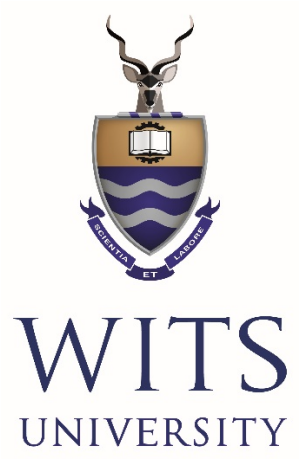

Young Black South African women's experiences of shame in relation to intimate partner violence and support-seeking

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A research report submitted in partial fulfilment of the requirements for the degree of Master of Arts (Clinical Psychology) in the Faculty of Humanities, University of the Witwatersrand, Johannesburg.

DECLARATION

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I, Zusiphe Nkala hereby declare this study is my own, unaided work. It is submitted for the degree of Master of Arts in Clinical Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

Signature:  Date: 21/03/2025

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First, I thank God for granting me strength and wisdom throughout the research process. His guidance has been my anchor, helping me navigate challenges and discover new insights. May this work bring honour to him and serve as a blessing to others.

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Lastly, I dedicate this research to my beloved grandmother, whose lessons of courage continue to inspire and guide me. Though she is no longer with us, her strength, wisdom, and love remain a constant source of motivation in my journey. This work is a tribute to her enduring legacy.

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CHAPTER 1: INTRODUCTION

1.1.Introduction

Intimate partner violence (IPV), a form of gender-based violence (GBV), has been an ongoing problem globally including in South African society (Jama-Shai & Skweyiya, 2015). It is a violation of human rights and has undermined the constitutional and democratic project that seeks to advance and support gender equality in South Africa (Britton, 2006). Various legislative enactments which seek to empower and protect women have been passed, and the movement to end gender-based violence has focused on increasing access to interventions such as counselling, legal assistance, providing shelter, and empowerment programmes (Britton, 2006). While these interventions have been helpful, they are reactionary in nature, aiming to restore justice or assist victims only after harm has been done (Jama-Shai & Skweyiya, 2015). At the core of intimate partner violence towards women are patriarchal traditional values, societal norms that maintain male dominance, male sexual entitlement, and women's subordination (Nduna & Tshona, 2021). In the context of violations against women, the influence and normalcy of violent patriarchal traditional values become a barrier to accessing existing forms of support and justice (Lelaurain et al., 2021). For example, women face barriers such as shame, internalised victim blaming, and silencing through stigma or judgment associated with challenging dominant male voices (Kennedy & Prock, 2016). Shame is a central concept in this study as it has been identified as one of the barriers that influences how women navigate support-seeking, for example, individuals assaulted by a partner may feel more shame than those assaulted by a stranger (Wright et al., 2022). This may be due to feelings that friends and family may not believe or validate their feelings, which makes shame a barrier to accessing informal support (Wright et al., 2022). Additionally, shame can be understood as a self-burdening experience or emotion involving a negative self-evaluation (Overstreet & Quinn, 2016). Victims of IPV may internalise feelings of being flawed, naïve or broken and feel responsible for the abuse, which may lead to deep shame and a reluctance to seek support (Overstreet & Quinn, 2016).In addition, the norm that intimate relationships are a private matter

indirectly becomes a social factor that makes it difficult to address this violence (Jama-Shai & Skweyiya, 2015). Victims of abuse then find it difficult to speak about the abuse and seek help, and members of their communities might find it difficult to reach out to offer support.

1.2. Aims

This study aims to explore experiences of shame amongst young Black South African women who have experienced intimate partner violence. In particular, the study sought to understand

the complexities, dynamics, and role of shame within the support-seeking process from young black women's perspectives. A feminist approach is used, which acknowledges that women's voices are nuanced and hold multiple positionings (Jankowski, Braun & Clark, 2017).

1.3. Rationale

Understanding the complexities of experiencing and leaving relationships that feature intimate partner violence is important in order to generate effective ways to address the needs of women who experience intimate partner abuse (Baholo et al., 2015). The availability of social support or the lack thereof is one of the factors which either hinder or enable the perpetrator to isolate the victim of abuse (Machisa, et al., 2018). In cases where isolation is sustained, women have been found to be more likely to experience a range of psychological and physical symptoms such as depression, suicidal ideation, anxiety and PTSD, which can further contribute to a sense of helplessness (Dillion et al., 2013). However, the existence of a supportive network of people and a supportive community can empower women with coping skills and act as a buffer or mitigate the negative consequences of intimate partner violence (Slyaska & Edwards, 2013).

The current study sought to hone into the issue of support seeking, noting it as one of the important factors particularly in the South African context where there are many challenges in accessing formalised sources of support; even when accessed, social norms and previous experiences of shame and stigma can become a barrier to accessing support. It has been reported that many women who have been victims of abuse receive negative reactions such as blame, experience stigma from families or friends (immediate communities), and are further

victimised by negative societal attitudes which reinforce gender inequality and disregard their experiences (Machisa et al., 2018; Slyaska & Edwards, 2013). A comprehensive study on women's experiences in leaving abusive relationships conducted by Baholo et al. (2015) emphasised a need for studies that sensitize our communities to experiences of abuse such that they become intolerant of abusive norms. Before sensitizing communities, however, we need to understand women's experiences of shame and the dynamics of shame in the support-seeking process within the local context. Given recent campaigns to highlight gender-based violence, such as #MeToo (Murphey, 2019; Shefer & Hussen, 2020) and #MenAreTrash (Maledu, 2017; Myeni, 2016; Samanga, 2017), which encourage women to speak out, it is important to understand the dynamics of shame in the South African context, taking into consideration the evolving gender roles, power structures, and socio-economic status. All these factors potentially influence how different women experience shame. The results of this study could inform intervention programmes and may inform healthcare professionals to identify victims and intervene despite shame-based barriers to support-seeking.

Given the limited scope of this study, two key exclusions were made to maintain focus on our primary research objectives. First, while IPV occurs in same-sex relationships, we excluded participants in homosexual or queer relationships because we anticipated that homophobic discrimination, which is common in the South African context, would add additional layers of complexity to shame experiences during support-seeking (Badenes-Ribera et al., 2019). Second, we focused exclusively on women's experiences of IPV, despite recognizing that men also experience intimate partner violence, as we hypothesized that men's shame experiences would likely differ significantly due to gendered discourses and identity constructions. Both of these important areas represent valuable opportunities for future research that could build upon the findings of this study.

1.4. Research approach

This research study adopted a feminist approach, emphasizing the role of power in women's experiences of shame and intimate partner violence (IPV), particularly through the intersections of race, gender, and cultural dynamics (Lawless & Chen, 2019). In addition, it recognized that dominant discourses often reinforce colonial and patriarchal structures which impact how women experience the world and exercise their autonomy and voice. Thus, within a feminist approach, a social constructionist lens was applied to the data analysis. The study sought to create a space where women could articulate their experiences on their own terms (Wigginton & Lafrance, 2019). This involved questioning taken-for-granted assumptions, creating a space where women could tell their stories, and listening to the ways they made meaning of their experiences (Jankowski et al., 2017).

The study included seven Black female students from Wits University who had experienced IPV in heterosexual relationships. Participants were in their second year of study or above. The study focused on Black women to maintain a clear analytical scope, acknowledging the diversity within African cultural experiences while recognizing shifts in identity influenced by university life (Nkambule, 2014; Eaton & Louw, 2000). A purposive, volunteer sampling method was employed. Semi-structured interviews were used to gather data, allowing participants to narrate their experiences freely. This method aligned with the constructionist lens and feminist research approach which recognizes how nuanced women's voices and narratives are and therefore recognizes that the research space needs to make room for counter-narratives to emerge that allow women to challenge dominant discourses on IPV (Lafrance & Wigginton, 2019). Researcher reflexivity was foregrounded in the study, and I paid attention to how my own positioning as a young, Black university student who has also experienced IPV influenced the collection of participant narratives, the data analysis, and the reporting of the findings (Braun & Clarke, 2021; Darawsheh, 2021).

1.5. Summary of the research report

This section is to provide the reader with a roadmap as to what to expect from this research report. Chapter Two contains the literature review, which provides a comprehensive examination of intimate partner violence (IPV) in South Africa, highlighting its prevalence, underlying cultural and historical factors, and the implications for victims, particularly women. The chapter synthesizes various scholarly works to elucidate the complexities surrounding IPV, including societal norms, legal frameworks, and barriers to help-seeking behaviours.

Chapter Three outlines the theoretical framework for the study, covering the assumptions of a feminist research approach. Chapter Four describes the methodology employed in this study, from the recruitment of participants to data collection and analysis. Chapter Five of the study provides a comprehensive outline of the findings of the study, highlighting the importance of understanding the dynamics of shame and support-seeking behaviours in their narratives.

Chapter Six discusses the findings of the study in relation to existing literature on IPV, emphasizing how shame operates as a complex, multifaceted phenomenon that significantly impacts women's ability to seek help and recover from IPV experiences. The findings highlight the need to understand shame within its specific social, cultural, and political contexts rather than viewing it solely as an individual psychological experience.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

In this literature review, I will begin by defining the concepts of intimate partner violence and gender-based violence. I will then contextualise the study in the existing literature about gender-based violence in the South African context, explore theories of shame - motivating for a focus on the element of shame, and present a summary of current research on the relationship between shame and intimate partner violence.

2.2. Definitions

Intimate partner violence can be defined as any act of physical, sexual and or emotional abuse by a current or former romantic partner whether the individuals live together or not (Baholo et al., 2015). It may also include psychological violence such as the use of threats, and coercive tactics which cause emotional trauma or harm (Sylaska & Edwards, 2014). The term gender-based violence is broader and captures more types of violence but includes intimate partner violence. GBV can be defined as: "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (Garcia-Moreno et al., 2006, p. 1260). GBV includes physical, sexual and or psychological abuse from both intimate and non-intimate partners (Garcia-Moreno & Amin, 2016).

2.3. Gender-based violence in South Africa

Intimate partner violence is an important issue that has existed for many generations, it transcends age, race, gender, culture, and socio-economic status (Baholo, et al., 2015). In South Africa women have, been and are being abused in various forms of relationships, including marriage, dating, and cohabitating (Baholo, et al., 2015). A painful feature of this violation is that it is perpetrated by a close loved one.

To highlight the significance of gender-based violence and intimate partner violence, Mthembu et al. (2021) referred to an investigation that was conducted in 2017. The study aimed to investigate the prevalence, and the factors associated with lifetime IPV amongst adolescent girls and young women (Mthembu et al., 2021). Using a population-based household survey conducted in 2017 in South Africa, the study found that out of the 716 adolescent girls and young women aged 15-24 years who participated, 13.1.% indicated they experienced IPV. Statistical evidence indicates that GBV and IPV incidents have escalated over the years. The First South African National Gender-Based Violence Study conducted by Zungu et al. (2024) revealed that 33.1% of all women aged 18 years and older had experienced physical violence in their lifetime, representing an estimated 7.3 million women. The study further demonstrated significant demographic disparities, with lifetime physical violence rates substantially higher among Black African women (35.5%) compared to women of other racial groups. Additionally, women who were cohabiting but not married experienced significantly higher rates of lifetime physical violence (43.4%) compared to currently married women and those not in relationships (Zungu et al., 2024). These findings underscore the pervasive nature of gender-based violence in South Africa and provide essential baseline data for developing evidence-based, targeted interventions to address this critical public health concern. These alarming prevalence rates of gender-based violence in South Africa can be understood within the broader context of the country's entrenched culture of violence and masculine identity formation.

South Africa has a sub-culture of violence and criminality. Some young men are invested in a criminal identity and criminal careers in order to exert dominance and power (Enaifogheet al., 2021). It is a way in which they perform their masculinity and gain recognition in society. This form of criminality has been legitimised and idolised in some communities where there is common use and possession of weapons (Enaifoghe et al., 2021). Furthermore, there are commonly held norms and beliefs in many communities, such as deeming violence as a necessary means of resolving conflict (Enaifoghe et al., 2021). Unfortunately, this dynamic also plays out when men pursue romantic or intimate relationships with women.

In relation to this subculture of violence, and specifically to men's narratives of intimate partner violence, van Niekerk and Boonzaier (2015) explore and elaborate on men's perspectives. Notably, their study highlights that most men understood violence as a social and collective representative of ideologies held collectively within communities. This understanding is significant, as it challenges the belief that violence is merely an individual act (van Niekerk & Boonzaier, 2015). This perspective suggests that much like masculinity is a collective practice, violence also exists within a social and cultural context constructed through various institutions, such as the family, the workplace, schools, and factories (van Niekerk & Boonzaier, 2015). Therefore, IPV should be studied within a broader social and collective framework. This was evident in the findings of van Niekerk and Boonzaier (2015), which showed that although men expressed the belief that violence against women was wrong and immoral in public discourse, their narratives shifted when situated within the context of their communities and social circles. In these contexts, they conveyed beliefs and representations that condoned violence.

This sub-culture of violence can be seen as a legacy of colonialism and apartheid. With colonisation and apartheid, there were gender hierarchies that entrenched male dominance (Britta, 2006). There were also clear racial hierarchies in which women of European descent were politically, socially, and economically privileged, while Black women's identities and roles were constructed as subservient to white society (Britta, 2006). Coetzee and du Toit (2018) examine this intersection more explicitly and argue compellingly that gender and sex function as pseudo-biological categories within the racist colonial project. They contend that constructions of femininity are deeply intertwined with, and mutually dependent on, race, reinforcing the colonial mindset. This has dynamic contributed to a broader pattern of objectifying women's bodies, particularly the Black female body. As such, during apartheid, oppression, and violence such as rape were also committed by fellow comrades (Britta, 2006).

Segalo and Fine (2020) refer to the work of Gqola (2015), who emphasizes the intersection of race and gender in the context of rape. Gqola (2015) argues that Black women's bodies are

deemed “rapable” because they are perceived as less than human, raising the question of why society should pay attention to their cries. This legacy has contributed to ongoing gender-based violence, which includes various forms of abuse, including rape. Bennett (2017) also draws on Gqola’s (2015) work, highlighting her powerful observation that gender-based violence in South Africa is alarmingly normalized. Gqola (2015) asserts that the imagined unity of the South African nation is built on a fiction, one that intertwines prescribed sexual violence with notions of citizenship, revealing how deeply embedded GBV and sexual violence are in everyday life. The persistence of violence, along with the silences and stigma surrounding it, evokes a profound sense of helplessness, as implied in Gqola’s (2015) critical questioning.

This subculture of violence can also be found in families in South Africa, with its high prevalence of domestic violence (Mathews et al., 2019). Parental aggression as a result of marital or partner conflict can lead to violence in the home, which often has a devasting effect on the children in the family (Kubeka, 2008). Constructing a strong identity is an important developmental task, and young adults who have been exposed to family violence often demonstrate poor identity development (Peterson et al., 2017). Other studies depict a significant association between exposure to family violence and lower levels of trust in the self and others as well as lower levels of autonomy (Peterson et al., 2017). Other devasting effects include children developing feelings of neglect, especially towards mothers who are usually victims of battering (Kubeka, 2008). This may further impact their mothers’ parenting skills; feelings of helplessness due to their inability to stop the situation can lead to decreased attention, involvement, and empathy for their children (Kubeka, 2008). These dynamics can contribute to a cyclical pattern of violence, where individuals exposed to violence in their family of origin may be more likely to perpetrate or experience IPV in their own relationships due to observing this behaviour and the emotional distance created by unavailable parents (Jewkes et al., 2011; Jewkes et al., 2016). Children often adopt maladaptive ways of coping such as internalising and externalising problems (Mahlangu et al., 2022; Mshweshwe, 2020). Furthermore, there is a social learning component that leads to an identification with a parental figure, and the emotional and moral meaning of violence often translates to “those who love

you are also those who hit you" (Kubeka, 2008, p. 285; Mosavel et al., 2011, p. 454). Children growing up in violent homes may also become aggressors as they transfer their unresolved rejection to partners of their own (Caritus & Umejesi, 2019).

On the other hand, security in family relations provides the necessary support for meaningful exploration and experimentation in relationships which is a process that is crucial for healthy identity formation (Peterson et al., 2017). A study by Zembe et al. (2015) on intimate partner violence found that participants felt parents played a role in the acceptance of intimate partner violence. The findings revealed that certain parenting practices enhanced young women's risk of encountering IPV, for example, if they visited shebeens at night parents were said to not allow them in the house if they came home past a certain curfew and this impacted the daughters' capacity to escape unwanted attention and violence (Zembe et al., 2015).

2.4. Approaches to gender-based violence (public health and policy)

Intervention approaches to gender-based violence have been mostly structural, conducted from a public health perspective and aimed at informing policy formulation and legal safeguarding. In the legal context, South Africa is said to have one of the strongest policies and laws that are relevant to combating GBV (UNODC Regional Strategy and Framework of Action for Addressing Gender-Based Violence 2018 – 2030). The policy aimed at combating domestic violence has been widely recognized both internationally and locally. Under the international human rights framework, domestic violence also known as intimate partner violence (IPV) is regarded as a form of sex discrimination and a human rights violation (Beninger, 2014). This shift has been strongly influenced by feminist scholars from the 1990s, who highlighted the gendered nature of laws, which traditionally relegated women's grievances to the private sphere. These scholars have played a key role in the recognition of intimate partner violence as an international human rights issue (Beninger, 2014). South Africa is a party to and has ratified some of the GBV-related international and regional declarations such as the Beijing Declaration and Platform for Action (United Nations Beijing Declaration and Platform of Action), as well as the Convention on the Elimination of All Forms of Discrimination Against Women (UN

General Assembly, ‘Convention on the Elimination of All Forms of Discrimination against Women’,1979) these treaties require states that are parties to the treaty to take steps to initiate and implement legislative and other practical measures to fulfil their aim. Policies also include the Protocol to the African Charter on Human and People’s rights on the Rights of Women in Africa (African Union ‘Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa’, 2003). The South African Constitution also stipulates that a person has the right to freedom and security including the freedom to be free from all forms of violence whether public or private (Constitution of South Africa 1996, s 12(1(c)). The National Crime Prevention Strategy (NCPS) of 1996 established crimes of violence against women and children as a national priority (Vetten, 2005). This led to several legal reforms, such as the implementation of mandatory minimum sentences for certain rapes (Criminal Law Amendment Act, No. 105 of 1997) and the tightening of bail conditions for those charged with rape (Criminal Procedure Second Amendment Act, No. 118 of 1998). The National Policy Guidelines for the Handling of Victims of Sexual Offenses were also finalized in 1998, along with the policy framework and strategy for shelters for victims of domestic violence in 2003 (Department of Social Development, 2003). In addition, specialist facilities, such as family courts and sexual offences courts, were established. The Thuthuzela Centres were set up as one-stop centres designed to provide services to victims of sexual and gender-based violence, including intimate partner violence. These centres offer medical care, counselling, and legal services in one location to streamline the process and ensure a more supportive environment for survivors (National Prosecuting Authority, 2023).

Various other legislation has come into operation to strengthen the right to be free from violence, namely, the Protection from Harassment Act 17 of 2011, the Domestic Violence Act 116 of 1998, the Maintenance Act 99 of 1998, and the Criminal Law Amendment Act (Sexual Offences and Related Matters) Act 32 of 2007. South African legislation has also made provisions in its Domestic Violence Act that capacitate protection through a protection order. The Domestic Violence Act recognises the high incidence of domestic violence in South Africa. Key innovations afforded by the Domestic Violence Act include its broad definition of

domestic violence, which includes physical, sexual, emotional, verbal, and psychological abuse, economic abuse, intimidation, harassment, stalking, damage to property, and unauthorized entry into the complainant's residence. It also includes other conduct that may harm the safety or well-being of the complainant. The Domestic Violence Act applies to a range of familial and domestic relationships, covering both heterosexual and same-sex relationships (Vetten, 2005). Under the Act, the victim or complainant may apply for a protection order to stop the abuse and prevent the abuser from entering the mutual home or the victim's residence. In addition, the court may place other conditions on the order (Act No. 116 of 1998, Section 4). Another significant protection provided by the Act is its attempt to introduce statutory monitoring of the police. Section 7 details the "police duties upon receiving complaints of domestic violence", including the requirement to provide assistance to the complainant and explain her rights. It also mandates police to issue a notice and provide an explanation of it to the complainant if they are unable to read or understand it. Section 8 mandates the police to explain the process and what steps to take in the event of a breach of the protection order. Legislators placed these obligations upon the police in an effort to challenge their long history of neglect regarding intimate partner violence and domestic abuse (Vetten, 2005). Other interventions that have been informed by policy include the Victim Empowerment Programme (VEP), which is designed to offer support services to victims of crime and violence, including IPV. Services include access to shelters, counselling, legal assistance, and rehabilitation. The program aims to empower victims and help them rebuild their lives after abuse (National Policy for Victim Empowerment).

Despite the ratification of international treaties and the enactment of national law, South Africa continues to have high rates of gender-based violence and femicide, which worsened during Covid-19 (Mkwananzi & Nathane-Taulela, 2024). In 2020 crime statistics indicated one in five women in South Africa were victims of GBV and South African services data from 2015-2020 indicated that at least seven women were killed daily ((Mkwananzi & Nathane-Taulela, 2024). In addition to these alarming statistics, it is important to bear in mind underreporting of intimate

partner violence (IPV) remains a significant challenge in South Africa, with statistics indicating that the majority of cases never reach formal reporting channels.

According to a national survey conducted by the Human Sciences Research Council (HSRC), an estimated 1.34 million women experienced physical abuse between February 2022 and January 2023, yet only around 47,700 grievous assault cases were officially reported, suggesting a reporting rate of just 3% (HSRC, 2023). Sexual violence follows a similar pattern: of the estimated 432,500 sexual assault cases in the same period, only 97,800 were formally recorded, indicating a 20% reporting rate (HSRC, 2023). Other estimates suggest that only one in nine rape cases are reported to the police, with some sources putting the figure as low as one in twenty-nine (MRC, 2021). More focused on the population of this study, a study conducted in 2022 in the Eastern Cape found that of 58 students who had experienced some form of GBV, 98.6 percent if those affected did not report to law enforcement (Mdletshe & Makhaye, 2025). As a result, official crime data drastically underrepresents the true scale of IPV in South Africa.

In addition to the underreporting of IPV in South Africa, conviction rates for perpetrators remain alarmingly low. Research indicates that only a small proportion of reported gender-based violence (GBV) cases result in conviction. For instance, a retrospective analysis by the Medical Research Council (MRC) found that only 8.6% of rape cases reported to the police resulted in a conviction (Rasool et al., 2021). Similarly, Artz and Smythe (2007) reported that of the small number of IPV cases that reach the courts, less than 10% result in successful prosecution. The problem is exacerbated by high attrition rates, with many cases being withdrawn or struck off the roll before trial due to lack of evidence, poor police investigation, or survivor withdrawal (Artz, 2011). Although specialized mechanisms such as the Thuthuzela Care Centres and Sexual Offences Courts have shown promise, with conviction rates reported as high as 84% in these contexts, their reach remains limited and does not reflect the national average (Molloy & Wakefield, 2017).

In addition to cornerstone policies and legislative frameworks, universities in South Africa have recognized the importance of addressing Gender-Based Violence (GBV) and Intimate

Partner Violence (IPV) on campuses and have developed a range of policies to combat this issue. These policies are designed to create safe and supportive environments for students and staff, focusing on prevention, response, and support for survivors of GBV (Bhana et al., 2021). In 2016, the South African Department of Higher Education and Training (DHET) released the *Policy Framework to Address Gender-Based Violence in the Post-School Education and Training System*, which seeks to provide universities with clear guidelines on how to address GBV on their campuses (DHET, 2020). It focuses on creating a safe campus environment and addressing sexual harassment and violence. In addition, it encourages universities to develop institutional policies and action plans on GBV, provide training and education on GBV, and improve support for survivors of violence (Van den Berg & Makusha, 2018).

Most South African universities also provide support for survivors of GBV through various services such as counselling. Universities often have counselling and psychological support services to help survivors of GBV cope with trauma, and some institutions have specialized student support units or gender equity offices that assist survivors, guide them through reporting processes, and help them access legal and medical services (Hames et al., 2018; Ratele & Nduna, 2019)

Government and non-governmental sectors have worked together to intervene, and despite much policy reform, interventions have often been reactionary (Jama-Shai & Sikweyiya, 2015). Recently, however, there has been a move toward preventative interventions that have taken a public health approach. Contemporary research emphasizes that effective GBV prevention requires addressing underlying social norms and beliefs that perpetuate violence (Chen et al., 2024). Jama-Shai and Sikweyiya (2015) conducted a review of programmes which took a preventative approach to gender-based violence, and many of these programmes focused on reducing risk factors for GBV in the next generation.

The Tula Sana programme aimed to help mothers from low-resource areas, or mothers who have had adverse experiences which are linked to environmental factors. The help constituted assisting mothers to respond to their baby's needs (be more attuned), with the hope that this

would then lead to a secure attachment and prevent future perpetration of violence (Jama-Shai & Sikweyiya, 2015). The Sinovuyo Caring Families programme focussed on fostering or improving better parent-child relationships. In this programme the focus was on emotional regulation, behaviour management, methods of discipline that parents use (assisting them to move away from using violent and abusive discipline) (Jama-Shai & Sikweyiya, 2015). The hope is that this will in turn decrease intimate partner violence as healthier ways of resolving conflict and emotional regulation would have been learnt.

The Prepare programme, geared towards teenagers, focused on reducing sexual risk behaviour and intimate partner violence which contributes to sexual risk (Jama-Shai & Sikweyiya, 2015). Similarly, evidence-based bystander intervention programs such as Bringing in the Bystander have demonstrated efficacy in increasing intervention behaviors and reducing rape myth acceptance and sexually coercive behavior (Elias-Lambert & Black, 2016; Moynihan et al., 2015; Senn & Forrest, 2016). Other programmes focused on psychoeducation, related to gender transformative interventions, relationship building, communication and conflict skills (Jama-Shai & Sikweyiya, 2015).

These programmes are incredible as they aim to nurture and foster a different generation, but they fail to sensitise current society to collectively nurture these changes. The barriers related to gender-based violence are more than structural, they are highly influenced by existing norms, beliefs and cultures that could impact how positive changes could be maintained. Research has consistently shown that social norms are contextually and socially derived collective expectations of appropriate behaviours that significantly influence GBV prevention outcomes (Baird et al., 2019). As such, interventions to combat intimate partner violence and hegemonic masculinity require more nuanced approaches that also disrupt societal values that are oppressive.

Hegemonic masculinity has historical roots and its effects in society have an historical trajectory; men tend to occupy oppressive positions while women tend to absorb and occupy passive roles (Jewkes et al., 2015). Current scholarship recognizes that programs targeting

masculinity may be more effective than those that ignore the roles that systems of gender inequality play in sexual violence, though challenges remain in addressing resistance and backlash from men (Chen et al., 2024). Choice is undermined by a lack of exposure to other ideas and information to disrupt an entrenched narrative of how men and women should act and negotiate relationships (Jewkes et al., 2015).

Recent theoretical developments suggest that when programs are gender transformative, meaning that they intend to reshape gender relations, they tend to be more effective than those that simply aim to modify individual behaviors (Vidmar, 2025). There is a need to also encourage more reflection on alternative ways of being. Contemporary interventions increasingly recognize that addressing hegemonic masculinity requires understanding its spatial and temporal specificity, as it manifests differently across various contexts and time periods (Hopkins & Giazitzoglu, 2025). Changing hegemonic masculinity requires a change in ideas shared on a societal level (Jewkes et al., 2015), with recent research emphasizing the need for multilevel approaches that address structural, interpersonal, and individual factors simultaneously (Yoon, 2025).

2.5. Current barriers to help-seeking

Although women who have experienced intimate partner violence are receptive to health aids and healthcare workers inquiring about their experiences, they revealed that it is not always easy to talk about intimate partner violence, and this influences how they may not be ready to access the available resources (Baholo et al., 2015). While informal support such as friends and family are valued in times of desperation, some women have expressed their reluctance to confide in others. This hesitation is due to a variety of reasons. Others indicate that the experience itself is painful, and confiding is a form of confronting the experience not only with oneself, but also with another, and this is difficult. Sometimes, other difficult disclosures often accompany the disclosure of IPV, for example, some women's resistance to confiding is related to the hesitance to disclose that as a result of the abuse they then contracted HIV (Baholo et al., 2015). The fears around disclosure are related to the ongoing stigma of HIV and HIV

interventions such as the use of Prep which has also been associated with promiscuity rather than a means of protecting women's wellbeing and sexual agency (Nyblade et al., 2022).

