers in addressing survivors' needs; thus, this study explores their work with survivors in rural communities of the Eastern Cape through the lens of the Social Determinants of Health (SDH) theory. The Eastern Cape is one of South Africa's predominantly rural provinces, characterised by high poverty rates, poor infrastructure, limited access to resources, and health inequalities (Ngumbela, 2020; Willie & Maqbool, 2023).

#### *The Social Determinants of Health (SDH) Framework*

This research adopts the Social Determinants of Health theory as a lens to understand the relationship between access to intimate partner violence support services, poverty, limited access to resources, and health inequalities. Social Determinants of Health (SDH) theory is a conceptual framework that recognises how social, economic, and environmental factors shape individual and population health outcomes (Shokouh et al., 2017; Wind, 2021). The Social Determinants of Health framework highlights how the conditions in which people are born, grow, live, and work tend to influence their health (Garcia, 2022; Ferrer, 2023). Such structural factors include economic status, neighbourhood, education, social support, and access to healthcare. Furthermore, these determinants significantly affect health outcomes throughout the lifespan, particularly in relation to social disadvantage. By focusing on social, economic, and environmental factors that influence health, the SDH approach enables this research to consider the broader context in which mental health professionals' services and survivors exist.

## **Methods**

The study is set in the Eastern Cape province of South Africa, covering rural areas of Mthatha, Engcobo, and Sterkspruit. The study adopted qualitative research methods to explore the mental health professionals' views regarding specialist support services in rural areas, as well as their role in addressing the needs of rural women who seek help following the experience of intimate partner violence. This work reports findings from in-depth, open-ended interviews with 8 mental health professionals. Participants in this study were eight mental health professionals, comprised of four counsellors and four social workers, who provide support services to survivors of intimate partner violence in rural areas of the Eastern Cape, South Africa. The study used a purposive sample, selecting the participants based on their role as support providers for women who have experienced intimate partner violence while living in the rural areas of the Eastern Cape. The participants were recruited from the victim empowerment centres situated within police station buildings across the rural areas of the Eastern Cape.

After gaining approval from the gatekeepers, the researcher contacted mental health professionals by email to ask whether they would be interested in participating in the study and provided the information sheet detailing the study's purpose, how the data would be used, and that the research would be published as well as the statement explaining that taking part is voluntary and that they can withdraw at any time without penalty. The information sheet also explained how participants' information will be kept confidential and their identities protected. When the potential participants responded and agreed to participate, the researcher arranged meetings to provide them with a consent form outlining the study and their rights before they agreed to take part. The form included a clear statement that participation is voluntary and that participants can withdraw at any time without penalty.

The data were collected through individual interviews with mental health professionals conducted in the quiet private spaces within the police stations. The researcher asked open-ended questions to explore the mental health professionals' views regarding support services they provide, as well as their role in addressing the needs of rural women who seek help following the experience of intimate partner violence. The interviews lasted about an hour. The interviews were recorded using a tape recorder after the participants had consented. The data was analysed using a thematic data analysis method.

### *Ethical Considerations*

The researcher adhered to the ethical guidelines, regulations, and standards throughout the study, as recommended by Khan et al. (2021). Confidentiality was strictly maintained, and all personal data remained anonymised. The researcher respected the participants' rights and caused no harm. Participants volunteered for the study without being paid. This study was reviewed and approved by the Faculty of Humanities Research Ethics Committee of the University of Johannesburg before its conduct.

## **Results**

The data emerged from interviews with mental health professionals working with women surviving intimate partner violence in the Eastern Cape revealed several key themes. These themes reflect the barriers that abused women in rural areas face when attempting to access mental and physical support. Also, the themes reveal the significant challenges faced by mental health professionals who support the survivors. These themes are as follows: (1) prevalence of intimate partner violence in rural areas, (2) Issues affecting counselling treatment completion, (3) Challenges affecting service provision, (4) the scarcity of shelters in the Eastern Cape.

