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Sub-Saharan African Refugee Women's Lived Experiences of Gender-Based Violence and Their Adaptive Processes

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LIST OF ABBREVIATIONS

CSVR	Centre for the Study of Violence and Reconciliation
GBV	Gender-based Violence
IPN	Intervention Process Note
IPV	Intimate Partner Violence
PTSD	Post Traumatic Stress Disorder
SES	Socioeconomic Status

SGBV	Sexual Gender-based Violence
UNHCR	United Nations Higher Commission for Refugees
WHO	World Health Organisation

OPERATIONAL DEFINITIONS

Refugee

Literature has provided various definitions, used terms interchangeably, or conflated the terms 'refugee,' 'asylum seeker,' 'migrant' and 'undocumented migrant' (Idemudia, 2014; Alfaro-Velcamp & McLaughlin, 2019). Terms have significant meaning and impact, whereby not identifying the correct term for the relevant populations has led to problems regarding their rights, and corresponding access to services, support, opportunities and protections, which can have exclusionary and prejudicial consequences that, at times, can also be deadly (UNHCR, 2016). Hence, clarification and distinction of terms is needed.

The various terms are differentiated based on the context and reason why one leaves their country of origin. Both 'refugee' and 'asylum seeker' terms are generally provided to people who flee their country of origin to escape conflict or persecution (UNHCR, 2016). More specifically, the 1951 Geneva Convention of the United Nations and the 1969 OAU Convention defines a *refugee* as a displaced person who is forced to flee their country of origin "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (Bloch, 2010, p.234). This is more specifically referred to as a 'political refugee,' and includes reasons such as to escape gross human rights violations, natural disasters, armed conflicts, war, persecution, state repression, political turbulence, and various forms of collective violence (also known as organised violence) as specified by the WHO (Higson-Smith & Eagle, 2017; UNHCR, 2016; Bloch, 2010; Krug et al., 2002; ZTVP & CSVR, 2006).

Based on international law, all political refugees should receive legal asylum and protection in a host country (UNHCR, 2016; Bloch, 2010). However, granting official refugee status is subject to an application process and approval within each host country, which practically has proven to often be unfair and discriminatory. Accordingly, whether or not you have obtained legal status in a host country is what demarcates a person as a political refugee or asylum seeker – 'refugee' meaning their application is approved, or an 'asylum seeker' meaning their application is underway or unapproved (Bloch, 2010; UNHCR, 1992).

Furthermore, other people who immigrate for economic opportunities, employment opportunities or a 'better life' and are often referred to as 'economic refugees,' but legally do not qualify for

refugee status (ZTVP & CSVR, 2006; Idemudia, Williams & Wyatt, 2013; UNHCR, 1992). Instead, they are referred to as 'migrants' or 'immigrants' if they are legally allowed to work in the host country and 'undocumented migrants' or 'illegal immigrants' if they are not legally allowed to stay and work in the host country (Bloch, 2010; UNHCR, 1992).

For the purposes of this study, only women who classify as a political refugee will be included in the research and referred to generally as 'refugees.' This includes political asylum seekers, as research has shown that many people's applications for political refugee status in South Africa are not always successful, despite their legal plausibility (Alfaro-Velcamp & McLaughlin, 2019; ZTVP & CSVR, 2006; Bloch, 2010).

Gender-Based Violence (GBV)

GBV first stems from the concept of *gender inequality*, which denotes unequal power relations, discrimination and harm inflicted based on gender (Peas & Rees, 2008; Alfaro-Velcamp & McLaughlin, 2019; Sida, 2015). GBV in this regard is considered the embodiment of enforcing gender inequality that is upheld through violence, and serves as the main obstacle to the achievement of *gender equality*, i.e. when all genders have "equal rights, life prospects and opportunities, and the power to shape their own lives and contribute to society" (Sida, 2015, p.6). Traditionally, reductionistic definitions of GBV often limited the conceptualisation and infliction of discrimination and violence towards women or girls as individuals or groups that is connected to socially constructed normative understandings of the female gender (Peas & Rees, 2008; Alfaro-Velcamp & McLaughlin, 2019). Theorists have since expanded the definition to include harm, discriminatory or suffering inflicted towards all persons – woman or girl, man or boy, and anyone with an alternative gender identity on the LGBTQIA+ spectrum – "that has a negative impact on the physical, sexual or psychological health, development or identity of the person;" for which the violence is founded in gender-based inequalities and discrimination (Sida, 2015, p.4; Peas & Rees, 2008; Alfaro-Velcamp & McLaughlin, 2019; Jewkes & Abrahams, 2002). This provides a more inclusive understanding and conceptualisation of the extent to which GBV pervades within society and various social groups. However, based on the limited scope of this paper, the focus on GBV experienced by women refugees will be the focus.

GBV comprises (but is not limited to) psychological violence, physical violence, sexual violence, socio-economic violence and harmful traditional practices (Keygnaert, Vettenburg &

Temmerman, 2012; Mngoma et al., 2016; STATS SA, 2000). Please note that the following list is not exhaustive, but aims to provide a broad overview of the various types and examples of GBV. Various forms of GBV can also occur simultaneously, and can have a detrimental and long-lasting impact on one's mental, physical, social and economic wellbeing.

Physical violence is defined as any physical act used to cause or resulting in bodily harm, pain and/or physical injury (Council of Europe, 2022). The aim of physical violence is not only to cause physical harm, but to also limit the other's self-determination (Council of Europe, 2022). Examples include beating, punching, hitting, burning, maiming or killing, or using objects or weapons (ZTVP & CSVR, 2006; Council of Europe, 2022). Research on refugees in particular have also recorded physical abuses and forms of physical torture, including falanga, electric shock, sensory overstimulation, burnings, and indecent assault (ZTVP & CSVR, 2006).

Psychological or *emotional violence* is defined as any act that causes emotional harm and has a psychological impact. This form of GBV is often aimed to hurt the integrity and dignity of another person (Council of Europe, 2022). Examples include verbally disrespecting or degrading another person (e.g. name calling, ridiculing, insulting), intimidating and threatening a person themself or someone they know, controlling or restricting someone's movements, withholding or providing misinformation, as well as isolation or confinement (Council of Europe, 2022; ZTVP & CSVR, 2006).

Sexual violence is defined as any form of actual or attempted sexual harassment, sexual assault, rape or gang rape (Sida, 2015; Council of Europe, 2022). This includes engaging in non-consensual vaginal, anal or oral penetration or other sexual acts with another person, by the use of any body part or object, or causing someone else to engage in non-consensual acts of a sexual nature with a third person (Sida, 2015; Council of Europe, 2022). Sexual violence can also be in the form of verbal and psychological harassment, including inappropriately looking a person up and down, stalking, suggestive visuals and sexual facial expressions, making sexual gestures with their hands or through body movements, making sexual comments, and so forth (Council of Europe, 2022; ZTVP & CSVR, 2006).

Socio-economic violence is defined as any action that causes economic harm to someone because of their gender. This can include withholding finances, spending someone's income without consent, keeping someone and exploiting a person who is financially and materially

dependent on them, as well as preventing someone from getting an education, job or earning their own income (Council of Europe, 2022).

Domestic violence is defined as any form of physical, sexual, psychological or socioeconomic violence perpetrated by and between members within the household (Sida, 2015; Council of Europe, 2022). This includes *intimate partner violence (IPV)*, which is the specific infliction of violence of one partner over another within an intimate relationship (Sida, 2015; Council of Europe, 2022). The vast majority of intimate partner violence recorded is perpetrated by men against women in a heterosexual relationship (Sida, 2015). However, intimate partner violence has been shown to also occur within same-sex partnerships and women against men too, but is not reported as frequently (Sida, 2015).

Harmful traditional practices have been used with reference to traditional cultural beliefs and customs that underscore control over and inflict harm towards women and girls, rooted in unequal gender relations (Sida, 2015). Examples include female genital mutilation (FGM), early or child marriage, forced or coerced arranged marriages, and honour violence (Sida, 2015).

Adaptive Processes

Adaptive processes is the overarching construct theorised by Cramer (1998) to encompass both the intrinsic and extrinsic processes one utilizes in order to adapt and reduce the negative affect of stress and adversity. This includes coping strategies and defense mechanisms, which she theorises are two different types of mechanisms that may serve as means for adaptation (Cramer, 1998). Cramer (1998) outlines two main criteria to differentiate between coping strategies and defense mechanisms, namely the concept of the unconscious and the concept of intentional effort (i.e. intentionality). In this sense, *coping strategies* are described when a person consciously and intentionally engages in an activity, behaviour or thought that aims to address or manage the problem, including diminishing negative affect (Cramer, 1998). Whereas, a person also uses *defense mechanisms* as a function to diminish negative affect, but they do so without conscious intent or awareness that this is happening, i.e. the function is unconscious and unintentional (Cramer, 1998).

Another important distinction to note is that coping strategies can address the perceived problem or stressor by acting directly on the problematic situation (i.e. explicit strategy) or by focusing on

changing their internal state (i.e. implicit strategy) in order to reduce negative affect (Cramer, 1998). On the other hand, defense mechanisms are purely focused on changing the internal states, rather than external reality, to reduce negative affect (Cramer, 1998). Hence, for the purposes of this study, a Psychoanalytic framework is adopted to understand the processes of adjustment or management of past and present traumatic experiences of GBV and the stressful daily difficulties experienced among refugee women.

ABSTRACT

Political refugees from sub-Saharan African countries are often internally displaced and forced to flee from their homes and countries of origin out of fear for their lives. Many sub-Saharan African refugees migrate to South Africa in search for refuge and hope to resettle in the new host country that will award them the opportunities and support to start anew. However, refugee women face significant adversities before, during and after resettlement, with their experiences often characterised by gender-based violence (GBV) violations and daily hardships that cause immense stress, trauma, and at times, psychopathology. This study aims to shed some light on how the sub-Saharan African refugee women experience and navigate spaces of violence, discrimination and oppression, in order to inform future therapeutic interventions and policy focused on addressing inequalities and striving for a more just system and society. Furthermore, despite the refugee women facing such adversities, many refugees demonstrate an enormous ability to adapt, adjust and cope that aids their resilience and resettlement process in the host country. The adaptive processes one employs, and the efficiency of such, is deeply rooted within context and is influenced by cultural, social, economic, political, and personal factors. Accordingly, this study endeavours to contribute to the body of knowledge by using an intersectionality approach to explore sub-Saharan African refugee womens' experiences of GBV and the adaptive processes they use to manage and cope with the trauma, stress and adversity they have experienced throughout the migratory process. To do this, a qualitative study was conducted amongst 15 sub-Saharan African refugee women from a therapeutic NGO, using source data in the form of therapeutic Intervention Process Notes (IPNs). The findings from the Interpretative Phenomenological Analysis (IPA) reveal themes of perpetual sources of GBV and stress, both within South Africa and their countries of origin of the DRC, Burundi, Ethiopia and Somalia, as well as the pervasive role of patriarchy in contributing to the participants' experiences of domestic violence and intimate partner violence (IPV). Within each of these themes, various intersectional identities played a role in facilitating and compounding the sub-Saharan African refugee womens' unique experiences of vulnerability, GBV, oppression and marginalisation. Nonetheless, many of these women have continued to be resourceful, adjust and find creative ways of surviving. Hence, resilience emerged as a fourth salient theme. Their experiences suggest a tumultuous process of escaping and/or enduring violence and establishing a sense of safety and belonging amongst daily multifaceted stressors and inequalities, but also perceive the women as agentic drivers in their ability to hold onto hope, cope and persevere through adversity.

Key words: refugee, women, sub-Saharan African, gender-based violence, adaptive processes, coping strategies, defense mechanisms, intersectionality, IPA

CHAPTER 1
INTRODUCTION AND RATIONALE

1.1. Introduction

It is well known that gender-based violence (GBV) is a global pervasive gross human rights violation that affects all populations (Kavuro, 2019; Alfaro-Velcamp & McLaughlin, 2019; Bloch, 2010). However, not all populations are affected equally; whereby scholars argue that refugee women are more vulnerable to GBV, exploitation, dehumanization and marginalisation because of the inequitable social construction of being a 'woman' (Kavuro, 2019; Bloch, 2010; Beringola, 2017), and whom are then othered and subordinated further for being 'refugees' (Freedman, 2016; Higson-Smith & Eagle, 2017; ZTVP & CSVR, 2006). While majority of incidents of GBV go unreported because of the stigma attached or discriminatory or unsupportive attitudes received from reporting services (e.g. police), amongst other reasons (Muluneh et al., 2020), the WHO portray the global high prevalence rates of GBV amongst women and refugee women in particular. They report that 1 in 3 women globally have been subjected to some form of physical and sexual violence, 35% of all women will face sexual or intimate partner violence (IPV) in their lifetime, and as many as 1 in 5 displaced refugee women globally have reported to be subjected to sexual violence (WHO, 2019).

Furthermore, a great body of literature has illustrated that in contexts of increased political and civil instability, conflict, war, persecution and militarisation, subordinated groups in the society become more vulnerable to GBV, both within public spheres as well as within private spaces (Sida, 2015; Liebling et al., 2014; Bloch, 2010). As a result of these conflicts and turmoil, many women within sub-Saharan African countries are frequently reported to suffer from GBV; often in the form of torture and psychological violence, as well as increasing rates of sexual assault and rape (Alfaro-Velcamp & McLaughlin, 2019; Bloch, 2010; Kavuro, 2019; Idemudia et al., 2013). Consequently, in the past two decades there has been an unprecedented increase in the global number of refugees and displaced persons. According to recent figures, there are approximately 108.4 million people worldwide who have been forcibly displaced as a result of persecution, conflict, violence, and gross human rights violations (UNHCR, 2022); of which a significant 26% of the world's refugee population have been forcibly displaced and migrated from sub-Saharan African countries (UNHCR, 2018).

However, the refugees' experiences of violence are often far from over, as many refugee women frequently leave their countries of origin destitute and alone, which increases their vulnerability and risk of GBV abuses and exploitation while travelling to a resettlement country; particularly sexual violence and exploitation (Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Freedman, 2016). It is no surprise then that many forcibly displaced refugee women flee to asylum countries in search for safety, economic prospects, and a chance to resettle and create a better life for themselves and their families. South Africa has been reported to be a particularly attractive country to relocate to for refugees from sub-Saharan African countries due to reasonably supportive refugee and liberal democratic laws and legislation, perceived economic opportunities, and hope for reparation (Bloch, 2010; Idemudia et al., 2013; STATS SA, 2018; Landau, 2005). The UNHCR (2022) conveyed that at the end of 2022, South Africa hosted approximately 6.6 million refugees who had been internally displaced by conflict.

Gauteng, and Johannesburg especially, is often seen as South Africa's economic hub and a prominent destination for refugees to migrate to (Ikafa et al., 2021; Landau, 2005; Bloch, 2010). While obtaining accurate data is a well-known problem, the National Census in South Africa estimates that approximately half (47%) of the people who will migrate to South Africa between 2016 and 2021 will reside in Gauteng (STATS SA, 2018, 2019). However, the present-day context in South Africa is riddled with issues of development, high rates of poverty and unemployment, fewer and highly competitive employment prospects (Idemudia et al., 2013; Rule-Groenewald et al., 2020; STATS SA, 2020a), discriminatory refugee application processes, corruption in governance (Speak, 2018; Rule-Groenewald et al., 2020; De Wet et al., 2008), high rates of physical and sexual violence (Alfaro-Velcamp & McLaughlin, 2019; SAPS, 2022; Idemudia, 2014), as well as perpetual issues of racism, sexism, xenophobia and afrophobia (Stavrou, 1993; De Wet et al., 2008), which increases their vulnerability to GBV and makes the integration and assimilation into South Africa a complex process for sub-Saharan African refugee women.

These statistics paint a shocking picture of the prevalence of GBV, displacement and discrimination of sub-Saharan African refugee women across the migratory process, which compounds their trauma and has been proven to have serious negative effects on their physical and mental health, wellbeing, and adaptation and integration into South Africa as the new resettlement country (Kavuro, 2019; Bloch, 2010; Blackmore et al., 2020; Momartin, Silove & Steel, 2004). Thus, GBV inflicted towards refugee women undermines their security, poses a serious threat to democratic development and public health, and is a crucial barrier to achieving

economic growth, resettlement, gender justice and equality, living dignified lives, and has numerous negative impacts on individuals, communities and societies as a whole, and thus, needs to be taken as a key health concern. This also highlights the importance of exploring sub-Saharan African refugee women's perspectives and understandings of their lived experiences of GBV and the ways that they have responded, coped and adapted in response; including how these experiences are influenced by various factors of identity and contexts across the migratory process.

1.2. Rationale

There is a vast scope of scholastic work that has investigated GBV encountered by refugees and their adaptive processes in response. However, most have been based internationally in first world western countries (Brune et al., 2002; Khawaja et al., 2008; Farwell, 2004; Liu et al., 2020), with little focus on the understandings or perceptions of the lived experiences of refugee women specifically (Higson-Smith & Eagle, 2017; Idemudia et al., 2013; ZTVP & CSVR, 2006), and even fewer studies focusing on sub-Saharan Africa refugees' experiences relocating and resettling in South Africa (Labys et al., 2017; Alfaro-Velcamp & McLaughlin, 2019; Halcon et al., 2004; Dunkle et al., 2004). Moreover, there is a significant lack of refugee studies that include the refugee women's voices themselves, which warps the current body of literature in favour of hegemonic sexist ideologies. Hence, this study aims to contribute to filling these gaps.

Decolonial theorists argue that this disparity and lack of knowledge produced of underrepresented marginalised population groups are deeply embedded within the colonial socio-political history of societies globally, which has centered the systems of power, knowledge, and being (who one is), on men's perceptions, particularly of white European males, which shapes the discourses and social relations in society today (Quijano, 2000; Mignolo, 2009; Cruz, 2012; Maldonado-Torres, 2007). This includes within psychology as a discipline and practice, which has historically been founded on hegemonic power prevalent within knowledge systems (Segalo, 2016; Maldonado-Torres, 2007). Hence, Segalo (2016) and Nĝuĝi wa Thiong'o (1986) argue that decoloniality of power, epistemology and cultural domination by colonial hegemonic forces as a liberatory practice requires a *quest for relevance* of African and marginalized people's cultures, lived experiences, ways of being and doing, and epistemologies. Accordingly, as this study is in line with Community Psychology, exploring the experiences of GBV of sub-Saharan African refugee women and their related adaptive processes used in response, advocates for this politically

underrepresented and marginalised population group's voice to be expressed more and add to the body of knowledge (Nĝuĝi wa Thiong'o, 1986).

There has also been little research that investigated the lived experiences of GBV and the adaptive processes employed by sub-Saharan African refugee women across the migratory process. Of the limited existent studies that have focused on the whole migratory process, the focus has been on identifying the types of GBV and/or adaptive process, which highlights some difficulties refugees face in their countries of origin, during transit, and once they relocate to South Africa (Blackmore et al., 2020; Muluneh et al., 2020; Khawaja et al., 2008). However, majority of this research has been quantitative (cf. Blackmore et al., 2020; Muluneh et al., 2020). The most profound limitation to a quantitative approach is that its preoccupation with predetermined variables and priori assumptions fails to capture the diverse human experiences of refugees related to extreme events of trauma and GBV, and overlooks the range of various factors associated with GBV, distress, and the adaptive processes used to cope and adjust in response (Khawaja et al., 2008; Miller et al., 2002). Hence, a qualitative interpretative phenomenological analytical (IPA) study is needed to better explore and understand the complexities of the sub-Saharan African refugee womens' experiences. However, it is difficult to directly investigate GBV experiences among refugee women due to the vulnerabilities and trauma encountered by such a population and the negative health consequences produced as a result. Correspondingly, studies based on retrospective narratives of refugee women's experiences are warranted. Hence, a qualitative study analysing refugee women's therapeutic Intervention Process Notes (IPNs) accessed from a therapeutic NGO in this study allows for exploration in an ethical and sensitive manner.

Furthermore, the majority of the focus of research with regards to refugees' GBV incidents and resettlement processes has been regarding the negative effects on mental health and pathology – especially with a focus on PTSD, depression and anxiety related disorders – as well as a western biomedical model taken to understand the psychological sequelae of trauma (Blackmore et al., 2020; Momartin et al., 2004; Fazel, 2005). While mental health challenges are prevalent amongst refugees, it is also the case that a substantial proportion of the refugee population either does not appear to develop these psychological disorders (Blackmore et al., 2020), or demonstrate an enormous ability to adapt, adjust and cope with their challenges and continue to push through despite their past experiences of trauma and numerous daily adversities, which aids their resilience and resettlement process in the host country (Walther et al., 2021; Liebling et al., 2014; Blackmore

et al., 2020). Hence, this highlights the importance of exploring the *adaptive processes* that refugee women utilize in the face of past and present trauma and daily stressors.

Nonetheless, what is relatively unknown is how refugee women intrinsically and extrinsically respond to the trauma, stress and adversity they've experienced through GBV and daily hardships in various contexts. Exploring this is important to gain insight into the unique conscious and unconscious personal, social and environmental resources refugee women use to cope and adjust to GBV experiences and daily adversities, which shifts the focus of research away from pathologisation. Moreover, Masten, Best and Garmezy (1990) and Walther et al., (2021) emphasize the importance of considering the nature and severity of the adversity, as this, in turn, may produce different levels of mental well-being and functioning that may constitute positive adaptation. Thus, this study can inform therapeutic practice and future interventions, by making clinicians working with refugee women aware of the specific manifestations of GBV experiences and daily stressors, as well as coping strategies and defense mechanisms, including the factors promoting positive adaptation specific to this population.

Another crucial point is that the focus on quantitative work and psychopathology may be too narrow to account for the psychosocial impact of trauma caused from war and political instability, and the GBV violations and stressors across the migratory process (Farwell, 2004; Khawaja et al., 2008). GBV is first and foremost a violation of human rights that spans across boundaries of economic wealth, culture, religion, race, age, gender, and interpersonal, political and socio-economic spaces, which varies and is shaped by different contexts (Sida, 2015; Crenshaw, 1991; McCall, 2005). Opara (2022) and Muyanga (2017) further argue that the sustainability and perpetuation of GBV is fundamentally underpinned and reinforced by an 'othering' process, which involves perceiving, treating or labelling certain individuals or groups as "different." In essence, *othering* shapes certain identities by creating a separation between an "us" and "them" that ascribes a certain set of values and perceived worth, in which perpetrators of GBV may feel entitled to exert power and control over others, leading to acts of violence (Kavuro, 2019; Opara, 2022; Muyanga, 2017).

Correspondingly, one cannot merely take a gendered neutral stance when investigating the refugee women's lived experiences, as GBV and how one adapts and copes does not occur on a single axis but rather involves complex intersections and interactions with these various socially constructed identities; giving shape to different perpetrators of GBV and interrelated reasons for

inflicting violence. Hence, a part of understanding and advocating for underrepresented refugee womens' voices to be heard, includes taking into consideration the construction and reconstruction of complex intersecting identities and othering processes, as well as the illumination of the meaning made within their personal experiences at times when GBV violations and adversities happened , which occurs for these women in various spaces within their countries of origin, while travelling, and resettling within South Africa (i.e. across the migratory process). However, very few studies have adopted an intersectional lens to investigating refugees' experiences of GBV and their adaptive processes. An inability to recognise various types of oppression that are linked to socially constructed identities of sub-Saharan African refugee women at different points in time and situations, limits Community Psychology's efforts to promote gender equality and social and political change for refugee women (Segalo, 2016; Crenshaw, 1991).

Consequently, an intersectionality theoretical approach is warranted to extend beyond merely identifying GBV abuses and adaptive processes, to more importantly examining how diverse identities serve to create different expressions or levels of discrimination, prejudice and oppression of sub-Saharan African refugee women across the migratory process. Hence, this study also primarily contributes to a more intersectional view on the creation and perpetuation of sub-Saharan African refugee womens' GBV experiences, as well as on the factors that foster or form barriers to refugee mental health, resilience, and the process of adaptation, integration and belonging within South Africa. Thus, this study strives for a more inclusive contribution in how we construct knowledge and corresponding responsive services, and therefore, adds to the growing body of knowledge about the GBV experiences, daily adversities and adaptive processes among adult refugee women from sub-Saharan African countries, that may serve to inform human rights and refugee policy, procedures and therapeutic services.

1.3. Research Aims and Objectives

In summary, the current research study aims to explore sub-Saharan African refugee women's experiences of GBV across the migratory process (i.e. within their countries of origin, during transit, and while living in South Africa as the resettlement country), as well as to identify the adaptive processes (i.e. coping strategies and defense mechanisms) used by refugee women residing in Johannesburg, South Africa to help cope and manage with their past and present traumatic experiences of GBV and daily stressors.

1.4. Chapter Outline

Chapter 1 has provided an introduction, aims and rationale to the usefulness of the present study. It provided an orientation to the topic by highlighting the prevalence of GBV, displacement amongst refugees in response to political conflict, the virulent migration journey, and situating South Africa as the resettlement country. It further endeavours to highlight the need for qualitative research in the field of migration from an intersectional perspective, of sub-Saharan African refugee women, and of both their experiences of GBV and adaptive processes.

Chapter 2 contextualises the migration of the sub-Saharan African participants countries of origin, as well as the social, political and economic context of Johannesburg, South Africa. This chapter further unpacks and discusses in more detail the past research and literature pertaining to current knowledge on GBV, adversities and stressors that refugees in general, as well as refugee women and refugees from sub-Saharan Africa specifically experienced. A comprehensive overview of the various adaptive processes reported in literature is also provided.

Chapter 3 outlines Intersectionality as the theoretical framework used to conceptualise and interpret the research. It explores its origins, usefulness and application for this research, as well as its limitations. An exploration of the socially constructed categories of identity pertaining to gender, patriarchy, culture, race, language, social class and religion is also provided; which may offer insights on intersectional issues related to the participants experiences of GBV and stressors in this present study.

Chapter 4 presents the methods section and framework used to analyse and interpret the accounts of the participants' experiences. This includes the research questions, qualitative research design, participant characteristics and sampling, procedures, ethical considerations, reflexivity, and the Interpretative Phenomenological Analysis (IPA) approach used to process the data.

Chapter 5 outlines and discusses the main themes and findings regarding the participant's GBV experiences and adaptive processes; guided by the Interpretative Phenomenological Analysis (IPA) and intersectionality theoretical approach.

Chapter 6 provides a conclusion to the thesis, as well as presents the implications and limitations of the present study, and recommendations for future research and interventions.

CHAPTER 2
LITERATURE REVIEW

2.1. Introduction

This chapter provides an overview of the literature pertaining to multiple contextual influences and socio-political issues that may contribute to the GBV experiences of sub-Saharan African refugee women within their countries of origin, while travelling to seek asylum, and while living in South Africa. Literature of the adaptive processes used to help refugees cope and defend against their traumatic experiences and daily stressors is also elaborated on.

2.2. Contextualising the Migration Journey

It is important to understand the background of the sub-Saharan African countries from which the women refugees came from, in order to gain an insightful picture of the context that shaped their identities and experiences across the migratory process. As the participants in this research study came from sub-Saharan African countries including the Democratic Republic of Congo (DRC), Somalia, Burundi and Ethiopia, and reside in South Africa as their resettlement country, a brief description of the socio-political climate in and across these countries are provided.

2.2.1. Sub-Saharan African Countries of Origin

Various forms of collective violence are common within the sub-Saharan African countries of the DRC, Somalia, Burundi and Ethiopia (UNHCR, 2016). The following contextual overview provides a possibly oversimplified picture of some of the key factors that have shaped the violence within these countries in line with this scope of research. However, it is noted that the extent of the geographical, political, economic, social and cultural history far outweighs what is portrayed in this paper.

Somalia and Ethiopia are located in East Africa, the DRC in Central Africa, and Burundi is wedged between the Great Rift Valley region and East Africa (SAHO, 2020a; SAHO, 2020b; Khayre, 2016). Each of these sub-Saharan African countries are unique and has a rich context and history, including a history of colonisation; with the exception of Ethiopia which was never officially colonised despite brief periods of Italian invasion. Much of the socio-political issues and conflicts many sub-Saharan African countries have faced and still face today are articulated

by scholars to have been founded and unfolded since the colonial era (Khayre, 2016; Pineteh, 2017). Burundi was first colonised by Germany in 1890 and was later transferred to the Belgian Empire under a League of Nations mandate after the German Empire lost in the first World War (SAHO, 2022a). Within Somalia, the northern parts were colonised by Britain in 1884 and the southern parts were colonised by Italy in 1889 (Khayre, 2016), whereas the DRC was colonised by Belgian in 1885 (World Bank, 2023a).

The system of colonisation came with it the imposition of a system of domination, exploitation, oppression and social stratification along racial and gendered lines. This established hierarchical relations of power that positioned the heterosexual white male European colonizer as superior, and corresponding 'other' genders, women, races – particularly Black people – and cultural groups as inferior and subordinate (Cruz, 2012; Maldonado-Torres, 2007; Mignolo, 2009; Quijano, 2000). Historically, the social structure of clans within these sub-Saharan African countries were rooted in family and kinship (SAHO, 2022a; Oludare, 2015). Whereas under colonisation administration, the implementation and legal sanctioning of racial segregation that favoured Europeans and privileged clan elites, resulted in racial and ethnic interclan tensions based on their differences (Menkhaus, 2002; Oludare, 2015; Pineteh, 2017). This was also linked to economic domination by the European colonizers, which established a free market and competitive economy based on neoliberal ideals, and correspondingly, exploitation and subjugation of the local people through job reservation, educational discrimination, and centring the means of production (i.e. capital and profit) in the hands of the colonizer (Menkhaus, 2002; Pineteh, 2017; Oludare, 2015).

For example, within the DRC, the Belgians established a system of forced labour, extracting the rich natural resources that the region has (World Bank, 2023a). This placed the labour power, ownership of resources and profit into the hands of the Belgians at the expense of cheap labour and exploitation of the Congolese people. Similar modes of exploitation and economic control was evident in colonial Somalia and Burundi. Clan divisions were also partly consequent of the implementation and practiced policy of indirect rule by the Italian colonizers in Somalia and Belgian colonizers in Burundi and the DRC (SAHO, 2022a; Khayre, 2016). Indirect rule allowed for the king and/or local chiefs to have a say in issues of land and over lower sub-chiefdoms, but the colonial occupiers had final say in decisions, as well as ownership and control of all the resources and land (SAHO, 2022a; Khayre, 2016). This government structuring favoured certain clans and sub-clans, creating clan elites who collaborated with the colonial administration;

granting them privileges and access to education and administrative positions, whilst exploiting other clan leaders and local citizens (SAHO, 2022a; Khayre, 2016; Oludare, 2015).

The separation and distinction between the three main clans of the Twa, Hutu and Tutsi in Burundi illustrates the impact of colonial social and racial restructuring. Before colonisation, scholars believe that these three clans lived in relative symbiosis and were historically fluid (SAHO, 2022a; Oludare, 2015). However, under colonial rule and administration, these clans were strictly separated and classified by ethnic groups; favouring the Tutsi minority for their "lighter" skin (SAHO, 2022a). Accordingly, the Tutsi were considered a superior "ruling class" – underneath the Belgian colonizers – because of their lighter skin colour that granted them privileged access to education, employment and political power by their colonisers, while the Hutu were largely marginalised because of their darker African black skin and subjected to forced labour (SAHO, 2022a). Thus, these histories within the DRC, Burundi and Somalia portray how the whole colonial period was a process of creating inequality and strict ethnic separation and stratification; not just between the European coloniser and indigenous local, but also inter-clan tensions. This strict division and inextricably interlinked unequal power relations contributes to the perpetual political instability, conflict and power struggles within these sub-Saharan African countries that persist to this day.

Despite Italy and then fascist Italy invading and attempting to dominate Ethiopia in 1896 and then again from 1935 to 1936, Ethiopia was never officially colonised and defeated the Italian invaders both times (SAHO, 2022b). However, it was not void of its challenges and violence; with many civil conflicts and wars prevalent across its history due to political and religious tensions. During the 1800s, Ethiopia was classified as an empire, and went through a period of modernisation and reforms post World War 2, under the rule of Emperor Haile Selassie who ruled from 1930 to 1974 (SAHO, 2022b). However, dissatisfaction with the monarch's rule, and the simultaneous economic disparities and regional tensions, led to social unrest and the deposition of Emperor Haile Selassie in 1974 (SAHO, 2022b). This led to the corresponding transition to a Socialist State and period of authoritarian rule under a collective military dictatorship called the Provisional Military Administrative Council (PMAC) (SAHO, 2022b). The policies during this period fuelled internal conflict, civil war, and various insurgencies within Ethiopia, including the Eritrean War of Independence that lasted from 1961 to 1991.

The DRC, Burundi and Somali became independent from colonial rule in 1960, 1962 and 1960, respectfully (Khayre, 2016; SAHO, 2022a; World Bank, 2023a). However, strides towards peace are still ongoing; with a combination of political, religious, and clan-based factors that continues to contribute towards the instability and various levels of crisis and violence present within Burundi, Ethiopia, Somalia and the DRC today. Within some sub-Saharan African countries, religious identity intersects with ethnicity, politics and other social factors, that has been used, and misused, as a means of political mobilisation; contributing to complex conflicts. However, the nature of the religious conflicts often varies from country to country; with some tensions being between distinct religions and others within a religion with contesting denominations. Ethiopia has a history of religious diversity, with Christianity and Islam being the two predominate faiths. While tension does exist between Christians and Muslims in some regions, majority of the religious tensions within Ethiopia exist between the different Protestant and Orthodox denominations of Christianity (SAHO, 2022b). This has led to the Tigray conflict, involving attacks on religious minorities and religious sites (SAHO, 2022b).

Somalia is mostly Sunni Muslim, and Islam plays a central role in the county's social and political life (Menkhaus, 2002; Pineteh, 2017). Conflict in Somalia mostly revolves around Islamist extremism; particularly the Islamist militant group Al-Shabaab, with ties to Al-Qaeda (Pineteh, 2017; Khayre, 2016). Within both Ethiopia and Somalia, both religious and ethnic tensions and conflict can exist separately or simultaneously with political dynamics. On the other hand, there is a range of religions within both Burundi and the DRC, including Christianity (predominant within Burundi), Islam, and indigenous belief systems (SAHO, 2022a; Khayre, 2016). However, the source of conflict within these two countries are predominately ethnical and political, which may at times intersect with religious identity rather than religion playing a more central role in the conflict as in Ethiopia and Somalia (Khayre, 2016; Oludare, 2015).

Nonetheless, what is common to all four of these sub-Saharan African countries is the central role that tribalism, and related clan and sub-clan tensions and conflict that arise, which often intersects with politics and ethnicity. Oludare (2015) argues that the ethnic social stratification and interrelated division of power and resources as a result of colonisation and continuing globalisation, underpins the clan-on-clan violence in society today. This elevated certain clans, often linked to ethnicity, and marginalises others. Consequently, this disparity in equality and social status has led to socio-political conflicts, tribal grievances and inter-clan disputes, mistrust and divisions that arose from the diversity in the ethnic and cultural background of sub-Saharan

African populations (Oludare, 2015; Obioha, 2010; Pineteh, 2017; Menkhaus, 2002). Contestations for power threw these countries into conflict, violence and economic instability, which resulted in humanitarian crises, civil wars, protests, political assassinations, military coups, state collapse, as well as genocide in some cases in the various sub-Saharan African countries (Oludare, 2015; Obioha, 2010; Pineteh, 2017; Khayre, 2016).

Furthermore, across these countries, conflicts have led to significant humanitarian challenges, including forced internal displacement driven by insecurity, high levels of poverty and food insecurity, difficulty accessing basic services such as healthcare and education, and violations of human rights (UNHCR, 2022; World Bank, 2023a; Pineteh, 2017). The lack of safety, fear of persecution, and dire conditions have led many people from the DRC, Burundi, Somalia and Ethiopia to flee their countries of origin to seek asylum and refuge in many other countries across continents, but also particularly within South Africa, as a chance for peace and to rebuild their lives (World Bank, 2023a; Landau, 2005; Bloch, 2010).

2.2.2. Johannesburg, South Africa

A number of reforms took place with the transition into a democratic South Africa; in hope to create a more equitable, inclusive and just constitution and society as a new "rainbow nation," irrespective of race, gender, ethnicity or other demographic factors (Oludare, 2015; Landau, 2005; Bantjies, 2011). Nevertheless, South Africa's historical entrenchment in colonisation and apartheid cannot be separated when analysing the political, social and economic state of and challenges within contemporary South Africa today, as they are inextricably interlinked. While democracy abolished the institutionalised racial social stratification and spatial segregation of Black (i.e. black African, coloured, Indian and Asian) people, scholars have argued that race and gender continues to remain factors in reinforcing inequality (Nattrass & Seekings, 2001; Landau, 2009; Bantjies, 2011). Consequent of centralising economic capital and ownership of property, job reservation and higher quality education for white people during apartheid as discriminatory practices, created a large skill, wealth and class separation between races and genders that contributes to persistent economic challenges for black African people and women, particularly black African women, today (Nattrass & Seekings, 2001; Landau, 2009; Bantjies, 2011).

This is evident in the significant disparity in income and wealth distribution between races, as well as the high unemployment and poverty rates. The World Bank's (2023b) Poverty and Equity

Brief on South Africa reported that 10% of the population (majority white) owns more than 80% of the wealth in South Africa, and that the bottom 60% of households (majority black) depend more on social grants and less on income from the labour market. The report continues to portray the all-time high unemployment rate of 35.3%, which were predominately prevalent amongst the black, women, and youth (ages 15 – 34) as the most vulnerable population groups (World Bank, 2023b; STATS SA, 2020a). Additionally, STATS SA (2020b) reported that female workers earn approximately 30% less on average than male workers, and that males were more likely to be employed and have better-paying jobs compared to females in South Africa. Furthermore, black Africans were also reported to have the worst employment outcomes, and also earn the lowest wages when they are employed; in contrast to white people who earn substantially higher wages than all the other population groups (STATS SA, 2020b).

By the end of 2022, the World Bank (2023b) also indicated devastating poverty rates of approximately 55% (30.3 million people) of the South African population living in poverty at the national upper poverty line, and a total of 25% (13.8 million people) experiencing food poverty. Hence, the legacy of colonisation and apartheid is one of creating 'separation' (lack of integration) and othering, which leads to pervasive socio-economic inequalities across gender, race and class. Oludare (2015), Landau (2009), and Nattrass and Seekings (2001) argue that it is based on this continuation of social inequality and unequal distribution of power and resources that creates, sustains and perpetuates various forms of discrimination, oppression and marginalisation, including racism, sexism, xenophobia, and crime within South Africa.

It is also against the backdrop of these continual socio-economic inequalities and related challenges and tensions in which refugees enter into South Africa. South Africa is often one of the sought-out countries in Africa for refugees, particularly Gauteng and Johannesburg, which is perceived as an 'economic hub' that drives a lot of migration towards its suburbs; in hope for seeking employment opportunities and creating a better life (Ikafa et al., 2021; Landau, 2005; Bloch, 2010). However, as many refugees often arrive in South Africa destitute (Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Freedman, 2016), they, like many South Africans, face difficulties gaining the economic security they seek. In an increasingly competitive environment for employment, resources, housing, and other basic necessities, many refugees are often met with poverty, inequality, and hostility and discrimination by many local South Africans, instead of the land of possibilities they envisioned (Landau, 2005; Stavrou, 1993; De Wet et al., 2008; Palmary, 2002). The 'fight to survive' and 'create a new better life' makes the process of

integrating into, finding a sense of belonging, and shaping one's identity within South Africa a complex experience for refugees, which will be elaborated upon throughout this thesis.

2.3. GBV, Trauma and Stressors

GBV is a gross human rights violation that disdains human dignity and has devastating consequences for one's mental, physical and reproductive health, bodily integrity, relationships, identity, and social status (Higson-Smith & Eagle, 2017; Keygnaert, Vettenburg & Temmerman, 2012; Alfaro-Velcamp & McLaughlin, 2019; Kavuro, 2019; Sida, 2015). In order to address some of the discriminatory, oppressive and marginalising structures that exist in society, it is paramount to have a comprehensive understanding of the challenges that refugee women face on a regular basis; not just within their resettlement country, but also while they lived in their countries of origin and whilst travelling to asylum countries. Furthermore, stressors may occur throughout any stage of a person's life, and their nature, meaning and impact is likely to vary depending on both the individual's strengths, external resources and support, and the difficulties incurred prior to the stressors (Alfaro-Velcamp & McLaughlin, 2019; Khawaja et al., 2008). Therefore, this section endeavours to provide a contextual overview of the various GBV violations and stressors encountered by sub-Saharan African refugee women across the migratory process.

2.3.1. Pre-migration: GBV in sub-Saharan African Countries

Humanitarian crises and complex emergencies are commonly reported within many sub-Saharan African countries. During times of political and civil conflict and war, and within the aftermath, the civilians within these countries face insurmountable strife and difficulties. This turmoil leads to GBV as well as daily economic stressors that impacts the civilians' wellbeing, stability and ability to live dignified lives, which this sub-section aims to unpack (Alfaro-Velcamp & McLaughlin, 2019; Higson-Smith & Eagle, 2017; ZTVP & CSVR, 2006).

Weapon of War/Punishment:

Certain socially constructed subordinate groups bear the brunt of the parlous conditions during times of political and civil conflict and war, as they and their families are often targeted and subjected to abuse, exploitation, and several forms of violence and torture (Alfaro-Velcamp & McLaughlin, 2019; Higson-Smith & Eagle, 2017; ZTVP & CSVR, 2006). Research has reported that the common survivors of State persecution and oppression are members of oppositional political parties, religious groups and cultural groups (Kavuro, 2019; ZTVP & CSVR, 2006;

Alfaro-Velcamp & McLaughlin, 2019; Bloch, 2010; Idemudia, 2014). As such, some studies have illustrated that women living within countries undergoing armed conflict and political turmoil are often raped and/or experience several other forms of physical, sexual and psychological GBV as a common form of torture and *'weapon of war'* (de Oliveira Araujo et al., 2019; Idemudia, 2014; Higson-Smith & Eagle, 2017).

Perpetrators reported include both government and non-government groups, and were often men in positions of authority, such as State agents (e.g. police officers, army soldiers), and supporters of the ruling party (Khawaja et al., 2008; ZTVP & CSVR, 2006; Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012). This is seen in Somali, Sudanese and Congolese studies, amongst others, that is governed by a parlous state, in which people with oppositional political affiliations often gets captured, detained and tortured, and/or is forced to watch a relative get tortured, or torture is described to a relative as a form subordination or discrimination (Keygnaert et al., 2012; Alfaro-Velcamp & McLaughlin, 2019; ZTVP & CSVR, 2006). Khawaja et al., (2008) study refers to how Sudanese civilians and their families suffered physical and psychological trauma as a result of both the civil war and the government's forced Arabization of Southern Sudan. Examples of physical trauma included beatings, torture, gunshots and brutal interrogations, which were experienced either during a period of imprisonment or during the course of everyday life (Khawaja et al., 2008).

The participants in Khawaja et al., (2008) study also reported being threatened with violence – for being Christian, or because of involvement or suspected involvement with the army or paramilitary groups – as well as reported witnessing violence and death on a daily basis. In this instance, religion and/or political affiliation opens these people to higher risk of experiencing abuse. Research has moreover shown that torture of one family member affects the entire family and community of the survivor (Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012; Beringola, 2017). In this sense, the direct or indirect perpetration is designed to put pressure on them to submit or to punish them (ZTVP & CSVR, 2006; Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012; Beringola, 2017). Hence, the consequences of the sexual, physical and psychological violence can be perceived as the political silencing and the social stigmatization of the survivors and their communities (Beringola, 2017). This shows that the prevalence of GBV violence against women in many politically unstable countries is deep and systemic, making it one of the most important facets of gender inequality.

Violence and Experiences of Trauma:

Correspondingly, while it is commonly known that refugees as a whole are more likely to report having been survivors of organised violence and torture in their countries of origin, women are reported to experience torture as often as men (Higson-Smith & Eagle, 2017; ZTVP & CSVR, 2006). Zimbabwean refugee women in ZTVP and CSVR's (2006) report showed that forms of psychological torture were frequently reported (e.g. severe psychological torture, threats, witnessing violation, harassment), as well as physical torture including beatings, burnings, falanga, electric shock, and sensory over-stimulation (e.g. isolation, sleep deprivation); often through unlawful arrests and/or detention. Similar forms of psychological, physical and State violence were shown by Alfaro-Velcamp and McLaughlin (2019) study on Congolese refugee women, Keygnaert et al., (2012) study on refugees in Belgium and the Netherlands, Freedman's (2016) study on refugees across Europe, and Idemudia's (2014) and Idemudia et al., (2013) studies on Zimbabwean refugee women.

These studies also reveal how the civilians who were exposed to physical and psychological violence due to political and/or religious conflict in these countries reported fear; both of the violence itself and of the possibility that it would lead to their death, as well as reported experiencing fear of persecution due to the violence (Khawaja et al., 2008; Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012; Freedman, 2016; Idemudia, 2014; Idemudia, et al., 2013). Furthermore, women in some of these studies have reported experiencing more sexual violence as a form of torture than men. For instance, 15% of Zimbabwean refugee women in ZTVP and CSVR's (2006) report stated that they had been subjected to rape; 34.4% in Idemudia's (2014) study, and the majority of the Congolese refugee women in Alfaro-Velcamp and McLaughlin's (2019) study had reported being raped before coming to South Africa. Other forms of sexual violence were also reported as highly prevalent, including various types of sexual harassment, and sexual assault (Higson-Smith & Eagle, 2017; Alfaro-Velcamp & McLaughlin, 2019; Idemudia, 2014; ZTVP & CSVR, 2006). Fuller (2008) further argues that SGBV used as a weapon of war in conflict situations, motivated by a women's nationality, ethnicity, political, or religious views, legitimises the concept of sexual violence as a political tool. What this illustrates is these women's gender compounded by political instability, political affiliation, religion, and other socially constructed identities, creates vulnerability to exploitation, violence and abuse.

Loss and Internal Displacement:

Commonly reported in refugee studies within their countries of origin riddled with conflict and war was that family and friends had been killed or separated from one another; either due to arrest, abduction or while fleeing war zones (Khawaja et al., 2008; Ikafa et al., 2021; Alfaro-Velcamp & McLaughlin, 2019). Ikafa et al., (2021) study on African migrants in Australia reported increased stress because of loss of their loved ones due to murder or separation – which was associated with concern regarding their loved one's whereabouts. Sudanese refugees in Khawaja et al., (2008) study expressed both concern for their loved one's welfare and desire to be reunited with those they had been separated from. Loss and/or separation of their loved ones in their countries of origin in these two studies was conveyed as a major source of stress, which was related to negatively impacting the refugees coping in the resettlement country (Khawaja et al., 2008; Ikafa et al., 2021; Alfaro-Velcamp & McLaughlin, 2019).

A few studies also report their participants being forced from their home either by threats of harm from state agents, political supporters, or from family members that resulted in the person becoming internally displaced within their country of origin (Idemudia, 2014; ZTVP & CSVR, 2006; Khawaja et al., 2008; Pineteh, 2017). Lacking the resources to take care of oneself was shown to cause further socio-economic insecurities and vulnerabilities to exploitation. For instance, ZTVP and CSVR's (2006) study showed that 44% of the sample of 236 Zimbabwean refugees reported being denied food while living in Zimbabwe as a consequence of their political opinion and affiliation. Hence, these experiences of being internally displaced, interlinked with their political opinion and gender, place these women in situations that creates vulnerability for further exploitation and GBV.

Economic Stressors and Difficulty Fulfilling Basic Needs:

Commonly associated with conflict and war is the increase in economic stressors, the interrelated difficulty people experience fulfilling their basic needs and the negative impact on life activities as a result. A few studies illustrate how civil war created economic difficulties for its citizens, whom reported living secure and happy lives pre-war (Khawaja et al., 2008). Instead, participants in these studies reported being forced to flee from their homes and live a nomadic and fearful existence, as they repeatedly moved to avoid attacks from the army (Khawaja et al., 2008; Pineteh, 2017; ZTVP & CSVR, 2006). Consequences of this forced internal displacement, included a lack of access to basic necessities, such as food and water, medical care, and shelter, as well as a reported inability to conduct daily life activities, such as education and employment (Khawaja et

al., 2008; Mbiyozo, 2019; Palmary, 2002). The participants in Khawaja et al., (2008) study on Sudanese refugees attributed reasons to the destruction of schools and workplaces in the war, the limited accessibility to schools and employment for displaced refugees, a lack of adequate funds to pay for schooling, as well as how the government policy of Arabization made attending school or finding work difficult.

Similarly, the World Bank (2023a) refugee report on the DRC reported on the significant economic barriers, GBV and discrimination that Congolese women face as a result of past conflict and war that has shaped the social norms in the DRC. This includes disempowerment of women through reduced access to education, lower paid jobs compared to men, reduced control over land as well as voice and agency compared to men, and higher reported rates of physical and sexual violence (World Bank, 2023a; Sida, 2015). For instance, the World Bank (2023a) report portrays that only 16.8% of Congolese women completed secondary school, which was approximately half the rate of completion for men, and contributed to the high fertility rates and female unemployment rates in the DRC. Literature has also further correlated the lower SES of women in many sub-Saharan African countries to the higher prevalence of physical and sexual violence (World Bank, 2023a; Sida, 2015; Higson-Smith & Eagle, 2017). This illustrates the role that gender plays in creating and perpetuating the systems of inequality, discrimination, marginalisation and abuse against women.

Negative Impact of GBV Linked to Instability and Conflict:

Experiencing trauma and living in a constant state of fear is often affiliated with political and civil instability and conflict. This evoked feeling of insecurity, as studies described how their participants never felt safe and continually thought about death in their countries of origin; negatively impacting their wellbeing (Khawaja et al., 2008; Freedman, 2016; Alfaro-Velcamp & McLaughlin, 2019; Idemudia, 2014). Furthermore, the literature has shown that refugees who experienced high levels of torture, combat assaults, sexual violence violations, incarceration in poor conditions and forced labour, have also reported many debilitating physical consequences (Higson-Smith & Eagle, 2017; ZTVP & CSVR, 2006; Alfaro-Velcamp & McLaughlin, 2019). In such situations both life-threatening and non-life-threatening forms of violence are experienced by refugees (Keygnaert et al., 2012; Alfaro-Velcamp & McLaughlin, 2019; Higson-Smith & Eagle, 2017; de Oliveira Araujo et al., 2019). Physical consequences reported include, chronic and/or debilitating pain, bodily ailments, loss of physical function of some kind (Higson-Smith & Eagle, 2017), brain damage and high blood pressure (Alfaro-Velcamp & McLaughlin, 2019).

Additionally, many sexual and reproductive problems have also been reported, such as STI's, HIV/AIDS, sexual disorders, unwanted pregnancies and miscarriages due to violence and forced abortion (Keygnaert et al., 2012; Alfaro-Velcamp & McLaughlin, 2019; de Oliveira Araujo, 2019). These mental and physical health problems may have jarring results on women's stability and livelihoods, as it may further impact their ability to attain employment, develop trust and build interpersonal relationships, and affect their overall well-being – both while still living in their countries of origin as well as while resettling in asylum countries (Idemudia et al., 2013; Freedman, 2016; Palmary, 2002; Keygnaert et al., 2012). Hence, GBV is widely recognised as an important public health problem, both because of the acute morbidity and mortality associated with assault, and because of its long-term impact on women's psychological, physical and reproductive health (Dunkle et al., 2004; Alfaro-Velcamp & McLaughlin, 2019).

2.3.2. GBV During Migration: Transit Violence

Sadly, it is a common experience for refugees to continue facing adversities, harsh circumstances and GBV violations once they leave their countries of origin, with their narratives often representing loss and struggle. The continual ill-treatment and multiple incidents of violence experienced has been proven to contribute to compounded trauma, increased levels of stress, higher risk of developing psychological disorders and poorer health outcomes for refugee women (ZTVP & CSVR, 2006; Mngoma et al., 2016; Keygnaert et al., 2012). This sub-section aims to highlight the key contextual impacts and GBV experiences of refugees during transit periods.

Loss of or Separation from Loved Ones:

Refugee studies illustrate how refugees continue to face insecurities and loss once they leave their conflict-ridden countries of origin. A few studies reported refugees being separated from or losing their family members during the transition period of travelling to an asylum country; either due to illness, lack of access to basic needs, rebels attacking and raiding refugee camps, being murdered on the road, or facing exceptionally harsh environmental factors, such as crossing dangerous rivers (Khawaja et al., 2008; Pineteh, 2017; Momartin et al., 2004). A couple of studies further illustrated their participants hearing about their family members dying or going missing back in their countries of origin (Khawaja et al., 2008; Pineteh, 2017; Farwell, 2004). Somali refugees in Pineteh's (2017) study further spoke about the loss and painful dislocation from family as a nostalgic memory of a fractured homeland, and a way of keeping their loved ones' memories alive and imaginary sense of reunion through story-telling. Momartin et al., (2004) and Farwell

(2004) studies spoke about the correlation between loss and various traumatic experiences with the subsequent increased risk of negative psychological outcomes for refugees.

Economic Stressors and Difficulty Fulfilling Basic Needs:

As a result of displacement or fleeing their countries of origin, majority of refugees are spoken about as leaving destitute with very little, and hence, struggle with finances and fulfilling their basic needs while traveling to asylum country(s) or temporarily living in refugee camps in transition countries (UNHCR, 2022; Khawaja et al., 2008; Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Freedman, 2016). Lack of or being unable to easily access food, water, healthcare, sufficient shelter are commonly reported difficulties during this transition period (UNHCR, 2022; Khawaja et al., 2008; Liebling et al., 2014; Pineteh, 2017). Khawaja et al., (2008) study further illustrated how Sudanese refugees struggles for fulfilling their basic needs was exacerbated by insufficient resources available or UN-provided food rations often being stolen by rebels raiding the refugee camps in Egypt.