In addition to disclosures, intimate partner violence (IPV) is known to significantly affect an individual's health. The health consequences of IPV are extensive and substantial. According to a meta-review by Mitchell et al. (2016), IPV is a common contributor to poor health and reduced daily functioning. Its consequences can range from acute injuries and chronic conditions to gynaecological issues, homicide, and HIV (Mitchell et al., 2016). Beyond physical health decline, women facing IPV also experience severe emotional distress, which negatively affects their mental health. Research indicates that IPV victims often face a higher prevalence of mental health disorders, such as depression, anxiety, and PTSD (Mitchell et al., 2016). Furthermore, there is an increased likelihood of repetition compulsion, where victims may enter relationships with partners who exhibit poor impulse control, conduct disorders, or other related traits (Mitchell et al., 2016). Both IPV and mental illness are subjects of significant stigma. Stigma related to mental health involves negative stereotyping and the devaluation of individuals diagnosed with or perceived to be suffering from mental health issues (Alemu et al., 2020). This stigma can become internalized, leading to negative consequences for those living with mental health challenges. It may manifest as social exclusion, minimization of difficulties, endorsement of harmful stereotypes, or discrimination, such as using mental illness as a way to invalidate certain traumatic experiences (Alemu et al., 2020).

Women's agency to seek help and disclose abuse has also been stifled by social norms and systems that are not responsive to their needs (McCleary-Sills et al., 2016). These are social norms such as normalizing intimate partner violence as a part of life that is meant to be endured; on the other end of this narrative is also the norm that a relationship is a private space, therefore, there is often resistance and embarrassment with regards to telling anyone about the violence (McCleary-Sills et al, 2016). These social norms appear to reflect how women perceive themselves and their abilities; there is an undervaluing of their own goals, abilities, and feelings (McCleary-Sills et al., 2016). Narratives of resistance and normalization seem to cover up

feelings of helplessness and shame, which make talking about the experiences even more difficult.

In relation to stigma and shame associated with intimate partner violence (IPV), Makongoza and Nduna (2021) examined how young women in Soweto understand and respond to IPV. They found that while many participants recognize physical, emotional, and psychological abuse, their awareness is shaped by cultural, social, and environmental factors that can minimize or normalize IPV within relationships. Although these women express a strong rejection of IPV, social pressures, economic dependence, and emotional attachment to their partners often complicate their ability to leave or challenge the abuse (Makongoza & Nduna, 2021). Taccini and Mannarini (2023) reinforced this by demonstrating how stigma surrounding IPV survivors is multidimensional, involving societal, self, and structural elements that affect how survivors are perceived and how they perceive themselves. Societal stigma, including victim-blaming and stereotypes, often leads to internalised shame and guilt, creating significant barriers to seeking support (Taccini & Mannarini, 2023). Structural stigma, such as insufficient resources or legal protection, further exacerbates these challenges (Taccini & Mannarini, 2023). Meyer (2016) expanded on this by introducing the concept of "desistance and redemption narratives" (p.78), through which women frame their experiences as part of their emotional healing, moving from victimhood to empowerment. These narratives help survivors reclaim agency, distancing themselves from victim-blaming and focusing on strength and resilience. Meyer (2016) also emphasized the importance of supportive social and institutional responses, noting that support systems, both formal and informal, can either reinforce victimization or help women regain control. Additionally, interactions with the criminal justice system often pose challenges, as legal focus may overshadow the emotional and psychological complexities of survivors' experiences, further complicating their path to healing (Meyer, 2016).

In addition to social norms, religious, and cultural values have been considered a barrier to open communication leading to a form of silence and secrecy, where mothers do not speak

about sex-related topics due to their cultural and religious values (Bastien et al., 2011). Research in South Africa has demonstrated that parent-adolescent sexuality communication remains limited, with many adolescent girls reporting they "can't go to her when I have a problem" when discussing sexuality with their mothers (Closson et al., 2022). In KwaZulu-Natal, South Africa, teenage sexual cultures are imbued with high cultural values that honour virginity and female respectability (Bhana, 2016). In many cultures and religious contexts, virginity, particularly for women, is highly valued, symbolizing purity and moral uprightness, which are seen as essential for a successful marriage (Olamijuwon & Odimegwu, 2022). This value is gendered, with a greater emphasis placed on women's virginity than men's, shaping societal expectations around premarital sexual behaviour (Olamijuwon & Odimegwu, 2022). The importance of virginity in African contexts is further evidenced by practices such as voluntary virginity testing among young women seeking public approval (Tamale, 2014). Cultural norms significantly intersect with sexual behaviours among young people, with dominant cultural practices shaping sexual risk behaviours (Mthembu et al., 2021). Virginity is also associated with trust, fidelity, and marital happiness, and there is a belief that saving sex for marriage strengthens relationships and reduces infidelity. Although attitudes toward premarital sex are shifting, particularly among younger people, the traditional value of virginity persists in many societies (Olamijuwon & Odimegwu, 2022). Traditionally, sexuality discussions are conducted in hushed tones through proverbs and are reserved for adults (Maja & Motlhatlhedi, 2023). These strong cultural values can make it difficult for young people to discuss issues like intimate partner violence, as such conversations may imply a deviation from traditional norms and lead to perceived danger or shame.

Bhana (2021) examined the complexities of young girls' sexuality in African contexts, focusing on how girls demonstrate agency in their sexual and reproductive decisions, often resisting societal pressures and asserting control over their sexual identities. Further, a study by Usonwu et al. (2021) acknowledged a need for young girls to be supported in navigating developmental difficulties of life through parents opening up to discussing crucial topics like sex, experimentation and alcohol in order to strengthen young women’s agency in making

responsible decisions. However, this agency and liberal ideas are shaped by broader social and political contexts, as girls must navigate societal expectations and dominant narratives about sexuality. Despite their agency, girls face significant vulnerability in patriarchal societies, where they are exposed to gendered violence, early marriage, and limited sexual autonomy (Bhana, 2021). Girls' experiences of sexuality are also influenced by intersectional factors such as class and race, and they must balance traditional cultural expectations (like virginity and modesty) with modern sexual norms. This creates a complex environment where girls must negotiate competing pressures from family, community, and peers (Bhana, 2021).

Religion is associated with the use of unclear metaphors which dilute conversations on sexual health and relationship matters (Bastien et al., 2011). Based on the Westernised principle of open communication, upon which the public health approach is anchored, African culture is associated with mothers holding on to detrimental traditional value systems such as holding on to how their parents did not talk to them about sex and relationships (Paruk, Peterson, Bhana, Bell, & Mckay, 2005). The current status quo of silence in black African communities and households is a representation of a breakdown in culture due to urbanisation, the trickle-down impact of migrant labour in family and community organisation, colonial conquest and Christianity (Paruk et al., 2005). African parents may not have needed to talk to their children in the past because there were initiation schools and a strong community framework which included other elders who spoke about sex to ensure safe sex practises (Jama-Jama-Shai & Mdanda, 2016). There was a balance between understanding and preventing risks and allowing sexual experimentation (Jama-Shai & Mdanda, 2016).

Various scholars have pointed out that intimate partner violence (IPV) is underreported, with many cases remaining unknown. Reasons for not reporting IPV include victims' skepticism about seeking assistance from law enforcement (Gumani, 2022). The role of the police in cases of IPV is highlighted in the Domestic Violence Act, which places an obligation on the police to act and assist victims of IPV, such as helping them apply for protection orders, assisting with arrests, retrieving property, and directing them to further assistance (Act No. 116 of 1998).

These provisions were included in the Act to address previous difficulties where police were unresponsive to IPV-related matters. Consequently, these provisions aim to strengthen police responsiveness and provide guidance on their crucial role as first responders in IPV cases (Gumani, 2022). The importance of police intervention in IPV cases includes perpetrator warning or arrest, ensuring the victim's safety, referrals to other support services, assessing the perpetrator's risk, and preventing future occurrences of violence (Gumani, 2022). However, these interventions have not been implemented effectively, resulting in a loss of public trust in safety interventions, including law enforcement (Mokwena et al., 2023).

According to Mokwena et al. (2023), strong cultural and patriarchal influences may explain the difficulties in addressing IPV cases. These influences lead to women being pressured to hide the abuse they encounter. This culture of secrecy extends to police officers, many of whom identify with traditional police culture, which includes authoritarianism, cynicism, and desensitization (Mokwena et al., 2023). Literature also reports that even when women report IPV to clinic staff, these professionals often do not know how to assist them due to barriers that extend beyond what is prescribed by law (Mokwena et al., 2023).

In cases where women overcome these barriers and report IPV to the police, some cases are later withdrawn after being deemed baseless by law enforcement, and ultimately categorized as unfounded (Fapohunda et al., 2021). A study by Mkhize (2022) provides further insight and confirms the sentiments of distrust in law enforcement and the justice system. In the study, participants expressed that the justice system does not take IPV seriously, thus failing women. Even when women find the resilience to report their cases, they often withdraw their complaints a few days later due to fear, shame, and the lack of guaranteed safety (Mkhize, 2022).

Victims of IPV often encounter secondary victimization by police officers when reporting incidents. This secondary victimization takes various forms, such as police officers becoming emotionally reactive and defensive, perceiving IPV as the victim's fault, and viewing it as a private matter in which they cannot intervene (Gumani, 2022). Another barrier is the lack of monitoring and training regarding how police officers should handle IPV cases, leaving them

without the necessary knowledge or confidence to manage these incidents effectively (Gumani, 2022). Additionally, perpetrators' relationships with police officers, who may know them outside of their professional role, can further complicate IPV cases (Gumani, 2022).

Every year in South Africa there are horrible gender-based violence cases that come to the public's attention. Sadly, these cases only gain large-scale public attention when the woman has already been murdered. They often lead to social outrage, protest, and collective introspection and for a while, there is the hope that change will come. Unfortunately, statistics show that there is little change, and then the protests stop (Enaifoghe et al., 2021). Such occurrences send a strong and painful message to survivors and victims of gender-based violence and seem to confirm their beliefs related to shame, being unseen and unheard.

2.6. Theories of shame

Shame in society is still a taboo word, that is avoided even in research. After reviewing the trend in certain studies, Scheff (2016) states how researchers have been avoiding using the term or concept of shame in research titles even if it was the underlying subject of their investigations; instead, researchers would commonly use words such as stigma, embarrassment or humiliation reinforcing the existing taboo and weakening knowledge production on the topic of shame. Further, various studies have pointed out that shame has been understudied in the context of intimate partner violence (Tonsing & Barn, 2017; Lawrence & Taft, 2012). To directly study the topic of shame is thus responsive to issues which have been identified as research gaps in the studies mentioned above.

Shame in a broad sense is associated with painful internal feelings about one's identity in relation to others and themselves-the self (Retzinger, 1995). It tells us that we are both individualistic (separate) and social beings (Retzinger, 1995). Socially it plays a role in the regulation of relationships, whether it is maintaining the status quo or experiences related to social change (Retzinger, 1995). Lawrence and Taft (2012) state that shame could be understood as existing on a continuum ranging from low intensity to intense long lasting and

potentially pathological humiliation. Over this continuum, shame refers to a family of emotions which signify social discomfort, embarrassment, and humiliation (Retzinger, 1995).

2.6.1. The other and the self in shame experiences

In experiences of shame the self and the other are alienated or threated to be alienated (Retzinger, 1995). The other is experienced as abandoning, rejecting, suffocating, judging and the source of injury. The other may also appear ridiculing, of a powerful status, unjust or unresponsive which then invalidates the experience of the self in some way (Retzinger, 1995). The self is negatively evaluated in relation to other (Retzinger, 1995).As cited in Scheff (2016), Charles Cooley, an American sociologist, stated that "we live in the minds of others without knowing it" (p. 2). Often negative self-evaluation of the self is related to anxious thoughts such as, 'what will others think about me', 'how will they see me', and concerns that others will place judgment on us. People are unaware of how much such questions are related to their experiences of shame (Scheff, 2016).

2.6.2. Shame states and shame related behaviour

Literature also refers to shame states, which refer to the psychological internal emotions and experiences which drive shame-related behaviour. According to Brown (2006), these feelings are tied to vulnerability and fear of being judged or rejected by others. When someone experiences a shame state, they may withdraw or act defensively to protect themselves from the pain of feeling flawed (Gilbert, 2009). Often this defensive behaviour drives external parties away from accessing their pain and vulnerability, which keeps the shame buried. This is particularly evident in situations where individuals feel they have fallen short of social, personal, or cultural expectations (Tangney & Dearing, 2002). Nathanson (1992) discusses how shame, in its most extreme forms, can lead to a 'shame-pride cycle', where individuals constantly swing between feelings of deep shame and compensatory behaviours aimed at restoring self-worth and at times coping with unbearable states such as depression, worthlessness, helpless, vulnerability and emptiness.

Shame makes people behave in various ways but the most common is, that it creates the impulse to hide; this could be overt where people actively show gestures related to shame, or covert where individuals maintain emotionless expressions to try to cover up how they truly feel (Retzinger, 1995). Shame is often covert, where people are unaware that they are in a shame state, and in these instances may be indicated by words that are used that signify a deficiency of the self (Retzinger, 1995). The use of substitute words and phrases tends to be used particularly in modern societies where there is a culture of distancing, and connecting is infrequent (Scheff, 2015). Another way in which shame is hidden could be explained by Billing's theory of repression; shame is repressed, and repression arises from social practices (Scheff, 2015). An individual in a particular society learns that there are certain topics and feelings that are generally regarded as shameful to discuss or open up about and eventually through an internalised learning process, the forbidden topics are removed from conscious awareness (Scheff, 2015). We live in a society which is social media dominated, and vulnerability is becoming increasingly difficult. For example, people will commonly state that they feel embarrassed instead of ashamed as a reference to shame is unspeakable. Further there has been a broadening use of words such as fear and anxiety as another way of disguising shame, for example one would say they fear rejection rather than referring to underlying experience of shame (Scheff, 2015).

2.6.3. Shame in the South African context

Shame has its roots in the construction and policing of the female body, particularly the female genitalia (Murray, 2017). While there is nothing inherently embarrassing about the female body, the dominant discourses about the female body have remained powerful (Murray, 2017; Dolezal, 2015). Examples include the beliefs that the female body needs to be covered up and the common projections of promiscuity by the male gaze which sees the female body as subservient to male desire and procreation. Contemporary research continues to demonstrate how body shaming operates as a mechanism of social control, particularly targeting women's bodies through cultural standards of appearance (Huang et al., 2018). The vagina has been shamed, sexualised in a narrow and functional way (Murray, 2017), with ongoing surveillance

of female bodies extending to intimate aspects of female embodiment (Guillard, 2015). Many scholars have acknowledged the missing discourse of female desire; in light of this gap, shame attaches to female desire (Murray, 2015). The construction of women's sexualities is characterized by a passive dependence and secondariness to men's desires and ideals (Murray, 2015). Furthermore, shame is tied to failure to live up to social norms of physical attractiveness (Murray, 2017), with research demonstrating that materialism and body surveillance contribute to heightened body shame when individuals perceive themselves as not meeting cultural appearance standards (Huang et al., 2018). The way in which women engage with their bodies is political and shame operates to disempower the woman's sense of comfort in their own body, it creates a competitive dynamic for the achievement of ideal beauty which is governed by racialised and cultural standards (Murray, 2017).

In the context of intimate partner violence, feelings of shame have been influenced by the discourses discussed above which have contributed to a sense of inadequacy in relationships (Murray, 2015). Recent research has specifically examined how intimate partner violence intersects with body shame, revealing that IPV is a stigmatizing interpersonal violation with elements that confer particular risk for body shame through body-focused processes including self-objectification and body surveillance (Stein et al., 2019). Abuse is often perceived as symbolic of a victim's public failure to achieve intimate and romantic ideals and the shame of being unable to conform to certain standards of femininity (Murray, 2015). The embodied nature of intimate partner violence demonstrates how women's bodies and embodiment figure significantly in their resistance processes, though this remains an understudied area requiring further comprehensive knowledge (Esina et al., 2021). Culturally, there is a struggle to make sense of shame, as experiences of shame are negotiated in a patriarchal sphere (Murray, 2015), with contemporary scholars calling for re-theorized approaches to intimate partner violence that better account for the complex intersections of gender, embodiment, and violence (Messinger et al., 2015).

2.7. Intimate partner violence and shame

2.7.1. The role of shame in IPV

Shame has a social function; it is a gendered instrument fostered to bring about and discourage forms of conduct; it is complicit in oppressing marginal identities and communities; and it is a political disciplinary tool (Shefer & Munt, 2019; Murray, 2015). In abusive relationships, there is a gendered tendency for women to blame themselves for male violence (Murray, 2015). This manifests in the narratives women tell such as 'I should have known' or 'I should have been able to prevent it'; therefore shame is a factor in maintaining the secrecy of abuse in order to not expose the shame-related feelings of not being able to prevent or modify the violence and for tolerating the violence (Murray, 2015). It has been widely acknowledged that women do not report abuse or sexual violence (Fleming & Kruger, 2013). The concern being that silence enables perpetrators to continue abusive behaviour (Fleming & Kruger, 2013). The reasons for not reporting are complex and different for individual women, reasons for silence may include both a sense of disempowerment and strategies for survival in difficult circumstances (Fleming & Kruger, 2013). In this context of silence or lack of disclosure, shame can be understood in relation to feelings of failure and hopelessness linked to early experiences of abuse, current abuse by a partner, increased intensity of violence which leads to abuse of the children, recurrent abusive relationships, and extreme socio-economic conditions (Fleming & Kruger, 2013).

Shame in collectivist cultures has been studied - a study by Tonsig and Barn (2017) explored experiences of shame concerning abusive intimate partner relationships in Asian communities; the study focused on first-generation migrants living in Hong Kong. The study found that shame led to secrecy, deception, and lying which operated against women's ability to address issues of domestic violence (Tonsig & Barn, 2017). In this context, domestic abuse was viewed as a private family affair that risked the family's pride and status if it were to be exposed, as well as the woman's dignity (Tonsig & Barn, 2017). Experiences of abuse are thus minimized and denied by the abused women, and their family members often refrain from defining the matter as violence and rather couch it as a discipline (Tonsig & Barn, 2017). There was also fear of shame that accompanies divorce; women feared that if they disclosed experiences of

abuse and it eventually led to divorce, they would be blamed for breaking up marriage and family which would lead to ostracization and marginalisation in their communities (Tonsig & Barn, 2017). Similarly to Asian collectivist communities, in many South African communities, especially within traditional or patriarchal family structures, there is a strong emphasis on family honour and respect. IPV is at times seen as something that brings shame to the family, which can discourage victims from disclosing the violence and seeking help (Jewkes, 2002; Ntuli, 2018). In these contexts, women in abusive relationships may be expected to endure the violence in silence to avoid embarrassing their families or communities (Jewkes, 2002; Ntuli, 2018). In some South African communities, there is sometimes the belief that a family should maintain its reputation, and the notion of 'keeping things in the family' can result in victims being pressured to hide the violence. Family members may try to protect their name by convincing the victim to stay in the abusive relationship, especially when they believe that any intervention or public knowledge of the abuse would result in shame or dishonour (Chikadzi & Muronda, 2019; Makhubele, 2021).

2.7.2. Shame, poverty, and IPV

There is a close link between poverty and disempowerment, when an individual is unable to meet their basic needs, it often makes it difficult for them to realise their ability to exercise meaningful choices and expand their ideas of what is possible for them (Fleming & Kruger, 2013). Many studies related to intimate partner violence have focused on the relationship between socioeconomic status and agency (Gibbs et al., 2018; Zembe et al., 2015). According to Gibbs et al. (2018), there is a broad assumption that poverty is a key driver of intimate partner violence. While this may be true there is a tendency to blanketly refer to poverty without considering the different ways poverty is experienced and how different types of poverty affect various populations (Gibbs et al., 2018). Given the focus of this study on the university student population, it is essential to consider the diverse socio-economic backgrounds from which students come. Poverty, in particular, plays a significant role in shaping students' experiences within the university setting, including their relationships and vulnerability to intimate partner violence (IPV).

In this context, Makhene (2022) provides a critical examination of the factors contributing to gender-based violence (GBV) among women in higher education, particularly students. Structural inequalities such as poverty intersect with gender dynamics to create conditions that heighten the risk of GBV. Female students often occupy a lower social status within the university and may be perceived as academically inferior, which reinforces their marginalisation (Makhene, 2022). Traditional relationship norms further exacerbate this vulnerability, especially when women are expected to enter into sexual or romantic relationships with men in exchange for financial support.

University life can be resource-intensive and marked by high levels of peer comparison, placing additional pressures on young women. As a result, some female students may engage in transactional relationships to meet basic needs such as food, tuition, and clothing, as well as to access socially desirable items like mobile phones, fashionable attire, or luxury experiences (Makhene, 2022). These dynamics illustrate how socio-economic precarity intersects with gendered power imbalances, contributing to both the prevalence and complexity of IPV and GBV within university contexts.

In addition, among university students, shame is intensified by the deficit discourse embedded within higher education, which frames success in terms of individual transformation and self-sufficiency. Higher education is often portrayed as a pathway to enhanced self-esteem, confidence, and opportunity, yet this discourse marginalises those whose experiences, including GBV, disrupt this idealised trajectory (Burke et al., 2023). The emphasis on personal responsibility, particularly through a rigid and linear conception of time, places undue pressure on students to manage their academic and personal lives without recognition of the complex, recurring nature of GBV trauma. This framing fails to accommodate the non-linear and ongoing process of healing from trauma, thereby exacerbating the marginalisation of survivors (Burke et al., 2023).

2.7.3. Shamed masculinity and perpetration

South Africa has undergone changes in the political realm with the emergence of democracy and the Constitution which have led to the acknowledgment of gendered rights (Dworkin, Colvin, Hatcher & Peacock, 2012). An increased percentage of women are in public office, they are participants in the formal economy and are advancing their education in tertiary education (Dworkin et al., 2012). These positive changes have been viewed as a threat to men's practices of masculinity. These changes have been deemed to increase the difficulty for men to live up to the role of family provider, they have created the perception that employers prioritise hiring women over men and therefore position women as opposition and a threat to men and masculinity (Dworkin et al., 2012). Intimate partner violence has thus been a common way to maintain control in the household, deal with disagreement, and keep women subservient to men (Dworkin et al., 2012). Scholars have linked men's alignment with aggressive forms of masculinity to threats to male dominance, suggesting that when threatened men may become aggressive and use violence as a way to display dominance (Lange & Young, 2019).

2.8. Conclusion

The examination of intimate partner violence in South Africa highlights the multifaceted nature of intimate partner violence in South Africa, characterized by a complex interplay of historical, cultural, and socioeconomic factors. Despite South Africa's robust legal frameworks addressing gender-based violence, including the Domestic Violence Act of 1998 (Vetten, 2005), significant barriers to help-seeking persist. These barriers, including stigma, economic dependence, and cultural norms that normalize violence, often prevent victims from accessing available resources (McCleary-Sills et al., 2016; Makongoza & Nduna, 2021).

Shame emerges as a critical factor in maintaining cycles of violence, functioning as both a personal experience and a social mechanism that regulates behaviour (Retzinger, 1995). The integration of shame theories provides a crucial lens through which to understand both victims' experiences and the perpetuation of intimate partner violence. This review underscores the need for interventions that address not only the immediate consequences of IPV but also the

underlying sociocultural factors that perpetuate cycles of violence, particularly the role of shame in silencing victims and normalizing abuse within South African communities.

The literature further highlights the importance of examining discourse, constructions of femininity, and intimate partner violence (IPV), particularly how dominant beliefs and social norms continue to perpetuate shame. This shame becomes a significant barrier to effectively addressing IPV and gender-based violence (GBV), as it often inhibits survivors from seeking support. Interventions must extend beyond policy frameworks to include the critical analysis and sensitisation of communities to the everyday discursive constructions of GBV and womanhood that sustain these harmful dynamics. A deeper understanding of shame is essential, as it plays a central role in silencing victims and reinforcing structural inequalities. This study contributes to the academic conversation by exploring the role of shame in the context of IPV, with the aim of informing more holistic and contextually grounded responses.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1. Feminist Approach

This research took a feminist approach, wherein the overarching theoretical aim was to adequately represent women's experiences and understandings of shame in a way that responds to the social inequalities and injustices present in the context of gender-based violence (Lafrance & Wigginton, 2019). Feminist scholars have criticized mainstream approaches to psychological research for heavily situating people's distress and adversities within themselves rather than adopting a holistic lens that considers the social and political contexts in which they occur (Lafrance & Wigginton, 2019). As such, a critical feminist approach acknowledges that the questions asked in research are inherently political, carrying real consequences for how lives are understood and organized (Lafrance & Wigginton, 2019). The research question in this study is posed within a political context that maintains stigma in relation to the disclosure of experiences of intimate partner violence, which impacts the help and support-seeking process. It is well-documented that women face significant challenges in reporting incidents of

abuse or seeking help. However, this reporting difficulty has predominantly been framed as just another manifestation of abuse itself, rather than as a complex phenomenon that warrants investigation into the specific contextual factors that prevent women from disclosing their experiences. One of those contexts is patriarchy driven shame.

Shame is created or generated as a means to sustaining patriarchal control, both at a personal and systemic level, in the experiences of both IPV and support seeking. Feminist research demonstrates that patriarchal family structures create environments that normalize violence while simultaneously infantilizing women and reinforcing their subordination (Kitzmann et al., 2018). The shame and embarrassment of failing to meet patriarchal norms appears to be a key factor in preventing disclosure and help-seeking (Westmarland & Burrell, 2023). Patriarchal control operates through men's use of power to exert their rights as husbands or partners, preserving their dominance in communities and households (Mohee & Eizmendi, 2018). The patriarchal system enables violence against women to continue unchecked by governmental and nongovernmental actors who should intervene but often do not (Robinson et al., 2021). Patriarchal norms are directly linked to intimate partner violence, affecting women's position and role in the home and producing inequality in marriage (Tonsing & Tonsing, 2019).

Feminist scholars have also problematized mainstream psychological research for adopting androcentric biases, specifically portraying women as inconsistent, too emotional, and intuitive rather than intelligent (Wigginton & Lafrance, 2019). The underlying message is that women are irrelevant and deficient in understanding the human experience, including their own (Wigginton & Lafrance, 2019). In opposition to this view, this study drew from the aims of ‘standpoint theory’ developed by Dorothy Smith, a feminist sociologist. Standpoint theory acknowledges that women’s articulations are important for understanding how their realities are organized, emphasizing the importance of gaining insight from women regarding how social relations and structures inform their lives and experiences (Wigginton & Lafrance, 2019). This, exploring experiences and understandings of shame from women who have experienced intimate partner violence aimed to engage women in matters that affected them, positioning them as knowers of their experiences.

According to Wigginton and Lafrance (2019), one of the commitments of feminist scholarship is to produce good science. This is premised on the view that the research arena functions as a socially active institution, complicit in governing, classifying, and controlling populations by valuing certain truths. They argue that this space is far from neutral. Within this space, dominant discourses often do not express women's experiences (Lafrance & Wigginton, 2019). These dominant discourses are often complicit with colonial and patriarchal structures, reinforcing or reproducing an unjust status quo (Wigginton & Lafrance, 2019). By adopting a feminist approach, researchers need to be aware of this and create a space where women can frame their stories in a language that reflects their truths. Researchers have a duty to listen carefully to the emergence of counter-stories (Lafrance & Wigginton, 2019). As noted holistically in this research English has been the predominant means of generating knowledge, however knowledge from locals relies on switching to vernacular when relaying a story and when the story contains trauma. Literature appropriately considers that trauma leads to a loss of words and coherent articulations. Creating this space begins with examining a specific topic or phenomenon and questioning what ideas were taken for granted and how these affect certain populations (Jankowski et al., 2017). The aim of this research was to disrupt the stigma around disclosure and sensitize communities to the complexities of women's experiences of intimate partner violence. As mentioned previously, the experiences that impact disclosure and seeking support have often been presented in a symptomatic manner, in a list fashion, or explored for the sake of informing policies. While this is progressive, it also has a negative impact, as it led to desensitization to the fact that these were experiences of real women with complex and personal stories.

3.2. Social Constructionist Lens

Within the feminist approach to research that this study adopted, a social constructionist lens was used to interpret the data that emerged from the participants' narratives. Social constructionism takes the view that how the world or certain phenomena are perceived and experienced is socially negotiated (Braun & Clarke, 2006). As such, language plays a crucial role in creating, validating, or discarding certain truths and ways of being (Burr, Vivien, Dick

& Penny, 2017). Importance is placed on discourse (ideas that are deemed culturally significant or endorsed systems of making meaning and viewing the world) (Burr et al., 2017).

This lens was used to explore how this group of women talked about their experiences of shame and gender-based violence. The study examined how they depicted their experiences within the social domain, which social discourses they drew upon, and how they negotiated their truths. In particular, the research sought to identify barriers that restricted what was expressed and how these women experienced their communities as enabling support, validating experience, or dismissing them in the context of intimate partner violence. From a social constructionist perspective, language is performative; it influences attitudes, behaviour, and has real consequences for people within society (Burr et al., 2017).

In the context of gender-based violence, it has been reported that many women do not speak out about their experiences, and most do not report incidents of abuse (Gordon, 2016). However, Oparinde et al. (2021) shed light on concerning aspects of this assumption, arguing that the expectation to 'speak out' created the idea that women who spoke were capable of effecting change or helping others, placing an obligation upon them. There is a difference between a call to speak out and creating a space where women could speak. This study aimed to explore this contentious space, namely the gap between 'speaking out' and the context into which this speaking out needed to occur. The research examines what these women say, paying particular attention to the experiences that had influenced their perceptions of shame and their support-seeking processes.

