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Intimate Partner Violence (IPV) within LGBTQ+ Relationships in South Africa: A Systematic Review

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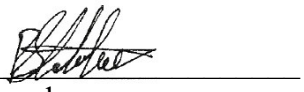
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Research report
presented in partial fulfilment of the requirements for the degree of
Master of Arts in Clinical Psychology in the Department of Psychology,
School of Human and Community Development, Faculty of Humanities, at the
University of the Witwatersrand

Declaration

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Abstract

Within South Africa, the causes of *intimate-partner violence* (IPV) among heterosexual couples have been well studied, with various IPV interventions developed over the past decades. This project presents a systematic review of IPV occurring among queer individuals, that is, *queer intimate partner violence* (QIPV). This systematic review was guided by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) guidelines to increase transparency and track the flow of information. The literature was screened using Rayyan and relevant literature was assessed for eligibility using the *Critical Appraisal Skills Programme* (CASP) quality evaluation instrument. Descriptive and analytical data were then extracted and analysed using thematic synthesis to aid our understanding of *why* and *how* QIPV is taking place in *South Africa* (SA). The findings reveal a dearth of research focusing on LGBTQ+ individuals' IPV experiences, primarily due to heteronormativity and everyday stereotypes about queer relationships. Myths and fears that obstruct discourse around this phenomenon have caused a silencing within the public sphere creating a cloud of secrecy around QIPV. Six primary themes were identified; these include: (1) *silence of QIPV*; (2) *characteristics of QIPV in SA*; (3) *barriers to seeking help*; (4) *successes and failures of protective factors;* (5) *lack of research and accurate knowledge about QIPV*, and; (6) *proposed strategies to decrease QIPV*. Seemingly, the flawed epistemic foundation of IPV, rooted in heteronormativity, weaves through all these themes. The findings of this systematic review indicate that safe spaces are needed, which allow for QIPV to be openly discussed and approached by queer and heterosexual communities to break the silence around this topic and allow for epistemic and social justice. Here, the potential role of action research is emphasised in producing accurate context specific knowledge and interventions for epistemic justice in SA. Findings accentuate the need for greater inclusion of queer persons in the IPV and mental health discourses and the importance of social support for QIPV victims.

Keywords: LGBTQ+, intimate partner violence (IPV), systematic review, secondary victimisation, South Africa

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Glossary

Epistemic injustice	"A wrong done to someone specifically in their capacity as a knower" (Fricker, 2009, p. 1)
Biphobia	Denotes negative attitudes, prejudice, and discrimination from homosexual and heterosexual individuals (Messinger, 2017).
Gender	"The socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for women and men based on society's conceptions of femininity and masculinity" (Lynch & Sanger, 2016, p. 4).
Hermeneutical injustice	Occurs when a narrative is incomprehensible due to the speaker's social identity (Fricker, 2009).
Heteronormativity	"Refers to the privileged position associated with heterosexuality based on a normative assumption that there are only two genders, that gender always reflects the person's biological sex as assigned at birth, and that only sexual attraction between these "opposite" genders is considered normal or natural" (Lynch & Sanger, 2016, p. 7).
Heterogendered	"Taken-for-granted understandings of gender roles. In this normative understanding of gender, women have specific roles that are tied to ideas of heterosexual femininity: providing care, being responsive to others' needs, and being gentle. Men, on the other hand, are associated with roles tied to normative heterosexual masculinity: expressions of power, control, assertiveness, and aggression" (Lynch & Sanger, 2016, p. 12).
Heterosexism	"A system of beliefs that privilege heterosexuality and discriminate against other sexual orientations. It assumes that heterosexuality is the only normal or natural option for human relationships and posits that all other sexual relationships are either subordinate to, or perversions of heterosexual relationships. In everyday life, this manifests as the assumption that everyone is heterosexual, until proven otherwise" (Lynch & Sanger, 2016, p. 7).

Homophobia	"Refers to an irrational fear of and/or hostility towards lesbian women and gay men, or same-sex sexuality more generally" (Lynch & Sanger, 2016, p. 7).
Internalised queerphobia, homophobia, transphobia, or biphobia	Negative beliefs and attitudes about one's own sexuality because of chronic exposure to prejudice and discrimination (queerphobia, homophobia, transphobia, biphobia) (Messinger, 2017).
Patriarchy	"A social hierarchy that privileges men over women and masculinity over femininity" (Lynch & Sanger, 2016, p. 7).
Queerphobia	An umbrella term that includes homophobia, transphobia, and biphobia (Messinger, 2017).
Sex	"The biological and physiological characteristics socially agreed upon" (Lynch & Sanger, 2016, p. 8).
Sexual orientation	"The way in which a person's sexual and romantic desires are directed. The term describes whether a person is attracted primarily to people of the same or other sex, or to both" (Lynch & Sanger, 2016, p. 8).
Testimonial injustice	Occurs when a narrative is invalidated because of dominant belief systems (Fricker, 2009).
Transphobia	"An irrational fear of and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms" (Lynch & Sanger, 2016, p. 8).

Nomenclature

Critical Appraisal Skills Programme	CASP
Domestic Violence Act	DVA
Intimate partner violence	IPV
Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual plus	LGBTQ+
Lesbian, Gay, Bisexual	LGB
Men who have sex with men	MSM
Men who have sex with men and women	MSMW
Non-Government Organization	NGO
Preferred Reporting Items for Systematic Reviews and Meta-Analyses	PRISMA
Queer intimate partner violence	QIPV
Same-Sex Intimate Partner Violence	SSIPV
South Africa	SA
World Health Organisation	WHO
University of the Witwatersrand	WITS
Women who have sex with women	WSW
United Kingdom	UK
United States of America	USA
United Nations	UN

Chapter 1: Introduction

On a global scale, *intimate partner violence* (IPV) remains a crucial health concern. Moreover, researchers have found that *queer intimate partner violence* (QIPV) is of similar concern, with some studies indicating that it occurs at elevated levels relative to heterosexual IPV. Nevertheless, QIPV has largely been rendered invisible (Messinger, 2011; Walters et al., 2013). This is a consequence of heteronormativity, which refers to the dominant societal belief that opposite-sex attraction is normal; while anything that diverges from this is deemed 'abnormal' (Cannon et al., 2015; Luyt, 2012). Queer relationships, including the unique manifestation of violence in these relationships, are thus rendered invisible, both socially and within research (Collison, 2018; Messinger, 2017; Rollè et al., 2018). Despite this invisibility, results from a national survey (n=18,049) in the United States of America (USA), found elevated experiences of psychological IPV (gay males: 60%; bisexual males: 53%; lesbian females: 63%; bisexual females: 76.2%) (Walters et al., 2013). Furthermore, the prevalence of severe episodic violence was found to be equal or higher for LGB individuals (lesbian females: 29.4%; bisexual females: 49.3%; gay males: 16.4%) relative to straight individuals (heterosexual females: 23.6%; heterosexual males: 13.9%) (Walters et al., 2013). The survey shows that instances of IPV among LGB couples across their lifespan (61.1% of bisexual females and 43.8% of lesbian females; 37.3% of bisexual males and 26% of gay males) are comparable to, or higher than, heterosexual couples (35% of heterosexual females; 29% of heterosexual males) (Walters et al., 2013). In consonance with these findings, Messinger (2011) suggests (based on a USA nationally representative sample; n=14,182), that all forms of IPV are more prevalent within queer relationships than within their heterosexual counterparts.

Considering the prevalence of various forms of IPV experienced by queer individuals, a West African study, conducted by Ogunbajo et al. (2020), found that 45% of the participants had experienced emotional abuse, 31% physical violence, 20% sexual assault, 55% monitoring, and 22% controlling behaviours, all perpetrated by an intimate partner. Additionally, a Namibian study by Stephenson et al. (2020), found that 10.2% of participants reported bi-directional QIPV, while 7.3% reported uni-directional experiences of QIPV. These statistics allude to the severity of QIPV internationally and in Africa. Despite the scope and severity of the problem, the research gap hinders our understanding of this phenomenon and thus our ability to address it.