A few refugees also spoke about their concerns about living and being stuck in transition countries, due to being unable to find work which paid enough to cover the costs of travelling to their asylum country, while also struggling to be able to cover the costs of food, shelter and medical care (Khawaja et al., 2008; Liebling et al., 2014). Additionally, some studies have reported that of the refugees that did find employment, did so illegally and were often subjected to poor treatment in the workplace (Khawaja et al., 2008). Hence, the harsh environments and lack of both personal (e.g. financial) and external resources and support during the transit period often increases the risk of subjecting refugees to exploitation and violence.

Violence and Experiences of Trauma:

During this transition period, many refugees expressed fear for their lives and numerous accounts of violence and trauma. Sexual and physical violence is reported as highly prevalent amongst refugee women during the transit period; highlighting how nationality and low SES compounded with gender can lead to refugee womens' vulnerability to GBV. The UNHCR (2022) report stated that as many as one in five refugees or displaced women experience sexual violence. Idemudia et al., (2013) and Alfaro-Velcamp and McLaughlin (2019) studies have also shown that many women from Zimbabwe and the DRC have reported being raped, assaulted or know someone who was killed en-route to South Africa and other asylum countries. Within refugee camps in Egypt,

Sudanese refugee participants in Khawaja et al., (2008) study recounted being or witnessing others being raped and exploited by rebels who broke into the camps to steal food.

Prejudice against refugees and racism have also been reported to contribute to violence experienced by refugees in refugee camps in transit countries (Pineteh, 2017; Khawaja et al., 2008). Khawaja et al., (2008) study illustrated how local Egyptian citizens would beat up, throw rotten fruit, and subject the Sudanese refugees to verbal abuse and racism, whereas Pineteh's (2017) study described how the Kenyan government linked being a refugee with the high crime rates which spurred xenophobic sentiments and violence. At times, refugees were also subjected to murder by local citizens in transition countries (Khawaja et al., 2008; ZTVP & CSVR, 2006). Both the physical and psychological abuse experienced, made many of the refugees feel insecure, unsafe, helpless and traumatised (Pineteh, 2017; Idemudia et al., 2013).

Perpetrators reported were mostly single men who were often border and police officers (Idemudia, 2014; Higson-Smith & Eagle, 2017; Pineteh, 2017; Mbiyozo, 2019; Fuller, 2008), smugglers or traffickers and truck drivers (Freedman, 2016; Idemudia et al., 2013), and rebels attacking refugee camps (Khawaja et al., 2008; Pineteh, 2017). This suggests that some men in positions of authority or whom hold positions of privilege in that situation exploit their power (position or physical strength) to take advantage of vulnerable refugee women. This included men who are assigned to protect society and are meant to uphold human rights laws being the very men who violate these rights and exploit women refugees because of their vulnerable status.

Furthermore, refugee women's vulnerability to sexual and physical violence in these instances may be related to their socio-economic position of being homeless and impoverished. Some studies have illustrated that truck drivers or smugglers have targeted women and girls, attempting to coerce those with limited financial resources into exchanging sex for transport (UNHCR. 2022; Pineteh, 2017). This has been more commonly referred to as 'transactional sex' or 'survival sex,' whereby women are forced to exchange sex for 'protection,' services, resources, such as food and water, and transportation to enter into asylum countries (Idemudia, et al., 2013; Sigsworth, 2009; UNHCR, 2022; Alfaro-Velcamp & McLaughlin, 2019). Research has also shown that refusal of sex may result in coerced rape and/or sexual and physical assault of women refugees (Freedman, 2016; Idemudia et al., 2013). Hence, sexual and physical violence is considered to be a present threat during forced displacements and seeking asylum.

Additionally, Freedman's (2016) study highlighted that women refugees travelling alone or with children were often particularly vulnerable to attack. This may be because of the absence of a male 'protector' accompanying women and child refugees, whether a friend, husband/boyfriend or relative. This alludes to gender roles constructed within the countries these refugee women pass through, which may intersect with other factors of inequality that lead to male perpetration and exploitation of women through many forms of GBV. Literature has also portrayed the instability and fear for the future many refugees expressed; particularly in relation to fear for their lives as well as fear of being caught and deported back to their countries of origin for their status of being illegal immigrants in the transition countries (Khawaja et al., 2008; Pineteh, 2017; Fuller, 2008). This fear and instability, combined with limited access to basic necessities and subjection to constant verbal and physical abuse, made refugees in various studies feel unsafe and without prospects for the future (Khawaja et al., 2008; Pineteh, 2017; Thompson, 2018). Accordingly, these refugees expressed a desire to leave the transit countries, and a wish for a peaceful home where they could settle and continue their lives (Khawaja et al., 2008; Pineteh, 2017; Landau, 2005).

Negative Impact of GBV Linked to the Migration Journey:

This perilous journey highlights the precariousness of the passage refugees take from one space to another, which represents stories of silencing, existential estrangement, victimisation, GBV abuses and trauma. Hence, life for many refugees becomes centered on how to survive tumultuous and hostile spaces and violence in search for a safe haven, while simultaneously grappling with loss of identity, home lands, social status and sense of belonging (Pineteh, 2017; Yuval-Davis, 2011). Additionally, a plethora of research has shown an increase in the risk of developing a number of mental disorders amongst refugees, which is amplified by their pre-migration and migration experiences of GBV abuses, life threatening encounters, and loss, separation and death of loved ones, that they are required to endure (Landau, 2005; Momartin et al., 2004; Fazel, 2005; Markova & Sandal, 2016). Types of mental disorders that refugees are at risk of developing due to trauma and exposure to multiple accounts of violence include most commonly depression, anxiety, post-traumatic stress disorder (PTSD), as well as somatoform disorders and, at times, various types of personality disorders and psychopathology (Idemudia et al., 2013; Momartin et al., 2004; Fazel, 2005; Sida, 2015; ZTVP & CSVR, 2006).

2.3.3. Post-migration: GBV in South Africa

South Africa hosts many refugee individuals and families from across sub-Saharan Africa who have been forcibly displaced from their countries and are fleeing to South Africa with a commonly cited reason to seek political asylum (Alfaro-Velcamp & McLaughlin, 2019; ZTVP & CSVR, 2006; Idemudia, 2014). Research has also shown that many refugees come to South Africa for protection and with the hope for reparation from the trauma that they've experienced in their countries of origin and while travelling to South Africa, as well as for medical care and the economic opportunities to start a new and create a better life for themselves (Landau, 2005; Alfaro-Velcamp & McLaughlin, 2019; Bloch, 2010). Human rights laws in South Africa support the notion that refugees have the rights to receive asylum from persecution and basic human rights violations, as well as rights to freedom from torture and degrading treatment (Kavuro, 2019; UNHCR, 1992). In South Africa this is commonly supported by the African philosophy of '*ubuntu*,' which translates to 'humaneness,' namely the notion that all persons deserve equal treatment and dignity, and that mutual respect and concern is essential to human existence (Kavuro, 2019). However, the experiences of many refugees have not been as reparative or prosperous as hoped for; with numerous accounts of discrimination, GBV and socio-economic adversities recounted. This sub-section aims to highlight the key contextual stressors, difficulties adapting, and GBV experiences of refugees while resettling and residing within South Africa.

Systemic GBV Linked to Policy Inconsistencies:

Rather than the land of peace and hope many sub-Saharan African refugees imagine, they are often met with animosity, rejection, discrimination and violence. Despite supportive humanitarian refugee laws and policies implemented in South Africa, there are often inconsistencies in how these policies are applied in reality, which creates and perpetuates the marginalisation of refugees in South Africa. This is reflected in the dismal acceptance rate of refugee applications, such as the shocking 96% rejection rate of the 18 104 asylum applications made in 2018 in South Africa (Sonke Gender Justice and Scalabrini Centre of Cape Town, 2019). The African Centre for Migration and Society (ACMS) indicated that majority of the applications that were rejected were migrants from other African countries, and often the reasons for the refugees' applications being rejected were unfounded (Sonke Gender Justice and Scalabrini Centre of Cape Town, 2019). This, in turn, creates the stigmatising social perspective of migrants and refugees from sub-Saharan Africa as being unwanted (Pineteh, 2017; Palmary, 2002). Oludare (2015) has also related the

rejection rate of asylum applications to the prevalent xenophobic attitudes and discrimination against foreign migrants, including refugees, within South Africa.

This propagation of discrimination against foreigners at a systemic level draws attention to how ones' nationality has been socially constructed within South Africa, and how this can lead to refugees' vulnerability to exploitation and violence at multiple levels of society. Scholars have illustrated how the administrative and legal hurdles refugees face in establishing a secure legal status and obtaining proper documentation, and the lack thereof, has on refugees' ability to access services (e.g. healthcare and housing), formal employment opportunities, education for their children, as well as other civil documentation required for socio-economic activities (e.g. identity documents and permits) in South Africa (Sida, 2015; Pineteh, 2017; Bloch, 2010). Consequently, many refugees struggle to gain employment or resort to informal or undocumented work, leaving them vulnerable to unfair treatment and exploitation; and often resulting in socio-economic GBV (Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Sida, 2015).

For refugee women in South Africa, this has included various forms of socio-economic and sexual violence. Alfaro-Velcamp and McLaughlin (2019), Idemudia et al., (2013) and Sida's (2015) studies have shown that some refugee women who do obtain employment in South Africa have reported being underpaid, not paid for the work they've completed, or have been forced to have sex in order to get work or get paid. This proposes a connection between gender being compounded with nationality that creates the conditions for the socio-economic and sexual exploitation and resultant complex trauma of refugee women in South Africa. Alfaro-Velcamp and McLaughlin (2019) and Higson-Smith and Eagle (2017) further add that this socio-economic and sexual GBV within workplaces held true regardless of refugees being legally documented or undocumented within South Africa, but that undocumented refugee women were more suspectable to exploitation and abuse due to their illegal status.

Being unable to claim legal status as a refugee in South Africa has also been shown to evoke feelings of uncertainty and fear, which can lead to a cycle of insecurity (Palmary, 2002; Pineteh, 2017). This was often linked to not being able to access the legal protections that comes with being documented, such as accessing work permits to obtain formal employment in order to provide for themselves and their families (Idemudia et al., 2013; Palmary, 2002; Alfaro-Velcamp & McLaughlin, 2019), accessing education for their children so that they can create a better life for themselves in the future (Mbiyozo, 2019; Pahud et al., 2009; Palmary, 2002), as well as fear

of police arrest and deportation for continuing to live in South Africa as illegal immigrants (Higson-Smith & Eagle, 2017; Bloch, 2010; Palmary, 2002). Hence, concerns regarding what the future held for the refugees themselves and their children has been reported as a key stressor, and which impacts refugees' ability to integrate into the South African economy and communities, and find a sense of belonging. Furthermore, this uncertainty and lack of a legal sense of identity and belonging that the prejudicial asylum process produces has shown to create anxiety, which can, in turn, result in and further exacerbate trauma and mental health difficulties including PTSD, depression, low self-esteem, and suicidal feelings and behaviours (Leudar et al., 2008; Goodman, 2004; Liebling et al., 2014).

Socio-economic Stressors and Difficulty Fulfilling Basic Needs:

South Africa has one of the most industrialised, technologically advanced, and diversified economies in Africa (Idemudia et al., 2013; Landau, 2005). However, socio-economic challenges continue to mount, with inequality, discrimination and crime, which affects the quality of life of many people in South Africa and is shown to further create and fuel social tensions (Nattrass & Seekings, 2001; Pineteh, 2017; Addae & Quan-Baffour, 2022). It is within this competitive economy with developing infrastructure and services, scant resources, and at times hostile context, that refugees enter into South Africa. Furthermore, many refugees arrive in South Africa destitute or within the low SES bracket and, in turn, often compete for the same limited employment opportunities available along with the majority of South Africa's population. Keygnaert et al., (2012) and Idemudia et al., (2013) studies have demonstrated that despite many refugees having received at least a secondary level education and had formal work experience in their countries of origin, majority of the refugees reported being unable to find employment in South Africa. Yuval-Davis (2016) has argued that being able to integrate within the economic life of a country as an important factor to establish a sense of belonging, as being able to work had been linked with feelings of purpose, provision and hope (Liebling et al., 2014; Hernandez, 2009; Pahud et al., 2009). Hence, the prevalent unemployment challenges that persist amongst refugees in South Africa serves as a crucial stressor and barrier for assimilation.

Furthermore, research has shown that language barriers and cultural differences are factors that have exacerbated the challenges many refugees face in trying to access employment and integrate into the labour market, as well as limits social acceptance, integration and cohesion within local communities in resettlement countries, including South Africa (Liebling et al., 2014; Hernandez, 2009; Khawaja er al., 2008). Palmary (2002) and Carciotto's (2020) studies illustrated

that refugees job applications were more likely to be rejected due to reasons such as language barriers, different educational qualifications, being undocumented, as well as for discrimination towards refugees in South Africa. Hence, merely being a refugee in South Africa can make one vulnerable to unequal treatment, discrimination, rejection, which serves to marginalise them and lead to socio-economic GBV.

As a result of many refugees low SES and difficulty obtaining work, refugees were often reported as lacking access to basic resources, such as food, water, shelter, medical care, and many report being internally displaced, living in poverty, as well as living in informal settlements or living homeless in South Africa (Palmary, 2002; Idemudia, 2014; Idemudia et al., 2013). Inadequate housing and living homeless has also been shown to exacerbate challenges of refugees related to sanitation, health, and overall wellbeing; their status as a refugee often creating an additional barrier to accessing responsive services (Khawaja et al., 2008; Liebling et al., 2014; Higson-Smith & Eagle, 2017; Bloch, 2010). Moreover, refugee women have reported being coerced by South African men to barter sex for shelter due to lack of financial independence (Idemudia, 2014; Idemudia, et al., 2013). This suggests that refugee women's gender, low SES and living in poverty makes them particularly vulnerable to sexual exploitation and rape. This highlights the power dynamics at play between not just gender, but also class and nationality, which may lead to both sexual and socio-economic violence for refugee women in South Africa.

Being unable to work has also been linked to mental health problems in refugees, with the associated increased feelings of disappointment and isolation that makes integration difficult (Liebling et al., 2014; Idemudia et al., 2013). Other studies have also shown that poor mental health outcomes were related to difficulties with resettlement and integration, such as accommodation and financial stress, as well as the loss of social and cultural support (Porter & Haslam, 2005; Rugunanan & Smit, 2011). Porter and Haslam's (2005) study further associated the higher risk of poorer mental health outcomes with refugees who were of older age, were female, obtained greater education level, and of higher SES prior to displacement. Hence, the inequitable socio-economic conditions in South Africa may leave many refugees feeling disillusioned and perhaps retraumatised post resettlement, as well as negatively impact their wellbeing and opportunities for social and economic advancement that increases their risk to GBV and marginalisation.

Male Citizen Violence and Interpersonal Violence:

South Africa is known to be a context of marked gender inequality, as seen by the pervasive rates of violence, especially GBV that are amongst the highest in the world, as well as domestic violence, sexual assault and femicide (STATS SA, 2000; SAPS, 2017; Mngoma et al., 2016). For instance, of the small proportion of sexual violence cases that actually get reported, the SAPS (2017) Report depicted that 49 660 sexual offenses had been committed between April 2016 to March 2017 in South Africa. These rates are higher than the murder rates in South Africa, which reveals the devastating extent of sexual violence and "rape culture" in South Africa (SAPS, 2017; Sida, 2015). This illustrates that South Africa presents various vulnerabilities for women generally due to their gender; in which scholars have argued that the added factor of being a 'refugee' further increases refugee women's risk to dehumanisation, violence, exploitation and discrimination, which may amplify their challenges, often leaving them particularly marginalised and vulnerable to abuse (Freedman, 2016; Higson-Smith & Eagle, 2017; ZTVP & CSVR, 2006).

This intersection between gender and foreigner status is seen in the rates of GBV and stories of refugee women's experiences of male-perpetrated interpersonal violence, domestic violence, and violent crimes inflicted by male citizens against refugee women in South Africa. Many refugee women report being sexually assaulted and raped by South African men within South Africa, with commonly reported perpetrators including male police officers, asylum professionals and civilians (Alfaro-Vettenburg & McLaughlin, 2019; ZTVP & CSVR, 2006; Keygnaert et al., 2012; Fuller, 2008). Jewkes et al., (2011) and Sida (2015) have postulated that the reasons for this could be because of the gendered power imbalances that contribute to male perpetration and refugee women's vulnerability within their precarious lifestyles, enforced by patriarchal social ideals upheld amongst men within South Africa. This gendered and SES power imbalance, in turn, compounds women's vulnerability to being forced by the man in a position of authority to exchange sex for 'favours', whether to be released from being detained or for asylum documentation (Fuller, 2008; Idemudia, 2014; Higson-Smith & Eagle, 2017); or merely being abused because of 'being a woman,' or because of discrimination towards foreigners and the decreased accessibility to protective measures and services (Pineteh, 2017; Mngoma et al., 2016; Fuller, 2008; Mbiyozo, 2019).

Some studies have also highlighted the occurrence of interpersonal and intimate partner violence (IPV) within refugee homes and families within South Africa. Alfaro-Velcamp and McLaughlin (2019), Keygnaert et al., (2012) and Krishnan et al., (2010) have associated IPV to

the changing gender roles, such as in cases where the women become the breadwinner. In these instances, scholars have conceptualised the psychological (e.g. downgrading), physical and sexual violence inflicted towards refugee women as enactments of control over women, in order for the man to feel more powerful within a society that discriminates against and subordinates refugee men, and where forming a male provider identity within the family proves difficult with continual strain obtaining work in South Africa (Jewkes et al., 2011; Alfaro-Velcamp & McLaughlin, 2019; Krishnan et al., 2010; Sah, 2022). Fuller (2008) has also related domestic violence within refugee homes as a result of xenophobia; not only because of the heighted atmosphere of violence in public spaces, but also how sexual violence has been used by men within their intimate relationships to gain back some sense of power. Here we see how violence against women refugees in such situations crosses over both public and private spaces in different ways.

Additionally, Hungwe (2013) also portrays that some refugee women may engage in intimate relationships and marriages with local South Africans as a means of economic survival and security to cover their basic needs. However, being submissive and providing sex in some of these relationships become conditional as a form of 'payment' for being taken care of, which can result in various acts of forced physical and sexual violence (Hungwe, 2013). This presents a double-edged sword for refugee women, and illustrates how low SES in the context of difficulty gaining economic independence compounds refugee womens vulnerability to exploitative relationships that may lead to various forms of GBV in South Africa.

Consequently, GBV within South Africa and interpersonal violence experienced by refugee women aids towards male dominance and female subordination and control, as studies have reflected refugee women's feelings of being trapped, stuck and helpless in various encounters of male-perpetrated GBV (Blackmore et al., 2020; Miller et al., 2002; Markova & Sandal, 2016). Owing to the physical and sexual nature of the abuse many refugee women experience in their interpersonal and relational encounters, research has shown that women refugees who were raped have reported as suffering from more severe health consequences (Fazel, 2005; ZTVP & CSVR, 2006; Idemudia et al, 2013; Higson-Smith & Eagle, 2017). Moreover, scholars have highlighted the psychological impact of IPV, SGBV and the compounded trauma this creates; often leading to complex trauma and PTSD for refugee women with previous experiences of violence within their countries of origin and/or while travelling (Fazel, 2005; Blackmore et al., 2020; Momartin et al., 2004). The negative mental and physical health impact of interpersonal GBV has shown to have further personal and socio-economic consequences for

refugee women, such as having unequal access to decision-making, infrastructure and resources, and having their personal capacities for economic growth ignored, which contributes towards their marginalisation (Alfaro-Velcamp & McLaughlin, 2019; Bloch, 2010; Idemudia et al., 2013).

Xenophobia, Racism and Afrophobia:

Xenophobia, racism and afrophobia are prevalent and significantly impact the lives of sub-Saharan African refugees in South Africa. These three social concepts are intertwined and conceptualised as political in as much as they are motivated by dynamics of inclusion and exclusion, access to resources and nationalistic identities; which often lead to GBV and various challenges in the daily lives of refugees in South Africa (Fuller, 2008, Tafira, 2011; Addae & Quan-Baffour, 2022). Xenophobia, i.e. the fear and/or hatred of foreigners, is pervasive in South Africa, and the ultimate expression of how a socially constructed negative perception of 'nationality' results in an othering process that contributes to many refugees' experiences of GBV and lack of belonging in South Africa (Alfaro-Velcamp & McLaughlin, 2019; Posel, 2001). These feelings of hostility and resentment towards foreign migrants and refugees have been linked to prejudicial stereotypes (Palmary, 2002; Idemudia et al., 2013). This includes the perception that 'floods' of 'illegal' 'poor and unskilled' refugees are 'swarming' South Africa, to take jobs from deserving South African nationals, as well as overwhelm healthcare services and "use up" resources (Palmary, 2002; Mbiyozo, 2019; Fuller, 2002; Addae & Quan-Baffour, 2022; Crush & Tawodzera, 2014).

Foreigners and refugees are also often constructed as criminals, viewed as bringing diseases (particularly HIV/AIDS) when they come to South Africa, and foreign African men are perceived as stealing South African women (Crush & Tawodzera, 2014; Addae & Quan-Baffour, 2022; Masuku, 2006; Mbiyozo, 2019; Palmary, 2002). While these stereotypes are not true for the most part, they reinforce the belief that foreigners are a major source of unemployment and other socio-economic problems in South Africa. Against the backdrop of job insecurity, scarcity of resources, critical infrastructure and service delivery issues, Addae and Quan-Baffour (2002) and Fuller (2008) argue that foreign nationals and refugees are often used as a scapegoat for the social vices and even the economic downturn confronting many South Africans. Hence, foreign nationals and refugees are often seen as a threat, and in turn, are blamed and victimised for economic and social misfortunes in South Africa, which are used as reasons to justify xenophobic discrimination and violence (Pineteh, 2017; Crush & Tawodzera, 2014).

However, not all foreign migrants and refugees are targeted or seen as equal threats. Scholars have postulated that negative xenophobic beliefs and attitudes seem to be reserved for black migrants and refugees from other African countries (Mbiyozo, 2019; Fuller, 2008; Addae & Quan-Baffour, 2022). This infers a link between nationality, ethnicity and race that compounds refugees vulnerability and risk to xenophobia. The UNHCR (2022) substantiated this claim by illustrating that low-income black African migrants and refugees were at greater risk of xenophobic violence. A study by the Cape Town Refugee Centre (CTRC) also reported that black African migrants were targeted by both police and South African citizens in the general public for stereotyped criteria, such as having a dark skin and a 'strange' way of walking (Palmary, 2002). This further suggests a 'gradation of prejudice,' whereby ones' identity is determined by ones' complexion; in this case having a *darker black* skin tone inferring an identifying marker for 'foreigner' (Palmary, 2002). This also indicates the extent to which policing of immigration, and discriminatory social relations within South Africa can be driven by race-based stereotypes and, therefore, perpetuate various levels of xenophobic attitudes and prejudice.

Masuku (2006) and Addae and Quan-Baffour (2002) claim that this fear and/or dislike of Africans and their culture, and related "black-on-black" violence amongst people from different African countries, incites a new form of racism, termed *Afrophobia*. Tafira (2011) argues that afrophobia extends the conceptualisation of xenophobia, in that its discrimination, prejudice and violence is not merely enacted upon foreigners generally, but particularly black African foreigners. In this sense, racialised practices are further conceptualised to include cultural identity, whereby xenophobic attitudes and behaviours inflicted by black South African nationals are 'justified' against other foreign black Africans who are constructed to belong to a group or community that are seen as socially and culturally inferior (Tafira, 2011; Addae & Quan-Baffour, 2022). Hence, afrophobia portrays how the socialisation of racial hierarchies under colonialism and apartheid leads to interracial inequalities and discrimination of foreign black African migrants and refugees in society today, which further frames their disintegrated social identity and related exclusion in South Africa (Nattrass & Seekings, 2001; Tafira, 2011; Addae & Quan-Baffour, 2002).

Additionally, Fuller (2008) has argued that xenophobia in South African can be conceptualised as a 'conflict situation' (albeit targeted and localised) owing to the associated violence. There are countless reports of threats to and attacks on foreign lives within South Africa, which have included destruction of property and foreigner owned businesses (Crush & Tawodzera, 2014; Mbiyozo, 2019; Idemudia et al., 2013; Lötter & Bradshaw, 2022); looting and

dispossession of foreigner's belonging and homes that leads to displacement (Mbiyozo, 2019; Oludare, 2015; Fuller, 2008); as well as reporting of foreigners being beaten, stabbed, and torched that have at times led to death (Fuller, 2008; Lötter & Bradshaw, 2022; Idemudia et al., 2013). Idemudia et al., (2013) and Crush and Tawodzera (2014) highlight the brutality of the xenophobic attacks, as they postulate how violence is used as a strategy to persuade foreigners to leave South Africa. This hounding effect of violence, has been shown to create daily apprehension and fear, as studies in South Africa have reported refugees fearing local residents (Fuller, 2008), and expressing fear and uncertainty in regards to the precarious nature of their lives (Idemudia et al., 2013; Alfaro-Velcamp & McLaughlin, 2019), in response to encountering hostile and xenophobic attitudes and physical endangerment. The impact of xenophobia has also led many refugees to feel uncertainty about their future in South Africa, which was compounded by the additional fear of returning to their conflict-ridden countries of origin (Fuller, 2008; Idemudia et al., 2013; Pineteh, 2017). Hence, many refugees often expressed feeling insecure and like they didn't belong in South Africa as a result of xenophobia (Fuller, 2008; Pineteh, 2017).

More covert forms of xenophobic violence have also been identified within the medical and healthcare system, whereby negative attitudes and practices of healthcare professionals and employees towards refugees, purely based on their identity as non-South African or foreigner, results in GBV (Crush & Tawodzera, 2014; Fuller, 2008). Despite migrants and refugees being legally entitled to medical services, Crush and Tawodzera's (2014) study portrayed that some South Africa nationals held the perception that the right of access to healthcare services should depend on citizenship and legal status. Based on this discriminatory attitude, studies have reported poor, perfunctory, abusive and neglectful treatment of refugees by medical staff once their foreigner status is known (Crush & Tawodzera, 2014; Higson-Smith & Eagle, 2017; Bloch, 2010; Palmary, 2002). Furthermore, denial of treatment or being overcharged for medical services has been reported when refugees have been unable to produce 'correct' (asylum) documentation, being unable to speak the medical professional or employees home language, and being of foreign black African decent (Crush & Tawodzera, 2014; Bloch, 2010; Palmary, 2002; Idemudia et al., 2013). In such situations, Crush and Tawodzera's (2014) study portrayed that refugees tended to regard clinics and hospitals as spaces to fear rather than where they can seek relief. This illustrates how black sub-Saharan African refugees' marginalisation and vulnerability to abuse and exploitation is compounded by their legal status and documentation, race and language discrimination.

Violence against refugee *women* in particular have formed an integral part of the xenophobic violence in South Africa, which has complex roots in both the political and criminal spheres. Media and research have illustrated that refugee women are not exempt from the anti-foreigner xenophobic sentiments and violence in South Africa, as incidents of beatings, assault, property damage, looting, and possessions being damaged or stolen are reported during xenophobic attacks (Fuller, 2008; Idemudia et al., 2013; Sida, 2015; Mbiyozo, 2019). While not vastly covered in the media, studies have revealed that rape and SGBV are experienced frequently by refugee women as a form of xenophobic violence (Mbiyozo, 2019; Idemudia, 2014; Sida, 2015). In 2018, the Institute for Security Studies (ISS) report on migrant women in South Africa indicated that most women cited GBV and sexual violence as one of their top threats (Mbiyozo, 2019). Common perpetrators of xenophobia related GBV against refugee women identified through research include State and Government officials and civil servants (police, home affairs officials, refugee determination officers and customs agents), healthcare professionals and medical staff, and South African nationals; all of whom "do not leave their hostile attitudes at home" (Crush & Tawodzera, 2014, p.662; Mbiyozo, 2019; Bloch, 2010; Palmary, 2002).

Xenophobic violence against refugee women has both a nationality and gendered dynamic, as scholars argue that women represent a relatively easy target in violent conflict situations, as they are perceived as "lacking the physical capacity to fight back" (Fuller, 2008, p.8; Sida, 2015; Jewkes et al., 2011). Fuller (2008) and Sida (2015) further argue that refugee women living in townships have been disproportionately affected by xenophobia, especially during violent attacks, as some refugee women have been found to prioritise protecting their families and possessions as a first priority. In turn, they may render themselves defenceless to physical and sexual GBV during xenophobic attacks (Fuller, 2008; Sida, 2015; Alfaro-Velcamp & McLaughlin, 2019; Mbiyozo, 2019). Hence, Alfaro-Velcamp and McLaughlin (2019) and Fuller (2008) state that physical violence and rape can be used as a political tool of xenophobia to punish and humiliate women from different nationalities and ethnic groups in South Africa. Additionally, xenophobia has also been shown to provide a space for opportunistic criminal violence, particularly for refugee women living impoverished in rural townships, as men have been reported to piggyback off of xenophobic unrest and rape refugee women vulnerable to GBV during these violent conflict situations (Fuller, 2008). This highlights how low SES may compound refugee women's vulnerability to GBV related to both politically motivated xenophobia and opportunistic criminal violence.

As a result of xenophobic related violence and insecurity many refugee women face in South Africa, many report fear and mistrust, which negatively impacts their integration and sense of belonging in South Africa. Fuller (2008) claims that the fear and shame that accompanies a position of defencelessness in violent xenophobic situations, particularly of a sexual nature, can strip a woman of her agency, contribute to feelings of increased isolation and silencing, and perpetuate her status as a 'helpless victim.' This notion is reinforced by fear of police and discriminatory treatment within the healthcare system, which results in many rapes going unreported and a barrier to seeking appropriate healthcare (Fuller, 2008; Crush & Tawodzera; Masuku, 2006; Palmary, 2002; Mbiyozo, 2019). In Pineteh's (2017) study, the experiences of xenophobia in South Africa were also reported to recreate the feelings of hopelessness some Somali refugees experienced in their homeland of Somalia, as well as difficulty maintaining a secure sense of their capabilities in the face of an unknowable future in South Africa. Hence, xenophobia plays a pervasive role in contributing to the limited social, emotional, economic and service support accessible, purely for being a foreigner in South Africa (Fuller, 2008; Idemudia et al., 2013; Alfaro-Velcamp & McLaughlin, 2019). Therefore, the literature on refugee adaptation also demonstrates that while premigration and migration experiences have a significant impact on psychological distress, post-migration stressors and GBV adds appreciably to insecurity, anxiety, social disintegration and PTSD symptoms, which may result in compounded trauma and marginalisation (Porter & Haslam, 2005; Fuller, 2008; Idemudia et al., 2013; Mbiyozo, 2019).

2.4. Adaptive Processes

The literature above highlights how refugees often face challenging, stressful and traumatic experiences, which negatively impacts their wellbeing. This includes feeling a sense of loss and meaninglessness during and post displacement and forced migration, as well as experiencing a range of physical health consequences and psychological disorders, such as PTSD, depression, anxiety, dissociative symptoms, self-esteem and self-confidence problems, self-harming behaviours, and suicidal ideation and attempts (Walther et al., 2021; Keygnaert et al., 2012; Higson-Smith & Eagle, 2017; Idemudia et al., 2013; ZTVP & CSVR, 2006; Alfaro-Velcamp & McLaughlin, 2019). These mental and physical health problems may have long-term impacts and jarring results on refugee women's stability and livelihoods, as it may further impact their ability to attain employment, develop trust and build interpersonal relationships, and affect their overall

wellbeing (Idemudia et al., 2013; Freedman, 2016; Palmary, 2002; Keygnaert et al., 2012). Hence, refugee women's ability to use adaptive processes to cope and adapt is crucial for their wellbeing.

However, one must warn against assuming that refugee women have no agency and that their narratives are solely constructed by negative experiences, as some studies (c.f. Khawaja et al., 2008; Walther et al., 2021) have shown that despite many refugee women being subjected to GBV and marginalisation on multiple levels, many successfully adapt to and cope with adversity, stressors and trauma. This includes both to direct contact with violence as well as daily life and economic struggles. Accordingly, Masten et al., (1990) and Walther et al., (2021) state that, depending on the nature and severity of the adversity, different levels of mental well-being and functioning may constitute resiliency and successful positive adaptation. Masten et al., (1990, p.426) define *resilience* as the "process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances," which Walther et al., (2021) further states encompasses mental health, wellbeing, and behavioural functioning.

Past research has illustrated that refugees all over the world have used specific coping strategies in order to maintain their functioning and mental wellbeing despite adversities (Khawaja et al., 2003; Goodman, 2004; Merry et al., 2017; Liu et al., 2020; Luther et al., 2000). Additionally, scant research has alluded to the role of defense mechanisms in refugee adaptation, albeit indirectly (c.f. Khawaja et al., 2003; Pahud et al., 2009; Idemudia et al., 2013; Labys et al., 2017; Walther et al., 2021), which this study aims to further contribute to the field of knowledge. Cramer's (1998) theory on adaptive processes argues that the common purpose of both coping strategies and defense mechanisms is to (1) reduce anxiety and decrease disruptive/negative affect, and (2) to regulate emotion to a comfortable level of functioning. Coping strategies are theorised to do this in a more conscious, active and intentional manner (i.e. explicit strategy) to diminish negative affect and make changes in one's life (Cramer, 1998; Khawaja et al., 2003). Whereas, defense mechanisms are theorised as unconscious, passive and unintentionally used (i.e. implicit strategy) to dimmish negative affect (Cramer, 1998; Khawaja et al., 2003).

Various factors influence and foster adaptive processes that lead to positive psychological and behavioural adaptation and adjustment. Nevertheless, research is lacking on sub-Saharan African refugee womens' perspectives on the factors which they themselves consider important to cope with, adjust and overcome traumatic experiences and stressors across the migratory process, and why these factors are critical to maintain their wellbeing. This study, therefore, was undertaken

to address this significant gap in research to date. Correspondingly, this section aims to provide an overview of some of the key coping strategies and defense mechanisms that refugees use to respond to their traumatic experiences and daily stressors and promote successful positive adaptation from the current body of literature.

2.4.1. Personal Traits, Resources, Agency and Achievements

It is important to consider the diverse personal factors that influence refugee womens' abilities to navigate challenges across the migratory process and build positive outcomes. Some research has ascribed resilience as a personal trait; highlighting how many refugees experience strength in facing adversities as a lasting characteristic rooted in their personality, upbringing, or positive past life experiences (Block & Block, 1980; Walther et al., 2021). This perspective is not to say that people who don't possess these personality traits, childhood development or positive experiences cannot still be resilient, but rather those that do serve as a protective factor to fostering resilience (Luther et al., 2000). Determination, self-efficacy, use of knowledge of past experiences, and analytical skills have also been identified in Pahud et al., (2009) refugee study as personal attributes that were found helpful in developing problem-focused coping strategies for refugees resetting in New Zealand. Hence, these self-ascriptions manifest an enduring or repeated capacity for positive adaption in the face of adversity (Walther et al., 2021).

Research has posited that the educational background of refugees can be a significant personal resource and protective factor to develop resilience amongst refugees. Studying was seen as being essential to embracing the future, by giving refugees the perspective of being "useful" to both their country of origin and resettlement country, as well as by giving them the valuable skills and knowledge to find employment, which allows them to integrate within the economic life and contribute towards society (van Bortel et al., 2019; Gakuba, 2001; Pahud et al., 2009). Securing work in turn, has hence, been linked to fostering resiliency, improved socio-economic status, and autonomy (Sigamoney, 2018; van Bortel et al., 2019). However, most of this research has been based internationally among refugees in developed first world countries (van Bortel et al., 2019; Pahud et al., 2009). Within South Africa, refugees have commonly reported being unemployed and their educational qualifications not being recognised (Mngoma et al., 2016). Hence, it is important to explore the role that context, and the interrelated factors of identity, may play in their educational qualifications aiding or hindering refugees adaptation in South Africa.

In response to difficulty finding work, unemployment and economic hardships in South Africa, many refugees resort to setting up their own businesses in several suburbs and townships (Pineteh, 2017; Waiganjo, 2018; Fuller, 2008). Scholars have linked this entrepreneurial ability as a significant personal achievement, as it involves the refugees employing their agency and resourcefulness, which contributes to the economic wellbeing of the refugee, as well as fosters integration, self-sufficiency and resiliency (Pineteh, 2017; Waiganjo, 2018). However, Waiganjo (2018) contends that the recurring targeted violent xenophobic attacks on African migrants and their foreign-owned businesses in South Africa may impede this achievement. Hence, contextual factors also need to be considered when exploring refugee's abilities to employ their personal resources and agency as a means of coping and successful positive adaptation.

Additionally, some refugees who are unable to find work have resorted to taking a number of loans to support themselves and their families (Khawaja et al., 2008; Pineteh, 2017). This has been conceptualised as a form of resourcefulness in situations of poverty and financial deprivation, as refugees are shown to often use the loan towards providing for their own immediate basic needs, such as food and shelter, as well as facilitates in their search for work (Pineteh, 2017). However, sometimes these loans are acquired through precarious illegal means, such as loan sharks (Khawaja et al., 2008). Hence, while this form of support provides refugees with temporary economic relief as a means of coping with their immediate basic needs challenges, it is also important to assess the longevity of this type of coping strategy, as Khawaja et al., (2008) study portrayed how refugees owing debt and their inability to repay, resulted in their increased risk to violence and exploitation.

2.4.2. Social Support

Social support has repetitively been identified in literature as vital for the achievement and maintenance of coping, well-being and successful positive adaptation in the face of adversity. Research has showed that social networks can assist with providing material, informational and emotional support for refugees, which can promote coping, resilience and a sense of belonging (Pineteh, 2017; Walther et al., 2021; van Bortel et al., 2019; Siriwardhana et al., 2014). Van Bortel et al., (2019) study emphasize how having someone to talk to and the comfort of their company were emotionally beneficial for refugees, as it gave them feelings of acceptance, understanding, comfort, love and humour, as well as a sense of fellowship, advice on how to handle situations, and a source of encouragement and positivity. Khawaja et al., (2008) illustrated how Sudanese

refugees received materialistic support from friends, family and neighbours during times of immense difficulty and conflict while living in Sudan. During times of transition and resettlement, Khawaja et al., (2008) and Pahud et al., (2009) also shows how refugees drew upon a broader range of individuals and social networks, such as church groups and new social connections, to provide for their social and material needs, such as provisions of food, clothing, money, enrolment for children at school, and assistance in attaining Australian and New Zealand visas. Support from these caring persons in the resettlement country was shown in Pahud et al., (2009) study to help the refugees integrate into local communities and economic life in New Zealand, which developed their sense of belonging that boosted and nurtured their self-esteem and confidence.

Furthermore, several studies have found that the primary source of social, emotional and material support for refugees while living in resettlement countries was maintaining relationships with their family members; both those who relocated to the same host country and those still living in their countries of origin (van Bortel et al., 2019; Khawaja et al., 2008; Walther et al., 2021; Pahud et al., 2009; Goodman, 2004). Literature suggests that refugees maintaining contact with their family members left behind in their countries of origin through long-distance telecommunication as a major emotional resource that may provide a sense of security while resettling in their host country (van Bortel et al., 2019; Khawaja et al., 2008; Walther et al., 2021). On the other hand, family reunification within the host country was found to be a form of emotional support as well as predominantly a source of practical support, which enhances refugees' problem-focused coping in international studies (Pahud et al., 2009; Khawaja et al., 2008). This included family members supporting with finding accommodation, doing shopping, introducing them to other people and communities, and advising where to look for employment opportunities (Pahud et al., 2009; Khawaja et al., 2008).

However, despite the overwhelming research that has emphasised the prevalent and positive role of social support in helping refugees integrate, cope and gain a sense of belonging within resettlement countries, a couple of studies have also alluded to refugees' negative social experiences. Some refugees have spoken about their stress emanating from worrying about their family members wellbeing and safety who still lived in their countries of origin (van Bortel et al., 2019); especially in the event of separation and lack of communication about their family member\s whereabouts (Khawaja et al., 2008). Financial obligation and pressure to send money back to family members when the refugees themselves struggle with unemployment and socioeconomic constraints was also reported as creating stress and social fragmentation (van

Bortel et al., 2019). Literature has also mentioned the difficulties some refugees have with receiving social support from other fellow refugees in the resettlement country, as their shared experiences of trauma and feeling overwhelmed with the same personal hardships was reported as a source of 'turmoil' (Pahud et al., 2009).

The lack of or fragmentation in these social relationships and networks described by refugees has led to considerable social isolation and loneliness (Khawaja et al., 2008; Landau, 2005; Idemudia et al., 2013). Miller et al., (2002) narrative study on Bosnian refugees identified that social isolation and loss of social roles – linked to a lack of environmental mastery, insufficient income, and health problems – were two key factors negatively affecting the refugee's psychological well-being. Some refugees have also been shown to cope with the pressure of integration through socially withdrawing, which was often associated with language barriers within the host country (Walther et al., 2021; Khawaja et al., 2008). Landau (2005), Alfaro-Velcamp and McLaughlin, (2019), and Idemudia et al., (2013) noted that refugees in South Africa consciously choose not to assimilate or form close relationships with local South Africans due to the permanent sense of dislocation they feel from experiences of discrimination, xenophobia and violence. Thus, it is important to explore social support as a form of coping that can aid refugees' resiliency and successful positive adaptation, as well as analysing the interrelated contextual factors that can cause stressors and impact the effectiveness of coping used in response.

2.4.3. Religion and Spirituality

Clinicians working with trauma survivors have often emphasized the need for the individual to integrate their traumatic experience into a meaningful context in their life story as a central point in their recovery process (McWilliams, 2011). Religion, spirituality and related practices can be one factor that facilitate this role, as they have been found to be important coping resources in dealing with daily life stressors and traumas and fostering resilience (Pahud et al., 2009; van Bortel et al., 2019; Brune et al., 2002; Halcon et al., 2004; Walther et al., 2021). Brune et al., (2002) study provides examples of how refugees holding a firm belief system has assisted them in adapting to life difficulties more broadly, as participants reported higher educational achievement, better language acquisition skills, and fewer symptoms of PTSD. Research has highlighted the role that faith and hope plays in religion being a coping resource. This was associated with believing that their situations will get better, asking God for help, casting their anxieties and worries onto God to help them relax, feeling consoled and comforted, believing that

they are not alone in dealing with their difficulties and that God has a plan for them (van Bortel et al., 2019; Khawaja et al., 2008; Halcon et al., 2004; Pahud et al., 2009).

Khawaja et al., (2008) and Pahud et al., (2009) also highlight how religious beliefs helped and inspired the refugees in their studies to endure the persevere through their hardships for the reward of a 'better future;' both while in transit and resettling in Australia and New Zealand, respectively. Furthermore, a few studies have emphasized how their religious beliefs and faith have helped refugees with emotional support. Halcon et al., (2004) meta-analysis found that between 50% and 75% of Somali and Ethiopian refugee participants used prayer to relieve their sadness in their host countries. Moreover, Walther et al., (2021) qualitative study found that religion for a few Afghanistan and Sudanese refugees inspired them to overcome their initial feelings of emptiness within Germany as their resettlement country, provided them with a sense of direction, and also felt consoled by their faith. However, majority of this research has been based internationally, and hence, it is important to explore the role that religion and spirituality may play in the lives of sub-Saharan African refugee womens' lives across the migratory process and resettled in South Africa.

2.4.4. Cognitive Strategies

Research has shown that cognitive processes and related strategies have been used within the general population, and particularly amongst refugees; to help them face and cope with adversities, traumatic events, and manifest resilience (Schweitzer et al., 2007; Walther et al., 2021; Khawaja et al., 2008; Fadhlia et al., 2022). Khawaja et al., (2008, p.492) defines cognitive processes as the "interpretations and perceptions of oneself and one's situation." The subsection below provides a brief yet pertinent review of the literature pertaining to the cognitive strategies used by refugees to adjust, cope and adapt to adversity, trauma and stress while resettling in their host countries.

Acceptance of challenging situations and *focus on the present or future* are two cognitive strategies that have been reported to promote coping and adaptive thinking amongst refugees in their resettlement countries. Walther et al., (2021), Khawaja et al., (2008), and Pahud et al., (2009) international qualitative studies describe refugees' acceptance of their challenging situations as including the challenges associated with forced migration, an acceptance of past experiences and losses, uncertainty about the future, and accepting the slow integration process in their host countries. Inextricably interlinked to this cognitive strategy was holding onto hope and aspirations

for the future (Goodman, 2004; Khawaja et al., 2008; Pahud et al., 2009; Fadhlia et al., 2022). These positive cognitions allowed the refugees to focus on the present and make the best of their difficult situations, as well as shift their focus on drawing on their inner strength to rebuild their lives for a better future (Walther et al., 2021; Khawaja et al., 2008; Liebling et al., 2014). This helped many refugees manage their stress, aided developing problem-focused coping strategies, and has been shown to help in overcoming psychological problems (van Bortel et al., 2019; Goodman, 2004; Fadhlia et al., 2022).

Accordingly, Schweitzer et al., (2007) and Walther et al., (2021) studies have posited the role of an *internal locus of control* as a cognitive strategy invoked in refugees that facilitates resilience. This includes the focus on the refugee's personal sphere of influence to try to self-activate, and emphasises an attempt to secure a sense of agency in the face of overwhelming external stressors that plague the refugees' experiences (Walther et al., 2021; Schweitzer et al., 2007). Walther et al., (2021) argues that an internal locus of control helps foster a *growth through adversity mindset*, whereby refugees conceive themselves as empowered by the hardships they have overcome. This mindset, in turn, has been linked to managing thoughts, such as staying positive, focusing on the present, avoiding thinking too much (van Bortel et al., 2019), being self-confident, avoiding risks and having a strong mind (Keygnaert et al., 2012).

One of the ways that refugees foster this growth through adversity mindset is through *reframing their situation*, which included reframing their personal evaluation of difficulties to allow for successful adaptation (Khawaja et al., 2008; Walther et al., 2021). One method of doing this was belief in their own inner strength to cope with difficulties, and that they were strong enough to face any challenge (Khawaja et al., 2008). Another reframing method that helped some refugees cope in their countries of origin involved the normalisation of traumatic experiences and minimised the severity of their situation (Khawaja et al., 2008; Pahud et al., 2009). Interlinked to this normalisation, in both the refugees' countries of origin and their resettlement countries, was the resignation to whatever the future held. In this sense, refugees became accustomed to living with their difficulties and adopted the attitude that everyone was in the same situation and, therefore, there was nothing that could be done about it (Khawaja et al., 2008).

Another way that refugees reappraised their present struggles was through *favourable comparisons between life in their resettlement country*, rather than life in their country of origin (Walther et al., 2021; Schweitzer et al., 2007; Liebling et al., 2014; Khawaja et al., 2008). This

involved the positive reframing that they remained better off overall in the host country than in their country of origin, despite presenting resettlement, adjustment and integration difficulties (Khawaja et al., 2008; Liebling et al., 2014). Examples of a 'better life' experienced within their resettlement countries included an appreciation of personal safety, and having access to economic opportunities, including employment and education, which helped them develop in ways that was not possible in their countries of origin (Walther et al., 2021; Liebling et al., 2014; Khawaja et al., 2008). Furthermore, Schweitzer et al., (2007) and Walther et al., (2021) identified refugees' *comparison with others* back in their countries of origin as an interrelated cognitive strategy. This involved the refugees comparing themselves as a way of conceiving themselves as 'better off,' being 'more fortunate,' and 'having it easier' than others in their countries of origin (Walther et al., 2021; Schweitzer et al., 2007). Thereby, this allowed a way for the refugees to gain perspective and control their attitudes, in order to cope with the challenges they face (Walther et al., 2021; Schweitzer et al., 2007).

However, while the above cognitive strategies paint a dominantly positive picture towards aiding refugees' resilience and successful positive adaptation, some studies on refugee coping in South Africa have drawn attention to many wishing to leave South Africa. Commonly cited reasons include the xenophobic targeting of foreign nationals and the violence experienced as a result, as well as the constant feeling of living in fear and the socio-economic challenges associated with being undocumented, unable to find employment and lack of social belonging (Pineteh, 2017; Sooliman, 2019; Idemudia et al., 2013). Accordingly, Pineteh (2017) highlights the 'flight' response of their Somali refugee participants to the volatile spaces and lack of a sense of belonging in South Africa. This demonstrates the continuation of the refugees' narratives of episodes of pain and trauma, both in their country of origin and in South Africa, in pursuit of a safe haven that did not become a reality (Pineteh, 2017). Thus, this contrast highlights the importance of exploring sub-Saharan African refugees lived experiences, and how contextual factors may influence their adaptive processes in South Africa and across the migratory process.

2.4.5. Behavioural Strategies

Behavioural strategies have also been reported to be used by refugees to help them face and cope with adversities, traumatic events, and foster successful positive adaptation (Vollhardt, 2009; Papadopoulos, 2007; Walther et al., 2021; Wood et al., 2019). Behavioural strategies can be referred to either the proactive or reactive actions one takes to cope with and solve their

problems directly (Pahud et al., 2009). Idemudia et al., (2013) mentions *migration* as a behavioural strategy that many sub-Saharan Africa refugees use within their countries of origin during precarious and conflicting times, as their goal is "to keep moving to survive." *Working* and *volunteering* in resettlement countries have also often been reported as behavioural strategies in international refugee studies, and are suggested to form part of the process for positive adaption as they have been related to manifesting resilience (Vollhardt, 2009; Papadopoulos, 2007; Walther et al., 2021; Wood et al., 2019). In relation to facilitating coping and resilience, work and volunteering has been associated with helping refugees find meaning in their suffering (Vollhardt, 2009), and build agency by avoiding the 'victimizing' self-perception (Walther et al., 2021).

Work in particular has been shown to help refugees cope with feelings of limbo and uncertainty during resettlement (Walther et al, 2021); serve as a distraction from negative thoughts and problems (Vollhardt, 2009; Walther et al., 2021); has been connected to facilitating refugee's expression of a sense of their rights and the confidence to make demands (Papadopoulos, 2007; Wood et al., 2019); and found to be a major coping resource for adjustment and integration into both economic and social spaces, including navigating intercultural differences (Pahud et al., 2009; Papadopoulos, 2007; Wood et al., 2019; Walther et al., 2021). Pahud et al., (2009) emphasizes the importance of meaningful, sufficient employment that is able to cover the refugees daily financial needs, but also facilitate in them regaining social status and control over their lives. Hence, scholars argue that part of refugees' integration process is translating them from hardship to provision, which gives their hardships and work meaning, and which evokes feelings of self-fulfilment and a sense of belonging that contributes to an overall improvement in mental health (Wood et al., 2019; Walther et al., 2021; Vollhardt, 2009; Papadopoulos, 2007).

Similarly, activism and volunteering amongst refugees have shown to promote feelings of connection, agency, meaning and identity within refugees who face isolation, long phases of unemployment, and loss of roles that defined them in their premigration lives (Walther et al., 2021; Vollhardt, 2009; Wood et al., 2019). However, van Bortel et al., (2019) have highlighted refugees' difficulty obtaining work as a consistent source of stress, as well as limited agency of migrants in their workplaces who are able to find work. This exacerbated the refugee's stressors associated with work and contributed to other stressors, such as the pervasiveness of financial need and family financial obligations, which created feelings of uncertainty and worry about the future (van Bortel et al., 2019). Hence, exploration into the role of work and the related

intersecting factors that contributes to refugee women's stress or positive adaptation in South Africa is warranted.

In addition, a couple of studies have mentioned refugees actively seeking access to *formal support* as a behavioural strategy to facilitate their adjustment and integration in their resettlement countries. Enforced infrastructure and services were reported to provide financial, concrete and practical support to refugees in resettlement countries (Pahud et al., 2009; Walther et al., 2021). This included assistance with legal processes, funding housing, obtaining part-time work, learning the official local language, and connecting refugees to language tandems and teachers, refugee-centered social projects and social events (Walther et al., 2021; Khawaja et al., 2008; Pahud et al., 2009). These resources are intended to provide refugees with both practical and psychological, boost their confidence, comfort, sense of their rights, and motivation, which can play a vital role in promoting well-being and feelings of acceptance in the resettlement country, as well as was perceived as essential to deal with initial culture shock and vulnerability (Pahud et al., 2009; Walther et al., 2021).

However, very few studies have explored the role of formal support in relation to refugees' adaptive processes in response to trauma and stressors, and those that have, are based in first world countries that have developed infrastructure and means to support refugees (c.f. Walther et al., 2021; Pahud et al., 2009). Furthermore, a handful of participants in Walther et al., (2021) and Pahud et al., (2009) studies perceived the formal support as inadequate to cover all their social and economic needs, as well as reported demeaning experiences and sometimes discriminatory attitudes of administrative bodies within their resettlement countries, which added to their stress. Likewise, South Africa is known to have high rates of xenophobic and afrophobic attitudes prevalent within society (Palmary, 2002; Addae & Quan-Baffour, 2022; Crush & Tawodzera, 2014). Hence, exploring the role that formal support services may play, and the impact of the attitudes of service providers within such services, are important factors in understanding sub-Sharan African refugee women's process adaptation and coping, or barrier to such, in South Africa.

Access to *therapy, counselling and other forms of mental health care* have been repetitively cited in literature to help the refugees deal with past and present stressors (Walther et al., 2021; Alfaro-Velcamp & McLaughlin, 2019; Goodman, 2004). However, seeking mental health care has only more recently been considered a coping strategy. Scholars have speculated

that this may be due to the stigma associated with mental health treatment and the perception that one is "crazy" or "mad" (Walther et al., 2021; Goodman, 2004). Walther et al., (2021) argues that refugees may, hence, avoid mental health support as a form of self-preservation, which in turn, can lead to unresolved trauma and emotional distress that may negatively impact their well-being and adjustment in their resettlement countries. On the other hand, when therapy or counselling are accessed, studies predominantly report positive experiences. This includes providing refugees with the space and support to process their emotions and start healing from their past traumatic experiences, feel a sense of emotional safety, and learn various coping tools to manage their daily stressors and integration challenges (Walther et al., 2021; Alfaro-Velcamp & McLaughlin, 2019; Goodman, 2004).