A social constructionist approach also considers the role of power, assuming that certain individuals and societal structures hold influential standards of power and maintain these positions by reproducing these standards (Burr et al., 2017).

Careful consideration was made into using these two theoretical approaches. Feminist theory and social constructionism work well together because they both challenge the idea that gender roles are natural or fixed. Social constructionist analyses show that categories of difference change according to historical and geographical context, suggesting that existing inequalities

are not inevitable, making this perspective useful for feminist movements (Deckard & Houlden, 2017). Feminist Standpoint Theory argues that some social positions provide better opportunities to understand systems of power (Fotaki & Pullen, 2024). Social constructionism helps us understand how gender categories are created through everyday language and social practices, while feminist theory explains how these constructions benefit men and disadvantage women. Modern intersectional feminist approaches have been explored from a global perspective, showing how the concept has developed and what the main debates are (Rosenkranz, 2024). Feminist theories and activist practices have the potential to address important organizational issues and societal challenges such as inequality and care (Fotaki & Pullen, 2024). This combination is especially useful for understanding intimate partner violence, where social constructionism shows how victim-blaming ideas are created in specific cultures, while feminist theory reveals how these ideas keep women in subordinate positions and justify male dominance.

This study explored how power played a role in these women's experiences of shame and intimate partner violence, particularly in relation to the intersections of race, gender, and cultural dynamics. This focus aligned with the feminist approach to research, which was also concerned with the dynamics of power (Lawless & Chen, 2019). Both feminist and social constructionist approaches acknowledge the role of the researcher in the co-construction of knowledge, and researcher reflexivity was an integral part of the research process (Darawsheh, 2021).

3.3. Research Questions

This study aimed to answer the following questions:

1. What experiences of shame do young Black South African women talk about in the context of intimate partner violence?
2. How do they understand shame and are there different kinds of shame in relation to their experiences?

3. What norms or contextual factors do they perceive contribute to their experiences of shame?
4. How have these experiences of shame shaped their means to and experiences of seeking support?

CHAPTER 4: METHODOLOGY

4.1. Introduction

As indicated by my research questions, this study sought to understand how young Black women at university make sense of their experiences of shame in the context of intimate partner violence and the dynamics it poses in relation to the support-seeking process. Hence, a qualitative approach was indicated. The research method has to match what the researcher wants to know (Braun & Clarke, 2006). This qualitative research took an interpretivist epistemological position, as it sought to understand the social world through the participants' lens (Bryman, 2012); the focus was on learning how the participants made meaning of a particular issue (Creswell, 2009). A qualitative research design also takes the ontological position that reality is the outcome of social interactions between individuals (Bryman, 2012). Therefore, it supported a social constructionist theoretical lens, which views gender, racial, and cultural aspects as occurring within a social and political context (Creswell, 2009). As discussed in the previous section, this research took a feminist approach and utilized a social constructionist lens through which to interpret the participants' narratives.

4.2. Participants

Seven young adult, Black female students studying at the University of the Witwatersrand, who had experienced intimate partner violence within the context of a heterosexual relationship and who volunteered to share their experiences of shame, were included in the study. They were required to be in their 2nd year of study or above. The form of IPV experienced by participants

was not subject to either inclusion or exclusion from the study. If a participant deemed themselves to have experienced IPV, they were eligible for inclusion in the study (see Appendix D). The participants were required to have left the relationship in which they experienced IPV for at least a year to minimise emotional distress and triggers during the interview process.

While IPV also occurs in homosexual or queer relationships, it was thought that experiences of shame in the support-seeking process might have been complicated by homophobic discrimination, common in the South African context (Badenes-Ribera et al., 2019). While this phenomenon is also highly worthy of attention, given the limited scope of this study, a focus on participants in homosexual relationships was left for future studies. For this same reason, the study only focused on the experiences of women. While men also experience IPV, it was hypothesized that their experiences of shame will likely differ in respect to gendered discourses and identities. Again, this is an important area that could be the focus of future studies.

The stipulation that participants should have been in their second year or above was based on considerations of institutional adjustment. While students come from different cultural and socio-economic backgrounds, progressing to 2nd year and above would ensure that they had reasonably adjusted to the institution and its culture and were more likely to be aware of supportive services in their environment, i.e., services such as the Gender Equity Office, the Counselling and Careers Development Unit, and the Emthonjeni Centre at Wits. This context was important because many studies have highlighted a lack of physical access to support as the main barrier to seeking support (Field et al., 2018; Van der Heijden et al., 2020; Gibbs et al., 2020; Centre for the Study of Violence and Reconcilation [CSVR] 2016). In a context where formal support is reasonably available, this study was interested in the kinds of barriers women still experienced

The decision to focus only on young Black participants was made to further limit the scope of the study. A person's experiences and experience of the self are influenced by the culture within which one is based (Nkambule, 2014; Eaton & Louw, 2000). Including all cultural backgrounds would have necessitated an exploration of multiple cultural influences. Given the limited

sample size of this study, this might have limited the identification of relevant patterns or themes. Although the study focused only on Black participants, it was acknowledged that the experience of being Black is not homogenous and that there is much diversity within African culture. This varied in the sample. The collectivist orientation associated with African culture did appear to be common, however, and participants made meaning of their experiences of themselves and their relationships against the background of their experiences in relation to others at home and in their communities of origin. It is also acknowledged that being based in the student community, which takes the form of a more individualized Western culture where students get to focus on themselves as individuals, as an independent self has likely shifted and changed aspects of participants' cultural identities.

The participants in this study ranged in age from 20 to 26 they were all students at the University of the Witwatersrand. The pseudonyms allocated to participants were: Indiphile, Lebo, Thando,Tongase, Sesi, Vuyokazi, and Weziwe.

4.3. Sampling

This study made use of purposive, volunteer sampling, and snowball sampling. In terms of this kind of sampling, participants meeting specific inclusion criteria were sought for example participants who were no longer in the abusive relationship and had left for at least a year, and members of the sample who self-selected in response to an advertisement through student remote learning platforms that stipulated inclusion criteria for the study. Those who were interested then contacted the researcher (Alvi, 2016). I sent out the advertisement for the study in a format that was prescribed for Wits University researchers, giving details of the study (see Appendix D). I stated what the study was about, what kind of participants I was looking for, what participants would be asked to do, and whether there were any risks in relation to the study and how such risks would be managed. In the letter (Appendix D), I shared how students who were willing to participate could reach me. This letter was distributed to lecturers in the Faculty of Humanities, who were then requested to post the call on the Ulwazi platform. Permission to include students in my study was sought from the Wits University Registrar. It

is important to mention that only a few participants responded to the electronic invitation to participate (three participants), and most participants were recruited through snowball sampling (four participants).After each interview I asked participants to please share my details with anyone else they knew who may fit the inclusion criteria and who may be interested in participating in the study. The fact that the majority of participants were recruited through snowball sampling may speak to the sensitivity of the topic and the dynamics of shame, where participants responded better to an invitation from someone they knew and with whom they had previously shared their experiences. They may also have felt reassured by previous participants as to whether it was a safe space and whether they would be received with care and caution.

4.4. Data Collection

In my study, I used semi-structured interviews; the participants were asked open-ended questions to which they responded verbally. The approach used in the study was a feminist approach, which not only considered how data was analyzed but also placed importance on how data was gathered. One of the contentions had been that, when it came to issues affecting women, dominant discourses were often inadequate to express women's experiences (Lafrance & Wigginton, 2019). As such, our duty as researchers is to listen carefully and listen for counter-stories if they emerge (Lafrance & Wigginton, 2019). Semi-structured interviews thus gave the participants an opportunity to tell their stories in the manner they wished, making room for the emergence of counter-stories. It was important to acknowledge that women's voices were nuanced and held multiple positionings (Jankowski et al., 2017).

I arranged a time to meet with each participant, and the interviews were conducted at the Emthonjeni Centre on Wits campus. An interview schedule had been prepared that asked open-ended questions designed to elicit participants' stories in relation to the research topic (see Appendix C). Interviews lasted between 60-120 minutes due to the need to contain participants, manage defences, and take an empathetic and curious approach to how they chose to tell their stories. For example, some participants would initially test the space and provide vague

narratives which required me to be patient and show a willingness to understand them, some participants tended to be avoidant to question that would at times escape their minds, some would provide elaborate answers for me to understand the basis of their narrative and emotions. There was meaning not only in what they said but also in how they said it. Semi-structured interviews allowed for flexibility in that I, as the researcher, could use my discretion to ask clarifying questions and prompt for further information where necessary. Participants were told that they could answer only the questions they felt comfortable answering and only with detail to the extent that felt safe. With the permission of the participants, the interviews were audio-recorded using a recording device, and the audio recordings were kept in a password-protected folder. The audio material was transcribed, anonymised, and prepared for data analysis.

4.5. Data Analysis

In this study, I employed reflexive thematic analysis, following Braun and Clarke's (2006, 2021) six-phase approach to data analysis. Thematic analysis offered a flexible and accessible method that is not tied to any specific theoretical framework, making it well-suited to the study's social constructionist orientation (Braun & Clarke, 2006). A social constructionist lens was adopted to explore how participants drew on broader cultural and societal discourses to make sense of their experiences, particularly with regard to intimate partner violence (IPV), shame, and support-seeking.

The analysis followed Braun and Clarke's (2006) six-step process. First, I familiarised myself with the data through repeated readings, noting initial ideas and patterns. In the second phase, I generated initial codes that captured meaningful and interesting features of the data. The third phase involved searching for themes across the coded data, followed by reviewing themes in phase four to ensure internal coherence and distinctiveness. During this process, some themes were merged, refined, or discarded based on the strength of supporting data. In the fifth phase, themes were clearly defined and named, with detailed analytic descriptions developed to explain what each theme represented. The final phase entailed producing the report, an analytic narrative that presents the themes supported by data extracts (Braun & Clarke, 2006).

This reflexive approach to thematic analysis, as expanded upon by Braun and Clarke (2021), recognises the active role of the researcher in the interpretive process. From a social constructionist perspective, the analysis was situated within the broader socio-cultural and political context, acknowledging how meaning-making is influenced by dominant ideologies. Accordingly, I examined both manifest and latent content—what was said and the underlying assumptions, power relations, and societal structures shaping participants' narratives (Braun & Clarke, 2006, 2021; Lawless & Chen, 2019). Themes thus reflected not only explicit content but also deeper constructions related to gender, power, shame, and the complexities of IPV and help-seeking in a university context.

4.6. Reflexivity

Reflexivity is a continuous process of self-reflection that researchers engage in throughout the research process (Darawsheh, 2021). The aim is to generate transparency and awareness regarding the researcher's decisions, feelings, and perceptions, ensuring a more ethical and self-aware approach to inquiry (Darawsheh, 2021). Reflexivity is particularly crucial in intimate partner violence (IPV) research, as it ensures that participants' voices are authentically represented and that the emotional and relational dimensions of the study are critically evaluated (Napoli et al., 2020).

Braun and Clarke (2021) emphasize the importance of epistemological reflexivity, urging researchers to interrogate their methodological choices, positionality, and the implications of their perspectives. In alignment with this, I acknowledge that themes and patterns of meaning surrounding shame, constructions of IPV, and support-seeking are not universal; rather, they are influenced by the theoretical framework I have chosen (deductive approach) as well as my subjective position. As a young Black woman who has experienced IPV and shame, my interpretation is inevitably shaped by these lived experiences.

4.6.1. Positionality and Subjectivity

This research topic and process emerged from my personal experience with IPV and the challenges I faced in accessing support. While resources such as school counselling and informal support systems like friends were available, I still struggled with loneliness, anger, and a deep sense of silence surrounding my experience.

Reflecting on these feelings, I recognized that the most significant barrier to speaking out was the doubt and shame I carried. Understanding shame and naming this emotional burden brought immense relief. My shame stemmed from the way I was perceived innocent, family-oriented, and responsible with my emotions and body creating an implicit trust that I would not place myself in danger. Additionally, being in an intimate relationship conflicted with the ideals of purity I believed my family upheld. Values such as purity, responsibility, self-respect, and self-preservation rooted in my strict upbringing intensified my shame. Failing to conform to these values left me feeling isolated and unable to fully utilize the support services available to me.

My experiences with IPV, coupled with insights from existing literature, have shaped my research focus, influenced the development of my research questions, and informed my theoretical framework. Having had these experiences has also made me more empathetic toward participants and has given me insight into the complex feelings and experiences that can be difficult to articulate.

As a young Black woman, I have been able to contextualize the cultural and religious narratives that are dominant in Black households and the socio-cultural expectations placed on young Black women. For example, there is often pressure for young women to be independent and to require as little as possible from their families so as not to be a burden. For me, this translated into difficulty asking for help or communicating my mistakes and need for support.

4.6.2. Power Dynamics and Ethical Considerations

In conducting qualitative research, certain contexts require the researcher to maintain a level of resilience (Pio & Singh, 2016). Reflexivity creates space to challenge existing power

imbalances within IPV research and mitigates the risk of reinforcing harmful dynamics. Siller and Green (2021) highlight the necessity of explicit reflexivity in violence against women research to prevent replicating the very structures of IPV through the research process itself.

A key challenge in my study was the potential triggering effect of the word ‘shame’. Various researchers have contested the omission of this word in IPV research, even when shame is central to the topic. Similarly, in my research, concerns were raised in peer discussions about whether explicitly mentioning shame might deter participants from sharing their experiences. However, omitting the word ‘shame’ would have risked reinforcing the minimization and silencing of IPV survivors' experiences. While some participants agreed to take part in the study, many cancelled on the day of the interview, stating they were not ready to share their story. Those who did participate needed repeated reassurance about confidentiality and anonymity, despite this information being clearly outlined in the interview invitation (see appendix D).

Shame was also evident in unspoken ways, through the frequent rescheduling of interviews and the reluctance of participants to be seen walking into the counselling rooms. Many preferred to come at times when the building was quiet. Despite this wish to not be seen by others, there was a strong desire to be seen and understood by me. Before sharing their IPV experiences, participants first needed to trust that they would be heard, seen, and protected.

Navigating these power dynamics was challenging, and my therapy skills were instrumental in creating a safe and supportive environment. For instance, I chose an interview room on the first floor to minimize participants' discomfort in walking long distances before reaching a private space. The first part of each interview focused on reviewing confidentiality clauses and building rapport. I emphasized multiple times that participants could stop at any point and that counselling services were available.

According to Willig (2018), self-knowledge helps therapists engage in appropriate and timely inquiry, reducing the risk of further distress. Reflexivity is a core therapeutic skill, fostering awareness of one's assumptions and biases (Willig, 2018). Before conducting my research, I

had already engaged in my own therapeutic process and was self-aware of the impact of IPV on my life. This awareness helped me manage difficult interview moments for both myself and the participants.

For example, one participant, Sesi, arrived in a revealing crop top and shorts. She commented on her outfit, expressing discomfort about her body. This seemed to be a way of testing the space, perhaps expecting judgment or rejection, similar to what she experienced from her mother. By engaging her on what her clothing meant to her, she was able to open up, leading to the disclosure of multiple and deeply painful experiences of sexual assault.

Being trained under the psychodynamic model, I am attuned to accessing and interpreting unconscious content in participants' narratives (Willig, 2019). This skill was particularly helpful when participants displayed avoidant or dissociative behaviours. For instance, Weziwe frequently drifted into dissociation during our interview, struggling to hear or respond to questions. Instead of pushing forward, I paused and asked her what sensations she was experiencing. This approach allowed her to open up about her tendency to fidget and mentally 'escape' when discussing painful topics.

At times, I was perceived as an adversary rather than an ally. Some participants, such as Indiphile and Vuyokazi, initially responded sarcastically or with anger, shutting down the conversation. These moments were difficult, as I felt accused and attacked despite my efforts to create a safe space. However, I recognized that their reactions reflected the cycle of abuse and the ways in which IPV survivors have learned to protect themselves. My empathy, rooted in my own experiences allowed me to navigate these complex emotional dynamics.

4.6.3. Emotional Impact and Researcher Well-Being

Qualitative research on IPV requires researchers to engage with distressing narratives, which can be emotionally depleting (Pio & Singh, 2016). The researcher is not only impacted by participants' traumatic stories but also by their cultural nuances, mannerisms, and expressions (Pio & Singh, 2016).

The most significant emotional challenge I faced was the overwhelming sense of wanting to do more for participants. Many seemed to need long-term therapy to process their trauma. Additionally, listening to their experiences often triggered memories of my own, making transcription particularly difficult. Transcribing required me to sit with painful narratives, reinforcing how difficult it is to truly hear and process trauma. This challenge highlights why IPV survivors often face rejection or avoidance from others as society struggles to hold space for their pain.

Overall, reflexivity has been central to this research, shaping my understanding of the ethical and emotional complexities involved in IPV studies. By engaging in continuous self-reflection, I have been able to acknowledge my positionality, navigate power dynamics, and ensure that participants' voices are represented with care and authenticity. My personal experiences with IPV have influenced my approach, making me more empathetic while also requiring me to manage the emotional toll of the research. Ultimately, reflexivity has allowed me to create a space where shame, silence, and trauma can be acknowledged and understood, rather than minimized or ignored.

Holistically, the experience of conducting this research has been profoundly eye-opening, both in witnessing the participants' journeys and in reflecting on my own as a researcher. It revealed the often-unspoken truth that individuals may believe they carry their experiences alone, when in fact there exists a shared trauma that many are silently navigating and attempting to heal from. As a researcher, it was both meaningful and fulfilling to identify not only a gap in the academic literature but also a gap in lived experience, a story frequently overlooked or taken for granted. Despite the emotional weight and complexity of the topic, it has been a privilege to listen to, share, and document these deeply personal narratives.

4.7. Ensuring Rigour

The trustworthiness and credibility of my study were ensured through thorough documentation of the research process, research supervision to check interpretations, and the provision of direct quotes to evidence my interpretations of the data (Stahl & King, 2020).

Reflexivity was also used as a tool to meet the criteria of rigour. Rigour was established when there was a clear rationale basis and transparency regarding research decisions at various points in the research process (Darawsheh, 2021). Reflexivity was not only employed in the data analysis process, as mentioned above but also in the data collection process. Reflexivity included an awareness of personal characteristics that influenced the exploration of participant accounts (Darawsheh, 2021). As I conducted interviews, it was important to reflect on how my presence was received and whether it had any bearing on participant interactions. Reflexivity also ensured rigour by controlling biases, as I was required to be aware of my subjective influences on the research. This was particularly applicable to my study, where I had to consider my own interests and positioning in relation to how I conducted the research in order to make space for participant stories that were different from my own. This consideration was evident even in how I conducted the interviews, for example, clarifying my understanding by reflecting back to the participant rather than assuming my own meaning.

4.8.Ethics

Ethics clearance was granted by the university's Human Research Ethics Committee (non-medical) (see Appendix A). Before the interview, and prior to consent, participants were provided with an information sheet and a consent form which gave details regarding the aims of the study and what exactly they were consenting to (see appendix D). This was also explained verbally, and participants were given the opportunity to ask questions. Participants were informed that participation in the study is voluntary and that they can withdraw their participation in the study at any time before submission of the research report. They were also informed that they may choose not to answer any questions that they do not wish to answer.

Due to the sensitivity of the research topic, the students who participated in the study were required to no longer be in an abusive relationship and to have left the abusive relationship at least a year prior. This meant the participants had not had any intimate contact with their previous partner, did not live together, and had not personally interacted with each other for at

least a year. This was to prevent significant distress and or triggering that would potentially be present if asked about a recent or a new experience of abuse. I used my skills as a training therapist to ensure that the participants were interviewed with sensitivity and respect in a containing space. Despite these precautions, due to the sensitivity of the topic there also needed to be a distress protocol. This stated that in the event of serious distress, the interview would be stopped, and I would engage with the participant to calm them down. They would then have the option to stop or continue with the interview another time. In the event that any participants required counselling services, the process would be facilitated for them through the Emthonjeni Centre. Four participants became emotionally distressed during the interview as they reflected on their experiences. Their distress presented in tearfulness, moments of silently pausing as they struggled to find their words. During these times, I explored what was happening for them by encouraging them to share how they were feeling and what thoughts they were having. After they shared what was happening for them, I reminded them that they could pause or discontinue the interview anytime, to which they declined to discontinue the interview and rather found comfort in exploring the emotions they were experiencing. Most participants indicated that they appreciated being able to speak through their emotions. Participants were offered counselling and were given feedback regarding parts of their experience that they may not have yet processed, however, some participants expressed that they had been in therapy before and would prefer continuing with their psychotherapy journey at a later stage and some participants expressed they were not yet ready for therapy and expressed they did not need counselling, as such no participants were referred for counselling.

I ensured that the interview process was confidential. Interviews took place in a private room, and with the participants' permission, the interviews were audio-recorded. Details such as the name of the participant and any identifying information were changed in the transcripts, to which only myself and my supervisor have access. The audio-recorded interviews were kept in a password-protected device to which I am the only one with access. Permission to use direct quotes from interviews was requested, with the assurance that identifying information would be removed to ensure anonymity in reporting. After examination of the research report, audio

recordings will be deleted and again, with permission from the participants, the anonymised transcripts will be stored on my and my supervisor's computers for possible future research use.

CHAPTER 5: FINDINGS

5.1. Introduction

This study aimed to explore the experiences of young black women who have survived IPV in order to understand the dynamics of shame and support-seeking in their narratives. This chapter presents the findings of the study and discusses six major themes that emerged from the data analysis, including narratives of trauma, experiences of shame, contextual factors influencing experiences of shame and support-seeking, sources of support, growth, and learning, and participants' motivations for participation. Throughout this chapter, quotes from the participants' interviews are used to evidence the findings and provide a deeper understanding of their experiences. These quotes are presented in their original form, with minimal editing, to preserve the authenticity and emotional intensity of the participants' narratives. By presenting the findings this way, this chapter aims to provide a nuanced and empathetic understanding of IPV's complex and multifaceted nature and its impact on survivors.

5.2. Narratives of trauma

All of the participants indicated that IPV had led to symptoms of trauma which impacted their daily functioning. Trauma became diagnosable as PTSD or Depression in most instances. In cases where participants were not diagnosed, they experienced severe emotional distress. This theme captures the different frequencies and forms of abuse or violence that were experienced by the participants and the related dynamics – from emotional and verbal abuse, physical abuse, and sexual abuse by one or multiple partners or a 'friend'. These are discussed as sub-themes. The trauma evident in the narratives as temporary 'incoherences' is also captured as a sub-

theme. While this will be discussed in more detail later in this section, it is worth noting up-front that trauma resulted in many of the participants struggling to speak about their experiences, which was evidenced by incoherence in their narratives**,** tangentiality, unusual attention to detail, and sudden fluctuations between the present and the past – the present (in the interview) and the past (speaking as if they were experiencing the trauma or the past circumstances surrounding the trauma all over again). In sections of the narratives, participants used words that conveyed violence vividly, such as 'bleeding', 'banging', and 'bashing' - these words were heard often in the interviews indicating the danger, trauma, and rawness of the participants' experiences. An example of this is Vuyokazi's statement: "Now it is. It was bad, bad, bad, bad. Apparently, when he was hitting me, he was like banging my head". In this statement, the tense muddle: "…is…It was…" is evident. This sentence also involves a distancing from the event, as she is telling it from the viewpoint of the onlookers who witnessed her partner hitting her head.

While some of the participants spoke about intimate partner violence as having occurred on multiple occasions in a relationship, others reported IPV as having been "a one-time incident" that had a very big impact on them. This challenged their view of IPV being seen as something ongoing. It made it difficult to come to terms with their experience and its trauma impact.

5.2.1. Physical abuse

Many of the participants described incidences where they experienced physical violence from their partners. For Vuyokazi, it was a once-off extreme incident:

> …him being violent only happened once and once only but it was huge. I was with my friend. We were out as always…The first thing they did was to open the car and get us all out. When we got out of the car, he appears - my boyfriend at the time or my ex, at the time he appears. That man hit me until I was unconscious, and I can't even explain the whole story because I only remember the door being opened by his friend Bonga. Me being taken out and him hitting me and that's that. And then when I wake up, I'm at the hospital (Vuyokazi).

Thando, on the other hand, spoke about the continuous breaking of personal boundaries which she did not deem as significant until the physical violence and sexual violence was perpetuated:

> Thando: So he does a U-turn, starts speeding down Junction Avenue and I'm like 'you're not going to kill me when I just got to Joburg'…Like it's dark, dark, dark, dark and then
>
> he parks there on the basketball courts and he's like 'get out of the car'. And I'm like 'where am I going?' He's like, 'just get out of the car, I want to show you something'. I'm like 'okay'. I get out of the car and then we walk […] and then he's like, 'no, come here' and then he pulls me with the pants. I was wearing jeans, so he pulls me by the pants. He's like, 'I missed you'. And I'm like, 'you missed me?' And he's like, 'yeah, I missed you. It's been like a while since we saw each other'. So he starts unbuttoning my pants. And I'm like 'I'm not having sex with you here'. And he's like, 'but I said I missed you, like, what did you think I missed you meant?' And I'm like, 'I know for sure it does not mean I'm having sex with you in the middle of a field in this darkness'. And then I pushed him away, started buttoning up my pants, and then I started walking away. So, he pulls me by the shirt at the back, pulls me back and hits me against the pavilion. I think I hit the back of my neck and halfway through my back. So I'm like 'no, like what are you doing?' And he's like 'I told you I missed you and technically you and I, because we're in a relationship this means that what is yours is mine and what is mine is whatever'. So that's when I linked it back to when, remember when [he was] saying that in a relationship when you want something [you] might just take it.

Throughout the interviews, it became clear that participants had previously deemed IPV as something that is experienced frequently and should be obviously and physically violent for it to be validly IPV. Intermittent violent events appeared to make it difficult to accept or see the broader circumstances of the relationship as violent and abusive. While during the interviews it became clear that there is a build-up to the IPV, significant moments of violence especially physical violence were often narrated by participants as if they happened suddenly - participants indicated a disconnect between the awareness of the build-up (several instances of

'subtle' threat and violence) and prominent moments where the violence was more obvious and physical. These were often only noticed in hindsight, as is evident in the last line of the excerpt above where Thando appeared to make a link to something her partner had said previously about relationships. In reflecting on the periods of relative calm in her relationship, Weziwe also related a sense that suddenly *"something would happen"*, and then physical violence would occur:

> …the past and the present, or not even the present cause it didn't happen like that often, so I could be like 6 months we're chilling we might get like, you're annoying. You're annoying. Verbally fighting. But it wasn't physical and then something would happen and it would get physical… Okay, so that first time…He said I was talking too much, and he put a pillow over my face for I don't know how long and it was still the early stages of our relationship. So I was like no man, like he's gonna take it off, right? Because to shut me up, basically because he said I was talking too much. To shut me up he put the pillow over my face, and I don't know for how many minutes, I can't say. But it just felt like there's a point when I thought, okay he's going to move it now and he didn't move it and I was fighting and I'm saying, like, 'get the pillow off me'. He kept pushing it down. So I just laid and I was like, I don't know what's happening. I was scared. I'm like, if this person doesn't remove the pillow from my face… (Weziwe).

Weziwe then went on to describe another incident where she went out for the evening with a friend:

> We were having fun. I haven't seen her in a long, long time, and we hung out till like 2:00 AM. I came back. I came back and then I was sorry because he was like 2:00 AM was crazy. And I don't think I was speaking to him on the phone and, and, and. So then I said, 'oh no, I'm so sorry. I'm so sorry, I didn't see the time, we were catching up, having fun and enjoying ourselves'. And then he took my head. I was like laying on the couch, just like apologizing. I'm sorry. I'm sorry. I'm sorry, he came and like took my head and like bashed it on the couch three times. And I was like, 'what are you (laughs)

> what are you doing?'. 'No, you shouldn't have'. Yho. So that was the, the second time. I think that's, that's all, I think. One time he ripped my jeans. I also feel like, looking at things, I look at it from a degree of which one is the most hectic and I think for me that was lighter, I'm going to put it that way, but… (Weziwe).

It was very hard for Weziwe to recall the full events of her relationship in sequence, however, she remembered snapshots of violence vividly and with intensity as if she was in the moment again. The moment where it becomes unclear who is saying what in the excerpt above (*'what are you (laughs) what are you doing?'. 'No, you shouldn't have'. Yho.*) is an example of where her story-telling abilities slip and she appears immersed in the moment, laughing defensively, and momentarily forgetting that she is relaying the story to another person who needs to follow along.