### *Prevalence of Intimate Partner Violence in Rural Areas*

The interview responses reveal the prevalence of intimate partner violence affecting women in rural areas. They highlight how the mental health professional's role is essential in supporting survivors of intimate partner violence through providing advice and emotional support. The responses highlight the critical role mental health professionals play in helping abused women navigate the challenges they encounter in attempting to flee intimate partner violence or in dealing with its impact, as one participant explains:

*"Yes, domestic abuse is a problem. We come across many women who are affected and in need of our help, and in fact, the figures we record in these books do not reflect the truth about this problem because we know that a lot of women here don't report abuse and they don't seek help. I mean, gender-based violence is real here in the villages, and sadly, there is no sign that this will change anytime soon. So, what we do we support women who are affected by domestic abuse; sometimes they want counselling or ongoing support related to separation, and sometimes they want us to help them feel safe again. They want assurance, and stuff like that."*

This quote reveals that there is a high prevalence of intimate partner violence affecting women in rural areas. It also suggests that not all women who experience violence report it or seek help. This response reveals that mental health professionals help abused women deal with the negative impact of intimate partner violence, particularly the emotional aspects of it. The quote highlights that emotional support is one of the services that mental health professionals often provide to abused women. It shows the significant role that they play in addressing the survivors' needs as indicated in the next quote:

*"We help women who need someone to talk to regarding the abuse they have suffered; most of the time their need is to recover emotionally, because the abuse is very traumatic; in a way, women often come here in need of an ongoing intervention to help them overcome the trauma symptoms they usually report"*

The response above reveals the negative impact intimate partner violence has on the victim's mental health, which usually necessitates specialised ongoing intervention. It emphasises that abused women often need emotional recovery from the trauma, suggesting that intimate partner violence often causes trauma that can affect one's mental health. Thus, abused women who come into contact with the medical professionals and police are usually referred to receive further help from mental health professionals as indicated in the next response:

*"The women I often support here are usually referred to us by the police because they have reported cases or because sometimes, they received medical help, and the medical professionals saw that they needed further help, especially emotionally."*

This response demonstrates the seriousness of the impact of intimate partner violence and the need for mental support for survivors. It also suggests that most of the time, rural women are less likely to decide on their own to seek help, except when the violence has escalated or become life-threatening to a point that the police get involved, or after they have received medical assistance, then they get referred, as one of the participants was captured explaining:

*"We receive women who have been referred to us by the police after they open cases or by doctors or nurses. It's usually those who have been through serious traumatic situations who come here, for example, when a woman has suffered serious injuries from husbands' assault or something like that."*

The above quote explains that the counsellors usually come across women in desperate situations who are referred to them by the police and doctors that they have been in contact with, suggesting that abused women from rural areas usually seek help when the violence has escalated. This suggests they often face barriers that prevent them from seeking help.

This study's responses reveal that counselling is one of the key services mental health professionals provide, which involves creating spaces where women surviving abuse can feel safe and valued, and empowered, as one of the social workers interviewed explains:

*"My line of work involves counselling survivors, making them feel safe, heard, and respected, and that's key to my everyday work. Part of my job is to help survivors regain a sense of control in their lives by supporting them in identifying their strengths and the coping strategies they can use in managing their negative feelings resulting from the traumatic experience of abuse."*

This response highlights the significant role social workers play in providing emotional support for survivors. It reveals how they create a safe environment where survivors feel heard and respected, an approach centred on empowering victims to reduce the impact of abuse. Further, the social worker's role involves supporting women to strategise and plan a safe escape from abusive relationships, as highlighted in the following response:

*"... for example, if a woman is still involved with the perpetrator, we discuss a safety plan and give them advice on how to escape safely and provide the information relevant to their situations."*

This quote reflects how mental health professionals respond to women in domestic situations, equipping them with advice to help them navigate the complexity of escaping abuse, which involves planning a safe escape. As well as providing information specific to the client's current circumstances. This suggests that mental health support is key to women's recovery journeys.