Some examples of therapeutic techniques include using creative formats such as drawing and journaling, and telling their stories, as ways to help the refugees process their troubling past experiences and daily adversities, create feelings of relief and comfort, and give their experiences new meaning (Walther et al., 2021; Goodman, 2004; Alfaro-Velcamp & McLaughlin, 2019). Hence, therapy and counselling have been proved to be an important behavioural strategy to foster resiliency and positive adaptation in refugees (Goodman, 2004). However, some studies have portrayed the re-traumatisation experiences of refugees from talking about their distressing events, and the consequent premature cancellation or avoidance of further therapeutic support, which may compound their stress and serve as a barrier to coping (Alfaro-Velcamp & McLaughlin, 2019). Thus, it is essential to understand refugees' experiences of therapy and their attitudes towards this support that may impact their adaptation and coping abilities and outcomes.

2.4.6. Defense Mechanisms

Very few studies have examined the role that defense mechanisms play in helping refugees adapt and cope with their experiences of trauma, stress and adversities; both while living in their countries of origin and resettling in host countries. This is a large gap in the literature, as psychological theories emphasise the crucial role defense mechanisms play in gaining insights into people's behaviour as they navigate challenging and traumatic experiences (McWilliams, 2011). Cramer (1998) posits that the gap in literature may be awarded to the unconscious nature of defence mechanisms, which may make them difficult to study directly. Accordingly, this sub-section aims to provide a brief overview of the role of defense mechanisms that have been alluded to within the literature on refugee coping.

In response to trauma and adjustment, Pahud et al., (2009) theorised 'emotion-focused coping,' in which individuals try to moderate and regulate distressful emotions. On the one hand, refugee's responses to anxious and distressing feelings caused by stress and adversity have been found to be expressed internally, such as through repression and denial (Pahud et al., 2009). On the other hand, refugees may express their anxieties and distress externally (Pahud et al., 2009). Examples include avoiding seeking help from others and withdrawing behaviours (Pahud et al., 2009). Idemudia et al., (2013) portrayed how some refugees denied the severity of their traumatic experiences, and while they openly discuss their life-threatening and SGBV experiences while travelling, very few acknowledged the psychological impact of these experiences and most minimized the expression of any emotional distress. Additionally, most of the studies reported avoidance strategies as refugees main form of coping. Labys et al., (2017), Walther et al., (2021) and Thompson et al., (2018) studies reported that their participants 'actively forgot' their past adverse experiences or 'avoided their thoughts' of past trauma as a way to protect their mental health.

This avoidance of thinking of past painful experiences and of feeling and expressing emotion, were often replaced with focusing on current daily stressors and tasks for acquiring their basic necessities and survival (Idemudia et al., 2013; Walther et al., 2021; van Bortel et al., 2019). Examples included applying for jobs, keeping busy with appointments, learning local languages, and identifying ways to obtain resources (i.e. food, water, clothing) (Idemudia et al., 2013; Walther et al., 2021). This focus on more ongoing challenges in the present and practical behaviours were reported as a means for refugees to confront paralyzing feelings of uncertainty and doubt by keeping themselves busy (Walther et al., 2021; van Bortel et al., 2019). Hence, these examples represent how many of the refugees discussed appraised their experiences. That is, that their main objective was to physically survive their experiences by focusing on problem-solving solutions and avoiding speaking about their mental health (Idemudia et al., 2013). Accordingly, Idemudia et al., (2013) state how refugees rather place significant focus on how their physical bodies are affected, such as their physical health and ailments and staying alive.

2.5. Conclusion

This chapter provided an overview of the relevant literature that highlights the multi-layered and complex experiences of refugee women's GBV experiences, stressors and adaptive processes across the migratory process that are embedded within and shaped by history, context, and

intersecting socially constructed identities. In light of this, the literature review has endeavoured to emphasize the struggles and challenges these women face in navigating their place in various spaces alongside perpetual encounters of violence, discrimination, and instability that creates the conditions for vulnerability and marginalisation. Attention to the various adaptive processes that may serve a role in protecting and fostering resilience, wellbeing, and positive adaptation have also been noted, but which adopting an intersectional lens is required to provide a more holistic, multilayer and diverse perspective on their lived experiences.

CHAPTER 3
THEORETICAL FRAMEWORK

3.1. Introduction

This chapter provides an overview of intersectionality as the main theoretical framework used to analyse and make sense of the findings in this study. The theory of intersectionality has been founded by Crenshaw (1991), McCall (2005) and Hancock (2007). Their seminal works have contributed significantly to our current knowledge on exploring and understanding the complex and multi-layered intersections of inequalities that characterise the lived experiences of women and marginalised groups (Walby, Armstrong & Strid, 2012). It addresses the limitations of single-axis frameworks in understanding social inequality and oppression, and recognises that people's experiences of privilege and oppression are shaped by the intersection of multiple social identities that are often not understood in conventional ways of thinking (Crenshaw, 1991). Accordingly, a comprehensive overview of the social construction of various identities that shape refugee women's experiences of violence, discrimination and trauma, and which may impact their sense of belonging and adaptive processes, is also provided. Thus, intersectionality has been intentionally selected as this theory aligns with the values and principles of Community Psychology, particularly that of empowerment, respect for diversity and inclusion of those who have been historically oppressed and marginalised in society.

3.2. The Origin of Intersectionality

A brief overview of the origin of intersectionality is necessary to position the theory within context. The roots of intersectionality can be traced back to black women belonging to feminist and civil rights movements in the United States of America (USA) during the 1960s to 1980s, which sought to address gender inequality and racial injustice, including the lack of inclusion and representation of women, and especially black women, in academic literature and knowledge production, both as authors and subjects of their own experiences (Al-Faham, Davis & Ernst, 2019; McCall, 2005). Kimberle Crenshaw, an African American woman and civil rights advocate, first coined the term "intersectionality" in 1989 to describe the lack of objectivity and colour-blind neutrality while working in the legal system (Beringola, 2017). The works of black feminist scholars and critical race theorists recognized the limitations of single-axis frameworks of treating *one* social identity category as dominant (e.g. gender only, or race only, etc.) in understanding women of colour's subjective experiences of discrimination, marginalisation and oppression

throughout history and in contemporary society (Crenshaw, 1991; McCall, 2005; Beringola, 2017). In response, Crenshaw (1991) demonstrated that the interactions between the categories of gender, race/ethnicity and class when they intersect, serve to marginalise and restrict black womens' access in the American labour market.

Intersectionality has since evolved into a broader theoretical framework that has expanded beyond its original focus on race and gender, to encompass a wide range of multiple categories of social identities, and the intersections of such categories, in order to counter the prevalent tendency towards neglected and misrepresenting women's diverse and complex lived experiences (McCall, 2005; Beringola, 2017). Some examples of categories of social identity include gender, race, class, nationality, immigration status, education, age, religion, disability, sexual orientation, and so forth. In essence, intersectionality is rooted in the premise that human experience is jointly shaped by multiple social categories and positions and cannot be adequately understood by considering social positions independently, but rather the acknowledgement of intersecting dynamics of privilege and oppression present in various arenas of social life (Al-Faham et al., 2019; Crenshaw, 1991; Walby et al., 2012). The need to consider the interconnected nature of various social categories and systems of power has, hence, become a central concept in discussion around social justice and equity (McCall, 2005; Pease & Reese, 2008). Thus, this recognition has paved the path for a more nuanced understanding of women's experiences, and of how multiple systems of power intersect and compound oppression.

Crenshaw (1991) presents three types of intersectionality to describe and examine women's experiences of discrimination and violence, namely: structural intersectionality, political intersectionality, and representational intersectionality. *Structural intersectionality* refers to the intersection of unequal social groups (Walby et al., 2012; Crenshaw, 1991). For this type, Crenshaw (1991) examined the intersection of race, gender and class (as categorical examples) in her depiction of the different ways black impoverished women and white middle class women experienced domestic violence, abuse, rape, and remedial reform. *Political intersectionality* examines the intersection of political agendas and projects (Walby et al., 2012; Crenshaw, 1991). This type critiques antiracist and feminist discourses to address the intersections of racism and patriarchy, when in actual fact, their agendas have contributed to the marginalisation of black women (Crenshaw, 1991). She argues that black women are already situated within at least two subordinate groups that frequently pursue opposing political agendas, which leads to an intersectional disempowerment to that of black men and white women (Crenshaw, 1991). For

example, a white middle class foreign woman is less likely to get discriminated against for her foreigner status, whereas a black sub-Saharan African refugee woman of low SES is more likely to be illtreated, abused and discriminated against.

Representational intersectionality refers to the representations and portrayals of unequal social groups, such as within the media, popular culture and cultural imagery (Walby et al., 2012; Crenshaw, 1991). These portrayals are often stereotypical in nature, and hence, reinforce the marginalisation and oppression of those groups. For example, black African foreigners are often portrayed and labelled as criminals, uneducated and poor, compared to white European woman who may be portrayed as civil servants, educated and wealthy. Therefore, these categories highlight the different levels at which inequality, discrimination and oppression occurs based on the intersection of different intersections of identities and the meanings they hold.

3.3. Approaches to Intersectionality

Intersectionality has been referred to as *both* a theory and an approach to conducting empirical research, which emphasizes the interaction of categories of difference (Hancock, 2007). Despite the emergence of intersectionality as a major paradigm of research in studies seeking to understand the complex and dynamic relationships among multiple dimensions of social relations and positions and the interrelated systems of oppression, inequality and discrimination, there has been little discussion on *how* to study intersectionality, that is, its methodology. Methodology is a crucial aspect of qualitative research, as it provides the framework, systematic approach and rigor required to analyse and produce sound findings that contribute to the body of knowledge (Bowen, 2005). Thus, this section provides an overview of three different theorists approaches to analysing intersectionality, namely that of McCall (2005), Hancock (2007) and Collins (1990) that will be used in this study.

3.3.1. McCall's Three Approaches

In an attempt to provide a methodology that allows both the analysis and management of complexity in intersectional research, McCall (2005) proposes three distinct approaches that can be used to analyse intersectionality, namely: anti-categorical, inter-categorical and intra-categorical. In essence, these three approaches are defined in terms of their stance towards socially constructed analytical categories (e.g. gender, race, class, nationality, etc.), and in turn, how these

analytical categories are used to explore the complexity of intersectionality in social life (McCall, 2005).

The *anti-categorical approach* views the essentialism of categories as problematic and limiting in understanding inequality, and hence, critiques rigid social stratification itself (McCall, 2005). Instead, this analysis acknowledges the complexity of social life and is concerned with deconstructing existing analytical categories (McCall, 2005). From this perspective, for instance, the anti-categorical approach critiques the use of 'women' and 'gender' as unitary and homogenous categories, as this oversimplifies and neglects the systems of privilege and inequalities that are created and exist between 'men' and 'women' and amongst different categories of women, being it in terms of race, class, education, and so forth. McCall (2005, p.1777) argues then that the very process of categorisation inevitably "leads to demarcation, and demarcation to exclusion, and exclusion to inequality." Hence, while acknowledging the socially constructed nature of analytical categories, this analytical lens challenges the "completeness" of set groups that constitute a category, and rather emphasises the fact that a wide range of different identities, experiences, and social locations do not fit neatly into any single category and change over location and time (McCall, 2005). For instance, the gender category is no longer purely constitutive of men and women, but several gendered identities including trans, lesbian, gay, and asexual, to name a few. Thus, the anti-categorical approach provides the opportunity for us to question the existing categories, what's included and excluded within each category, and stretch categories' boundaries based on new experiences.

Nonetheless, questions still arise regarding understanding the multi-layered ways of how inequality and disadvantage exist for various people within and throughout different societies and settings. To answer this, McCall (2005) draws our attention to analysing existing categories of identity in her next two approaches. The *inter-categorical approach* is described as exploring the complexity of relationships of inequality for existing analytic categories *among* or *across* a range of social groups, as well as systemically comparing how this inequality exists across multiple and conflicting dimensions (McCall, 2005; Walby et al., 2012). For example, this categorical approach may concern itself with the differences among sub-Saharan African refugee womens' and South African womens' GBV experiences who live in South Africa in terms of gender, nationality, race and/or class (which would be analysing inequalities between categories). In this sense, categories (e.g. race, gender, etc.) are used as "anchor points" with the aim to explicate the nature and meanings of the inequitable relationships among social groups, and how they change (McCall,

2005). Furthermore, McCall endorses the inter-categorical approach for its power in engaging with larger macro-social structures and processes that generate inequalities, which adds valuable insight into the complexities of social groups' lived experiences of inequality, discrimination and oppression (Walby et al., 2012).

Lastly, the *intra-categorical approach* focuses on where inequalities intersect at different points *within* certain social groups (McCall, 2005). This includes people's identities that do not conform to normalized or traditionally constructed types of identities, but rather discover the layers of complexity within these social groups lived experiences (McCall, 2005; Walby et al., 2012). Accordingly, this approach allows for the articulation of a single or multiple dimensions of intersectional analysis within a category. For instance, refugee women who find employment when their husbands remain unemployed may be more vulnerable to physical IPV, as the woman's' breadwinner status challenges the normative patriarchal provider gender role of the man in the household. This illustrates how cultural norms and SES intersects within the "master" category of the woman's gender, which creates the conditions for the oppression of women and male domination. However, McCall (2005) also emphasizes that these relational inequalities within social groups may change with context and time. For example, an employed woman breadwinner may be culturally accepted and even promoted in more egalitarian cultures and societies. Thus, for the purposes of this paper, this part of the analysis is required to explore the dynamics between gender and other categories evident in sub-Saharan African women refugees' lives; assessing if their interplay generates a new process of inequality at different points across the migratory process that explains the reasons underpinning GBV.

Therefore, McCall (2005, p.1785) contends that each approach "shares the premise that relationships among social groups are containers of definable and indeed measurable inequalities." She concludes the depiction of her approaches to intersectionality by emphasizing that not all research on intersectionality can be classified into one of the three approaches. Rather, some research may cross boundaries on the continuum, belonging partly to one approach and partly to another (McCall, 2005). This opens up a vast array of opportunities for exploring and analysing various socially constructed identities and the relationships among multiple dimensions for different social groups.

3.3.2. Hancock's Three Approaches

Hancock (2007, p.251) argues that intersectionality should look at a broader research paradigm that could "better conceive research designs and data collection through its attentiveness to causal complexity." Based on this, she defined intersectionality as a "normative and empirical research paradigm rather than a content specialization" (Hancock, 2007, p.251). In response, Hancock (2007) introduces three approaches to conducting empirical research on intersectionality, namely unitary, multiple and intersectional, which are used to analyse categories of difference, such a gender, race, class, and so forth. She bases her approaches on the premise that a category can either be dominant (unitary approach), equal to other categories (multiple approach), or both equal and interconnected (intersectional approaches) (Hancock, 2007; Walby et al., 2012).

The *unitary* approach focuses the analysis of one category at a time, which assumes to be the primary factor that remains stable (Hancock, 2007; Walby et al., 2012). This approach serves to bind people into a socially constructed group based on a uniform set of experiences, i.e. analyses their experiences unilaterally (Hancock, 2007). For example, black women's experiences of violence would be analysed as a gender *or* a race issue. The *multiple* approach concerns itself with the analysis of many categories that are considered equally important and to have stable predetermined relationships with one another (Hancock, 2007; Walby et al., 2012). However, these categories are conceptualised as static at an individual or institutional level (Hancock, 2007). For example, black women's experiences of GBV would be seen as a race issue *and* a gender issue that have equal importance, but seen as isolated phenomena that do not take into consideration the interactions between gender and race in creating the unique conditions that produces violence.

Thirdly, the *intersectional* approach emphasises the analysis of more than one category that are considered to have mutually constitutive relationships with one another as categories of equal importance (Walby et al., 2012). Unlike the static nature of categories in the unitary and multiple approaches, these categories are conceptualised as diverse and fluid that allows for the dynamic interaction between individual and institutional factors (Hancock, 2007). It both recognises the political significance within each category, as well as the explanatory power produced through the role that the *interactions* between multiple categories play in shaping political institutions, political actors, and the relations between institutions and actors. For

example, when examining black womens' experiences of discrimination within the workplace, the intersectional approach would analyse the intersections between both race and gender as categories of difference at work in producing unequal outcomes and inequalities compared to say black men or white women in a patriarchal society. Hence, the interaction between being a *woman* and *black* as minorities in two subordinate groups creates a compounding effect for black women's vulnerability, marginalisation and oppression. Thus, for the purposes of this research, the intersectional approach with the interconnection between categories of difference is emphasised.

3.3.3. Collins' Matrix of Domination

There are many different ways that minority groups are exposed to inequalities and experience marginalisation and oppression throughout society. Collins (1990) explains intersectional processes using the concept of the "matrix of domination," which describes how intersecting systems of oppression create a complex web of power relations across multiple levels of society. According to Collins (2000), oppression is shaped through the complementary interaction of intersectional (micro) – i.e. individual – and interlocking (macro) – i.e. social and political factors – processes. She describes how people are socially positioned based on their differences, and that in order to understand social inequalities for subordinated groups, categories of difference (e.g. nationality, class, race, etc.) need be examined and the role that their intersections with one another serve as additional oppressive processes (Collins, 1990, 2000). In this sense, she is concerned with identities and their inextricable link with power relations.

Correspondingly, the concept of the matrix of domination focuses on, firstly, the idea that social structures have particular associations or relationships with intersecting systems of oppression (Collins, 1990). Secondly, that systems of oppression are embedded through four interrelated domains that organise power relations in society, namely structural, disciplinary, hegemonic, and interpersonal (Collins, 1990). The *structural* domain of power concerns the interlocking, large-scale social institutions and systems that are conceptualised as organising oppression in society (Collins, 1990). An example of this is how denial of political refugees' asylum applications by government institutions prevents refugees from accessing certain education and job opportunities. The *disciplinary* domain of power is said to manage oppression, as it involves the organisational practices of social institutions (e.g. social policies and rulings) are employed to manage power relations and control certain subpopulations in society (Collins,

1990). The historical control and marginalisation of the production of Black indigenous knowledge in literature by academic institutions is an example of the reinforcement of white, male Eurocentric ideologies and domination within society.

The *hegemonic* domain of power refers to the system of ideas developed by a dominant group that justifies their practices (Collins, 1990). Collins (1990) writes that hegemonic ideas get upheld by social systems and perpetuated by social institutions (e.g. schools, churches, community organisations, mass media, families, etc.), which get refashioned as society changes over time. These dominant beliefs then become normalised as common sense that support their position through ideology, culture and consciousness (Collins, 1990). This is evident through the discrimination towards the LGBTQIA+ community in some churches, as their gendered identities stand in contrast to the hegemonic heterosexual norm. Lastly, the *interpersonal* domain of power concerns the micro level expressions of oppression, as it refers to how the daily practices of individuals and their interactions with others perpetuates the subordination of others in everyday life (Collins, 1990).

Subsequently, Collins (1990) argues that this approach to the analysis of power allows one to understand marginalised population's experiences of inequality and oppression that are shaped and formed on both micro and macro levels. Furthermore, Collins (2000) writes that the identities that people embody (gender, race, class, etc.) form mutually constructing aspects of social organisation that create hierarchies of intersectionality, which in turn, structure people's positions within society. From this perspective, power relations embedded within the matrix influence how different groups are privileged or marginalised; whereby a person may be privileged in one area of their identity, yet be oppressed in a different aspect of their identity (Collins 2000; Al-faham et al., 2019). Hence, the matrix of domination is a way of putting intersectionality into practice, as intersectionality recognises that individuals may simultaneously occupy multiple social positions, each influencing the other. Therefore, the matrix helps one visualize how these positions intersect and how power operates within these intersections.

3.4. Social Construction of Identities and Belonging

One cannot possibly understand the experiences of sub-Saharan African refugee women's experiences of GBV, adversities, suffering and pain, as well as their resilience and adaptive processes to GBV, discrimination and marginalisation throughout the migratory process without

making sense of how identity, belonging and representation is constructed and intersects in various spaces and the meaning it holds. All people desire to belong; to feel connected and accepted, and with it, experience a sense of identity (Allen & Kern, 2017; George & Selimos, 2019; Yuval-Davis, 2011). Greatest consensus amongst various theories of belonging (cf. Allen & Kern, 2017, George & Selimos, 2019; Hagerty et al., 1996) is that it involves a need for interpersonal connection or relatedness to one another and to groups. Feeling a sense of belonging has been associated with feeling emotionally connected (Marchetti-Mercer, 2006; Pineteh, 2017), the notion of 'home' – not purely physical but also a symbolic space "of familiarity, comfort, security, and emotional attachment" (Antonsich, 2010, p.646; Pineteh, 2017; Yuval-Davis, 2011) – and has been described as an innate need (Allen & Kern, 2017; Maslow, 1971). This creates a form of psychological belonging, which is integral for psychosocial wellbeing (George & Selimos 2019; Yuval-Davis, 2016, 2011). Hence, scholars have highlighted a sense of belonging as a crucial component to refugees' settlement in their host country (Falicov, 2016; George & Selimos, 2019). It can, however, be argued that a sense of belonging is also essential for refugees within their countries of origin, as the lack thereof may serve as an analytical tool to understanding their experiences of trauma, violence and forced migration, which needs to be considered.

Consequently, a lack of belonging therein may have negative implications for refugees' ability to adapt, integrate and cope with the stressors involved across the migratory process (Falicov, 2016; George & Selimos, 2019). Yuval-Davis (2011) states that belonging tends to be considered as part of everyday practices, but becomes articulated and politicised when it is threatened in some way. She continues to conceptualise the prevailing hegemonic forms of identity and belonging that exist within society today as linked to a socially constituted *power* and the meaning that power embodies and enacts on others (Yuval-Davis, 2016, 2011). This interlink between power and belonging is concerned with boundaries, which can physically and/or symbolically create an 'otherness' through the separation of an 'us' and 'them' (Yuval-Davis, 2016, 2011; Opara, 2022; Muyanga, 2017). This raises questions regarding representation and the systems and processes of inclusion and exclusion, which speaks directly to space, belonging and identity.

This sense of belonging includes complex and diverse ideas about socio-political and cultural relationships with others on macro, meso and micro levels of society, including within one's government (and related policies and practices), society, community, culture, family, and individually (Yuval-Davis, 2016, 2011; Antonsich, 2010; Marchetti-Mercer, 2006). McMullin

(1996) argues that belonging depends on group membership and acceptance by the group. Hagerty et al., (1996) expands this concept by proposing that being able to integrate successfully into a group and obtain a sense of belonging involves two attributes that defines it. Namely, the experience that one is needed, important and valued by others, as well as involving a sense of being compatible with others, in order to provide for both psychological and concrete needs of the group members (Hagerty et al., 1996). Yuval-Davis (2016, 2011) further includes a political component to belonging, which involves the boundaries and participation in a community and collective identity related to citizenship, status and entitlement. Antonsich (2010) hence claims that members of a particular group within context can perhaps influence an individual's sense of belonging by either welcoming or rejecting that individual into that collective on both political and social levels.

From an intersectional lens, Crenshaw (1991) argues that one's lived experiences are shaped by multiple dimensions of social constructions of identity that hold power in forming how people are perceived and treated in response. Some of these identities include gender, race, class, nationality, religion and culture, which Crenshaw (1991) states are entangled and intertwined. From this perspective, belonging can be a contested process, in which each person's constructed identity(s) will impact their ability and process of identifying with, participating, and belonging to various contextual and cultural groups, as they can also be excluded from others which influences their sociocultural and personal experiences (Falicov, 2016; George & Selimos, 2019). Hence, one's feeling of a sense of belonging is not static, but constantly shaped and reshaped through experience, the process of adjustment, acceptance or rejection, and transformation and redefinition linked to the power and meaning that notions such as race, nationality, and gender hold within context (Yuval-Davis, 2016, 2011; Antonsich, 2010; Crenshaw, 1991).

Accordingly, questions arise as to what groups and spaces are sub-Saharan African refugee women included and excluded across the migratory process, and how their intertwined socially constructed identities and related norms play a crucial role in them integrating, adapting successfully and forming a sense of belonging, or shaping their vulnerability to and experiences of GBV in various contexts. Hence, it is essential to look at factors and spaces of inclusion and exclusion of refugee women based on socially constructed categories of identity, which intersects, shifts and changes within context and over time. Likewise, it is also important to explore the ways in which refugee women occupy and navigate these spaces within and beyond their communities and contexts throughout the migratory process, which impacts their sense of belonging, integration

and wellbeing. Therefore, this section aims to provide an overview of some of the key social constructs of identity and how these may impact sub-Saharan African refugee women's experiences of inclusion, integration and belonging, or exclusion, marginalisation and violence.

3.4.1. Gender, Patriarchy and Culture

The concepts of gender, patriarchy and culture are deeply intertwined and complex, shaped by historical, political and social contexts. Psychological and social research have long since emphasised the role that culture plays in shaping one's identity, as every individual is born and raised within a particular system of cultural values and their identity shaped by the role one plays in their particular social world, culture and community (Gbadegesin, 1991; Oludare, 2015; Falicov, 2015). Phinney et al., (2001) claims that cultural identity in particular is a factor that shapes a person's sense of belonging, as it emphasises the individual's inclusion and representation within a culture or group. Hence, Oludare (2015) emphasises that one's experiences need to be understood within the relationship between how cultural values affect thought patterns, that then get translated into behaviour. However, it is important to bear in mind that these values arise from within a social structure.

Considering forced migration of many refugees from their countries of origin, Falicov (1995, 2015) and Antonsich (2010) note that this process creates a cultural and social uprooting. This dislocates the refugees from their familiar cultures, communities and spaces that are associated with feelings of socio-emotional safety, rootedness and identity (Falicov, 1995, 2015; Antonsich, 2010). Hence, Falicov (1995, 2015) states that cultural uprooting can result in numerous psychological consequences; both due to the dislocation from familiar ways of thinking and doing that can create a sense of social alienation, but also due to the sudden exposure to new values, customs, lifestyles and so forth that comes with relocation, which he believes may result in many migrants facing disorienting anxieties as they are confronted with the new. Khawaja et al., (2008) study represents this claim, as some Sudanese refugees drew attention to the fear they felt in potentially losing their culture in the resettlement countries that have different cultural beliefs and practices to their own. The primary problems reported in this regard had to do with expectations of familial roles, including experiencing marital difficulties related to the change in gender roles of men and women within their marriages, as well as encountering trouble as their children rejected traditionally held notions of proper behaviour within a family (Khawaja et al., 2008). Accordingly, it is important to consider refugees' cultures within their countries of origin

and how this links to their identity and changing identities across the migratory process, with regards to their assimilation, adaptation and sense of belonging.

Furthermore, acceptance and the meaning of status within a group also changes with context, in which hegemonic cultures and related values and norms my prevail over others (Falicov, 2015; Oludare, 2015). Historically, colonisation brought with it and entrenched the social system of patriarchy, which is founded on a hierarchical and imbalanced structure of power relations along Western, gendered and racial lines (Walby, 1990; Sultana, 2012; Landau, 2005). This gives centrality and power to a Western culture where white men's values, beliefs and practices dominate (Sultana, 2012; Obioha, 2010; Moffet, 2006). When discussing sub-Saharan refugee women's experiences in particular, it is hence, crucial to understand how patriarchy pervasively impacts other cultures, genders, races and ideologies that form systems of oppression and marginalisation. In many sub-Saharan African countries before colonisation, there were various ethnic communities with their own distinct cultural identities. Oludare (2015) argues that white authority and forced westernised acculturation under colonialism has tried to merge the various diverse African cultures and identities into one category on a single-axis, referring to "Africans" as embodying all.

This racialised and oversimplified categorisation served to subjugate and marginalise the diverse African cultures in favour of white supremacy, by negating each African culture's difference, the lived experiences of the people within each culture, and the history of each culture over time (Oludare, 2015; Obioha, 2010). Hence, Obioha (2010, p.3) writes "western civilization came heavily on the African cultural world bringing about a battering and shattering experience and an irreparable cultural trauma." From this perspective, Oludare (2015) theorises that one possible motive underpinning xenophobia in South Africa is the resistance towards this all-encompassing 'African' categorisation and a move towards rediscovering and advocating for indigenous populations; and their interrelated culture and traditional kinship structures. In this sense, Oludare (2015) explains xenophobic attacks as the rejection of non-indigenous persons within South African society through violent enforcement, as a way of regaining power and identity of local indigenous persons and cultural groups in South Africa. Tafira (2011) and Addae and Quan-Baffour (2022) extend this theorisation of xenophobia and targeted attacks against Black African foreigners as representing and belonging to a community or group seen as socially and culturally inferior. Hence, they argue that Black African refugees are also a racialised group with distinct

cultural identities, which primarily motivate certain prejudices and discrimination, which may not only lead to racism but also cultural racism (Tafira, 2011; Addae & Quan-Baffour, 2022).

Gender enters into all of our social relations. When people interact, their views of themselves, including their identity and their rights and possibilities, comes up against the way they are perceived by other people, and the way that others behave towards them (Sultana, 2012; Walby, 1990). In this sense, gender is of key importance in defining the power, privilege and possibilities that some people have and other people do not have in a given society. Patriarchy has historically shaped the inequitable hierarchical gendered power relations and norms that perpetuates and prioritises 'male domination' and 'female subordination' (Sultana, 2012; Walby, 1990). Sultana (2012, p.1) states that *male domination* simply means "men are in control," which has been linked to the historical ownership of property and control of economic, financial and material resources that then translated the need for the man to dominate supreme in his interpersonal relationships within society and within the home. This established men as privileged, 'rulers,' and as the breadwinners of the family (Walby, 1990; Sultana, 2012; Fuller, 2008). Moreover, scholars have argued that male domination can only hold power when there is a pervasive duality in the differences between men and women that are sustained and perpetuated within different levels of society (Sultana, 2012; Moffet, 2006; Jewkes & Abrahams, 2002; Jewkes et al., 2011).

The social position of 'woman' (and the associated categories of wife, mother and daughter) has been patriarchically constructed as traditional carers, whom have been defined by characteristics of being inherently weak and timid, as well as constructed within nurturing roles in domestic spaces and related duties to feed, clothe, and care for their family members (Fuller, 2008; Sultana, 2012; Jewkes et al., 2011). In relation to this 'weak' and 'inferior' construction of women and femininity, *female subordination* entails the submission and obedience of women to men (Sultana, 2012; Walby, 1990; Moffet, 2006). Accordingly, Ingrid Palmary (as cited in Fuller, 2008) explains that women have a particular experience of violence, trauma, loss and social belonging, because of this patriarchal social construction. While in various modern-day societies, many women have broken this traditional patriarchal mould and redefined what is means to be a woman and their various related capacities and roles, women are still kept subordinate, oppressed and marginalised in a number of ways.

This relates to the occurrence of Intimate Partner Violence (IPV), xenophobia, and harmful traditional practices as forms of GBV designed to reflect and enforce patriarchal domination and female subordination. Theorists and scholars have highlighted the link between a strong patriarchal social order and hegemonic masculine ideals, which is marked by a strong culture of physical violence (Fuller, 2008; Sultana, 2012; Jewkes et al., 2011). In this sense, masculinity and the power of men becomes associated with traits like strength, dominance and assertiveness, and the expression of and/or threat to men's power establishes the basis for both physical and sexual violence (Sultana, 2012; Jewkes & Abrahams, 2002; Jewkes et al., 2011; Moffet, 2006). SGBV cuts across cultures in terms of male domination, whereby Moffet (2006) and Fuller (2008) argue that socially endorsed patriarchal order in societies 'allows' men to use rape and SGBV to inscribe subordinate status onto the 'other' – women. This accounts for the prevalence of rape incidents recorded amongst women generally, and rape culture, within various sub-Saharan African countries, while travelling across countries to seek asylum, and while living in South Africa, as Moffet (2006, p.129) states that many men rape "not because they want to or are 'tempted' to, but because society tells them they can (and in some cases should) do so with impunity."

This perception of male entitlement to use violence and sexual violence has been linked to IPV and domestic violence. This was evident when a woman in an intimate relationship or family questioned the authority of the male head of house, in which physical, sexual and psychological GBV was used to force the woman into compliance, subordination and obedience (Sultana, 2012; Muluneh et al., 2020; Jewkes & Abrahams, 2002). Peralta and Tuttle (2013) and Krishnan et al., (2010) studies also draw attention to the increased risk of IPV when there were economic and financial difficulties within the home. This was particularly in relation to when the male partner was unemployed and the female partner employed, as well as when both partners were unemployed and faced overwhelming economic stressors (Peralta & Tuttle, 2013; Krishnan et al., 2010; Sultana, 2012). Peralta and Tuttle (2013) illustrate that the 'failed' provider role of the man, and related economic stressors, threatens their internalised constructions of masculinity to be able to earn an income and be employable, which gives them a sense of identity, power and control. In this sense, psychological abuse and physical strength is inflicted towards women and children as means of re-gaining a sense of masculinity and male power and control within the home (Peralta & Tuttle, 2013; Krishnan et al., 2010; Sultana, 2012).

Cultural traditions also play a major role in constructing gender roles, including familial and marital norms. Studies have demonstrated how patriarchally structured cultures and families

in many sub-Saharan African countries and within South Africa endorse arranged marriages, child marriages, and other harmful cultural traditions that propagate men's superiority and women's subordination (Montle, 2022; Moono et al., 2020; Awaad, 2013; Sultana, 2012). It is important to note that not all cultural traditions are harmful in and of themselves, but traditions can become harmful when they are used to discriminate and foster systems and acts of violence against particular persons or groups. For instance, Moono et al., (2020) argues that dowry systems that endorses 'bride price, such as Lobolo, reinforces and perpetuates the perception of wife ownership by her husband, which increases the woman's vulnerability to GBV.

Control of knowledge and sexuality has also been identified as crucial components of patriarchal order (Sultana, 2012), whereby Awaad (2013) portrays how virginity control and female genital mutilation (FGM) have often perpetuated harm and human rights violations of women. Furthermore, studies illustrate how SGBV and the related perception of sexual promiscuity, may cause a breakdown in the family and community, and negatively impact the woman survivors' sense of belonging, as women have reported being called a prostitute and some banished from their families homes and communities after being raped (Alfaro-Velcamp & McLaughlin, 2019; Sultana, 2012; Awaad, 2014). Accordingly, Alfaro-Velcamp and McLaughlin's (2019) study draws attention to a 'cultural silencing,' whereby many women resist to reveal their incidents of sexual violence for fear of social stigmatisation by the family, socioeconomic exclusion at the community level, and/or repercussions by perpetrators.

In conflict situations, Jewkes and Abrahams (2002, p.1239) claim that SGBV and rape is rooted in a historical context of patriarchy and colonialism, whereby "violence has become for many people a first line strategy to resolve conflict…or gain ascendency." Accordingly, in conflict situations such as war, political conflict, and xenophobia, physical and particularly sexual violence against women, may serve as a political weapon used to erode the fabric of a particular community, culture or group as sexualised acts are designed to humiliate, harm, punish, as well as be a form of persecution for women (Fuller, 2008; Alfaro-Velcamp & McLaughlin, 2019; Moffett, 2006). In refugees' countries of origin, Fuller (2008) argues that rape in the context of war and conflict serves to dominate and subordinate not only the women survivors who are its immediate victims, but also the men that are socially connected to them by delivering the message that they are not strong enough to protect their women. From this point of view, rape in war or conflict is a means of committing genocide, by destroying a particular group or nation's identity (Fuller, 2008).

Furthermore, scholars have theorised that a woman's body in many ways is symbolic of her family and home; connected to a sense of rootedness and perceived with notions of safety and security (Moffet, 2006; Jewkes & Abrahams, 2002; Fuller, 2008). Fuller (2008) further adds that women's bodies and sexuality are central to the construction of national and ethnic identity, and hence, the preservation or violation of such may impact their sense of belonging. Accordingly, Fuller (2008) and Alfaro-Velcamp and McLaughlin (2019) argue that xenophobia in South Africa targets foreign women and children, as they are central to making settlement happen and denote a more permanent move. Hence, various forms of violence played out on the site of women's bodies (through SGBV, rape and beatings) as well as directed towards their homes (through burning and looting), can be conceptualised as a political tool of disrupting the settlement process in South Africa, as well as perpetuation of male domination and control by South African men, and refugee women's oppression and marginalisation (Fuller, 2008; Alfaro-Velcamp & McLaughlin, 2019).

3.4.2. Race and Racism

The discourse of race has a profound impact on an individual's identity, access, acceptance or rejection, and sense of belonging, as it shapes perceptions, experiences, and interactions with society. The literal definition of *race* describes the physical colour of a person's skin; often used as an identifying marker of difference between human beings (Jablonski, 2021). This can refer to not merely the classification of white, black, Indian, and coloured skin tones, but also the complexions within each racial category, such as mild to dark brown complexions within the black category (Posel, 2001). However, the concept of race goes beyond physical features as racial classifications are socially constructed to ascribe connotated meanings that influences the perception of described groups and their sense of belonging within particular contexts and spaces (Posel, 2001; Jablonski, 2021; Yuval-Davis, 2011). These connotated meanings are embedded within context, which historically were assigned by white Europeans; philosophers Hume and Kant for example, conceptualised skin colour as representative of one's inner state of being (Jablonski, 2021). For capital 'B' Black people and black African people more specifically, this included the perpetuation of the racist perception of consistent negative associations with black and darkness, including that of distrust, suspicion, associations with negative behaviours, and as representing inferiority or lower status (Posel, 2001; Jablonski, 2021).

This illustrates that while colours themselves are value-neutral, they gain meaning from people's experiences and associations with them, which is often linked to racial ideology and prejudice. Jablonski (2021, p.438) argues that through acculturation these arbitrary meanings assigned to skin colour "become public markers of supposedly real social, cultural, and genetic differences and carry deep-seated cognitive associations that have manifold ramifications for expected behaviours and reactions." The tone of one's skin complexion, consequently, can hold substantive social and political values and repercussions, which can lead to racism and GBV (Jablonski, 2021; Posel, 2001). The history of white on Black racism and violence is commonly known within South Africa, with its history being deeply embedded within colonisation and apartheid. While, the abolition of apartheid has introduced a new democratic society, scholars have argued that more subtle forms of racism still exist within south Africa, and the world, today (Liao, Hong & Rounds, 2016). Sue et al., (2007) argues that contemporary racism is termed *subtle racism*, because it is usually perpetuated in normative and invisible forms and is generally outside of our conscious awareness, and hence, can be difficult to discern, or have been justified by others as causes other than racism; yet can still exist at systemic and institutional levels as well as interpersonal and personal levels. Examples include racial microaggressions, racial profiling, bad customer service, etcetera (Sue et al., 2007; Liang et al., 2007; Liao et al., 2016).

In Counselling Psychology, scholars have found associations between contemporary racism and racism-related stress (Liang et al., 2007; Spanierman & Heppner, 2004), psychological health (Pieterse & Carter, 2007), and coping strategies (Alvarez & Juang, 2010). Hence, it is important to explore how one's beliefs regarding race can be used to justify existing social hierarchies, status quo, and various enactments of GBV as a result. More recently, popular media has displayed the occurrence of black African South Africans having anti-foreigner and xenophobic sentiments and inflicting acts of violence, particularly towards black African migrants in the country (Addae & Quan-Baffour, 2022; Oludare, 2015; Lötter & Bradshaw, 2022). Addae and Quan-Baffour (2022) illustrate that discrimination towards foreigners is illustrated in labels used, such as being called "foreigner" and "makwerekwere" (a derogatory word used to describe African migrants in South Africa), which has resulted in waves of violence inflicted towards foreign migrants that has led to loss of lives, belongings and property (Oludare, 2015; Lötter & Bradshaw, 2022). These discriminatory and prejudicial perceptions and actions of "black on black" violence have been termed "Afrophobia" and described as being a new form of racism in South Africa (Addae & Quan-Baffour, 2022; Tafira, 2011).

Addae and Quan-Baffour (2022) argue that Afrophobia and the interrelated racist and xenophobia vices cannot be divorced from the history of apartheid, which fostered a system of fear and mistrust of people from different backgrounds and other foreign nationals through isolating black South Africans from the international community. It can be further argued that the history of slavery and colonisation also underpins the continuation of racist ideology through the internalised historical racial ideology of 'superiority' and 'inferiority' that arbitrarily characterised 'lighter' and 'darker' skin tones, respectively (Tafira, 2011; Jablonski, 2021; Masuku, 2006). Sub-Saharan African migrants, are often referred to as having a darker black skin, and hence have been shown by news articles (cf. Mbiyozo, 2019) to fall prey to Afrophobic racism and xenophobic violence by both South African locals and the police due to their 'darker skin.' These news articles highlight the racial underpinning of xenophobic violence, as well as poses an intersecting link between race, nationality, foreigner status, and xenophobic beliefs that can result in discrimination and GBV against refugees within South Africa.

Additionally, Addae and Quan-Baffour (2022) contend that black South Africans developed hostile attitudes towards foreigners as a consequence of colonialism and apartheid invasion and domination, which resulted in the perception of the "foreign other" who invades, comes to steal and take what's ours (Tafira, 2011; Gordon, 2015). From this perspective, foreigners are constructed as *intruders* and presenting a competitive risk for the scarce socio-economic resources the country has to offer its citizens, which in turn, make many South Africans turn a blind eye to the socio-economic contribution many African migrants make to the country's development (Addae & Quan-Baffour, 2022; Tafira, 2011; Gordon, 2015). Thus, the exploration into the experiences of sub-Saharan African refugees, and the how the meanings associated to categories of identity for refugees, intersect and impact both their experiences of GBV and their ability to adapt, integrate, cope and find a sense of belonging in South Africa is warranted.

3.4.3. Language, Class, Religion and Power

Language, religion and social class are often considered to be very important factors what have an impact on identity and belonging, and in turn, experiences of GBV, as they are constructs that are deeply intertwined with power dynamics that influence various aspects of society (Antonsich, 2010; Hernandez, 2009; Landau, 2009; Mandivenga, 2000).

Language and discourse shapes power dynamics by serving as a means of representation, communication and control (Scholl et al., 2015). Hernandez (2009), Antonsich (2010) and Scholl et al., (2015) state that dominant languages spoken within a particular context often correlate with power structures and are linked to political authority, which influences social and economic life within countries and communities. Hernandez (2009) emphasises that refugees' ability to speak the official language(s) of the host society increases that individual's contact with national civilians as the dominant group, thereby increasing their participation. This may provide access to education, jobs and essential services, as well as further lead to increased social support and induce a sense of intimacy, which increases a sense of community and belonging, and may reduce the stressors and difficulties that the individual may face; fostering positive adaptation and coping (Hernandez, 2009; Antonsich, 2010; Khawaja et al., 2008).

On the other hand, for many refugees, not being able to proficiently speak the host country's dominant language(s) can serve as a tool of exclusion and becomes a critical barrier. Research studies have shown that this linguistic divide can limit refugees' access to essential services, employment opportunities and social disintegration (Khawaja et al., 2008; Hernandez, 2009; Antonsich, 2010; Palmary, 2002). Consequences reported include the hinderance of refugee's social participation, their socio-economical progression and social standing, as well as exacerbated feelings of isolation, which leads to a sense of powerlessness, depression, confusion, as well as vulnerability to discrimination and violence (Khawaja et al., 2008; Crush & Tawodzera, 2014; Alfaro-Velcamp & McLaughlin, 2019). Alfaro-Velcamp and McLaughlin's (2019) study provides examples of how support workers from a refugee civil society organisation (CSO) took advantage and raped Congolese refugee women, as they did not understand or speak English. Similarly, Crush and Tawodzera (2014) study portrayed Zimbabwean migrants experiences of medical neglect, discrimination and abuse by South African healthcare providers and staff due to "deliberate miscommunication;" entailing healthcare workers being rude and dismissive towards foreigners if they did not speak their mother tongue. Thus, proficiency of physical spoken language can either foster social integration or disintegration, which has a profound impact on refugees lived experiences.

The use of words to prescribe labels with specific socially constructed meanings is another way in which language has been used as a tool to perpetuate discrimination and violence against refugees. Palmary (2002) argues that the negative connotations and xenophobic stereotypes assigned to 'foreigner' within South Africa came about with the language used by the

South African government in the mid-1990s; referring to foreigners as 'illegal' and 'aliens.' In South African society today, words such as 'criminals,' 'parasites' and 'makwerekwere' are commonly used to denote foreigners and reinforce the xenophobic perception of foreigners as dangerous, exploitatory and use unintelligent languages (Addae & Quan-Baffour, 2022; Gordon, 2015; Palmary, 2002). These prejudicial perceptions, in turn, may fuel xenophobic and afrophobic discrimination and violence, which hinders their socio-economic integration and sense of belonging in South Africa (Palmary, 2002; Fuller, 2008; Lötter & Bradshaw, 2022; Idemudia et al., 2013).

Accordingly, it is also important to look at the language that society, researchers and refugees themselves use to describe refugees' experiences and narratives of GBV. In popular media, medical reports, and past academic works, refugees have often been constructed as 'victims,' which feminist, community psychology, and more empowerment theories have criticized this term in favour of replacing it with 'survivor' (SAKI, 2015; Schwark & Bohner, 2019; Thompson, 2000; Palmary, 2002). The term 'victim' generally "describes a person who has been subjected to a crime" (SAKI, 2015, p.1), but Dunn (2005) and Thompson (2000) argue that it has been socially constructed to embed connotations of weakness, lack of agency, vulnerability and being trapped in its meaning.

While acknowledging that refugees do face horrific accounts of violence, flee from war-torn countries, and are 'deserving of sympathy,' Palmary (2002) argues that constructing refugees as helpless reinforces the notion that refugees are somewhat disabled, and by implication, a burden on South Africans. On the other hand, the term 'survivor' adopts a more positive empowerment perspective, that is associated more with strength, recovery and resilience from their experiences of violence (Thompson, 2000; SAKI, 2015). Correspondingly, the internalisation of the meaning one assigns to the label may influence the self-perception of refugees own experiences of GBV, which Schwark and Bohner (2019) states may either liberate one from the narrative of being dominated and controlled, or reinforces it. Thus, it is important to explore how refugee women use language to construct their narratives and experiences of violence and stress, as this may aid or hinder their adaptive processes and sense of belonging.

Social class plays a pivotal role in determining power distribution within societies and raises questions regarding access and exclusion. Economic resources, access to education and employment, and social networks often correlate with class (Prilleltensky, 2008; Graham, 2017;

Gordon, 2015). Scholars have argued that those in higher classes may have access to better opportunities, more influence and greater decision-making power in various spheres (Prilleltensky, 2008; Cruz et al., 2011; Graham, 2017). Research has also associated higher SES with increased coping and adaptability of foreigners in new settlement countries, due to greater affordability and access to resources and services (Sigamoney, 2018). Refugees often come from diverse socioeconomic backgrounds, with various levels of education, work-related experience, and social standing. However, upon displacement, many refugees leave destitute and find themselves in situations in resettlement countries where their previous social status, qualifications and experience are not recognised (Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012; Idemudia et al., 2013). This is particularly prevalent amongst the black sub-Saharan African refugee population who resettle in South Africa (Jablonski, 2021; Addae & Quan-Baffour, 2022), whereby their consequent low SES is often coupled with poverty and economic hardships; compounding their vulnerability to exploitation, violence, and hindering their integration into the South African economy and social communities (Liebling et al., 2014; Porter & Haslam, 2005; Idemudia et al., 2013). Hence, the impact of unequal SES, and associated power relations, may serve to reinforce refugees' marginalisation and vulnerability to GBV; negatively impacting their adaptation, integration and sense of belonging.

Throughout history, religion has been a significant source of power that has been used as a vehicle to differentiate between people based on differing ideologies, beliefs, values and norms (Mandivenga, 2000; Landau, 2009). On the one hand, religion can foster a sense of community, purpose and sense of belonging, based on shared beliefs and values that form a collective identity (Landau, 2009; Stroope, 2016; Çetin, 2019). Stroope (2016) states that this commonality creates a strong bond among individuals and communities who subscribe to the same faith, as it fosters a sense of unity and shared purpose. The role that religion, spirituality and religious communities play in the wellbeing and adaptive processes of refugees was explored in more detail in the Adaptive Processes section in the Literature Review chapter. However, it is important to note how religious identity can provide opportunities for inclusion or can act as a mechanism for exclusion. Religion is often intertwined with political authority, which plays a central role in a country's social and political life (Menkhaus, 2002; Pineteh, 2017). On a macro level, when religion intersects with politics, political mobilisation of a singular religion or religious denomination can exacerbate divisions within communities that leads to complex conflicts and wars on religious grounds, including religious persecution and extremism (Pineteh, 2017; Khayre, 2016; Oludare, 2015). This is seen in many sub-Saharan African countries, in which religious conflicts and

discrimination can form the basis for horrific GBV abuses within these countries, and can be a driver for displacement, as individuals seek refuge from violence and persecution based on their faith.

Landau (2009) states that for refugees who migrate and resettle in South Africa as their host country, a process of inclusion or exclusion with regards to religious identity may occur; depending on the religious institutions and ideals that the refugees draw on to position themselves relative to the South African nationals. Finding a community with a common religious orientation may serve as a way for refugees to integrate into the social fabric of South Africa; creating a source of comfort, acceptance and sense of belonging (Landau, 2009; Labys et al., 2017; Sigamoney, 2018). On the other hand, refugees may be othered and face discrimination, hostility or prejudice by South African nationals or fellow refugees based on their differing religious beliefs or practices (Landau, 2009; Mpofu, 2021). This has been shown to negatively impact their sense of safety and belonging in the new community, as well as contribute towards social exclusion and limit opportunities for integration (Landau, 2009; Mpofu, 2021; Labys et al., 2017). Furthermore, Vawda (2017) argues that other factors, such as nationality and culture, may also impact and inform the kinds of interactions that refugees have with South African nationals, even of the same religious affiliation, which may lead to separateness, exclusion and even conflict. This highlights the need to explore and analyse multiple intersecting constructs of identity that impacts refugees' wellbeing, experiences of GBV and adaptive processes.

3.5. Limitations of Intersectionality

Intersectionality has provided a framework that has served as a useful tool for exploring inequalities, discrimination and oppression of various social groups, which has had varying levels of impact in feminist and anti-racism theories, social movements, public policy, international human rights, and electoral behaviour research within political sciences and across sociological, historical, psychological and critical legal disciplines (Hancock, 2007; Pease & Rees, 2008; McCall, 2005). However, when utilizing a theoretical framework as a tool for analysis in research, one must always be cognisant of the theory's limitations. This section provides a description of some of the key issues with intersectionality that warrants attention.

An overarching critique of intersectionality concerns studying it empirically. McCall (2005) highlights that while intersectionality as a theory is well established, the problem of *how*

one studies intersectionality persists. She states that this gap may be due to the lack of wide-ranging studies on intersectionality, which results in practically and reliability of methodologies not yet being consistently established (McCall, 2005). Nash (2008) further critiques the lack of a clearly defined and rigorous methodology to studying intersectionality, due to the multiple subject positions, dimensions of social life, and categories of analysis it entails. Questions arise regarding how many intersections are there and what methodological tools are sufficient to analyse these intersections? Additionally, Bastia (2014) suggests that there is no concrete or sound methodological approach to studying intersectionality, as it over relies on binary ideas to explain womens' multiple inequalities and discriminations and burdens. Despite these methodological challenges, some scholars (e.g. McCall, 2005; Collins, 1990; Hancock, 2007) have worked to develop various tools that can be used to frame intersectional methodology. However, these each have their limitations and are critiqued to not remain comprehensive enough at present, which has methodological implications for research.

Some scholars have also critiqued intersectionality, and the study of, for its individualistic approach and for its issue of scale (Bastia, 2014). Whilst some approaches to intersectionality acknowledges the role of larger social systems and structures of power, the subject focused on within the analysis is that of the individual and the individual experiences of inequalities, discrimination, oppression, and marginalisation of the social groups they belong to on a micro level (Bastia, 2014; Gray & Cooke, 2008). Critics argue that intersectionality does not focus on the structural factors that create inequality and the corresponding impact on class oppression, community oppression, and so forth (Bastia, 2014; Gray & Cooke, 2008). In this sense, intersectionality in its current form neglects broader contributions to understanding how the multiple systemic and institutionalised forms of structural inequalities and interrelated power relations function to shape experiences on macro and meso levels.

Additionally, Bastia (2014) asks the question of 'who is intersectional?' when considering the issue of scale of intersectionality. She questions whether *all* people are considered or only people who are marginalised whom have intersectional identities (Bastia, 2014). These questions concern themselves with the emphasis intersectionality places on examining inequalities and oppression and representing people who are subordinated or disadvantaged, rather than those who are privileged. In turn, this questions whether people who are privileged do not have intersectional identities (Nash, 2008)? Additionally, Nash (2008) argues that intersectionality focuses on the multiple inequalities (in terms of race, gender, etc.) and privileges (being white, middle class,

educated, etc.), but neglects to provide ways of understanding how privilege and oppression both co-exist and intersect, which shifts, forms and shapes various differing human experiences and subjectivities of that group. Thus, further theoretical and analytical exploring into understanding how privilege and oppression interest to form people's identities and experiences is warranted.

Moreover, intersectionality rejects the notion of a unitary identity when analysing marginalised groups lived experiences, but is instead based on the premise that there are multiple identities that interact and intersect with each other in various ways. However, Nash (2008) and Al-Faham et al., (2019) question at what point one identity is deemed salient in a particular situation to the exclusion of other identities? For instance, is it a black sub-Saharan women's race or nationality that underpins their experiences of ill-treatment in the workplace? This question regarding identity formation and the salient nature of all or different categories of identity at time of intersection remains unclear.