5.2.2. Sexual trauma: Sexual assault and rape

Sexual violence experienced by the participants was perpetrated by strangers, a friend, or a partner within a committed relationship. Many of the participants experienced shame about sexual assault or rape because they were drunk or had consented to previous sexual encounters. At times this appeared to make it difficult to vocalize their experiences or in some instances, to allow themselves to frame their experience as sexual violence. Tongase narrates experiencing sexual violence from a friend with whom she had been chatting on social media. Their relationship was platonic, and no romantic or sexual arrangements had been discussed before meeting up:

> Yeah, yeah, basically he was making sexual advances. But I made it clear to him like 'no, I don't want to do this with you'. I made it very clear. 'I'm not, no'. I even pushed him away you know, creating some distance. I'm like 'you stay there. I'm gonna stay here'. Maybe he didn't take me seriously because I was drunk. But. And then I'm like you know what, I'm gonna leave. No, I called my boyfriend, I called my boyfriend and then I was like, 'can you call me and then tell me to leave because I'm scared to just stand up and leave by myself'. And then he called me and then I put him on loudspeaker

> and then like he said ‘leave, I need to talk to you now, come to your room I'm here’. I’m like ‘ok my boyfriend is waiting for me’. I'm like ‘let me go’. As soon as I stood up, this dude launched at me. You know when I say launched. You see the distance from here, I was sitting here, and he was there, he launched at me and then I was scared. Was I scared? I was too drunk to remember. Anyway, I turned around, you know, like. And then he leaned against me like he pushed himself against me… he pressed against me, and then I just, I was saying ‘no, no, stop it. Don't do that, stop it’ the whole time, like the whole time. And then he was, just did not stop, instead he started kissing my neck from behind, he started touching my bum, all of that stuff while I was saying... And I didn't have the power to, like push him away or something like that because I was drunk (Tongase).

As can be seen in Tongase’s narration above, the extensive elaboration, speaking about the incident in a stepwise manner as if she was being investigated or interrogated, and repetition of particular aspects of the story suggested that she might be attempting to convince the interviewer of what happened – perhaps worrying that she might not be believed. It was evident that she felt a sense of shame and self-judgment about what had happened.

For some participants, sexual trauma experienced within a relationship was harder to acknowledge as assault. It was difficult for Thando to fully acknowledge that she was raped because she was in a relationship. She admits to feeling violated and calling her partner out, but her perception of the violence was dismissed:

> He went to go play Fifa, they were drinking there and he comes back and then I don't know what was going on, but I woke up and I was half naked and he was having sex with me and I'm just like, ‘what are you doing?’ And he's like ‘no but you agreed’ and I'm like, ‘what do you mean I agreed? I am fast asleep and I'm asking you what, you were doing’. And he's like ‘no man it's not a big deal’. And I'm like, ‘okay’. I literally passed out again and I don't know what happened afterwards. So the next morning, I asked him, I'm like, ‘did you have sex with me in my sleep?’ And he’s like ‘it wasn't in

> your sleep, you were awake, but the way you're asking me is making me feel like I kind of raped you'. And I'm like, in my head, I was like 'you, you did', but then because I was trying to not hurt his feelings, I was just like, 'oh, okay, it's whatever'. So I didn't even want to acknowledge what had happened because then I'd become the victim and I didn't think ever in my life that I'd be a victim of any sort of rape or not even from a person whom I trusted (Thando).

A sense of doubt about the validity of feelings of violation emerged clearly in Thando's description of her experience above. She usefully linked it to a part of her that did not wish to see herself as a victim. In contrast, Sesi, who had experienced multiple sexual traumas perpetrated by both trusted partners and strangers, was more able to acknowledge her experiences as violations. She was, however, grappling with what to do with these experiences and with what was forgivable and what wasn't:

> The ones that have sexually violated me through penetration, those are those are people that I trusted, but people that have sexually assaulted me in other ways like touching my bum are people, those are complete strangers… I accept that that has happened to me and from then on, I can work on forgiving but not forgetting. But there's certain types of, types of things for me that are unforgivable like rape. Rape for me is unforgivable. Definitely unforgivable. Hitting someone? Hitting your partner that you say that you claim to love is also along the lines of something that's you know, but unforgivable. For me, it might be different for other people since I've never experienced it myself, none of my partners have ever, like, physically abused me in any way shape or form. Aside from them sexually assaulted, assaulting me…I feel sexual assault is also unforgivable. Because you… It's someone's personal space. Like for Christian people that's their temple. The body is the temple. That's also unforgivable. But then I tend to like I'm, I think I'm on the fence in terms of forgiveness and unforgiveness of, of sexual assault because I think for you to like move on you need to forgive in some shape or form so that you don't seek out vengeance and you are not holding hatred in your heart (Sesi).

Sesi's pain involved deception and betrayal. She had contracted an illness from her partner, who she reports as having tried to blame her:

> It was something that he calculated, you know, he saw himself and then he was like, or he saw the girl and he was like let me go to my girlfriend and tell her that she made me sick before she starts seeing symptoms. And then I can just say that no, it was your fault. So that's what he did in that instance. He lied to me and said that I made him sick when it was actually him. So that's also putting my health at risk (Sesi).

Thus, the contraction of a sexually transmitted illness was considered to be IPV by Sesi, most likely due to the fact that she had experienced the way her partner had managed it as deceptive and emotionally abusive.

5.2.3. Emotional abuse

Many of the participants had come to believe that their previous partners' actions were emotionally abusive, and they were able to express this in the interview. However, as they narrated their stories about their experiences, it became evident that they had found it difficult to see their partner's damaging actions as IPV at the time. They were uncertain as to whether this form of abuse could validly be deemed as abuse and not just 'toxicity'. In most circumstances, they needed others outside the relationship to validate for them that the relationship was abusive:

> End of September, that's where I realized there was, like there's a change…at some point I just talked to him because I saw that there is like a change and then I asked him what's going on and that's when he told me that he doesn't trust me. He thinks I'm cheating on him …like he would say things like I'm such a liar. Like, no, why would you even say that? ...and the other time when I was with him, he was like 'give me your phone' out of the blue. Okay, I was talking with my friend, and I was laughing while I was with him and then he just looked at me and said 'give me your phone'. And then cause there was nothing that I was hiding and then I gave him my phone. I gave him my phone and then his mood just changed and then I asked him 'why are you like this?

> What's wrong? What did you find in my phone? There's nothing'. He's like 'this is your phone. You know what you did'. 'What do you mean you know what I did?'…I told my aunt. She was like this person is somehow emotionally abusing you, but you are unable to see that because you really love him. Even now, if I tell you that you have to break up with him you wouldn't because I can see that you love the person, but he is not treating you right. And at the same time, I just started thinking, ok maybe one day he might change (Lebo).

For Lebo, accusations of infidelity from her partner felt confusing and upsetting. Only after having spoken to her aunt did she seem to begin to question her partner's behaviours. Notably, however, even after her conversation with her aunt, she described holding onto hopes for improved treatment from her partner in the relationship. This hope appeared to keep her in the relationship. For Indiphile, it was not hope, but rather a pattern of having allowed her partner to dominate that kept her stuck:

> …So yeah, practically. I, I, I suppose the relationship I would define that as abusive. Uhm, what English am I saying? It was quite abusive in rather an emotional context where as much as I was not necessarily conscious of this at the time where he was more dominant, uhm, for several reasons, yeah. Uhm, and as a result of that, it kept me in a cycle where I couldn't really. Well, I found myself not being able to leave the relationship and the situation in itself (Indiphile).

Emotional abuse also took the form of implied or threatened violence. Partners would use other females as potential threats not only to the relationship but to the participant's body as well:

> Because he would just say things like. Like, if we're going to a party together, he would just say things like uzibani bani is going to hit you (So and so is going to hit you). And I'm like, why? And he would not substantiate it. He would leave it at that and that's how he knew that, OK. These must be the people that you're that you're having sex with and that's why they are apparently going to hit me (Sesi).

5.2.4. Incoherence in the narratives: The presence of unresolved trauma

Sadly, for all the participants, the trauma of their experiences appeared to be as yet unresolved. This was evident in both the content of the narratives, but also in the ways that they relayed their narratives:

> Yeah, because I don't understand till this day, I don't know why it happened because you,okay, so I broke up with you. You could have just came. You know, where I live, you could have came, let's talk about it. Maybe I love it to the point where I could have like, fell for you again and tell you that I accept your apology, I'll be your side chick or anything like that. But to be violent, hit me or anything like that. I didn't get it and it's… What hurt most is what he knew about me, a lot. Well, this is another trauma that has nothing to do with this but I was also raped six months before that and he knows. That time I'm already going through case. So already now this is happening. Oh, that's another reason why I didn't want to open that case. Like to continue maybe taking it further, you know, because there's a case already, I can't have another case, he knows, he was there. That's what also made me not expect anything like this, cause I mean, he was the first person to respond or to come after the incident. He took me to the police station. He took me to where they wanted to counsel me. He was driving us everywhere, fetched, made sure me and my friends are okay for like, a whole week (Vuyokazi).

The excerpt above appears to be a narration of Vuyokazi's thinking through and attempts at making meaning of her experience with her partner. She struggled to integrate contrasting versions of her partner – one as a caring, nurturing figure, and the other as a violent man who beat her until she lost consciousness. She appears to harbour fantasies where he apologizes and she can forgive him, suggestive of a wish to have an idealised figure returned to her. Most notable above, however, is the way that Vuyokazi jumps between addressing the perpetrator and then returning to speak to the interviewer. Sesi's narrative was also littered with confusing jumps between time frames and tangentiality, which made it difficult to follow her story at times:

I'll tell the person if I dare find that you're having sex with me while I was sleeping, because that's also another thing that's have happened to me. This person was my, my ex-boyfriend. We were trying to essentially fix things. So we, we had dated early in high school like in grade 10. So we dated for a short amount of time. We didn't have sex. I told him I wasn't ready, so he would only finger me and even that would be painful. But then I would tell him no, that's, that's painful, please stop and he will stop. But then in 2020, the end of 2020. The end of 2020 was when I was hospitalized. No actually the end of 2019. I was hospitalized because I wasn't passing stools for almost over a month, so I was in intense, intense pain (Sesi).

In addition to the tangentiality evident above in Sesi's narrative was a preoccupation with the body. Sesi's multiple experiences of trauma appeared to have made her body a site of pain. This can be seen again in another excerpt from her narrative:

> At Akeso there were moments when my crying would turn into hyperventilation and then the hyperventilation turned into an asthma attack. Because I have asthma, I have chronic asthma, but then I have my pump ready (Sesi).

In the excerpt below, Weziwe's narrative provides an example of the participants' tendency to speak as if they were confronting or speaking to the perpetrator instead of to the interviewer:

> Yes because I felt like what's stopping you from doing it again if you're not able to sit down and say, ok, I see how that was wrong, let's move forward. For me, I just felt like you're gonna do it again then, because you're not saying sorry. You you don't seem to feel anything. But I think at the time I was trying to make him feel something, he just didn't feel, you know, I think I was forcing feelings on him that he didn't have and maybe that was frustrating for him. But yeah, I really wasn't. Emotionally, my needs were not met (Weziwe).

These glimpses into fantasied conversations with the perpetrator seemed to be part of the participants' meaning-making processes. They appeared to be grappling to understand what had gone wrong in their relationships. Vuyokazi related a conversation she had had with her

cousin about her experience of IPV, in which she also fluctuated between being in the moment (the interview) and telling her story as if she were back in the moment with her cousin:

> One of my cousins was like, we've never experienced this, so maybe we don't know how to act. Should it happen again, now we will know that we will deal with this like this and that. And then I'm like 'yho sana' [transl: I'm shocked]. How are you still even thinking about it happening again? It happened now, let's solve this one first. And I'm not saying solve me, fix me I'm broken. I'm just saying how are you going to tell me about, like a, a dumb story about how your man did, this, this, this and that and I'm supposed to entertain that when I tell you this is what's happening now. My problem is not that my men didn't know. This is the problem. How are you not? (Vuyokazi).

Vuyokazi's expressed anger and pain at not feeling understood by her cousin is evident above. Indiphile struggled to narrate her experience as it was, showing some symptoms of dissociation in her narrative. She was not able to tell her story with real characters, but rather used the metaphor of a PlayStation game, which suggested a need to distance herself from the reality of her experience. As the interviewer, I found this difficult to connect with:

> …it's like we're in a PlayStation game. Uhm there's the controller, whoever has the control. What's it called. Let's call it a remote control for now, whoever is, and he is the one who has the remote control and then the rest of us are participants in the game. And by rest of us, I'm not only referring to myself. Could be anyone within his life. Uhm yeah, and it is just a wild concept where you do what he says basically, and if you don't do what he says. You get, I don't know. Someone hounding on you? (Indiphile).

Another way that unresolved trauma was noted was through participants descriptions of ongoing intrusions in the form of memories or feelings. Thando expressed that she still gets triggered, and, in this instance, she was triggered by a song she was singing in a march, years after the incident had occurred. These intrusions differentiated this experience from other experiences. She expressed that her hurt does not feel like any other relationship hurt, rather it left a traumatic mark:

> …it wasn't just the normal mjolo [transl: dating] play. You took my trust and you betrayed it and I found myself alone and I couldn't talk about it with anyone. And when I started singing that song because we were busy marching down the Hillbrow and I started singing that song. And I'm like, actually, it's hurting more than it should. Because I thought I was OK. But clearly, I'm not OK. And then when we got back to the starting point, with my friend I told him like. You know, I thought I was fine. But clearly, I'm not fine. Like I thought I was past this.I am not past this. And she's just like. No, take your time, but I'm like It's been so long, I think it happened in 2021 so it's two years later. Almost two years later and still there's little things that just creep in now and here that just remind you that oh, no, that happened. And don't you forget that (Thando).

In addition to being intruded upon by intense emotion related to her trauma, the sudden switches between relating the story to the interviewer and direct speech towards the perpetrator were evident in the narrative above. Tongase also spoke about intrusions in the form of flash backs relating to her traumatic experiences. She linked these to her mental state and disclosed that she had already been diagnosed with depression and was battling with PTSD from domestic abuse:

> You know when you have a memory, and you see yourself in that memory and you feel everything you were feeling when everything was going on. You know, it's like you're sitting there all over again. That's what always goes through my head and I'm always thinking about how I was in that room, you know, where the sexual harassment happened. Like, everything plays out in my head and so vivid (Tongase).

5.2.5. Trauma symptomatology

Many of the participants spoke about symptoms of post-traumatic stress disorder (PTSD) or having received diagnoses of PTSD and depressive and anxiety disorders. One of the clear symptoms was that of hypervigilance:

> So it's like, OK, I get it happened but can it not be what my life revolves around, can it not be the reason why I'm guarded and trying to keep people out. Yes, I will interact with everyone, but there's always going to be that point where I'm just like, if I'm sitting with a guy in a room and it's just us, I'll always think about, OK, what could happen? Should I keep the door open? Should I make sure that people know that this person is here in case something happens? Should I? Should I be taking the extra precautions because yes (Thando).

Dissociation from the experience was also common:

> It's still surreal. It's still surreal. It just feels like like. Can we go back and relive it and make sure if it's real? I don't want to go through the trauma again, but did it happen? (Thando).

Dissociation from their memories and emotions was evident, but dissociation from their bodies was also noted. Thando speaks about a friend noticing that she was bleeding after the incident:

> He's like, are you fine? I'm like I'm fine. He's like are you sure? And I'm like I'm sure. He's like, you're bleeding. And I'm like, what do you mean I'm bleeding? He's like, no, I don't know if it's blood, but your shirt at the back looks like you're bleeding and I'm like, don't worry about me. I'm fine (Thando).

A few of the participants expressed that the distress from their IPV experiences was so severe that it impacted their mental state. Their distress became diagnosable as PTSD, depression, or anxiety:

> I wasn't, like I wasn't coping I'd even forget a lot of things. So, we had to transition from the online now to in person again. Yho I'd forget a lot…Nothing. There were moments where... Okay, so I was also admitted for PTSD. […] Before that though, I'd

> just black out and not remember. Sometimes I'd like. [Name of colleague] he's one of the mentors that worked there, the only one who wasn't my ex's friend. He'd say 'no, man, I greeted you, you passed here'. I wouldn't remember, because now I'm normal. I'm greeting you. I'm like am I mad or what's happening. He'd say 'you can't be greeting me for the second time. You literally greeted me 20 minutes ago'. I'm like, I don't remember. I do not remember. Yeah. So I, I don't know. Maybe it was from the trauma (Vuyokazi).

For some participants, in addition to mental health disorders, their physical health deteriorated, and they needed medical care:

> I was also running away from seeing a therapist for like 4 years because I just knew that I just kept on sweeping the dust under the carpet under the carpet, under the carpet and my first appointment with my psychologist it was only because, I only managed to start seeing a psychologist before I got into Akeso [mental healthcare facility], so this is a different psychologist, she works right opposite Netcare Park Lane so. I went to go see my, my GP four times consecutively for panic attacks, for not being able to sleep and he at the end of the day, started prescribing for me antidepressants but its like a small dose, it's sort of like how they start you off antidepressants. Serdep that 50 milligrams. So he gave me that and then he gave anxiety medication and he also referred me to a psychologist because there was a time when I actually fell sick because of how much stress I was under because of how much I was crying. So I actually caught the flu because of that and he said it's because your body is under so much stress and so much pain that it's coming out like this (Sesi).

Substance use disorders also emerged in some of the participants. Some women spoke about the use of alcohol to cope, during and after the IPV, which contributed to feelings of shame and precipitating 'falling apart'. There was an underlying wish to escape reality:

> So that's when that's when I had put myself in that situation because I was drinking too much and I was calling it, we were calling it the groove championships. To see who can drink the most (Sesi).

5.2.6. Defences against the trauma used in the interviews

In the interviews, the intense emotions elicited by the topic were difficult for some participants to manage:

> Uh I think that my therapist told me that when I, when I start feeling things, I like fidget a lot and I move around a lot. So I think I'm trying to be aware of that but I don't know. I think your question is true because I do feel a sense of shame because thinking back, it's like dwag you could see just off what he was saying to me (Weziwe).

Weziwe's comment suggested that she was aware of her body language in the interview, and also that she was perhaps afraid of how much she might be exposed or seen by the researcher. Speaking about their experiences to friends and family was difficult for some participants. Vuyokazi explained how hurt she felt that her family had not checked up on her after she was assaulted:

> I cried and told her it's okay, don't ever ask me about it guys, because now that I am telling you that you guys never asked, now you gonna ask me because I brought it up and I won't tell you freely. I'm going to be like, no, I'm fine (Vuyokazi).

As the researcher on this study, I wondered if Vuyokiazi had interpreted my interest in this topic as interest in the welfare of women who had experienced IPV, and perhaps hoped she might gain a different response from me than she had from her family. Some participants found hearing other women's stories helpful, often comparing these to their own experiences. Thando narrated the story of another woman to whom she had spoken who had previously been in a relationship with Thando's ex-partner:

> And when I started hearing all those words. I'm just like exactly what I went through. So in that room he unfortunately for her, because she was alone, he locked the door

> started throwing things, beating her, throwing her across the room, and she like at some point I stopped fighting cause I realized that the more I tried to fight back, the more I'm getting hurt…I was like, ok after I saw that story, I was like, OK at least mine didn't (laughs in a nervous giggle) I don't know why I was thinking this. But I was like, but at least mine didn't end with me being beat up. But it kind of did, but I was downplaying it for my sanity (Thando).

Notable in Thando's comment above is her minimizing of her own experience, and her nervous giggle. In the interviews, participants often masked their pain and discomfort with laughter:

Zusiphe: And even now it sounds like there is still pain.

Vuyokazi: There is. I won't lie, there is, but ey.

Zusiphe: Yeah, you're trying to not dwell or sit in it, but there is still pain.

Vuyokazi: (cries).

Zusiphe: it's okay.

Vuyokazi: (laughs uncomfortably)

Some defended against their trauma by taking charge of the narrative stating that they chose to be in the relationship or that their experience was not severe compared to other women. These attempts to control the narrative to avoid victimhood were clear defences against the pain and shame:

> I was drunk that night and I was like, let's hang out. So I went over to his room. Because he wanted to come to my room, but I don't want boys to come to my room (starts laughing uncontrollably) (Tongaspoe).

Weziwe used a similar defence against her experiences, attempting to gain control of the narrative to defend against victimhood:

> …I don't know if I said this, but I had always said I'd, in the back of my mind, I always wanted to be in an abusive relationship, because I always wanted to know what would make you stay? Like I was young when I saw it happen, but my mind was still very. Now I can look at grey because I've lived, but my mind was very black and white. Like something is wrong. It's wrong. I think that's how most kids are like, that's bad and that's good (Weziwe).

Other stances that were perhaps somewhat defensive were when feminist principles were evoked as a defense. Sesi advocated against a disempowering narrative. She felt that terms like 'losing virginity' was one of these terms. She chose to rephrase this to gain a sense of power over her experience and perhaps defend against victimhood:

> …Because I lost my, not lose my virginity, but I don't like using the term lose virginity because I didn't lose anything I don't like the fact that, I don't like the phrase broke my virginity because they like they didn't break anything. It was just the time the first time I had sex (Sesi).

5.2.7. Meaning making

In the narratives of their traumatic experiences, it was notable that the participants had thought about what it was that both they themselves and their partners had brought into the relationships with regards to the dynamics that played out. For some of them this entailed thoughts on their sexual histories, their expectations going into the relationship, or how the relationship with their previous partner started. In terms of sexual history, for some, their first sexual encounters were not gentle or pleasant, setting the tone of previous partners being misaligned to one's body language and sense of care:

> The first time my had sex was in grade 12 with my with my boyfriend. We've been dating for like. I think almost a year we've been we've been dating for almost a year. So, I wanted him to be the one I'm going to have like. My, my, my first sexual intercourse with, so with him. And he wasn't really like gentle. Or like maybe he didn't understand how it works but he was not gentle with it. So obviously because it's my

> first sexual experience I bled a little bit. But then yeah, it wasn't. It wasn't really. There's no violence involved. I would say It was just him just also, I guess not understanding that bro I'm having sex for the first time understand. So, after that when he saw the bleeding, we just cuddled and just stayed in bed together and took a nap (Sesi).

While this experience was not about sexual violence, it seemed that in this part of the interview, she was introducing to the interviewer to what was to come- difficulties negotiating sex and her body being taken advantage of 'with' and 'without her consent'. In terms of relationship history, most participants stated that their partners presented as non-threatening and quiet or reserved. Participants highlighted a retrospective awareness of their own vulnerability. They struggled to reconcile being taken advantage of, while simultaneously acknowledging their own naivety. In some instances, their grappling appeared to be an attempt to convince themselves that the circumstances of their IPV were such that anyone would have been deceived, and therefore they could not anticipate the outcome. Indiphile, Vuyokazi, and Thando spoke about their partner's demeanour when the relationship began. In their narratives, they explained it was not only that they were naïve, but that it would be difficult for anyone to anticipate that their partner's characters would change, and that they were putting themselves at risk for IPV:

> I, I think the first thing that would come to mind is, would be… because he was significantly older and obviously had much more life experience whatever it is or may be and I had viewed him at that particular point I was obviously, as I said much younger and, and, and practically a teenager. And I had viewed that person as an adult. One of those responsible adults that wouldn't view me as a partner (Indiphile).

Weziwe also reflected on her partner having been older: "It was…I don't know which year it was in undergrad, but I was in Mafikeng he was like a lot older than me" (Weziwe). While Indiphile and Weziwe reflected on the age difference between themselves and their partners, and their expectations in that regard, Lebo's comment below suggests that it was her partner's maturity and knowledge that attracted her:

> One thing I loved about him is he was like very smart. The like our conversations he would tell me about maybe like investing. Because now I'm like investing in some of the things because of like him. He once asked me like, what do you do with your money? So like, no, I don't do much, I just get my allowance and then it will be in my account. Because like now you should like maybe consider like investing so that maybe in the future you can have like a certain amount of money after completing your studies. And also he sometimes he would like recommend you know those books when you read them you learn like something from them. Like now I'm reading this kind of book (Lebo).

Vukokazi reflected on how initially her partner had cared for her and been non-judgemental:

> When we started dating, he was the sweetest, like princess treatment. If, like today I had a long day and I'd just tell him I had a long day, he'd come, he'd fetch me, go out to eat, come back. He has never raised his voice. He has never. He doesn't even judge me when I tell him. Obviously, like I said, I go out a lot. So you are involved in dramas like quarrels with girls and everything. Yeah, he would never be 'oh yeah', you are the problem or anything like that ever. He would be like maybe you said something wrong you know. He knew how to talk to me or to handle situations and then yeah, it was okay, it was good (Vuyokazi).

Thando reflected on her idealization of her partner and how she had become lost in a fantasy of who she wished he could be:

> I think personally, I was mesmerized by the fact that, or he was fulfilling my fantasy of dating a Zulu guy, you know. My Qhawe [transl: hero] my this my that. I was like no man. Nah, I want the whole shebang. The Zulu thing. That's my thing. So, he also played that role. That OK. He is Zulu. […] Still had this fantasy in my head. I'm like, but then this is one step closer to that fantasy. He's a soccer player. I hate soccer. But I was like, you know what I'll watch soccer for you. Like I was just in this. I was delulu, I was delulu (Thando).

In their meaning-making processes, most participants were aware of the power dynamics in their relationship, indicating that masculinity held more power. While some participants referred to their partner's social status, financial superiority, and political affiliation or age as a source of power, other participants had similar experiences despite a small age gap and their partner being close to being a peer. In most stories, maleness was attributed to a sense of accomplishment which made it difficult for participants to speak about IPV, and have a voice in the relationship and in their communities:

> Oh, most definitely, because the person is not just a normal person, he's a well-known person. Still is obviously because he's a businessman, a comrade, that just yeah…He owned or he owns guest houses, two different guest houses, and he's just three years older than me. So now he's well, he's four years older than me. Now he's 27. So I think most of the things he had was because he inherited it from his uncle, obviously, but he knew how to run it. You'd think he's the one who started everything…And obviously there was a reason why in the beginning I mentioned the comrade thingy. The power that these people think they hold, or they have against us affect a lot in a person. I know of a lot of people that went through something similar. But with them it was an intimate partner who forced themselves on them. How are you going to report such a thing? Already, the shame is not only that you're going to say my boyfriend raped me. The shame is you going to say my boyfriend, who is a comrade raped me…That same person who was arrested (the person who raped her) knows my boyfriend or my ex-boyfriend or they knew each other cause I mean it's Portch again. One thing I can say all the guys know each other. Maybe females, not so much because mostly it's females that go there for school and everything like that. But all the guys know each other, if you have money there, you know each other and that one didn't even have money. He worked at a TVET, where you upgrade, He worked at a TVET college. I don't know what he was doing there, but then he was something there (Vuyokazi).

In addition to masculinity, Vuyokazi's narrative highlighted her partner's wealth and social and political connectedness as factors that contributed to a power dynamic that left her feeling

powerless. What was implied in her comment is that the male perpetrators will ‘stick together’ – and she as the victim will not receive any support. While Sesi’s comment below also refers to financial power, it is more suggestive of a transactional dynamic:

> …let me not, for lack of a better word, let me say I would just go with the flow if he doesn't want to use a condom today then no, that's fine. That's fine with me. Because I know that I am going to at some point ask him for money to do my nails and then he might say no because you know, you made us use a condom (Sesi).

Vuyokazi and Sesi’s narratives indicate how men are access to social capital and luxuries which can lead to power dynamics. Sesi felt she couldn’t say no if she wanted to be 'looked after'. This led to risk, as she couldn’t keep herself safe. The pressure to have access to luxuries despite risk might be influenced by wanting to fit into the university context.

Sadly, all these descriptions have a common theme of a wish to be cared for by someone. A paternalistic thread emerged, where they seemed to be attracted to older, wealthier, powerful men. There was an implicit link made that this made them vulnerable to experiencing IPV.

5.3. Experiences of shame

Participants spoke about various and multiple experiences of shame. This theme breaks down the varying experiences of shame they experienced. Some of these shame experiences made their leaving of the relationship where they experienced IPV difficult. Shame also became an aggravating factor to their mental health, how they experienced themselves and also had an impact in their support seeking experiences.

5.3.1. Understandings of shame

Notably, most of the participants described shame as involving the desire to hide:

> I think something you want to hide. I think I would yeah, in my mind, I would say. Something shameful, or you're ashamed of something when you want to keep it hidden and keep it behind closed doors and yeah, and it's hiding (Weziwe).
>
> …My understanding of it would be. I think I would closely associate it to something that you wouldn't be proud of. Where I guess an example if it would be something that would be out in the public would be a moment of wanting to hide. My English bundles are gone. To hide underneath the table type of situation where you don't want to be seen in that light. Uhm yeah, I think that that would be a practical explanation of how I view shame (Indiphile).

Sesi experienced a great deal of shame about having put herself in risky situations and her shame appeared to revolve around the fear that others would blame her for having put herself at risk:

> Ohh my goodness and shame is something that you keep within you. I'm ashamed to talk about some experiences because I put myself in those risky situations. I put myself there and I. in some sense, I allowed myself to be secure less. Because I put myself in that situation in the first place. But now the shaming then comes in when, when I'm not willing to talk about it because I'm like, I'm ashamed because I and then they decided to go there and then they decided to go to that house party (Sesi).

Sesi linked her shame to difficulty speaking about her experiences. This was reflected in Tongase's response to shame, where she found it hard to describe:

> Oh, shame, shame, shame. I don't know how to describe it in words. I can say feeling embarrassed. Or maybe, eish, no, I, I can't say it. I can't describe it. I don't know why I just can't. I just can't find the words to describe it…They tell me that, for example, I'm not beautiful anymore ever since he touched me. And how damaged I am. Yeah, I can say, I can use damaged. And uhm yeah, I think that's about it (Tongase).