1.1 Queerphobia in Africa and South Africa and the Invisibility of LGBTQ+ IPV

Despite the scope and high severity of QIPV both locally and internationally, several researchers have noted the invisibility of this phenomenon within society (Buller et al., 2014; Messinger, 2017;

Ogunbajo et al., 2020; Stephenson & Finneran, 2013). The South African Constitution protects queer people, yet vulnerability remains understood and defined in gendered and heteronormative societal terms (Judge & Nel, 2018). This vulnerability is made tangible when LGBTQ+ individuals are restricted from freely and openly expressing their queerness. For instance, state systems, such as healthcare workers and police, frequently re-traumatise survivors of QIPV by rendering them invalid, invisible or simply disregarding QIPV (Sioga, 2018). Certain South African *non-government organisations* (NGOs), such as the Triangle Project, have also noted the invisibility of QIPV within the queer community (Triangle Project, 2017). South Africa is currently experiencing an IPV epidemic, however, within this context, QIPV is often rendered invisible, disregarded or invalidated which constitutes further abuse and epistemic injustice (Sioga, 2018). These responses contradict the Constitution, which demands that vulnerable groups be protected (Judge & Nel, 2018; SA Constitutional Assembly, 2012).

In summary, there is evidently a pressing need to focus on QIPV and improve the services that these marginalised communities receive, while simultaneously making these services more accessible and sensitive to LGBTQ+ communities' needs. Policies need to be established that are geared towards optimising third-party responses to QIPV to prevent further stigmatisation of the queer community. However, prior to making recommendations on improving existing policy and services, exploration and comprehension of the current QIPV issues in SA are required. This review focuses on understanding why there are gaps in QIPV knowledge while simultaneously gathering and reviewing the existing knowledge on LGBTQ+ IPV in SA. The focus is directed towards highlighting the nature of QIPV, including its forms, risk factors and effects as well as identifying the barriers and challenges around providing support and adequate services to victims of QIPV in SA. Synthesised knowledge in this regard would help to establish intervention guidelines as well as to identify gaps within existing research on QIPV, thus allowing for more focused recommendations for future research.

1.2 Aims of the Research

This study aims to systematically review (collate, summarise, and critically analyse) the existing literature on QIPV within the SA context in order to identify dominant themes and highlight the gaps in the existing queer literature. Dominant themes will be extracted to elucidate this silenced topic within queer and heterosexual communities. Themes will then be used to make recommendations for interventions that are more attuned to the issue of IPV in queer relationships in SA. Finally, the systematic review process will reveal gaps in the existing knowledge and research, while elucidating further QIPV research directions in SA.

1.3 Research Questions

The research questions for this systematic review are both descriptive and exploratory (Laher & Hassem, 2020). In the context of IPV within queer relationships in SA and consistent with the research rationale, this study attempts to answer the following research questions:

1) What are the dominant themes in the QIPV literature in SA?
2) What are the gaps in existing QIPV literature in SA?
3) What recommendations can be made for future research and intervention?

1.4 Report Outline

This research report consists of five chapters. Chapter Two provides an overview of the existing African and international literature on QIPV in the form of a literature review, establishing a foundation for the current study. Chapter Two also outlines the theoretical framework that is used to understand the findings. Chapter Three indicates the methods used to guide the systematic review process. In Chapter Four, I report the findings of this systematic review, including the sample characteristics, research processes incorporated, and the main themes identified in the selected research articles. Chapter Five presents a discussion of the findings within the context of other existing international research, highlighting the similarities and unique characteristics of QIPV in SA. In this chapter, I use relevant theory to make sense of, and discuss, my findings. This chapter further presents the limitations and strengths of this study and includes recommendations for intervention and research.

Chapter 2: Literature Review

2.1 Introduction

In this literature review, I will: (1) present my approach to scoping the existing literature on QIPV; (2) define and discuss the various forms of IPV, including characteristics unique to queer individuals; (3) discuss QIPV as a public health concern within the South African context; (4) elucidate some of the factors that render QIPV invisible and create significant barriers to seeking help in South Africa (SA) and other parts of the African continent; (5) consider the risk factors for QIPV; and (6) discuss the effects of IPV on queer individuals.

2.2 Scoping Search

An initial scoping search was undertaken, also known as a preliminary literature search, to indicate the depth and range of the existing literature in the field of QIPV, both globally and in SA specifically. This allowed me to gauge the feasibility of my systematic review topic (Boland et al., 2017) (See Appendix A for more details on my preliminary scoping search strategy).

The scoping search yielded no systematic reviews on QIPV in SA. The preliminary search yielded eight studies focusing on LGBTQ+ IPV in SA (e.g., Finneran et al., 2012; Henderson, 2012; Henderson & Shefer, 2008; Metheny et al., 2021; Moodley & Bowman, 2021; Sanger & Lynch, 2018; Stephenson et al., 2011, 2020). The search also yielded four theoretical articles on QIPV (e.g., Mailula & Mokgoroane, 2020; Moothoo-Padayachie, 2014; Naidu & Mkhize, 2011; Ximba, 2021), two theses (e.g., Kaighobadi et al., 2019; Moodley, 2013) and two research reports (e.g., Lynch, 2018; Triangle Project, 2017). This preliminary search suggested a significant lack of published, peer-reviewed research surrounding QIPV. From this initial search, I determined that the dearth of research is too substantial to focus solely on one subgroup of the queer community. Consequently, I elected to broaden my focus by including all queer individuals.

2.3 The Scope, Severity and Nature of IPV

The World Health Organisation (2021) approximates that, in their lifetime, 30% of women globally, experience physical or sexual IPV. In terms of the scope and severity of IPV, Machisa et al. (2011) found that 37.7% of heterosexual female participants had experienced either sexual or physical IPV, 18.8% reported experiences of sexual IPV and 46.2% experienced economic or psychological abuse. Additionally, UN Women (2016) found that 56% of heterosexual female murders in SA were due to intimate femicide, where boyfriends or husbands were the perpetrators, as opposed to strangers. These statistics highlight the complexity and danger for women in South African society. Understandably,

there has been a significant focus on addressing this public health concern by focusing on female victims/survivors and male perpetrators. Consequently, discourse around IPV and interventions to address IPV are steeped in heteronormativity (Messinger, 2017). Thus, QIPV is essentially erased in society and in academic institutions (Collison, 2018; Messinger, 2017; Rollè et al., 2018).

Intimate partner violence is a violation of an individual's human rights and represents a significant public health concern, the burden of which is primarily borne by females (World Health Organisation, 2013). Intimate partner violence includes many behaviours within intimate relationships that frequently result in substantial harm and distress (Ogunbajo et al., 2020; World Health Organisation, 2013). Examples of IPV include: (1) *sexual IPV*, for instance, forced sexual intercourse and sexual coercion; (2) *psychological IPV*, for example, emotional abuse including insults, continuous humiliation, threats and intimidation; (3) *physical IPV,* such as kicking, hitting and slapping; (4) *controlling behaviour***,** such as gaslighting; and (5) *restricting access,* including any behaviour that limits another person's access to healthcare, employment, finances, friends, family, or education (World Health Organisation, 2013).

Both internationally and in SA, IPV is predominantly conceptualised through a traditional feminist paradigm that women are abused by men to assert power and dominance within a patriarchal society (Cannon et al., 2015). Therefore, IPV research and investigations have predominantly focused on heterosexual gendered norms and how these influence power dynamics, coercion and abuse, specifically, how these align with female powerlessness and male aggression based on the gender binary (Cannon et al., 2015). Although this is one way to conceptualise IPV, it does not account for female perpetrators or same-sex IPV (Cannon et al., 2015). Most IPV research has utilised this very narrow understanding of this phenomenon, resulting in several gaps in QIPV research. Subsequently, interventions are not geared toward targeting the queer community.

Queer intimate partner violence refers to "abuse within a current or former romantic or sexual relationship involving at least one LGBTQ+ partner" (Messinger, 2017, p. 61). This type of IPV may be bi-directional, referring to two individuals in a relationship using IPV tactics, or it may be uni-directional, referring to a single person using IPV tactics in the relationship (Messinger, 2017). This abuse manifests similarly to heterosexual individuals; however, several additional abusive tactics are at the abuser's disposal due to social and legal stigmatisation (Messinger, 2017; Callan et al. 2021). For instance, threatening to "out" a partner at work or to their family. Cannon et al. (2015) further assert that such abuse cannot be interpreted in the same way as IPV within heterosexual relationships due to the unique relations of power that arise as a result of queer individuals' intersectional positionality.