3.6. Conclusion

Despite critiques, paradoxes and tensions over the conceptualisation, application, and implications of intersectionality, scholars argue that intersectionality holds great promise due to its disruptive capacity and transformational nature. That is, intersectionality challenges the "normalization of what is seen as necessary, natural and universal" (Dhamoon, 2011, p.241). Therefore, intersectionality is a valuable analytical tool to provide a more nuanced understanding of sub-Saharan African refugee womens experiences of GBV. This is both in terms of the role that multiple intersecting identities play in shaping their lived experiences of adversity and violence, as well as how their social position and identities may change over social context throughout the migratory process; awarding deeper insight into their complex lived experiences.

CHAPTER 4
METHODS AND METHODOLOGY

4.1. Introduction

The present chapter considers the methodology that was undertaken to complete the current research study. It includes the research questions; research design; detailed information about the participants, their backgrounds, as well as demographic information on their GBV violations and migratory patterns; procedure used to conduct the study; the data analysis approach used; ethical considerations pertaining to the current study; as well as researcher reflexivity.

4.2. Research Questions

1. What are sub-Saharan African refugee womens' lived experiences of GBV across the migratory process?

2. How do sub-Saharan African refugee women use and experience their adaptive processes (i.e. coping strategies and defense mechanisms) to manage and cope with their past and present traumas, adversity and daily stressors?

4.3. Research Design

The present study aimed to provide deep insight into sub-Saharan African refugee womens' diverse personal lived experiences of GBV and the adaptive processes used in response to trauma, stress and adversity. This understanding and emphasis on 'personal lived experiences' prioritises the *experiential* nature of phenomena, including perceiving the participants as having an active interpretative role in their lives (Smith & Nizza, 2022; Eatough & Smith, 2017). Hence, the construction of reality and knowledge is phenomenological and subjective in nature, and thus, likely to be different for many refugee women. As a result, this study conducted an exploratory qualitative design using Interpretative Phenomenological Analysis (IPA) (Singh, 2007; Smith & Nizza, 2022). The focus of IPA is aimed towards uncovering and capturing the meaning the participants attribute to certain phenomena within their lived experiences and how they make sense of their experience of GBV, trauma and stress, and adaptive processes used in response (Willig, 2013; Pietkiewicz & Smith, 2012). To examine the participants lived experiences, and

illuminate the meaning within, the present study drew upon three theoretical principles of IPA, namely phenomenology, hermeneutics and idiography (Pietkiewicz & Smith, 2012).

As the present study is concerned with the subjective experience and personal accounts of refugee women's experiences across the migratory process, IPA's focus on producing phenomenological knowledge provides both a rich description and interpretation of the essential components of phenomena in the participants lived experiences under investigation (Pietkiewicz & Smith, 2012; Eatough & Smith, 2017). This draws on the philosophies of both Edmund Husserl and Martin Heidegger. Husserl emphasises "going back to the thing itself" (Smith & Nizza, 2022, p.188), which involves providing a *description* of how people perceive and understand their own lived experiences, and in so doing, identify and elucidate the uniqueness, commonalities and divergences in these experiences (Pietkiewicz & Smith, 2012; Smith & Nizza, 2022). Heidegger further draws attention to how one can never fully go back to the experience or phenomena itself, as neither the participant nor the researcher are blank slates but are subjective beings (Smith & Nizza, 2022; Pietkiewicz & Smith, 2012). *Interpretation* of the experiences, and the importance of hermeneutics, is hence emphasised. In this sense, a process of double hermeneutics applies, as the experience is first interpreted by the participant themselves from their own subjective viewpoint in a particular socio-historical context, and then the researcher plays an active and subjective role in 'standing in the shoes' of the participant, interpreting and making sense of the phenomena and meaning of the participants' experiences (Eatough & Smith, 2017; Smith & Nizza, 2022; Pietkiewicz & Smith, 2012).

Accordingly, the primary concern of data collection within IPA is to elicit rich, detailed and first-person accounts of the participant's experiences and phenomena being examined, in order to understand their cognitions, feelings and the ways in which they view themselves and the world around them (Pietkiewicz & Smith, 2012; Smith & Nizza, 2022). However, the vulnerabilities and trauma encountered by the refugee population, and the negative health consequences produced as a result, makes it difficult and ethically-sensitive to investigate their GBV experiences directly. Accordingly, secondary source data in the form of Intervention Process Notes (IPNs) were used in the study to analyse the retrospective accounts of the participants' lived GBV experiences and adaptive processes utilized. This allowed for a more detailed, naturalistic approach to understanding the participants worlds through recollection of their experiences in an ethical manner and within a safe, supportive therapeutic environment. This naturalistic approach further establishes a higher external validity, as the participants reports of their experiences are

more representative of refugee womens' everyday GBV experiences and adaptive processes, and are perceived as less artificial than a highly controlled experimental design. The IPNs also embody rich second-hand knowledge of the first-hand lived traumatic experiences and difficulties that refugee women face across the migratory process, and hence, provide a rich quality of data that offers insight about phenomena that occur in society that qualitative research aims to achieve (Eatough & Smith, 2017; Creswell, 2013; Singh, 2007).

Furthermore, the present study adopts the third principle of IPA, idiography, which involves the in-depth analysis of each participant's particular experiences individually and the interrelated contextually situated psychosocial factors (Pietkiewicz & Smith, 2012; Smith & Nizza, 2022). However, IPA by itself does not provide the theoretical frame in which to analyse and delineate meaning from the findings due to the subjective nature of the experiences and interpretations, which can lead to never-ending possibilities (Willig, 2013). Moreover, the explorative experiential research design is not aimed at providing final and conclusive answers to the research questions, but rather aims to explore the topic with varying levels of depth (Singh, 2007). Accordingly, this study drew upon intersectionality as an analytical framework, which strives to elucidate and interpret multiple and intersecting systems of inequality, oppression and privilege that may shape the refugee womens' experiences and view of the world (McCall, 2005; Crenshaw, 1991).

Adopting an intersectional lens is appropriate for IPA as it takes into account the wider social, political, cultural and psychological influences on the meanings of the participants experiences of GBV and adaptive processes (Willig, 2013; Hancock, 2007). It does this by perceiving individuals as social actors and their subjective experiential realities as constructed by the embodiment of multiple intersecting social constructs of identity (e.g. gender, race, nationality, class), which is inextricably influenced by the socio-historical and political contexts through a matrix of domination (Collins, 1990). Thus, this study adopts the position that the participants' experiences of GBV and adaptive processes are shaped and change in relation to intersectional factors across time and space, which requires deep exploration and understanding of meaning in finer detail for both individual and wider social contexts. Therefore, the researcher conducted this experiential qualitative research study by utilising IPA with an intersectional lens.

4.4. Participants

4.4.1. Sample and Sampling

The participants in the present study consisted of 15 sub-Saharan refugee women who had received therapeutic interventions from CSVR. The original sample size consisted of 59 participants; however, 32 participants were removed from the study as they did not meet the inclusion criteria. This included reasons such as the participants being male ($n = 8$), under the age of 18 ($n = 6$), had not been in therapy for at least 6 months ($n = 11$), had too few therapy sessions ($n = 7$), or were suspected to have or were diagnosed with a personality disorder ($n = 7$). Sequentially, out of the remaining sample pool of 20 participants, the 15 participants included in the data set for this study were selected on an interval basis using a probability systemic sampling strategy (Babbie & Mouton, 2001; Rosnow & Rosenthal, 2005). This small sized pool is consistent and fits well with IPA, as IPA is focused on an idiographic approach that emphasises a rich, detailed account of experiences for each research participant (Smith & Osborn, 2007).

As illustrated in Table 1 below, of the 15 selected participants, the minimum number of therapy sessions attended at CSVR was 8 over a duration of 6 months. 26 sessions were the maximum number of therapy sessions attended over a 14-month period, and on average, 15.4 therapy sessions were attended over an 8.9-month period.

Table 1: Summary of Participant's Therapy History

*Participant	Therapy Duration (months)	No. Sessions
Ms. A	6	8
Ms. B	6	8
Ms. C	9	26
Ms. D	6	8
Ms. E	6	9
Ms. F	7	14
Ms. G	6	16
Ms. H	14	23
Ms. I	14	13
Ms. J	14	19
Ms. K	8	10
Ms. L	9	18
Ms. M	9	26
Ms. N	13	21

Ms. O	7	13
Minimum	6 months	8
Maximum	14 months	26
Mean	8.9 months	15.4

*A pseudonym is used for all of the participants

4.4.2. Participant Characteristics

Table 2 below illustrates the 15 female participants demographics pertaining to their country of origin, age, race, language, and level of education.

Table 2: Summary of Participant's Demographic Information

Participant	Country of Origin	Age	Race	Language(s)	Education
Ms. A	DRC	34	Black	English	None
Ms. B	Ethiopia	35	Black	Oromo	Tertiary incomplete
Ms. C	Burundi	43	White	Kirundi	Tertiary incomplete
Ms. D	DRC	32	Black	English, French, Swahili	Primary complete
Ms. E	DRC	36	Black	French, Lingala	Tertiary complete
Ms. F	DRC	33	Black	French	Unknown
Ms. G	DRC	43	Black	French	Tertiary incomplete
Ms. H	DRC	55	Black	French, Lingala	Secondary incomplete
Ms. I	DRC	36	Black	English, French	Primary complete
Ms. J	Somalia	39	Black	English, Somali	Primary complete
Ms. K	DRC	35	Black	English, French	Tertiary complete
Ms. L	Ethiopia	30	Black	Amharic	Secondary incomplete
Ms. M	DRC	41	Black	English, Lingala	Tertiary complete
Ms. N	DRC	40	Black	French, Lingala, Swahili	Tertiary complete
Ms. O	DRC	30	Black	Lingala	Secondary incomplete

Country of Origin:

The 15 selected participants migrated to South Africa from a variety of countries of origin; with 73.3% ($n = 11$) from the Democratic Republic of Congo (DRC), 13.3% from Ethiopia ($n = 2$), and the remaining 13.4% from Somalia ($n = 1$) and Burundi ($n = 1$) (Table 2). These results indicate that majority of the GBV experiences and adaptive processes comes from Congolese women's perspectives. Accordingly, this may limit the heterogeneity of refugee womens' responses from multiple sub-Saharan African countries that this study sought to include, which requires further research.

Age:

The ages of the female sample ranged from 30 to 55 years, with the majority of the participants being 30 (13.3%), 35 (13.3%) and 36 years old (13.3%) and falling within the 30-39 year old category (66.8%) (Table 2).

Race:

Of the 15 participants, 14 are black with only one white participant (Table 2).

Language:

Results from Table 2 show that majority $(53.3\%;\ n = 8)$ of the refugee women spoke more than one language, with French $(32\%;\ n = 8)$, English $(24\%;\ n = 6)$ and Lingala $(20\%;\ n = 5)$ being the most commonly spoken languages amongst the women. English was also predominately spoken as a secondary or tertiary language. Consequently, an interpreter was often used as a median of communication during the participant's therapy sessions.

Education:

All of the participants educational history occurred within their countries of origin, with no further education taking place in South Africa. The results from Table 2 show that, despite armed conflict, violence and persecution that the participants' faced in their countries of origin, majority (86.6%) have obtained some form of education. Only 2 (13.3%) participants had either not completed primary education or their educational status was unknown, and 3 (20%) had at least completed Primary level education. Majority (40%, $n = 6$) of the participants portrayed a pattern of starting either secondary (20%, $n = 3$) or tertiary (20%, $n = 3$) level education, but not being able to complete their qualifications due to conflict and unrest in their countries of origin. 4 (26.6%) of the participants have completed a tertiary qualification.

4.4.3. Migratory Patterns

All 15 refugee women had migrated to South Africa for the sole purpose of seeking asylum due to political conflict or war in their countries of origin. Table 3 below illustrates the participants migratory demographics pertaining to refugee status, duration of living in South Africa, and employment history within their countries of origin compared to South Africa.

Table 3: Summary of Participant's Migration and Resettlement Information

Participant	Refugee Status in SA	Year of Arrival in SA	Period Lived in SA	Employment HC	Employment SA
Ms. A	Documented	Unknown	Unknown	Unknown	Unemployed
Ms. B	Documented	2003	16 years	Skilled Labour	Artisan
Ms. C	Undocumented	2008	11 years	Unemployed	Unemployed
Ms. D	Documented	2009	10 years	Unemployed	Unemployed
Ms. E	Documented	2008	11 years	Skilled Labour	Unemployed
Ms. F	Documented	Unknown	Unknown	Informal Labour	Unemployed
Ms. G	Undocumented	2002	17 years	Skilled Labour	Informal Labour
Ms. H	Undocumented	2008	11 years	Informal Labour	Unemployed
Ms. I	Undocumented	2006	13 years	Unemployed	Unemployed
Ms. J	Documented	2014	5 years	Unemployed	Unemployed
Ms. K	Undocumented	2008	11 years	Skilled Labour	Artisan
Ms. L	Undocumented	2009	10 years	Informal Labour	Unemployed
Ms. M	Documented	2003	16 years	Skilled Labour	Artisan
Ms. N	Documented	2009	10 years	Skilled Labour	Unemployed
Ms. O	Documented	2015	4 years	Informal Labour	Unemployed
Mode / **f %**	**Documented** / **9 60%**	**2008** / **4 26.7%**	**11 years** / **4 26.7%**	**Skilled Labour / Artisans** / **6 40%**	**Unemployed** / **11 73.3%**

Duration in South Africa:

All the participants with known recordings of their year of arrival in South Africa and period of living in South Africa (i.e. 13), migrated from their countries of origin to South Africa between 2002 and 2014; with majority (53.8%, $n = 7$) migrating in 2008 and 2009 from countries of the DRC, Ethiopia and Burundi. On average, these participants have lived in South Africa for approximately 11 years, with the least being 4 years and 17 years the most (Table 3). This substantial time living in South Africa will theoretically provide rich data on the refugee womens' GBV experiences and the adaptive processes while living in South Africa over time.

Refugee Status in South Africa:

Table 3 above illustrates that despite all of the participants having a legal claim to obtain political asylum in South Africa, only 60% ($n = 9$) of the participants received a Section 24 permit (i.e. documented) that allows them to legally reside, work, and gain access to economic resources and

opportunities in South Africa. This highlights the disparity between law and practice, and the constant fear of deportation and economic inequality that many undocumented refugees live with day-to-day in South Africa.

Employment History:

As displayed in Table 3, 66.6% ($n = 10$) of the participants held some form of employment while they lived within their countries of origin. Out of these 10 women, 6 (60%) acquired skilled labour and 4 worked within the informal work sector (40%). Controversially, 73.3% ($n = 11$) of the participants reported being unemployed living in South Africa. Of the remaining 4 women, none worked within the skilled labour sector; with only 1 woman working within the informal labour sector and 3 women working as Artisans. These results illustrate the socioeconomic patterns and inequalities present depending on context. Despite being faced with political unrest and war within their countries of origin, the findings indicate that the refugee women had better socioeconomic opportunities to acquire employment and education compared to living in South Africa.

4.5. Procedure

Before commencement of the study, a working alliance was established with the Centre for the Study of Violence and Reconciliation (CSVR), which included authorisation to access their client's therapeutic IPN files, and internal ethics clearance was obtained to conduct the study from their Learning and Development Department. To gain authorization, CSVR were provided with a research proposal, an information sheet delineating the purpose and structure of the study, and the researcher's and supervisor's contact details were provided. To gain ethics clearance from the University of the Witwatersrand, multiple letters from CSVR were issued ensuring informed consent and safeguarding of data shared within the IPNs. This included: (1) CSVR Ethics Approval Letter; (2) Informed Consent letters from each clinical staff member; (3) blank therapeutic client Consent Form; and (4) Consent and Agreement Letters granting permission for the researcher to use CSVR's IPNs, as well as delineating the protection of their client's information within the IPNs, including anonymity, storage of IPNs, and regulations for receiving and handling the data.

Permission to conduct the present research study was then authorized from WITS Human Research Ethics Committee (HREC) Non-medical, and an ethics waiver letter issued. Access to CSVR's electronic IPNs were obtained through direct transfer from CSVR's server to the

researcher's password protected memory stick. The files were then transferred and saved in a secure folder within the researcher's password protected laptop, and the files on the memory stick were permanently removed. On completion of the data collection process, data sorting commenced. This included the researcher familiarising herself with the data in the IPNs, and screening and selecting the sample in accordance with the inclusion and exclusion criteria. Within the selected sample, the participant's names were provided with a pseudonym for the purpose of protecting their identity and writing the final report. From reviewing the IPNs, socio-demographic information was recorded to represent the profile and characteristics of the refugee women in the IPNs used.

Data analyses were then conducted and the report of the findings written up. CSVR were consulted regarding the construction and portrayal of themes and adjustments made within the data analysis process and composing of the final report, to ensure accurate representation of the research findings. Lastly, with regards to the dissemination of the results, the final research report will be made available to CSVR and could be made available to the public if the report is published. The report may be published on platforms, such as WITS WIReDSpace.

4.6. Data Analysis

IPA was the method of analysis used in this study to unpack the research questions regarding understanding sub-Saharan African refugee womens' lived experiences of GBV, daily stressors and adaptive processes utilised across the migratory process. IPA is appropriate for this study, as it aims to try and understand the content and complexity of the meanings of the participants lived experiences, including their perceptions, cognitions and feelings (Smith & Osborn, 2007; Pietkiewicz & Smith, 2012). It does this by encompassing an idiographic approach that explores the individual lived experiences and intersections present in shaping the experiences of each participant, which then work up to generating more general themes (Smith & Osborn, 2007; Alase, 2017). Nevertheless, it is recognised that there is no single or definitive way to do IPA (Smith & Osborn, 2007). Rather, in line with the ongoing personal reflective and interpretative process of IPA, some scholars on IPA propose methodological suggestions to follow for the analysis (Smith & Osborn, 2007; Eatough & Smith, 2017; Alase, 2017). For this study, Smith and Osborn's (2007) 4-stage process to IPA is utilised to form credible interpretations, as it provides a structured yet flexible, idiographic and heuristic framework to guide the analysis.

Smith and Osborn's (2007, p.67) analysis begins with focusing on "*looking for themes in the first case*." Within this stage, the researcher first focused on familiarising herself with the content within each participant's therapeutic IPNs (approximately 1500 pages). This involved reading, re-reading, and censoring out parts of the participant's IPNs that related to their experiences of GBV and daily stressors as well as the various ways in which they cope and defend against past and present trauma and stress (i.e. adaptive processes). This was done in order to gain a deeper and wider comprehension of the content. The relevant extracts from each participant's IPNs were then tabulated in a word document, and special attention to the listing of each individual participant's extracts together was noted, in order to preserve the essence and not lose context of the data. Two margins were also created within each word document; the first margin serving to initially annotate the researcher's comments on anything found interesting or significant about what was portrayed about the participant (Smith & Osborn, 2007).

The second margin was then used to start documenting emerging themes in a more inductive manner, as the researcher systematically worked through each participant's IPN extracts again and made descriptive, emotive and conceptual notes. A dual process occurred here; whereby the researcher worked through the participants' GBV experiences and adaptive processes word documents separately. This process aimed to find and capture the essential quality of each of the participant's expressions within the text for both their GBV experiences and adaptive processes; by manually generating extensive initial codes that allowed for meaningful and theoretical connections within and across the data, while at the same time, preserving what the participant actually said (Smith & Osborn, 2007; Morrow & Smith, 2000). After the initial coding of the IPNs, emerging codes that shared similar meanings were collapsed into a unified code. This individualised approach to analysing each participant's IPN extracts enabled the researcher to achieve a deeper understanding of the participant's personal experiences, thereby aligning with the idiographic focus of IPA.

The researcher then focused on "*connecting the themes*," which involved searching for, creating and connecting 'experiential themes' (Smith and Osborn, 2007, p.70). Here, the codes were grouped together with other codes according to closely related candidate themes and subthemes, and which were guided and explicated around the intersectional theoretical framework used in this study. Emotive and psychological language was used in order for each theme to capture the meaning of the experience for each participant (Smith and Osborn, 2007). This was first done separately for the participants' GBV experiences and adaptive processes; ensuring that

all data associated with the themes were collated with regards to the dual aims of the study that address the research questions. This resulted in the creation of two thematic ‘maps’; one for the participants’ GBV experiences and another for their adaptive processes.

The researcher then provided a more structured analysis by reviewing the themes and constructing meaningful clusters of connected themes within each thematic map (Smith and Osborn, 2007). As research is a recursive process, the cross over between themes and codes in the GBV experiences section and adaptive processes section were then analysed, and one thematic map with the integration of both the participants’ GBV experiences and adaptive processes was generated. This allowed for unity between data and themes to be created, in order to reflect the width, depth and interrelations within the participants experiences. After the integrated thematic map became clearer, the relevant GBV experiences and adaptive processes information within the participants’ IPNs was collated and tabulated into a Microsoft Word document; grouping each code and its associated extracts with its superordinate themes and subordinate subthemes. During this stage, an active reading process occurred whereby the participant’s IPN extracts were actively engaged with to ensure the verbatim content and interrelated sense-making were portrayed within the clustered themes, as well as the analysis of nuances within the clustered themes to explicate the convergences and divergences within each cluster. Clear names and definitions for each theme were then generated, as well as the story told by the analysis was refined. Within the Microsoft Word document, a master list was created that listed the experiential superordinate themes at the top with the subordinate subthemes and key quotations listed below.

This final stage required the researcher to write up a sound academic report (Smith and Osborn, 2007). This process involved selecting compelling and comprehensive extracts from the data as the last analytical step, and relating this information back to the research questions and literature. Significantly, while superordinate themes aim to encompass the experiences of the entire group, certain subthemes focus more closely on the experiences of individual participants. Accordingly, the study reports and discusses the findings in the following chapter as both a ‘*case within a theme*’ and ‘*theme within a case*’ (Larkin et al., 2009). The former focuses on explicating the experiences of multiple participants incorporated within the broad thematic framework; whereas the latter is incorporated in certain sections of the analysis where specific subthemes emphasize the experience of an individual participant when deemed crucial for the study's objectives (Larkin et al., 2009). This dual approach of integrating a '*case within a theme'* and a '*theme within a case*' is recognized as a valid methodology in reporting IPA studies, as it aligns

with IPA's focus on detailed, individual experiences. Furthermore, Larkin et al. (2009) endorse this methodological flexibility, acknowledging the 'considerable variation' permitted in the presentation of research findings.

4.7. Trustworthiness of the Analysis

Larkin et al., (2009) emphasise the rigorous application of both theory and methodology in ensuring the appropriate quality and integrity of IPA research. This includes qualitative rigour, which other qualitative research authors argue should not only apply to the data analysis but also be applied across the research study (Bowen, 2005; Morrow & Smith, 2000; Thomas & Magilvy, 2011). Rigour is claimed to build trust and confidence in the findings of qualitative research, including the accuracy of the representation of the population being studied, and aids the development of consistency in the research methods (Thomas & Magilvy, 2011; Morrow & Smith, 2000). Similar to Lincoln and Guba (1985 as cited in Morrow & Smith, 2000) who provided a list of criteria to evaluate validity and reliability in qualitative research, Thomas and Magilvy (2011) provide a model to address four components of trustworthiness, which has been applied in this study. These components include 1) credibility, 2) transferability, 3) dependability, and 4) confirmability (Thomas & Magilvy, 2011). These components of analysing trustworthiness were applied as follows:

4.7.1. Credibility

Credibility is concerned with ensuring that the study's findings and communication thereof is an accurate representation of the participants' experiences in light of integrity, validity and portrayal of the data (Thomas & Magilvy, 2011; Shenton, 2004). Literature has highlighted concerns regarding ethical issues and threats to credibility when secondary source data is used as the sample in qualitative studies, as the content within the source data is originally generated for different purposes than that of the study (Tripathy, 2013; Chatfield, 2020). According, it can be inferred that using therapeutic IPNs in the present study instead of more direct data collection methods (e.g. interviews) to explore and interact with the phenomena and research participants in this study can reduce the quality of the information the research seeks to gain, as the data in the IPNs are generated for therapeutic purposes and not directly for the purpose of the present study (Tripathy, 2013; Chatfield, 2020).

However, it can be argued that because the IPNs are based on the refugee womens' psychotherapy sessions, this form of source data allows for the natural and authentic expression of the client's personal and subjective traumatic experiences and adaptive processes. This is particularly important when exploring the sensitive topic of GBV among a highly vulnerable and traumatised population, such as refugees. Relatedly, Shenton (2004, p.69) states that the rich, naturalistic quality in qualitative research "is an important provision for promoting credibility as it helps to convey the actual situations that have been investigated and, to an extent, the context that surround them." Correspondingly, the use of IPN files is best suited for this study, as this secondary source data obtained through client-centered psychotherapy sessions encapsulates a contextually rich account of the phenomena of GBV and adaptive processes experienced first-hand by the refugee women clients, while simultaneously studying their experiences in the most ethically sensitive and viable manner (Shenton, 2004; Rosnow & Rosenthal, 2005; Chatfield, 2020).

Credibility was also achieved through researcher reflexivity, consulting CSVR regarding the construction and portrayal of themes to ensure accurate representation of the findings, as well as looking for similarities within and across the participants IPNs during the data analysis stage to ensure that there was no misrepresentation of information (Thomas & Magilvy, 2011; Shenton, 2004; Chatfield, 2020). During data analysis, the codes, themes and interpretations also kept the context of the participant's narratives in mind, as it followed an idiographic approach to IPA to ensure detailed expression and meaning making of the participant's experiences. The initial IPNs were also reviewed when clarification on the context of a participant's extract was required. Furthermore, direct quotes from the participants' therapeutic IPNs are also incorporated within the analysis, findings and discussion to support the findings, as they show how the themes emerged from the IPNs (Thomas & Magilvy, 2011; Weiss, 1994).

4.7.2. Transferability

Transferability entails the applicability of a study's findings to other studies, participants and contexts (Thomas & Magilvy, 2011; Shenton, 2004; Bowen, 2005). The contextually rich information within the refugee womens' IPN files used as the sample for this study allows for the transferability of the findings to other refugees and asylum seekers residing in South Africa (Shenton, 2004). Adopting an intersectional theoretical lens to analysing and interpreting the data also adds to the rich quality of understanding the refugee womens' contexts and experiences, which increases the transferability of the findings. Furthermore, Thomas and Magilvy (2011) states

that a comprehensive description of the refugee population being studied contributes to transferability. Within the present study, this included detailing the sample population and their demographics, outlining the sampling, data collection and analytical processes, as well as providing a comprehensive overview of the women's geographical locations regarding their countries of origin, and the reality of migration and hardships in South Africa, providing specific relevant context-related content.

4.7.3. Dependability

Dependability is concerned with the level of consistency of the findings in the study, including in relation to the purpose of the study, data collection, examination, analysis, interpretation and representation of the findings (Thomas & Magilvy, 2011; Shenton, 2004). This was attempted in the present study through providing a detailed outline of the research process, including the researcher's rational for the decisions made. To also help ensure that dependability has occurred, the creation of common and highly detailed themes from the IPNs and comparing the findings to past research, as well as consulting CSVR and using supervision to confirm that the necessary information was provided in the study.

4.7.4. Confirmability

Confirmability is described as a degree of neutrality, which includes the extent to which the findings accurately reflect the respondent's voice and not the result of researcher bias, interest or motivation (Thomas & Magilvy, 2011; Shenton, 2004). The use and analysis of IPNs, using the participant's own experiences as the basis for interpretation ensured this. Another important factor for confirmability is to ensure that reflexivity is evident throughout the entire research process to ensure that others can trust the findings and applicability of the study (Thomas & Magilvy, 2011). Accordingly, the researcher kept a reflective journal to be aware of and reflect on her role in the process of data collection, analysis and portraying the findings.

The researcher further used this journal to document her own expectations and thoughts around the study and writing up the findings, which allowed her to bracket off her personal opinions and biases, ensuring that they will not affect the direction or hinder the interpretation of the study and also aids towards achieving confirmability of the research findings (Smith & Osborn, 2007; Thomas & Magilvy, 2011). Additionally, selecting the client's IPNs for the sample on an interval basis using a probability systemic sampling strategy offers some credibility as researcher bias is negated

in selecting the case studies used in the sample (Shenton, 2004). Random sampling also helps to ensure that any 'unknown influences' are accounted for and distributed evenly within the sample, and that the sample is representative of the larger population (Shenton, 2004).

4.8. Ethical Considerations

Ethics clearance was first granted by CSVR to use their clients' therapeutic IPNs as the data source in the study (Appendix B). The researcher provided CSVR with the research proposal and information sheet that outlined the purpose, requirements, responsibilities and obligations of the study (Appendix A). Ethics clearance was then obtained and authorized from the University of the Witwatersrand Human Research Ethics (HREC Non-medical) Committee prior to study commencement, and an ethics waiver letter issued (Appendix E; HRECNMW20/08/01). Following authorisation, the researcher commenced with data collection by receiving the files of CSVRs' clients therapeutic IPNs from CSVR. To ensure informed consent for the participants of the study, only the files of CSVRs' clients and therapists who gave their permission for their therapeutic IPNs to be used for research purposes were given to the researcher. Consent from CSVR's therapists for their client's IPNs to be used in this study was also covered within their internal ethics process. CSVR also provided the researcher with Informed Consent Letters from each clinical staff member (Appendix D); blank therapeutic client Consent Form (Appendix D); and Consent and Agreement Letters granting permission for the researcher to use CSVR's IPNs (Appendix B).

To prevent any harmful effects and protect the welfare of the participants, an informed decision was made to use source data in the form of clients' therapeutic IPNs. This allowed the refugee womens' traumatic GBV experiences to be discovered and talked about in a safe space within the context of therapy, as well as studied in an empathetic and ethically sound manner within the present study. Moreover, refugees seeking therapeutic interventions are often unstable, as their daily lifestyle is rather precarious. Even more 'stable' clients' lives could instantly change and make them vulnerable to possible re-traumatisation. Hence, this indirect qualitative approach using retrospective secondary material to collect data and analyse the refugee womens' experiences of GBV and their adaptive processes prevents possible harm and adverse effects that could occur with more direct qualitative methods (Rosnow & Rosenthal, 2005). This included the possibility of re-traumatisation that may be evoked through 're-living' their traumatic experiences

while being interviewed, for example. Thus, data collection and analysis of client's IPN files was the most ethically suitable method that avoids adverse effects (Rosnow & Rosenthal, 2005).

Furthermore, to ensure safeguarding and prevent any harmful effects, potential participants who did not meet the inclusion criteria for the study were excluded from the research ($n = 32$) (Rosnow & Rosenthal, 2005). Additionally, to safeguard the data shared within the IPNs, a delineation of the protection of CSVR's clients' information within the IPNs was specified within CSVR's Ethics Approval and Consent Letter (Appendix B) and CSVR's Confidentiality Agreement (Appendix C) and upheld by the researcher. This included regulations for receiving and handling the data, as well as storage of the IPNs. The IPNs were originally transferred from CSVR to the researcher's password protected memory stick. The research then saved the electronic IPNs, research notes, reports and all other data relevant to this study in a password-protected folder on their secure laptop, and permanently deleted the files on the memory stick. These files will be retained for a minimum of 10 years before disposal, unless otherwise specified. To account for the principle of 'protection and welfare of participants,' the IPNs will also only be seen by authorized CSVR staff, the researcher and the research supervisor (Rosnow & Rosenthal, 2005).

To ensure confidentiality, the clients' names in their IPNs was anonymised by CSVR before the researcher gained access to them, thus preserving the 'anonymity' and trust of the clients seen at CSVR (Rosnow & Rosenthal, 2005). Any further contextual or identifying information still present within the IPNs that didn't safeguard anonymity was then removed from the IPNs within the data set, and all of the selected participants given pseudonyms, thus ensuring 'confidentiality' (Rosnow & Rosenthal, 2005). Furthermore, publication of the results are reported in terms of group themes and pseudonym's used for extracts quoted in the findings, hence, maintaining the participant's anonymity. As CSVR expressed interest in the outcome of this research, they also granted permission to not remain anonymous throughout the research process or in this final report. Nonetheless, all identifying information of their therapists, clients and the IPNs have remained anonymised.

4.9. Reflexivity

A thorough exploration of researcher reflexivity is a vital and integral aspect of the research process, in order to understand how the finality of the research study has occurred (Morrow &

Smith, 2000; Palaganas et al., 2017). Qualitative research in its very nature is subjective, including its data collection and analytic process (Morrow & Smith, 2000). It bases its ontological premise on that individuals hold subjective constructions of reality in relation to their assumptions, opinions and feelings (Palaganas et al., 2017). This subjective construction of reality informs our experiences. Hence, the researcher used reflexivity to explore the unique subjective GBV and stressful experiences of sub-Saharan African refugee women. However, subjectivity is not just limited to the participants role of uniquely constructing their experiences through their perspective lens, but also that of the researcher, who too is a subjective being, emotion-laden and from whose own perspective influences the analytical interpretations within qualitative and IPA research (Morrow & Smith, 2000; Palaganas et al., 2017; Wilson et al., 2022). Reflexivity, hence, involves an awareness of the self and of the relationships between the self and the research subjects and environment being studied (Smith & Nizza, 2022).

Accordingly, the researcher practiced reflexivity in this study to reduce the risk of automatic assumptions and biases in the research. In this regard, reflexivity served a number of valuable processes, including (1) the researcher gaining understanding of their own positionality, perspectives, feelings and reactions, and the corresponding effects on others and the dynamics between individuals (Palaganas et al., 2017; Wilson et al., 2022); and (2) reveal any hidden biases or unconscious assumptions within the researcher's approach, fostering ongoing scrutiny of the research process, its methods and findings (Smith & Nizza, 2022; Palaganas et al., 2017; Wilson et al., 2022). Hence, this conscious awareness and reflexivity aids in maintaining the trustworthiness and integrity of the study, by protecting against the conflation of the researcher's experiences with those of the participants. Since the researcher believed that her perceptions, feelings and assumptions were entwined directly with her positionality and related intersecting social identities (e.g. gender, race, class), this section approaches the above two aims through the active reflexivity of the power differentials created by the researcher's intersecting positionality that is documented before data collection and during data the collection, analysis and final write-up of the report, as suggested by Soedirgo and Glas (2020).

4.9.1. Assumptions Before Data Collection

Reflexivity started when the researcher was thinking about what research topic to choose. At that time, I had just completed a volunteer year at a psychotherapy centre that served the marginalised populations in the rural township of Alexandra, South Africa. I particularly spent

time with Black women, mothers and their children in Stjwetla, an area in Alexandra that particularly demarks where foreigners live. It was especially during this time that I became experientially aware of my positionality, particularly as a young, white, middle-class woman, as my identity was socially constructed in the space of Stjwetla as an "umlungu." It was one of the most prominent times in my life where I felt the weight of my privilege awarded to me through the historical systemic injustices of apartheid, and as an outsider, I needed to earn my place within the community in which I visited and slowly built social relationships within. I had to lean into my uncomfortable feelings of uncertainty in a community space where 'whiteness' is associated with violent wealth, and where I learnt the value of voice and silence, often asking myself 'whose voice is needed in this space?', 'just because I know, does that mean I should be the one to speak or give an answer?

Additionally, by often assuming the role as a listener and observer, I engaged with and learnt a lot about the harsh realities of living as foreigners and refugees in Alexandra from their subjective perceptions, as well as the gender-based disparities between the women and the men in their daily socialised roles, and experiences of domestic violence, lack of employment and living off social grants, and seemingly impossible tasks to get asylum documentation, identity documents and permits. These experiences strongly informed my passion for studying GBV experiences of refugee women in South Africa, as well as my strong anxious feelings in relation to representation of voice in the research. As I had started learning the humility of letting multiple voices occupy various spaces, I found myself in an internal dilemma between adding Black sub-Saharan African refugees' narratives and experiences to the current body of knowledge, aiding the decoloniality agenda of Community Psychology, whilst at the same time questioning whether my intersectional embodiments of privilege make me suitable to do so as I perceived the power dynamics in constructing knowledge as being located in the researcher's hands. I further questioned the foundation of my perceptions of multiple intersectional social constructs of identity, as growing up with the advantages of white privilege and a sheltered environment mainly resulted in my perceptions of marginalised communities as being founded in academic knowledge. Hence, I found myself repeatedly questioning whether my intersectional position qualifies me to be the narrator of these stories.

This anxiety initially drove my initial interest in wanting to conduct a quantitative study, so that I could investigate the broad trends across multiple levels of inequalities that characterise sub-Saharan refugee womens' GBV abuses, and in so doing, reduce my anxious feelings of

representation of voice and power by going more general. Honestly, my familiarity and comfortability with quantitative approaches to research also aided a defensive avoidance to minimise my anxiety. However, a quantitative approach would place me at a distance from the people and their rich experiences that I was hoping to capture and contribute to the body of knowledge. Hence, after discussions with my supervisor and disparities drawn between my aims for research and the positivistic approach to quantitative research, I had to sit with, reflect on and process in therapy why qualitative research, particularly regarding GBV and Black Sub-Saharan African refugee's experiences, was making me feel uncomfortable, anxious and somewhat vulnerable.

This led to me requestioning the purpose of my research – whether it served to reduce my feelings of anxiety or served a greater purpose of contributing to a historically oppressed field of knowledge of marginalised groups, particularly that of Black (race), refugee (nationality), women (gender). From this perspective, the co-constructed nature of qualitative research, particularly IPA and taking an intersectional theoretical lens allowed me the opportunity to emphasise the refugee women's lived experiences, whilst also interpreting from a standpoint that acknowledges the complex layers of identity, power, and social dynamics that shape these experiences. Whilst telling these stories still makes me anxious due to the interplay of positionality and power dynamics, aligning my research questions and methodology that empowers the participants voices that was approved by the ethics committee, and the co-construction of knowledge allows continual reflexivity on positionality and power dynamics throughout the research process.

4.9.2. Data Collection, Analysis and Write-up

Secondary source data was used in this study, which is often not a typical type of data used for IPA studies that seeks to explore the detailed, rich experiences of each participant. This created some concern for me regarding whether the data will be rich enough to represent the depth of the participants experiences. However, once the IPNs were received from CSVR, and insufficient IPNs removed from the data selection pool alongside exclusion criteria, I was able to grasp the level of detail portrayed in the IPNs. The richer descriptive data in the IPNs made them suitable as source data for IPA, and was also supported by the dual organisational agenda of CSVR to both provide therapy and publish research. Hence, the therapists at CSVR recorded detailed content and process notes in the IPNs for every person, which presented a higher descriptive quality than

what may be typically found in therapist process notes that are purely used for the purposes of therapy.

Moreover, as talking about highly traumatic experiences of political violence, torture, rape, honour crimes, and many other horrific GBV abuses, poses a high risk of re-traumatising refugees through more direct methods, I felt a sense of relief and integrity for using therapeutic IPNs. This both eliminated the potential of harm that may have been caused by using direct data collection methods, as well as the participants were protected – physically and psychologically – within the therapeutic space and relationship with their therapists, which allowed for more authentic expressions of their experiences. Furthermore, using secondary source data somewhat negated the in-person positionality dynamics that may have played out in more direct methods of data collection like interviews. However, I also felt frustrated when wanting to know more about a participant's feelings, perceptions and intersectional identity dynamics that underscored their experiences and wasn't able to. This evoked questions, such as 'were all black people hostile?,' 'how did the rejection of your asylum documented make you feel?,' 'what were your hopes when marrying your white South African husband?,' to name a few.

This is where I felt that using source data was restrictive at some points, but to counter this frustration and potentially minimizing effect of the data, using the idiographic approach to IPA was useful. This allowed me as the researcher to explicate the rich experiences of a particular event in a participant's life as a 'theme within a case,' which allows for considerable variation in the findings (Larkin et al., 2009). Additionally, whilst the in-person positionality dynamics were negated between the researcher and research participants in the data collection process, I paid attention to my positionality in the interpretative process of the analysis and writing the findings. As previously described, double hermeneutics is an important principle of IPA, as it allows for the experience to first be interpreted by the participant themselves from their own subjective viewpoint in a particular socio-historical context, and then allows the researcher to acknowledge their standpoint by interpreting and making sense of the phenomena and meaning of the participants' experiences (Eatough & Smith, 2017; Smith & Nizza, 2022; Pietkiewicz & Smith, 2012).

However, using therapists IPNs as the data source means that there is a third hermeneutic step, that of the therapist's interpretation of the participants experiences during therapy. Language barriers also adds an additional complexity, as translators were often used in the participants

therapy sessions. This raised my concerns regarding 'whose voice are the experiences portraying – the participant, the therapist or the researcher?' Whilst this limitation of potential interpretation bias could not be fully eliminated, I took the IPA reflexivity viewpoint that the important aspects of one's experiences and how one views the world is what is presented, which signifies underlying meaning in what and how it has been presented in the narratives (Willig, 2013; Atieno, 2009). This draws on Atieno's (2009) claim that qualitative researchers are concerned with the process more than they are about the outcomes, and hence, acknowledges biases and invites the researcher to evaluate their own position in relation to the context of the research (Willig, 2009).

From this perspective, I remained anxious as to how my outsider identity and intersectional embodiments would impact my interpretation of the participants experiences, especially coming from a culture socialised in having a more white European westernised mindset, and most of my understandings of different cultures, races and ethnicities can be described as textbook knowledge and vicarious rather than experiential. Accordingly, whilst researcher interpretation provides a degree of abstraction of one's experiences (Smith & Nizza, 2022), I allowed the participants experiential understandings into my analysis by staying true to the context of the text as much as possible, so that its meaning wasn't misconstrued in any way. This was expressed in direct quotes where available, such as: *"'you see me. I am alone, suffering, living like animal'... 'you see me as a person but inside I'm not okay'... 'you educated, look and feel sorry for me, laugh at me'" (Ms. M, DRC)*. Hence, I had to let the participants stories paint their experiential picture, which facilitated the co-constructed nature of the interpretations and the results.

Furthermore, I also paid particular attention to language used in the description of the findings, so to ensure that unconscious intersectional biases didn't pervade and reinforce oppressive narratives. This included changing the labelling of the participants 'home countries' from my research proposal to 'countries of origin' in my final research report. This was since the connotated meanings of 'home' being allocated purely to where the participants were born can reinforce the xenophobic 'intruder' perspective of refugees in South Africa that perpetuates experiences and perceptions of a lack of a sense of belonging for foreigners, and hence, using the intersection of language to serve another oppressive process for the participants. Similarly, this study constructed the participants as 'survivors' of GBV, not 'victims,' due to the empowerment connotated meaning of the term 'survivor' versus the disempowering impact of the term 'victim.' Notably, the word 'victim' was only mentioned when intentionally selected to reflect the

oppressive effects of intersectional inequalities and power dynamics in the participants' lives that created a 'victim-blaming' narrative.

I must confess, the work I've presented in this paper still causes me some anxiety, as even though I have endeavored to base my analysis as close as possible to the participants experiences, my analysis inevitably carries traces of the therapists' and my own subjectivity, as we are only human. Thus, I perceive the findings and interpretations in this study as offering one perspective of the sub-Saharan African refugee womens' experiences of GBV, adversity, stress, adaptation and coping, and invite critique with the hope that it will spur future inquiry and research. Therefore, the question as to whether I am the right person to narrate the participants stories is not a straightforward 'yes' or 'no' answer, but rather is perceived from the viewpoint that there are multiple constructions and interpretations of experiences that can contribute to the field of knowledge, and hence, embraces the decolonial and empowerment agenda of Community Psychology.

4.10. Conclusion

This chapter outlined the importance of qualitative research and the methodological processes of Interpretative Phenomenological Analysis (IPA) used in this research study. It further provided salient information on the participants demographics and sampling strategies, as well as explored issues regarding reliability and credibility of the study, ethical considerations and researcher reflexivity. The analytical findings obtained from these processes will be elaborated upon in the following findings and discussion chapter.

CHAPTER 5
FINDINGS AND DISCUSSION

5.1. Introduction

The central aims of the study were to explore sub-Saharan African refugee womens' personal lived experiences of GBV, trauma and daily stressors throughout the migratory process, and their adaptive processes used in response. This chapter presents and discusses the findings of this study by situating it within existing literature and the theoretical framework of intersectionality. The main experiential themes include 'political conflict in countries of origin perpetuates GBV and stress,' 'experiences of perpetual GBV and stress in South Africa,' 'perpetuating patriarchy – domestic violence and IPV,' and 'resilience.' The first three themes concern themselves with the multifaceted sources of perpetual GBV and stress that the participants experience on macro, meso and micro levels derived from various oppressive intersectional identities. In light of this, the first theme explores the participants' intersectional power dynamics underscoring political conflict in their countries of origin in shaping and exacerbating their harrowing experiences of trauma, GBV and emotional turmoil. The second theme chronicles the participants' experiences of continued stress and GBV once relocated to and whilst living in South Africa, in relation to the complex interplay of their various intersectional embodiments in the context of socio-economic scarcity and constraints, as well as prevalent perpetuating discriminatory xenophobic and afrophobic attitudes and violence, culminating in a widespread perception of disillusionment and feelings of despair. The third theme describes the intersectional oppressive dynamics of patriarchy in perpetuating the participants' degrading, violent and marginalising experiences of domestic violence and IPV, both within their countries of origin and South Africa. Lastly, the fourth theme showcases the participants' positive experiences of fostering resilience, and unpacks the various adaptive processes within, despite their frequent subjection to GBV, stressors and marginalisation in their daily lives due to their oppressive intersectional embodiments.

5.2. Theme 1: Political Conflict in Countries of Origin Perpetuates GBV and Stress

Traumatic experiences of GBV, profuse human rights violations and exploitation consequent of political conflict and war were reported by all of the participants while residing within their countries of origin of the DRC, Somalia, Burundi and Ethiopia. Past research has illustrated how parlous conditions within many politically unstable sub-Saharan African countries reinforce the infliction of several forms of physical, sexual and psychological torture and GBV of socially

constructed subordinate groups, such as women (Kavuro, 2019; Alfaro-Velcamp & McLaughlin, 2019; Bloch, 2010; Idemudia et al., 2013). Accordingly, this theme details how the participants were targeted and their experiences of conflict-related GBV that dominated their lives based on the power struggles present in their countries of origin. These experiences are illustrated by mainly emphasising the intersection of political conflict, patriarchy and gender that underscores the refugee womens' experiences of violence and suffering. Furthermore, the adaptive processes including how the participants use migration as a strategy for survival from political violence and persecution, and the double-edged sword that social networks play in their role to aid refugees is explored. Notably, the painful and devastating emotional impact of these experiences of GBV, and of separation and loss that encompass instability and migration, are unpacked in relation to the refugee womens' stress, trauma, well-being and ability to cope effectively.

5.2.1. Political Power Struggles and GBV: 'She was targeted'

All of the participants described the political conflict and related GBV experiences within their countries of origin, the pain and suffering they experienced, and the challenges this created for their own and their family's safety and survival. Past research has predominately been preoccupied with identifying and describing the types of GBV (e.g. physical, sexual, psychological, cultural) in refugees' countries of origin, and the consequent impact on their lives (c.f. Khawaja et al., 2008; ZVTP & CSVR, 2006; Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012). However, Jewkes and Abrahams (2002) and Fuller (2008) have alluded to the deep and systemic role that the intersection of historically oppressive systems of patriarchy and colonialism has in shaping conflict situations and the interrelated GBV experiences of the people within this context through the propagation of hegemonic masculine ideals, including that of strength, dominance, authority and control.

This was reflected in the participants indirect constructed perception of a '*perceived enemy*' in their countries of origin as a consequence of this oppressive intersectionality with political conflict. The participants allude to the fragility and instability of the control of power yet also the exceptionally violent nature of the fight for hegemonic domination, as they signify the power divide between ruling Political Party/Government and Oppositional Party or Rebel members, or the contestation and threat to power within the formal group itself, as illustrated below:

"Due to fathers work in government, he was captured, imprisoned and killed by opposition government forces."– Ms. L, Ethiopia

"In Congo, client states her husband was part of the opposition party; threatened and tortured by government due to this" – Ms. N, DRC

"The client's husband was a nurse and a member of a political party. There was a misunderstanding between him and the party which resulted in attempts on his life."– Ms. C, Burundi

"There was continuous fighting between the [Mai Mai] rebels and the government army…The client lost her mother, father and sister when she was 5 years old; they were killed by [Mai Mai] rebels in their home in front of her" – Ms. I, DRC

These extracts speak to the participants brutal realities of dangerous and life-threatening experiences of both their family members directly and themselves more indirectly in the context of political instability, conflict, and war. This dynamic is underscored by the intersection of political conflict and the insidious role of patriarchal oppression, as the participants extracts reveal how threats to power and acts of perceived insubordination justify the normalisation of violence in such conflict situations within their countries of origin that amplify and valorise traditionally masculine traits of aggression and dominance (Fuller, 2008; Sultana, 2022; Jewkes et al., 2011). These mechanisms foster a hostile and competitive environment and culture of violence that perpetuates a cycle of severe physical abuses inflicted as an accepted method, and which is leveraged as primary strategies for conflict resolution and domination as violence serves to suppress opposition, assert control, and attain power and ascendancy (Jewkes & Abrahams, 2002; Fuller, 2008; Sultana, 2012; Jewkes et al., 2011).

However, not all people are targeted and experience violence equally in conflict situations. The participants draw attention to how they are targeted as a consequence of not only their gender as women, upheld hegemonic patriarchal ideals, or political conflict in their countries of origin, but due to these intersectional embodiments together in relation to the powerful groups' political and religious agendas that creates the perception of the perceived enemy. This elucidates McCall's (2005) inter-categorical intersection to understand how violence is manifested between different groups during conflict situations based on Collins (1990) hegemonic domain of power

within the matrix of domination, as the women's personal political affiliation or their familial affiliation to a male relative (predominately husband or father) with political or religious ties construct the women as direct or indirect targets and became the motivating reason that justified the means for inflicting GBV against the women. While these intersectional embodiments and related GBV violations held true for all the participants, two extracts from Ms. B and Ms. E are used as examples below to illustrate the harrowing, degrading and traumatic experiential aspects of the violence, suffering and pain they lived through based on these intersectional embodiments:

> *"She has previously referred to her writing and her voice getting her into trouble, and not wanting to be silenced…She worked with a few writers about political conflicts and promoting human freedom / rights…She was fined by police/soldiers in Ethiopia, because she was writing about the student protests…She mentioned students who were shot and killed in front of her (high school and university) and described a day she had to run through a forest and hide because they [government agents] were looking for her…In July 2003, she was arrested, face covered, abducted from home, because she wrote [newspaper] article about murder/beatings in April…She was beaten, interrogated, +/- 3 weeks in an underground facility, then taken to prison – 18 years at the time…The act was intentionally inflicted for the purpose of intimidating or coercing her, and she spoke about it troubling her considerably that she doesn't know where she was…Ms. B has an identical twin who she has been separated from since she was arrested, i.e. 17 years, and she also lost contact with a close friend who was also imprisoned and suspects she was killed." – Ms. B, Ethiopia*

> *"Husband praying in Catholic church with his parents in DRC. The president asked soldiers to kill church goers and her husband was murdered alongside other church members…They had financial difficulties at home, her father was pressured by Kabila's political party to recruit church members to his party. After her father refused, he was tipped off that soldiers were coming to their home and managed to escape…She and her family were antagonised by soldiers who were looking for her father. She still has no contact with him. Ms. E was at home when this happened…One night she was abducted by soldiers with her one child (7 year old female) – very emotional. She was taken to a place that was described as Kabila's camp. She was detained for about 4 months at Kinga Kati – detention centre. They told her that they had taken her because she was her father's favourite. At the detention centre she was raped multiple times throughout the duration of*

her four months there with frequent gang raping and threats to her life. Other methods of torture were also utilised so that she could divulge information on the whereabouts of her father. She was separated from her daughter for a few weeks. Ms. E's 2 month old baby was conceived as a result of her rape." – Ms. E, DRC

Both Ms. B and Ms. E take us through a journey of feeling the precariousness in their countries of Ethiopia and the DRC, as well as the fear, extreme pain, violation and powerlessness they experienced at the hands of Governmental agents. Consistent with past literature, Ms. B and Ms. E illustrate how torture and various forms of GBV are used during times of political turmoil as a 'weapon of war' for domination and perpetuating discrimination (de Oliveira Araujo et al., 2019; Idemudia, 2014; Higson-Smith & Eagle, 2017). Ms. B describes how she was directly targeted by agents of the Ethiopian government for speaking out against governmental corruption, human rights and differing political opinions, and how her abduction, detainment and torture experienced at the detention centre was *"intentionally inflicted for the purpose of intimidating or coercing her."* In this sense, both the physical (e.g. beatings) and psychological (e.g. intimidation and being unaware of where she was) violence inflicted served as a political weapon to harm and punish her and enforce female subordination.

This experience of Ms. B, and many of the other participants, derives from the intersectional oppression of gender, patriarchy and political violence, as the central tenant of patriarchal domination is superiority and control, and the submission and obedience of women to men or the 'hegemonic authority' (Sultana, 2012; Walby, 1990; Moffet, 2006). Hence, in the case of Ms. B, intentional and violent GBV abuses were used to politically silence and marginalise her and reinforce patriarchal domination that is sustained through political conflict. Both the personal trauma and experiences of loss, in turn, perpetuate the emotional distress Ms. B carries with her.