For Tongase, shame appeared to be strongly linked to the 'gaze of others', where she felt her experiences had changed the way that others viewed her – that she was now seen as *"damaged"* or broken and no longer beautiful. Vuyokazi also linked her shame to the 'gaze of others', fearing being the topic of gossip:

> I like to, I don't know, to like. Like if I say I'm ashamed of myself or what had happened… I feel like I was because I couldn't go out because of what I know would happen anytime I go out. Yho you'd think what I'm saying is not even true, but when you go out immediately, they like oh my gosh here she is (*people pointing and gossiping about Vuyokazi)* but it's even hiding the story or not telling it like it is just to avoid how they would make me feel (Vuyokazi).

5.3.2. Public shame

The 'gaze of the other' featured strongly in the narratives and participants spoke about their experiences of being gossiped about and othered in public and social settings, which have made it difficult for them to openly speak about IPV and seek help. In these experiences they reported that being labelled as a liar or troublemaker made it hard for them to speak and trust their own voices. Vuyokazi's story stood out in this regard:

> Yho, it was the worst. I was doing my undergrad. And I was in my third year. Yeah, my third and last year. And it was in [Town name]. It's a small town. I know you, you know me especially, I'm a very social person. We used to go out a lot. I stopped going out, for like a whole year because of that, because now someone told this person, this one told that, so I just couldn't because they would ask. Some don't ask they assume; they tell you this happened because you did this. Yeah, even at a restaurant, someone wathla [transl: says] "hey wena". Yeah, they bring this up all the time, so…so the story that everyone made-up or that everyone followed is that I was with a man when that happened [and] I was cheating on him. Now I want to leave him using this and then obviously they found me. But they found me and then they beat that man up (narrative by the public). I don't understand. But in the story my ex-boyfriend didn't do anything

> to me. In that story, it's like oh, they were saying I was trying to like, I was throwing stones at the guest house or something like that then someone stopped me, I fell and that's that. That is the story that everyone knows till this day and on top of that, I, there's a rape case that I'm going through. Even the rape case people know. Yeah, 'she was raped because, oh, oh, no, they say I accused him'. They say I falsely accused him, that's what people are saying and when I say people, I'm not saying gents. I'm talking young ladies, older ladies, commander in chief, I don't know if it's a commander in chief or whatever at the police station also says the same thing…So yeah. Oh yeah and then they were like, obviously I'm trouble because if I can do this now, I want to come and report that I was abused by another man so I'm trying to play victim (Vuyokazi).

The phenomenon of victim-blaming featured prominently in Vuyokazi's narrative and contributed to her feelings of shame. This was most notable from other women but also marked her experience with law enforcement. She mentioned avoiding social situations for a year due to feeling publicly shamed.

5.3.3. Shame avoidance behaviour

Some participants reported experiences of seeking therapy but avoiding their appointments due the shameful feelings they experienced about needing help, being in a state of crisis and feeling a lack of control. This theme is indicative of how hard it was for participants to seek and receive help when they were overwhelmed by feelings of shame regarding mental and physical crisis:

> In terms of like seeking help, I did tell myself because I've seen how I used to cry a lot about it after it ended, after I left the relationship. I told myself when I go back to school then I will go to like [University Counselling Centre] and talk about it. When I go to [the counselling centre], I will talk about something else and not mention my relationship even though like I did have like, because usually when I have like consultations, I write things down and be like ok this is what I have to talk about (Lebo).

While Lebo managed to make an appointment to see a psychotherapist, she was unable to talk about her experiences of IPV once she got there. Sesi's GP referred her for counselling, however, she also avoided going:

> …I went to go see my, my GP four times consecutively for panic attacks, for not being able to sleep and he at the end of the day, started prescribing for me antidepressants… and he also referred me to a psychologist…So when I had tried to go, when I tried to set up an appointment with her I found out that she, she was on leave and then there was time when I saw my GP again and he asked 'have you seen your psychologist?' And now I tried to lie to him and I said 'no she's on leave'. Even though I knew that she was no longer on leave. So he immediately says that 'no, but I just talked to her today, so what do you mean?' And I said, I was so ashamed that he caught me out (Sesi).

Thando explained that she feared the possibility of being blamed by others, and so rather chose to avoid confronting what was happening to her:

> Yes, I think I've gotten questions like cause the few people I did tell most of them are like, but why did you stay like after that happened why didn't you say anything? Why didn't you? And I'm like I was ashamed one and even if I put the shame aside, it was like what were you going to say about it? And what were you going to do about? It, it was still a shock to me myself, that OK, this actually happened, and I was rather happier finding myself shoving it in a box and putting away and not trying to deal with it (Thando).

Weziwe's experience was similar and she reported shutting down her thinking and feeling:

> Yeah, I I'm an avoider. I call myself an avoider because I don't. Even if I think, I'll be like, shut down, shut down, let's think of something else. I like I, I like to avoid my thinking of thoughts and feelings and all of that (Weziwe).

5.3.4. Shame around sexuality

A few participants spoke about shame in relation to a fear of being labelled as promiscuous, but more prominently, most participants spoke about shame around disappointing their caregivers by being in relationships and engaging in sex. Many of the participants reported a strong cultural taboo around speaking about dating or sex with their parents. They reported that this made them feel unable to openly speak to their families about sexual, physical or emotional violence, despite the extent of the harm. It is evident in a theme that will be discussed below 'support seeking' that even when participants reached out to their caregivers at the end of the relationship in which they experienced IPV – they never disclosed the extent of the violence they had experienced:

> Like I said that my mom is like an old person. She's, she's probably in her like 40s. And she really doesn't want me, like she doesn't want me to like date. So the minute I go to her and be like I'm having this problem. I'm dating this person. I dated this person. We had this. I just feel like she will not even understand the things that I'm telling her. And also probably would shout at me, but I told you that you have to stay away from boys. Now you come to me and to tell me that the boy broke your heart and stuff like that. In the first place you shouldn't have like dated the guy (Lebo).

Lebo avoided reaching out for support from her mother, as she anticipated being shouted at and blamed for having dated, and thereby putting herself at risk for IPV. Thando reported a similar dynamic with her parents:

> My parents, like being a first born, I ake joli [transl: I am not dating]. Like I told them, even if I have a kid, I'll always be a virgin in your eyes. Don't assume I'm having sex. It's the relationship I had with my mom particularly, we don't talk openly about things, but we know things…I didn't want that for myself, that 'Thando went to school and got raped'. Uhm and, she [her mother] didn't do anything about it and we think that we shouldn't talk about it because it's taboo to even think that our child is having sex out of marriage. That's why I was saying that my parents, I'll have 10 kids and I'll be like,

> they'll be like, are you having sex? I'll be like no, I don't have sex. I'm a virgin…Like I still, I still want to maintain the perfect little first born princess image that I have going for myself. And that would have tainted it in a way, because now it makes me human and less perfect. And I don't want to be human to them (Thando).

While Thando's comment reflects her anger towards her parents for expectations that feel impossible, she acknowledged that she too perpetuates this dynamic, as she wants to maintain her idealised position in her parents' eyes, and fears disappointing them. This left her feeling that she had to lie to them. Vuyokazi expressed a similar predicament:

> Obviously, I, I had to tell everyone in my family how I got my scar. I was ashamed of telling them the truth because they would say, first of all, I'm dating, I'm at school for a certain reason, what am I doing at night? So I had to lie and say we were mugged. I fell, like I scraped my head and that's that. Yeah, I think that's how I understand shame (Vuyokazi).

Shame around sexuality extended to sexually transmitted diseases. One participant reported her fear of experiencing shame and stigma if she were to be diagnosed with a sexually transmitted disease or HIV/ AIDS:

> I definitely could not negotiate my, my safety, definitely. And that's something that I think was building a lot of anxiety in me. But then I was also, just too scared to go and get tested. Because of the stigma surrounding HIV and STD's and everything but. It started from then where I was like sort of kind of having unprotected sex. With like people that I would like date, not just like random people. So I would only have one sexual partner. You know, and the person I am talking about the are a family friend, the son of, of my aunt's best friend. We weren't using condoms so there was a time when he said he just randomly said that you made me sick, bro. And I'm like. Excuse me and then I found out this year that I at some point had contracted herpes (Sesi).

5.3.5. Shame around victimhood

Victimhood was a complex identity for many of the participants. They were afraid of positioning themselves as victims to family or friends for fear of being blamed. Participants reported feeling reluctant to disclose the social status or age of their partner, fearing that they would be judged 'for not knowing better' or perceived as deliberately putting themselves in danger:

> I think this is an example in itself; the previous relationship is an example on itself. Where coming to public about having been with someone significantly older is, would be seen as shameful, can be perceived as shameful because It's almost like, Oh my goodness, why would you do that like yeah. So, it can be seen as shameful, and I guess that's one of my dominant experiences of shame (Indiphile).

Lebo was also afraid to disclose her victimhood or her sense that she was being abused to her friends, for fear of being judged:

> Lebo: It's like maybe me being ashamed or embarrassed to share what actually happened in our relationship. The relationship that I had with like my exes, being scared to like talk about it to like another person. As I said that I did tell my friends that we are fighting about 1, 2, 3 1, 2, 3, but then I wouldn't tell them I think this is like a more like an emotional abuse. I wouldn't like tell them that.
>
> *Zusiphe: And what made it very difficult to phrase it like that?*
>
> Lebo: I don't know I was like somehow scared that maybe they might like judge me. Maybe they might like judge me, that you love the guy. You see that he is emotionally abusing you. But then still you choose to be in a relationship with him. Why are you doing this to yourself? It's not like you don't see what's happening here. You do see what's happening here. But then you still choose to be in a relationship with him yet you see how he's damaging you. So just like was too scared of that they might like judge me. And also I mean, I don't know what I was thinking, at some point I thought maybe

> like we can like I can get back together with him. So, imagine I've told them that the guy is emotionally abusing me. He's saying these kinds of things to me. And then after some time I come back to them and be like nah guy I'm back with him. So, it's obviously like now you're just playing with your feelings and stuff, so I was scared of that…Like I do want to think of myself, I think that's also why I kept myself in denial for so long. I did not want to resonate with the victim role in the story because I felt like not telling anyone gave me some sort of control, but it was actually eating me alive essentially. Or eating at me emotionally and the trust I have with other people.

The fear of the judgement of others extended to their partners. Some of the participants contemplated telling their families what was happening in order to access support, but then feared that should the problems resolve and the relationship continue, that they would have marred their partner's reputation in the eyes of their family:

> …I'd tell my friends, even my one friend was like, it's getting a bit crazy please tell your mom and I was like, I can't tell my mom because then she is going to worry about me. But I think that that last straw was just telling my mom and I don't know. I think having her know, I don't think I wanted to look- can I say weak in her eyes? I think I, I didn't want to go back because I felt like, what is she going to think of me? And I also think I would have tainted who he is in her eyes. So I also feel like it, it, just let's say we, we do go forward and move on and get married and stuff, I just always felt like she wouldn't like him (Weziwe).

Most of the participants also seemed to blame themselves, feeling ashamed for not having seen the 'signs' and 'toxicity' earlier. They questioned themselves with regards to why they stayed in the relationship for so long, often looking back with a different perspective and feeling like they should have been able to see how harmful the relationship was. The disconnect between the past and their perceived blindness and the present and perceived clarity brought about feelings of shame and a sense of self-betrayal rather than compassion:

> This topped the rape. With the rape I personally, I've always known it's never your fault. It's never because you wore something small. It's never, It's never your fault. The person is crazy. They are sick, personally rapists and everything, but that incident was of a person that I was sexually active with. I let them into my life, so that was different and difficult for me to accept for a while. If I told them they would be even more restricting. They would ask how did you not know? And tell me I am fly and easily taken (Vuyokazi).

Tongase blamed herself for being intoxicated and agreeing to see a male in person in their room, thereby 'putting herself at risk':

> I was drunk that night and I was like, let's hang out. So I went over to his room. Because he wanted to come to my room, but I don't want boys to come to my room (starts laughing uncontrollably)…It actually started like on the low, you know, sometimes I'm like I should have left as soon as it started, cause he started making comments and those type of things. Asking me things like, 'how do you like to be eaten out?' You know that's weird. That's when I should have left right but I didn't for some reason. I don't know why I didn't. Yeah, the thing is that also makes me blame myself. The fact that I I still went there even although I was (lowers voice) drunk. Yeah, I, I, I blame myself for that (Tongase).

In relation to shame around victimhood some participants spoke about the IPV, or rape being experienced as family shame and therefore something that was to be hidden. IPV was also positioned as too difficult for elders to overcome (parents often warned participants to not tell their grandparents even though the participant needed support and perceived their grandparents as sources of support and comfort). This often led to participants feeling more isolated, and ashamed of their experiences:

> No one wants me to tell my grandparent till this day. I want to, I feel like I would want to tell them and they would be more supportive. We would pray about it, we would. They don't want you to. They're like yho. I didn't know, this made me feel like this I'm

only getting it now. Because I'm my grandparent's favourite, they are like ah what if she dies. They like you will kill Lilo's mother (grandparent). That's what they keep saying all of them like at first, I'm like eish, imagine if they die, it's going to be my fault (Vuyokazi).

5.4. Contextual factors influencing experiences of shame and support seeking

This theme captures how various socio-cultural factors, such as their experiences in their families, communities, and religious spaces appeared to have influenced the participants' experiences of shame and intimate partner violence.

5.4.1. Predisposing family histories

This was a common theme, with most participants perceiving their family histories to have modelled particular ways of being in relationships, and how they perceived masculinity and femininity dynamics. Interestingly, most participants spoke about their relationships with their fathers in this regard. Sesi spoke about feeling discarded in relationships and linked this to her father's infidelity. Speaking about her partner's infidelity, she states:

> He [her partner] would just say things like uzibani bani is going to hit you [transl: So and so is going to hit you]. And I'm like, why? And he would not substantiate it. He would leave it at that and that's how I knew that, Okay, these must be the people that you're that you're having sex with and that's why they are apparently going to hit me…like so later that night, I actually tried to fight him. He was sitting in the back seat and his more sober friend was driving the car. So while driving, I take off my, I take off my belt because I was in the, I was in the passenger seat. I take off my belt while his friend is driving the car, his mom's car, actually. And I got in the back and I start trying to fight him. Because apparently I was pushing around and shoving him around as well before we even left the event but. So he's also experienced, I guess, IPV in that sense. Even though I don't want to say that he deserved it, but. He deserved me hitting him because he was cheating on me…(Sesi).

Then when reflecting on this later, she made a link to her father:

> Very, I feel very discarded, and I still can't understand as to this day how you can confront someone with cheating and then they broke up with you for confronting them for cheating. So, it's, there was a lot of shame that I felt there…I do feel scared because I, that was a big, big heartbreak and uhm. I would say despite all of the people that I've been with; my dad is the one person that truly managed to shatter my heart when I found out that he was cheating on my mom. Then I found out that I have siblings outside of the marriage. So, he has like two children, and I only recently found out this I think in 2020. So it's like I have been, I'm holding a lot of resentment towards him, but I still love him because he's my father. But the fact that he, he broke my heart like that. I wrote him a long, long, long e-mail, telling him that I know you have kids outside of the marriage and out of all of the people I've dated you're the one person who has really managed to break my heart (Sesi).

In this narrative, Sesi's anger towards her unfaithful partner is linked to her father for cheating on her mother. She repeatedly stated that out of all the hurt she experienced in romantic relationships, the person who has hurt her the most is her father. She spoke about her father's betrayal not only of her mother but also of the family unit, including herself, and how it has impacted her as a daughter. This may have modelled that men are not to be trusted. While a possible repetition compulsion, it is significant that Sesi has entered similar relationships.

Weziwe spoke having had an absent father toward whom it appeared she had a great deal of unresolved anger. This seemed to feature in her relationships with intimate partners:

> Every time I look back, I'm like I should have seen that there was something off, but he, we were talking about my social media, so I used to be on Facebook, like properly. I used to upload pictures.[…] And then at some point it got to, I don't like you posting. I feel like you're posting for attention, you want the attention of men.[…] It kept coming up. And then I said, like, you're not my father. Stop trying to be like my father. I'm going to post on Facebook. And then I just kept saying, reiterating to him like, you're not my

> dad. You're starting to give off Dad vibes and you're not that. And I had told him that I didn't have a close relationship with my father. He passed away and I feel like I might blame myself a little bit because he tried to talk to me, but I just felt like I haven't. I don't really know him… My mother came home and said your father passed away (speaking very fast). I cried, but after that, it was done. I think I actually made it a point not to [cry] because I just felt like I didn't know him. Maybe I felt like I didn't have a right to cry because I just like didn't know him. I didn't give him attention when he tried so who am I to cry. What am I crying about. I think that, now that I'm thinking about it that might be the thing that stopped me from crying because I feel like I'm allowed to because he had other kids who were in his life, and it feels a little bit insulting to them to cry because who is this guy that you are crying for? (Weziwe).

Weziwe seemed to be holding a lot of anger towards her father who was absent in her life, and it might be that this became linked to anger toward her partner who was another man who was emotionally absent and seemed not to understand her. It might be that Weziwe's constant reference to her partner not being her father speaks to the pain and loss she felt of not having been seen by father, stirring up rage in her relationship. Vuyokazi also had an absent father, but spoke about other men in her family, whom she felt modelled violent forms of masculinity:

> First of all, with men I don't need, there's a reason why I keep referring to my mom. I've never had a supportive man ever. Not man as like my man, I mean a male figure. The ones around me are dominant or love dominance and if something happens or there's something happening to me, I mean something like this happens and they find out, they are just like, oh, "we're going to moer him" or "we are going to kill them" and everything and then that's it. Threaten, threaten, threaten. How could he do that? Yeah, and that's that. They don't even want to know how I am feeling or how I feel about the thing. I don't know how to explain it (Vuyokazi).

Vuyokazi described not having had a reliable male figure who was able to adequately assist her and listen to how she is feeling. Contrary to this, Thando described her positive relationship with her father as having played a role in her decision to leave her abusive relationship:

> So funny enough. I didn't leave because of the things that happened. I left because I felt like it was enough like I've had enough, and I told myself you deserve better. And your own father treats you like an egg and here's this man treating you like some hard rock tossed and turned overused and you don't deserve that. So that's when. That's how I decided to leave (Thando).

5.4.2. Families modelling violence

The family environment plays a significant role in shaping an individual's understanding of relationships and conflict resolution. For some participants, their family of origin modelled violent behaviour, which had a profound impact on their experiences of intimate partner violence (IPV). This section explores how families modelling violence contributed to the participants' experiences of IPV, and how this exposure influenced their perceptions of healthy relationships and help-seeking behaviours. Sesi related an incident between her parents:

> And also, in terms of intimate partner violence, my mom has told me that my dad has thrown a remote at her at home one time and then he I think he missed, or he or he did not miss. But then he threw a remote at her and when she told me about that, I was like what the hell? Why are you still in this marriage? Why are you still married and my uncle and my aunt, who shout at each other as well so. It's also violence in the sense that is, it's not something that I'm directly connected to, but then I'm experiencing it through being there while while you're harming your partner. Whether it's emotional violence, whether it's physical. I'm not sure if that was the only time my dad tried to harm mom, like throwing the remote at her. That sounds very childish as well, like why would you throw a remote at someone? Even just him cheating on her and him essentially putting her health at risk, that's the I think the biggest point that I'm, I was pissed off. I was really, I'm I'm still really, really pissed off at that because why are you

> putting your wife in harm's way, and you know that you guys have 4 kids to take care of (Sesi).

Sesi shared her experience of growing up in a 'subtly' violent household, she expresses confusion with regards to her mother staying with her father which is a similar confusion she has carried in her relationships. She has sought men with similar traits as her father -distant, cold and with an element of risk. Her narrative indicates how exposure to violence in the family can desensitize individuals to the severity of abuse, making it more challenging for them to recognize the warning signs of IPV.

Tongase echoed a similar sentiment. Tongase's quote illustrates how violence in the family and emotional abuse towards members of the family can teach children to avoid conflict, rather than addressing the underlying issues, which can perpetuate the cycle of abuse.

> Yeah, so my family is very abusive. I, I can't even tell you when it started. You just grew up like that. It's been like that the whole time. So obviously I started showing signs of depression and anxiety. Think I was 13 and the doctors picked up on that so they put me on medication. But then my parents were like, uhm no, I'm too young to be taking psychiatric medication because there's no way I have something since I'm so young and they are so supportive - which they're not. They were not. They were never supportive by the way. So I stopped taking the medication and it just got, everything got worse, like, I can't even tell you when my suicidal thoughts started, because I've lived with them like my whole life. So they, they do things, like they call me evil and mean and demonic. And how I'll never amount to anything in life and I'm selfish. Yho so many stuff. One time, my dad actually told me to die. He was like just go die (Tongase).

Tongase's story also indicated how difficult it can be to access support and be treated for mental illness when stress and abuse manifest clinically—the background of tumultuous family relations added significant stress for Tongase to which she managed her difficulties by being avoidant.

Weziwe's experience also underscores the impact of families modelling violence and her growing up thinking that violence was a normal part of relationships. Weziwe's quote demonstrates how exposure to violence in the family can shape an individual's understanding of what constitutes a healthy relationship, making it more challenging for them to recognize the signs of IPV and seek help.

> My sister's dad lived with us for a while, but it was short. Not having a dad, even then I think he wasn't, he was also a terrible person. I always thought that maybe, looking back, I just felt like maybe because I haven't grown up in a house where I've seen a functioning relationship that I I didn't have an idea of what it's supposed to look like. Because my sister's dad also hit my mom and I was there, and I saw it. For the longest time I didn't understand why she took him back because he came back. So, he hit her. I called the police. It was a whole thing. I thought he was gone. I didn't like him before anyway, so I thought, ok, they're done now . He's gone. It's done. I don't know what, maybe three months later or something he comes back. I remember I was in the bath I was crying because I was like I don't understand why this person is back…So, I don't know if that maybe it's a personal one but having seen my mother go through it and then take this person back, maybe for me, it felt like this is normal. This is what people do. Things get physical, and then you stay…So maybe even having seen her pick herself up after all of that maybe that also helped me leave, because when I was home I asked her at the times when I did miss him, I was like how did you do it? (Weziwe).

The quotes from Sesi, Tongase, and Weziwe demonstrate how families modelling violence can have a lasting impact on an individual's understanding of relationships and conflict resolution. This exposure can shape their perceptions of what constitutes a healthy relationship, making it more challenging for them to recognize the signs of IPV and seek help. By examining the role of families modelling violence, this study aims to highlight the importance of addressing the intergenerational transmission of violence and promoting healthy relationship models in the prevention of IPV.

5.4.3. No guidance and protection from family

Participants spoke about feelings of not having been protected by family members who were perceived to know better, which has influenced their vulnerability to danger in that they do not expect to be protected or feel that they need to protect themselves:

> …I connected it to my sister not being my sister, in terms of her protecting me, her shielding me from like Joburg and the world, because it all happened when I first got to Joburg. So I came from Polokwane in Limpopo I grew up there since I was born… and then I did my primary and my high school there. So that was about 18 years in Polokwane and then when I was 19, I came to Joburg 'the big city' and then my sister doesn't even tell me or warn me in any way about predators that are there (Sesi).

While Sesi felt that her older sister should have done more to warn her, Vuyokazi also felt let down by her mother and aunt's responses to her experience:

> I wasn't expecting my mom to be number one supporter because I feel like I'm her child. She wouldn't know. She, she looked more depressed than me. So, I didn't expect her to be my support structure. But my aunt, who is an ambassador for anti-rape, you know, anti GBV, like those kinds of things. Nothing. They were mute, like they were shocked. They have never had anything like this happen to anyone they know clearly. They mute, mute, mute, mute (Vuyokazi).

Indiphile had a different experience, in that while she felt her family did offer protection, she experienced this as over-protective and didn't want this when she came to university. Her rejection of this, however, then exacerbated her shame when she experienced IPV:

> I think it's. I think in terms of this, my biggest belief would be I shouldn't have been in that situation. Particularly where family's concerned, I would say for example they…they being family believe that their duty is to always have me protected to always have me - for them to be my safe space to put it in a different way. And uhm in that moment, I didn't want that from them. And if they would then find out about this, it

> would be a matter of but if you told us, then we would have done ABC then you wouldn't have been in there. And it's not going to change anything that happened now (Indiphile).

Indiphile blamed herself for 'stepping out of her family's safety net' and not being able to protect herself. She blamed herself and experienced shame for disappointing her family. These are feelings that can make it even harder to seek help, and left Indiphile feeling alone and isolated.

5.4.4. Distant relationship with parents

Most of the participants felt that their relationships with their parents were distant and they perceived their parents as having very high standards. This was experienced as barrier to seeking help or speaking to them about their intimate relationships. In some cases, this caused anger or aggravated the shame experienced by participants, as they felt that had this not been a barrier, they may have been protected from experiencing IPV:

> I think I never initiated it. Also, I wasn't very close with my parents because I felt like they ruined my life. I just felt like you guys ruined everything. So I used to, like I grew up with my grandma. So when I was like grade two, grade three, I was here in Joburg and they took me back to Rustenburg. And I'm like why? I had a good school. I had everything. Why did you have to take me there and they were like, so your grandma was getting older and she can't take care of you anymore and you are our responsibility. So they had my siblings and then I was just like, you're ruining my life even further. So I always had that closed off thing that I talked to my grandma, I don't talk to you people…And then there was one particular conversation where I was like, please don't raise my sisters like you raised me. I can't come to you guys to talk about stuff. But please don't do that to them and that's when they started being like no man (Thando).

Thando shares a wish for her parents to be more accessible, she wishes they modelled openness and created the space in which she could share her feelings and difficulties, this has created

resented as she expresses that an open relationship with her parents could have been a protective factor against IPV.

> …they don't create a safe family. They don’t create a safe space to talk about the real things that happen. Yes, fine they don't want us to date or obviously they they may be protecting us from whatever that they experienced but it obvious that I am going to date. They don't create a safe space for that and that's where it started. Now, with my mom already, I know she my mum would listen to other people when they talk to her. Like people my age even talk to her about their dating life. But she never created that for me because I know that any slight thing that would hint to a boy she would shout at me. So I wouldn't be able to tell her freely even when I was still at the hospital for three weeks (Vuyokazi).

Vuyokazi shares similar sentiments with Thando, however her resentment was aggravated by her observing her mother facilitating open communication with other children within their community but not modelling the openness at home.

> Like I said that my mom is like an old person. She's, she's probably in her like 40s. And she really doesn't want me, like she doesn't want me to like date. So the minute I go to her and be like I'm having this problem. I'm dating this person. I dated this person. We had this. I just feel like she will not even understand the things that I'm telling her. And also probably would shout at me, but I told you that you have to stay away from boys. Now you come to me and to tell me that the boy broke your heart and stuff like that. In the first place you shouldn't have like dated the guy. So, I just see it like not helpful for me to talk with my mom about, like, relationships and this (Lebo).

Lebo expressed no resentment towards the selective communication she had with her mother even though she also subtly expressed a wish to be able to communicate with her mother about her relationship experiences. She understood the barrier to communication to be rooted in the age gap between her and her mother, her mother's sense of simplifying life and rigidly adopting a concrete and rule-based approach to life and parenting.

5.5. Sources of support

This theme relates to the different ways in which participants deemed the people in their vicinity, whether family or friends as sources of support that they could trust and seek help from or whether they were experienced as people who they felt too ashamed to reach out to. There was a contrast in the participants' attitudes towards formal support and informal support.

5.5.1. Support from family and friends

Often seeking support from closed loved ones was coloured with previous experiences of having been let down 'growing up', and the ways that loved ones have behaved in relation to similar incidents. Therefore close family members were often deemed as not being a safe space or capable of containing and understanding the participants' experiences. Informal support was accessed indirectly - participants did not fully share their experiences but some of their friends and family were able to notice that something was wrong and therefore offer more support and draw nearer without much being spoken about what was actually happening. Friends were most often considered the most useful forms of support:

> I think I did have support more in terms of friends, I would say in terms of…I think the important role that they played was validation and showing up when necessary. I'm one that wouldn't verbally ask for help or it would be difficult to know when I need help but. For one reason or another in that particular period, my friends knew exactly how and when to show up for me, without me having to verbally ask that of them (Indiphile).

> But I had two friends who were supportive, my one I think, yeah, I always think of her like in the back of my mind. And I'm like, I owe her I don't know what because I feel like she got me through that. And she was just very patient with me. Like, I was always at her house. I was always like in the middle of the night I am calling her. I felt like I was bothering her, to be honest, and she never made me feel it. But I felt like I'm pretty sure she's just annoyed with you. And then I had another guy friend. Him and his wife well they got married recently, but him and his wife, they also helped me, so I would go there and chill and vent and talk. And it was a lot of drinking and drink, and I was

> barely eating. I was so thin, but yeah. Those two people were, I would say my support and my family. It was, it was my mom and them and my sister. She and my sister, she's younger than me, but she was cool, she was nice, she was supportive (Weziwe).