2.4 The Invisibility of QIPV in Africa and South Africa

Despite the scope and severity of QIPV, both locally and internationally, several researchers have noted the invisibility of this phenomenon (Buller et al., 2014; Messinger, 2017; Ogunbajo et al., 2020; Stephenson & Finneran, 2013). In this section, I will briefly describe some factors within African and South African contexts that contribute to this silencing as well as provide a description of the context in which QIPV occurs.

Heteronormativity and queerphobia (an umbrella term that includes homophobia, transphobia, and biphobia) persist in African countries and are frequently accompanied by violence. Amnesty International (2018) reports that homosexuality is still punishable by death in four of the 53 African countries and remains illegal in 37 of these. Matebeni (2014) contends that hostility persists, despite being in a postcolonial society, due to "colonial laws [which] ... criminalised allegedly 'unnatural' sexual acts" (p. 7). Epprecht (2009) postulates that colonial accounts of sexuality and gender, purposefully suppressed the multiplicity of African sexuality and gender to align with colonial agendas and beliefs. Through this process, queerness came to be seen as un-African. Stephenson et al.'s (2014) findings support the prevalence of heteronormativity and resulting queerphobia in Namibia, including the notion that queerness is 'un-African'. Stephenson et al. (2014) contend that several sub-Saharan African leaders have called to criminalise homosexuality and framed being gay as "an imported relic of a European colonial history" (p. 482). Consequently, by associating queer individuals with colonialism, they are framed as oppositional to notions of African pride. Considering this invisibility, Epprecht (2009) suggests that a Foucauldian excavation of the history of sexuality in Africa would be corrective, while simultaneously speaking to issues such as IPV and sexual ill-health in Africa (Epprecht, 2009; Foucault, 1978). By conceptualising queerness as un-African, queer individuals' experiences are rendered invisible. This creates gaps in knowledge, making it exceedingly difficult to claim experiences of IPV as a queer individual.

In SA, LGBTQ+ individuals constitute approximately 1.4% of the population (Sutherland et al., 2016). The human rights of LGBTQ+ minority groups have not always been upheld in SA. Accompanying the end of apartheid in 1994, all citizens' human rights came to be protected by the Constitution of South Africa (SA Constitutional Assembly, 2012; Stychin, 1996). However, the Constitution represents an ideal, and the reality of queer human rights does not always reflect this ideal. Thus, despite the attempt to root out discrimination, SA is still dominated by heteronormative attitudes, often manifesting as queerphobia (Luyt, 2012). This is in consonance with inferences made from a South African survey (with a nationally representative sample) suggesting that 72% of South Africans believe it is immoral to engage in same-sex sexual activity (Sutherland, 2016). The survey further elicits that 49% of South Africans believe that equal human rights should not be conferred to

queer persons. Within this intolerant societal milieu, IPV within the queer community is marginalised, silenced and rendered invisible.

The dominance of heteronormativity poses unique barriers to help-seeking for QIPV survivors. Barriers to assistance include internalised negativity, fear of secondary victimisation, stigma, ridicule, not being taken seriously, and being 'outed' (having one's sexual orientation or gender identity involuntarily disclosed) to one's family, friends or colleagues (Denysschen & Evans, 2022; Rollè et al., 2018). These barriers result in a cloud of secrecy around IPV within the queer community and silence QIPV survivors in society (Rollè et al., 2018). For instance, Ahmed et al. (2013) found that despite the prevalence of IPV within LGBTQ+ relationships, less than 5% of queer IPV survivors in the USA sought protection orders, no statistics were found for the South African context. These international findings align with several South African newspaper articles highlighting the invisibility of QIPV (e.g., Collison, 2018; Gallagher, 2021; Sioga, 2018; Stanley & Ncobela, 2021; Wicks, 2017). These articles highlight that QIPV is being appraised within a heteronormative context that is frequently threatening and abusive to alternative genders, sexualities, and lifestyles. Consequently, heterosexism and queerphobia compound queer individuals' experiences of, and responses to, QIPV and restrict their access to social support. This is in agreement with Messinger's (2017) contention that heteronormativity privileges heterosexual couples while undermining QIPV survivors. This affects research, practice and policy responses, while simultaneously affecting how individuals view their own experiences. Gaps in current conceptualisations of IPV result in testimonial injustice, as queer individuals feel incapable of claiming experiences of IPV because their testimonies are incomprehensible, questioned or disregarded.

2.5 Risk Factors for QIPV

Kimmes et al. (2019) contend that heterosexual and same-sex relationships share several risk factors of IPV, for instance, jealousy, substance use and inequalities within the couple (e.g., class, race, level of education and age). However, findings also suggest unique risk factors, including external homophobic aggression, variations in 'outness' regarding gender or sexual orientation, and gender roles (Buller et al., 2014; Goldenberg et al., 2016). These factors are in line with Kimmes et al.'s. (2019) findings for both male and female perpetrators in the queer community. Rollè et al. (2018) conclude that heteronormativity plays a unique role in IPV within queer relationships and should be considered a significant risk factor. This is in alignment with Stephenson et al.'s (2020) findings that external homophobia and internalised homophobia are significant risk factors for IPV. More specifically, Badenes-Ribera et al. (2019) found that internalised queerphobia was associated with an

increased likelihood of perpetrating, or being a victim of, QIPV. In the same vein, Kimmes et al. (2019) found that the intersection of internalised homophobia and HIV status was the most significant risk factor for male and female victims of QIPV. Several of these findings are consistent with Stephenson et al.'s (2014) Namibian study which concluded that 'traditional' African perspectives of masculinity shaped violence and queer individuals' ability to subvert gender. Thus, same-sex relationship power dynamics mirror 'traditional' heterosexual gendered relationship norms, including the deployment of violence to maintain power (Stephenson et al., 2014). For instance, some individuals refer to their partners in masculine terms while to themselves in feminine terms, reinforcing heterosexual gendered power dynamics (Rabie & Lesch, 2009; Stephenson et al., 2014).

In SA, discourse around masculinity is predominantly established through conceptualisations of men as dominant and women as subordinate (Rabie & Lesch, 2009; Ratele et al., 2007). In line with this, Stephenson et al. (2014) conclude that queer individuals with more feminine traits are more vulnerable to sexual and physical IPV. The authors elaborate that IPV is used to assert power and dominance and prove the masculinity of the perpetrator. This is specifically relevant in SA due to the region's colonial and apartheid history, which aimed to disempower; amplifying the need to assert masculine dominance, even decades later (Stephenson et al., 2014). Heterosexual gendered norms intersect with other social inequalities (e.g., class, race, income, level of education, HIV status), creating and sustaining power imbalances in relationships and resulting in abuse (Stephenson et al., 2014).

2.6 Effects of QIPV

Experiences of IPV are traumatic and the effects of these experiences persist long after the abusive relationship has ended (Messinger, 2017). Research indicates that the detrimental effects of IPV include negative impacts on individuals' economic, mental, and physical health and social welfare (World Health Organisation, 2013). In line with this, Messinger (2017) and Buller et al. (2014) note the following consequences for queer individuals exposed to IPV: injury, substance use, economic outcomes, sexual risk behaviour (condomless sex and thus potential HIV infection and other sexually transmitted diseases), fear of personal safety and mental health issues.

Henry et al. (2021) conducted a survey in the USA and found a significant association between participants' experiences of IPV and anxiety and depression. The authors found that physical, psychological and sexual IPV were associated with anxiety, whereas physical abuse was associated with depression. In a similar study, an in-depth analysis of the psychological health problems associated with various types of LGBTQ+ IPV was conducted by Ogunbajo et al. (2020) in West Africa. Findings suggested that experiences of emotional and sexual abuse, as well as monitoring and

controlling behaviours, were all correlated with an increased risk of depressive and anxiety symptoms (Ogunbajo et al., 2020). Moreover, increased loneliness was associated with experiences of emotional abuse, physical violence and controlling behaviour. All forms of IPV were associated with increased suicidal ideation and attempts which is in line with the findings of Messinger (2017). Ogunbajo et al. further contend that frequent exposure to IPV is associated with an increased risk of psychosocial health issues. It is thus crucial that this under-researched phenomenon receive more attention in academia.

2.7 Theoretical Framework

This section introduces epistemic injustice as a framework for understanding fallacies about QIPV, while using post-structural feminism and queer theory to re-theorise IPV. Traditional feminist and societal paradigms construct men as powerful aggressors while women are powerless and vulnerable to victimisation. These theories allow for a more relational, fluid and dynamic framing of power, opening up novel ways of conceptualising IPV and contributing to our understanding of current misconceptions (Cannon et al., 2015; Cannon & Buttell, 2015).