Ms. E further illustrates how the intersection of religion with patriarchy, political conflict and class serves as additional factors that compounds her and her family's oppression and experiences of conflict-related GBV in the DRC. This aligns with literature that emphasises the role that religion intertwined with political authority on a macro systemic level has in shaping and creating divisions within social and political life, which can have devastating consequences (Menkhaus, 2002; Pineteh, 2017; Khayre, 2016; Oludare, 2015). For Ms. E, the inter-denominational religious and political tensions present in the DRC that reflect McCall's (2005) inter-categorical intersectionality, coupled with her father's financial difficulties became a driving

force for her persecution. Research has shown that torture of one family member affects the entire family and community of the survivor (Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012; Beringola, 2017). Moreover, Fuller (2008) argues that violence intentionally inflicted against women in conflict situations in patriarchal societies are often constructed to portray the message that the man is not strong enough to protect his women as the 'head' of the family.

Here we see the additional intersection of Ms. E's gender as compounding her vulnerability to the torture, SGBV and abuse she experienced, and how her womanhood is politically weaponised to indirectly put pressure on her father to submit and punish him in response to his disobedience and escape from Government authorities. As a common experience for many of the participants, the perpetual traumatic battering through the physical and sexual violations of Ms. E's body, as well as the psychological violence inflicted in creating a fear and a victim mindset, served to symbolically 'destroy', politically silence and socially stigmatize the women survivors, their families and their communities' sense of identity, belonging and safety where their intersectional embodiments go against the hegemonic authority (Beringola, 2017). The inequitable power relations at play within these inter-categorical intersectional relationships, in turn, shapes and compounds the participants oppression and vulnerability to GBV within their countries of origin. Thus, this theme illustrates that it is not merely a gendered lens to understanding GBV, but also the intersection of patriarchy as well as political and religious ideologies and affiliations that construct the women as direct or indirect targets for GBV in contexts of political instability, conflict and war.

5.2.2. Survival Motivation for Migration

In response to the extreme instability and political conflict present within the participants' countries of origin and their related experiences of trauma, escaping the violence and persecution became the main motivating factor for their migration, or more accurately fleeing to seek asylum in South Africa or other countries. Idemudia et al., (2013) previously identified how *migration* has been used as a behavioural coping strategy by those in their countries of origin with the goal to survive. However, Idemudia et al., (2013) speaks about migration as almost completely positive and emphasises the agentic choice in leaving their countries of origin; whereas participants in this study spoke about the *forced* nature of this migration as a coping strategy, as illustrated by Ms. N, Ms. H and Ms. A below:

"Fled country due to husband's political affiliations, which placed him and the family at risk…client and children were threatened and harassed by police in Congo before fleeing to SA" – Ms. N, DRC

"Her husband was killed in the Congo and this is because he was involved in the government … These people came and harassed her and they raped her…She was then advised to leave the country as they would kill her like they did with her husband" – Ms. H, DRC

"She also spoke about the invasions in the villages & how they had to sleep in the bushes so they could run away faster. She noted that her younger brother had passed away [ill] on her grandmother's shoulders as they were running into the bush away from the soldiers." – Ms. A, DRC

The participants experiences reflect how fear underlies their motives to flee their countries of origin in response to the life threatening and precarious position their intersectional embodiments place them in, including often internal displacement. Past studies provide evidence to this, as civilians who were exposed to physical, sexual and psychological violence due to political violence reported fear to violence itself, and fear of the possibility violence would lead to their death or persecution (Khawaja et al., 2008; Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012; Freedman, 2016; Idemudia, 2014). Scholars have argued that belonging is not static and depends on group membership and acceptance by the group, which is shaped by context and linked to the power relations and dynamics at play (McMillan, 1996; Antonsich, 2010; Yuval-Davis, 2016).

Here we see how the participants constructed intersectional identities in relation to their gender and their own or their relatives political/religious affiliation that opposes the hegemonic group's political/religious agenda that intersects with political conflict and patriarchy, creates a process of exclusion and villainisation that justifies their persecution, and hence, in turn, underscores how 'migration' is considered and enacted upon as a behavioural coping strategy. In this sense, the participants' sense of belonging in their countries of origin becomes politicised and threatened based on the meaning their intersectional embodiments hold, whereby they are othered and rejected on both political and social levels (Yuval-Davis, 2011; Antonsich, 2010; Opara, 2022;

Muyanga, 2017; Crenshaw, 1991). Thus, the participants' experiences of danger, precariousness, GBV and fear then drives their behaviours to migrate in order to survive and in search of safety.

5.2.3. Double-edged Sword of Social Networks in Escaping Country of Origin: Aid and Exploitation

The participants' journeys of escaping violence by fleeing their countries of origin and seeking safety is not without its challenges. Refugees are often reported to continue facing adversities and insecurities throughout the process of escaping their countries of origin and the transit journey thereafter (Khawaja et al., 2008; Pineteh, 2017; Momartin et al., 2004). To aid the refugees through their turbulent and perilous journeys, Khawaja et al., (2008) and Pahud et al., (2009) studies have cited support from informal social networks as a salient coping strategy that facilitates in fostering resilience and positive adaptation. However, all of the refugee women in this study left their countries of origin destitute after displacement, and hence, like many other refugees before and after them, did not have the financial means to access safe transportation that made them vulnerable to GBV and exploitation (UNHCR, 2022; Khawaja et al., 2008; Liebling et al., 2014; Pineteh, 2017). Accordingly, this sub-theme chronicles the oppressive intersection between the participants' nationality, low SES, patriarchy and gender as women to understand their experiences of GBV, as well as the role that social networks play in aiding their escape or perpetuating their experiences of GBV, trauma and suffering that negatively impacts their wellbeing.

Similar to Khawaja et al., (2008) and Pahud et al., (2009) studies, some of the participants spoke about the vital role that their family members, as well as broader social networks that extended outside of the family unit, played in helping them escape persecution and violence in their countries of origin. Coping in this sense was focused on their ability to physically survive and geographically escape (Idemudia et al., 2013; Pineteh, 2017) to neighbouring African countries and eventually South Africa, with the assistance of social networks in providing for some of their material and transportation needs (Khawaja et al., 2008; Pahud et al., 2009). Ms. C describes her tumultuous experience of fleeing Burundi, the risk and fear she faced of being deported, and how the help she received from her mother made escaping eventually possible. For Ms. L, the help of both her uncle and doctor aided her successful escape; whereas for Ms. B her journey to escape was successful with the help of one of her captive soldiers in Ethiopia.

Ms. B's experience implies an intersecting role of being associated with a male (i.e. gender) in a position of authority, as his privileged identity as a soldier facilitated her escape and secured passage to Jema. This experiential understanding draws upon Collin's (2000) and Al-faham et al., (2019) claims that various power relations embedded within certain intersectional identities within context can influence processes of privilege or marginalisation. Hence, while supportive social networks generally aided successful escape of the refugee women from their countries of origin, associations to men whose intersectional identities are more accepted and privileged in their specific contexts increased their chances for successful escape.

> *"When she was arrested [in Burundi], her mother visited her and wanted to sleep outside her cell. Helped her run – got her to the border [Botswana]…She got arrested for crossing a border and was detained for 2 days. Her mother went to the human rights offices and they got her released."* – Ms. C, Burundi

> *"In prison for 6 weeks…a soldier offered to help her to escape prison…She stayed at his home and he helped her to get to Jema in truck (July 2003)." – Ms. B, Ethiopia*

> *"Imprisoned by opposition party officials in Ethiopia - detained for 3 months…She got sick and was taken to the hospital where she was able to escape with the help of her uncle and a doctor." – Ms. L, Ethiopia*

However, the participants merely escaping their countries of origin was not the end of their experiences of violence, trauma and suffering. Past research has illustrated the precarious and exploitative nature experienced by refugee women while travelling enroute to asylum countries; often resulting in physical and sexual assaults, and sometimes even death (Idemudia et al., 2013; Alfaro-Velcamp & McLaughlin, 2019; Khawaja et al., 2008). Notably, whilst 6 participants mentioned the fearful and violent nature of their transit journeys, they did not divulge into the details of their experiences; whereas Ms. J provided insight into her challenges, GBV violations and related perpetrators, and how her GBV experiences derived from the intersectional oppression of gender, class, patriarchy and nationality. Thus, a more in-depth exploration of Ms. J's specific experiences is provided below, as she describes a harrowing and violent incident of being sexually assaulted and gang raped by male smugglers:

"Client came in 2014, ran away from home after two of her brothers were killed by al-Shabaab rebels. She ran to SA for safety and security and peace…They ran using a truck. Because she did not have money, men gave them problems and the smugglers attempted to rape them - she was raped by the smugglers…When the client remembers the rape she has nightmares and wonders why it happened to her." – Ms. J, Somalia

Ms. J's testimonial illustrates the double-edged sword of social support received on her journey to South Africa, as the truck drivers both aided her and the other female companions' escape from Somalia through transporting them in a truck, but also exploited their vulnerable status by raping the women. The experiential gendered notion of womanhood underlying their exploitation and incidents of SGBV was commonly reported amongst the participants, which is consistent with past research that has reported the high prevalence of and increased risk to physical and sexual GBV amongst women because of their gender (Idemudia et al., 2013; Alfaro-Velcamp & McLaughlin, 2019; Beringola, 2017; Crenshaw, 1991). The UNHCR (2022) report provides evidence to this, stating that as many as one in five refugee or displaced women experience sexual violence during the transit period.

Moreover, Ms. J's SGBV experience emphasises men as their perpetrators and the interrelated use of physical force and strength, as well as the disregard of the refugee women's dignity, choice and bodily integrity as the women's bodies are sexually violated. This infers that it is not just a gendered lens that compounds the participants' risk to SGBV while travelling, but also the intersection of hegemonic patriarchy that elicits male domination and justifies exploitation of the women as 'acceptable' (Sultana, 2012; Moffet, 2006; Fuller, 2008). Additionally, Ms. J further perceives and explicitly links hers and other female companions' experiences of being sexually violated by the male truck drivers to their low socio-economic status while travelling, as she states: *"Because she did not have money, men gave them problems and the smugglers attempted to rape them - she was raped by the smugglers."* Prilleltensky (2009), Cruz et al., (2011) and Graham (2017) have posited that social class plays a pivotal role in determining power distribution and that those with higher SES have greater decision-making power.

This finding portrays how both gender and SES intersect with underlying patriarchy, which creates a power imbalance between the refugee women and the male smugglers. In this case, the participants' low SES position of destitution, economic insecurity and lack of financial means to access formal, safer modes of transportation to travel to South Africa serves an additional

oppressive process that compounds their vulnerability to sexual GBV and exploitation. Idemudia (2014) and Alfaro-Velcamp and McLaughlin (2019) support this finding, as their studies proved a positive relationship between sexual violence and poverty. Additionally, it can be argued that nationality is another intersectional identity that compounds the participants exploitation and SGBV experiences during the transit period, as the refugee womens' status as 'illegal foreigners' also prevents them from affording the privilege of accessing legal protection, as illustrated in Pineteh's (2017) study. Consequently, the male smugglers can be conceptualised as having a higher SES to that of the destitute refugee women, and hence, hold a position of privilege; whereby they extort their hegemonic patriarchal power by objectifying the refugee womens' bodies.

In this sense, as they can "*get away with it*" (Ms. A, DRC) due to lack of legal and/or financial protections available to the refugee women within transit countries, the male smugglers opportunistically exploit the women for their own self-gratification; by means of what Freedman (2016) and Idemudia et al., (2013) studies have referred to as coerced 'transactional sex' through rape as payment for the smugglers' transportation services. Thus, Ms. J's experience of SGBV exemplifies the compounding intersectional effect of patriarchal gendered oppression many sub-Saharan African refugee women face due to being women, illegal foreigners, and the financially destitute position displacement from their countries of origin places them in due to political conflict.

These intersectional oppressions experienced reflect the hardships refugee women face on their travels to asylum countries where they hope to gain a sense of safety, security and peace (Landau, 2005; Pineteh, 2017). However, the suffering, pain and complex trauma Ms. J and the other participants experience is expressed as existing on a continuum, as the trauma continues to negatively impact their psychological functioning in their present life. A plethora of research has shown how refugees develop a number of mental health disorders, particularly PTSD, anxiety and depression, in which the risk of onset is compounded by experiencing GBV abuses both during pre-migration in their countries of origin and whilst in the migratory transit period (Momartin et al., 2004; Fazel, 2005; Markova & Sandal, 2016; Idemudia et al., 2013). Ms. K illustrates this as she expresses how she experiences "*sleep disturbances because of these night terrors associated with her PTSD*." Thus, the perpetual experiences of GBV interlinked with the participants' oppressive intersectional embodiments in their countries of origin and while travelling continue

to shape their lives and wellbeing, as their compounded past traumas has a prolonged impact on their ability to cope and negatively affects their mental health.

5.2.4. Separation and Loss

Similar to past studies (c.f. Khawaja et al., 2008; Ikafa et al., 2021; Alfaro-Velcamp & McLaughlin, 2019; van Bortel et al., 2019), 9 of the participants spoke about their experiences of increased emotional stress and pain because of their past traumatic experiences of separation from and loss of family members, consequent of the political instability and violence in their countries of origin, which negatively impacted their lives. Falicov (1995, 2015) and Antonsich (2010) conceptualises this distress as they note that forced migration involves a traumatic dislocation process, which uproots refugees from their culturally and socially familiar spaces and people, which are often associated with socio-emotional safety, rootedness and identity. Ms. F's story delves into the multifaceted dimensions of separation from her family members that encompass physical distance and communication barriers, caused by external circumstances such as political violence in the DRC:

> *"She is also very stressed and sad because she hasn't been able to communicate with her mother and son for the past 3 weeks. She heard that there was some fighting in the area [DRC], and since then she hasn't been able to reach them. She is worried that something has happened to them."* – Ms. F, DRC

Ms. F's story illustrates Falicov's (1995, 2015) claim that the dislocation and uprooting experienced can result in numerous psychological consequences, as she emphasizes the anguish and distress she feels from the inability to communicate and fear of harm befalling her family members. Her concern for her loved ones (mother and child) whereabouts is consistent with female Sudanese refugees' experiences of displacement, forced migration and interrelated separation in Khawaja et al., (2008) study, and how this was a major source of stress in their lives that negatively impacted their coping in resettlement countries (van Bortel et al., 2019).

Furthermore, Momartin et al., (2004) and Farwell (2004) studies relate refugees increased risk of negative psychological outcomes with traumatic experiences of loss. This was evident in this study, as Ms. C exhibits the devastating impact of loss and grief as a result of the traumatic death of her family members in Burundi; emphasising the unresolved bereavement and absence of

closure she experiences that still serves as a painful and heavy source of stress in her life in South Africa today: *"The client has experienced great loss and is still grieving the inability to bury so many of her family members. These include her husband, both parents, her brother and most recently her baby."* The traumatic death of Ms. B's family members in Ethiopia further exacerbates her emotional pain, leading to a prolonged and complex grieving process. Ms. B's extract also highlights how separation and loss can fracture one's sense of individual and community identity, and how this identity erosion often leaves individual's feeling fragmented, isolated, and burdened by continuous emotional suffering. This draws on Falicov's (1995, 2015) notion of social alienation that uprooting and dislocation can cause, which is compounded by the traumatic loss experienced. The emotional suffering that perpetuates, in turn, inhibits Ms. B's ability to cope effectively:

> *"The absence of closure is also important because the severe and gruesome loss and unresolved bereavement that she has experienced also means that aspects of her identity and community have been destroyed, leaving her fragmented and bearing the continuous emotional pain." – Ms. B, Ethiopia*

These stories further highlight the role of intersecting political violence in underpinning the participants' experiences of separation and loss. It draws attention to the impact of government actions on the womens' and their family's lives, emphasising how external forces expose them to GBV violations that contributes to their current stressors, even still now while living in South Africa (Collins, 1990, 2000). Ms. N represents this clearly when she states: *"she feels the government in Congo has contributed to her current situation."* This aspect highlights the broader societal implications and systemic challenges faced by the refugee women in their quest for healing and recovery, and underscores the enduring impact these experiences of violence have on their mental well-being, their relationships, and their sense of self and belonging.

5.3. Theme 2: Experiences of Perpetual GBV and Stress in South Africa

Many political refugees from sub-Saharan Africa flee their conflict-ridden countries of origin to resettle in South Africa; expecting to find asylum and a safe haven to rebuild their lives (Ikafa et al., 2021; Landau, 2005). Despite South Africa having relatively strong laws to protect refugees and asylum seekers and the idea of obtaining a better, safer life and economic opportunities, particularly in the city of Johannesburg (Landau, 2005), this theme unpacks the reality of the stressors faced by the sub-Saharan African refugee women within South Africa that inhibits their

resettlement process and ability to adjust effectively. These stressors mostly concern the multi-layered dynamics of the participants' perpetual financial and economic challenges and interrelated vulnerability to GBV, their experiences and impact of xenophobia and afrophobia, as well as how these experiences of trauma, inequality, exploitation and violence lead to their perception of disillusionment and feelings of despair. Within these themes, various intersections of gender, race, nationality, asylum status, patriarchy and class are explicated to play a role in the participants' experiences of oppression, GBV and marginalisation, which contribute to and exacerbate their disintegration, lack of a sense of belonging in South Africa and social ostracism, which had a profound negative impact on their wellbeing and ability to cope.

5.3.1. Perpetual Financial and Economic Stress: The Struggle for Basic Needs

Many refugees have high expectations when they arrive in South Africa, believing that they could resettle and have their needs met with relative ease (Ikafa et al., 2021; Landau, 2005; Bloch, 2010). This wish and desire for safety, security, peace, and opportunities to create a better life and future were expressed by the participants. However, instead, the participants entered into South Africa that is riddled with socio-economic inequalities, poor policy implementation, and service delivery challenges amongst an array of other oppressive social challenges, including racism, sexism, xenophobia, afrophobia, and crime (Nattrass & Seekings, 2001; Landau, 2009; Pineteh, 2017; Addae & Quan-Baffour, 2022). Crenshaw's (1991) theorisation of *political intersectionality* proposes that the experiences of subordinate social groups are shaped by the intersection of political agendas and projects. Collin's (1990) structural domain of power posits that political agendas are founded by the interlocking broader macro socio-political systems that organise oppression in social life.

For South Africa, the participants' experiences of GBV and socio-economic stressors cannot be untangled from the prevailing legacies of the historical oppressive regimes of colonisation and apartheid. Whilst democracy abolished the institutionalised racial and gendered social stratification and spatial segregation, racial, sexist and classist economic inequalities still prevail in contemporary society in South Africa today. Positivistic evidence in the World Bank's (2023b) and STATS SA (2020a, 2020b) reporting of the high unemployment and poverty rates, which disproportionately affects black people generally and black women especially, supports this notion. As all the participants arrived in South Africa as impoverished black women (with the exception of Ms. C who is white), Crenshaw's (1991) intersectionality theory claims that the

participants are already situated within three subordinate groups of class, race and gender within the South African context; whereby their intersections will contribute and lead to their marginalisation and disempowerment. Additionally, discrimination towards foreigners, particularly black foreigners from various sub-Saharan African countries, is well-known in South Africa (Addae & Quan-Baffour, 2022; Oludare, 2015; Lötter & Bradshaw, 2022). This places nationality as a fourth subordinate group, whose intersection with the other inequitable identities contributes to the participants' experiences of GBV and marginalisation in South Africa.

Consequently, the participants' oppressive intersectional embodiments as black impoverished refugee women makes the process of their 'fight to survive' and 'creating a better life' by integrating into and finding a sense of belonging through labour and economic means in South Africa a complex and exceptionally difficult process. Ms. H and Ms. N paint a descriptive picture of the financial and economic hardships they experience as a result of their exclusion from and difficulties integrating into the South African economic labour market as their most dominant and major source of stress. They emphasise their desperation and acute need to obtain their basic needs of food, shelter, safety, as well as money to provide for themselves and their families in South Africa.

> *"Ms. H is not coping well and her concerns centre very much on her and her family's current needs: food, money, education. Ms. H was emotional in the session, and became tearful at times. A sadness but also deep worry and fear around the future were felt in the room." – Ms. H, DRC*

> *"As I explored her symptoms, the client expressed that she had not eaten a proper meal and ate for the first time at the office for the day…she spoke her stress around money and we noted that her stress impacts on her concentration, she also reported trouble sleeping, numbness in right leg when stressed, headache and low energy, tired…She further states that stress is her main concern, safety and taking care of her children as a single mother." – Ms. N, DRC*

Both participants' extracts reflect the negative impact their difficulties providing for their basic needs has on their emotional wellbeing, cognitive functioning and sense of stability, as they express their physiological distress, sadness, deep worry and fear for the future. Maslow (1943) conceptualises human needs as arranged in a hierarchy of importance; emphasising the importance

of an individual's physiological needs and safety needs being met first as a means of survival and foundation to developing higher order psychological and social needs (Maslow, 1943). Maslow (1943) theorises that one's inability to satisfy their physiological and safety needs can severely impact their overall wellbeing, have significant physical and psychological consequences, and limit their capacity for achieving their social, esteem and self-actualization needs. Lonn and Dantzler (2017), Porter and Haslam (2005), and Rugunanan and Smit (2011) studies on refugee resettlement support this claim and the participants' distressed experiences, as they reported refugees poor mental health outcomes related to financial stress and when their basic needs weren't met, which negatively impacted their integration, coping, overall wellbeing, as well as hindered their contributions to the societies in their resettlement countries.

Furthermore, these experiences particularly exemplify the oppressive intersection of class and nationality. As previously mentioned, displacement and forced migration creates an uprooting process (Falicov, 1995, 2015), whereby the participant's 'foreignness' and their often interrelated lack of social connections and familiarity in South Africa can make them vulnerable to socio-economic insecurities, exploitation and violence upon relocation. The participants' impoverished status then further exacerbates their vulnerability, as their low SES and interrelated lack of financial affordability serves an exclusionary process (Sigamoney, 2018) in the form of limiting their access to basic resources needed (Palmary, 2002; Idemudia et al., 2013). Similar to Zimbabwean refugee women in Idemudia et al., (2014) study, 3 participants (Ms. E, Ms. F and Ms. K) directly linked their destitute intersectional positionality as refugees to their stressful and traumatic experiences of living homeless in South Africa, consequent of their lack of access to economic opportunities and resources to provide for their basic needs. Previous studies have shown that living homeless can exacerbate the challenges of refugees in relation to sanitation, health, and exposure to crime and exploitation (Khawaja et al., 2008; Liebling et al., 2014; Idemudia et al., 2014; Bloch, 2010).

Ms. F exemplifies this as she attributes the harsh and perilous conditions of living homeless as underpinning her experiences of health-related risks and her miscarriage, which yields her feelings of loss, strife and disintegration in South Africa: *"Client was homeless when she got to SA…She described the hardships of SA and living on the streets being the reason why she had a miscarriage."* Moreover, Ms. K's experience of being "*assaulted, robbed and raped*" while living homeless in a park portrays the added intersectional patriarchal gendered oppression that her gender as a woman, and interrelated gendered power imbalances, has in contributing to her

vulnerability to crime and male perpetrated acts of GBV against refugee women living in precarious environments (Jewkes et al., 2011; Sida, 2015). Ms. K states that "*'they don't come for you the person, they come for what you have.' She states this happens a lot in SA*," which suggests the hegemonic patriarchal notion that men in South Africa can take from, exploit and sexually assault women merely for 'being a woman' (Mngoma et al., 2016; Mbiyozo, 2019; Fuller, 2008). This also highlights the prevalence of rape culture in South Africa (Sida, 2015), in which the participants' vulnerability as easy targets for opportunistic exploitation, SGBV and crime is exacerbated due to their intersectional embodiments as impoverished black refugee women living in precarious environments, which traumatises them and has devastating impacts on their mental wellbeing.

5.3.2. From Skills to Struggle: Workforce Exclusion

Yuval-Davis (2016) has posited that being able to integrate within the economic life of a country is an important factor to establish a sense of belonging. Past research has linked being able to work with feelings of purpose, provision and hope (Liebling et al., 2014; Hernandez, 2009; Pahud et al., 2009). Whereas, being unable to work has also been linked to mental health problems in refugees and associated increased feelings of disappointment and isolation that makes integration difficult (Liebling et al., 2014; Idemudia et al., 2013). Majority of the participants reported barriers to accessing work in South Africa, in which a few participants perceived their unemployed status and unsuccessful job applications as attributed to their previously obtained educational qualifications and training, skills and work experience being undermined and rejected in South Africa, as illustrated by Ms. F and Ms. K below. This was a common experience for majority of the participants, who were unable to obtain an equal calibre or dignifying work in South Africa compared to within their countries of origin (see Table 3). Keygnaert et al., (2012) and Idemudia et al., (2013) studies in South Africa reported similar findings, as despite many refugees receiving at least a secondary level education and had formal work experience in their countries of origin, majority of the refugees reported being unable to find employment in South Africa.

> *"The family struggles to make ends meet as the wife does not work and the husband is a car guard. They both have training (forklift and sewing) but have not been able to get employment…Stress – her husband is still looking for a job…She is unable to work either, she has a certificate for sewing but can't get a job." – Ms. F, DRC*

"*She can only really work as a domestic worker…A great sense of loss around not being able to work in the way she would like [teacher] or really applying her skills was felt." – Ms. K, DRC*

Collins (1990) matrix of domination asserts that hegemonic ideas get upheld and normalized by social systems, which are then perpetuated by social institutions (e.g. workplaces). This is evident in the participant's barriers to accessing formal work spaces and opportunities, as the participants' experiential discrimination towards their educational qualifications, skills and work experience are often propagated by inequitable workplace practices and South African immigration policies. Palmary (2002) and Carciotto's (2020) studies provide evidence to this claim, as they illustrated that refugees job applications were more likely to be rejected due to reasons such as different educational qualifications. Moreover, the recognition of foreigners and refugee's educational qualifications also required a rigorous review process that often necessitated additional education or training, which was mostly not accessible to refugees due to their compounded oppressive low SES (Palmary, 2002; Carciotto, 2020). Consequently, discriminatory and inequitable job application and review processes perpetuates the intersectional prejudicial stereotypical perception of foreigners as "poor and unskilled" (Fuller, 2008; Crush & Tawodzera, 2014; Mbiyozo, 2019). Ms. K inherently disproves this stereotypical belief as she was previously qualified and obtained dignifying work as a teacher in the DRC. However, she displays awareness of her experiential inequitable intersectional position as a foreigner that serves as an additional oppressive process to her gender and race by placing restrictions on the types of work and related spaces she has access to in South Africa.

She speaks to her feelings of dissatisfaction, disappointment, and a sense of stuckness in her social position, which both encompasses a sense of loss of purposeful work in an area more aligned to her skill set and interests, as well as limits placed on the progression in her social status as she only has access to low paying jobs. Correspondingly, unlike international studies that positioned refugee's educational background and work experience as a significant personal resource that gives meaning and purpose through their useful economic contribution to the resettlement country (van Bortel et al., 2019; Gakuba, 2001; Pahud et al., 2009), as well as serving as a protective factor that fosters resilience, autonomy and improved SES (Sigamoney, 2018; van Bortel et al., 2019); past educational and work experience was reconstructed as intersectional oppressive factors with nationality (foreigner/refugee), gender (woman) and race (black) that compounded the

participants' experiential socio-economic inequalities, stress and disintegration within South Africa. Hence, the discriminatory and oppressive systems that shape and guide employment practices in South Africa serves to propagate prejudicial stereotypes about refugees/foreigners, by perpetuating the participants' inequitable position of low SES and interrelated economic stress that reinforce the belief that refugees are a burden on South Africa's socioeconomic resources, as Ms. F states that her *"family struggles to make ends meet."* Thus, merely being a refugee in South Africa can make one vulnerable to unequal treatment, discrimination and rejection, which serves to marginalise them and lead to socio-economic GBV.

5.3.3. The Dual Oppression of Economic Hardships and Inadequate Documentation

Seven of the participants further attributed their barrier to accessing economic opportunities and services in South Africa to their 'undocumented asylum status' interlinked with their nationality as foreigners, which served as an additional intersectional oppressive factor and exclusionary process that exacerbated their vulnerability to perpetual economic and financial stressors, GBV and disintegration. These participants explicitly mentioned the rejection of their refugee applications, and further difficulties and ill-treatment they experienced in obtaining refugee documentation from Government and Refugee organisations in South Africa, such as Home Affairs and the UNHCR, despite their legal claim as political refugees, as Ms. B states: *"She described that she went to LHR and they have written a letter for her to take to Home Affairs appealing their decision to not grant her refugee status."* This finding is consistent with the policy inconsistencies and dismal acceptance rate of refugee applications in South Africa at present, particularly that of black refugees from sub-Saharan African countries (Sonke Gender Justice and Scalabrini Centre of Cape Town, 2019; Oludare, 2015).

Oludare (2015) has related the rejection rate of asylum applications to the prevalent xenophobic attitudes and discrimination against foreign migrants in South Africa, which Pineteh (2017), Palmary (2002), and Fuller (2008) posit creates the stigmatising social perspective of refugees from sub-Saharan Africa as being "unwanted" and reinforces the intersectionally stereotyped belief of refugees as 'illegal.' This nexus of xenophobia on a socio-political systemic level embodies discriminatory legal and administrative processes, which organises the oppression of foreigners in South Africa along intersectional lines of identity that can impact the participants' experiences of access and exclusion in socio-economic life. This draws on Collins (1990) structural domain of power, which infers that the lack of legal protections that asylum status

awards documented refugees – such as obtaining proper documentation (e.g. identity document and permits) (Sida, 2015; Pineteh, 2017; Bloch, 2010) – locates the participants in precarious positions, as their intersectional embodiments as undocumented refugees are influenced by xenophobic attitudes and systemic barriers. This, in turn, limited their access to socio-economic resources and opportunities, such as formal employment (Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Palmary, 2002), education for their children (Mbiyozo, 2019; Pahud et al., 2009; Palmary, 2002), and access to healthcare (Crush & Tawodzera, 2014), as illustrated by Ms. C, Ms. K, Ms. F, and Ms. G below:

> *"She is unable to get an appointment with the UNHCR [in SA] and has been trying since December 2018… She felt illtreated by the person [from UNHCR] on the phone and was angry at them and herself…She currently doesn't have any documentation and is unemployed – she lost her job because she doesn't have permanent residence or an ID." – Ms. C, Burundi*

> *"She is currently undocumented despite being here for nearly 10 years. Now, she has documentation issues as an asylum seeker because there are employment limitations…She has tried to find work as a teacher at 3 schools but it's been difficult because of documentation - they want her to have a work permit, etc." – Ms. K, DRC*

> *"The children are not attending school because of the documentation and this is a big stressor for the client…The client reported that she is currently under a lot of stress because her children cannot go to school. When asked how this makes her feel she said she fears for their future and it is not good for a child not to get an education." – Ms. F, DRC*

> *"She was unable to receive medication from the hospital because apparently there is a command from the government that foreigners must now pay the full price to access services. She spoke about not being able to afford rent, let alone medications." – Ms. G, DRC*

These participants' experience of living undocumented as restrictive reflects how xenophobic discrimination on a macro systemic level through government institutions perpetuates socio-economic exclusion and violence on a meso level, which then contributes to the refugee women's daily financial and material stress; impacting multiple levels of society (Walby et al.,

2012; Collins, 1990). However, the participants vulnerability is not merely compounded by their legal status and systemic xenophobia, but intersections of race, gender and class continues to remain factors in reinforcing inequality and perpetuating their socio-economic marginalisation (Nattrass & Seekings, 2001; Landau, 2009; Bantjies, 2011). Accordingly, these extracts illustrate how the participants' undocumented status, combined with their intersecting identities as impoverished, sub-Saharan African, refugee, women, intensifies their experiences of oppression. As illustrated in the extracts above, this complex interplay evokes feelings of anxiety and anger due to experiential xenophobic and afrophobic attitudes and mistreatment. Moreover, Ms. F above provides an example of how the participants expressed stress and fear for the future, particularly concerning their financial struggles. Leudar et al., (2008), Goodman (2004) and Liebling et al., (2014) have proven how feelings of uncertainty linked to lack of legal status of identity and belonging can induce anxiety, depression, low self-esteem, and exacerbate trauma and PTSD.

Ms. G further goes on to express how documentation restrictions and the continual socioeconomic violence inflicted as a result, makes her feel *"helpless, as if her life is going backwards."* This experience stands in contrast to international results which portray refugees' favourable comparisons in their resettlement countries as a way of conceiving themselves and their new life as 'better off,' being 'more fortunate' and 'having it easier' than others in their countries of origin as facilitating their ability to cope with their daily challenges (Walther et al., 2021; Schweitzer et al., 2007; Khawaja et al., 2008; Liebling et al., 2014). However, these positive cognitive constructions of a 'better life' that facilitated effective coping were linked primarily to the refugee's appreciation of personal safety and having access to economic opportunities (employment and education) awarded to them in the resettlement countries (Walther et al., 2021; Liebling et al., 2014; Khawaja et al., 2008). On the contrary, a pervasive lack of safety was expressed by the undocumented participants, which was linked to not being able to access legal protections, recourse and support services that comes with legal status (i.e. documented). Similar to past studies (c.f. Higson-Smith & Eagle, 2017; Bloch, 2010; Palmary, 2002), Ms. B illustrates how most of the undocumented participants expressed their perpetual fear of police arrest and deportation for continuing to live in South Africa as "illegal immigrants" (Higson-Smith & Eagle, 2017; Bloch, 2010; Palmary, 2002):

> *"2007 - struggled financially and threatened by police…2010 - still threatened by police when selling goods. Her and children have no refugee status, and are hypervigilant, i.e. scared of cockroach [police]" – Ms. B, Ethiopia*

Additionally, a study by the Cape Town Refugee Centre (CTRC) illustrates the additional intersection of race as intensifying black African refugees' vulnerability and hostile experiences of arrest, as they reported the race-based stereotypical profiling of black African foreigners, such as having a dark skin and a 'strange' way of walking, whom were then targeted by police (Palmary, 2002). Ms. B's use of the term "*cockroach*" to describe the police exemplifies this racialised dynamic of xenophobia, and also indicates the extent to which systemic power relations augment the policing of immigration, which perpetuates various levels of xenophobic and afrophobic attitudes and prejudice in South Africa, that is then exacerbated by living illegally (Collins, 1990; Bloch, 2010; Palmary, 2002). Alfaro-Velcamp and McLaughlin (2019) and Sida (2015) further emphasise the vulnerable position the refugees' intersecting womanhood and low SES places them in and their interrelated fear of living illegally in South Africa, as refugees often lack the financial means to barter their way out of troublesome situations. It is within this complex web of intersectional oppressions that we need to understand the depth of worry and trauma Ms. D and her children experienced when arrested in South Africa, and how her illegal (undocumented) status exacerbated her feelings of uncertainty and fear for their lives and future, which negatively affected her mental health, sense of safety and disintegrated sense of belonging within South Africa (Palmary, 2022; Pineteh, 2017):

> *"She and her children was previously arrested and put in a holding cell in Johannesburg for not having her asylum seeker status. Ms. D describes being very traumatised, and scared because she didn't know what would happen to her and her children…Her children were also under duress, cold and hungry which made the ordeal more difficult." – Ms. D, DRC*

Consequent of the economic desperation faced by many refugee women and the precarious and vulnerable position these intersectional embodiments place the undocumented participants in that contributes to their struggles to gain employment in South Africa, a few refugee women resorted to accepting informal or undocumented work. However, their compounding intersectional illegal/undocumented status left them susceptible to unfair treatment, exploitation and GBV abuses, which Alfaro-Velcamp and McLaughlin (2019), Idemudia et al., (2013), and Sida (2015) have proven may often result in both sexual and socio-economic GBV. Both Ms. M and Ms. I provide explicit accounts of the dynamics of GBV and exploitation both themselves and a few other undocumented participants experienced within their workplaces. Ms. M directly

assigns her experience of xenophobic discrimination within her workplace to her intersectional foreigner status; which leads to her verbal and psychological abuse and exploitation by being overworked, as well as negatively impacts her social integration and sense of belonging within her workplace. Her vulnerability and marginalisation as a foreigner is compounded by her intersecting identities of her legal status, race and gender, as STATS SA (2020b) has reported the inequitable treatment of black women and foreigners generally within the South African workforce.

> *"She is being alienated by colleagues at work due to her being a foreigner… Challenges faced in this space include:…being disrespected by colleagues in the workplace (see her as crazy because she thinks she's a nurse, even though qualified in the DRC)…Towards the end of the session, the client expressed feeling angry and tired at her place of employment, stating that work for 4 people is being done by her, following people leaving. Her frustrations around being exploited and unfairly treated were noted." – Ms. M, DRC*

The patriarchal gendered oppression intersecting with gender, low SES, foreigner status and lack of legal status amplifies Ms. I's marginalisation and makes her disproportionately susceptible to her experiences of sexual violence inflicted by her male employer, as well as her following unfair dismissal of her job. Her experience portrays how male employers may exploit entrenched gender inequalities and patriarchal cultural norms of male domination and sexual entitlement to justify or conceal their abusive behaviour (Sultana, 2012; Moffet, 2006; Fuller, 2008); whether consciously or unconsciously knowing that refugee women may face additional barriers to reporting incidents due to stigma, disbelief or fear of further violence, which derives from their intersectional illegal status and belonging to an ethnical minority group of being black (Palmary, 2002; Pineteh, 2017; Alfaro-Velcamp & McLaughlin, 2019; Higson-Smith & Eagle, 2017).

> *"She then found another job where she was looking after children; She was soon propositioned and threatened by the male employer and she had moments of having her space invaded upon while bathing and having him barge in, for example. At one point, the father of the children tried to rape her. Soon after refusing his sexual advancements, Ms. I was fired. She then sold clothes again and reports that she was scared." – Ms. I, DRC*

Thus, unlike the positive experiences of refugees obtaining work in first world resettlement countries that contributes to their positive successful adaptation (c.f. Vollhardt, 2009;

Papadopoulos, 2007; Walther et al., 2021; Wood et al., 2019), the legal barriers undocumented sub-Saharan African refugee women in South Africa experience integrating into the labour market and socio-economic life can be argued to perpetuate a cycle of insecurity by impeding their financial independency, freedom, and opportunities for agentic action and personal achievements through dignifying work, which contributes to exacerbating their stress and negatively impact their integration and mental health (Palmary, 2002; Pineteh, 2017). Ms. I provides evidence to this claim, expressing her feelings of being exploited, treated less than and oppressed, as she states: *"She yearns independence and ability to access things that are rightly hers easily…Being taken advantage of and her rights not being respected. The client sat with this and was able to acknowledge that her power was taken away from her."*

5.3.4. Ambivalence of Social and Formal Support to Help Alleviate Financial and Economic Stress

The above three sub-themes have explicated the perpetual economic and financial stressors and interrelated experiences of GBV that plagues the sub-Saharan African refugee women's lives, which serves to perpetuate their marginalisation and oppress them. To promote successful positive adaptation, *social support* has been highlighted in past research as a salient factor in helping refugees cope, adjust, foster resiliency and find a sense of belonging (Allen & Kern, 2017; van Bortel et al., 2019; Thabet, Thabet & Vostanis, 2017; Siriwardhana et al., 2014). Relying on support from informal social networks, such as family (both in South African and back in their countries of origin), friends and community members were reported by the participants in this study to help provide socio-economic resources to alleviate financial stress. Furthermore, although few, a couple of studies have also identified *formal support* as a behavioural coping strategy to facilitate refugees' general coping, adjustment and integration into resettlement countries (Pahud et al., 2009; Robertson et al., 2006; Lonn & Dantzler, 2017). Actively seeking support from and a dependence on formal support structures were referred to by all the participants as a means to help them integrate within the South African economy and cope with daily socio-economic stressors. Formal support providers included those that provided a service in exchange for payment or organisations that received external funding to provide free or reduced services to the participants. In this study, formal service providers included the police, medical hospitals and clinics, therapy and psychosocial services (including CSVR), as well as government organisations, NPOs and NGOs, such as the UNHCR, Future Families, Jesuit Refugee Service (JRS), and Lawyers for Human Rights (LHR).

In response to the participants oppressive intersectional embodiments that perpetuates their impoverished status, lack of access to employment opportunities or low paid wages in South Africa, and the interrelated financial and economic challenges associated therein, the refugee women spoke about requiring and relying on their informal social networks and formal support services to help provide for their own and their families' physical, financial and material socio-economic needs, in order to alleviate the economic stress they felt. The salient emphasis the participants place on this provision of their basic physiological and safety needs highlights Maslow's (1943) theorisation that one's basic needs for survival need to be met as a primary focus upon relocation, in order for refugees to cope economically and integrate within South Africa after displacement, which is foundational for their psychological wellbeing. Pahud et al., (2009), Khawaja et al., (2008) and Walther et al., (2021) research provide evidence, as the efficient provision of the refugees' material needs through the help of both social and formal networks in their studies assisted them to integrate into local economic life and communities, which in turn, promoted their sense of belonging that boosted and nurtured their self-esteem and confidence.

This highlights the crucial role that support networks and formal services play in assisting refugees acquire their needs for survival. In this study, the participants primary physical and material needs obtained through the assistance by both social networks and formal services included food, water, shelter, sanitary and hygiene items, and monetary contributions towards children's education, transportation or loans. Formal services additionally supported with financial contributions towards business start-ups and refugee application processes, as well as access to lawyers and psychosocial services. Support from community and family members also living in South Africa included childcare, assisting in disputes with police, and connecting the participants to organisations for food and accommodation support or employment opportunities. Whilst this list of participants' socio-economic needs and support provided is extensive, a few examples are provided below as evidence of support received from family (Ms. G), formal services (Ms. C) and community members (Ms. D):

> *"She mentioned that she spoke to her son about his sisters' transport to come to Johannesburg for the pro bono processes and he said he would assist as he now has a weekend job" – Ms. G, DRC*

"She was provided with a referral list [from CSVR] of organisations that she may approach for assistance with food and possible employment…The family received support from Future Families (R700 food and R1200 housing)" – Ms. C, Burundi

"She was previously arrested [for not having her asylum seeker status] and put in a holding cell in Johannesburg. A woman then intervened stating that it is unlawful to keep her children in the cell. The next morning they were taken to a shelter…She remained there for a day, and the same lady came back to see her, and offered her a place to stay in her house…Ms. D described that after letting them stay at her house for a day, the lady helped her to get to Future Families. The lady then paid for their transport to go to another place in [location] as Ms. D knew she would be able to find other Congolese people" – Ms. D, DRC

Ms. D's positive experience of kindness and helpfulness by a compassionate stranger sheds light on how community support can help refugees deal with various contextual and economic vulnerabilities caused by their intersectional identities as impoverished refugee women, by assisting with practical and materialistic support. Pahud et al., (2009) study also reported how caring persons support with refugees materialistic needs in New Zealand also contributed towards the refugees social and emotional wellbeing, as their incorporation into local economic activities and communities bolstered their sense of belonging, which in turn, aided their acceptance of their challenging circumstances and promoted better coping and adaptive thinking that gave them hope for their future. Whilst none of the participants developed a comprehensive sense of social, emotional or economic belonging in South Africa as a result of perpetual intersectional inequalities and related oppressions, Ms. H does illustrate how her experience of collective familial effort to support each other exemplifies the profound impact of addressing both material and emotional needs on refugee women's well-being and integration process in South Africa. This sense of community fostered through collaborative problem-solving, not only aids Ms. H in coping practically with economic stressors but also strengthens her interpersonal bonds that are crucial for emotional resilience and persevering through daily hardships (Khawaja et al., 2008; Pahud et al., 2009; Goodman, 2004; van Bortel et al., 2019).

"The connections she shares with her family are another source of support for her during trying times…Although they are struggling now, with everyday expenses, they often can

make a plan and work together to find solutions. For example, her son and Ms. H decided to sell a TV so that the granddaughter could begin school again."- Ms. H

Similarly, positive encounters with service providers, as experienced by Ms. G with refugee organizations like JRS and LHR, were instrumental in meeting her physical needs while simultaneously promoting her feelings of dignity, respect, and acceptance. This finding is consistent with Pahud et al., (2009) and Walther et al., (2021) international studies, which reported how positive responses of service providers in host countries can promote psychological wellness and feelings of acceptance, which in turn, facilitates coping, adjustment and integration into resettlement countries. Furthermore, this dual support dynamic reflects Maslow's (1943) hierarchy of needs, illustrating how obtaining basic needs facilitates the path towards fulfilling higher-level psychological and social needs, which may facilitate the participants journeys of resilience towards integration, stability, a sense of belonging and advancement within South Africa.

"The client mentioned that she went to JRS to ask for assistance as referred by the clinician. JRS asked for a letter from the doctor that explains her medical conditions and needs so they can assist her. She did not have her medical records on the day and will return later to JRS. She reflected her experience as a positive one. She felt treated like a human being and the people were patient with her." – Ms. G, DRC

However, despite the handful of positive experiences, all of the participants expressed the insufficiency of material and financial support received from formal services, family and community networks, and interrelated experiences of GBV surrounding many of their troubles, which exacerbated their stress, fears for the future, and perpetuated the cycle of insecurity (Palmary, 2002; Pineteh, 2017). Ms. D illustrates this as she expresses feeling *"helpless, and rejected, viewing her external world from a very fragmented perspective."* This signifies the ambivalent nature of formal and social support as both helpful yet inadequate when it comes to alleviating economic and financial stress in the participants daily lives in South Africa. Moreover, it is essential to recognise how the effectiveness (Masten et al., 1990; Walther et al., 2021) of formal services and social networks in their ability to provide support is greatly influenced and impacted by inequitable intersectional identities, which can create harmful and marginalising experiences for the participants and negatively impact their wellbeing.

Collins (1990) has emphasised how context shapes oppression and the power dynamics with intersectional identities. As previously discussed, the participants are positioned within the South African context of socio-economic inequality, resource scarcity and highly competitive labour market, as well as high rates of poverty, sexism, racism and xenophobia (Pineteh, 2017; World Bank, 2023a; UNHCR, 2022; Nattrass & Seekings, 2001). This context provides the exclusionary conditions for which the participants' perceived the level of materialistic provision, particularly from formal support services, as temporary and inadequate by using words such as *"too little"* (Ms. C, Ms. D, Ms. K) and *"not enough"* (Ms. E, Ms. B, Ms. L) to meet their basic survival needs, as Ms. C states "*she didn't know how she was expected to survive with her family on that [R1700]."* This finding is consistent with a few of participants in Walther et al., (2021) and Pahud et al., (2009) study, whom reported the inadequacy of formal support to cover all of their social and economic needs.

Nonetheless, the participants extend this perception, as their intersectional embodiments and experiences of living impoverished and unemployed coupled with having insufficient support services to help them gain a sense of dignity through obtaining their basic needs, evoked feelings of sadness, worry, dissatisfaction, frustration and helplessness that led to many participants' wanting to give up, as Ms. N portrays: *"When questioned around her motivation to go to FF, the client seemed disinterested, stating she felt there was no point going there as they helped me already, and that other places she has been sent to previously 'didn't really help'… spoke about feeling helpless and frustrated."* Hence, unlike international studies who reported increased rates of adaptation and integration into resettlement countries amongst refugees who had a strong internal locus of control (Schweitzer et al., 2007; Walther et al., 2021), some participants helpless and resigned emotional affect represents their dependence on an insufficient external locus of control to adequately provide for their needs, which resulted in them facing both overwhelming external stressors as well as internal anxiety and despondency.

This experiential emotional and economic distress was also related to and exacerbated by the death of a family member back in some participant's country of origin. Literature has previously illustrated how refugees maintaining contact with family members back in their countries of origin through long-distance telecommunication, was a major emotional resource associated with a sense of emotional security, as well as a source of financial support (van Bortel et al., 2019; Walther et al., 2021; Khawaja et al., 2008; Pahud et al., 2009). Consequently, the traumatic loss of a family member through death served as a double jeopardy for these participants, as they grappled with the

compounded financial strain of losing financial support, as well as navigating the devastating emotional impact of experiencing trauma, grief, and distress through the loss of their loved ones, as represented by Ms. B and Ms. C below:

> *"2018 – Father was killed in Ethiopia. He was offering her financial support too…Her external world is very harsh and hostile, this is where she experiences lack of safety and security, and continuous threat on her life and the lives of the people around her. Her internal world is fragmented due to torture and re-traumatisation, which includes all the socio-economic stressors she is currently experiencing" – Ms. B, Ethiopia*

> *"Her mother was the first person she called when got to SA…Mother sent her money every month to help her…Ms. C began to cry because her mother has passed on and she couldn't have the conversation with her…she's expressing worry about her future and the wellbeing of her children." – Ms. C, Burundi*

Moreover, Ms. B and Ms. C's experiences exemplify the profound reach across space and the complex influence of political violence in the participants' countries of origin, that is still exerted in their lives through the death of their family member by intersecting with their low SES. This intersection perpetuates the hegemonic domination and indirect subordination of the refugee women as affiliated to the 'perceived enemy' (Sultana, 2012; Walby, 1990; Moffet, 2006; Fuller, 2008), which adversely affects the participants daily lives, as Ms. B highlights the re-traumatising impact of her loss and perpetual socioeconomic stressors that have a cumulative fragmenting impact on her psychological wellbeing. Ms. C too stresses her perpetual stress and concern for her own and her family's wellbeing, unresolved trauma and bereavement that is impacted from both political violence in Burundi and socio-economic stressors in South Africa. Momartin et al., (2004) and Farwell (2004) have related loss to various traumatic experiences with the subsequent increased risk of negative psychological outcomes for refugees, which Goodman (2004), Higson-Smith & Eagle (2017), and Idemudia et al., (2013) state that complex trauma and related feelings of overwhelm and turmoil, in turn, negatively affects refugees' social integration and socioeconomic participation that deters their upward mobility in South Africa.

Loss of financial and material support within the household in South Africa, and the corresponding exacerbation of the participants' psychological and economic stress, was also related to the abandonment of some of the refugee women's husbands. A single case of Ms. B is

used for this finding as she provided a rich explanation for her husband's abandonment; expressing how the intersection of xenophobia (directly) with her husband's black race, refugee status and low SES (indirectly) in South Africa led to her husband experiencing propound harm, adversely affecting his psychological wellbeing and his ability to provide for his family: *"At some point, her husband left and switched off his phone…She mentioned that she understood why her husband gave up because of the xenophobic (muggings and assaults) were too much for him…Her husband lost hope – he had been a victim of xenophobic violence and she felt that he couldn't cope because he could no longer support their family."* Nattrass and Seekings (2001) and Fuller (2008) provides evidence to how the high xenophobic sentiments in South Africa can create an additional oppressive barrier to refugees accessing the labour market and economic resources to provide for their basic needs, as well as the battering effect on one's person and psychological wellbeing.

Furthermore, Ms. B's husband's "giving up" aligns with the Somali refugees' experiences in Pineteh's (2017) study, of how xenophobic experiences re-created the feelings of hopelessness experienced in their homeland, which affected their difficulty maintaining a secure sense of their capabilities in the face of an unknowable future in South Africa. This example exemplifies how social xenophobic discrimination of community members on a meso level within society has a knock-on effect on the micro level socioeconomic functioning and interpersonal relationships within the household. Collins (1990) interpersonal domain of power provides an explanation for this, as she refers to how daily practices of individuals and their interactions with others perpetuates the subordination of the 'other' in everyday life. Moreover, Ms. B further alludes to her experience of abandonment as related to her husband's failed provider role in patriarchal culture that underpins his hopelessness and lost secure sense in his capabilities as the 'head of the house' (Walby, 1990; Sultana, 2012; Fuller, 2008).

> "*Ms. B also brought up her husband and described him as weak – she mentioned that he was raised in an abusive home, and didn't seem to have the type of strength that would help him continue to endure hardships, hence when things got very bad, he left the family." – Ms. B, Ethiopia*

The fundamental basis for male domination in patriarchally structured societies and families, is that "men are in control" (Sultana, 2012, p.1), which is associated with strength, assertiveness, and expected familial role as the breadwinner (Walby, 1990; Sultana, 2012; Fuller, 2008; Jewkes

et al., 2011). Based on this perspective, Ms. B's perception of her husband as "weak" and lacking the "strength" to endure through hardships despite both their constant worry and energy placed into obtaining basic needs for their survival is attributed to his failure as a 'man' to live up to patriarchal familial expectations. Thus, this dynamic represents McCall's (2005) anti-categorical intersectional approach, as instead of the husband personifying patriarchal strength and duty to persevere through hardships for himself and his family, his feelings of shame and failure appears to be the driving force to abandon his family, which then compounds his family's socioeconomic stress and profound emotional impact of overwhelm, betrayal and anger as experienced by Ms. B.

Consequent of the intersectional financial, economic and unemployment hardships experienced by being impoverished refugee women in south Africa, a couple of participants expressed the need to help provide for their families at times required grave sacrifices on the part of their children. Ms. C describes how her son offered to quit school and sacrifice his education in an attempt to help financially support his family, which induced feelings of sadness and guilt: *"Her 14 year old son also suggested that he quit school and get a job to help around the house. This made Ms. C cry – she feels she has failed her children to the extent that they need to look after themselves."* As seen in this extract, Ms. C experiences a personal sense of failed motherhood in response to her son's educational sacrifice to help provide for his family. This exemplifies the compounding oppressive influence of economic instability when refugee status and low SES intersects with the patriarchal gendered construction of woman as selfless nurturers and caregivers who are meant to take care of their children's physical needs, and not the other way around (Fuller, 2008; Sultana, 2012).

Hence, whilst her child's sacrifice was not a choice but an outcome of circumstances, Ms. C ultimately experiences this as a loss of her aspiration to create a better life for herself and her children; especially since accessing education for their children were one of the main stressors for the participants and refugee women in previous studies (Mbiyozo, 2019; Pahud et al., 2009; Palmary, 2002). Education in these situations of struggling to survive in South Africa as a refugee with economic hardship, became a privilege rather than the intended basic human right (Gakuba, 2001). Moreover, as research has proven a direct correlation between education attainment and poverty (van Bortel et al., 2019; Gakuba, 2001), children sacrificing their education to prioritise financial support in their families with inadequate resources can entrench a cycle of poverty and marginalisation, thwarting efforts to achieve a better, more dignified life for refugee families in South Africa (Maslow, 1943; van Bortel et al., 2019).