Being able to speak to a trusted friend, who can name the violence and remind the participants of who they are, allowing them to process the trauma, was reported to be helpful:

> …I was telling my friend; we grew up together and I was telling him everything that happened. And he was like this is so unlike you because I'm the person who would, if there was something I didn't like in a relationship, I would tell you. Like I broke up with somebody because I felt like they were too depressed, and I don't want to be depressed as well. But now somebody did this to you, but you didn't leave. What's going on? So when he started, when I started getting his perspective of like what happened was not right, like and you shouldn't have shoved it under the rug like you need to deal with this. That's when everything started replaying in my head and be like ok, that really wasn't right. Like, what did this man do to you, to the point that you became so weak? To everything that he was doing to you. Like he was borderline abusive emotionally, physically, he raped you in your sleep and… (Thando).

In some cases, parents were experienced as having little or no capacity to support their daughters and for understanding victimhood:

> I want the emotional support from my mom, but I really don't think that I would receive it. Like my mom would first of all ask what I was wearing. My dad, whenever my dad sees me crying, I think they [tears] trigger him…It will essentially end up as though I had not told, told them in the first place. They would carry on with life. They wouldn't be the type of people that would be like "who is this person? Where do they stay? Where's his number? We will get him arrested, my daughter". I don't think, I don't think I'd get any of that. I'd just get "Oh okay, thanks for sharing" (Sesi).

Vuyokazi had a similar experience, where she described feeling let down by her family members' responses to her experience:

> The least, like just to be asked how am I feeling. Today was the 3rd of October. I'm from the court case, ask me. If I have to cry, then I'll cry about it. Maybe I need to cry because I couldn't cry there. I have to be strong or whatever that they think I am. Just to ask about it. To I don't know. Ohh also I would have loved for them to not make this about them a lot of them made it about them like my aunt also has tendencies of fear. Her in general she likes doing that, but I didn't expect it this time. There was a time when she asked, I wasn't even done with my story, then she was relating to the story, like telling me, Oh yeah you know, even the time that I was like, hijacked like, oh, I was almost hijacked and then they were holding the gun. I'm like it has nothing to do with what I'm telling you… (Vuyokazi).

Lebo had a different experience in that her aunt was her main source of support and a mother figure whom she has grown to trust. Their relationship was a protective factor and a significant source of support that helped her leave the relationship in which she was experiencing IPV:

> I really appreciate it because she once told me that if ever (because she can see that I don't really have like a good relationship with my mom). And then she was like, if you need to talk about, like anything, do not hesitate to come to me and like, tell me that maybe if you're in a relationship, if you need any advice don't be scared to talk to me. And then that's when I felt like comfortable talking with her, because sometimes whenever I'm with her she'd like, just would like start. Have you started with menstruating? Have you done this and that? Are you dating and those kinds of things. So those kinds of questions, they just made me feel very comfortable like talking. She would tell that I will not tell your mom what you told me 1, 2, 3…my aunt is like the one that I would call. This is what… I sometimes I would actually just send her a text. So okay things are not going well in my relationship, and she would call me immediately. Then she will tell me what's going on, "you have to stop doing this. If the guy does not text you back, don't text. Don't like be the one who is trying to make the first conversation. He should do that because he's the one who came to you and convinced you to be in this relationship" (Lebo).

Despite not being able to speak directly about the IPV and trauma to her parents, Thando spoke of her father as being able to see her hurt and helping her recover from the trauma:

> He, he [her father] picked up that it [was] man-related cause "what the hell do you mean that you acting some kind of way", so I never verbally said to him that, you know, this is what happened, but he made a joke about it once. He was like "yho, they hurt you ey". And I was like, "yeah". So from then, that's when I started seeing his actions going into the less protective father, but the more let's mend what happened - 'it wasn't my fault, but as your father, it's my job to bring you back to where you were, because you are not your experience and not everyone is that man'. And let's let him be that man. It wasn't explicitly said but it was acted out, it was shown. It was felt (Thando).

Weziwe was able to access support from her mother by seeking guidance from her in terms of how she coped with her own experiences of IPV and leaving the relationship:

> [explaining what her mother said] So she was like, "I, I was working then, so I had things to, to take my mind off it". She was like, "every day I go to work, I'd come back. I had you guys, I'd sleep, wake up". At some point she was like, "I was fine and it was normal. But for me, I just felt like every waking moment was I'm thinking, am I wrong? Am I right? Should I go back?" (Weziwe).

It appeared that Weziwe's mother sharing her own experience of self-doubt about her decision to leave may have normalised Weziwe's own ambivalence about her relationship.

5.5.2. Counselling and health care as support

Participants shared with regards to their feelings of security and safety within formal spaces of support, such as in their individual psychotherapy. Their security was rooted in the safety of the principle of confidentiality in the space, their sense of their supportive health practitioner having experience to contain their emotions and having seen various cases related to trauma-therefore ensuring that they will be treated in a nonjudgemental manner. Participants however expressed a desire for more spaces such as these and more time to explore their difficulties.

Barriers to these spaces included socio-economic circumstances, such as not having funds to support a longer terms therapy. Speaking about her experience of therapy, Sesi stated:

> You know that I, I feel I feel quite comfortable about it because then I know that there's confidentiality. So, I don't. I never have a problem. Even now I feel ashamed about some of the experiences, but I never really feel anxious to share or shy away from telling them what's actually going on (Sesi).

While Sesi expressed her comfort in confidentially being maintained in the space, Indiphile expands on her comfort in her therapist as being mature and experienced enough to handle the difficult emotions she experienced and the complexities of abuse.

> …and in terms of seeking help, psychologically, I had attended therapy for quite some time. I think I recently stopped at the beginning of this year, but it had been going well. It had been helping. Hence, it's an experience that we can talk about now because prior to that it wouldn't have been even a conversation that would be brought up that actually there was once upon a time this kind of issue…I mean really, I wouldn't think that a psychologist has not seen worse than what I have to say or wouldn't have the maturity or understanding of wanting to view above that as opposed to wanting to unpack that. So I guess in terms of my my, my therapy sessions it was a much safer space where I didn't experience that (Indiphile).

Vuyokazi expressed wanting a longer process however her medical funds were depleted, and she was very emotionally and visibly mourning a space that provided her with comfort during her time of distress. She expresses a sense of feeling like her therapy was prematurely cut short due to socio-economic circumstances.

> Hmm and also like I, I was very comfortable with my psychologist and then. Oh, I didn't do anything last year, so the medical aid kicked me out. Now I can't see the psychologist anymore. I' talk to her on the side, but it's not the counselling that I am used to. It will be like ma'am so and so now. I'm just talking to my ma'am. And then I just stopped. I stopped talking to anyone in general. And I see that I shouldn't have

> because now its oh (cries)…And what hurts me the most is that I know that she's also doing her job. I I don't know if she should, should she be outside this she would have been as supportive. And that's what breaks me even more because she doesn't even know me for, like before anything (Vuyokazi).

Further Vuyokazi expresses a wish to have been closer to her therapist indicating desperation of having a supportive figure who was attuned to her and cared for her not out obligation but rather similar to the care and support she longed for with her family members.

5.5.3. The legal and justice systems as support

Many of the participants reported having a lack of faith in the justice system, and this was experienced as a barrier to support seeking. Many felt particularly hesitant to report their experiences. Thando expected to be judged and blamed by the police:

> Had I gone to a police station that night and went to go open the case and be like this man sexually harassed me or attempted to rape me and he beat me against the wall and what not and what not? First of all. You came to this person from another province. You're in a relationship, yes, it doesn't justify the things he did to you. But were you not then asking for it by coming all the way from Rustenburg to come here? Yes, you weren't expecting these things to happen, but what were you expecting? Like why? Why? Why were you still so hopeful that things would get better if he's shown you that he could be malicious or violent before, right, and you still consented to coming all this way and going to this dark field and getting out of the car and walking towards him on that particular day. Knowing that he's done something like this before. Could you not like, couldn't you read the situation or where this was going like? What were you expecting? It's like the whole. When I'm wearing a short skirt, it doesn't consent to me wanting your attention as a man. It was the same. I think they would have treated it as the same thing that, yeah, but you brought yourself to this person. Now, when it was time to give him what's due to him. You didn't want to. Why not? Then why did you come? (Thando).

Vuyokazi also reported significant mistrust of the police. In her case, the perpetrator was connected to local policemen, who helped him destroy evidence:

> …there's a guest house and then, oh, when we open the case, first of all, the people that came to the scene are his friends. I only find out maybe two days later when my friend was telling me which policeman came. I'm like, 'it's over, klaar' [transl: done]. I don't want to continue with the case, I'm good…the policemen are his friends. They wiped their cameras cause I involved my uncle. Obviously, I made sure and no one else at home knows. I was just telling him something happened, and I'd like him to, like, find out. They can't find any camera footage from that day. Obviously only for like that hour or two, but before that there's footage, and after the days as if nothing happened (Vuyokazi).

5.5.4. Shame and support seeking

This theme speaks to how participants understood the impact of shame and how it influenced their engagement with support in the formal and informal contexts. Participants spoke about their difficulties in telling their friends their full experience of IPV for fear of being judged or burdening others. Often this did not stem from previous experiences they have had with their friends or practitioners but rather their perceptions of others (in their minds their experiences warranted being othered which led to shame). This theme indicates that shame becomes a barrier to accessing support as victims of IPV internalize a sense of shame and being othered.

> *Zusiphe: Did shame influence how you experienced or engaged with any support that was available to you? It could be therapy or socially.*
>
> Sesi: Let's see. I would say yes, it has. It has because I only ever discussed this with a small number of people that I have observed enough to see that, OK, this person. I've told one of my friends, she is so depressed that she is going to shock therapy. They've tried everything, so now she has to go to shock therapy and. Yeah, that's one person that I can say I trust. I only like think shame has influenced it in the term in terms of how I do not talk about it with anyone that I feel does not see me if I don't feel seen, then I'm

not going to discuss my experience. But if I feel seen and I can see that you, I can feel that you see me. Then I'll then I'll share that with you.

Sesi indicates how carefully she assess whether someone would be able to understand her experience and treat her delicately when she shares- people she trusted were those who have also been able to be vulnerable with her and open about their own mental health difficult. This indicates that shame is mitigating by a sense of sharing and commonality which lays the foundation that difficult experiences will be heard and tolerated.

Zusiphe: Like, did your experience of shame maybe influence how you engaged with your friends? What you spoke about regarding the relationship and how you engaged also with the psychologist; or basically did it influence how you sought support?

Indiphile: I hear you now. I hear you now. I think in terms of friends, yes because then you wouldn't want to delve into every detail of everything that happened. Whereas with my psychologist, I could, I could…

Indiphile indicated feeling comfortable sharing her story in psychotherapy rather than with her friends, indicating that at times it is easier to vulnerable with a trained practitioner and compartmentalize the utility of different supportive spaces:

Zusiphe: And then with friends, what was the shame about?

Indiphile: It was more of an internal thing. It wasn't an external thing. It is more of my own internal conflicts with myself and my own shameful views towards the whole experience as opposed to knowing that, that's what people around me would indeed think...It goes back to what I mentioned I think two questions, two or three questions ago. When I was telling you that in a societal context, which would be like, Oh my gosh, but why didn't you? Why didn't you do that? But you knew that he was older. Why didn't you do ABC and D or why didn't you react differently? Why did you put yourself in that situation or whatever kind of questions would come across? But yeah.

Indiphile's narrative also indicated the shame she has internalised in the form of her own voice criticising her and thinking her may ask her similar questions or carry similar judgements. Thando feared burdening her friends:

> …I tried going to my roommate at that time and I was just like, she's going through her own things. I can't burden her with this as well so let's keep her quiet. I think I only told her last year what actually happened…So the first group of people group. That's why I suggested the group thing. That I told was my friends, we had like, it was like a girls night in. I don't know what Wendy called it but it was something girls in and we were sitting and we were sharing experiences and they were sharing about their past sexual experiences and I don't know how it got to us speaking about sex and what not, but because now I had started associating sex with that experience and freedom at sex as giving people consent to do to your body that you don't really want . I started thinking uhm, I started like, when they started talking about it, I started remembering what happened and I'm like actually, let me tell you guys what happened in this relationship. Wendy was shocked. Wendy is the girl I used to live with. She was my roommate. She was shocked that, so you went through this, and you didn't tell anyone… (Thando).

Similar to Sesi, Thando found comfort in sharing her experience in a group that can share similar experiences- this brought feelings of safety, feeling seen and heard. This indicates that utility of finding comfort in a group space. Lebo found that there were limits to how much she could share with her friends:

> *Zusiphe: And I just want to have understanding. What's your understanding of shame about your relationship or relationships.*
>
> Lebo: It's like maybe me being ashamed or embarrassed to share what actually happened in our relationship. The relationship that I had with like my exes, being scared to like talk about it to like another person. As I said that I did tell my friends that we are fighting about 1, 2, 3 1, 2, 3, but then I wouldn't tell them I think this is like a more like an emotional abuse. I wouldn't like tell them that.[…] I was like somehow scared that

> maybe they might like judge me. Maybe they might like judge me, that you love the guy. You see that he is emotionally abusing you. But then still you choose to be in a relationship with him. Why are you doing this to yourself? It's not like you don't see what's happening here. You do see what's happening here.

Lebo's experience of shame was also a barrier in seeking formal support. Her internalized shame made it difficult to use the therapy space and bring her emotional distress**:**

> In terms of like seeking help, I did tell myself because I've seen how I used to cry a lot about it after it ended, after I left the relationship. I told myself when I go back to school then I will go to like [the university counselling centre] and talk about it. When I go to [the university counselling centre], I will talk about something else and not mention my relationship even though like I did have like, because usually when I have like consultations, I write things down and be like ok this is what I have to talk about. This is what I have to talk about. And when I talk about like the person, when I talk with the person like I raised the first point, the second one and then if the third one is about the relationship, I just look at it. And then I would skip it because it happened twice, because I've consulted, like, twice with different people (Lebo).

Like Indiphile and Thando, Weziwe carried a sense of shame for having cut her friends off – her narrative relates to dynamics if abuse and community isolation but also feelings of shame related to accessing a support system that she had cut off. Her experience indicates how shame plays a role when one wants to reintegrate to their support as means of safety:

> Being in the relationship, I was sort of cut off from my friends. Like I said, there was the the 2:00 AM incident and then from there it was like oh. She's not a good friend. And then (sighs) I feel so stupid. But I would also just believe like ok maybe she's not so good. So I think I had like very much cut off my friends, and it was just him, him, him. And then at some point at the end. I then was, I felt so terrible because I was like, I cut these people off and now that I've been left or I'm leaving and now I'm wanting

to come back . Like I felt bad because I'm like you don't ignore people for two years and then you're like, actually, we're done now so let's be friends again (Weziwe).

5.6. Growth and learning

More than half of the participants found it important to learn from their experiences. In the interviews these participants looked back with empathy towards themselves indicating that they were in the process of forgiving themselves for not knowing better or not knowing how to speak up. Self-growth was described by the participants as finding themselves, protecting themselves emotionally and physically, and honouring and developing their own values. Participants also learned from previous experiences to be more attuned to themselves and their needs. They described growth as a process that they were still working on:

> I don't know if I've managed to get back to my true self. I think I'm still working myself towards that, and I think your second question is what is my true self? I'd assume focusing on things you enjoy. Realigning your values, your principles, things that I stand for, and taking a decision in terms of what I will accept in my life from others and what I will not. And and and redefining what romantic relationships would look like for me. Essentially, those are the, I think from my perspective those are the most important aspects of myself and and and that's what I mean by redefining or coming back to myself. And I think what I'm forgetting, most importantly, is honouring mine or honouring my voice, or honouring myself. Not just in romantic relationships but being in such situations can easily enable you to think that that is the norm, and that's what should be when it necessarily isn't the case (Indiphile).

These participants also reflected on their sense of having been naïve and struggling to express themselves in the past (emotionally and sexually). They indicated that their inability to be assertive and to see ‘the signs’ led to toxicity in their relationships. They felt that they were now better prepared to set boundaries in future relationships:

> Hmm, I think looking at the glass half full, maybe that also helped me realize that at, at the first sign of something that's just like that is big to leave. So I think that's also, I don't

know if that's restrictive. I don't think I'm, I don't think my standards are too harsh, but there's just certain things like what he said to me where there's no amount of standard that, that would allow someone to say that to you and for you to think that they think highly of you. So I think, I just, I now know better and I can, I know that it's not going to get better after forgiving and forgiving and forgiving (Weziwe).

The learning from previous relationships assisted them to know what they needed in relationships, and this allowed them to end relationships when it was evident that their needs would not be met:

> Okay, after him I only dated like one guy and we also, I didn't last with the guy because immediately I saw that like he was not communicating with me. And then I just like ended the relationship because I didn't want like the history to somehow like repeat itself. I learnt my lesson, whenever I get into the next relationship, I should like love the person but not with everything, because that's what I did with my previous relationship (Lebo).

The comments above from Indiphile, Weziwe and Lebo showed the complexity, pain and shame related to recognising one's sense of having been naive and taken advantage of. While there was an implication that they 'lost themselves' in the abusive relationships they had experienced, they were now in a process of re-finding themselves. They expressed feeling more able to protect themselves through holding on to a lesson and reframing their experiences in order to make meaning out of them. Self-growth also included being able to negotiate safe sex and safety and having greater insight and capacity to take care of themselves emotionally and physically:

> That's how I look at it in retrospect. I'm like honestly, when I was 18, I don't think I had the emotional intelligence that I had that I have now. And I don't think I had the courage also to speak up during sex…Yes, a big part, yeah, the whole 2019, I didn't really, I really did not know what I was doing. I was so naive. I was extremely naive and I, I will just let things happen. I'll just sort of just go with the flow…It's [Sesi's health] no longer at

> risk now because now I, I only participate in safe sex. Like, if you don't have a condom and we have already started kissing, let's sleep. Let's cuddle. And I'll tell the person if I dare find that you're having sex with me while I was sleeping (Sesi).

5.6.1. Motivations for participation

When asked what had attracted them to the study, or about their motivation to participate in the study, most participants expressed that they were interested in the study as a means of healing themselves or sharing their stories to help others. They wished to express themselves in a non-judgmental space and to make sense of their experiences. Vuyokasi's statement also reflected the nature of sampling used in the study, namely snowball sampling:

> Well firstly, my friend told me that she did something, she did the study with you and then obviously she knows my story and then she was like, wouldn't you be interested? So I asked her what it's about and then she told me. Immediately when I heard partner violence, I knew that I like talking about it or I want to talk about it, for obviously awareness, and I feel like talking about it even makes me feel better. The more I talk about it and how I feel after talking about it makes me feel that I'm healing. Or the healing process is better than the previous person that I told (Vuyokazi)-.

Thando also expressed a hope that talking about her experiences would aid her in healing:

> …mostly sharing my experience and hoping to heal from it because bottling things up tends to create some sort of a wound that doesn't allow that healing process. But to also let go of the thing. Because I told myself this is the last year you're gonna talk about this. So tell everyone who needs to hear it and help as many people as you can from it so you can move past it. And not let it be this pinnacle moment of your life where in every relationship you go into (self-corrects), in every encounter with male counterparts that you find yourself in, you always think back to 'but this one person did this, what's going to stop this person from doing the same thing' (Thando).

While both comments above reflect a wish for healing, Thando's comment, in particular, also reveals a hope that, at some point, she will escape her experience and no longer feel its influence on her experience of intimate partner relationships. The time limit she gives herself feels a little forced, however, suggesting some frustration in her process of healing. Participants also indicated that sharing their stories was not only about seeking their own empowerment, but they hoped to plant hope for other people who may be in similar situations. They hoped to be able to let go of their trauma and shame, accept their experiences and seek their own empowerment by using their experience for good:

> So a change, a change. I'm hoping talking about it will allow me that and sharing it will allow me that and maybe somebody else out there can relate, like you know how you read a book and you find yourself in characters in the books. Somebody would read this somewhere and be like, ok, she got through it. So, I'll also… There are greener pastures or sunny a day beyond this moment or that experience (Thando).

While most participants recognised that their trauma is not fully resolved, two participants explicitly expressed that their motivation to participate in the study was a form of help-seeking. They were looking for a space to continue to process their trauma or continue with the therapeutic interventions they had received after seeking professional help. While it was made clear that the interview was not a therapy space, they felt that talking about their experiences in abusive relationship in a non-judgemental space and in depth would help them. In previous interventions they may have held back or perhaps, only now flet ready to speak about particular aspects of their experiences. Naming the experience as IPV and asking about the shame dynamics specifically seemed to have attracted some f the participants to the study and made it easier for them to open up about their experiences in the interview:

> What attracted me to the study is essentially, I have experienced intimate partner violence before, and I have experienced like shame as well. Most of it was when I was 19, so I'm 23 now, so that was about, I don't know, maybe almost four years back or three…So I experienced it in in but like in a form that's like not, not really common, I

> guess not as common as like physical violence, because I didn't experience any physical violence. It was more so emotional violence and sexual assault, essentially…So, I was just like hmm this would be an interesting study to participate in because I had actually talked about it while I was in Akeso. Then I, I just didn't like go into extreme depths. I only went into depth with my therapist there and yeah, I don't think I really touched on all of the points. So I was like this would be interesting to participate in in terms of me continuing to talk about it (Sesi).

In the above comment, Sesi acknowledges that something felt incomplete in her therapeutic process, and it seems that she would have perhaps liked more therapy and to further explore her trauma. Lebo expressed a similar sentiment when discussing her experience of the interview as compared to her previous experience of counselling at the student counselling centre. At the beginning of the interview, she noted her interest in participating in this study as an opportunity to talk:

> Ok, I feel like maybe it's, I saw it as like a good space for me to just talk to someone about like my relationship as a whole because I really feel like it really affected me … And also like my other relationships after like him (Lebo).

However, later in her interview it emerged that she had avoided discussing her experience of IPV when she had previously attended counselling at the student counselling centre:

> Uhm it [the interview] was actually fine, because I never thought that I would like, I know, maybe some things, maybe like, I wouldn't like mentioned, but now like I actually mentioned like everything that happened in our relationship. It was like, just like flowing. I didn't expect it to be like that. Like I said that when I go to [the student counselling centre] like, I'm like let me not talk about it, I would talk about like some other things. But then here it is actually different because like I literally told you everything about like my relationship and how it affected me (Lebo).

She appeared surprised at how easily she had been able to discuss her IPV experiences in the interview. It seemed that she knew she had avoided this in counselling, and perhaps viewed

this interview as a chance to face her fears with regards to talking about her experiences. Some of the other participants found it was harder to acknowledge personal reasons for their participation in the study. They wanted to tell their stories but struggled to recognise this as their motivation until the end of the interview, when they opened up about not having processed their experiences. Initially some participants distanced themselves from their experience and personal motivation by seeing themselves as part of a vulnerable group and mobilizing a sense of activism (wanting to help other women or the researcher). It was perhaps too hard for them to face their individual vulnerability and directly connect with their own sense of wanting to speak and liberate themselves:

> I don't think there's like anything personal really because I just, I feel like [her friend] said you need research participants, because I'm also doing research, I was like, I know how difficult it is to find people and all of that and I think I was like, and I have experienced what you need us to have experienced. So I just felt like I can participate, so I think it was just to help you basically because I know how tough it is to get people and, and, and (Weziwe).

While Weziwe framed her participation as assisting me as a researcher, Tongase also seemed to feel that participating in research was perhaps a more acceptable way to talk about her experiences than going for counselling. Initially, she minimised her personal connection to the study and framed her participation as 'interest and entertainment':

> Tongase: Oh, another thing that drew me to the study was because it was a research study. So I love research because I'm a scientist and I've been wanting to take part in something that I have experienced or something. You know, we get those emails like 'Hi I am so and so', but I have never been interested in those long questionnaires and they're boring. So at least this is something entertaining.
>
> *Zusiphe: And something you can connect to?*

Tongase: Yeah.

Later, Tongase was able to acknowledge her experiences of IPV and she framed her participation as altruistic, and a way to make some good come from her experiences:

> I was like this this is for me, this is for me because I don't know it's like wanting to use my story for something good, like research purposes, since everything is going to be anonymous like that's perfect (Tongase).

Indiphile, however, seemed to find the question regarding her motivation for participation as intrusive. She was, however, able to reflect briefly on a pressure she felt not to speak out, that she felt was shared by most women:

> Can we skip this question, like on a serious note (laughs). Well, I suppose uhm it's a, it's a topic we often shy away about. Shy away from speaking about rather… uhm as females, as society at large of course, yeah (Indiphile).

5.6.2. Reflections about how they experienced the interview

This theme captured the fact that most participants were interested in the study as a form of further processing their experiences and exploring where they were in their healing journeys. Some participants seemed to have hoped to use the space as further therapy to speak about feelings and experiences they were not yet ready to face in their previous spaces. They reflected that it brought about a certain awareness of their histories, including their family histories, and the impact of IPV in their lives after leaving the relationships in which they had experienced IPV. They referred to moments of being triggered and finding it difficult to be in the space as well as regret at not having continued to process aspects their experience. This theme also highlighted the importance of naming their experiences of shame, isolation and violence, as doing this appeared to bring a sense of clarity and release of the emotional burdens they carried, such as judgment, anger and shame. A few of the participants commented on having appreciated a space to talk without feeling judged:

Zusiphe: Just want to check in as a whole. How did you find the interview?
Tongase: Uhm it was. You made me feel very comfortable and I knew as soon as you started speaking that there was going to be no judgment at all. And yeah, I felt free throughout the interview.

While Tongase highlighted the importance of having her experiences of shame normalized, Indiphile alluded to how difficult it was to go back to her previous IPV experience and tell her story: "It was triggering, yeah, it was triggering but again perhaps necessary" (Indiphile). Indiphile acknowledged that her experiences of IPV were difficult to speak about due to them not being adequately processed. Her reflection on the necessity of the interview reflected an understanding that the interview represented an opportunity to work through aspects of her trauma further and assess where she is in terms of her healing journey. Sesi also found the experience to be constructive:

> My experience was my experience was quite good. Not good. I would say great in terms of how you are allowing it sort of felt like a therapy session where you were allowing me to, to speak and you're allowing me to let out my emotions and feel them. So it was, I think it was a fruitful experience. So. It was fruitful in terms of how I got to speak about things that I that I felt were unfinished business with my therapist. Which is everything concerning the intimate partner violence. Whether it's through second hand, which is through my dad, or whether it's through me, which is me getting sexually assaulted so many times. So my experience, I feel like the interview was really good and I could sort of tell. That's why I wanted to participate in the study. Yes, I read it and I was like there's something interesting. I want to participate. I was actually scared that you would, that you would have, you would have reached your maximum number of, of your sample (Sesi).

Vuyokazi also found the interview to be a space where she could explore her feelings and let go of it:

It's a relief. For me it's always a relief to talk about this and yeah, I, I, I, I wanted to do this (laughs) like, and not only because I want to do this to help you with, I don't know you so I don't have to help you with my research but I, I want to talk about this a lot. Because I'm seeing. Like I said, how different I feel after every time I talk about it. So this interview already made me feel good, and I think I'm gonna feel good for the next three weeks. Genuinely good. I'm not going to go down to a low again because I talked to you (Vuyokazi).

While Sesi and Vuyokazi seemed to have anticipated being able to use the interview as a therapeutic space, Lebo was surprised that she experienced it in this way:

Zusiphe: Then one last question, how has this interview been as a whole?

Lebo: Uhm it was actually fine, because I never thought that I would like. I know maybe some things maybe like I wouldn't like mentioned, but now like I actually mentioned like everything that happened in our relationship. It was like, just like flowing. I didn't expect it to be like that. Like I said that when I go to CCDU like I'm like let me not talk about it, I would talk about like some other things. But then here it is actually different because like I literally told you everything about like my relationship and how it affected me.

Lebo seemed to have perceived the interview space as non-judgemental which enabled her to release unprocessed parts of her story. She expressed how difficult it was to use the space in [the university counselling centre] to share her IPV experience and perhaps the fact that this study named the dynamics of shame and IPV enabled her to use the space in ways she had intended to previously at [the university counselling centre]. Her experience indicated that, at times, shame creates a barrier against using available resources of support. She had clearly felt ambivalent about participating initially, as had Weziwe:

Zusiphe: And then one last question. How has this interview been for you?

> Weziwe: Mhh, as someone that puts things in the corner, it was tough. Uhm it's been fine, I think it helped me think a lot about things that I didn't think about. I think in my mind it was just things that happened we're here now. And maybe just looking at all the other aspects. And all of the support I got and thinking of it in in terms of that did help me…And I think also asking about the contextualization. I don't think I really thought of it as a, what can I say, like a re-playing a reenactment sort of that I had of my mother. I also think it's very strange because…I don't know if I said this, but I had always said I'd, in the back of my mind, I always wanted to be in an abusive relationship, because I always wanted to know what would make you stay? Like I was young when I saw it happen, but my mind was still very. Now I can look at grey because I've lived, but my mind was very black and white. Like something is wrong. It's wrong. I think that's how most kids are like, that's bad and that's good. And I, I couldn't see grey then. I couldn't see that they love each other. There's history. There's whatever. Like there was no grey for me. I'm like he hit you. That's wrong. He should be gone. And I think for the longest time trying to process and go through it in my mind I was always like I need to be in a relationship like that so that I can see what would make you stay. It just didn't make sense to me why she'd stay and then I, I guess, I, I got into one and then I stayed and I ended up leaving but, yeah, I think the interview just had me think of how it actually played out, sort of how I had imagined how I wanted when I said I want to see what could make people stay.