2.7.1 The Epistemic Injustice of Heteronormativity

Queerness and QIPV both have a long history of being erased, rendered invisible and misunderstood in the public domain and within academic institutions. This section makes sense of this by reflecting on how heteronormativity underwrites epistemic injustices and thus contributes to the successive erasure and invisibility of QIPV. Rules, privileges, and cultural beliefs maintain heteronormativity through rewards and sanctions or punishment (Francis & Msibi, 2011; Luyt, 2012; Miller & Irvin, 2017). Sexual minorities are often marginalised as a consequence of their subjectivities being constructed relative to heterosexuality. This framework maintains conventions of acceptable and valid subjectivities and, by extension, relationships. Queer subjectivities and their relationships transgress these conventions which increases their susceptibility to epistemic injustice.

Epistemic injustice manifests interpersonally when an individual listens to, but is incapable or unwilling to accept, another person's social identity, resulting in prejudice rooted within the social system, such as heteronormativity (Fricker, 2009). Heteronormativity results from a defective epistemological base; therefore, society's approach to producing and conceptualising knowledge is fallible and produces inequalities (Fricker, 2009). Fricker (2009) defines epistemic injustice as a "wrong done to someone specifically in their capacity as a knower" (p. 1), consequently eroding an individual's capacity to self-validate their experience. Fricker conceptualised two forms of epistemic injustice: testimonial injustice, which occurs when a narrative is invalidated, and hermeneutical injustice, which occurs when a narrative is incomprehensible due to the speaker's social identity. An

example of testimonial injustice is when a queer individual reports that they have experienced QIPV, but their testimony and knowledge of their own experience is invalidated because of stereotypes about same-sex partners having equal power in relationships (Messinger, 2017; Rollè et al., 2018). An example of hermeneutical injustice is when the police dismiss and deny a queer individual's claim to IPV due to their sexual orientation, and therefore the idea that it cannot occur (Rollè et al., 2018; Santoniccolo et al., 2021). Thus, queer individuals experience a lessened ability to be subjects with socially comprehendible experiences. This illustrates how a queer individual's experience of violence in relationships is erased due to social norms.

2.7.2 Post-Structuralist Feminist Conceptualisation of Power

Post-structuralist feminist conceptualisation of power allows us to understand IPV in novel ways by ensuring that the manifestations of power operating in relationships are not dismissed in favour of a patriarchal explanation (Cannon et al., 2015). Within a post-structuralist feminist paradigm, power is conceptualised using a Foucauldian approach that understands power as operating within a relational field. Specifically, individuals' social location determines their strategies and tactics to power (Cannon et al., 2015). However, the traditional feminist paradigm established the societal norm that only men are capable of several types of violence and possess the motives for utilising violence, whilst women only use violence in self-defence (Cannon & Buttell, 2015). This binarized approach oversimplifies and obscures how power is used, who has access to it and how they might utilise the power available to them. A post-structuralist approach deconstructs this binary, revealing that women are just as capable of initiating violence as men. This is consistent with research findings that indicate that women have a range of motives for perpetrating violence and enact violence almost as often as men do (Donald et al., 2023; Langhinrichsen-Rohling et al., 2012). This perspective emphasises that women have independent subjectivities, experiences, and histories, with their own motives for exercising power in both heterosexual and LGBTQ+ relationships. Nevertheless, Cannon (2015) states that "both [men and women] may punch, [but] how we understand their acts of aggression and power differ because of the way society is gendered, and sexuality is organised" (Cannon et al., 2015, p. 673). A post-structuralist feminist paradigm accommodates such an intersectional understanding of power, based on how identity categories intersect (Crenshaw, 1991). Thus, individuals may have specific strategies and tactics to utilise power at their disposal; IPV may be one of these within a specific context.

2.7.3 Queer Theory

Queer theory aims to reveal and deconstruct normativities (Pluckrose & Lindsay, 2020). Queer theory similarly utilises a Foucauldian approach to deconstruct gender and sexuality while simultaneously

revealing power dynamics, including instances of oppression within society due to these categories (Cannon & Buttell, 2015). Queer theory can thus be used to reveal heteronormativity's operation in the traditional feminist paradigm, which is the dominant lens through which IPV is currently conceptualised. Thus, where there is gendered-heteronormativity at the base of research into QIPV, there will be gaps in research and the knowledge it produces; resulting in epistemic injustice.

A traditional feminist paradigm used to understand QIPV results in limitations of understanding. Specifically, this paradigm limits the understanding of a female perpetrator's exercise of violence within a same-sex relationship, to her using patriarchy to enact IPV. Queer theory can be used to (1) re-conceptualise IPV; (2) reveal how a heteronormative understanding of IPV, that assumes a female victim and male perpetrator, further marginalises queer individuals; and (3) reveal the importance of social location (Cannon et al., 2015). Queer theory's use of a Foucauldian approach allows one to understand that such violence is only one of several strategies available to queer individuals based on their intersectional social location (Butler, 2010; Cannon & Buttell, 2015; Crenshaw, 1991). Consequently, violence within queer relationships requires its own unique conceptualisation. Although the violence may look similar, it is crucial to be aware that heterosexual persons have access to more dominant forms of power.

An individual's social location determines the type and amount of power available to them within their relational field. Power is deployed through various tactics and strategies by both men and women, as well as straight and queer individuals. Nevertheless, all have access to power. From this perspective, it is easier to understand how queer individuals are equally capable of IPV, as violence is one power-harnessing tactic that may be deployed against their partner within the relationship. By deconstructing gender, sexuality and associated power binaries, IPV can be understood differently. This reframe is essential to advancing research and the development of interventions that consider people's social location.

Chapter 3: Methods

3.1 Introduction

This section outlines the methodology of this study. It describes the approach I took to answer my research question. This approach involved extracting and analysing data from published academic articles with a qualitative, quantitative or mixed-method research design, as well as theoretical articles. I then present the systematic review process, based on the eight-step review procedure put forth by Uman (2011). Procedural steps include: (1) defining the research question; (2) formulating a search strategy; (3) determining the inclusion and exclusion criteria; (4) screening the literature; (5) conducting a quality assessment; (6) extracting data; (7) analysis, and; (8) dissemination of findings (Laher & Hassem, 2020; Uman, 2011). The methods section concludes with my reflexivity as a researcher and ethical considerations.

3.2 Research Design

A systematic review methodology was used to conduct my study. Systematic reviews employ methods that are transparent and rigorous to provide reliable answers to specific questions by finding, selecting, and critically assessing pertinent primary research and then synthesising and analysing the results of selected articles to reliably answer a specific question (Moher et al., 2016). Systematic review findings are crucial to influencing decision-making and informing policy change (Boland et al., 2017).

This systematic review was conducted in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines (Liberati et al., 2009; Moher et al., 2016). These guidelines aim to support researchers in producing improved systematic reviews through the use of a checklist with 27 items (see Appendix B) and flow diagram with four phases (see Appendix C) (Laher & Hassem, 2020). PRISMA appears to be the preferred application, over other systematic review guidelines, particularly in the South African context (Laher & Hassem, 2020). Using PRISMA increased the transparency of the current study and the flow of information through the various stages are represented in a flow diagram (see figure 4.1 on p. 30). Moher et al. (2016) contend that a systematic review is an iterative process; consequently, the protocol presented below was adapted as the research process progressed.

3.3 Review Procedure

The review procedure was structured according to the eight-stage framework proposed by Uman (2011); these steps are discussed in more detail below.

3.3.1 Define the Research Question (Step 1)

In preparation for this study, I conducted a scoping search (see Appendix A) to get an indication of the depth and range of the current literature in the QIPV field in SA, as well as to ascertain the feasibility of a systematic review for my topic (Boland et al. 2017). The scoping search allowed me to formulate the systematic review's Aims and Questions described under 'Research Aims and Questions' (see Chapter One).

3.3.2 Formulating a Search Strategy (Step 2)

Accessing evidence. Primary qualitative and quantitative research, as well as theoretical papers, were systematically reviewed in this study. Articles providing evidence relevant to the research question were accessed through the online library of the University of Witwatersrand, using seven electronic databases. Table 3.1 captures the databases that were searched as well as the rationale for selecting each database in the process of accessing evidence. These databases provide access to research relevant to well-being and mental health. Given the paucity of literature found in the initial scoping search, I expanded my search to include theoretical literature (Kugley et al., 2017).