Additionally, taking loans from social networks were mentioned by three participants (Ms. N, Ms. O, and Ms. H) as a behavioural coping strategy to temporary alleviate their financial stress and obtain resources to meet their basic needs. Loans in literature have typically been positively associated as a form of resourcefulness for refugees in situations of poverty and financial deprivation (Khawaja et al., 2008; Pineteh, 2017). However, this is often in the case in first-world countries where refugees are able to gain employment and the means to repay the loans quickly (Khawaja et al., 2008). Additionally, as refugees aren't often afforded legal access to loans from formal support services due to their intersectional identities of being undocumented, Khawaja et al., (2008) illustrates how some refugees acquire loans through precarious illegal means, such as loan sharks in the case of Ms. N below. This proposes an intersection between the role of nationality, class and employment for refugee women, which can either aid or form a barrier to the longevity of the success of loans as a coping strategy in the South African context.

Based on this theory, Ms. N's intersectional embodiment as impoverished and self-employed but not being able to earn enough, encapsulates her traumatic experience of owing debt to the loan sharks and her inability to repay as trapping her in a perilous situation, which not only increased her risk of experiencing violence (Khawaja et al., 2008), but also entrenched her in a state of perpetual fear and vulnerability. Ms. N's fear and experiences of GBV draws attention to the patriarchal intersection of hegemonic masculinity and the interrelated complex web of societal norms and power dynamics, that justifies loan sharks threatening and using physical and sexual violence towards Ms. N, her property and her children (Fuller, 2008; Sultana, 2022; Jewkes et al., 2011). From this perspective, physical bodies and sexuality are weaponised to punish and intimidate Ms. N, reflecting the broader patriarchal oppression of women where acts of perceived insubordination are met with normalised violence, justified under traditionally masculine traits of aggression and dominance (Jewkes et al., 2011; Jewkes & Abrahams, 2002; Moffet, 2006; Fuller, 2008).

> *"The loan sharks she owes money have threatened to kill her, are still threatening her, 'they came to where I sell and took my stuff,' and have come to her home on several occasions. In one incident they beat [son] up when he said she was not there…One of the people she owes money to threatened to rape her daughter as payment." – Ms. N, DRC*

Additionally, both Ms. O and Ms. H's experience of taking loans from community members in South Africa, emphasises the dilemma they face in providing for their basic (e.g. food, transportation) and safety (e.g. renewing asylum documents) needs and maintaining social relations when they are unable to repay the loans. This dilemma signifies the negative impact the intersection of the participants' low SES has on exacerbating their financial stress and desperation, which may negatively impact and fragment their new social relationships. Liebling et al., (2014) and Miller et al., (2002) provide evidence of refugee's social isolation, withdrawal and stress emanating from insufficient income and related financial obligations and pressure, which in turn, negatively impacted the refugee's psychological wellbeing. This resonated with Ms. O and Ms. H, who both express the intense stress and guilt they feel for not being able to repay the people who gave them the loans. Lewis (1971) and Tangney et al., (1996) claim that guilt emerges from actions perceived to be harmful to others, which aligns with the demoralizing fear both Ms. O and Ms. H express regarding how others will perceive them, and their consequent avoidance as a coping strategy.

This further conveys Maslow's (1943) theory that physiological and safety needs takes precedence over social needs. However, the intersectional experience of low SES, which perpetuates financial instability and ongoing social dilemmas, can make it difficult for the refugee women to continually engage with their new communities in South Africa and social relationships within, thereby hindering progressions through the hierarchy of needs (Maslow, 1943; Landau, 2005; Idemudia et al., 2013; Khawaja et al., 2008). Consequently, fragmented social relationships and self-imposed exclusion may exacerbate the lack of a sense of communal belonging and have a negative impact on the participants' integration efforts and psychological wellbeing as Ms. O states she "*struggles to sleep as this situation is stressing her out."*

> *"The client was able to go to Durban to renew her papers, she borrowed money to travel R400.00. her paper has been extended for 6 months. Ms. O expressed that his was a very stressful time for her, her focus was on getting the paper renewed and she didn't think about how she would pay the money back…Client has been avoiding the woman for now. She stated she has never been in a situation like this and as she thought about it, she thought owe money but get the paper, or no paper and get arrested… She states she struggles to sleep as this situation is stressing her out, she worries about how it will impact on how people at the church see her, trust her." – Ms. O, DRC*

"She spoke about owing money to someone and when receiving some cash, was challenged when trying to decide what to do: buy food or pay the person back…Ms. H sometimes speaks to how other people perceive her, and this strong sense of guilt seems to occur for her when she is not complying with her moral values." – Ms. H, DRC

5.3.5. Politics of Xenophobia

Throughout theme two so far, xenophobia has been illustrated to play a prominent intersecting role in contributing to and exacerbating the sub-Saharan African refugee womens' lived experiences of socio-economic violence and related daily stress and adversities within South Africa. The analysis has particularly focused on macro and meso levels of inequitable influence that facilitates the participants' socio-economic oppression and marginalisation. Nevertheless, congruent with previous studies (c.f. Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Bloch, 2010; Palmary 2002), xenophobia-related discriminatory attitudes and behaviours by South African nationals on an interpersonal micro level has also contributed to the participants' lived experiences of psychological, physical and sexual GBV. The participants' revealed how xenophobic violence dominated their experiences whilst residing in South Africa, which were particularly focused on making them feel scared, unsafe, insecure and ostracised. Thus, this sub-theme and the next sub-theme particularly explicates the participants' experiences of xenophobia-related GBV and the negative cognitive, emotional and social impact that occurs in contributing to the sub-Saharan African refugee womens' stress and trauma, and difficulties adapting and integrating effectively within South African communities, based on Collin's (1990) *interpersonal* domain of power within South African society.

In order to understand the participants' experiences of xenophobia and related GBV violations on an interpersonal level, one first needs to understand the underlying intersectional dynamics that is rooted and shaped by history in creating and perpetuating inequality, discrimination and oppression. Hence, the participants' experiences of xenophobia in South Africa cannot be divorced from its political construction consequent of the historical legacies of colonialism and apartheid. The central concepts underlying the definition of xenophobia is 'fear,' and 'hatred' of foreigners (Alfaro-Velcamp & McLaughlin, 2019; Posel, 2001); whereby the APA (2018a) defines *fear* as the aversive emotional arousal to a stimulus perceived as threatening and dangerous. Scholars have argued that organising society along stratified hierarchal lines of race, gender and nationality under the oppressive regimes of colonisation and apartheid, constructed

various cultures and ethnicities as superior to others and fostered a system of fear and mistrust of people from different backgrounds (Landau, 2009; Bantjies, 2011; Nattrass & Seekings, 2001; Tafira, 2011).

Tafira (2011), Gordon (2015), and Addae and Quan-Baffour (2022) propose that the socialised fear, hatred and mistrust of *foreigners* in South Africa is in response to the discriminatory, exploitative and violent nature of colonisation of indigenous black African people in South Africa, and the culturally destructive impact from the colonizer oppressors, which resulted in black South Africans constructing non-indigenous persons as a threat and the "foreign other" who invades, comes to steal and take what's ours. Ms. B exemplifies how many South African nationals have othered and developed hostile attitudes towards foreigners (Alfaro-Velcamp & McLaughlin, 2019; Posel, 2001), as she generalises her own xenophobic experiences as a common experience for all foreigners in South Africa, stating: *"Xenophobic attacks are characteristic of either "their" lived experiences or the experiences of someone that most foreign nationals know."*

However, not all foreign migrants and refugees are targeted or seen as equal threats. Rather, Mbiyozo (2019), Fuller (2008), and Addae and Quan-Baffour (2022) postulate that foreign black migrants and refugees from other African counties are particularly suspectable and subjected to negative xenophobic beliefs, attitudes and behaviours. The UNHCR (2022) substantiated this claim by illustrating that low-income black African migrants and refugees were at greater risk of xenophobic violence. This infers a link between nationality (foreign), ethnicity (sub-Saharan African), race (black) and class (low SES) that compounds refugees' vulnerability and risk to xenophobia, or more accurately black-on-black afrophobic violence in South Africa. Ms. I and Ms. H illustrate this point as their extracts emphasise the intersection between their black race and sub-Saharan African ethnicity with their foreigner status, which underscores their experiences of afrophobic discrimination and hurt received from other black South African nationals:

> *"Ms. I then goes on to talk about how she is a racist against her own colour. She does not like any Black people in SA because they don't treat her like a sister and have hurt her so badly." – Ms I, DRC*

"Ms. H is struggling to adapt to a different and more desperate way of being…She said that black South Africans speak 'bad' about her" – Ms. H, DRC

Tafira (2011), Jablonski (2021), and Masuku (2006) imply that afrophobia portrays the continuation of the historical intersectional racist stereotypes and patriarchal ideologies with xenophobia in contemporary society today, through the socialised notions of 'superiority' and 'inferiority.' Under colonisation and apartheid, socially constructed negative connotated meanings of 'black' race and gradation of 'darkness' were ascribed to black African people, including that of distrust, suspicion, and as representing inferiority or lower status (Posel, 2001; Jablonski, 2021). In this context, McCall's (2005) inter-categorical approach is used to understand the hierarchical power divide between black South African nationals and black sub-Saharan African refugees, which underscores the participants' interracial afrophobic-related discrimination and violence. Oludare (2015) argues that black South African nationals' efforts to reclaim their indigenous identities in South African society after being racially and culturally oppressed during colonisation and apartheid, has in turn, resulted in them using the same acculturated racialised stereotypes to gain power and 'superiority' by othering and oppressing black foreigners from other African countries and their related African cultures.

This inadvertently leads to the racialisation and cultural stigmatisation of black African foreigners and refugees in South Africa, whom are constructed as belonging to inferior social and cultural groups compared to black South African nationals, perpetuating dislike and hostility towards them (Masuku, 2006; Tafira, 2011; Addae & Quan-Baffour, 2022; Oludare, 2015). Ms. K's experience of being seen and labelled as a '*foreigner'* and Ms. O's experience of being called *'makwerekwere'* (i.e. a derogatory word used to describe African migrants in South Africa (Addae & Quan-Baffour, 2022)) by black South African nationals in their communities, illustrate this afrophobic prejudicial perception, discrimination and hostility towards black sub-Saharan African foreigners in South Africa. Moreover, these derogatory labels reflect Scholl et al., (2015) claim that the use of language and interrelated connotated meaning of words, serves as a tool for the representation and communication of black sub-Saharan African refugees as inferior in South Africa, which further entrenches the inequitable power dynamics between the two groups, as well as perpetuates discrimination and verbal and psychological violence inflicted against the participants through the social construction and use of discriminatory labels.

"The client did not make her appointment to the shelter. The client states that her experience was not easy, as she was laughed at by the taxi, who called her a 'makwerekwere', she was dropped off at the Catholic Church, where she encountered a Congolese man, whom she showed the address and wanted directions. He told her this is a place for abandoned people and people who go there are mistreated." – Ms. O, DRC

"She and her husband are happy there [living at employer's home] but they face social ostracism and xenophobia from people in their immediate neighbourhood, as well as experiences with crime because of being seen as foreigners… Her triggers include: the outdoors, being alone, South African local/community women" – Ms. K, DRC

Furthermore, both Ms. O and Ms. K's extracts above vividly exemplify the negative emotive, cognitive and social impact of afrophobia faced by most of the participants in their daily lives in South Africa. Ms. O highlights the humiliation and emotional pain she experienced from her intersectional identity as a black sub-Saharan African refugee, which was evoked by afrophobic slurs and being laughed at by the taxi driver. This reflects Addae and Quan-Baffour's (2022) claim that derogatory xenophobic language reinforces the perception of black African foreigners as less than, which degrades the person as well as negatively impacts their psychological wellbeing and sense of belonging (Yuval-Davis, 2016). Ms. O's added intersectional identity of being impoverished and the portrayal of the shelter as a place for "abandoned people" and a site of "mistreatment" of foreigners, not only intensifies her feelings of fear but also fosters a perception of threat and insecurity (Fuller, 2008; Pineteh, 2017). Ms. K, on the other hand, demonstrates how despite finding employment and shelter in South Africa, she still experiences feelings of fear, stress, isolation and a lack of belonging in response to afrophobic-related discrimination and social ostracism she receives within her community due to her intersectional identity of being a black sub-Saharan African refugee.

These experiences represent the significant divide within communities in South Africa, driven by xenophobic and afrophobic attitudes that fragment society along intersecting oppressive lines of race, nationality and ethnicity faced as black sub-Saharan African refugee women. Hence, unlike international refugee studies that reported the supportive role of social networks in facilitating refugee's integration and sense of belonging in resettlement counties (van Bortel et al., 2019; Walther et al., 2021; Pahud et al., 2009), these intersectional forms of oppression shaped the participants' exclusionary and hostile social interactions with South African nationals, which

hampers their integration and participation in South African community networks. These experiences and feelings of rejection, insecurity and fear, in turn, create psychological distress, lack of a sense of belonging within South African communities, and produce significant barriers to finding safe spaces within communities and accessing essential services, such as shelters (Ms. O), due to the xenophobic and afrophobic-related stigma and discrimination faced by black sub-Saharan African refugees in South Africa; thereby perpetuating a cycle of insecurity, vulnerability, exclusion and marginalisation (Palmary, 2002; Pineteh, 2017; Fuller, 2008).

5.3.6. From Fear to Violence: Xenophobia and Afrophobia Used as a Tool to Ostracise, Oppress and Marginalise

As illustrated in the sub-theme above, xenophobic and afrophobic attitudes held and enacted upon by South African nationals against the participants are underscored by the socialised and acculturated notions of fear, dislike, suspicion and mistrust of foreignness and blackness (Jablonski, 2021; Nattrass & Seekings, 2001; Addae & Quan-Baffour, 2022). These feelings of fear, hostility and resentment towards foreign migrants and refugees are reflected in and have been linked to prejudicial stereotypes (Palmary, 2002; Idemudia et al., 2013). Within the economic context of poverty, unemployment and job insecurity, scarcity of resources and employment opportunities, and critical infrastructure and service delivery issues (Fuller, 2008; Landau, 2009; Nattrass & Seekings, 2001; World Bank, 2023b), to name a few, these prejudicial stereotypes often include the perception that refugees are 'intruders' who are 'swarming' South Africa to take jobs from deserving South African nationals, as well as overwhelm healthcare services and "use up" resources (Palmary, 2002; Mbiyozo, 2019; Fuller, 2002; Addae & Quan-Baffour, 2022; Crush & Tawodzera, 2014). This emphasises the salient intersecting role of class within McCall's (2005) inter-categorical approach used to understand black South African nationals' xenophobic and afrophobic-related discrimination, oppression and violence inflicted against black sub-Saharan African refugees in South Africa. In this sense, low SES increases the vulnerability and risk of low-income or impoverished black African refugees to xenophobic violence, as previously reported by the UNHCR (2022).

Both Ms. A and Ms. K's extracts below reflect all the participants experiences of being perceived as intruders and as presenting a competitive risk for the scarce socio-economic resources in South Africa, which are used as reasons to justify xenophobic discrimination and violence (Addae & Quan-Baffour, 2022; Taffira, 2011; Gordon, 2015). As seen below, the two

refugee women describe being seen as a threat and blamed for the economic and social insecurities and misfortunes in South Africa by the South African home invaders (Ms. A) and domestic worker (Ms. K) (Pineteh, 2017; Crush & Tawodzera, 2014). In Ms. A's traumatic experience, the attackers' assertion that they are "taking what belongs to" them as native South Africans, as well as Ms. K's experience of being unjustly misrepresented as a "job stealer," implies a perception of entitlement and ownership of employment and resources by South African nationals, suggesting a cognitive bias against refugees and foreigners perceived as unfairly benefiting at the expense of locals, and which further reinforces the prejudicial stereotype of refugees as 'criminals' and 'parasites' (Addae & Quan-Baffour, 2022; Gordon, 2015; Palmary, 2002).

Ms. A and Ms. K's experiences of being attacked and mischaracterised exemplifies the intersectional patriarchal oppression low SES black sub-Saharan African refugees face due to racialised cultural stereotypes of 'other' black African cultures from outside South Africa as inferior (Oludare, 2015; Tafira, 2011; Addae & Quan-Baffour, 2022). Ultimately, the xenophobic and afrophobic attacks and social ostracism all of the participants experienced at one point or another in South Africa, underscores the fear, vulnerability and stress they feel, as expressed by Ms. A and Ms. K, which stems from broader societal tensions and xenophobic attitudes that intersects with their nationality, race and class. This further highlights the complex challenges of integration and the impact of economic insecurities when intersecting with xenophobia has in constructing refugees as 'outsiders' and fostering violence, social rejection and isolation, thereby affecting the participants' abilities to gain a sense of belonging and participation in their communities within South Africa. Past research provides evidence to this finding, as prejudicial perceptions of refugees were found to fuel xenophobic and afrophobic discrimination and violence, which hindered the refugee's socio-economic integration and sense of belonging (Palmary, 2002; Fuller, 2008; Lötter & Bradshaw, 2022; Idemudia et al., 2013).

> *"The client has been struggling with xenophobia in the past few years since coming to South Africa…Attackers [during home invasion] said to husband 'taking what belongs to us, you came with nothing, now you have money'…she feels like they are targeted here in SA" – Ms. A, DRC*

> *"The previous domestic worker was a South African and at 70 was struggling to work for the family. This is when Ms. K was introduced to assist with her duties. Unfortunately, [name] felt threatened by Ms. K and painted her as someone ruthlessly stealing her job to*

the immediate neighbourhood and community members. As a result, this image of Ms. K as heartless and a 'job stealer' continues to circulate." – Ms. K, DRC

These experiences further illustrate how broader systemic socio-economic inequalities perpetuate fear within South African society with regards to native South Africans providing for their basic needs and lack of economic advancement, as evident in the high unemployment and poverty rates (Collins, 1990; STATS SA, 2020a; World Bank, 2023b). Without adequate and effective change for recourse and improvement of the socio-economic conditions and opportunities in South African by macro political and systemic forces, Addae and Quan-Baffour (2002) and Fuller (2008) argue that foreigners and refugees are used as a scapegoat to blamed for the social vices and even the economic downturn confronting many South Africans, as seen above with Ms. A and Ms. K. This suggests that the fear and mistrust that native South Africans of low SES standing experience towards South African government and systems, and interrelated feelings of stuckness, anxiety, frustration and despair (Palmary, 2002; Stavrou, 1993; Waiganjo, 2018), get 'displaced' onto foreigners as a more accessible target on an interpersonal level and means to cope with their external adversities.

McWilliams (2011, p.139) defines the defense mechanism *displacement* as "the redirection of a drive, emotion, preoccupation, or behaviour from its initial or natural object to another because its original direction is for some reason anxiety ridden." She further states that displacement, including scapegoating, has been used as a defense mechanism to perpetuate deplorable cultural norms and the general blaming of societal problems on marginalised groups, who often lack the means to defend themselves (McWilliams, 2011). This is reflected in the propagation of xenophobic and afrophobic-related prejudicial stereotypes, discrimination and violence experienced by the participants, as a result of fear and mistrust being displaced onto refugees and foreigners.

Taylor (2002) further posits that people may ineffectively cope with fear experiences as a stressor by using defensive aggression. This is evident in South Africa, as past research has portrayed how xenophobic and afrophobic discrimination has resulted in waves of violence inflicted towards foreigners and refugees that has led to physical harm, loss of lives, and destruction of belongings and property (Oludare, 2015; Lötter & Bradshaw, 2022; Mbiyozo, 2019; Idemudia et al., 2013). This reflects a shift in native South Africans mindset from fear and hostility to the perpetration of discriminatory xenophobic and afrophobic behaviours and violence. This

highlights the deep-seated culture of violence in South Africa that is underscored by intersecting patriarchal notions of hegemony, domination and control (Fuller, 2008; Jewkes & Abrahams, 2002). From this perspective, social anxieties and insecurities are 'justified' and expressed through aggression towards 'the other,' with xenophobia and afrophobia manifesting in both overt acts of violence (Oludare, 2015; Idemudia et al., 2013; Fuller, 2008) and subtler forms of discrimination (Sue et al., 2007; Liang et al., 2007; Liao et al., 2016); aimed at rejecting non-indigenous South African individuals, essentially as a means for local black South African populations to reclaim their power and identity (Oludare, 2015).

Majority of the participants exemplified how fear is displaced in the form of more subtle aggression being inflicted towards them as refugees through the discriminatory attitudes and behaviours received from public service providers in healthcare and refugee service settings. Ms. B and Ms. J illustrate their experiences of discrimination, ill-treatment and dehumanisation in response to their intersectional embodiment of being foreigners and refugees directly, which reflects the refugee participants' perception in Crush and Tawodzera (2014, p.662) study that native South African service providers "do not leave their hostile attitudes at home." Moreover, Crush and Tawodzera (2014) study further portrayed that some native South Africans held the perception that the right of access to healthcare services should depend on citizenship and legal status. Ms. J's experience of being *"thrown back and forth like a tennis ball"* vividly portrays the perception of refugees and foreigners not being wanted and actively excluded. Similarly, Ms. A expressed the pain and distress she experienced from both traumatic encounters and being denied treatment, as she states: *"this country was very cruel to them as they were human beings and deserved medical treatment."*

> *"The client's traumatic experience this past week was at UNHCR. Was called by the UNHCR for an appointment about resettlement and went for the interview. During the interview, she continuously felt that she was not being heard and not being treated like a human being, and was dismissed without being given proper opportunity to relay the experiences that are important and will contribute to her being considered for resettlement. She also hasn't heard back from UNHCR since… This is an experience that she has had since she was abducted and tortured in Ethiopia, and was reinforced through the murders of her family members and the manner in which she has been treated in Johannesburg." – Ms. B, Ethiopia*

"She spoke about there being issues at the clinics and hospitals with regards to servicing people in their corresponding geographic location and issues in helping refugees etc… Ms. J had no luck and experienced a great deal of distress from trying to access medical and psychiatric services…"I was just thrown back and forth like a tennis ball"…"I am just so tired, I am exhausted and I do not know if I can go back"" - Ms. J, Somalia

All of the participants' xenophobic experiences were congruent with past studies that reported the denial of treatment, being overcharged for medical services, or being mistreated due to being refugees, which were exacerbated by the added intersectional oppression of being undocumented (Crush & Tawodzera, 2014; Higson-Smith & Eagle, 2017; Bloch, 2010; Palmary, 2002; Idemudia et al., 2013). Accordingly, the hostile and negative attitudes and ill-treatment received from service providers in clinics, hospitals and some formal refugee support services tended to be regarded as spaces to fear rather than where the participants can seek relief (Crush & Tawodzera, 2014). This portrays Collin's (1990) interpersonal domain of power, in that daily discriminatory interpersonal practices by xenophobic service providers perpetuates the marginalisation of refugees. Past studies have shown this can create significant barriers to accessing essential services, as well as exacerbate physical and mental health challenges, lead to a sense of powerlessness, social alienation, and perpetual vulnerability to violence (Crush & Tawodzera, 2014; Khawaja et al., 2008; Alfaro-Velcamp & McLaughlin, 2019; ZTVP & CSVR, 2006).

Both Ms. B and Ms. J portray this fear through expressing their feelings of helplessness, frustration, and despair, which not only triggers emotional distress but also contributes to a deep sense of being unwanted, unheard and unimportant. In turn, many participants reported experiencing trauma and exacerbated re-traumatisation, a profound sense of exhaustion and hopelessness, and an undermining belief in the possibility of finding support and safety within South African services and communities, which had a negative impact on their mental health and coping, as illustrated by Ms. G:*"she mentioned that the happiness did not last long and was overshadowed by her ill health and the treatment she received from the clinic… The client was clearly very upset and she shared several incidences over the week that has led to her frustration and overall low mood."*

Furthermore, whilst Ms. C expresses numerous accounts of traumatic and discriminatory experiences of mistreatment and violence within both interpersonal and more formal service-based spaces, she was the only participant who spoke about her positive experiences accessing

medical services "easily" and the receptive, compassionate and understanding care she received from medical doctors and staff, as she states:

> *"Saw doctor – thorough check…Ms. C felt anxious and concerned that the medication would make her dizzy and tired and not be present for her children…Dr as calming her, explaining the medication use and symptoms, gave advice and motivation to carry on and be there for children…felt calm and hope when she left." – Ms. C, Burundi*

The most significant 'identity marker' that sets Ms. C apart from the other participants is her white race, leading to her slightly, yet notably, better experiences in healthcare access and treatment. This disparity underscores a racial dynamic and matrix of hierarchical power relations that privileges Ms. C, granting her a level of access and quality in formal healthcare services that her black refugee counterparts do not receive due to their dual intersection of race and foreigner status (Collins, 2000; Al-faham et al., 2019; Addae & Quan-Baffour, 2022). This represents McCall's (2005) inter-categorical intersection, where racial differences markedly segregate healthcare experiences of black and white refugees in South Africa; inferring what Palmary (2002) refers to as a 'gradation of prejudice' that influences access or exclusion from certain spaces based on one's racial identity. This does not imply that all black refugees uniformly face exclusion or inhumane treatment by South African service providers, but instead, highlights how intersectional afrophobic (xenophobia and racism) stereotyping compounds the vulnerability and intensifies the experience of discrimination, neglect, abuse and ostracism for black refugee women compared to white refugee women in South Africa (Addae & Quan-Baffour, 2022; Taffira, 2011; Crenshaw, 1991).

Fuller (2008) has argued that xenophobia in South Africa can be conceptualised as a 'conflict situation' (albeit targeted and localised) owing to the associated overt acts of violence that characterises some native South Africans' defensive aggression against foreigners and refugees (Oludare, 2015). Ms. B and Ms. M below describe their harrowing experiences of violent xenophobic attacks they themselves and their family members experienced, which entrenches and perpetuates a profound sense of insecurity, lack of safety and anxiety. The APA (2018b) refer to *anxiety* as the extension of fear, in that anxiety is conceptualised as future-oriented and having a long-acting aversive effect in response to a threat. This draws attention to the cumulative effect of the hegemonic patriarchical use of physical force and violence that underpins and intersects with xenophobia. In this regard, the pervasive xenophobic attitudes and infliction of xenophobic

and afrophobic-related violence by South African nations is used as a political tool and strategy to inscribe subordinate status onto the participants as the 'foreign other' by hurting, punishing and humiliating them through violence (Jewkes and Abrahams, 2002; Fuller, 2008; Alfaro-Velcamp & McLaughlin, 2019). This is illustrated by Ms. B and Ms. M's experiences of profuse physical harm to their loved ones and damage to property, as well as prolonged threats and experiences of harassment.

> *"2008 – xenophobic attacks in SA, her son was injured in the attacks. They had to all move to camp in [location] for 2 weeks…2009 – went to Rustenburg to her brother. He was stabbed with a bottle by South African man [and died]. Her brother's murderers also followed her to JHB and she was threatened. She also mentioned that when her brother was killed [xenophobic reason], she opened a case at the police station, and her brother's murdered stalked her so that she wouldn't continue to pursue the case…2013 – Husband experiencing difficulties with xenophobia, attacked by tsotsis, money stolen" – Ms. B, Ethiopia*

> *[During Xenophobic attacks]: "She had to leave work and before leaving had an altercation with her boss, who stated something to the effect of, 'if you leave don't come back'…She states that on arrival at her place, she saw groups of people, they were hitting the car, she expresses concern about [daughter], who was exposed to this…Her husband too lost his job in this process, as he had to flee from the taxi rank and was not able to go to work and fears that he may face xenophobic attacks with work colleagues…Both are currently unemployed and this has added to levels of anxiety and fear, as it could mean losing their place of residence." – Ms. M, DRC*

The above extracts further exemplify the broader cognitive repercussions of the impact of physical xenophobic violence, as the constant anticipation of danger and the instillment of perpetual fear and anxiety in the participants' psyche has a disrupting affect, in that it prevents refugees from forming secure roots and establishing a sense of belonging within South African communities due to their oppressive intersectional embodiments (Fuller, 2008; Porter & Haslam, 2005; Pineteh, 2017). Moreover, Fuller (2008), and Alfaro-Velcamp and McLaughlin (2019) posit that women have a unique experience of xenophobic-related violence in relation to their conceptualisation of womanhood as being central to establishing settlement in host countries (Fuller, 2008; Alfaro-Velcamp & McLaughlin, 2019). This exemplifies the patriarchal gendered

constructions of women as nurturers and symbolizing safety and security through their bodies and sexuality, as well as the establishment of a home, which denotes a more permanent move (Fuller, 2008; Alfaro-Velcamp & McLaughlin, 2019). Ms. M above demonstrates how xenophobic violence was directed towards her home through the damage of their car and breakage of their house windows, as well as directed towards Ms. J's body as she recounts her experience of sexual assault, as she states:

> *"Last week, the client was hit on the head in the taxi and left unconscious at time of xenophobic attacks. They took her money and phone and attempted to rape her as she is a foreigner." – Ms. J, Somalia*

From this perspective, patriarchy, gender and race intersect with xenophobia to perpetuate hegemonic power and control by black South African men, and oppress and marginalise the participants by using violence against their homes and bodies as a political tool to disrupt their settlement in South Africa (Fuller, 2008; Alfaro-Velcamp & McLaughlin, 2019). Fuller (2008) and Sida (2015) further argue that women living in townships are particularly vulnerable to and disproportionately affected by xenophobic attacks, as some refugee women have been found to prioritise protecting their families and possessions as a first priority, and hence, may render themselves defenceless to GBV (Alfaro-Velcamp & McLaughlin, 2019; Mbiyozo, 2019). This proposes an intersecting class link, such that refugees with low SES will endure the risk of bodily harm in order to preserve the material items they have. This is evident in Ms. M's case above, however, instead of Alfaro-Velcamp and McLaughlin's (2019) study that related women's defenceless position to their risk of physical and sexual GBV during xenophobic attacks, Ms. M entailed sacrificing her job in order to ensuring her family's safety. This poses a double jeopardy of having her property damaged as well as losing her job, which exacerbates their economic insecurity and stress.

Hence, whilst is not merely a gendered lens that underscores the participants' experiences of xenophobic and afrophobic-related GBV, the participant's gender as women adds another complex oppressive intersectional layer to their experiences of GBV and marginalisation in South Africa. The disruptive settlement process, in turn, reinforces a perilous and highly stressful lifestyle for the participants in South Africa, which contributes to and exacerbates their poor mental health outcomes, as they describe living in a perpetual state of fear, uncertainty, hypervigilance and insecurity as a result of the harm, trauma and loss experienced from

xenophobic attacks, as Ms. H expresses *"feeling scared in SA. She is still worried about the xenophobia and said that even today to come here she felt very scared. Life in SA and back home are not safe but there is nowhere to go. She is feeling trapped and stuck and worried."* Moreover, Ms. B and Ms. F also express their sense of alienation and feelings of being unwanted in South Africa, as they perceive the xenophobic attacks as native South Africans putting pressure on and coercing them to leave South Africa. Idemudia et al., (2013) and Crush and Tawodzera (2014) provide evidence, noting how violence is strategically used to induce fear and communicate that they do not belong, which highlights a broader narrative of violence and intimidation aimed at persuading refugees to leave South Africa.

> *"She also mentioned that they were having frequent electricity outages in her community – she states that people were communicating to the foreigners that the reason why South Africa is struggling is because they are there. The power outages were a sign that they should leave." – Ms. B, Ethiopia*

> *"The client said that she does not feel safe as she and her husband are always being watched…The client reported that there has been people calling using an anonymous number. They threaten the family and keep telling them to go back home. This puts a lot of fear and stress on the couple especially" – Ms. F, DRC*

5.3.7. Disillusionment and Despair

The sub-Saharan African refugee womens' experiences throughout this broader theme portrays their unmet expectations of their perceived 'better life' in South Africa, which has evoked a sense of disillusionment. *Disillusionment* refers to the feeling of being disappointed and unhappy (Cambridge Dictionary, 2022), which is illustrated by Ms. M when she expressed: *"Client came into the session highly distressed. there is no food in the home. at times like these the client feels low, highly stressed and emotional. she states, 'i didnt choose this life'."* Ms. M's extract highlights the complex web of challenges and the interplay of high expectations and harsh socio-economic realities that the participants face in South Africa that underscores their disillusionment and leads to financial and emotional distress (Lonn & Dantzler, 2017; Porter & Haslam, 2005; Rugunanan & Smit, 2011). As previously explicated, the participants' oppressive experiences are uniquely framed by their intersectional identities, including their gender as women, low SES or impoverished status, refugee and foreign nationality, sub-Saharan African ethnicity, and black

race, which deeply influence their disillusionment. This reality is further exacerbated by systemic oppression, discrimination, GBV and marginalisation within the socio-economic context marked by inequalities, scarcity of resources and opportunities, racism, sexism, xenophobia and afrophobia (Nattrass & Seekings, 2001; Pineteh, 2017; Addae & Quan-Baffour, 2022).

These factors have been shown to collectively undermine the participants' aspirations for safety, connection, a sense of belonging, and ability to improve their social standing, which contrasts strongly with the hopes that have underscored their choice in choosing South Africa as their resettlement country (Ikafa et al., 2021; Landau, 2005), and in so doing, propels feelings of despair. The APA (2018c, n.p.) define *despair* as "the emotion or feeling of hopelessness, that is, that things are profoundly wrong and will not change for the better." This feeling of despair is reflected in Ms. G's experiences of suffering and struggle within South Africa, as she expresses her feelings that *"she came to SA and felt despair and useless."* Ms. H, Ms. F and Ms. M further highlight the negative psychological impact of their socio-economic stress, integration difficulties and experienced violence, exacerbated by their intersectional embodiments, has in manifesting feelings of helplessness, hopelessness, worthlessness and stress. Moreover, Ms. F exemplifies how her past and present experiences of violence, trauma, socio-economic stress, suffering and isolation, further exacerbated her feelings of despair in producing a diminished sense of self. These feelings reinforce the participants' sense of disillusionment and perpetuates a cycle of despair, as demonstrated in Pineteh (2017), Walther et al., (2021) and Porter & Haslam (2005) studies. This also supports the APA's (2018c) claim that despair is among the most detrimental and destructive human emotions, making it a crucial focus for psychotherapeutic intervention.

> *"Adjusting to a life of poverty and desperation is incredibly hard for her and seems to leave her feeling hopeless, worthless and devalued as a human." – Ms. H, DRC*

> *"'you see me. I am alone, suffering, living like animal'… 'you see me as a person but inside I'm not okay'… 'you educated, look and feel sorry for me, laugh at me'." – Ms. M, DRC*

> *"She is unhappy in South Africa because life is difficult and they aren't advancing…Ms. F seems to have a diminished sense of self due to her torture and trauma, this perception has been reinforced by current socioeconomic stressors and xenophobia…It appears that the*

violence and helplessness that Ms. F has experienced has stripped her of her sense of self." – Ms. F, DRC

In an attempt to cope with their feelings of disillusionment and despair whilst living in South Africa, many of the participants expressed escapism fantasies and behaviours. For 8 of the participants this at times included suicidal and homicidal ideations. Bwesige & Snider's (2021) study found that feelings of despair amongst refugees in Uganda were linked to the social and emotional disconnection they felt, which was induced by an intersection of various socio-economic and political factors that impacted their ability to obtain their basic needs. Similar findings were found amongst the participants in this study, who referred to the complex interplay of trauma, loss, and chronic stress that is intensified by their intersectional embodiments in the South African context of socio-economic inequalities and xenophobic violence. These experiences lead to intense feelings of despair and induces a wish to "end the pain" or distress that they are feeling by thinking of dying or killing themselves (i.e. suicidal ideation), or stopping the pain and suffering of their loved ones through death (i.e. homicidal ideation) (Lennon, 2019; Joiner et al., 2002).

Ms. N illustrates this experiential need to escape the stress and overwhelm she feels within the harsh socioeconomic context of South Africa by contemplating suicide, whereas Ms. O harbours a wish for someone else to kill her to escape her suffering, fear and pain felt in relation to perpetual xenophobic violence. Similarly, Ms. D and Ms. C's homicidal ideations illuminate the complex interplay of mental health challenges, trauma, grief, and overwhelming desperation resulting from harsh socioeconomic conditions, which, compounded by a sense of failure to provide a better life for their children, drives them to consider homicidal ideation as a tragic means to spare or save them from a world of suffering, violence and pain. Thus, this finding highlights how the myriad of contextual and intersectional challenges encountered by the sub-Saharan African refugee women in South Africa significantly exacerbate their struggles with mental health (Fuller, 2008; Porter & Haslam, 2005; Idemudia et al., 2013), resulting in a pervasive sense of disillusionment and despair and heightened risk of suicidal and homicidal ideation, which infers difficulties coping, adapting and integrating within South Africa.

"She states im not thinking of doing this, but it's a thought that comes when im stressed and overwhelmed." – Ms. N, DRC

"The days following that first day of the [xenophobia] attacks, she stayed in the church, 'hoping they would come kill me to end this'." – Ms. O, DRC

"Depression/dysthymic, feelings of isolation and rejection. Anxiety and stress, as well as homicidal ideation and anger due to current socioeconomic situation…She was very traumatised, and under duress – felt that she failed her children. She started having homicidal ideation and anger due to current socioeconomic situation" – Ms. D, DRC

"The client presented with depression, PTSD, and complicated grief. Anxiety and stress due to current socioeconomic situation and death threats. Suicide ideation…She made reference to a mother who killed her children, and she explained that she understood how one could be pushed there." – Ms. C, Burundi

Some participants also express their feelings of disillusionment and despair in South Africa and a corresponding wish to escape the overwhelming socioeconomic hardships, trauma and violence by expressing a desire to leave South Africa. This stands in contrast to many international studies (c.f. Walther et al., 2021; Schweitzer et al., 2007) that paint a dominantly positive picture of refugees' resilience, coping and successful positive adaptation in first world countries in fostering a sense of belonging and resettlement. Similar to Pineteh (2017), Sooliman (2019), and Idemudia et al., (2013) studies, Ms. N and Ms. M highlights their desire to leave South Africa and return to the DRC, driven by a 'flight response' to escape their experiential stress, financial burdens, and violence that are linked to their enduring socio-economic struggles, such as financial instability, loss of jobs, documentation issues, and meeting their own and their children's basic needs, alongside experiences of xenophobic violence; all of which intersect and exacerbate their mental health challenges and negatively impacts their sense of belonging and wellbeing. This highlights a broader narrative shared among the sub-Saharan African refugee women, as evidenced by Ms. L, Ms. F and Ms. G too below:

"This stress combined with previous mentioned stressors around rent, school and basic needs, has brought about feelings of hopelessness and despair, as the client states, 'tired of living in this country', ' if I had money I would go back home even though I have no family there' , ' tired of this life, want to give up'." – Ms, N, DRC

"Client expressed feeling overwhelmed since the [xenophobic] attacks with stressors, such as finances [both her and her husband lost their jobs], rent, not having access to medication and now she has to go to renew her asylum permit in PTA, she has no money to do this. She stated, 'I'm done, I wana go back to Congo, help me to go back to Congo'." – Ms. M, DRC

"Ms. L spoke about trying to reach the UN so that they can take her out of South Africa. She was thinking that if they send her to Rwanda, she can raise her children in a refugee camp, which she reflected would be better than how their lives are in South Africa…Ms. L wants to run because life here is overwhelming for her, and she feels like anywhere else is better" – Ms. L, Ethiopia

"In the previous session, she had been very vocal about wanting to leave the country because of the attack which resulted in the miscarriage. Now she feels like wherever she goes she isn't safe. She is currently experiencing a lot of feelings of helplessness and hopelessness." – Ms. F, DRC

"The client came into the session looking very overwhelmed and her mood was low. She reports feeling very frustrated and sad. She mentioned that she has a difficult week and she would like to move to another country." – Ms. G, DRC

The testimonies of these participants' lived experiences above reveal how the significant stressors and adversities faced in South Africa exacerbate their feelings of despair, hopelessness, stuckness and resignation, which prompts their longing for a potential new life outside of South Africa (Pineteh, 2017; Idemudia et al., 2013; Sooliman, 2019). This collective yearning for safety, security, and better living conditions and opportunities elsewhere underscores the oppressive impact of the refugee womens' multiple intersectional identities within the inequitable and volatile context of South Africa. Thus, the participants' experiences encapsulate narratives of pain, suffering, and trauma, underscoring a desperate quest for a safe haven that remains elusive, both in their countries of origin and in South Africa.

Furthermore, the participants desire to leave South Africa reveals that while they arrived in South Africa with idealised expectations and hopes for a better, safer and productive life, they are faced with the stark realities of stress, economic inequalities and stress and xenophobic

violence, which leads to their disillusionment and despair. This contrast prompts the sub-Saharan African refugee women to split and devalue South Africa and idealise a better life elsewhere as a defense against acknowledging their role in choosing South Africa as their resettlement country that contributes to their feelings of despair. This is illustrated by Ms. H who appears to externalise blame on South Africa for all the stress, hardship and trauma she's experienced, as she states: *"She blames SA for current stressors and Ms. H did not acknowledge past pains. SA comes to symbolize all the bad hateful experiences and feelings."*

McWilliams (2011, p.116) posits that "the mechanism of splitting can be very effective in its defensive functions of reducing anxiety and maintaining self-esteem." From this perspective, South Africa becomes split and projected as the 'all bad' object, in order to help the refugee women maintain some level of control through externalising blame. This is illustrated by Ms. M as she expresses: *"The client then expresses feelings of regret, stating 'I didn't wish to be here'. Stating, 'I'm not a person in South Africa'."* However, literature illustrates that while splitting may protect against threatening anxious feelings, the lack of integration of both the good and bad experiences in South Africa can lead to a distorted reality, and hence, may be another contributing factor to the refugee women's difficulty integrating and finding a sense of belonging within South Africa (McWilliams, 2011; Allen & Kern, 2017).

5.4. Theme 3: Perpetuating Patriarchy – Domestic Violence and IPV

Domestic violence and intimate partner violence (IPV) are pervasive global issues that are deeply embedded in unequal gender dynamics that systemically disempower women (Jewkes et al., 2011; Alfaro-Velcamp & McLaughlin, 2019; Peralta & Tuttle, 2013). This draws attention to the intersecting roles of patriarchy and sexism as crucial in understanding womens' experiences of GBV within domestic spaces and relationships. The social system of patriarchy encompasses multiple forms of hegemonic masculinities, which lie within a nexus of male domination and female subordination (Sultana, 2012; Walby, 1990; Sah, 2022; Montle, 2022). Consequently, stemming from the colonial establishment and perpetual socialisation of men's authority, control and dominance in political, economic and familial spheres, and the social positioning of women as subordinate, has been proven to lead to various forms of GBV against women within interpersonal relationships that persist in contemporary society today (Jewkes et al., 2011; Alfaro-Velcamp & McLaughlin, 2019; Peralta & Tuttle, 2013; Montle, 2022; Moono et al., 2020).

However, intersectional theorists claim that one cannot merely take a gendered lens to understanding womens' experiences of patriarchal oppression and violence, but rather requires exploration into the multiple, complex inequitable social identities and how these intersect with each other and systems of oppression in producing various degrees of inequalities and vulnerability to GBV for women (Crenshaw, 1991; McCall, 2005; Hancock, 2007; Collins, 1990). Accordingly, this theme focuses on unpacking the nexus of patriarchal masculinities and related power dynamics along intersectional identity lines that underscores the sub-Saharan African refugee womens' degrading, violent and marginalising experiences of physical, sexual, psychological and socio-economic GBV and harmful cultural practices within their families and intimate partner relationships, both within their countries of origin and South Africa. These experiences and the interrelated emotional and psychological impact, are illustrated by mainly emphasising the intersection of gender, patriarchy, culture, race, nationality and class.

5.4.1. Patriarchal Cultural Constructions of Gender that Underpins GBV

Psychological and social research have emphasised the role that culture plays in shaping one's identity, as the socialisation of cultural values and norms affect thought patterns and corresponding behaviours (Gbadegesin, 1991; Oludare, 2015; Falicov, 2015; Phinney et al., 2001). From this perspective, Sultana (2012) and Walby (1990) assert that gender enters into all social relations, in which the pervasive duality in the patriarchal construction of male domination and female subordination, shapes gender roles, societal norms, individual identities, and interpersonal power dynamics; perpetuating a cycle of inequality and female-directed violence that is deeply embedded in political, cultural, economic and familial structures. Hence, under patriarchy, gender and its sexist oppressive counterpart, is used as a means of controlling women and as a weapon of curtailing and disciplining women's behaviour. This sentiment is echoed by Ingrid Palmary (as cited in Fuller, 2008), who states that women have a particular experience of violence, trauma, loss and social belonging, because of the patriarchal gendered construction of women as subordinate in society. Whilst patriarchal culture strongly impacted the familial sphere for all the participants, Ms. D provides rich insights into her experiences of the intersectional patriarchal, cultural and sexist construction of women's subordination that underpins and perpetuates their experiences of violence. Accordingly, the specific case of Ms. D is elaborated upon.

Ms. D describes her perception of living in her childhood home in the DRC and marriage to a Congolese man as entrapping her, which she likens to feeling like a slave. Blackmore et al., (2020), Miller et al., (2002), and Markova and Sandal (2016) studies have reflected refugee women's feelings of being trapped, stuck and helpless in response to male-perpetrated GBV. Ms. D provides further insight into her trapped and enslaved feeling, as she comments on her rights and freedoms being restricted as a woman within patriarchally constructed families and interpersonal relationships. Sultana (2012), Jewkes et al., (2011) and Fuller (2008) have posited that male domination over women and children is considered a given and naturalized aspect of society in the context of patriarchy, interlinked to historical male ownership of property and corresponding rulers of the family. This highlights how hegemonic masculine ideals, sexism and paternalism intersect within patriarchal families and interpersonal relationships, establishing oppressive gendered power dynamics that enables men's domination in the present day by controlling women's social position in relation to their social roles, knowledge and decisions, and bodies and sexuality, as they are perceived as subordinate (Fuller, 2008; Sultana, 2011; Moffet, 2006).

> *"Intrusive thoughts about her father and husband (main perpetrators) and how she feels they controlled her – she felt like a slave when she stayed with both of them, e.g. limited contact with people…father prevented her from having friends…she feels that people don't like her and she should never have been born" – Ms. D, DRC*

> *"This cemented her longing for her mother who, according to their culture, has no entitlement to her children as children belong to the father and his family." – Ms. D, DRC*

Ms. D's latter statement further draws attention to how cultural traditions in many sub-Saharan African countries play a major role in constructing gender roles, including familial and marital norms. Ms. D's experience of woman and children being perceived and treated as *"the father and his family"* property reflects the ingrained intersectional patriarchal, paternalism and sexist values within Ms. D's family, which views women (gender) and children (dependents) less as individuals with their own rights and more as extensions or possessions of the male figure in the family (Sultana, 2012; Walby, 1990). Scholars have posited how harmful cultural practices have been used as a means of legitimizing the control men have over women, thus, creating a society where the subjugation of women is not only acceptable but also required (Sultana, 2012;

Moffet, 2006; Fuller, 2008). Harmful cultural practice often related to marital norms and practices, including arranged marriages (Montle, 2020; Moono et al., 2020; Awwad, 2013).

Arranged marriages entail an exchange in trade to signify the unification of two families joining (Montle, 2020; Moono et al., 2020; Awwad, 2013). Whilst this marital tradition is not harmful in itself, Montle (2020) argues that dowry payments like lobola endorses 'bride price' that becomes a symbol and facilitator of oppression and exploitation of the wives by their husbands in their marriages. Ms. D's perception of her arranged marriage as a prison and her husband as a *"monster"* and *"isn't a nice person,"* reflects the oppressive function of lobola in their marriage, which translated into buying her as a wife, and as such, became constructed as her husband's property. This illustrates how the patriarchal system is characterized by the intersectional oppression of patriarchy, gender and culture, which subordinates women through the devaluation of the female gender, as womanhood and a woman's body are objectified through the transactional process of lobola.

Sultana (2012) and Fuller (2008), in turn, state that the unequal gendered power dynamics fostered through the constructed social position of 'woman' (and the associated categories of wife, mother and daughter) as 'less than' and 'inferior,' fuels the perpetration of physical, psychological, sexual and economic forms of domestic violence and IPV (Keygnaert et al., 2012; Freedman, 2016; de Oliveira Araujo et al., 2019; Moono et al., 2020). Ms. D illustrates this as she describes her feelings of being "worthless" in her marriage and "belittled" in her father's house throughout her childhood, as she refers to how degrading language is used as a weapon to reinforce her inferiority as a woman and erode her self-esteem, embodying the verbal dimension of patriarchal control and psychological abuse (Sultana, 2012; Jewkes & Abrahams, 2002; Palmary, 2002).

> *"Her current husband was an arranged marriage from DRC. They got married and came to south Africa. She feels that he isn't a nice person, describes him as a monster. He is physically, verbally and sexually abusive…She recalls that she felt worthless as he would remind her that he "paid" for her by paying lobola." – Ms. D, DRC*

> *"Ms. D described that in her childhood, her father often accused her of being a witch like her mother. She describes constant verbal abuse and belittlement."- Ms. D, DRC*

5.4.2. Gendered Blame, Guilt and Shame in Patriarchy

Inherent to the 'success' of male domination in patriarchally structured families, cultures and societies, is the deeply ingrained perspective of women as subordinate and the preservation of men's dominant and unblemished social image (Fuller, 2008; Sultana, 2012; Walby, 1990; Moffet, 2006). Like many of the participants, Ms. F represents how her family and culture holds this perception as she expresses: *"In most African Cultures, there is a tendency to explain away the male partner's behaviour."* This reflects the intersection between patriarchal culture, hegemonic masculine traits, inequitable gender dynamics and African ethnicities that underscores the acceptance of male domination, discrimination and aggression. This entitled 'men can do no wrong' perception in patriarchal culture (Sultana, 2012; Sah, 2022), in turn, emphasises the role of blaming women that contributes to the participants' experiences of domestic violence and IPV. Ms. C illustrates that her positionality of being an economically dependent, Burundian woman in a patriarchal marriage intersectionally oppresses her, which leads to both her experiences of traumatic SGBV abuses throughout her marriage and being blamed for the stillbirth of their baby after her intimate partner's forceful sex. This insinuates how women are perceived as responsible for any 'failures' or 'wrong doings' in their patriarchal marriages, reinforcing the inferiority mindset and perpetuates the cycle of blame that disproportionately targets woman (Thompson, 2000; Schwark & Bohner, 2019).

> *"She mentioned that he [previous partner] was violent when they were sexually intimate and this was when she first started experiencing contractions…Her baby died in her womb and was removed at 8 months. It is uncertain when the baby actually died…It seems that her former partner is also saying she killed the child, which is why he is angry." – Ms. C, Burundi*

Ms. D further expresses how she *"blames herself"* for her husband's abuse and perceives herself as *"giving pain"* and being a *'burden'* in her interpersonal familial relationships; signifying how she then further blames herself for not being able to escape her situation. This portrays Schwark and Bohner's (2019) notion of how women who blame themselves for their experiences of GBV develop a victim-blaming narrative that has a negative impact on their self-esteem. Dunn (2005) and Thompson (2000) refer to the term 'victim' as entailing the socially embedded connotations of weakness, lack of agency, vulnerability and being trapped in its meaning. This signifies how patriarchal gendered oppression shapes the emotional aspects of women's experiences, with their

emphasis on male dominance and control that intersects with inequitable gender beliefs and cultural practices that underscores violence against women and their belittlement (Moono et al., 2020; Fuller, 2008; Sultana, 2012; Sah, 2022).

Ms. D highlights how her internalisation of blame from male-perpetrated violence is rooted in patriarchal norms of female subordination that make her feel guilty for the violence inflicted against her and her children by male relatives throughout her life, which perpetuates domestic violence and IPV and a culture of victim-blaming women. Furthermore, Leith and Baumeister (1998), Lewis (1971) and Tangney et al., (1996) refer to *guilt* as a self-conscious and painful emotion that arises when a person believes that they have violated a moral standard, done something wrong, or caused harm to another individual. Ms. D's narratives of victimization and related guilt that she feels, in turn, diminishes her self-esteem and seemingly limits her problem-solving capabilities, amplifying her fear and anxiety about personal safety and impacting her freedom.

> *"Husband calls her a 'witch' and 'bitch' like her father…she cried and said 'I want to stop giving pain'…to my husband, father 'I am a burden'…They have an 8 year old and a 6 year. They are also very afraid, anxious and don't feel safe…Ms. D explains that she is angry at her father-in-law, but she also blames herself for not knowing how to get out of this situation and make healthy choices for her children and herself" – Ms. D, DRC*

Closely related to guilt is the concept of shame. However, where guilt is focused on the behaviour that is directed towards the other and how the action can potentially bring harm to others, shame is directed inwardly and concerns feelings about oneself (Leith & Baumeister, 1998; Lewis, 1971; Tangney et al., 1996). In this sense, *shame* is derived from the painful emotion that a person has done something wrong because they themselves are inherently flawed and inadequate (Leith & Baumeister, 1998; APA, 2018e; Lewis, 1971; Tangney et al., 1996). This infers a link between feeling shame and developing a worthless self-concept, in which psychological research has consistently reported a relationship between proneness to shame and a host of psychological symptoms, including depression, anxiety and low self-esteem (APA, 2018e; Leith & Baumeister, 1998). In response to the socialisation and acceptance of patriarchal male domination in families and communities, women may internalise a sense of inferiority, a psychological process shaped by the relentless messaging and societal norms that position them as subordinate to men (Sultana, 2012; Walby, 1990; Moffet, 2006).