#### *Issues Affecting Counselling Treatment Completion*

While part of the abused women's needs involves counselling, the responses suggest that many of the women fail to finish their treatment, as captured in the following quote:

*"One of the issues we face is that most clients who need counselling usually come only once, and then disappear or never come back again, even though they showed interest in receiving several counselling sessions."*

This quote suggests a pattern whereby women may have barriers that stop them from engaging ongoingly with mental health support on an ongoing basis, as articulated in the following response:

*“From what I gathered from my own investigation, as a counsellor, is that there are a lot of things that stop women from coming back for counselling sessions they agreed on, and that also they find it difficult to open up to the counsellor and discuss their situations. They feel compelled to agree to attend a counselling session when they know they can’t do it for whatever reasons, or, let me say, the obstacles they face. To me, it looks like they agree to counselling in the first place because they feel obliged, having been referred to us rather than initiating it themselves.”*

Other responses suggest that abused women tend to be overwhelmed with other burdens, for example, having difficulties in meeting their basic needs like food and shelter, so counselling may not be a priority even though they wish they could do it.

*“One thing I have picked is that it may not be a priority on their list because they deal with a lot. For example, many are struggling with accommodation issues and some financial difficulties or both, and that contributes because getting here is money; some live in villages far from here, and one needs to pay a bus fare.”*

Based on this response, it seems that women usually face barriers that prevent them from attending ongoing counselling sessions, and they find it difficult to open up about their difficulties since they may not be ready to talk. Also, it appears that they may not see counselling as a priority, since they have a lot to deal with, including financial hardships and the inability to meet their basic needs.

Many responses show that those few women who tend to engage in ongoing counselling treatment are those who can afford and have already escaped violence and are focusing on healing, as described in the following quote:

*“In my own experience and what I observed, most of the time it is the women who have already left abuse situations and who are better off financially who tend to engage ongoingly with their counselling treatment. And this perhaps explains why those who don’t engage may find the crisis overwhelming, making it difficult to focus, and, in some cases, it is costly to travel up and down when you have no income.”*

The response reveals a pattern observed in supporting women with counselling; it appears that women who have already escaped abuse are more likely to engage better and finish the counselling treatment. Contrary to those who are still dealing with the crisis of being in abusive relationships, they may be too overwhelmed to engage, coupled with the financial challenges of travelling to see the social workers when they are already dealing with a lot. This response suggests that having no access to economic resources prevents women from accessing counselling.

#### *Challenges Affecting Service Provision*

The interview responses revealed that one of the roles that the mental health professionals play in supporting abused women is advocacy. In addition to their various responsibilities, advocacy is a major aspect of their work. This involves advocating for the rights of women who have experienced intimate partner violence and the needs of their children. As well as facilitating access to necessary resources, such as emergency crisis grants, as one participant explains:

*“My work involves providing not only counselling but advocacy, helping women navigate the court system, engaging with police sometimes and prioritising the welfare of the whole family, especially if children are involved.”*

This response reveals the multifaceted nature of their role, which includes advocacy for women facing complex challenges that need multisectoral responses. Their help includes assisting women in navigating the court system, communicating with law enforcement agencies as necessary, and maintaining a holistic approach focused on the welfare of women and their children. Another quote revealed how their advocacy role can bring frustration because of challenges they face in working

with different stakeholders to help women affected by violence, as captured in the following statement:

*“sometimes we fail to meet the needs sometimes because we depend on other parties and it can be heartbreaking to see suffering but cant bring solution for example sometimes we see that the family is in crisis and need financial assistance urgently but when you apply on their behalf the process go so slowly yet you can see that the family need urgent financial support., but we do our best to advocate for women and their children.”*

The response above highlights the advocacy work that social workers do, their commitment and the effort they put in. The participant highlights their duty to ensure the safety of families in need and to secure the required support from other organisations, who may not be as efficient and responsive as they should be in addressing the crisis that families affected by domestic abuse may be facing. The response reveals that the mental health professionals may face frustration related to delays that prevent them from providing emergency assistance, especially financial aid.