Table 3.1

Databases utilized and rationales for selecting them

Databases	Reason for Selection
PsycInfo	Grants access to mental health literature.
PubMed	Grants access to mental health literature.
EBSCO	Grants access to a global body of multidisciplinary literature.
Science Direct	Grants access to a global body of multidisciplinary literature.
Google Scholar	Increases the probability of locating South African studies that are often excluded on Western databases.
Africa-Wide	Grants access to multidisciplinary literature in Africa.
Sabinet	Allows literature to be accessed from African electronic journals.

Using specified keywords, the titles, abstracts and full-text articles within each database listed above was searched by me. Only published, full-text articles that were in English were selected. Keywords were linked with Boolean phrases using Boolean operators (OR, AND, NOT) and wild cards (*) where appropriate. This added power to the search and increased productivity and focus by increasing specificity and efficacy in identifying relevant papers, while decreasing the number of irrelevant papers by increasing sensitivity (Boland et al., 2017; Laher & Hassem, 2020). The following search

string was used for the search of the literature within the databases listed above: “interpersonal violence” OR “domestic violence” OR “intimate partner violence” OR “IPV” AND “LGBT*” OR “Lesbian, gay, homosexual, bisexual, transgender, intersex, queer, pansexual” AND “same-sex” OR “same sex” OR “sexual minority” AND “Africa*” OR “South Africa*”. Alerts were created on each database to identify any newly released studies up until the end of December 2022.

I selected the following options for keywords on the various databases when executing my searches utilising the Boolean phrase: “apply equivalent subjects”, “apply related words”, and “search the full articles”. In line with Laher and Hassem (2020), I stopped my search of the databases when saturation was reached, specifically, the point at which identical articles repeatedly appeared in the search results, or when the titles ceased to be relevant to the research question.

3.3.3 Determining Inclusion and Exclusion Criteria (Step 3)

Research studies considered eligible for inclusion in the systematic review were identified based on the inclusion and exclusion criteria listed in Table 3.2 below. Inclusion criteria refer to specific characteristics of the research studies and their target population that make them ideal for answering the systematic review’s research questions (Patino & Ferreira, 2018). Due to the paucity of QIPV literature in SA, no time criterion was included. Exclusion criteria refer to features that exempt studies from the systematic review, as they will not aid in answering the research question (Patino & Ferreira, 2018).

Table 3.2

Inclusion and exclusion criteria

Inclusion criteria	**Exclusion criteria**
The study must explore LGBTQ+ IPV / QIPV	Same-sex violence among individuals that are not in a same-sex relationship (e.g. sexual violence in prisons)
Qualitative, quantitative, mixed methods (contain primary research) or theoretical papers	IPV among heterosexual couples
Conducted in South Africa	Policy documents, commentaries on policy documents, or review articles
Physical, sexual, or psychological IPV among queer individuals	Research published in a language other than English
	Grey literature

The criteria was further developed as per established search instruments, PICO (Population, Intervention, Comparison, Outcome) and SPIDER (Sample, Phenomenon of Interest, Design,

Evaluation, Research type). PICO is generally utilised in quantitative systematic reviews, while SPIDER is an adaptation of PICO used for qualitative systematic reviews. As my review incorporates qualitative, quantitative, mixed-method studies and theoretical articles, my eligibility criteria included aspects of both (Methley et al., 2014; Ryan et al., 2018). The inclusion and exclusion criteria assisted me in further developing and refining the search terms discussed in Step 2 (Laher & Hassem, 2020).

3.3.4 Screening the Literature (Step 4)

The literature search for the review was conducted in three phases:

1) Specific search terms were used to identify studies that were potentially relevant. Article titles and abstracts were then downloaded into Rayyan, a software programme designed to aid the systematic review process (Boland et al., 2017; Ouzzani et al., 2016).
2) Duplicates were deleted using Rayyan. Following this, inclusion and exclusion criteria were applied to titles and abstracts to screen for eligibility (Laher & Hassem, 2020). Research studies were excluded when they were not compatible with inclusion criteria or when they satisfied the exclusion criteria.
3) Relevant articles identified, through the abstract screening process, were downloaded into Mendeley, to aid the data management process (Boland et al., 2017; Singh, 2010). A full-text article screening process was undertaken to confirm or deny eligibility. This was followed by citation chaining whereby the reference lists of eligible articles were searched to identify further eligible articles (Boland et al., 2017).

The selection of articles for inclusion was further guided by the PRISMA checklist (Appendix B) (Laher & Hassem, 2020). A PRISMA four-phase flow diagram was used to accurately record, and document studies included and excluded through the review process (see Appendix C) (Laher & Hassem, 2020). At each stage of the review procedure, the reasons for inclusion and exclusion were recorded. In the results chapter, citations are provided as examples, to substantiate the aforementioned decision-making process.

3.3.5 Conducting a Quality Assessment (Step 5)

Following the screening procedure, studies deemed suitable underwent a quality assessment which is a vital part of a systematic review. A quality assessment decreases bias in the review process while simultaneously decreasing bias in the primary research included in the review (Boland et al., 2017). I used the Critical Appraisal Skills Programme's (CASP) quality evaluation instrument for eligible quantitative and qualitative studies, as well as theoretical papers. The CASP Qualitative Checklist Tool is widely regarded as the benchmark instrument in the social sciences (Laher & Hassem, 2020).

This tool was developed to evaluate the quality of qualitative research for systematic reviews (Critical Appraisal Skills Programme, 2017). Consequently, I used the 10-question CASP instrument to assess the eligibility of qualitative studies (Appendix D), as well as an alternate version of the CASP, adapted by Laher and Hassem (2020), to assess the eligibility of the identified quantitative research articles. The adapted 11-item tool is more appropriate for quantitative studies as it is not only geared toward assessing randomised control trials and is thus more user friendly (Appendix E). Finally, a third, six-item version of the CASP, also adapted by Laher and Hassem (2020), was administered to assess the quality of theoretical papers (Appendix F). The CASP qualitative, quantitative and theoretical paper Checklist Tools were deemed appropriate for this review as they have been successfully used for South African systematic reviews (Laher & Hassem, 2020).

The results of this quality-assessment were tabulated to summarise the grading of each selected study relative to its 'aims', 'methods', 'research design', 'recruitment strategy', 'data collection', 'the role of the researcher', 'ethical issues', 'data analysis', 'findings', and 'value of research contribution' where appropriate (Critical Appraisal Skills Programme, 2017). Initially, included qualitative studies were given a score on a scale from 0–10, quantitative studies were given a score from 0–11, and theoretical papers a score from 0–6 (Laher & Hassem, 2020). These scores were then interpreted. Laher and Hassem (2020) posit that for a score between 0–3 for a quantitative article is too weak to be included, a score between 4–7 is moderate, and a score of 8–11 is considered strong and inclusion is recommended. For this systematic review, the upper limit for further inclusion in this study was set at 75% for all papers (see Tables 4.2 to 4.4 for the results of the CASP quality assessment; p. 32-34).

3.3.6 Extracting Data (Step 6)

I first extracted *descriptive data* (study characteristics), including year of publication, research design, sample size, geographical location, age range, data collection instruments and theoretical framework employed. Secondly, I extracted *analytical data* (outcome data); this process was directed by my systematic review research questions (Laher & Hassem, 2020). Data were then captured and structured electronically in an excel spreadsheet which aided in data management and synthesis. Extracted data (texts) were then analysed.

3.3.7 Analysis (Step 7)

Typically, statistical analysis is used in the review of quantitative research (Moher et al., 2016); however, I used a qualitative method in the analysis of the included data. The benefit of a qualitative systematic review is to aid our understanding of *why* and *how* a phenomenon is taking place (Moher et al., 2016). This qualitative systematic review intends to describe LGBTQ+ individuals' experiences of IPV, thus a qualitative method was appropriate.

I analysed the data using thematic synthesis as outlined by Thomas and Harden (2008), which is a modified version of thematic analysis (Braun & Clarke, 2006) utilised to analyse secondary data by supporting the process of identifying patterns in the data. Thematic synthesis has been used in previous systematic reviews focusing on public health (Thomas & Harden, 2008). Thematic synthesis consists of three stages: (1) 'line-by-line' text coding; (2) descriptive theme development; and (3) 'analytical theme' generation. While generating descriptive themes, I remained 'close' to the primary research, summarising and describing the original findings. However, my interpretations went beyond the primary research when generating analytical themes resulting in new explanations, hypotheses, or concepts (Thomas & Harden, 2008). Based on the analytical themes identified through the thematic synthesis process, recommendations for improving research and intervention efforts in SA were made.