Ms. F, Ms. I and Ms. D C below reveal the intersectional nature of patriarchal oppression, where gender, societal norms and cultural expectations converge to evoke and shape their experiences of shame. Ms. F's perception of being subordinate to her husband highlights a core aspect of shame, where she experiences a sense of being devalued as she expresses feeling *"less important a human than her husband."* Leith and Baumeister (1998) state that shame can underpin feelings of being unworthy that can have a paralyzing effect and lead to avoidance, denial or aggression, rather than reparative actions to promote more positive change. This paralyzing effect of defensive avoidance underpinning shame is expressed through Ms. F's reluctance to speak about her husband's perceptions, and her subsequent justification and apology for her anger. This portrays how the oppressive intersectional patriarchal gendered construction of women as subordinate is reinforced through internalised feelings of shame, making women feel they must conform to a submissive role (Fuller, 2008; Jewkes & Abrahams, 2002; Sultana, 2012), as expressed through Ms. F's suppression of her own voice and feeling a lack of a sense of agency. This seemingly internalised patriarchal belief system of female subordinate and interrelated worthless self-concept, in turn, inhibits her from questioning or challenging the power dynamics within her marriage that sustains her husband's control over her.

> *"When Ms. F was asked about how her husband perceives her, she became reluctant to speak, citing that she should not be allowed to speak about his feelings…When she eventually responded, she stated that her husband would say that she has a problem with anger. She initially seemed ashamed (bashful in a childlike way, more than shame) to speak about her anger [to threatening circumstances], justifying it by saying that she always apologises afterwards...there is a dynamic between herself and her husband that is making her feel less important a human than her husband. This may speak to her feeling like she doesn't have agency." – Ms. F, DRC*

Ms. I and Ms. D's extracts below illustrate how control of knowledge and sexuality are crucial components of patriarchal order and reinforcing male domination, which underpins their experiences of shame (Sultana, 2012; Awaad, 2013; Alfaro-Velcamp & McLaughlin, 2019). One way in which men in many patriarchal African cultures and families (Montle, 2020; Moono et al., 2020) dominate and control women's knowledge and sexuality is through virginity control (Awaad, 2013). The confusion both Ms. D and Ms. I express in relation to the onset of menstruation (Ms. D) and not bleeding after being raped as a virgin (Ms. I), illustrates how deeply entrenched patriarchal cultural narratives and myths about femininity and purity are controlled by

men, which profoundly affects women's understanding of their own bodies and evokes feelings of shame, confusion and isolation when their experiences do not align with these expectations. This highlights the patriarchal intersection of ethnicity, inequitable gender dynamics, harmful cultural practices and paternalism, which underpins the participants experiences of domestic violence (Awwad, 2011; Baker et al., 1999).

> *"Ms. I recalled her first rape at 17, where she says she did not bleed and that this confused her so much because of cultural norms around virginity which dictate that blood must be shed if you are a 'true' virgin. She expressed feelings of shame and feared what would happen to her if anyone found out about the rape…Virginity was critiqued among the women and talk around how women's sexuality is controlled by men took place." – Ms. I, DRC*

> *"She described that the first time she got her period, she didn't know what was happening. She went home and told her step-mother who accused her of being sexually active. Her father threatened her stating that if she wasn't a virgin he would kill her. She had to go to the hospital where they tested her to see whether she was a virgin." – Ms. D, DRC*

Furthermore, literature on virginity control has been related to the importance of exalting male honour within patriarchal cultures, which has often perpetuated women's harm, human rights violations and GBV (Awwad, 2011; Baker et al., 1999). Ms. I's extract above describes her experience of how women's virginity is dictated, critiqued and controlled by men in her Congolese culture, in which her internalised subordinate self-concept evokes feelings of shame. This reinforces the idea that shame emerges as a self-conscious response to behaviours where one perceives their own conduct as dishonourable, immodest or indecorous (APA, 2018e; Lewis, 1971). Moreover, Ms. I's shameful feeling evokes fear derived from the intersectional oppression she faces as a Congolese woman in a patriarchal family. In this sense, the perceived social judgment she thinks she will face from 'others' for being 'sexually promiscuous,' despite the sexual violation not being her fault, contributes to her shame, as the APA (2018e) and Leith and Baumeister (1998) state that there is a strong feeling of fear of one's behaviours being publicly exposed to judgment or ridicule that underpins shame. Hence, the patriarchal notion that Ms. I's experience of rape is her fault as a woman due to inequitable gender constructs and interrelated exaltation of purity, reinforces her experiential cultural silencing about being raped.

Similarly, Ms. D's experience of being judged by her step-mother and father exemplifies how virginity and purity are exalted, and sexuality used as an oppressive patriarchal tool to subordinate women. The perception of Ms. D being sexually active threatens the patriarchal ideals of male domination interlinked with sexual purity and family honour, which leads to her being subjected to death threats and virginity testing as a means to uphold these values of male honour and control. This illustrates how patriarchal cultures and societies shift the blame and consequences of perceived dishonour onto women based on their intersectionally gendered subordination, thereby undermining their autonomy and perpetuating 'justified' enactments of violence against them (Sah, 2022; Awaad, 2013; Alfaro-Velcamp & McLaughlin, 2019; Dolby, 1990). Moreover, past studies have illustrated how the perception of women's sexual promiscuity, or any insubordinate behaviour that opposes the exaltation of male supremacy, may cause a breakdown of the accused woman's sense of belonging within their family or community interlinked with oppressive gendered stereotypes of being perceived a 'prostitute,' 'shrewish' or bringing shame to the family (Sultana, 2012; Sah, 2022; Awaad, 2013; Alfaro-Velcamp & McLaughlin, 2019). Ms. D's experience of facing ridicule from her community and pressure from her father for seeking help against her husband's violence, underscores the pervasive influence of patriarchal norms that not only trivialize women's appeals for safety but also reinforce the victim-blaming narrative, in order to uphold familial and cultural honour through preserving the man's social status and interrelated dominance (Awaad, 2011; Sultana, 2012; Schwark & Bohner, 2019).

> *"She got a protection order, but dropped it because she was being harassed by the people in her community for getting her husband into trouble, she tried again and received the same abuse… She stated that her father phoned her on Monday and asked her to handle the situation in a peaceful manner and work on staying together with her husband… Ms. D repeated her father's words to her mother when she describes how her husband refers to her i.e. witch and bitch, which alludes to how she is most likely re-experiencing parts of her past in her present."" – Ms. D, DRC*

5.4.3. GBV Justified and Used as a Patriarchal Tool for Womens' Subordination

From the oppressive gendered patriarchal perspective that women are constructed as subordinate and objectified as property in patriarchal families and intimate relationships, the participants reported numerous experiences of physical, sexual and economic domestic violence and IPV abuses. Fuller (2008), Sultana (2012), and Jewkes et al., (2011) have emphasised the link

between a strong patriarchal social order and hegemonic masculine ideals, which endorses a culture of violence, both physically and through more subtle forms. They further posit that the expression of men's power, and threat thereof, establishes the basis for physical and sexual GBV, as men's power is related to hegemonic masculine traits of strength, dominance and assertiveness (Sultana, 2012; & Jewkes et al., 2011; Jewkes & Abrahams, 2002; Moffet, 2006). Peralta and Tuttle (2013) and Krishnan et al., (2010) further insinuate that hegemonic masculine traits within patriarchical systems underpins men's economic dominance within families, establishing a societal norm where male authority naturally extends into the realm of financial control.

Ms. M illustrates her husband's use of masculine authority to assert dominance in their household through financial control. She describes her experience of him controlling her finances by funnelling her earnings into his account and arbitrarily granting her access to her own money, thereby limiting her financial freedom and reinforcing his dominance over her. This restriction on accessing her funds diminishes her financial autonomy, illustrating how economic control and financial abuse serve as strategies in patriarchal societies to uphold male dominance and female subordination by dictating women's financial and decision-making capabilities, which is reflected in Ms. M's frustration (Peralta & Tuttle, 2013; Sah, 2022; Krishnan et al., 2010; Prilleltensky, 2008). Such practices of control are deeply embedded within the history of colonialism, patriarchy and intersecting principles of capitalism that aimed to consolidate economic resources and labour power under male authority, thus legitimizing the financial exploitation of wives by their husbands (Sultana, 2012; Sah, 2022). This illustrates Collins' (1990) argument of how the structural domain of power impacts the interpersonal domain of power, wherein the oppressive, gendered nature of patriarchy orchestrates the subjugation of women through the control of economic resources.

> *"Her husband has a Nedbank account, but she prefers not to use it, as she did previously and once again accessing her money from him was difficult…the client explains that she experiences her husband as difficult, financially abusive in the past (when her finances went through his bank account)." – Ms. M, DRC*

Furthermore, Ms. M's experience of financial subjugation highlights the intersecting role of class with patriarchy and sexism, in establishing the inequitable class divide within patriarchally structured families and intimate relationships that creates the conditions for domestic violence and IPV. This draws on McCall's (2005) inter-categorical approach to understanding the power divide between men and women within patriarchal relationships, by positioning men as having higher

SES than women in the household as a consequence of centralising male control over economic and financial resources. Consequently, this grants men (fathers and husbands) greater control and decision-making authority, and in turn, reinforces women's subordination through their dependency on men, which increases their vulnerability to exploitation and abuse within intimate relationships and families (Peralta & Tuttle, 2013; Sigamoney, 2018). Krishnan et al., (2010) and Sah (2022) portray the profound psychological impact of women's dependency in abusive patriarchal families and intimate relationships, deeply affecting their self-esteem, anxiety, depression, and creating a diminished sense of autonomy and self-determination, which may develop into a learned helplessness over time.

Hence, highlights how different class positions between men and women within the household has a subjugating and debilitating impact of women's mental health and wellbeing. Ms. F reflects this inequitable class power dynamic within her marriage with her husband, as she expresses her feelings of anger and helplessness in response to the restriction placed on her by her husband to not work. Her experience of restrictiveness to make independent choices about her career and finances, illustrates how economic dependency becomes a tool for perpetuating patriarchy and male control, and further limits women's agency and autonomy as a form of economic violence that can lead to feelings of powerlessness and a diminished sense of self.

> *"The therapist sensed a deep-rooted helplessness. Ms. F also has anger towards her husband because he doesn't allow her to work and they are struggling financially…She mentions that she could work and do piece jobs and get money but he insists that she shouldn't." – Ms. F, DRC*

Furthermore, many of the participants expressed how men are socialised in patriarchal societies and cultures to have inherent rights over women's bodies and sexuality, consequent of women's subordinate status and objectification (Awaad, 2013; Muluneh et al., 2020; Moffet, 2006; Sultana, 2012). This includes entitlement to sex, whereby Ms. D describes her degrading and traumatic experiences of sexual violence that are emblematic of the oppressive and harmful intersections of male entitlement and the objectification of women within a patriarchal framework that permeate domestic spaces and relationships, as she states: *"her husband forces her to have sex with him, and watches a lot of pornography expecting her to perform in the same way."* Ms. C further describes how "*her husband was forceful during sex and that all of her children were conceived out of rape."* These harrowing experiences reflects how coercion, force and sexual

violence are a stark manifestation of male entitlement and hegemonic masculinities, whereby Moffet (2006, p.29) states that men rape "not because they want to or are 'tempted' to, but because society tells them they can (and in some cases) do so with impunity."

This perception underscores the patriarchal belief system whereby marriages provide the legal basis in which men's desires are prioritised over women's rights, consent and agency; emphasising how the socially endorsed patriarchal order in societies and cultures 'allows' men to use rape and SGBV to inscribe subordinate status onto women (Fuller, 2008; Moffet, 2006). The pervasive rates of SGBV and femicide provide evidence to this claim (SAPS, 2017; STATS SA, 2020; Mngoma et al., 2016), and illuminates the oppressive intersection between patriarchy, culture and gender in founding and exacerbating women's vulnerability to and experiences of SGBV and IPV. Research has further reported more severe health consequences for women who have been sexually assaulted and raped as part of IPV, owing to the physical and sexual nature of the abuse (Fazel, 2005; Idemudia et al., 2013; ZTVP & CSVR, 2006; Higson-Smith & Eagle, 2017).

Fazel (2005), Momartin et al., (2004), Alfaro-Velcamp and McLaughlin (2019), and Blackmore et al., (2020) portrayed the prevalence of complex trauma, PTSD, depression and anxiety amongst refugee women who experienced SGBV and IPV. Ms. A demonstrates this as has describes feeling "*hopeless and powerless"* as a consequence of her experiences of IPV and external trauma relating to political violence previously encountered in the DRC and xenophobic violence in South Africa. These feelings, in turn, *"have lead her to not feel safe in her own home or wherever she goes…she feels anxious and tired constantly."* Thus, the participant's harrowing accounts of SGBV as part of IPV, reveal that the forceful nature during sexual abuses not only violates their bodily autonomy but also perpetuates a cycle of trauma and disempowerment that negatively impacts their psychological wellbeing.

Sultana (2012), Muluneh et al., (2020), Awaad (2013), and Jewkes and Abrahams (2002) have shown that male domination and control is often enforced through threats of or acts of physical violence when women don't comply to the men's' demands or questioned or threated their authority (Sultana, 2012; Muluneh et al., 2020). Both Ms. D and Ms. J relay their perception of physical violence being used as a tool by their father or husband, respectively, to discipline their perceived disobedience and enforce male domination. This portrays the overarching systems of patriarchal power and oppression, as the normalisation and even justification of physical

violence or its threat is rooted in tradition hegemonic masculine cultural narratives that frame men as inherent leaders and disciplinarians (Sultana, 2012; Muluneh et al., 2020; Fuller, 2008). In this regard, Ms. D and Ms. J's experiences illustrate how force and threat fundamentally aims at maintaining oppressive patriarchal gendered hierarchies through power and control, thereby reinforcing male dominion by instilling fear and corresponding compliance, subordination and punishment (Sultana, 2012; Muluneh et al., 2020; Jewkes & Abrahams, 2002). Ms. J particularly highlights how the fear induced through her husband's previous physical abuse and present threats that loom over her, significantly impacts her psychological wellbeing, as such threats not only endanger their physical safety but also served as a means to intimidate and demean her; deepening the narrative of helplessness and worthlessness that hegemonic male domination instills.

> *"She initially spoke about her marital conflict with her husband, whom she is now separated (not divorced) from. She does not know his whereabouts, and suspects he is out of the province but she is deeply fearful of him attacking or killing her. He has made several serious threats to her wellbeing and life over the last few months…He previously has threatened her life and physically abused her when they were together. She carries a sense of worthlessness and fear with her, that she won't ever fully evade him." – Ms. J, Somalia*

> *"She described an incident where her father tried to kill her [in the DRC] – they got into a fight because "she is like her mother" and she refused to leave and go back to stay with him, and he threatened to hit her… He followed her, and took one of the knives, followed her to the room and he tried to stab her multiple times." – Ms. D, DRC*

Moreover, Ms. D expresses how her husband threatens to withhold paying rent after their argument and martial separation, as a form of disciplining her and enforcing male domination, as she states: *"he [husband] threatened that she will be on the streets at the end of the month because she won't be able to pay rent…he has since moved out of the house, and expressed that he wouldn't be contributing towards rent."* This suggests that the expression of Ms. D's opinions is perceived as a confrontation and threat to her husband's authority as 'the man,' as well as how the deterioration of the relationship increases the woman's risk of economic violence in response. Economic violence in this regard is also used as a disciplinary tool by Ms. D's husband to punish as well as to gain back a sense of power and control over his wife's life, as Ms. D states that *"he is angry with her and believes that she won't survive without him."* Thus, this portrays how both

physical and economical violence can be used as patriarchal tools to oppress and marginalise women in domestic spaces and intimate relationships. This finding further illustrates Sultan's (2012) argument that patriarchy is still very much alive in modern society, the system just merely accommodates male domination in various ways.

Furthermore, Ms. I paints a vivid picture of the trauma she experiences from the racist discriminatory remarks, and physical IPV and domestic violence both her and her children encountered from her white husband in South Africa. Whilst a few participants experienced IPV within their relationships with native South Africans, the specific case of Ms. I is focused on as her experiences epitomize the broader societal patterns of violence and discrimination, demonstrating how the intersection of gender, race, nationality and class intricately shapes the patriarchal oppressions faced by black sub-Saharan African refugee women due to their multiple intersecting marginalised identities. Jablonski (2021), Posel (2001) and Yuval-Davis (2011) posit that the social construction of race discourse has a profound impact on one's identity and sense of belonging, as it shapes perceptions, experiences and interactions with others in society. As previously explained, the history of South Africa is embedded within the historical oppressive regimes of colonisation and apartheid, which institutionalised the stratification of society along racial and gendered lines (Tafira, 2011; Masuku, 2006; Jablonski, 2021). Whilst institutionalised racism and sexism has been abolished in the democratic regime of South Africa, these discriminations still persist in the present day, which forms the basis for the inter-categorical analysis of intersecting inequalities between gender and race that characterise and exacerbate black refugee women's experiences of IPV and domestic violence in South Africa (McCall, 2005; Crenshaw, 1990).

The perception of *"why would you be with a black woman?"* expressed by Ms. I's husband's' friends exemplify how this intersection of racism with sexism creates a compounded effect of oppression (Crenshaw, 1990), which leads to Ms. I's following experiences of physical assault. The use of physical violence and threat thereof expressed throughout Ms. I's several experiences of IPV and domestic violence further illustrate how patriarchal misogyny intersects with racism and sexism that forms triple discrimination and underscores her trauma and suffering. In this sense, Ms. I's experiences of IPV are rooted in the normalization of violence by intersecting racist, sexist and patriarchal norms and practices, as seen in her husband's violent actions used to inflict hatred, discrimination and degradation of Ms I and her black race, which asserts male dominance,

control and oppression over black women (Fuller, 2008; Moffet, 2006; Mbiyozo, 2019; Idemudia, 2014; Sida, 2015).

Moreover, in the South African context, Ms. I's multiple intersecting identities of being an undocumented (asylum status), refugee (nationality) who is unemployed and dependent on her husband's welfare (low SES) further subjects her exacerbated vulnerability to broader societal oppressions when her husband abandons her and their children. Masuku (2006), Nattrass and Seekings (2001), and Addae and Quan-Baffour (2022) state how race and refugee status adds another layer of complexity to the xenophobic experiences of people's lives, particularly of black African foreigners. From this perspective, the abandonment of Ms. I's husband can be perceived as the enactment of intersecting sexist, racist and xenophobic discrimination, which is 'accepted' through patriarchal norms of male entitlement and supremacy to 'do as they want,' particularly against marginalised groups that are constructed as subordinate (Moffet, 2006; Sultana, 2012; Pineteh, 2017; Sah, 2022). The consequent compounding impact of Ms. I's low SES and the verbal, physical and economic violence inflicted by Ms. I's husband, leaves her feeling demoralised and intensifies her psychological trauma and economic instability. Thus, these dynamics underscore a broader context of patriarchal domination, where gender inequality, racial discrimination, xenophobic discrimination, and socioeconomic disadvantages converge to perpetuate systemic oppression, marginalisation, and a cycle of abuse that profoundly impacts women like Ms. Is' psychological, physical and economic well-being.

> *"One evening her husband's friend who he worked with at a jail (used to be a policeman) came over…His friend was asking 'why would you be with a black woman?' They came to her room, hit her and beat her and burnt the children with cigarettes…Recently her husband and 2 of his friends attacked her from behind when she was getting out of a taxi. They hit her over the head and she fell to the ground – she yelled for her son to run and he broke his leg while running away." – Ms. I, DRC*

> *"In January 2018 he [South African husband] left the house. He did not support her with food for the children…She called her husband for help to pay rent. He came to the house and made her and the children all come into a room where he closed the door behind them. He then reportedly put a gun to Ms. I's head in front of the children and said 'this is the last time you ever call me, never call me again! I do not know you. If you call me again I will kill you'...Because she had not paid the rent for 3 months, the court said she*

had to leave the house in March 2018…She then lived on the street and reports that she does not have anything as her husband burnt all her belongings." – Ms. I, DRC

Peralta and Tuttle (2013) and Krishnan et al., (2010) studies have reported the increased risk of IPV when there were economic and financial difficulties within the home. Following from the preconceived patriarchal notion that being a "man" means providing for one's self and family, (Sultana, 2012), Peralta and Tuttle (2013) and Krishnan et al., (2010) portray how experiencing overwhelming socioeconomic stress within the household becomes a precursor to IPV when the male partner is unemployed and is perceived as failing to fulfil the traditional male provider role. This perception formed the basis for both Ms. M and Ms. D's experiences of IPV when their husband's provider roles were threatened, which places emphasis on the impact of broader systemic inequalities in shaping interpersonal dynamics (Collins, 1990). In this sense, the overarching socioeconomic constraints and stressors in South Africa have intensified the stressful conditions within the household, in which the combined effects of intersectional gendered patriarchal oppression and financial hardship exacerbate the refugee women's susceptibility to IPV from their husbands. Peralta and Tuttle (2013) and Sah (2022) illustrate that the 'failed' provider role of the man interlinked with their unemployment status, impedes men from adhering to patriarchal cultural and societal expectations of being the primary breadwinner, which can lead to feelings of inadequacy, loss of self-esteem, and create an identity crisis due to the deviation from the normative gender role.

Ms. D provides an example of the proliferation of oppressive power dynamics in response to the intersecting duality between her low SES, food scarcity and her husband's perceived 'failed' provider role, as she expresses how her husband was *"offended"* and *"embarrassed"* about her asking for and accepting food from a friend. For her husband, this created the emasculating perception that he *"wasn't a man"* and couldn't provide for this family. Accordingly, in response to the resultant threatened internalised constructions of masculinity and lost sense of patriarchal power, scholars posit that the man may inflict GBV towards 'subordinate others' in the household – i.e. women and children – as a means of re-gaining a sense of masculinity and male power and control within the home (Peralta & Tuttle, 2013; Krishnan et al., 2010; Sultana, 2012). For Ms. D, her husband's experienced humiliation appears to be the driving force for him to accept or reject the food offered, which emphasises how the man continues to make the decisions in order to regain a sense of power and control. Here, Ms. D's husband prioritises his social image and sense of power above the care of his family's needs and well-being: *"He (husband) had agreed*

to take the rice and the milk but returned the bread. When she asked for the rice, her son told her that [husband] had told him to throw it away."

> *"Her husband was home when her friend came, and got angry and offended that Ms. D was going around "begging for food." That day when Ms. D came home, her husband was upset and explained that he felt embarrassed because people now thought he "wasn't a man" as he seemingly couldn't provide food for the family." – Ms. D, DRC*

On the other hand, Ms. M refers to her experience of being verbally abused and degraded by her husband, in order for him to regain a sense of power as the man in the household in response to his perceived failed provider role and perpetual socioeconomic stress. Ms. M further highlights how this abusive experience of IPV reinforces her subordination as she describes her husband making her feel *"useless,"* which in turn, intensifies her deep-seated feelings of loneliness, stuckness and hopelessness; portraying the negative impact of patriarchal oppression on women's mental health. Thus, illustrates how the intersection of patriarchal gender roles for the male to provide and the unemployed status of the man alongside financial difficulties creates an added level of complexity, which increases the womens' vulnerability to domestic and economic abuse.

> *"The client expressed feeling frustrated and stressed by her partner. He is not doing well and has been verbally attacking the client, making her feel useless, even though they both are struggling…The client speaks to his [husband] own level of impotence (not working) and stress he takes out on her. She reports this leaves her feeling alone, stuck and hopeless." – Ms. M, DRC*

5.4.4. Irony of Intimate Relationship or Marriage as a Survival Strategy

Lazarus and Folkman (1984) state that experiences of fear motivate one to reduce the threat through various strategies, such as compliance, acquiescence and escape. After Ms. D analyzed her situation and the intersectional forms of oppression she faced as a Congolese woman in a patriarchally oppressive family, and the powerless feeling this evoked, she expresses how she hoped to escape her father's tyranny and related perpetual domestic violence through her arranged marriage. She voiced her *"hope[d] for her life to be better"* and some sense of freedom and peace once she leaved her father's home, which illustrates how gender and patriarchy intersect to oppress women and underscore their abuse in domestic spaces. On the other hand, Ms. B

illustrates how her precarious circumstance of living homeless in South Africa, and the interrelated traumatic GBV abuses she experienced on the street, becomes the main motivating reason to escape her precarious position through marrying a South African man as a means of survival. She too expressed a hope for a better life, but in Ms. B's case, this was related to providing for her basic and safety needs in addition to escaping opportunistic crime from living homeless. This illustrates how Ms. B's intersecting identities of being a black (race), impoverished (class), Ethiopian (ethnicity), refugee (nationality) woman (gender) within the broader context of socioeconomic constraints and systemic violence within South Africa, compounded her vulnerability to precarious living and related experiences of GBV (Sigamoney, 2018; Palmary, 2002; Idemudia et al., 2013). Thus, similar to Hungwe's (2013) study, marriage was used as a behavioural coping strategy to escape domestic violence and as an economic survival strategy to escape socioeconomic stressors and traumas.

> *"Her husband was an arranged marriage…she hoped for her life to be better now that she was no longer living with her father. She said 'I just wanted to be free, but I am still trapped…there is always pain with these men'." – Ms. D, DRC*

> *"August 2003 arrived in SA. She was living homeless in JHB, wondering on street. 2005 met husband – married…they [men]would attack her at night, take what little she had, try to rape her...husband gave her a 'new beginning' – she described this fresh start in life as had a house to stay in, food, clothes." – Ms. B, Ethiopia*

Controversially, both Ms. D and Ms. B illustrate the irony between their perceived 'better' life for safety, provision and support within their marriage and their realities of continued traumatic IPV experienced. Ms. D emphasises how her marriage was not the safe haven she imagined and entailed trading one abuser for another, which reinforced feelings of shame, fear, entrapment and pain. These ironic experiences illuminate the patriarchal gendered oppression perpetuated in Ms. D and Ms. B's marriages that intersect with inequitable SES power imbalances in entrenching male domination and female subordination. Hungwe (2013), Fuller (2008) and Idemudia (2014) portray that being submissive, compliant and providing sex becomes an unspoken patriarchally entrenched expectation and form of 'payment' for being taken care of in marriages with local South African men for some refugee women in South Africa, which can result in various acts of forced physical and sexual violence. The gendered and SES power imbalance between the sub-Saharan African refugee women and their husbands, in turn, presents

a double-edged sword, as Ms. D and Ms. B reveal how their low SES and related financial and material dependence on their husbands subjects their bodies and sexuality to ongoing abuse as the 'cost' of their husbands support as the male authority (Sah, 2022; Fuller, 2008; Hungwe, 2013). Thus, Ms. D and Ms. B's intersectional embodiments in the nexus of unequal patriarchal power dynamics that aids their subordination, not only means that their marriages subverted their escape strategies but also entrenched them in a cycle of perpetual GBV and marginalisation.

> *"Her husband is still abusive and he has tried to strangle her. When he beats her, he beats her with a belt…They have an 8 year old and a 6 year. They are also very afraid, anxious and don't feel safe. Sometimes he beats them, or else leaves them alone for extended periods when she is not around." – Ms. D, DRC*

> *"It appears that the main reason why she didn't want to talk about him [husband] was because he was physically abusive. He beat her often, and she described that sometimes he didn't care if she was naked, he would beat her up anyway…She describes the ending of their relationship as tumultuous, with his being physically abusive to the extent that she opened a case of domestic violence against him." – Ms. B, Ethiopia*

5.5. Theme 4: Resilience

Both the current body of literature as well as this study have portrayed the prevalent nature of the ongoing stressors and experiences of trauma and GBV that the sub-Saharan African refugee women face throughout their migratory process. However, key to their experiences of adversity and violence is also their ability to "bounce back" and persevere through these challenges (Masten et al., 1990). Past research has illustrated that refugees all over the world have used specific coping strategies in order to maintain a normal level of daily functioning and mental wellbeing despite experiences of trauma and adversities (Goodman, 2004; Merry et al., 2017; Liu et al., 2020; Luther et al., 2000). Additionally, psychological theories emphasise the crucial role defense mechanisms play in gaining insights into people's behaviour as they navigate challenging and traumatic experiences (McWilliams, 2011; Cramer, 1998). Thus, this theme focuses on showcasing the adaptive processes involved in facilitating the participants' resilience whilst living in South Africa, despite persistent oppressive experiences of socio-economic stressors, xenophobic violence and domestic violence.

Notably, the theory of intersectionality did not fit neatly into this theme, as it is primarily concerned with explicating the intersections between multiple inequitable social identities and positions and the interrelated oppressive power dynamics that underscore marginalised groups experiences of inequality, discrimination and violence (Al-Faham et al., 2019; Crenshaw, 1991; Walby et al., 2012). This fixation of intersectionality on inequalities and oppression, rather than on factors that promote coping and positive adaption, limits the intersectional theoretical applicability of the refugee womens' experiences of resiliency that allowed them to effectively cope and function on a daily basis amidst their intersectional adversities. However, these discrepancies between theory and the participant's realities of effective coping, allowed for the creative use of moulding new ways of using intersectional theory (Mafeje, 1990; Nyoka, 2012). This approach revealed how intersecting oppressions led the participants to develop and utilize adaptive processes that protected them from adverse psychological effects and promoted psychological wellbeing. These adaptive processes are unpacked in relation to four sub-themes, namely *hope amidst adversity*, *repression, faith and religion,* and *therapeutic support*.

5.5.1. Hope Amidst Adversity

While the oppressive intersectional challenges faced and experienced by the sub-Saharan African refugee women in the harsh socio-economic and xenophobic context of South Africa have been shown to exacerbate their trauma, GBV abuses and stress, adversely impacting their daily lives, sense of belonging and psychological functioning (Fuller, 2008; Porter & Haslam, 2005; Idemudia et al., 2013), the participants also exhibited remarkable resilience. They did this by maintaining a powerful sense of hope and perseverance amidst their experiences of adversity, highlighting their capacity for endurance and optimism even under the most difficult circumstances in South Africa. In psychological literature, *hope* has been related to character strength that navigates one through adversity and envisioning a future beyond the immediate hardships, which contributes to achieving personal fulfillment and benefitting others (APA, 2018d; Luther et al., 2000; Block & Block, 1980). Hence, hope serves as a salient cognitive coping strategy, which for the participants included finding practical creative ways to get involved in economic activities, employ their agency and resourcefulness, form alternative social relationships, as well as living for their children as their drive to keep persisting through difficulties.

As explicated previously, all of the participants experienced socio-economic struggles and constraints integrating within the labour market to varying degrees, due to their intersectional positions as refugees, who are often undocumented, as well as their experiences of xenophobic discrimination that exacerbated their exclusion from formal employment prospects (Alfaro-Velcamp & McLaughlin, 2019; Idemudia et al., 2013; Palmary, 2002). Despite these challenges and intersecting oppressive factors, some of the refugee women spoke about finding alternative ways to become involved in economic activities, such as through finding or creating work and developing their skills as a means to provide for themselves. Vollhardt (2009), Papadopoulos (2007), Wood et al., (2019) and Walther et al., (2021) studies have reported how refugees *working* forms an important behavioural coping strategy that has led to positive adaptation in resettlement countries. For the refugees in Vollhardt (2009) study, work created a sense of meaning from their suffering. This was evident in Ms. A's entrepreneurial experience of being a provider to her family, which she associates with feelings of pride and expressing a sense of her rights (Papadopoulos, 2007; Wood et al., 2019):

> *"she liked the women's rights in South Africa, and being able to work. She noted that helping her husband pay bills gave her a sense of pride and that she liked working and providing for her family." – Ms. A, DRC*

Ms. H further illustrates how she combats her intersectional oppression of unemployment and expresses her resiliency to xenophobia and economic hardship through her entrepreneurial ability, as she states: *"Ms. H is struggling to adapt to a different and more desperate way of being. She is not used to begging for her needs. She said that black South Africans speak 'bad' about her, and she has now started selling her old clothes to survive…running own 'shop' behind her building, collecting and reselling old clothes"* Ms. A and Ms. H's entrepreneurship supports Pineteh (2017) and Waiganjo's (2018) perception of using one's agency and resourcefulness to improve their financial and economic means as a significant personal achievement, which in turn, fosters self-sufficiency and resiliency. Ms. B also portrays the emotive coping role work serves as distracting her from her problems and negative thoughts and emotions, which Vollhardt (2009) and Walther et al., (2021) showed helps refugees maintain a normal level of functioning in their daily lives: *"Ms. B found work this past month…There is a need to work to keep those pieces together."*

Similarly, Ms. N speaks about the effort she placed into upskilling herself, so that she can increase her prospects for employment and the feelings of hope she associates with this, as she expresses: *"she has also completed a baking course and has a certificate and is hopeful about exploring work options. She had asked the therapist if she knows of any places that she can give her CV to."* Ms. O also highlights the supportive role of some formal support services in aiding her upskilling process, which gives her hope and a refreshed sense of purpose to create a better life for herself: *"Did sowing course through JSR…She was excited to see where she could get a job or start making her own clothes to sell."* Kukovetz and Sprung (2019) claims that upskilling, in turn, may improve one's economic prospects and labour market integration that contributes to one becoming more self-sufficient and improves their overall wellbeing. This finding further illustrates that despite the oppressive intersectional impact of the refugee womens' educational qualifications and past work experience not being recognised in South Africa (Carciotto, 2020; Palmary, 2002), they were able to resiliently adapt and develop new skills to increase their future economic prospects.

These extracts demonstrate how sub-Saharan African refugee women build and express their agency and resourcefulness in various economic ways to support themselves in South Africa, which Walther et al., (2021) claims help them avoid the 'victimizing' self-perception. Rather, there is an element of them taking control over their lives and a sense of hope that empowers them to push through their hardships and foster what Walther et al., (2021) refers to as a 'growth through adversity mindset.' Both Ms. C and Ms. D provide examples of the different ways that they employ their agency and resourcefulness to survive in the face of dire financial circumstances and domestic violence:

> *"Ms. C children has started to find remedies to supplement their low energy levels because of food [lack of]. She mentioned a product called "Pangos" which her sons buy her R1 so that they have energy for the whole day even if they don't eat." – Ms. C, Burundi*

> *"The therapist complimented her for taking relevant steps towards protecting her children and herself from a hostile environment (signing up for therapy, filing for divorce, getting a protection order)." – Ms. D, DRC*

A few of the refugee women further emphasize how they continue to persevere through hardship as they live for their children, which was also reported in Khawaja et al., (2008) and

Pahud et al., (2009) international studies. Ms. C illustrates in her narrative how her children serve as a protective mechanism against her own suicidal and homicidal ideations associated with past and daily stress and adversities. Ms. N speaks about the peace she feels for being there for her children amongst her stress and daily struggles. Whereas, both Ms. D and Ms. M emphasize fighting for a better life for their children which keeps them going:

> *"The client spoke about thoughts that come to her about dying, and she remembers that she has children and they have nobody else to look after them if she leaves…She says she would never harm her children because they are innocent, and explained that this would make her like all the people who have killed her family." – Ms. C, Burundi*

> *'I came for stress, thought you would send me back to Congo, but you don't do that- children and I like this place, give me peace.'...Although having numerous social stressors, it is the emotional support that she has most valued and her ability to be there for her children even if struggling…*she was able to explain her children are a motivating factor, what keeps her going, they only have her*" – Ms. N, DRC*

> "She mentioned often that she wants to fight for her children, *because they need her" – Ms. D, DRC*

> *"Ways of supporting [daughter]: transitional object when left at school early in the morning and picked up late in the evening, such as a teddy bear; go to FF for social assistance and assistance in connecting her with LHR to get [daughter] a birth certificate; writing exercises she can do with [daughter] at home to help her writing skill development; educational games they can play together…The client reflected on the previous session and stated it gave her hope that [daughter] can be helped." – Ms. M, DRC*

Scholars have emphasised the salient role of social support in facilitating refugee's successful resettlement and coping within host countries (van Bortel et al., 2019; Siriwardhana et al., 2014). However, as previously discussed, the participants' faced an overwhelming amount of social marginalisation, ostracism and abuse from South African nationals within the communities in which they lived and worked, due to prevailing intersectional xenophobia and afrophobia that dominated their experiences of disintegration and feelings of despair (Addae & Quan-Baffour,

2022; Pineteh, 2017; Sooliman, 2019; Idemudia et al., 2013). Nonetheless, Ms. H and Ms. B reveal how whilst they continued to face social ostracism from native South Africans, they were able to form bonds with other refugees and foreigners in South Africa that fostered a sense of connection and emotional support through their shared identity as foreigners. This finding stands in contrast to Pahud et al., (2019) study, which found that refugees tended to avoid each other as their shared experiences of trauma served as a source of turmoil.

Hence, this study illustrates that whilst xenophobic prejudice serves as an intersectional tool for the participants' exclusion and marginalisation, their shared experiential identity as foreigners served as a point of connection that fostered a new avenue to form social relationships amidst pervasive xenophobia and afrophobia in South Africa. This social connection provided both women with fellowship, emotional and practical support, and allowed for an exchange of resources and associated feelings of pride in helping one another. Thus, portrays the positive impact that forming and maintaining social relationships that provides emotional support has on the refugee women's sense of connection and community, which serves an important role in helping them cope with their daily adversities and stressors in South Africa (Allen & Kern, 2017; George & Selimos, 2019; Yuval-Davis, 2011).

> *"Ms. H began sharing a story about meeting a white Australian lady because Ms. H was interested in taking some Casava leaves from her garden one day. Ms. H happily spoke about meeting this lady, and how they became friends, and Ms. H would go inside and have tea and biscuits with her. They identified with one another as foreigners, despite language difficulties." – Ms. H, DRC*

> *"She also seems very proud that she went there [Home Affairs] because she was accompanying another Ethiopian woman who can't speak English so that she could interpret for her." – Ms. B, Ethiopia*

Thus, despite the sub-Saharan African refugee womens' feelings of disillusionment and despair, stressful and hostile experiences, and the complex and contentious journey of their adaption in South Africa, they, nonetheless, utilize their strength and resiliency throughout their hardships and persistence to never give up.

5.5.2. Repression

Traditional theories of coping and resilience have often emphasized the need for individuals to integrate their traumatic and adverse experiences as a central point in their recovery process, which includes attending to and expressing negative thoughts, memories and emotions (Coifman et al., 2007; McWilliams, 2011). Repression of thoughts, memories and emotions is often considered, and can be, a psychological problem (McWilliams, 2011; Freud, 1915). However, one may argue that some events, depending on the severity and the circumstances in the individual's life, are just too painful to be able to deal with and at the same time function normally. Hence, repression may play a crucial protective role in facilitating resilience.

This idea of 'protecting oneself' through repression held true for many of the participants, as illustrated by Ms. D: *"Looking within herself was difficult for Ms. D as she has had years of protecting herself from her external world, and building defenses at the same time."* Ms. B further illustrates the negative mental health impact of allowing past painful and emotionally threatening thoughts into her mind: *"There were times when the therapist noticed breaks in her concentration, and disorganized thoughts. This was particularly when she needed to remember factual information from past traumas."* However, past research has not explored how repression of traumatic and adverse experiences amongst refugee populations may facilitate their resilience, which this theme aims to unpack in relation to the experiences of sub-Saharan African refugee women resettled in South Africa. Moreover, although this theme doesn't explicitly delineate intersectionality theory, it is founded on the idea that repression as a protective function is used in response to managing the distressing emotional and cognitive manifestations of trauma and stress that the participants have faced due to their complex experiences of oppression at multiple intersecting levels throughout their lives.

Freud (1915, p.146) wrote that "the essence of repression lies simply in turning something away, and keeping it at a distance, from the conscious." McWilliams (2011, p.127) simplifies this by stating that repression is "motivated forgetting and ignoring." The participants stories convey that in dealing with their truly overwhelming stress or trauma, and the emotional distress this causes them when thinking about present and past traumatic experiences, challenged their capacity to consciously cope. In turn, the sub-Saharan African refugee women tended to avoid feeling or thinking about anything that distressed them, which they did in a number of ways. Ms. L, Ms. H and Ms. N below illustrate how a few of the refugee women *dissociated* as an

unconscious and unintentional traumatic response when their thoughts or memories became too painful, stressful and emotionally unbearable:

> *"she loses focus and she will often say 'please repeat' or 'I don't know' and I sense a kind of floating experience in her" – Ms. L, Ethiopia*

> *"She is also forgetful from the trauma and her family and friends often notice and complain about this…Sometimes when I reflect something more difficult to her, such as feeling incapable of contributing to her home life like she once did, Ms. H will drift off and lose focus and ask me to repeat what I had said. I [therapist] realise that the few times she drifts off is connected to a moment of more intense emotional pain that she finds really hard to sit in." – Ms. H, DRC*

> *"she appeared disconnected from the space. Exploring this with the client she states she has moments when her mind wanders to her stressors and she is not present in the moment." – Ms. N, DRC*

Ms. B and Ms. H also illustrate how they unintentionally *forget* past events, or the details of past events, which served to protect them from the trauma and distressing feelings associated with the violence and loss they experienced. However, their memory difficulties served as a doubled edged sword, as not remembering was itself a source of present stress in their lives that hindered their healing process:

> *"Ms. B's brother and father passed away and she didn't get to bury them...When the therapist asked what happened to her brother's body she can't remember. She became frustrated trying to remember this period." – Ms. B, Ethiopia*

> *"We also spent some time talking about her memory and how it both serves and betrays her. She is often reminded of the past… but there are also times when she is reminded of her forgetfulness. A conflictual relationship exists here as Ms. H needs her memory in everyday life for important things, but also wants to forget the pain. As a result, her focus and concentration is limited because she needs to be able to tolerate memories past and present, and this is hard for her." – Ms. H, DRC*

Previous studies on coping have also emphasized refugees use of active *avoidance strategies* to protect their mental health (Labys et al., 2017; Walther et al., 2021; Thompson et al., 2018). This is evident in the majority of the participants stories, as they were able to retain a reasonable level of coping and functioning in their daily lives, and within therapy at times, through intentionally and actively ignoring, resisting or using distraction as strategies to avoid feeling, talking about or keeping in mind past traumatic and adverse experiences:

> *"She is fairly avoidant when it comes to talking about her family…Ms. H soon became resistant to talking any further about it, saying that I do not like to think about it. At this point she took out her new phone again and began to try to open it and find us photos of her granddaughter.…She can become controlling and demanding in the space when she feels emotionally vulnerable and unable to manage feelings…" – Ms. H, DRC*

> *"The client then states, I have a son, but I don't know where he is. This is the first time the client mentions a son and as I ask about him, she states she doesn't want to talk about it…As the topic of her child comes up in her mind, she then tells me about her worry about [daughter]" – Ms. M, DRC*

> *"And what if death doesn't come for the next 10 years? She expressed anger at this question, stating, 'how many times must I tell you im tired'. She then stated, im tired of talking, if you done, let me go'." – Ms. O, DRC*

> *"She was quite frustrated in the session as she noted that she had already told me everything and she does not know what else to say…She noted that she felt as if she is living in a hole and she cannot see what is outside of that hole…She did seem a bit resistant as she stated that she has said everything there is to say about the hole and that she would not know what to do" – Ms. A, DRC*

These extracts suggest that the sub-Saharan African refugee women avoided emotion-focused coping or consciously looking inwards to process, make sense of, and heal from the emotional and psychological impact of past traumas and adversities. Instead, the participants tended to focus on their external image, their present socio-economic challenges, and physical concrete concerns as a means to prevent emotional distress. Ms. C and Ms. H's extracts portray how they use *humour* to create the appearance that they are okay externally and to defend against

feeling their deep pain as a way of coping. McWilliams (2011) states that some humour can maximize a person's capacity to tolerate psychological pain, which in this case, may aid the participants resilience through controlling their outward reactions in a more 'positive' manner and to keep them from emotionally breaking down.

> *"Ms. C has been stating that she doesn't want to cry or she wants to be strong…She seems to have pressure to be okay." – Ms. C, Burundi*

> *"Her common reaction to people noticing she is not OK is to smile or make a laughing gesture while shrugging… She became teary and said she smiles on the outside but that there is this 'Deep Pain' inside her that makes her feel sad." – Ms. H, DRC*

Furthermore, most of the refugee women tended to talk more about their *present socio-economic challenges* and *physical needs*, which took precedence over their psychological wellbeing. As majority of the participants live in poverty in South Africa, this finding reflects their intersectional burden of living as impoverished, often unemployed, refugees, and their more immediate pressing concerns for survival and securing their basic needs, such as shelter, food and medication. In turn, mental health and emotional wellbeing was not a priority for the refugee women, and their focus was more on practical, problem-solving solutions (Idemudia et al., 2013):

> *"Ms. D expressed that she isn't doing well emotionally. She is struggling to sleep as she is very stressed and she has constant headaches. At the moment she is worried about rent – her husband used to pay rent but he hasn't since moved out of the house, and expressed that he wouldn't be contributing towards rent." – Ms. D, DRC*

> *"the client wanted something concrete to deal with this situation. We explored options and resources to help her access food so she can take the medication." – Ms. O, DRC*

> *"The [Future Families] recommended that she comes to CSVR for counselling. She feels this is not a priority and persistently recommended that an email be sent to any other organisation that can help her get a job or access to food and money…she may not be interested in receiving counselling as she is battling with other issues that she believes are a priority for her, e.g. food, health, shelter and employment." – Ms. C, Burundi*

Correspondingly, Idemudia et al., (2013) reported how the refugees in their study also rather placed significant focus on how their *physical bodies* are affected. This was evident amongst many participants in this study, as they emphasized their physical health and ailments as a way to avoid and keep repressed painful emotions, memories and thoughts of their traumatic or adverse experiences. Ms. F and Ms. H below provide examples of how they shift the focus from the emotional realm to the physical realm as they talk about their real physical health issues as a way to distract from talking about their trauma and emotional pain:

> *"Ms. F has had a tendency to focus on somatic complaints. This may be how she has made sense of the sadness and lethargy. She has described swelling of the abdomen as a result of an [abdominal] infection for an extended period of time." – Ms. F, DRC*

> *"In discussions broaching the topic of trauma or sadness, in particular, Ms. H would divert the topic of conversation to food or pain medication. She struggles to sit with the emotional pain…I tried to explore her feelings on this but felt her to resist or avoid it, and at this moment she also immediately interrupted and began talking about her medication and the pain in her legs getting better… Ms. H often retreats to her body when feeling emotionally overwhelmed or in pain, and topics that focus too deeply or for too long on emotional difficulties are a trigger for her and she moves into the physical realm and pain to distract." – Ms. H, DRC*

Additionally, some of the refugee women developed psychosomatic symptoms when talking about their traumas and adversities became too painful, stressful or emotionally overwhelming. McWilliams (2011, p.117) states that somatization is "the process by which emotional states become expressed physically," often when the emotional state is too threatening to the conscious mind. The extracts of Ms. A, Ms. C and Ms. O illustrate how these refugee women actively shifted the focus of conversation to their physical symptoms for which they did not comprehend the emotional origin:

> *"She did not understand where it [extreme head and neck pain] had come from and I explained that it could be potentially be due to the extreme stress she is experiencing" – Ms. A, DRC*

"She was anxious about the physiological responses (external manifestation) to the psychiatric assessment (internal feelings) which included a headache, difficulty breathing, and pain in her chest." – Ms. C, Burundi

"The client then spoke about her experience during the xeno attacks and at this point switched to talking about her stomach pain and headache" – Ms. O, DRC

Moreover, the participants focus on physiological ailments and responses, whether real or psychosomatic, suggests a regaining of a sense of agency and control, as a physical complaint was easier for them to understand, problem solve and tangibly treat (e.g. medication or medical assistance). Hence, focusing on what they 'can do' rather than trying to heal 'invisible' emotional pain. Therefore, this theme illustrated how the refugee women appraised their experiences, that is, their main objective was to physically survive and cope with both their daily stressors and past traumatic experiences by repressing any distressing emotion, memory of thought in the present, which is similar to Idemudia et al., (2013) South African study. This repression, in turn, facilitated their resilience as they were able to move forward with their daily lives despite insurmountable stressors, GBV and adversities.

The findings in this theme posit an expansion to the conceptualisation of repression when exploring refugees coping, adaptation and resilience. This firstly regards understanding resilience in two ways. Firstly, resilience can mean one experiencing and dealing with their painful emotions related to extremely stressful events in their process of healing and moving forward. Alternatively, it can mean the opposite, that is, not feeling the painful emotions and thoughts related to the stressful events that allows one to function normally and move forward. It is this latter conceptualisation of resilience that I propose repression plays a crucial and protective role that fosters resilience. Additionally, unlike the traditional conceptualisation of repression as an unconscious defense mechanism (Freud, 1915), the findings from this theme illustrate that repression can embody both an active, conscious and intentional approach to coping, as well as a more passive, unconscious and unintentional defense to decreasing negative affect and regulating emotion to a comfortable level of functioning.

The latter, unconscious and unintentional defense mechanism role is illustrated in the sub-Saharan African refugee womens' experiences of dissociation and forgetfulness identified earlier. This is more aligned with the traditional definition of repression, as the participants narratives indicate

repression of overwhelming emotion, thoughts and memories that they didn't consciously "decide" to block off or resist experiencing, but rather their unconscious mind that remarkably, without conscious effort or awareness, kept from their awareness. On the other hand, the refugee women's stories of their active, intentional and conscious choice and ability to avoid feeling or revisiting painful experiences through ignoring, resisting and distraction, served as a means to maintain a sense of mental and physical coping. Moreover, as one's ability to repress is associated with a reduction in psychological distress (McWilliams, 2011; Freud, 1915; Pahud et al., 2019), the salient dual function of repression as encompassing conscious coping strategies and unconscious defense mechanisms should be viewed as a survival advantage in aiding refugees' resilience in the face of adversity.

Thus, this theme illustrates how the role of repression can be used to facilitate resilience amongst sub-Saharan African refugee women resettled in South Africa; by expanding its conceptualisation to encompass both conscious coping strategies and unconscious defense mechanisms. It further elucidates how the refugee women tended to focus on their external image, their present socio-economic challenges, and physical concrete concerns as a means to prevent emotional distress and maintain repressive coping, so that they can function relatively normally amidst their stressors in daily life.

5.5.3. Faith and Religion

Some of the sub-Saharan African refugee women turned to their religious beliefs, communities and faith amidst their intersectional oppressive experiences of trauma, adversity and stress in their daily lives within South Africa. Past research on refugee resettlement has shown that religion and faith help to foster resilience, as they have been found to be important adaptive coping resources in dealing with daily life stressors and traumas (Walther et al., 2021; Siriwardhana et al., 2014; Brune et al., 2002; Halcon et al., 2004). For the participants who face the compounded challenges of being refugees – such as racial, sexist, economic and xenophobic oppression – religion and faith served as a multifaceted coping strategy that supported both the psychological and social dimensions of their experiences.

Ms. F, Ms. G, and Ms. H express how their religious beliefs helped them cope as they had faith that their situations will get better and held onto hope for the future, which assisted them persevere through daily hardships and reinforced active problem-solving behaviours. Halcon et

al., (2004), van Bortel et al., (2019) and Pahud et al., (2009) studies have associated holding a firm religious belief as assisting refugees with their ability to adapt to life difficulties more broadly and reported fewer PTSD symptoms. Ms. F illustrates this, as she relates her perception that her situation will improve to trusting that God has a plan for her (Halcon et al., 2004; van Bortel et al., 2019; Pahud et al., 2009), which enabled her to continue practically supporting her children with their education and sustained her feelings of hope, as she states: *"She spoke about how she has trust in God that one day things will get better…She mentioned that the best thing that she can do at the moment is give them [children] a Christian foundation and education, and she hopes for more for the future."*

Similarly, Ms. H's perception that God has a better life planned for her, helps her cope with and manage the stressful and overwhelming feelings she experiences in response to daily hardships, as she conveys: *"Ms. H's faith and belief in God and that a better life will come, keep her going when she feels things get too much."* Ms. G also portrays how her belief and hope for the approval of her asylum documentation being placed in God's hands elicits feelings of happiness: *"She shared that she believes that God is beginning to work now and her documents are about to be approved (Ms. G said they are getting her permanent residence). She shared that this made her happy."* Both Ms. H and Ms. G's extracts illustrate how externalizing control and outcomes to a deity perceived as powerful and caring, serves to help them cope internally by aiding them in finding strength and making sense of their experiences, which helps them navigate through extreme stress and uncertainty, as Ms. G voices that she *"assigns success to 'God's grace' not her own hard work…'As long as God is here things can change'."*

These perceptions signify Lindridge's (2007) claim that holding religious beliefs enables a healthier appraisal of stressors, which can empower individuals to mitigate stress responses to uncontrollable events by reframing or reinterpreting the events based on a hope or new sense of meaning and understanding, potentially leading to enhanced psychological resilience in the face of negative life events and distressing emotions (Pahud et al., 2009; Khawaja et al., 2008). This viewpoint expands Walther et al., (2021) and Khawaja et al., (2008) finding on refugees fostering a growth through adversity mindset through reframing their situations. It does this by inferring that religious beliefs and faith can be a strong protective factor for facilitating the sub-Saharan African refugee women's cognitive reframing processes and, in turn, foster a growth through adversity mindset despite their intersectional oppression, trauma and stress that they feel and experience in response to systemic and interpersonal adversities in South Africa. Ms. H portrays

this as she expresses how her faith gives her strength that facilitates her coping amidst the socioeconomic challenges she faces to provide for her basic needs:

> *"She has not been eating well lately because of a lack of funds and I worry about her getting thinner and/or physically weaker. Despite this, her faith is a major source of strength for her and her continued involvement in her local church community is really good for her." – Ms. H, DRC*

Furthermore, some participants demonstrated how they expressed their beliefs and faith through behaviours like praying, singing and reading their Bible, utilizing these activities as tools for emotional regulation and psychological coping. Some scholars have highlighted the beneficial effects of prayer and other spiritual traditions on one's mental and physical health, which have been attributed to several mechanisms including positive cognitive appraisal, the physiological changes akin to a relaxation response (e.g. reduced heart rate and lower respiration rates), and the intrapsychic psycho-emotional support experienced from believing in something greater than oneself that brings one meaning (Salmasy, 2009; Lindridge, 2007; Moncher & Josephson, 2004). These factors, alongside the belief of potential divine intervention, underscore the holistic impact of prayer and spiritual traditions, integrating body, mind and spirit, and highlights how spiritual practices serve as effective tools for pain (physical and emotional) management and overall well-being (Sulmasy, 2009; Lindridge, 2007; Moncher & Josephson, 2004.