Some participants expressed dissatisfaction with the referral system they use to help clients access other services, like shelters, explaining that they often receive negative feedback from clients, as demonstrated in the quote below:

*“One of the challenges we have is when the client comes back and tells us that she didn’t receive the assistance that she wanted from the services that you referred the client to.”*

The response above highlights challenges in delivery services that women affected by intimate partner violence need. The issue is particularly with referral processes, suggesting a disconnect in how different stakeholders work, which affects mental health professionals' efforts. Regardless of the obstacles, the participant expresses empathy in dealing with women and children affected by domestic partner violence.

Furthermore, some of the social workers' responses revealed dissatisfaction with how things can be, especially in terms of meeting the client's needs, attributing the problem to being under-resourced, as indicated in the quote below:

*“The shortage of social workers is a challenge for us. It’s a problem because it means that one person is overloaded with many cases, and that’s not right, because you know the implications. The implications are that the clients will not get good service. We want to provide good service and ensure our clients are assisted and happy with our work. But how do you do that if the workload is too much? It’s hard for people to function well if the pressure is too much and there is too much backlog, and for our clients, it’s a big problem, because they end up waiting.”*

This response suggests that social workers in the Eastern Cape may be overloaded, making it hard to provide services as efficiently as they would like. It reveals the impact of social worker shortages, which in turn compromises the quality of service provided to clients. The response reveals that the social workers may be passionate and want to deliver effective support to their clients; however, the workload makes it difficult to fulfil this goal.

#### *The Scarcity of Shelters in the Eastern Cape*

Many responses highlight the challenges that mental health professionals encounter in their work with women surviving intimate partner violence. In particular, the inadequacy of shelters in the nearby cities hit hard on their efforts to help women flee abusive relationships, as women confronted by homelessness reach out for help, as indicated in the following response:

*“Sometimes our clients come here because they have nowhere else to go after being chased away by their husbands. They come here in need of assistance finding a place to stay, and the problem we face is the scarcity of shelters in the whole Eastern Cape, and it is worse here in our small cities, it is better in the big ones which are far from us anyway. Sometimes you phone all day, trying here and there, and get nothing because there are very few shelters that serve our areas, and they are full most of the time.”*

This quote highlights that getting women into shelters is one of the challenges mental health professionals face, as the shelters are few and usually full. This prevents them from meeting women's needs. This suggests a shortage of shelters in the Eastern Cape and how the system is failing women, as indicated in the next response:

*"You will be shocked to hear that, after all these years, we have talked about abuse of women, the government still has not built shelters."*

This response voices how disappointed the participant is at the government's lack of engagement concerning support for women surviving intimate partner violence. The participant highlights a serious, urgent need for shelters in their city. The unavailability of shelters poses a serious challenge to the mental health professionals' efforts to support not only women but also to promote the welfare of their children, as indicated in the following response:

*"A big challenge we have in regard to our work is when a woman is kicked out of her home by a husband. They need places to stay, sometimes with their children. It's a serious challenge for our work, because we have nothing around here, and the sad part of it is, while we are trying to do our best to arrange with shelters sometimes as far as out of the province, some women give up and go back to their abusive situations."*

This participant's response reveals the difficulties they face, which involve failing to meet the needs of women, especially those with children, who are fleeing intimate partner violence. The participant pinpointed the lack of shelters in their area. This absence of shelters tends to put abused women and vulnerable children at risk of further victimisation, as some women opt for going back to their homes to face the abuse they are trying to escape. The responses also reveal that some women take the hard option to take their children to stay with maternal grandparents or even relatives, as they escape abuse to find jobs in the big cities far away.

*"You know, the situations we come across sometimes show how hard life can be for poorer women fleeing abuse. You see, women sometimes make the difficult decision after a relationship breakdown to leave their young children with their parents or even relatives, so they can flee their situations to look for work in cities far away, where they will see their children occasionally, and that's not their fault; it is the system that's failing them, I feel like their experiences of abuse are painful enough but being robbed of the motherhood role is another suffering on its own level."*

The response reveals that sometimes the mental health professionals feel that the system is failing abused women and their children by failing to meet their needs in terms of shelters. They suggest that those who are economically disadvantaged have serious barriers in accessing safe shelters and escaping abusive relationships to the point that they take desperate measures to separate from their young children so that they flee abuse. This reveals the systemic barriers and lack of support services that force abused women to leave their young children with their parents or, even worse, relatives. The participant emphasises that such sacrifices are not the fault of the women; instead, they reflect structural factors that systematically disadvantage poorer women and rob them of their motherhood roles.