3.3.8 Disseminate Findings (Step 8)

This systematic review was conducted in partial fulfilment of the requirements for my master's degree in Clinical Psychology at WITS University. Findings will be published in my final dissertation and a synthesised, refined version will be submitted to an academic journal for publication.

3.4 Reflexivity

This systematic review was conducted as part of the research component of my professional master's degree; therefore, I personally collected the data by selecting pertinent research to synthesise and produce findings that answered my specific research question. According to Anney (2014), this active role makes research/investigator biases inevitable, as my personal experiences and background as the researcher inevitably influenced the systematic review findings. Consequently, reviewer reflexivity was essential; I consistently and actively examined my own perspectives, and their potential influence, on the research process throughout the process (Rees, 2017).

As a researcher in the social sciences, I must be aware of my cultural, political, and social position, including my biases, decisions, and values, as well as the methods I use, and how these may impact on the knowledge that I produce about the social world (Creswell & Poth, 2018). Consequently, introducing myself to you, the reader, is imperative. I am a 34-year-old, White, self-identified queer, cisgender man. Growing up I lived in an Afrikaans-speaking, middle-income family. I am now agnostic, however I was raised in a Christian household with Christian ideals. In consonance with queer theory, my position relative to my social research is neither rooted as an outsider nor as an insider, instead, I am poised in the space between these dualities (Dwyer & Buckle, 2009). Reflecting on my insider/outsider position, I endeavoured to ethically traverse the tightrope between these extremes.

As a queer-identifying person, I assumed an insider position. My queer self-identification allowed for a sense of ease when thinking about queerness intrapersonally and speaking about my topic interpersonally with my supervisor. Being queer myself has helped to sensitise me to queer concerns such as QIPV. Conversely, insider pitfalls had to be held in mind. For example, the data inexorably prompted my emotions. Subsequently, my social position potentially had an impact on my interpretation of the data.

Despite parallels, as a White cisgender male, I was also an outsider. In the systematic review process, I had to interpret data related to populations with socio-cultural backgrounds different from mine, backgrounds with specific political ramifications. Thus, with no personal experience of diverse intersections (other than my own), I had to determine how the synthesised data would be analysed and interpreted. Misinterpretations of the data would be neglectful but omitting data would erase aspects of people's lives. It was imperative to remain cautious around my interpretations because this review concomitantly speaks to the consequences of epistemic injustice.

Due to the above, I implemented strategies to mitigate outsider-insider bias. I endeavoured to use the "bracket" technique; a qualitative technique employed to diminish potentially detrimental consequences of presumptions that may distort the study procedure. This involved the active compartmentalisation of my preconceived notions, biases and experiences during the article selection and thematic synthesising phase (Tufford & Newman, 2012). Other bracketing strategies utilised included; (1) making use of a reflexive journal to document my reflections regarding the study procedure, this supported me in remaining aware of how the research process and findings may be tainted by my preconceptions and biases. Thus, I remained cognizant of my needs and emotional responses whilst positioning the data at the fore of the review (Rees, 2017); (2) my study procedure and reflections were discussed with my supervisor. My results and interpretations were verified by my supervisor, this allowed for investigator triangulation as results and interpretations were compared and verified; (3) I consulted an academic librarian at WITS, who has expertise in executing systematic reviews, this ensured a thorough literature search, minimising bias throughout the data retrieval stage, and; (4) a comprehensive audit trail was kept, and a thick account of the contextual characteristics of each study. This ensured the study's validity.

3.5 Ethical Considerations

Ethical clearance for this study was provided by the WITS Psychology Departmental Ethics Screening Committee. As no participants were recruited for the data collection process, no special ethical clearance was required. Instead, data was extracted from published articles in the public

sphere; consequently, no special access or permissions was necessary. Hence, this study received a waiver from the ethics committee, who presented me with a clearance certificate protocol number: MCLIN/22/06W (see Appendix H), this allowed me to proceed with the systematic review (ref: https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/).

Chapter 4: Results

4.1 Introduction

The results of a systematic review of QIPV in SA are presented in this chapter. It is subdivided into three sections: (1) procedure results; (2) characteristics of the sample or data set, and; (3) thematic analysis. The procedure results present the systematic review process, i.e., the steps followed to include or exclude studies, and an analysis and discussion of the quality evaluation of the studies included. Under characteristics of the sample or data set, I present tables that summarise the essential information from each included quantitative, qualitative and theoretical article. Finally, the themes and subthemes identified in the data are presented.

4.2 Procedure Results

4.2.1 Study Selection

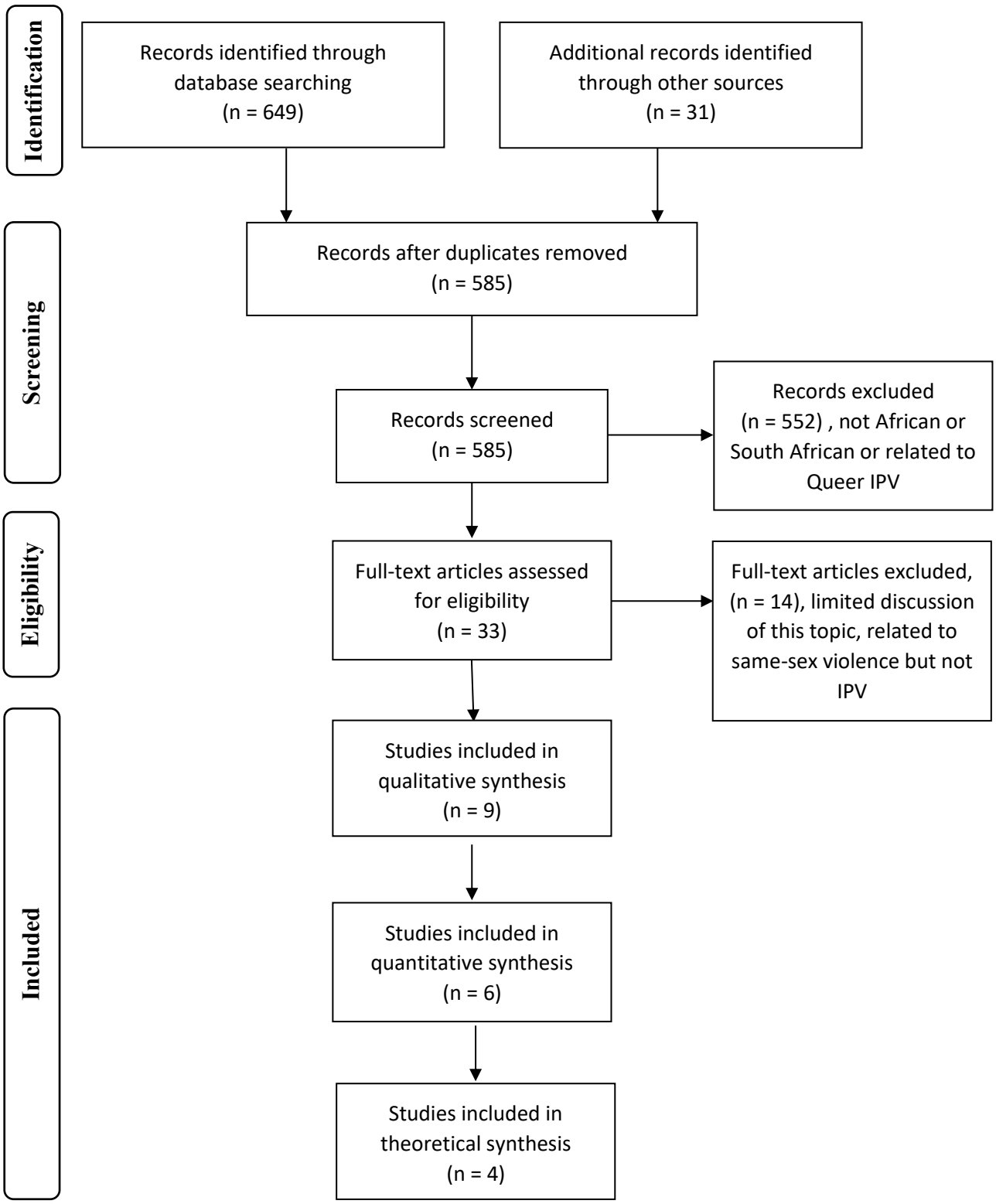
A flow diagram representing the systematic review process is illustrated in Figure 4.1 (an adaptation of the PRISMA flow chart; Moher et al., 2009). Across all databases, the search yielded 699 literature studies. Article identification in this screening phase relied on the presence of keywords in the title, abstract or full text of the literature. Following this, duplicates were removed, resulting in 585 studies remaining eligible. Titles and abstracts were then reviewed. The most common reasons for exclusion during this phase were that the studies were not based in SA (e.g., Arscott et al., 2020; Donovan & Barnes, 2020a; Edwards & Sylaska, 2013; Goldenberg et al., 2016; Li et al., 2022; Ronzón-Tirado et al., 2022; Walsh et al., 2022), they focused on heterosexual intimate partner violence (e.g., Bennett, 2010; Huschke, 2019; Kheswa et al., 2018; Stern et al., 2015), they were identified as grey literature (e.g., Collison, 2018; Gallagher, 2021; Geneva, 2016; Ncobela S, 2021; Sioga, 2018; Wicks, 2017) or the studies represented hate crime against the queer community (e.g., Müller, 2019; Wells & Polders, 2006). It should be noted that if the abstract of an article did not accurately reflect its content, then relevant articles may not have been included.