For Ms. H, she expresses how prayer enables her to feel more powerful and agentic in the face of adversity, whereas Ms. N uses prayer and singing as a tool for distraction from her distressing thoughts and feelings and as a source of relaxation (Pahud et al., 2009; van Bortel et al., 2019). On the other hand, Ms. B and Ms. O find peace and hope through gratitude of what they have and entrusting their worries to God (Pahud et al., 2009; Halcon et al., 2004; Khawaja et al., 2008). Hence, each woman illustrates different ways their belief and faith serve as a source of coping and resilience.

> *"At times, she struggled to understand questions in relation to other people and interpreted many in relation to a higher power. When she feels despair or hopelessness, Ms. H prays and this enables her to feel more powerful and agentic." – Ms. H, DRC*

"She finds strength in prayer and her faith. Sings to distract herself from the stressful thoughts, states she feels fine thereafter." – Ms. N, DRC

"Ms. B says that her faith is what is keeping her going. She always prays for peace, not just for her but also for all the other people experiencing the violence in Ethiopia…Her faith is something that sustains her and brings her peace, and her church is supporting her and she described how this is good for her, i.e. peace, good news, sense of hope." – Ms. B, Ethiopia

"She spoke about her muscles being stiff and that she always cries to God. The client revealed her bible, talking about how this is sacred to her... She shared a scripture, Asiah 43-10, and spoke about how this scripture uplifts her, gives her peace and calms her down when she feels overwhelmed." – Ms. G, DRC

Connecting to church communities in South Africa was also found to be an effective coping resource for promoting some of the sub-Saharan African refugee womens' social and emotional wellbeing. Scholars have exemplified how developing a sense of belonging involves a need for interpersonal relatedness, and has been associated with feeling emotionally connected as an innate need (Marchetti-Mercer, 2006; Pineteh, 2017; Allen & Kern, 2017; George & Selimos, 2019; Maslow, 1971). International research on refugee resettlement, have shown that feeling emotionally supported and socially connected promotes coping, resilience and positive adaptation for refugees in their resettlement countries (Pahud et al., 2019; Walther et al., 2021; van Bortel et al., 2019). Moreover, Halcon et al., (2004), Walther et al., (2021), Khawaja et al., (200), and Pahud et al., (2019) studies particularly emphasized how refugees' religious beliefs played a crucial role in supporting the refugees emotionally, which aided their psychological resiliency. Ms. H exemplifies how her shared religious beliefs served as the foundational point of social connection for her, as she describes the church as a supportive space and having access to the pastor to talk about her distressing feelings served to comfort and console her. This positive social and emotional connection, in turn, helped a few of the participants cope with their socio-economic and integration stressors in South Africa.

"Her church is also a space of support. Religion and God played a part in our conversation and she often alluded to how God will never reject her, or judge her. Ms. H has conviction and her faith gives her a deep sense of hope…Ms. H mentioned that she

calls the pastor when she is angry and goes to visit him to talk about her struggles too. She has mentioned him as a source of support before." – Ms. H, DRC

This finding is supported by van Bortel et al., (2019) study, which emphasized how having someone to talk to can provide refugees with a sense of joy, comfort, care, support and a safe place to speak about their struggles. Both Ms. B and Ms. G below, further liken their feelings of emotional connection and support to that of family and home. They refer to the joy, happiness, genuine care felt, and feelings of unification experienced from being welcomed, accepted and included within the church communities to which they below. This sense of belonging within the church supports Antonsich's (2010, p.646) notion of how 'home' is not purely a physical space but also a more symbolic space that is characteristic of "familiarity, comfort, security, and emotional attachment," which George & Selimos (2019) and (Yuval-Davis (2006, 2011) state creates a form of psychological belonging that is integral for fostering psychosocial wellbeing in turn.

"She believes that people should be united and have a family even if it is not biological family." – Ms. B, Ethiopia

She spoke about how she finds no other place that gives her joy like the church. (The client experiences the church as her family, she has mentioned that her family was a very happy home, much like church. People are always cheerful and genuinely care. Another big part of what brings her joy about the church is that she gets to see her son.)" – Ms. G, DRC

Furthermore, this finding reveals that the participants experience of positive, supportive social relations within church communities stands in contrast to the pervasive prevalence of social ostracism and feelings of hostility, rejection and isolation often experienced in South Africa. This suggests that, despite the intersectionally oppressive xenophobic, afrophobic, and hegemonic masculine beliefs that construct the sub-Saharan African refugee women as outsiders – thereby compounding their experiences of oppression, violence, and marginalisation (Fuller, 2008; Idemudia et al., 2013; Jewkes et al., 2011; Addae & Quan-Baffour, 2022) – sharing similar religious beliefs highlights a unique point of connection that provided a bridge of understanding and acceptance between the refugee women and native South Africans of likeminded faith. Consequently, whilst the participants experienced a prevailing lack of belonging in South Africa, church communities and caring persons within, stand out as sanctuaries offering acceptance,

comfort, and a sense of inclusion, belonging and safety. This reflects the broader understanding that social and emotional support within communities is crucial for the psychosocial wellbeing and integration of refugees, emphasizing the importance of belonging, acceptance, and inclusion (Allen & Kern, 2017; George & Selimos, 2019; Yuval-Davis, 2011). Thus, emphasizes the important role that religion and faith has in supporting sub-Saharan African refugee womens' resiliency in the face of constant compounding stressors in South Africa.

5.5.4. Therapeutic Support

The psychological, emotional and social benefits of therapy, counselling and psychosocial support on both intrapersonal and interpersonal levels have been repetitively reported in the literature (Markova & Sandal, 2016; Kira & Tummala-Narra, 2014; Turrini et al., 2019). Regarding refugees' mental health and wellbeing, past research has shown that therapeutic and psychosocial services have helped refugees in resettlement countries deal with their past torture, war and displacement trauma, as well as daily integration stressors regarding cultural dislocation, socioeconomic struggles, and social disintegration challenges (Walter et al., 2021; Mohamed et al., 2016; Alfaro-Velcamp & McLaughlin, 2019; Goodman, 2004). However, a couple of the participants – particularly Ms. M and Ms. C – reveal how their skeptical perceptions of psychosocial services impacts their access, engagement and effectiveness of therapy, as well as how these perceptions are significantly influenced by their intersectional embodiments. That is, how different aspects of the sub-Saharan African refugee women's identities intersect and affect their perceptions and related experiences of therapy.

Ms. C illustrates how accessing and engaging within therapy was not of primary concern for her. She perceives the purpose of therapy as not sufficient to provide for her basic and economic needs, which was her top priority, as she states: *"The [Future Families] recommended that she comes to CSVR for counselling. She feels this is not a priority and persistently recommended that an email be sent to any other organisation that can help her get a job or access to food and money.* This reveals how her impoverished low SES and the socioeconomic constraints she faces in response to her intersectional identity as a refugee in South Africa (Sigamoney, 2018; Palmary, 2002), shifts her focus from her psychological to basic needs and, in turn, reflects her initial disengagement within the therapeutic space. This supports Maslow's (1943) theoretical claim that one requires their physiological needs to be met before prioritising the fulfillment of their psychological needs, as well as Collins' (1990) theorisation of the oppressive impact that systemic

societal issues has in shaping and contributing to the inequitable experiences that the sub-Saharan African refugee women face. Hence, even though therapy was readily available, it was constructed as non-essential by a few participants, consequent of the impact of not being able to meet their basic needs first and perpetual socio-economical adversities.

On the other hand, Ms. M emphasises her skepticism of therapy as she perceives her therapist as viewing her through an inequitable intersectional lens, remarking on the therapists' different education position and corresponding evocation of condescending feelings of pity and mockery, as she states: *"'you see me. I am alone, suffering, living like animal'… 'you see me as a person but inside I'm not okay'… 'you educated, look and feel sorry for me, laugh at me.'"* Ms. M's understanding of the differences in hers and her therapists' educational background and related socioeconomic status and cultural identity in the context of xenophobic and afrophobic discrimination, highlights how education, class, nationality, ethnicity, culture and oppressive societal systems and power dynamics intersect within the therapeutic space and relationship.

Maultsby (1982) further proposes that the historical use of psychiatry and psychology that deemed Black beings as inferior, as well as created the stigmatising perception that one is "crazy" or "mad" if require mental health support (Walther et al., 2021; Goodman, 2004). These prejudicial perceptions of mental health, particularly for Black people, coupled with the prevalent present day xenophobic and race-based stereotypes and discrimination in South Africa, may have consciously or unconsciously formed the basis for Ms. M's distrust in her therapist (Maultsby, 1982; Lötter & Bradshaw, 2022; Mohamed et al., 2016). Hence, M's feelings of being pitied and mocked underscores the significance of intersectionality theory, as they may not just be about individual personal or situational misunderstandings, but also deeply tied to broader systemic inequalities and power dynamics that impact her therapeutic experience. Thus, intersectionality theory provides a lens in which to examine the presentation of various forms of oppression and their impact on social relations within the therapy space, including how power and empathy are navigated in response.

Nonetheless, both Ms. C and Ms. M, along with many of the other participants, illustrate how they moved from a place of skepticism to trust as they experienced the helpfulness and supportiveness of therapy. Crucial to this transition was the participants' feelings of safety, empathy and emotional support in their therapeutic experiences, as also identified in Walther et al., (2021), Alfaro-Velcamp and McLaughlin (2019), Goodman (2004), and Elliot et al., (2011)

studies. From a person-centred therapeutic perspective, Carl Rogers (1980, p.85) defines empathy as "the therapist's sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view." Ms. O displays this empathetic connection as she emphasised the value of being actively listened to, understood, accepted and cared for by her therapist, which restored a sense of safety and dignity. Echoing this, Ms. H and Ms. N recounted experiencing trust, empathy and a comforting sense of warmth, safety and peace within their strong therapeutic relationships with their therapists. Accordingly, these participants reflect a transformative shift in their initial perceptions of therapists in South Africa as intersectionally oppressive figures based on their more positive, empathetic and supportive experiences (Mohamed et al., 2016; Turrini et al., 2019). Thus, illustrates the role of empathetic connections and supportive therapeutic environment in potentially enabling sub-Sharan African refugee women in navigating and overcoming intersectionally oppressive stereotypes within their therapeutic relationships, leading to an emotionally corrective experience (Rogers, 1957; Elliot et al., 2011).

> *"Here at CSVR she feels safe and has experienced rest at times…'I come in sometimes and say and do stupid things, you still sit with me and listened, and try to understand, understand what I'm going through, accept who I am, take me as I come.' She expressed feeling the therapist was patient with her, even times when she was angry, the therapist 'didn't chase me away', 'you see me as a human being, see me as a person,' made 'me feel like a human being'." – Ms. O, DRC*

> *"During this conversation, I noticed Ms. H smiling gently and I said, 'I notice that while I am talking you have a soft smile on your face'. Ms. H giggled and said yes, she feels welcomed here and happy to be back. We are like her sisters…Ms. H mentioned the counselling space and CSVR as being welcoming and making her feel like a human; feel like she has a family and she feels safe and welcome here. To be treated with dignity and have her needs heard and attended to makes Ms. H feels connected to others…We spoke about what this means and she said to feel respected, be treated with warmth and to feel joy with someone." – Ms. H, DRC*

> *"'I came for stress, thought you would send me back to Congo, but you don't do that – children and I like this place, give me peace'…Although having numerous social stressors, it is the emotional support that she has most valued." – Ms. N, DRC*

Moreover, Yuval-Davis (2011), Allen and Kern (2017), and George and Selimos (2019) state the importance of an emotional connection for fostering psychological resiliency. Similar to past research, once therapeutic support was accessed, it was identified as an effective coping strategy for the sub-Saharan African refugee women (Khawaja et al., 2008; Markova & Sandal, 2016; Kira & Tummala-Narra, 2014). Therapy as a coping strategy, in turn, helped the participants to start unpacking and processing their past trauma and present stressors, regulate their emotions, develop their skills to cope with difficult situations and manage their stress; especially facilitating their resiliency (Mohamed et al., 2016; Turrini et al., 2019; Kira & Tummala-Narra, 2014). For Ms. F, being able to express her emotions in a safe and supportive environment helped reduce the emotional distress and negative impact her repressed feelings and experiences were having on her mental health. Whereas, Ms. B's therapeutic experience speaks about the integration of her feelings of anger and the loss she experienced, which helped her to start processing her bereavement and internalise as a normalised experience. On the other hand, Ms. H aligns this shift to increasing her tolerance to previously threatening and anxiety provoking content and emotions, which is now easier for her to speak about and make sense of in a congruent way. Thus, reflects how adopting an empathetic and empowerment approach in therapy offers the greatest efficacy in fostering coping and resilience in refugees in South Africa resilience in response to their past and present trauma, adversities and stressors (Mohamed et al., 2016; Kira & Tummala-Narra, 2014).

> *"She reflected that since she began therapy, when she remembers some of her experiences, they seem less threatening and she is able to remember them in a less intrusive manner." – Ms. F, DRC*

> *"She was able to express her anger, which she had dismissed in the previous session…This anger is normal and a positive response in the sense that she is conscious and aware of her bereavement." – Ms. B, Ethiopia*

> *"I have noticed her increased tolerance to talk about this inner world more…Her being able to speak and laugh and remember and emotionally connect to her journey brought Ms. H some peace…This was also an opportunity for her to see that the space that she is in now is more than she had ever imagined when she was sleeping in the forests." – Ms. H, DRC*

Following from the empowering and supportive nature of therapy in fostering refugees' resiliency in South Africa, previous studies have reported how therapeutic techniques can both emotionally and practically help refugees in their recovery from past and present traumatic and adverse experiences (Walther et al., 2021; Alfaro-Velcamp & McLaughlin, 2019; Goodman, 2004). Psychoeducation as a technique was found to significantly aid some participants in understanding their mental health and physical health conditions, managing symptoms, and making informed treatment decisions (Kira & Tummala-Narra, 2014; Elliot et al., 2011). This is seen in Ms. C, whose perceived fear of medication side effects was mitigated through encouraging and empowering her to have open communication with her healthcare providers, ultimately facilitating the treatment essential for her wellbeing:

> *"She sometimes doesn't take the sleeping pills because of fear of being "switched off"…Therapist provided psychoeducation. The therapist reminded Ms. C that of the importance compliant health practice and that she should have conversations with her psychiatrist and psychologist about her concerns rather than not taking medication. We also spoke about the irrational fear of sleeping tablets and discussed the purpose, side effects and correct use of sleeping pills, which seemed to offer Ms. C some relief" – Ms. C, Burundi*

Mindfulness techniques, relaxation and grounding exercises, and cognitive restructuring, were reported important therapeutical strategies used to help the refugee women develop their coping skills and manage their stress (Elliot et al., 2011; Goodman, 2004; Walther et al., 2021; Alfaro-Velcamp & McLaughlin, 2019). Ms. J provides an example of how emotional distress can manifest as physical symptoms, and how the body scan technique highlights areas of stress and tension, in which related emotions can then be identified and expressed as a way of processing and coping with trauma: *"We did a body scan and she identified things she noticed in her body; physical pain in the typical places - Especially the shoulders…She was able to identify emotions today and she became tearful when talking about the dark hole and her fears of dying."* The therapist further describes how the grounding technique she used with Ms. J helped her stay in the present moment, reduce the stress she was feeling and calmed her emotions, which was particularly helpful when Ms. J started dissociating: *"grounding helped to bring Ms. J back into the present moment and to offer some calm. She was asked to identify and name three objects in the room that she could see. She did so easily and I noticed her coming back to the moment."*

5.6. Conclusion

The present study explored the abundant and perpetual sources of GBV, adversities and stressors that sub-Saharan African refugee face across their migratory process. An intersectional lens was adopted to analyse the participants unique lived experiences of these traumatic and stressful events, which provided a richer and deeper understanding of the complexity and dimensions to their vulnerability, oppression and marginalisation in various political, social, economic and interpersonal spaces. Nonetheless, despite the adversities and GBV experiences they face, the refugee women displayed a profound ability and resiliency to cope and push through their hardships in hope for a better, meaningful and safer life for themselves and their children.

CHAPTER 6
CONCLUSION

6.1. Introduction

This chapter provides a concise synopsis of the research findings, including the significance and theoretical and practical implications of the study. It also reflects on the study's limitations and, finally, highlights the recommendations for future research and practice.

6.2. Closing Remarks

This study endeavoured to explore sub-Saharan African refugee womens' lived experiences of GBV, trauma and daily stressors across the migratory process (i.e. within their countries of origin, whilst travelling to seek asylum, and whilst relocated to and living in South Africa), as well as the adaptive processes (i.e. coping strategies and defense mechanisms) used in response to help them cope and manage with their traumatic and adverse experiences. An IPA methodology was utilised in the study to allow for an in-depth analysis of each participant's experience, which took an idiographic focus. Whilst the choice of this method was based on the understanding that participants could have diverse and complex personal experiences, the study adopted an intersectional theoretical framework to unpack the historical forms of intersectional oppression that may have influenced the refugee women's experiences, including the impact of such oppressions and the participants corresponding response. Moreover, the use of a qualitative methodology allowed the participants to identify the critical difficulties that impact on their psychosocial well-being and sense of belonging in their countries of origin and South Africa. It also allowed for the refugee women to identify salient coping strategies and defense mechanisms which they employ to deal with trauma and distress.

Past research has predominantly been preoccupied with identifying and describing the types of GBV in refugees' countries of origin and the consequent impact on their lives (c.f. Khawaja et al., 2008; ZVTP & CSVR, 2006; Alfaro-Velcamp & McLaughlin, 2019; Keygnaert et al., 2012). The study contributed to the field of knowledge by trying to understand the participants' lived experiences of GBV related to political violence, conflict and war within their countries of origin that underscored their internal displacement and forced migration. In so doing, it was evident that the participants experience of being targeted, either directly or indirectly, stemmed from the systemic and patriarchal social construction of certain political and religious

identities as subordinate to others, which facilitated acts of extreme violence to inflict pain, punish and politically inscribe subordinate status upon the women and their families. This finding coincided with literature on how GBV is used as a weapon of war (de Oliveira Araujo et al., 2019; Idemudia, 204; Higson-Smith & Eagle, 2017), and further emphasises the intersectional power dynamics at play that accentuate the participants process of exclusion, villainisation and marginalisation, as well as how their sense of belonging becomes politicised in inducing feelings of fear and underpinned their emotional distress in relation to their experiences of separation and loss.

The study provides further insight into how the participants intersectional embodiments as destitute African women, consequent of political conflict, underscores and compounds their experiences of exploitation and GBV during transit to asylum countries. Hence, expands current knowledge on the intersecting power dynamics that influences the vulnerability of women not purely based on gender, as well as the effectiveness of social support used as a behavioural strategy to escape amidst the participants perpetual dangerous and life-threatening realities. This cumulation of intersectional oppressions, both within their countries of origin and during transit, forms the basis for the development of the participant's complex trauma, mental health challenges, and fractured sense of individual and community identity, even before migrating to South Africa.

Moreover, the participants socially constructed identities as black (with the exception of one participant), impoverished, sub-Saharan African, refugee women, who were often living undocumented, shaped their experiences of exclusion, disintegration and GBV whilst living in South Africa. The study illustrates how the larger systemic inequalities regarding socioeconomic scarcity and constraints, as well as prevailing xenophobic and afrophobic discriminations on macro, meso and micro levels, underscored by prevailing intersectional patriarchal, racist, sexist, culturalist and classist power dynamics, contributed to compounding the oppressive impacts of the participants intersectional identities in their experiences of GBV and stress in various spaces. This was consequently reflected in their difficulty accessing socio-economic opportunities, resources and essential services to provide for their basic needs, lack of access to the formal workforce and exacerbated vulnerability to exploitation and GBV within workplace relationships, negligent and discriminatory medical care, community exclusion, discrimination and xenophobic violence, and living in poverty and even homeless at times. These daily contextual stressors exacerbated the psychological effects of the participants past traumas. The participants perceptions of their complex intersectional inequalities in South Africa as placing them in several

precarious positions, aided their marginalisation, perpetual stress, trauma and suffering, and created a generalised lack of a sense of belonging and difficulty adapting and coping in South Africa.

The study further found how defensive displacement processes of acculturated fear and mistrust in foreigners, particularly black sub-Saharan African foreigners and refugees, created an othering process for the participants that lead to their subsequent feelings of disillusionment and despair in South Africa. The participants experience of disillusionment and despair further contributed to our understanding of how oppressive intersectional experiences of fear underscored various defense mechanisms and coping strategies employed by the participants, most of which aimed at escaping – whether externally oriented (e.g. wish to leave South Africa and the related splitting processes) or internally oriented (e.g. suicidal or homicidal ideations). Thus, illustrating the deep-seated helplessness, hopelessness and community fragmentation caused by multi-layered intersectional oppressions that marginalises the participants in South Africa. This finding proposes the need for better implementation of refugee and asylum policies within South Africa, and the interrelated requirement for more intersectionality and culturally sensitive education and training of services providers that debunks xenophobic and afrophobic beliefs; with the hope of changing the oppressive narrative that prevails in South African society and increase refugees' chances for creating a better life for themselves in South Africa.

The study also contributed to understanding the participants experiences of domestic violence and IPV through analysing the systemic oppressions of intersecting patriarchy with hegemonic masculine ideals, inequitable gendered dynamics, and harmful cultural practices, that shaped power dynamics within families and intimate relationships on a micro level. The women's gender and culture played a strong intersecting oppressive role in family dynamics, which was compounded when issues of racism, class, xenophobia and low SES intersected in the participants experiences of abuse, abandonment and discrimination in South Africa; perpetuating their marginalisation. Moreover, the participants experiences of perpetual fearful, threatening and harmful IPV and domestic violence abuses, stemmed from their oppressive intersectional embodiments, underscores the socialisation of the victim-blaming narrative by the men in these situations, and male or family honour reinforced on a community level to preserve male domination. The subsequent guilt felt that translated into internalised shame through repetitive socialisation of women as subordinate, underpinned the womens' experiences of a worthless self-

concept that served to perpetuate the patriarchal construction of men's dominance and, in turn, the participants' marginalisation and abuse that undermines their attempts to escape and cope.

Amidst the perpetual stressors, adversities and trauma, the participants displayed a profound ability for resilience whilst living in South Africa. Accordingly, this study perceived the participants as agentic beings and not passive observers in how they navigated life's challenges and traumas, despite persistent intersectional experiences of socioeconomic stressors, xenophobic violence and domestic violence. Notably, the experience of intersectional oppression helped the participants to employ their agency and resourcefulness by finding creative ways to get involved with economic activities and build social relationships through common religious ties; whereas therapy served as a corrective emotional experience and created some semblance of a sense of belonging. These avenues and resources of coping underscored the participants' feelings of hope and perceptions of creating a better life for themselves and their children, which facilitated their ability to persevere through adversity. Repression and its dual coping and defensive function played a prominent role in facilitating the participants maintenance of daily functioning. Moreover, the participants perceptions of repressive coping as a form of protection from experiencing highly distressing feelings and trauma, in turn, proposes insight into potential new ways of working with refugees therapeutically.

Thus, these findings also have practical implications for policymakers and NGOs in South Africa; implying the need for more effective formal organisational support that doesn't just provide temporary financial or material relief, but substantive services that foster skills and access to economic opportunities that instills more long-term sustainable change. It further implies the need for greater affordable accessibility to psychosocial support services, in order to award refugees the space to process and cope better with their distressing emotions and past traumas, and access resources and avenues for support throughout their resettlement process and beyond.

Therefore, by providing an in-depth analysis of sub-Saharan African refugee womens' experiences of GBV in various contexts across macro, meso and micro levels, particularly within their countries of origin of the DRC, Burundi, Ethiopia and Somalia, as well as within South Africa, the study broadly contributed to the existing local research on GBV (c.f. Sah, 2022; Sultana, 2012; Fuller, 2008; Kavuro, 2019; Higson-Smith & Eagle, 2017), refugee migration studies (c.f. Freedman, 2016; ZTVP & CSVR, 2006; Khawaja et al., 2008; Pahud et al., 2009; Walther et al., 2021), gendered studies on refugee women (c.f. Sultana, 2021; Sah, 2022; Jewkes

& Abrahams, 2002), adaptive processes (c.f. Blackmore et al., 2020; Khawaja et al., 2008; Pahud et al., 2009; Walther et al., 2021; Luther et al., 2000; Block & Block, 1980; Brune et al., 2002; Çetin, M, 2019; Coifman, 2007), and studies on political violence (c.f. Sida, 2015; Liebling et al., 2014; Bloch, 2010; ZTVP & CSVR, 2006; Menkhaus, 2002).

This study also upholds the decolonial and empowerment agenda of Community Psychology by contributing to sub-Saharan African refugee womens' voices and experiences of migration, GBV, trauma, adaptation and coping to the academic body of literature. It particularly does this by adopting an intersectionality approach to understanding the participants experiences of GBV and stress, as the findings imply the crucial role that social identities such as gender, race, class, nationality, ethnicity, refugee status, and political or religious affiliation, shape the experiences of sub-Saharan African refugee women in various contexts of political conflict in their countries of origin, during the transit period, and within South Africa; where historical regimes meticulously constructed social identities along a spectrum of structural and cultural privilege and oppression.

6.3. Limitations

It is important to acknowledge the limitations of this study, in order to postulate avenues for improvement in future research.

Given that GBV experiences are particularly ethnically difficult to study directly due to the possibility of re-traumatisation, the key limitations of the study relate to the data collection processes used in the study. Whilst using secondary source data in the form of therapeutic IPNs was an advantage and adheres to the 'do no harm' ethical standards of psychological research, the inability to use more direct data collection methods, such as interviewing or focus groups, limited the type of information produced as well as prevented the researcher from using questioning as a tool to gain further information about each participant's particular experiences, perceptions or emotional content. The different ways in which the CSVR therapists wrote their IPNs also impacted the detail and depth of content produced, as some provided descriptive and content heavy notes that allowed for detailed and deep insight into the participant's experiences, whilst others wrote less detailed and more short-handed notes, which gave an impression but often lacked the depth required to thoroughly analyse the underlying cognitive and emotional content of their experiences. This resulted in certain participant's narratives dominating the analysis and portrayal in the findings, and can cause a threat to the study's credibility (Tripathy, 2013; Chatfield, 2020).

Furthermore, IPA has been critiqued for including researcher bias in interpreting experiences, and hence, failing to capture nuances, due to the secondary interpretative nature of this methodological approach (Rodham et al., 2015). This study posed an additional interpretative layer, as the researcher was using the therapist's descriptions in the IPNs as the basis for their interpretation. As subjective beings, it can be speculated that there is a degree of interpretation that already takes place on the therapists' end, especially in the case of language barriers and where a translator is used within the therapy sessions. In this regard, the data that is interpreted by the researcher has been removed once if not twice from the refugee women's original narrative and proposes the risk of the 'broken telephone' syndrome. To circumvent this risk as well as the potential threat to credibility (as mentioned above), a larger sample size was used in this study than what is typically used in IPA research at a Masters level, which helped to ensure that adequate detail and depth of information was provided both within and across participant's experiences.

CSVR as an organisation also focus on producing their own research, which then entails more descriptive and richer content being recorded in their therapists IPNs than what may typically be written in therapists general process notes, which aids to increased accuracy of the data. Hence, it can be argued that because the IPNs are based on the refugee womens' psychotherapy sessions, this form of source data allows for the natural and authentic expression of the participants experiences. However, to ensure a satisfactory degree of accuracy and reliability of the analysis and findings, triangulation of the data and findings occurred, including the recursive process of reviewing the data, comparison of the findings to the current body of literature, and researcher reflexivity. Moreover, the idiographic approach to IPA is recognized as a valid methodology that allows the researcher to integrate both a '*case within a theme'* and a '*theme within a case*', and hence, using the narratives of participant's experiences within this study aligns with IPA's focus on detailed, individual experiences as well as recognised 'considerable variation' where permitted (Larkin et al., 2009).

The last limitation to this study is the lack of variability in the participant's countries of origin represented, as majority of the participants ($n = 11$) were from the DRC. As the sampling technique used to select the sample didn't provide for enough variation in the number of participants from each sub-Saharan African country of the DRC, Ethiopia, Burundi and Somalia to be equally represented, this limited the study's aim to explore the inter-categorical intersectional experiences of GBV, stress and coping of refugee women from various sub-Saharan African countries. This is important as the resultant homogeneity in interpreting the participants

experiences as all encompassing 'sub-Saharan African' refugee womens experiences run the colonial risk of negating various African cultures beliefs, perspectives and experiences (Oludare, 2015). Hence, future research is required to explore the complex intersectional nuances of refugee women's experiences of GBV from various sub-Saharan African countries and cultures.

6.4. Recommendations

Various recommendations pertaining to future research and practice are outlined below.

Although there is considerable research exploring the types of GBV refugees experience across the migratory process, very few studies exist that explore the nuances of the complex lived experiences of sub-Saharan African refugee women from their perspectives. As such, whilst this study provided some valuable insights into the under-researched GBV experiences of sub-Saharan African refugee women, it is recommended that future research is conducted to see if the findings may be replicated, and hence, aid towards broader generalization over time. Alternatively, replicating the study may also offer new insights into different dynamics of nuances of sub-Saharan African refugee womens lived experiences; aiding the rich detailed agenda of IPA research.

Moreover, due to the investigative, and corresponding interpretative, limitations of using source data as the data collection method, it is recommended that more direct methods in qualitative research are required to explore refugee womens experiences of GBV. However, thorough thought, care and precaution is required to ensure research is conducted in the most ethically and sensitive manner. Regarding this, another recommendation is to interview the therapists of GBV refugee survivors. Whilst interviewing therapists still involves secondary interpretative processes, it will provide the researcher with the flexibility and opportunity for questioning to gain a deeper understanding of the refugees' experiences that static source data restricts.

As previously mentioned, as this study conflated the participants various nationalities into one all-encompassing category of 'sub-Saharan African,' it is recommended that future research explore the intersectional nuances of refugee womens' experiences of GBV from various sub-Saharan African countries, as intersecting social categories of identity including culture, ethnicity, race, class and gender dynamics may vary in its impact of privilege or oppression and

marginalisation. Hence, it is essential to expand the focus since marginalised communities in various sub-Saharan African countries often have distinct histories of oppression and revolt, which may also impact how they orient themselves and navigate socio-economic, political and xenophobic challenges in South Africa.

Lastly, all of the participants referred to the socio-economic constraints and stressors, as well as the lack of community integration and disintegrated sense of belonging in South Africa, which was related to systemic issues and xenophobic attitudes. Consequently, the refugee women deemed the formal support services inefficient for their long-term financial, economic and social needs, especially those who were particularly struggling financially and living in poverty. From this perspective, it is recommended that formal support services, such as NPOs, NGOs and psychosocial support services incorporate culturally sensitive trainings and policies to service providers working with refugees to ensure that the care and assistance they provide are respectful and responsive to the unique cultural and intersectional needs and experiences of refugee populations, ultimately enhancing the effectiveness and impact of their support. Incorporating intersectionality and community psychology principles into policy development may aid the recognition of the complex layers of identity and experiences that affect refugees, and develop more empathetic responses.

Similarly, developing community integration programmes that encourage and support social engagements, interactions and mutual understanding between refugees and local communities in South Africa, such as cultural exchange initiatives and local mentorship programmes, which may assist in bridging the social divide and tensions that currently persist. Moreover, providing essential skills training, including language education to help refugees integrate into the local community and job market, access to legal support for asylum documentation processes, recognition of foreign qualifications, as well as advocacy for refugees' rights and protections under South African law and international agreements. These recommendations may, in turn, also contribute towards changing the xenophobic narrative of refugees to one of acceptance and empowerment over time, as well as facilitate the refugees' socio-economic integration, stability and resiliency.

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APPENDIX A: CSVR INFORMATION SHEET

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

INFORMATION SHEET FOR CSVR

To whom it may concern,

My name is Catherine Davis and I am currently a Psychology Masters student enrolled at the University of Witswatersrand. I am conducting a study on the experiences of gender-based violence (GBV) and adaptive processes of refugee women from various sub-Saharan African countries who reside in Johannesburg, South Africa. This research is required for the completion of my degree in Community-based Counselling Psychology.

I would kindly like to request your assistance in retrieving my potential sample for my research project. My cohort should consist of refugee women's Intervention Process Notes (IPNs) from their therapy sessions. The women should be at least 18 years or older, their home country must be one of the sub-Saharan African countries, and they need to be recognised as political refugees or asylum seekers in South Africa. If permission is granted, the selected IPNs will be stored in a secure folder on my password protected computer for the duration of the study. To protect the confidentiality of your clients, Pseudonyms will be provided for data analysis and for the purpose of the final report. All other identifying information that is not relevant to the study will be removed before analysis takes place.

I am hoping to explore women refugee's experiences of GBV that span across personal, interpersonal, cultural, political and socio-economic spaces across the migratory process (i.e. within their home countries, while travelling en-route to South Africa and within South Africa). Furthermore, this study aims to identify the adaptive processes (i.e. coping strategies and defense mechanisms) used by refugee women to help relieve stress caused by their GBV traumatic experiences and daily struggles while residing in Johannesburg.

May I please request the following from CSVR before ethics clearance takes place through the University of the Witwatersrand: (1) CSVR internal ethics clearance letter, and (2) a letter confirming that your therapistis and respective client's consent has been given for their IPNs to be used for research. A letter confirming refugee women's consent for their content notes to be used for research purposes needs to be provided for ethical purposes. Only women refugees who have given their consent will be used in this study.

I am available for questions and queries and I can be reached telephonically on 082 979 2553 or via email on catherinedavis215@gmail.com

Your assistance will be greatly appreciated. You are welcome to contact me directly or alternatively contact my supervisor using the details below.

Kind regards,
Catherine Davis

Research supervisor: Ruby Patel
Ruby.Patel@wits.ac.za

APPENDIX B: CSVR ETHICS APPROVAL AND CONSENT LETTER

CSVR The Centre for the Study of Violence and Reconciliation
Reg. No.: 1998/000544/08 Section 21 Reg. No.: Welfare 007-428 NPO

JOHANNESBURG OFFICE:
33 Hoofd Street, Braampark Forum 5, 3rd Floor
Johannesburg, 2001, South Africa
Tel: +27 (11) 403-5650 Fax: +27 (11) 339-6785

CAPE TOWN OFFICE:
501 Premier Centre,
451 Main Road, Observatory, 7925
Tel: +27 (21) 447 2470

APPROVAL NOTICE

Principle Researcher:	Ms. Catherine Michelle Davis
Research Supervisor:	Ms. Ruby Patel
Institution:	University of the Witwatersrand
Programme:	Masters in Community-Based Counselling Psychology
Project title:	Exploring the experiences of gender-based violence and adaptive processes of refugee women residing in Johannesburg.
Approval Date:	1st April 2020

The above proposed project has been **approved** on the basis of the information contained in the application and its attachments.

Please ensure that a copy of ethics approval clearance notice that is required from the University of the Witwatersrand Human Research Ethics Committee (Non-medical) is sent to CSVR upon receipt.

In accordance with the undertaking you provided in your application for ethics approval for the project, please inform CSVR, giving reasons, if the research project is discontinued prior to completion.

You are also required to report anything which might warrant review of ethical approval of the protocol. Such matters include:

- Prosed changes in the protocol (modifications);
- Any changes to the research team; and
- Unforeseen events that might affect continued ethical acceptability of the project.

To modify/amend a previously approved project, please email a detailed Modification Request Form to cmatross@csvr.org.za

[Please consider the attached email as my electronic signature] 3rd June 2020

Celeste Matross
Clinical Programme Manager
CSVR

Date

CSVR The Centre for the Study of Violence and Reconciliation
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I Celeste Matross affirm that I am the Clinical Programme Manager at CSVR. On behalf of CSVR's clinical team, I grant permission for CSVR's client's therapeutic Intervention Process Notes (IPNs) to be used in the Masters research project, by Catherine Davis, which aims to explore the experiences of gender-based violence and adaptive processes of sub-Saharan African refugee women residing in Johannesburg.

I confirm that:

1. The relevant ethics committee at CSVR has granted internal ethics clearance for this research project.
2. The objectives and ethical implications of this research have been discussed with the CSVR clinical team, who have shown their agreement with these objectives and implications.
3. Only the information from clients who granted permission, for anonymized information from their sessions to be used for research purposes, will be included in this research. The process of selecting such relevant content will be overseen by Thapelo Mqehe, CSVR's acting Knowledge and Learning manager, and will only commence once the researcher has obtained the required ethical clearance from the University of the Witwatersrand's Ethics Committee.
4. Any clients or therapists who have not granted permission for the IPNs to be used for research will be removed from the data corpus before selection of the sample commences.
5. Signed CSVR consent forms have the clients identifying details on them. As such, we are unable to provide these to the University of the Witwatersrand Ethics Committee. This is done to maintain full confidentiality for our clients. A blank copy of our consent form is attached herewith for the ethics committee.
6. The Therapists of the clients have provided consent for the IPNs to be used for research purposes.
7. Full confidentiality and anonymity will be guaranteed for every IPN. The IPNs will be sent electronically and stored on the researcher's computer. All transfer of files and storage of files will be password protected. The researcher is undertaking clinical training in the Masters of Community-Based Counselling Psychology programme. She will adhere to the ethics of keeping all the client records in line with the HPCSA regulations as related to all therapy clients.

8. The copies of the IPNs, which will have no identifying details of the clients, will be checked for validity by her supervisor and kept on the researcher's computer until the research has been examined, submitted and approved; after which, they will be destroyed.
9. I have been given the relevant details of the researcher and her supervisor should I need to contact them.

[Please consider the attached Email as my electronic signature]

Celeste Matross

Clinical Programme Manager

3rd June 2020

Date

From: **Celeste Matross** <cmatross@csvr.org.za>
Date: Wed, Jun 3, 2020 at 11:02 AM
Subject: Re: Connecting with CSVR for MACC Research 2020 - Catherine
To: Steven Rebello <sRebello@csvr.org.za>, Catherine Davis <catherinedavis215@gmail.com>

Dear Steven and Catherine

Due to Covid-19 we are working from home and the CSVR offices are not open to staff as yet. As such, I will be unable to print and sign the document as I do not have the required equipment to do so. Please take this email as authorization and confirmation of my signature on the two attached documents. Once I am in a position to do so, I will send the hand signed documents through to you both. In the meantime just attach this email as proof of my signature.

Kind regards
Celeste Matross

Sent from my iPhone

APPENDIX C: CSVR-RESEARCHER CONFIDENTIALITY AGREEMENT

CSVR The Centre for the Study of Violence and Reconciliation
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Confidentiality Agreement

This agreement is between:

Catherine Davis

(Masters student at the University of the Witwatersrand)

Ruby Patel

(Research Supervisor at the University of the Witwatersrand)

and

The Centre for the Study of Violence and Reconciliation (CSVR)

I Catherine Michelle Davis (researcher's full name) and I Ruby Patel (research supervisor's full name) agree to the following:

- Keep all the information shared with me from CSVR confidential. I will not discuss or share the research information with anyone other than the appropriate staff members from CSVR and between the researcher and research supervisor.
- Keep all the information secure while in my possession.
- Comply with the requirements to electronically secure records; including storing information on a password-protected laptop, encrypted folder and use of secure electronic transfer of records through file sharing and email.
- The copies of the IPNs, which will have no identifying details of the clients, will be checked for validity by the researcher's supervisor, and kept on the researcher's computer until the research has been submitted and approved, after which they will be destroyed.

Catherine Davis

Researcher
University of the Witwatersrand

5th June 2020

Date

Ruby Patel

Research Supervisor
University of the Witwatersrand

5th June 2020
Date

Celeste Matross

Clinical Programme Manager
CSVR

Date

From: **Celeste Matross** <cmatross@csvr.org.za>
Date: Wed, Jun 3, 2020 at 11:02 AM
Subject: Re: Connecting with CSVR for MACC Research 2020 - Catherine
To: Steven Rebello <sRebello@csvr.org.za>, Catherine Davis <catherinedavis215@gmail.com>

Dear Steven and Catherine

Due to Covid-19 we are working from home and the CSVR offices are not open to staff as yet. As such, I will be unable to print and sign the document as I do not have the required equipment to do so. Please take this email as authorization and confirmation of my signature on the two attached documents. Once I am in a position to do so, I will send the hand signed documents through to you both. In the meantime just attach this email as proof of my signature.

Kind regards
Celeste Matross

Sent from my iPhone

APPENDIX D: CSVR INFORMED CONSENT LETTERS

INFORMED CONSENT FORM/PROFESSIONAL AGREEMENT

CSVR
The Centre for the Study of Violence and Reconciliation

I _____ (name of client/parent/guardian) hereby give permission to the clinician to interview, assess and treat myself according to the guidelines/terms mentioned below:
These services, which upon request will be explained to me, may include individual, group, play, marital/couples and family therapy/counselling, consultation and psychological testing/assessment or Forensic/medico-legal consultation/assessment/evaluation. I realise that the outcome of counselling services cannot be guaranteed. I am seeking this treatment of my own accord and am free to discontinue therapy/these services at any time.

Furthermore, I understand and agree to the following terms:

- I have the right to confidential treatment and confidentiality will be maintained and information regarding my communication(s) with the clinician, treatment and management will be released only to qualified professionals that I have explicitly advised the clinician to release this information to. However, confidentiality can and will be broken in certain situations where maintaining confidentiality would result in clear and imminent danger to myself or others or as otherwise provided by law. Furthermore, I understand that confidentiality cannot be ensured with regards to Forensic and Medico-Legal assessments/consultations/evaluations.

- My clinician is required, according to the Ethical Code of Conduct governing the Profession (the HPCSA/SACSSP), to keep brief records (that are stored in a secure place) concerning our interactions/communications. These records also include interventions used during the sessions and topics discussed. You may request a copy of your file in writing, provided that this does not cause you harm, giving your clinician a reasonable amount of time to make the copy.

- Sessions may be audiotaped/videotaped or observed by trained clinicians and may be used in supervision or to record client progress. All materials concerning clients are confidential and every effort to maintain confidentiality is assured.

- Information obtained in sessions may be used for research purposes, presented anonymously at professional meetings and/or published in journals/textbooks. At no time will any identifying information regarding the client be used and every effort to maintain confidentiality is assured.

- My clinician does not accept friend invitations from clients on personal social networking. Please feel free to discuss this further with in therapy.

- I furthermore understand that I need to give my clinician 24 hours' notice if I cannot attend my appointment.

- I additionally understand that if I miss my appointment it is my responsibility to contact my clinician to reschedule.

- Additionally I agree and understand that; if I am late for my appointment that my session will be shorter, if I am more than 30 minutes late my clinician will not be able to see me and my appointment will have to be rescheduled; lastly if I am more than 30 minutes late I forfeit my transport money.

I have read / or it has been explained to me and I fully understand the contents of this Informed Consent Form/Professional Agreement and also understand that my clinician will answer any of my questions/concerns about the form and further discuss them with me before I am required to sign this form.

Client Signature	Date
Parent/Guardian Signature	Date
Clinician	Date

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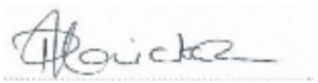
To Whom It May Concern:

I Pravilla Naicker (Full Name) confirm that I have provided informed consent for my client's Intervention Process Notes (IPNs) to be used for research purposes in Catherine Davis's Masters research, conducted through the University of the Witwatersrand, which focuses on 'exploring the experiences of gender-based violence and adaptive processes of sub-Saharan, African refugee women residing in South Africa.' The IPNs will be presented anonymously and only clients who have granted permission for their IPNs to be used for research will be eligible for inclusion in this research.



26/06/2020

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To Whom It May Concern:

I Taryn Bulley (Full Name) confirm that I have provided informed consent for my client's Intervention Process Notes (IPNs) to be used for research purposes in Catherine Davis's Masters research, conducted through the University of the Witwatersrand, which focuses on 'exploring the experiences of gender-based violence and adaptive processes of sub-Saharan, African refugee women residing in South Africa.' The IPNs will be presented anonymously and only clients who have granted permission for their IPNs to be used for research will be eligible for inclusion in this research.

Taryn Bulley
Counselling Psychologist

Former Intern Psychologist at CSVR

13 July 2020
[Date]

CSVR The Centre for the Study of Violence and Reconciliation
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CAPE TOWN OFFICE:
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To Whom It May Concern:

I Jacqui Leigh Chowles (Full Name) confirm that I have provided informed consent for my client's Intervention Process Notes (IPNs) to be used for research purposes in Catherine Davis's Masters research, conducted through the University of the Witwatersrand, which focuses on 'exploring the experiences of gender-based violence and adaptive processes of sub-Saharan, African refugee women residing in South Africa.' The IPNs will be presented anonymously and only clients who have granted permission for their IPNs to be used for research will be eligible for inclusion in this research.

Jacqui Leigh Chowles
Senior Psychosocial Trauma Professional
CSVR

26/6/2020

CSVR The Centre for the Study of Violence and Reconciliation
Reg. No.: 1998/000544/08 Section 21 Reg. No.: Welfare 007-428 NPO

JOHANNESBURG OFFICE:
33 Hoofd Street, Braampark Forum 5, 3rd Floor
Johannesburg, 2001, South Africa
Tel: +27 (11) 403-5650 Fax: +27 (11) 339-6785

CAPE TOWN OFFICE:
501 Premier Centre,
451 Main Road, Observatory, 7925
Tel: +27 (21) 447 2470

To Whom It May Concern:

I Charlotte Nonkululeko Motsoari confirm that I have provided informed consent for my client's Intervention Process Notes (IPNs) to be used for research purposes in Catherine Davis's Masters research, conducted through the University of the Witwatersrand, which focuses on 'exploring the experiences of gender-based violence and adaptive processes of sub-Saharan, African refugee women residing in South Africa.' The IPNs will be presented anonymously and only clients who have granted permission for their IPNs to be used for research will be eligible for inclusion in this research.

X Charlotte Nonkululeko Motsoari

03/07/2020

Charlotte Nonkululeko Motsoari

CSVR

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To Whom It May Concern:

I Celeste Janet Matross (Full Name) confirm that I have provided informed consent for my client's Intervention Process Notes (IPNs) to be used for research purposes in Catherine Davis's Masters research, conducted through the University of the Witwatersrand, which focuses on 'exploring the experiences of gender-based violence and adaptive processes of sub-Saharan, African refugee women residing in South Africa.' The IPNs will be presented anonymously and only clients who have granted permission for their IPNs to be used for research will be eligible for inclusion in this research.

CJM

_____

Celeste Janet Matross
Clinical Programme Manager
CSVR

06 July 2020

CSVR The Centre for the Study of Violence and Reconciliation
Reg. No.: 1998/000544/08 Section 21 Reg. No.: Welfare 007-428 NPO

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To Whom It May Concern:

I *Amina Mwaikambo* (Full Name) confirm that I have provided informed consent for my client's Intervention Process Notes (IPNs) to be used for research purposes in Catherine Davis's Masters research, conducted through the University of the Witwatersrand, which focuses on 'exploring the experiences of gender-based violence and adaptive processes of sub-Saharan, African refugee women residing in South Africa.' The IPNs will be presented anonymously and only clients who have granted permission for their IPNs to be used for research will be eligible for inclusion in this research.

_____

Amina Mwaikambo
Psychosocial Trauma Professional
CSVR

26th June 2020

From: Sumaiya Mohamed <sMohamed@csvr.org.za>
Subject: FW: request for consent for research
Date: 08 July 2020 at 09:54:48 SAST
To: Catherine Davis <catherinedavis215@gmail.com>

Hi Catherine

Please note consent given in email below

Regards
Sumaiya
From: Steven Rebello <sRebello@csvr.org.za> **Sent:** Tuesday, 30 June 2020 16:04 **To:** Sumaiya Mohamed <sMohamed@csvr.org.za> **Subject:** RE: request for consent for research

Hi Sumaiya

I have read through Catherine's consent form and I give her permission to use my one family case – 010715 + SP.

Regards

Steven

APPENDIX E: WITS ETHICS CLEARANCE LETTER

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

Registration number: REC-101114-044

22 July 2020

Re: Miss Catherine Davis (708583)

Waiver letter number: HRECNMW20/08/01

To whom it may concern,

Miss Davis is currently registered as a Masters student at the School of Human and Community Development at the University of the Witwatersrand, Johannesburg. This letter is to confirm that, at the time of writing, Miss Davis does not need ethical clearance for her Masters study entitled *'Exploring the experiences of gender-based violence and adaptive processes of sub-Saharan African refugee women residing in Johannesburg'.* This decision has been reached based upon a description of the project supplied by Miss Davis to the University Human Research Ethics Committee (Non-Medical), which has been evaluated by the Chairs and Deputy Chairs. If, however, Miss Davis changes the methods of data collection and analysis for this study, this decision may no longer be valid. If such changes take place, this should be communicated to the University Human Research Ethics Committee (Non-Medical) as soon as possible. This waiver letter is valid until 21 July 2023.

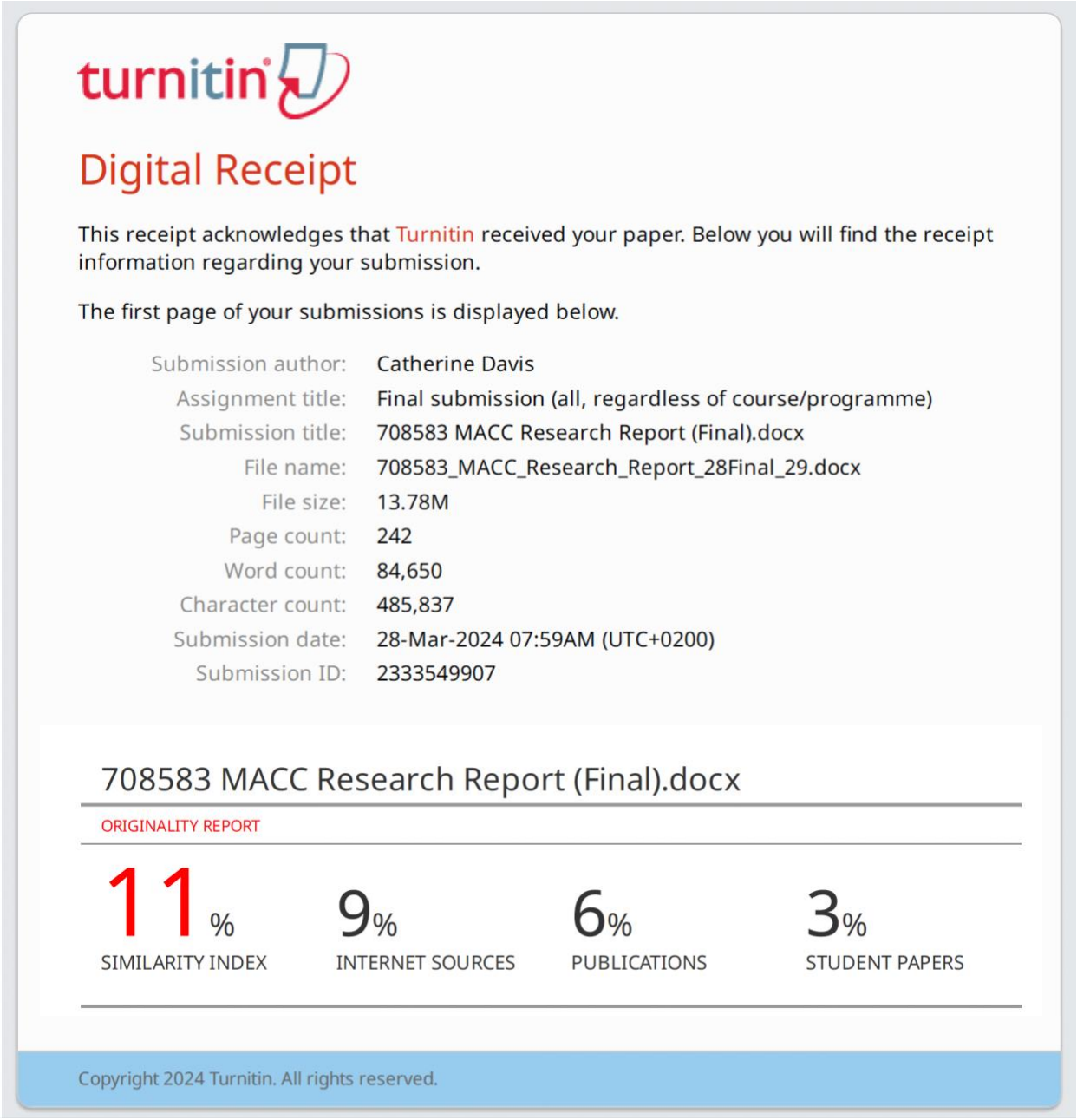
Please feel free to contact me should you require any further information.

Thank you.

Yours sincerely,
S Schoeman

Shaun Schoeman (Administrative Officer)
Solomon Mahlangu House, 10th Floor, Room 10004, Jorissen Street, Braamfontein, Johannesburg
Private Bag 3, Wits 2050
T + 27(0)11 717 1408 | **E** Shaun.Schoeman@wits.ac.za | hrec-medical.researchoffice@wits.ac.za
www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/

APPENDIX F: TURNITIN REPORT



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Assignment title:	Final submission (all, regardless of course/programme)
Submission title:	708583 MACC Research Report (Final).docx
File name:	708583_MACC_Research_Report_28Final_29.docx
File size:	13.78M
Page count:	242
Word count:	84,650
Character count:	485,837
Submission date:	28-Mar-2024 07:59AM (UTC+0200)
Submission ID:	2333549907

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