## Discussion and Recommendations

This study's aim was to explore the views of mental health professionals regarding their role in addressing the needs of rural women who seek help following the experience of intimate partner violence. The qualitative nature of the study allowed mental health professionals to share insights regarding their service provider roles and the challenges they face. Using the Social Determinants of Health framework, this study draws attention to the association between gender, health inequalities, intimate partner abuse, poverty, and lack of access to health promotion services in rural areas of the Eastern Cape, South Africa. These structural factors have been found to create a complex web of disadvantage that negatively affects women's health outcomes, especially those from marginalised rural communities.

One of the key findings is that while intimate partner violence is prevalent in rural areas of the Eastern Cape, women lack access to specialist services dedicated to addressing the impact of violence on mental health. Also, they have limited access to shelters that specialise in accommodating survivors and facilitating their healing. These findings are also reported in previous studies that discuss intimate partner violence, and women's lack of access to specialist support like crisis intervention, safe accommodation, shelters, and counselling, see, for example, Gezinski & Gonzalez-Pons (2021). Sullivan & Goodman (2019); Rodgers et al. (2022), Yakubovich et al. (2022). In this sense, intimate partner violence has the potential to perpetuate cycles of ill-health for rural women who lack access to support services. The current findings highlight barriers like limited economic resources, which prevent rural women from accessing the support services to improve mental health outcomes. These findings are consistent with those reported in Edwards (2020). Farhall, et al. (2020); Rizkalla et al. (2020).

Notably, our findings provide insights into the essential role mental health professionals play in helping women survive the experience of intimate partner violence. The findings show that the mental health professionals' efforts include providing advice and emotional support using a holistic approach to help abused women recover. These findings are consistent with previous studies that discuss the mental health professionals' involvement in helping the survivors of intimate partner violence with trauma counselling, safety planning, risk assessment and advocacy (see Humphreys et al. (2020) and Mihaila (2025). These studies demonstrate how intimate partner violence negatively affects the mental health of the victims; thus, access to mental health services is emphasised. On one hand, the findings highlight challenges that mental health professionals face, which prevent them from effectively meeting the urgent needs of survivors, for example, a lack of shelters in the Eastern Cape, which is consistently reported in the literature of domestic violence (see, for example, Hlungwane & Machethe, 2024; Ranganathan et al., 2021).

The inadequacy of shelters not only undermines the safety and recovery of survivors but also reinforces intimate partner violence by forcing women to stay in abusive relationships. These findings are consistent with those discussed in previous studies, which highlight that rural victims have a limited ability to escape intimate partner violence due to a lack of access to shelters, for example, Chowdhury (2023); Femi-Ajao & Kendal et al. (2020); Mahomva et al. (2020); and Westenberg (2017). Most notably, the current findings reveal how the inadequacy of shelters leads women to resort to leaving their young children with parents or sometimes relatives, since they can't find a place to stay with them while trying to reorganise their lives after escaping abuse. The necessity for women to separate from their children deepens trauma for both mothers and children, which can affect their mental health. This phenomenon can be interpreted as a systemic failure to help mothers and their children fleeing violence.

## Conclusion

This study's findings contribute significantly to the literature of intimate partner violence by highlighting the association between the experience of violence, poverty, lack of access to health services and inability to escape abuse and recover. This ultimately contributes to health inequalities affecting women in rural areas of the Eastern Cape. The study's unique contribution to the literature is that it unveils the implications of the shortage of shelters, which forces women to separate from their young children while trying to reorganise their lives after escaping from their violent partners. This novel insight is an original finding that makes this study distinct from previous ones. The study concludes that addressing the major shortcomings in the public health response to abuse of women in rural areas is critical to address poor health outcomes for women. We recommend increasing the number of family-centred shelters across the Eastern Cape to make access easy for rural women.

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