After screening titles and abstracts,33 articles remained. These were assessed further by reading and evaluating the full-text for eligibility. In reading the articles, I determined that the inclusion criteria was not met by some articles; consequently, I excluded a further 14 articles. These articles were deemed ineligible because their focus was on same-sex violence rather than IPV specifically (e.g., prison violence) (e.g., Jina et al., 2020; Muntingh, 2011; Nkosi et al., 2021; Reid & Walker, 2005) or they were focused on QIPV, but located in parts of Africa other than South Africa (e.g., Kunzweiler et al., 2018; Ogunbajo et al., 2020; Stephenson et al., 2014). After this extensive screening process,

19 articles remained and were critically appraised using the CASP tool for inclusion. All articles were deemed eligible for inclusion and were incorporated into this systematic review. Of these articles, nine were qualitative, six quantitative, and four theoretical.

Figure 4.1.

PRISMA four-phase flow diagram



4.2.2 Assessment of Study Sample Quality

The quality of the included articles was assessed by me using the CASP tool (Critical Appraisal Skills Programme, 2017, see Appendices D, E and F). The quality assessment outcomes are captured in Tables 4.2, 4.3 and 4.4, depending on whether they were qualitative, quantitative, or theoretical, respectively. The tables also capture how these studies performed on each CASP item.

In terms of quality, I assessed 18 articles as high quality and one article as moderate. Qualitative articles were assessed using 10 items, quantitative articles were assessed using 12 items, and theoretical articles were assessed using six items. The lowest score obtained for a qualitative study was 9/10, while the rest of the articles scored 10/10. The lowest score obtained for a quantitative study was 9/12, whilst the highest was 12/12. Finally, all theoretical articles scored 6/6. The items that rendered the lowest scores for most qualitative articles were: 'consideration of the relationship between the researcher and participant' and 'the rigour of the data analysis.' The items that rendered the lowest scores for most quantitative articles were: 'was the data analysis rigorous?', 'were the correct statistical techniques used?' and 'were psychometric properties discussed?' The requirements were set at 75% due to the dearth of South African literature addressing QIPV. Thus, despite these omissions, all studies met the quality criteria and scored 75% or higher on their respective scales. Therefore, all 19 articles were incorporated into the systematic review.

Table 4.2

Summary of CASP Qualitative Checklist

	Summary of CASP Qualitative Checklist (Laher & Hassem, 2020)										
Screening Questions per Article:	1. Was there a clear statement of the aims of the research?	2. Is a qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between the researcher and participants been adequately considered?	7. Have ethical issues been taken into consideration?	8. Was the data analysis sufficiently rigorous?	9. Is there a clear statement of findings?	10. How valuable is the research?	Total
Henderson (2012)	yes	yes	yes	yes	yes	yes	yes	no	yes	val	9
Henderson & Shefer (2008)	yes	yes	yes	yes	yes	yes	yes	yes	yes	val	10
Kaighobadi et al. (2019)	yes	yes	yes	yes	yes	yes	yes	yes	yes	v-val	10
Lynch & Sanger (2016)	yes	yes	yes	yes	yes	yes	yes	yes	yes	v-val	10
Mayeza (2022)	yes	yes	yes	yes	yes	yes	yes	yes	yes	v-val	10
Moodley & Bowman (2021)	yes	yes	yes	yes	yes	yes	yes	yes	yes	v-val	10
Moothoo-Padayachie (2004)	yes	yes	yes	yes	yes	no	yes	yes	yes	val	9
Sanger & Lynch (2017)	yes	yes	yes	yes	yes	yes	yes	yes	yes	val	10
Tallis et al. (2019)	yes	yes	yes	yes	yes	yes	yes	no	yes	v-val	9

n.val = not valuable val = valuable v.val = very valuable

Table 4.3

Summary of CASP Quantitative Checklist

	Summary of Adapted CASP for Quantitative research (Laher & Hassem, 2020)												
Screening Questions per Article:	1. Was there a clear statement of the aims of the research?	2. Is a quantitative methodology appropriate?	3. Were all the participants accounted for in the results and the conclusion?	4. Was the research design appropriate to address the aims of the research?	5. Was the recruitment strategy appropriate to the aims of the research?	6. Was the data collected in a way that addressed the research issue?	7. Have ethical issues been taken into consideration?	8. Was the correct statistical technique used to analyse the data	9. Was the data analysis sufficiently rigorous?	10. Were psychometric properties discussed?	11. Is there a clear statement of findings?	12. How valuable is the research?	Total
Dunkle et al. (2013)	yes	yes	yes	yes	yes	yes	yes	yes	no	yes	yes	val	11
Eaton et al. (2013)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	v.val	12
Finneran (2012)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	v.val	12
Muthien (2004)	yes	yes	yes	yes	yes	yes	yes	no	no	no	yes	val	9
Stephenson et al. (2011)	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	val	11
Stephenson et al. (2020)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	v.val	12

n.val = not valuable val = valuable v.val = very valuable

Table 4.4

Summary of CASP Theoretical Checklist

	Summary of Adapted CASP for Theoretical Papers *(Laher & Hassem, 2020)*						
Screening Questions per Article:	1. Was it a theoretical paper?	2. Was there a clear statement of aims for the paper?	3. Did the paper appropriately address the research aims?	4. Was appropriate literature cited, or drawn-on, to answer the research aims?	5. Were experts in the field consulted, or internationally recognised bodies cited?	6. Is there a clear statement of findings?	Total
Chicovore & Naidoo (2016)	yes	yes	yes	yes	yes	yes	6
Mailula & Mokgoroane (2020)	yes	yes	yes	yes	yes	yes	6
Naidu & Mkhize (2005)	yes	yes	yes	yes	yes	yes	6
Ximba (2021)	yes	yes	yes	yes	yes	yes	6

n.val = not valuable val = valuable v.val = very valuable

4.3 Included Articles: Characteristics

4.3.1 General Description of Sample or Data Source, Including Methodology

Table 4.5 captures the general description of the selected studies to provide a concise description of the sample or data source, as well as the methodological approach that was applied.