Weziwe's reflection indicates that while she was not initially comfortable to acknowledge that her participation was driven by her own interest to speak about the relationship, or a desire to process her experience, as the interview progressed, she started to open up and find insight into her mother's and her own behaviour. At times, shame can lead to defences where victims of IPV find it difficult to acknowledge their vulnerability and engage in a sense of introspection. This is useful for practitioners to understand in order to tailor interventions in ways that they can maintain an open space for processing trauma despite initial defensiveness.

5.7. Conclusion

This chapter presented the findings of this study on intimate partner violence (IPV) and its impact on the lives of young black women who have survived IPV. The study aimed to explore the experiences of these women, including the dynamics of shame and support-seeking in their narratives. The chapter discussed six major themes that emerged from the data analysis, including narratives of trauma, experiences of shame, contextual factors influencing experiences of shame and support-seeking, sources of support, growth and learning, and motivation for participation.

The study found that all participants experienced symptoms of trauma, including post-traumatic stress disorder (PTSD), depression, and anxiety, which impacted their daily functioning. The participants' narratives revealed various forms of abuse, including physical, emotional, and sexual abuse, which were often perpetrated by partners or friends. The study also found that the participants experienced shame, which was linked to their experiences of IPV, and that this shame was influenced by various contextual factors, including family histories, community norms, and religious beliefs.

The study identified several sources of support that the participants found helpful, including friends, family members, and formal support services such as counselling and healthcare. However, the participants also reported barriers to seeking support, including shame, fear of judgment, and lack of trust in the justice system.

The study found that the participants were motivated to participate in the study as a means of healing themselves, sharing their stories to help others, and seeking empowerment. The participants reflected on their experiences of the interview, highlighting the importance of naming their experiences of shame, isolation, and violence and the need for nonjudgmental spaces to process their trauma.

Overall, the study provides a nuanced and empathetic understanding of IPV's complex and multifaceted nature and its impact on survivors. The findings highlight the need for support services that are sensitive to the experiences of shame and trauma that survivors of IPV often

face, and the importance of creating non-judgmental spaces for survivors to process their experiences and seek healing.

CHAPTER 6: DISCUSSION

6.1. Introduction

This research took a feminist approach, which has as its overarching aim a wish to represent women's experiences and understandings of shame in such a way as to respond to the social inequalities and injustices that exist in the context of IPV (Lafrance & Wigginton, 2019). The study explored experiences and understandings of shame from women who have experienced IPV, in order to encourage women to engage in matters that affect them, positioning them as 'knowers' of their experiences. Within this feminist approach, a social constructionist lens was utilised, which allowed the study to move away from only locating challenges solely within the intrapsychic sphere and rather also to consider the socio-political context in which emotions and feelings like shame are experienced (Burr et al., 2017).

To explore the complexities and dynamics of the role of shame within the support-seeking process, the study was broken down into several questions. The main research questions were 'What experiences of shame do young Black South African women talk about in the context of IPV?', 'How do they understand shame and are there different kinds of shame in relation to their experiences?', 'What norms or contextual factors do they perceive contribute to their experiences of shame?', and 'How have these experiences of shame shaped their means to and experiences of seeking support?'. This discussion chapter will use the findings of this study to answer these questions, and the findings will be situated in the existing literature in this area.

6.2. Understandings of shame and different kinds of shame in relation to IPV

While the shame-related literature often highlights shame states and behaviour related to different shame states, the participants in this study highlighted different types of shame or ways of being shamed in various contexts. This foregrounded the need to understand and make

meaning of feelings within the social contexts in which they occur. As such, it is important to understand the different contexts in which shame emerged and how participants made sense of this shame in context.

Participants spoke about various and multiple experiences of shame. Some of these shame experiences made their leaving of the relationship where they experienced IPV difficult. Shame also became an aggravating factor to their mental health and how they experienced themselves. Shame also had an impact on their support seeking experiences.

Shame in society is still a taboo word that is often avoided even in research. Scheff (2016) states that researchers have been avoiding using the term or concept of shame in research studies. In this research study participants were asked directly to reflect on their understandings of shame to expand knowledge production on the topic of shame, therefore moving away from the pattern of avoiding naming shame and shame experiences. Participants in this study had various understandings of shame, many of which resonated with those already documented in the literature, such as shame involving a desire to hide (Retzinger, 1995). Participants spoke about wanting to hide parts of themselves and their stories due to not feeling proud of their decisions. In the participants' narratives shame was strongly associated with painful internal feelings about their identity in relation to others and themselves (Retzinger, 1995). It is commonly acknowledged in the shame literature that in experiences of shame the self and the other are often alienated or there is a threat of alienation, with the other being experienced as abandoning, rejecting, suffocating, judging, and a source of injury (Retzinger, 1995). Also, in support of the literature, participants reported shame as linked to the fear that others would blame them for having put themselves at risk in relation to IPV, which led to difficulty speaking about their experiences of IPV. Therefore, they were selective with what they shared about their relationships and with whom they shared their experiences. At times participants struggled to define shame, and likened it to embarrassment, and guilt. Shame was also described by participants as embodying a sense of being broken, dirty or damaged.

In the literature, shame has been described and broken down into shame states and shame-related behaviour. Shame states include intense emotional experiences that often lead to feelings of inadequacy and unworthiness (Brown, 2006). When someone experiences a shame state, they may withdraw or act defensively to protect themselves from the pain of feeling flawed (Gilbert, 2009). This was evident in the participant's narratives, which portrayed defensiveness towards experiencing their pain and others knowing about it – this was illustrated by their tone of blaming parents, siblings, and support institutions which enabled them to distance themselves from their pain, helplessness, anger and depression (their psychological and mental states). Furthermore, Nathanson (1992) discusses how shame, can lead to a 'shame-pride cycle', where individuals constantly swing between feelings of deep shame and compensatory behaviours. This was evident in the study, particularly in relation to how participants portrayed themselves to family and peers. There was a desire to be heard, seen and supported, however, there was a difficulty with connecting with painful emotions and vulnerability which led to behaviours such as isolating, minimising difficulties or masking their challenges. Shame states often drive shame-related behaviour. Shame-related behaviour includes the impulse to hide, and the critical and negative evaluation of the self where one would be observed engaging in thoughts like 'What will others think of me?' or 'How will they see me?' (Scheff, 2015). This was a common theme in the study, particularly the negative self-evaluation where participants experienced negative evaluative thoughts and then feared that their friends and families would say similar things to them. They often behaved in such a way that it seemed like they had already experienced criticism, and judgment–for example, avoiding certain conversations, or being selective and withdrawing from their supportive networks. All of these behaviours exhibit an urge to want to hide, or a reality that is too hard to bear so that they would rather escape it.

6.2.1. Public shame

The 'gaze of the other' featured strongly in the narratives and participants spoke about their experiences of being gossiped about and othered in public and social settings, which made it difficult for them to openly speak about their IPV experiences and seek help. In these

experiences, they reported being labelled as a liar or troublemaker, which made it hard for them to speak out. Speaking out often resulted in the phenomenon of victim-blaming. This featured prominently in some of the women's stories and contributed to their feelings of shame. Interestingly, victim-blaming was most notable from other women, however, some participants also experienced this with law enforcement. These findings align with those of a recent meta-review conducted by Taccini and Mannarini (2023) that confirmed the ubiquity of IPV stigma. This review confirmed that women who have experienced IPV are often held responsible for the abuse, and that the perpetrator is felt to be somehow justified in their actions (Taccini & Mannarini, 2023). Studies have found that the majority of IPV survivors report feeling the need to prove to both formal and informal supporters that they were not responsible for being victimized, due to strong victim blame attitudes (Meyer, 2016), including in the South African context (Makongoza & Nduna, 2021). Some of the participants mentioned avoiding social situations due to feeling publicly shamed.

6.2.2. Shame around sexuality

A few participants spoke about shame in relation to a fear of being labelled as promiscuous. This aligns with the Taccini and Mannarini's (2023) meta-review findings that found that IPV stigma is most strongly associated with victims being seen not to have been doing "something respectable" when the attack occurred (p. 11). This resonates with what was shared by most participants. Behind their experiences of shame, stigma was worsened by being having experienced the assaults while they were intoxicated, away from home (safety). Most prominently however, most participants spoke about shame in relation to disappointing their caregivers by being in intimate relationships and engaging in sex. Many of the participants reported a strong cultural taboo around speaking about dating or sex with their parents. They reported that this made them feel unable to openly speak to their families about sexual, physical or emotional violence, despite the extent of the harm. Shame around sexuality also extended to sexually transmitted diseases. One participant reported her fear of experiencing shame and stigma if she were to be diagnosed with a sexually transmitted disease or HIV/ AIDS. In relation to female bodies and shame, literature acknowledges that shame has its roots from the

construction and policing of the female body (Murray, 2017). The dominant beliefs reported on are that the female body needs to be covered up due to common projections on it by the male's gaze, including being fragile and promiscuous unless it is subservient to male desire (Murray, 2017). Similar to this literature, these themes emerged in this research, as participants voiced their fears of being viewed as promiscuous by others. Their experiences of IPV had also left them feeling that their partners or male acquaintances regarded the female body as being meant to serve and an acute sense of their vulnerability when it comes to negotiating sex (Bhana, 2021). In relation to their families, they felt a pressure to be seen as sexually pure. While the imperative for purity from family members may be deemed as controlling and shaming, family members may have intended its function to be protective against dangerous male desires, however, this did not yield the desired the function (Olamijuwon and Odimegwu, 2022). Rather this continues to portray female sexuality as vulnerable, fragile and passive, and in the case of participants in this study, render them less able to access support from families for fear of being shamed (Bhana, 2021). According to Murray (2017) the ways in which women engage with their bodies is political and shame operates to disempower the woman's sense of comfort in her own body; it creates a competitive dynamic for the achievement of the ideal beauty which is governed by racialised and cultural standards. Abuse is often perceived as symbolic of a victim's public failure to achieve intimate and romantic ideals and the shame of being unable to conform to certain standards of femininity (Murray, 2015).

The theme of competition amongst females and the female body featured in this study in the context of emotional abuse. Participants expressed that partners would use other females as potential threats, not only to the relationship but to the participant's body, for example a partner stating that another potential partner or partners with whom they were involved would hit them. In reaction to these threats participants indicated that they would retreat to feelings of shame, wanting to withdraw due to feelings of embarrassment and inadequacy. Sexually transmitted diseases were constructed as something that would make them undesirable, subjecting them to stigma and being 'validly discarded' due to being tainted. This is consistent with other studies

that have found high levels of stigma in relation to sexually transmitted infections amongst young women in South Africa (Nyblade et al., 2022).

6.2.3. Shame around victimhood and distress

Victimhood was a complex identity for many of the participants. They were afraid of positioning themselves as victims to family or friends for fear of being blamed. Participants reported feeling reluctant to disclose the social status or age of their partner, fearing that they would be judged 'for not knowing better' or perceived as deliberately putting themselves in danger. The findings in this study are similar to findings in the literature which acknowledges that women absorb and internalise much of the stigma that comes from IPV due to challenges negotiating their sexuality and relationships in a society that endorses patriarchal ideals (Kennedy & Prock, 2018; Murray, 2015; Willan et al., 2024). According to Murray (2015), the construction of women's sexuality and participation in negotiating relationships is characterised by a passive dependence on men's desires and ideals. This indicates that the risk of being taken advantage of usually already exists due to how women have been constructed in society. Most participants in the study struggled with identifying themselves as victims due to having internalised a sense of blame and naivety. In literature it is highlighted that women tend to ask themselves questions such as 'what was I thinking' or 'I should have known better' which further removes them from engaging with dominant discourses which keep them oppressed and fearful and rather turn the violence inward (Murray, 2015). The victim-blaming discourse within surrounding community networks also means that when women go against this discourse and directly challenge IPV they are likely to feel even more disempowered by the resistance against their narrative which leads to increased chances of being in danger (Fleming and Kruger, 2013). Thus the findings of this study indicated the same complexities as discussed in the literature regarding the loaded dynamics related to victimhood. Victimhood is closely linked with shame and helplessness where shame functions in oppressing marginal identities and communities and is a political disciplinary tool (Shefer & Munt, 2019; Murray 2015). Participants expressed a kind of self-punishment or reproach for 'not knowing better'. Women form part of marginal identities as not only are they subjected to patriarchal ideals, they also

experience structural stigma such as insufficient resources, and little to no legal protection which exacerbates shame and guilt (Taccini & Mannarini, 2023). It is behind this background that many participants equated victimhood to helplessness and failure. They told stories of not wanting to be another statistic or portrayed their experiences as not so bad as compared to other women whom their partners had violated.

In the findings of this study, women shed light on the traumatic impact of IPV. They stated that their pain was not only related to the shame of the IPV experience itself, but that they also felt ashamed of the compounding effects of trauma, namely a sense of 'losing oneself', and the inability to perform, think and apply sound reasoning. For example, participants in the study indicated that it was after their experience of IPV that they were diagnosed with depression or experienced a severe form of depression. Some indicated that they lost themselves and engaged in excessive alcohol consumption and social withdrawal. Some participants also expressed that IPV impacted lives in that they had to leave the town or university where they experienced IPV, in order to get better and take care of themselves mentally. These findings conform to existing literature that asserts that intimate partner violence (IPV) significantly impacts both physical and mental health, leading to a range of health issues such as injuries, chronic conditions, and HIV (Mitchell et al., 2016). Like women experiencing IPV from other studies, the participants in this study faced increased emotional distress, contributing to mental health problems like depression, anxiety, and PTSD, along with a higher risk of repeating unhealthy relationship patterns (Mitchell et al., 2016). Both IPV and mental illness are heavily stigmatized, with mental health stigma involving negative stereotypes and devaluation of those affected (Alemu et al., 2020). This stigma can be internalized, leading to social isolation, minimization of personal challenges, and discrimination, further exacerbating the psychological toll on victims (Alemu et al., 2020). Overall, participants expressed difficulty managing severe emotional states while engaging with others - a barrier to support seeking, which are all factors that can aggravate shame related to feelings of the loss of oneself.

6.2.4. Shame avoidance within families

Tonsig and Barn (2017) explored experiences of shame with regards to abusive intimate partner relationships in Asian communities, finding that shame led to secrecy, deception and lies which operated against women's ability to address issues of domestic violence. In this context domestic abuse was viewed as a private family affair which risked the family's pride and status if it were to be exposed, as well as the woman's dignity (Tonsig & Barn, 2017). Similarly, in African cultures individual shame is also often conceptualised as family shame (Chikadzi & Muronda, 2019; Makhubele, 2021). Most participants in this study spoke about shame in relation to their families. Participants spoke about the IPV, or rape being experienced as family shame and therefore something that was to be hidden. IPV or rape in this context is perceived as something that would taint the family's reputation and bring dishonour to the family if it were public knowledge (Chikadzi & Muronda, 2019; Makhubele, 2021). IPV was also experienced as too difficult for elders to digest and overcome (parents often warned participants to not tell their grandparents, even though they needed support and perceived their grandparents or other family members as sources of support and comfort). This often led to participants feeling more isolated, and ashamed of their experiences. While Tonsig and Barnes' (2017) study emphasised divorce-related shame, due to participants being younger and not yet at a point where their lives entailed the institution of marriage, shame was not related to fears of divorce and the separation of the family, but rather a sense of the family being tainted by the rape or IPV, indicating how stigma operated within families. These findings have been commonly referenced in literature and highlight how shame operates to punish women for not maintaining 'purity', and for seeking relationships and intimacy outside marriage (Olamijuwon & Odimegwu, 2022). What was significant were the ways in which shame operated in the family creating a barrier to support for participants and reinforcing stigma and victim-blaming. Participants were burdened with feelings of being unable to speak with their families about their sense of shame and failure. As such these dynamics led to shame avoidance behaviour in order to make experiences of IPV manageable for the family.

6.3. Contextual factors perceived to contribute to experiences of shame in IPV

A number of factors emerged in the participants' narratives that were perceived to have contributed to their experiences of shame. These included societal attitudes towards IPV; and cultural norms and expectations and family dynamics, all of which appeared to perpetuate victim-blaming and stigma around IPV.

6.3.1. Societal attitudes towards IPV

Societal attitudes towards IPV embedded in structures of law enforcement were found to contribute strongly to participants' experiences of shame. The narratives of the participants highlighted significant mistrust in the justice system, which acted as a barrier to their seeking support or reporting incidents of violence. Thando expressed fear of being judged and blamed by the police if she were to report her experience of sexual harassment and assault. She anticipated that the police would question her actions, suggesting that her behaviour (e.g., travelling to meet the perpetrator despite his past violence) might be seen as inviting the abuse. Thando likened her situation to the common victim-blaming mindset, where her actions (such as dressing in a certain way) would be misconstrued as consent. This fear of judgment led to her hesitation in seeking help from law enforcement. Thando's narrative aligns with findings in the literature, which indicate that women often encounter secondary victimization by police officers. This includes police officers taking a reactive and defensive stance, viewing IPV as the victim's fault (Gumani, 2022). In this narrative, Thando demonstrated how past failures in the justice system become internalized, reinforcing barriers to support-seeking. As asserted by Mokwena et al. (2023), poor implementation of police interventions leads to a loss of public trust in law enforcement.

Similarly, Vuyokazi experienced a lack of faith in the police due to the perpetrator's connections to local law enforcement officers. She discovered that the police who responded to the scene were friends of the perpetrator, and they played a role in destroying evidence, such as wiping footage from cameras. This betrayal by those who were supposed to protect her led Vuyokazi to abandon the case, believing that the police would not support her or hold the

perpetrator accountable. In Vuyokazi's case, the loss of faith in the justice system was not only internalized but also directly observed in her own experience. She further shared that she had gone through a previous rape case, which led to her being scrutinized by the police. Mokwena et al. (2023) refer to a culture of secrecy surrounding IPV, which has evolved from women being silenced and IPV being deemed a private matter. This culture of secrecy extends to police officers, many of whom identify with traditional police values, including authoritarianism, cynicism, and desensitization (Mokwena et al., 2023). Vuyokazi's narrative mirrors the experiences of other women that are documented in the literature. Mkhize (2022) refers to this failure, stating that even when women summon the resilience to report IPV, they are often not taken seriously and ultimately withdraw their cases due to fear, shame, and the lack of guaranteed safety. In this study, Vuyokazi's narrative underscores the helplessness women feel when support is rendered within a patriarchal system, highlighting the absence of monitoring or checks and balances to ensure law enforcement remains accountable (Gumani, 2022; Mkhize, 2022). This narrative also illustrates some of the challenges that lead to cases being labelled as baseless or unfounded (Fapohunda et al., 2021). At times, it is not a lack of evidence but a failure in properly handling and securing existing evidence. Both participants' experiences illustrate how distrust in the justice system, compounded by victim-blaming attitudes and police corruption, prevented them from seeking or receiving the support they needed.

6.3.2. Cultural norms, expectations and family dynamics

Participants spoke about predisposing family histories, in that, what was common amongst most participants was their perception of family histories having modelled particular masculinity and femininity dynamics, and ways of being in relationships. Interestingly, most participants spoke about their relationships with their fathers in this regard and the societal expectation that women should be strong and independent and endure difficult relationships and family dynamics. Participants spoke of family histories of abuse and gender dynamics within their families that modelled violence, and which had had an impact on how they experienced IPV. They expressed the sentiment that these dynamics predisposed them to IPV. This confirmed findings in literature that indicate a significant association between exposure

to family violence and the risk of learning maladaptive ways of coping which include the risk of identifying with an abusive or oppressed parental figure (Kubeka, 2008; Mathew et al, 2019). The societal expectation for women to embody strength and independence, often in the face of familial abuse, further complicates their relational dynamics. Research suggests that children raised in environments characterized by high levels of conflict and violence often internalize these experiences, leading to difficulties in forming healthy identities and relationships (Mosavel et al., 2011; Mathews et al., 2019).

Moreover, the narratives of participants highlighted the emotional turmoil stemming from familial relationships, particularly with absent or unfaithful fathers. Most participants indicated a sense of loss related to abuse within the family, witnessing infidelity, and struggling with absent fathers which impacted their capacity for healthy identity formation. For instance, the anger expressed by participants towards their fathers often mirrored their frustrations in romantic relationships, suggesting a transference of unresolved familial issues into their adult partnerships (Caritus & Umejesi, 2019). Some participants shared their experiences of growing up in a 'subtly' violent household and expressed their confusion with regards to their mother staying with their father or stepfather. They then reported feeling a similar sense of confusion when they found themselves seeking out men with similar traits as their fathers – distant and cold, and with an element of risk. Some of the participants mentioned feeling angry and emotionally hurt by their fathers' rejection or absence. For example, Sesi linked her anger towards her unfaithful partner to her anger towards her father for cheating on her mother. She repeatedly stated that out of all the hurt she experienced in romantic relationships, the person who had hurt her the most was her father. Weziwe spoke about having had an absent father toward whom it appeared she had a great deal of unresolved anger. This then seemed to feature in her relationships with intimate partners. Weziwe, in particular, seemed to be holding a lot of anger towards her father who was absent in her life, and it might be that this became linked to anger toward her partner who was another man who was emotionally absent and seemed not to understand her. This phenomenon is supported by literature indicating that children from violent households may seek partners who replicate the emotional distance or risk associated

with their fathers, perpetuating a cycle of IPV (Kubeka, 2008; Jewkes et al., 2011). The confusion experienced by participants regarding their mothers' choices to remain with abusive partners further underscores the impact of familial modelling on their understanding of relationships and conflict resolution (Jewkes et al., 2011; Zembe et al., 2015).

The family environment, therefore, plays a crucial role in shaping individuals' perceptions of relationships and their responses to conflict. Participants' experiences of growing up in subtly violent households reflect a broader societal issue where gender-based violence is normalized, and the repercussions of such environments extend into their adult lives (Mahlangu et al., 2022; Mshweshwe, 2020).

In addition to having witnessed or experienced abusive dynamics in their families of origin, these dynamics seemed to have contributed to participants experiencing family relationships as less safe and supportive. Security in family relations provides the necessary support for meaningful exploration and communication in relationships (Peterson et al., 2017). Participants spoke about feeling that they had not been protected by family members who they felt should have known better. They perceived this to have influenced their vulnerability to danger, in that they do not expect to be protected or feel that they need to protect themselves. They also felt that some family members were dismissing of their need for support, and this together with other barriers to support, such as an inability to communicate with family, particularly about sex, relationships, and alcohol use, left participants feeling lost in their lives with no one to help them to explore and experiment in healthy ways. This finding is supported by a recent qualitative review that found a need to improve parent-adolescent communication on adolescent sexual and reproductive health in sub-Saharan Africa, in order to promote safer sexual behaviour (Usonwu et al., 2021).

Most of the participants felt that their relationships with their parents were distant and this was experienced as barrier to seeking help or speaking to them about their intimate relationships. In some cases, this caused anger or aggravated the shame experienced by participants, as they felt had this not been a barrier, they may have been protected from experiencing IPV. For

example, Thando shared a wish for her parents to be more accessible, she wished they modelled openness and created the space in which she could share her feelings and difficulties, this has created resented as she expresses that an open relationship with her parents could have been a protective factor against IPV. Vuyokazi shared similar sentiments with Thando, however her resentment was aggravated by her observing her mother facilitating open communication with other children within their community but not modelling the openness at home**.** Lebo, expressed no resentment towards the selective communication she had with her mother, even though she also subtly expressed a wish to be able to communicate with her mother about her relationship experiences. She understood the barrier to communication to be rooted in the age gap between herself and her mother, and in her mother's sense of simplifying life and rigidly adopting a concrete and rule-based approach to life and parenting.

It needs to be acknowledged that open communication between parents and children is a Westernised construct upon which the public health approach is anchored. From this viewpoint African culture is associated with parents holding on to detrimental traditional values such as discomfort around talking about sex and relationships, due to their own parents not having facilitated these conversations (Paruk et al., 2005). These silences were not initially rooted in the tabooness of these topics, rather there were community structures designated to address these matters, such as initiation processes or schools to womanhood and manhood - as such parents did not have to have these conversations (Paruk et al., 2005). Changes in community organisation and shifts to Western, individualistic communities may have led to a gap and breakdown in this form of communication, leading to a gap, with parents not knowing how to communicate with their children about sex and experimentation. Participants in the study alluded to the need for guidance and more open communication as a protective factor to IPV.

These findings demonstrated how communication patterns within families, and families modelling violence, can have a lasting impact on an individual's understanding of relationships and conflict resolution. This exposure can shape their perceptions of what constitutes a healthy relationship, making it more challenging for them to recognize the signs of IPV and seek help. Thus, this study adds further support to the need to address the intergenerational transmission

of violence and promote healthy relationship models and communication in the prevention of IPV.

6.4. The impact of shame on support seeking

The findings of this study suggest that experiences of shame among young Black South African women who have survived intimate partner violence (IPV) have significantly shaped their means to and experiences of seeking support. The study revealed that shame can be a major barrier to seeking help, as survivors may feel ashamed of their experiences, and fear being shamed further through being judged or blamed.

6.4.1. Effects of shame in seeking support from family and friends

For participants in this study seeking support from close loved ones was often coloured by previous experiences of having been let down growing up, and by the ways that loved ones have behaved in relation to similar incidents experienced by other women within the family or community. Many participants reported having witnessed victim-blaming and stigmatisation of victims of IPV in their families and communities. The experiences of the participants in the study indicate and confirm Baholo et al's. (2015) assertions that there is a need to sensitise our communities to experiences of abuse such that they are responsive, equipped and intolerant of abusive norms. Societally embedded patriarchal dynamics and discourses relating to strong, enduring women prevalent in their families were often referenced by participants, and the disclosure of IPV in this context was felt to be an admission of failure to be an obedient and strong woman. As pointed out in the study by Peterson et al. (2017), a culture of violence and objectification of women has become deeply embedded in South Africa's social systems – one of those systems being the family unit which is heavily influence by dominant social discourses. Young women then have to construct their identities in families that are immersed in present discourse and functioning, such that problematic ideologies that subjugate women to shame and lack of autonomy are perpetuated (Peterson et al., 2017). Therefore, family members were often deemed as not being a safe space or capable of containing and understanding the participants' experiences. In some cases, parents were experienced as having

little or no capacity to support their daughters and for understanding victimhood. This is a theme that has emerged in literature which highlights the inability of parents to speak to their children about sex and relationships as well as other developmental topics such as experimentation that emerges in young adulthood, parents tend to maintain a stance of the tabooness of sexual relationships which does not equip their children to practice safe sex and assess situations of danger (Paruk et al., 2005). This silence then extends to victimhood and IPV, where parents become fixated on their children deviating from traditional values of purity (Olamijuwon & Odimegwu, 2022). Literature has acknowledged the conundrum that young women face as they navigate the changing values and the pushback towards being more autonomous, however, their autonomy is often countered with resistance and violent social circumstances, such as vulnerability to IPV in the absence of supportive parental figures (Bhana, 2021). Those participants who felt supported were often supported by family members other than their parents. Only one participant spoke about her father being indirectly involved in her healing journey and attempting to access her emotions when she seemed distant and in pain. In most cases, shame about feeling they had disappointed their families by having been in a relationship and having sex precluded accessing support from their families.

The participants' narratives highlighted the difficulty of sharing experiences of shame with friends and family, leading to feelings of isolation and disconnection. The literature on IPV highlights the importance of understanding how victims of IPV feel isolated from friends due to dynamics of abuse. As noted by McCleary-Sills et al. (2016), women's agency to seek help and disclose abuse has been stifled by social norms and systems that are not responsive to their needs. As seen in this study, social norms in the South African context are nuanced and include barriers to open communication with family members (Paruk et al., 2005). This also implicates parents' experiences of abuse, which seemed to have limited their emotional availability, and parental skills. As stated by Kubeka (2008) parents burdened with their own stressors as a result of marital abuse are at risk of responding in neglectful ways towards their daughters, and this is often due to their own feelings of helplessness. Participants in the study frequently remarked

that they perceived their parents as not having the capacity to manage their difficulties and to assist them to process their experiences of IPV.

6.4.2. Shame related to race, class, gender roles and sexuality that hindered support-seeking

In the participants' narratives of their traumatic experiences, it was notable that the participants had thought about what it was that both they themselves and their partners had brought into the relationships with regards to the dynamics that played out. For some of them this entailed thoughts on their sexual histories, their expectations going into the relationship, or how the relationship with their previous partner had started. In terms of sexual history, for some, their first sexual encounters were not gentle or pleasant, setting the tone of partners being misaligned to one's body language and lacking a sense of care. Many scholars have acknowledged the missing discourse of female desire, and that in this gap shame attaches to female desire (Murray, 2015). In line with the literature, participants in the study communicated dynamics of female sexuality, which included the construction of women's sexualities being characterised by a passive dependence and secondary to men's desire and ideals (Murray, 2015). As such they found it difficult to assert their own voices regarding what they deemed safe, comfortable and pleasurable or making them passive receivers in relationships. This brought about an unspoken sense of resentment about their bodies being objectified. Participants tended to narrate their sexual histories as a method of introducing to the interviewer to what was to come – difficulties negotiating sex and their bodies being taken advantage of 'with' and 'without her consent'. They struggled to reconcile being taken advantage of, while simultaneously acknowledging their own naivety. Under this theme, there was an overarching sense of objectifying women's bodies. Segalo and Fine (2020) refer to the work of Qqola (2015), where she emphasises the intersection of race and gender in the context of rape, and states that black women's bodies are deemed rapable as they are perceived to be less than human, therefore why should attention be given to their cries. Similarly, participants spoke about a sense of being used, objectified, violated and raped without having a voice and in addition they found it difficult to acknowledge the violence and often resorted to shielding their abuser's identity. Underneath these behaviours is the narrative of 'no one will hear their cries'. In addition to

these feelings, they carried a painful sense of their own naivety and helplessness which lead to an ambivalence regarding whether were they were truly violated or whether these were the consequences of their own doing.

An increased percentage of women are in public office, they are participants in the formal economy and are advancing their education in tertiary education (Dworkin et al., 2012). These positive changes have been viewed as a threat to men's practices of masculinity. Intimate partner violence has thus been a common way to maintain control in the household, and with dealing with disagreement to keep women subservient to men (Dworkin et al., 2012). The meaning-making of their IPV experiences and socio-cultural factors that participants in this study reported did not support Dworkin et al.'s (2012) findings. While they noted a change in society with more opportunities being presented to women and therefore a sense of being empowered, this was not what participants in the study experienced. This indicates the complexity of gender dynamics and the embeddedness of hegemonic masculinity.

Interventions to empower women require more than a structural approach as hegemonic masculinity has historical roots and a historical trajectory; men tend to position themselves as oppressors and women often feel restricted to a passive role (Jewkes et al, 2015). Choice in this dynamic is constrained by a lack of exposure to other information and ideas related to ways of being and living; thus, there is a need to have discourses which encourage reflection on the implications of ways of being, not just on an individual level but on a broader societal level (Jewkes et al, 2015). Most participants spoke about being aware of the power dynamics in their relationship, indicating that masculinity held more power. While some participants referred to their partner's social status, financial superiority, and political affiliation or age as a source of power, other participants had similar experiences despite a small age gap. In most stories, maleness was attributed to a sense of accomplishment which made it difficult for participants to speak about IPV and have a voice in the relationship and their communities in order to mobilise support. While literature recognises power shifts, participants indicated a conformity to traditional gender dynamics - with male dominance still firmly entrenched.

Many studies related to intimate partner violence have focused on the relationship between socioeconomic status and agency (Gibbs et al., 2018; Zembe et al., 2015). This study focused on a university population, and considering that students come from different socio-economic backgrounds, poverty was a factor to be considered. Gibbs et al. (2018) refers to a tendency of studies to take a blanket approach as to what constitutes poverty, this does not paint a thorough understanding of different ways in which poverty is experienced by different populations. An example is made of the young population where it is stated that they are mostly affected by food scarcity and lack of economic autonomy (Gibbs et al., 2018; Zembe et al., 2015). This was evident in the study as the notion in some of the participants' narratives included a desire to access luxuries, which was an attractive feature that they initially sought in their relationships, which spoke to the experience of poverty in the participants' histories compounded by the pressure to fit in and hide deprivation when in the University context. Later these features and dynamics in their relationships presented difficulties in speaking about their experiences – perhaps there was a sense of shame at feeling they had been 'bought'. While it is not possible to comment on whether IPV was a reaction to feelings of disempowerment experienced by their male partners (as they were not interviewed), the experiences of these participants suggest that the status quo of patriarchal dominance is largely unchanged, and deprivation poses vulnerability to be subjected to patriarchal dominance.

6.4.3. Effects of intrapsychic defences to manage shame on support-seeking

According to current theories on shame, shame creates the impulse to hide (Retzinger, 1995). As well as hiding the source of shame (i.e. not disclosing experiences of IPV) and hiding the self (i.e. withdrawal from social circles), individuals also tend to hide the experience of shame itself (e.g. maintaining emotionless expressions to try cover up how they truly feel) (Retzinger, 1995). Furthermore, shame is often repressed, an individual in a particular society learns that there are certain topics and feelings that are generally regarded as shameful to discuss or open up about (Scheff, 2015). This was evident in how participants conducted themselves around friends, even though friends were regarded as supportive and easier to access for support participants still vocalised that they would share selectively due to a fear of being judged and

usually this was an internalised form of judgement. One participant spoke about how carefully she assessed whether someone would be able to understand her experience and treat her delicately when she shares. People she trusted were those who have also been able to be vulnerable with her and open about their own mental health difficulties and trauma. This indicates that shame is mitigated by a sense of sharing and commonality which lays the foundation that difficult experiences will be heard and tolerated. Similar sentiments were shared by another participant who stated that the first time she spoke about IPV was within a group setting and that she had found comfort and validation in seeing and hearing other women with whom she was acquainted had also had similar experiences of trauma. Based on shame theory there is often a split between the self and the other, where the other is experienced as abandoning rejecting, suffocating, judging and a source of injury (Retzinger, 1995). Participants sought out ways to protect themselves against perceptions of the threatening other – a useful way of doing so was to find comfort and support in sharing experiences with people who have had similar experiences and were considered to be empathetic and non-judgemental.

Denial was a common defence. Throughout the interviews, it became clear that participants had previously deemed IPV as something that is experienced frequently and should be obviously and physically violent for it to be validly IPV. Intermittent violent events appeared to make it difficult to accept or see the broader circumstances of the relationship as violent and abusive. While during the interviews it became clear that there is a build-up to the IPV incidents, significant moments of violence especially physical violence were often narrated by participants as if they happened suddenly - participants indicated a disconnect between the awareness of the build-up (several instances of 'subtle' threat and violence) and prominent moments where the violence was more obvious and physical. Many of the participants had eventually come to believe that their previous partners' actions were emotionally abusive, and they were able to express this in the interview in retrospect. When they narrated their stories about their experiences, it became evident that they had found it difficult to see their partner's damaging actions as IPV at the time. They were uncertain as to whether this form of abuse

could validly be deemed as abuse and not just ‘toxicity’. In most circumstances, they needed others outside the relationship to validate for them that the relationship was abusive.

This study revealed that participants showed defences associated with shame avoidance behaviour and wanted to dissociate from victimhood. As noted by Scheff (2016), shame is often covert, where people are unaware that they are in a shame state, and in these instances may be indicated by words that are used that signify a deficiency of the self. This is evident in the study, where participants often used language that minimized their experiences of abuse, such as "it was just a misunderstanding" or "I was just being dramatic." "I don't know, I just felt like I was being dramatic, like I was overreacting." The phrases diminished not only their experiences but their worthiness of care. In addition, in terms of defences, a notable observation that emerged from the data was the tendency of participants to avoid painful emotions and experiences, which may contribute to avoiding help, recognizing patterns, and connecting with their feelings. This avoidance mechanism also informs how the trauma was dealt with, suggesting that survivors may employ coping strategies that enable them to distance themselves from the emotional pain associated with the abuse (Baholo et al., 2015). This observation is significant, as it underscores the importance of acknowledging and addressing the emotional and psychological impact of IPV on survivors. Nathanson (1992) discusses how shame, in its most extreme forms, can lead to a ‘shame-pride cycle’, where individuals constantly swing between feelings of deep shame and compensatory behaviours aimed at restoring self-worth and coping with unbearable states such as depression, worthlessness, helpless, vulnerability and emptiness. This cycle could also be understood as shame avoidance and because of this self-worth is not intentionally rebuilt. By avoiding painful emotions and experiences, survivors may inadvertently perpetuate the cycle of abuse, as they may be less likely to seek help or recognize the warning signs of abuse (Mitchell et al., 2016). Furthermore, this avoidance mechanism may also influence how survivors process and deal with the trauma, potentially leading to prolonged recovery times and increased risk of revictimization (Mitchell et al., 2016).

6.4.4. Mental health stigma perpetuating shame and avoidance of help-seeking

All of the participants indicated that IPV had led to symptoms of trauma, and in some cases a diagnosis of PTSD and/or depression which impacted their daily functioning. Severe emotional distress was commonly reported. These findings align with effects of IPV that are documented in literature, in a meta-review by Mitchell et al. (2016). IPV is stated to be a common contributor to poor health and its consequences range from acute injuries and chronic conditions further it is a significant contributor to emotional distress which may later be diagnosable (Mitchell et al., 2016). Difficulties experienced by participants in narrating their experiences in this study evidenced the difficulty they would likely experience trying to relay their experiences to others in order to access support. Baholo et al (2015) recognised that while women who have experienced IPV were receptive to health aids and health care, they were often hesitant to access these services for a variety of reasons. Some women indicated that the experience itself was painful and that confiding is a form of confronting the experience not only with oneself but also with another (Baholo et al., 2015). The findings in the current study concurred with the findings in literature. Notably compromised mental and physical health made it very difficult to seek support, which led to vulnerability. As noted by Fleming and Kruger (2013) and Kennedy and Prock (2016), the reasons for not reporting IPV and not accessing support are complex and different for individual women; reasons for silence may include both a sense of disempowerment and strategies for survival in difficult circumstances. They may also include a compromised sense of autonomy which is often not just physical but mental and emotional (difficulty thinking, experiencing overwhelming feelings, fear and shame of mental deterioration caused by anxiety and depression) (McCleary-Sills et al., 2016). This is evident in the study, where participants often struggled to engage formal support services even when they were accessible.

6.4.5. Effects of shame in formal support services

All the participants referred to experiences of shame which interfered with their means of seeking support. This included previous encounters with law enforcement where they

experienced secondary victimisation, other participants spoke about stigma related both to IPV and mental illness and their narratives are discussed in this section. Although Vuyokazi had been successful and won her case against a previous perpetrator when she was raped by her partner, this previous experience had made her afraid to report her most recent experience of IPV. She shared her experience of being labelled as a liar and fabricator when she laid a charge of assault against her partner. Her experience of the previous rape case and how she was treated by law enforcement led to feelings of shame and dread and affected her sense of autonomy and seeking support and justice. Literature acknowledges that victims of IPV often encounter secondary victimisation by police when reporting incidents, this is usually observed in how police become emotionally reactive, take a stance against the victim and perceive IPV as the victim's fault (Gumani, 2022). This phenomenon is evident in Vuyokazi's narrative and contributed to her feelings of shame about the trauma and therefore created a barrier to accessing justice and support.

Some of the participants struggled to seek mental health help due to feelings of shame and vulnerability, and in these cases, tended to avoid seeking help. For example, one participant vocalised intentionally 'missing or forgetting' their doctor's appointments because it was too difficult to confront their experience of IPV. Other participants spoke about their tendency to sweep things under the carpet, meaning to make an appointment with a counsellor but just not getting around to it. Other participants spoke about the shame of physiological effects such as shaking and dissociating in front of a mental health practitioner and most common was the fear of their deteriorating health and mental challenges being confirmed and diagnosed. Both IPV and mental illness are subjects of significant stigma. Stigma related to mental health involves negative stereotyping and the devaluation of individuals diagnosed with or perceived to be suffering from mental health issues (Alemu et al., 2020). Even though some of the participants did not speak about being stigmatised by mental health practitioners, their anticipation of being othered made it difficult to seek support. Alemu et al. (2020) write about the internalisation of stigma, which can occur from internalising previous experiences or even observing the experiences of others. Stigma in relation to mental can take diffident forms, it may manifest as

social exclusion, minimization of one's difficulties, endorsement of harmful stereotypes, or discrimination, such as using mental illness as a way to invalidate traumatic experiences (Alemu et al., 2020). Based on their narratives, participants have internalised stigma and shame either from experiences of their own or observing how IPV and mental matters have previously been handled. In relation to avoidance, other participants spoke about having sought counselling in order to process their trauma but entering the counselling space and not being able to state the true reasons as to why they sought counselling.

On the whole, however, formal means of support such as counselling and or engaging with health practitioners were experienced positively by participants. They shared their feelings of security and safety within these formal spaces of support. Their security was rooted in the safety of the principle of confidentiality in the space, and their sense of the health practitioner having experience to contain their emotions and having seen various cases related to trauma – therefore ensuring that they will be treated in a nonjudgemental manner. As noted by Kennedy and Prock (2016), stigma is a dynamic process that discounts certain groups or certain individuals and rationalises animosity against them. Often victims of trauma including IPV, hold the burden of fear of stigma. This is evident in the study, where participants often sought support from practitioners who were non-judgmental and empathetic in order to protect themselves. Participants however expressed a desire for more spaces such as these and more time to explore their difficulties. Barriers to their needs included socio-economic circumstances such as not having funds to support a longer terms therapy.

6.5. Conclusion, implications, and recommendations

South Africa is known to have a subculture of violence and criminality (Enaifoghe et al., 2021). This culture of violence has also marked itself in romantic or intimate relationships between men and women, it also has led to the norming of violent beliefs in communities such as deeming violence as necessary means of resolving conflict (Enaifoghe et al., 2021). This norming of violent conflict resolution may be what has led to blurred lines between abuse and 'toxicity'. What the participants highlighted in the study is the normalisation of violent acts

whether emotional or physical, such that it was difficult to determine a threshold as to when conflict has now turned into abuse. Literature related to women's agency also recognises that these norms have stifled women's agency to seek help and disclose abuse (McCleary-Sills et al, 2016). The social norms include intimate partner violence have been deemed as a part of life that is meant to be endured (McCleary-Sills et al, 2016). Every year in South Africa there are horrible gender-based violence cases that come to the public's attention. Sadly, these cases only gain large scale public attention when the woman has already been murdered. They often lead to social outrage, protest, and collective introspection and for a while there is the hope that change will come (Enaifoghe et al., 2021). The participant's perceptions in this study indicated that many women may often think their situations are minor if they do not match these extreme forms of abuse-murder. These perceptions prevent them from validating their own sense of being violated and prevent them from allowing themselves to name their experiences and seek support. The shame in this context is related to not meeting the expectations of 'enduring' within a relationship. Shame is also related to being perceived as a weaker woman. These perceptions indicate that there is a need for psychoeducation and further conversations to disrupt of the normalization of violence in relationships. The shame around IPV has short-circuited channels of communication within spaces women find themselves in such as peer groups at home, university or in their workspaces. There is a need to remedy the disconnect between commonality of the experience of IPV and confusion in the perceptions of survivors of IPV by recognising that IPV is IPV despite the frequency of abuse and despite how support is mobilised.

The findings of this study support the notion that IPV is a complex issue that requires a comprehensive and nuanced approach to address the emotional, psychological, and social needs of survivors. By recognizing the tendency to avoid painful emotions and experiences, practitioners may employ more effective ways in accessing survivors of IPV and being more empathetic and understanding even whey they may employ confusing and consuming defences against trauma and shame.

Overall, the study demonstrated that experiences of shame have a profound impact on the means to and experiences of seeking support among young Black South African women who have survived IPV. Shame can create a sense of isolation and disconnection and can lead to self-blame and self-doubt which hinder the seeking of support. Shame related to fears of disappointing parents, being judged by friends, family and formal support services such as police officers and health professionals and falling victim to stigma and victim-blaming common to IPV also influenced the types of support sought, and the timing and frequency of seeking help. By acknowledging and addressing these experiences of shame, support services and interventions can better support survivors in their healing journeys.

CHAPTER 7: CONCLUSION

7.1. Summary of Findings

This study explored the experiences of shame among young Black South African women in the context of intimate partner violence (IPV) and how these experiences influenced their support-seeking process. The research was guided by a feminist and social constructionist framework, which allowed for an in-depth understanding of the socio-political and cultural contexts shaping shame and its impact on survivors of IPV. The findings of the study revealed several key themes that highlight the complex interplay between shame, socio-cultural norms, and support-seeking (barriers to support or factors that encourage support).

Understanding Shame in the Context of IPV: Participants described shame as a multifaceted emotion that manifested in various forms and evoked in various contexts, including public shame, shame around sexuality, shame related to victimhood, and shame avoidance within families. This was a significant finding in the study as it emphasized how various narratives that were held by various members in the public space operated and how people engaged in the public context such that narratives of IPV manifested in feelings of shame. Most participants expressed that shame was often internalized, leading to feelings of worthlessness, self-blame, and a desire to hide or withdraw from social interactions. Participants likened shame to embarrassment, guilt, and a sense of being ‘broken’ or ‘damaged’, which aligns with existing literature on shame states and shame-related behaviours (Retzinger, 1995; Nathanson, 1992).

Public Shame and Victim-Blaming: The "gaze of the other" was a significant theme, with participants reporting experiences of being gossiped about, labeled as liars, or blamed for their abuse. Victim blaming was particularly prevalent, both from informal networks (e.g., family and peers) and formal systems (e.g., law enforcement) (Taccini & Mannarini, 2023; Meyer, 2016). This public shaming reinforced feelings of isolation and made it difficult for participants to disclose their experiences or seek help. This finding reinforces the literature on victim-blaming, studies highlight that the majority of IPV survivors report feeling a need to prove both

to formal and informal support networks that they were not responsible for IPV (Meyer, 2016; Makongoza & Nduna, 2021).

Shame Around Sexuality and the Female Body: Cultural taboos around sexuality and the policing of the female body emerged as significant contributors to shame. Participants expressed fear of being labeled as promiscuous or disappointing their families by engaging in intimate relationships. The sexualization of women's bodies and societal expectations of purity further exacerbated feelings of inadequacy and shame, particularly in the context of IPV (Murray, 2015; Bhana, 2021). These feelings of shame contributed significantly to limiting agency around negotiating sex and relationships and establishing comfort within their bodies (Murray, 2017).

Shame and Victimhood: Many participants struggled with identifying themselves as victims due to internalized stigma and societal expectations of strength and endurance. Victimhood was often associated with helplessness, failure, and naivety and participants reported anticipating judgment for "not knowing better" leading to self-punishment and reluctance to seek support. This aligns with literature that highlights the internalization of patriarchal ideals and the normalization of IPV as a 'part of life' (Murray, 2015; Fleming & Kruger, 2013). It also highlights how victimhood is closely linked to shame where shame functions to oppress and act as a political disciplinary tool (Shefer & Munt, 2019; Murray 2015).

Shame Avoidance Within Families: Family dynamics played a critical role in shaping participants' experiences of shame. Many participants reported that IPV was perceived as a private matter that could taint the family's reputation, leading to secrecy and avoidance of disclosure. This was particularly evident in cases where participants felt that their families would not understand or support them, further isolating them from potential sources of help (Tonsig & Barn, 2017; Chikadzi & Muronda, 2019).

Impact of Shame on Support-Seeking: Shame was identified as a significant barrier to seeking both formal and informal support. Participants often avoided disclosing their experiences due to fear of judgment, victim-blaming, and stigma. This was compounded by mistrust in formal

systems, such as law enforcement, and the internalization of mental health stigma. However, when participants did access formal support services, such as counselling, they reported positive experiences, highlighting the importance of nonjudgmental and empathetic support (Baholo et al., 2015; Kennedy & Prock, 2016).

Intrapsychic Defences and Shame Avoidance: Participants employed various defence mechanisms to manage shame, including denial, minimization, and withdrawal. These defences often hindered their ability to recognize the severity of their abuse and seek help. The "shame-pride cycle" (Nathanson, 1992) was evident in participants' narratives, as they oscillated between feelings of deep shame and compensatory behaviours aimed at restoring self-worth.

Overall, the study underscores the profound impact of shame on young Black South African women's experiences of IPV and their ability to seek support. Shame operates as both a personal and social phenomenon, deeply embedded in cultural norms, family dynamics, and societal attitudes toward gender, sexuality, and victimhood. This therefore highlights a need for a nuanced and in-depth understanding of IPV to adequality assist survivors. Combating IPV requires more than structural interventions and needs to include understanding and sensitizing our communities to questioning particular discourses that perpetuate and understand how shame is induced and perpetuated often creating a barrier to accessing support.

7.2. Limitations of the study

While this study provides valuable insights into the experiences of shame and support-seeking among young Black South African women, it is not without limitations. These limitations should be considered when interpreting the findings and designing future research.

The small sample size, while appropriate for qualitative research, inherently limits the generalizability of findings to broader populations. Furthermore, the exclusive focus on university students, particularly those beyond their first year at Wits University, creates a specific contextual boundary that may not reflect the experiences of women in different educational or socioeconomic circumstances. The heavy reliance on snowball sampling,

necessitated by limited responses to electronic recruitment, potentially introduced selection bias, as participants recruited through personal networks might share similar perspectives or experiences of shame and IPV.

The study relied on participants' self-reported experiences, which may be subject to recall bias or social desirability bias. Participants may have minimized or omitted certain details due to feelings of shame or fear of judgment. The study did not include the perspectives of male partners or perpetrators, which could have provided a more comprehensive understanding of the dynamics of IPV and shame. Future research could explore the role of shame in perpetuating abusive behaviours among men. The study's exclusive focus on heterosexual relationships, while methodologically justified, means that the unique shame experiences within LGBTQ+ relationships remain unexplored.

The study was cross-sectional, capturing participants' experiences at a single point in time. Longitudinal research could provide deeper insights into how shame and support-seeking behaviours evolve, particularly in the context of recovery and healing.

7.3. Recommendations and suggestions for further research

The complex interplay between shame and Intimate Partner Violence (IPV) revealed in this study suggests several critical directions for future research and practical interventions. A primary recommendation is the expansion of research scope to include more diverse populations beyond the university context. Future studies should encompass both men, women and non-binary individuals from various age groups, cultural contexts, and LGBTQ+ relationships, acknowledging that shame manifestations may differ significantly across these demographics. Additionally, exploring shame's role in perpetrators of IPV, particularly in relation to cultural norms around gender and power, could provide valuable insights for prevention and intervention strategies.

The research findings emphasize the need for enhanced understanding of both formal and informal support networks. Investigation into how friends, community leaders, and religious institutions influence survivors' experiences of shame and support-seeking could inform more

culturally relevant interventions. Longitudinal studies tracking survivors' experiences over time would provide crucial insights into the healing process and IPV's long-term impact on mental health and well-being. Such research should adopt an intersectional approach, examining how factors like race, class, gender, and sexuality converge to shape experiences of shame and support-seeking behaviours.

Practical recommendations centre on strengthening mental health and support services through the development of shame-sensitive therapeutic approaches. This includes specialized training for healthcare providers and law enforcement to prevent victim-blaming and better manage shame responses. Institutions and policymakers should prioritize the implementation of confidential reporting mechanisms and culturally informed protocols that acknowledge collective family shame. The development and evaluation of targeted interventions addressing shame's impact on support-seeking is crucial, encompassing psychoeducation programs, community-based support groups, and trauma-informed counselling services.

Integration of these recommendations requires a coordinated approach across multiple domains. Support services must address both immediate safety needs and long-term psychological impacts while remaining culturally sensitive. This comprehensive approach should incorporate mandatory training for service providers on shame-informed approaches to IPV support, alongside the development of protocols that recognize and address the complex interplay between individual and collective experiences of shame. Such an integrated framework would better serve survivors while contributing to our understanding of how to effectively address shame as a barrier to support-seeking in IPV contexts.

Overall, this study has highlighted the profound impact of shame on young Black South African women’s experiences of IPV and their ability to seek support. Shame operates as both a personal and social phenomenon, deeply embedded in cultural norms, family dynamics, and societal attitudes toward gender, sexuality, and victimhood. The findings underscore the need for a comprehensive and nuanced approach to addressing IPV, one that acknowledges the role of shame and works to dismantle the barriers it creates to support-seeking. By addressing these

barriers, support services and interventions can better support survivors in their healing journeys and contribute to the broader goal of ending gender-based violence in South Africa.

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Appendix A: Ethics clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Nkala

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H23/05/25**
PROJECT TITLE	Young black South African women's experiences of shame in relation to support seeking in the context of intimate partner violence
INVESTIGATOR(S)	Miss Z Nkala
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	19 May 2023
DECISION OF THE COMMITTEE	Approved Risk Level: Medium
EXPIRY DATE	24 July 2026
DATE 25 July 2023	**CHAIRPERSON** _____ (Professor J Watermeyer)

cc: Supervisor : Professor K Bain

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **A SIGNED COPY** returned to the Secretary electronically. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. **I/we agree to completion of a regular progress report. For Minimal and Low Risk studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ 31 / 07 / 2023

Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix B: Turnitin Summary page

Zusiphe Nkala final.docx

ORIGINALITY REPORT

8%	5%	5%	2%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Rhodes University	Student Paper
2	archiveofourown.org	Internet Source
3	open.uct.ac.za	Internet Source
4	Aromolaran, Ibbie. "Exploring the Lived Experiences of Individuals With a History of Dismissive Avoidant Attachment Who Have Earned Attachment Security in Romantic Relationships.", Liberty University	Publication
5	john Devaney, Caroline Bradbury-jones, Rebecca J. Macy, Carolina Overlien, Stephanie Holt. "The Routledge International Handbook of Domestic Violence and Abuse", Routledge, 2021	Publication
6	pluginhighway.ca	Internet Source
7	Charlene Petersen, Herman Grobler, Karel Botha. "Adolescent experiences of sense of self in the context of family violence in a South African community",journal of Psychology in Africa, 2017	Publication

Appendix C: Interview Schedule

Young black South African women's experiences of shame in relation to support seeking in the context of intimate partner violence.

Interview Schedule

Please tell me a little bit about what attracted you to this study – why did you volunteer to be interviewed?

As far as you feel comfortable, please tell me a bit about the relationship where you experienced IPV.

Please tell me a little bit about your process of leaving this relationship.

Did you have any sources of support when leaving the relationship? If so, please tell me a little bit about these.

How do you understand shame?

…and then, how do you understand shame in the context of IPV?

What were your experiences of shame, if any, in your previous relationship?

Do you think shame influenced the process of leaving for you at all? If so/if not, please elaborate.

Did shame influence how you engaged with or experienced the support available to you?

What norms or contextual factors do you think may have contributed to your experiences of shame? How so? Please explain.

What has your experience of this interview been like?

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Appendix D: Participant Call and Information

Dear Potential Participant

My name is Zusiphe Nkala, and I am a Master's student studying Clinical Psychology at the University of the Witwatersrand, Johannesburg. As part of my studies, I must undertake a research project, and I am investigating young black South African women's experiences of shame in support seeking in the context of intimate partner violence, under the supervision of Professor Katherine Bain.

The aim of the study is to understand the difficult and varying experiences of shame, its dynamics and role it plays in the help/ support seeking process in the context of intimate partner abuse.

Participation is open to young black, heterosexual, South African women who are in their 2nd year of study or above, who have experienced intimate partner violence. **It is important that you are no longer in a relationship in which you have experienced IPV. This means, participants must not have had any intimate contact with their previous partner, they must not live together and must not have personally interacted with their previous partners for at least a year. It must be at least a year since your last experience of IPV.**

As part of this project, I would like to invite you to take part in an interview. Individual interviews will be conducted by me in a private space at the Emthonjeni Centre on East Campus at a time convenient for you. The interview will last approximately 60 minutes. The interview will be confidential and details such as your name or any identifying information will not be shared with anyone. The content of the interview will be used in an anonymized manner in the write up of the report. With your permission, I would like to audio record the interview using a digital device. This recording will be stored in a password protected device and only me as the researcher will have access to this recording. It will be deleted after examination of the research project. The interviews will be transcribed with all identifying information removed, and these anonymised transcripts will be stored on my and my supervisor's password protected computers. With your permission, these will be kept for future potential research use.

There will be no personal costs to you if you participate in this project, you will not receive any direct benefits from participation but there are no disadvantages or penalties if you choose not to participate or if you withdraw from the study. You may withdraw your participation at any time before submission of the research report, this means you may revoke participation even before the interview is over. During the interview, feel free not to answer any question if you do not want to or you feel uncomfortable.

If you experience any distress or discomfort at any point in this process, we will stop the interview, or resume another time. If you need some support or counselling services following the interview, counselling services will be made available through the CCDU or the Emthonjeni centre on campus.

To volunteer to participate in this study please email me at 1432316 @students.wits.ac.za.

If you have any questions during or afterwards about this research, feel free to contact me through my email address 1432316 @students.wits.ac.za or my supervisor on katherine.bain@wits.ac.za.

If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,

Zusiphe Nkala

Researcher: Zusiphe Nkala, Wits email: 1432316@students.wits.ac.za, phone no. 072 4815838

Supervisor: Prof Katherine Bain, katherine.bain@wits.ac.za, 0117174558

Appendix E: Participant Consent Form

Participant consent form

Title of project: Young black South African women's experiences of shame in relation to support seeking in the context of intimate partner violence.

Name of researcher: Zusiphe Nkala

I, ……., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain confidential to the extent that details such as my name and any identifying information will not be shared.

YES NO

I agree that the researcher may use anonymous quotes in his / her research report.

YES NO

I agree that the interview may be audio recorded and stored securely in a password protected device.

YES NO

I agree that the anonymised transcript of my interview may be stored on the password protected computers of the researcher and her supervisor for potential future research use.

YES NO

I agree that the information I provide may be used in an anonymized format after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained.

YES NO

……..…… (signature)

……. (name of participant)

…….. (date)

……. (signature)

……. (name of person seeking consent)

……. (date)