Table 4.5

Studies included in the systematic review of QIPV in SA

	Aims	Sample or Data Source	Recruitment	Methodology	Methods	Perspective
Chicovore & Naidoo (2016)	QIPV in the context of HIV risk among young *men who have sex with men* (MSM) in SA.	South African History and Law	-	Theoretical	Theoretical discussion of topic	None specified
Dunkle et al. (2013)	To describe the lifetime prevalence of male-on-male sexual violence (victimisation and perpetration) in two South African provinces. To determine the socio-demographic factors associated with these experiences and associations with HIV status.	n = 1737 men Self-identified race: 16% Black African MSM, 84% non-Black MSM Age: Range 18-49 years old Middle class	Recruitment from a random sample of households in the Eastern Cape and KwaZulu-Natal provinces	Quantitative	Survey data and dried blood spots for HIV status assessment.	None specified
Eaton et al. (2013)	Exploring the behaviours of men who have sex with women and men (behaviourally bisexual).	n = 1203 12% reported having sex with both men and women Sex: Male Mean Age: 28 Self-identified Race: 26% Coloured and 74% Black African individuals	Recruited from 10 drinking establishments in a peri-urban township in Cape Town, Western Cape Province	Quantitative	Self-administered survey	None specified

Table 4.5

Studies included in the systematic review of QIPV in SA

	Aims	Sample or Data Source	Recruitment	Methodology	Methods	Perspective
Finneran (2012)	Heterosexist social pressures as a risk factor for IPV among MSM in six countries.	n = 2368 MSM South African: n = 451 Of the SA sample: Age Range: 18 - 35 years old Self-identified Race: 8% Black African', 8% Coloured, 84% White Middle class	Recruitment through selective banner advertisements on Facebook	Quantitative	Self-administered survey	None specified
Henderson (2012)	To examine to what extent unequal power relations and forms of abuse are reported in male-male relationships.	n = 15 gay men Self-identified Race: Six Coloured, Three Indian, Three White. Age: Range 20 – 46 years old	Non-probability sampling: Snowball sampling	Qualitative	Semi-structured in-depth interviews	Content analysis. Queer theory. Post-structuralism
Henderson & Shefer (2008)	Explores the challenges faced in constructing equitable same-sex intimate relationships within a heterogendered society.	n = one gay isiXhosa-speaking man Self-identified race: Black African Age: 21 years old	Non-probability sampling: Convenience sampling	Qualitative	Case-study	Inductive analysis
Kaighobadi et al. (2019)	Examination of sexual violence among Black African men who are gay, bisexual or MSM.	n = 81 MSM Sex: Males Age: range 20 – 38 years old	Recruited from 'townships' surrounding Pretoria, Gauteng Province. Convenience and snowball sampling	Qualitative	In-depth interviews	Grounded theory

Table 4.5

Studies included in the systematic review of QIPV in SA

	Aims	Sample or Data Source	Recruitment	Methodology	Methods	Perspective
Lynch & Sanger (2016)	To explore IPV as it occurs in queer women's same-sex relationships; considers power inequalities and abuse.	n = 42 queer women Age: range 18-35 years old Self-identified race: 30 'Black African' and 12 'Coloured' 79% were employed 43% had not finished grade 12	Convenience and snowball sampling. Recruitment was from rural and semi-rural areas, as well as from townships around Cape Town, Western Cape Province	Qualitative	Focus group discussions conducted in participants' home-language (English // Afrikaans // isiXhosa)	Feminist analysis
Mailula & Mokgoroane (2020)	Exploration of how third parties respond to violence that occurs in same-sex relationships.	Domestic Violence Act (DVA) and the South African Constitution	Relevant case law was extracted	Theoretical	Theoretical discussion	Legal
Mayeza (2022)	South African rape culture explored within same-sex relationships.	n = 17 Age: 19 – 32 years old Race: Black African Self-identified as LGBTQ+	Convenience and snowball sampling	Qualitative	Semi-structured interviews	Thematic analysis
Moodley & Bowman (2021)	Exploring the way same-sex partners account for violence in their relationships.	n = six gay men Self-identified Race: Four 'White' and two 'Black.' Age range: 25–52 years old One self-identified as a perpetrator of IPV	Convenience sampling: Participants were recruited from LGBTQ+ organisations in the urban centres of Cape Town, Western Cape Province and Johannesburg, Gauteng Province	Qualitative	Discourse analysis	Masculinities studies
Moothoo-Padayachie (2004)	Examines lesbian violence in SA. Unpacks the relationship between the police and survivors of QIPV.	Data collected from interviews with two representatives of LGBTQ+ organisations	Convenience sampling	Qualitative	Semi-structured interviews	Thematic analysis

Table 4.5

Studies included in the systematic review of QIPV in SA

	Aims	Sample or Data Source	Recruitment	Methodology	Methods	Perspective
Muthien (2004)	Examination of gender-based violence and HIV among queer and heterosexual individuals.	n = 30 representatives	Participants recruited from 28 different GBV organisations Context: 35% were rural based	Qualitative	Formal interviews based on a structured questionnaire that included questions on same-sex violence	None specified
Metheny et al. (2022)	Study assessed the dyadic and individual risk factors associated with HIV transmission among MSM	n = 300 South Africans Sex: Male Age: Range 18-55 years old Self-identified Race: 68% Black African, 32% Coloured Middle class	Venue-based sampling was used to complete the sampling	Quantitative	Self-administered Survey	None specified
Naidu & Mkhize (2005)	Same-sex domestic violence in the context of the DVA and SA Constitution.	DVA SA and SA Constitution	Case law	Theoretical	-	Legal
Sanger & Lynch (2017)	Exploring IPV in female same-sex relationships. The impact of heterogendered relationship norms and social inequalities in creating and sustaining power differentials between partners.	n = 42 Sex: Female Self-identified Race: 30 Black African, 12 Coloured Age: Range 18 – 35 years old	Convenience sampling: Recruited through the Triangle Project network in Cape Town, Western Cape Province	Qualitative	Focus-group	Feminist poststructural ist lens

Table 4.5

Studies included in the systematic review of QIPV in SA

	Aims	Sample or Data Source	Recruitment	Methodology	Methods	Perspective
Stephenson et al. (2011)	IPV among a sample of South African MSM. An examination of the link between sexual risk-taking and IPV.	n = 521 Sex: Male Self-identified Race: 90% White Age: 18 years or older Sexual orientation: 96% self-identified as gay Middle class	Internet-recruitment: Facebook advertisements	Quantitative	Self-administered survey	None specified
Stephenson et al. (2020)	To measure the experiences of IPV and sexuality-related stressors among partnered MSM in South Africa and Namibia.	n = 440 (220 couples) South African sample = 300 participants; thus, 150 couples Sex: Male Age: Over 18 years old Self-identified Race: 68% Black and 32% Coloured. Middle class	Convenience and snowball sampling in KwaZulu-Natal	Quantitative	One-time cross-sectional survey (self-administered) in isiZulu, English and Afrikaans	None specified
Tallis et al. (2019)	Exploring the reasons for the silence around QIPV among women.	n = 21 Sex: Female Race: not specified Age: not specified Class: not specified	Convenience sampling	Quantitative	Self-administered online-survey	Feminist power analysis
Ximba (2021)	Explores the role of society and its construction of gender, and gender roles, in IPV and the silencing of IPV.	Analysis of narrative constructions by Tumelo Thamaga (2019) in “Dear Friend” and Uvile Ximba (2019) in “The Suit”	-	Theoretical	Narrative construction	Feminist

4.3.2 Overall Sample Characteristics

From the data summarised in Table 4.5, the main sample characteristics from qualitative and quantitative studies can be extracted. No transgender participants were included in any of these studies. Therefore, a gender bias was evident in the research. Furthermore, ten studies focused on HIV among queer men, predominantly framing participants as men who have sex with men (MSM). These studies identified MSM as a high-risk group for HIV infection and transmission as well as high risk in its association with QIPV. Racially, there was one study with Indian participants, eight studies had a predominantly Black African and Coloured sample, and four had a predominantly White sample. Regarding age, all but one study focused on a sample with participants above the age of 18 years old. In terms of class, five out of six qualitative studies had a predominantly middle-class sample. Geographically, only four of the 16 studies focused on either township, peri-urban or rural contexts, the remainder all appear to have recruited from urban areas. Possible sample bias occurred due to researchers use internet-based surveys and convenience sampling.

Only five of the 16 studies had an intersectional focus, although most studies did indirectly highlight the importance of such a focus. Theoretical papers primarily focused on the laws protecting queer individuals from IPV while simultaneously considering the reality of a heteronormative and racially biased society on secondary victimisation.

4.4 Thematic Analysis

In this systematic review, I generated six main themes and 25 subthemes from the data. The main themes are: (1) *Silence of QIPV: The normative context of QIPV in South Africa*; (2) *Characteristics of QIPV in South Africa*; (3) *Detrimental outcomes of QIPV*; (4) *Barriers to seeking help*; (5) *Strengths, weaknesses and ways forward for QIPV interventions* and; (6) *Proposed strategies to decrease QIPV*. A thematic map of the themes and subthemes to be discussed is provided in Table 4.5.

Table 4.6
Thematic Map

Themes	Subthemes
Silence of QIPV: The normative context of QIPV in SA	- The normative context in South Africa - Effects on queer-identifying individuals and their relationships (interpersonal power dynamics)
QIPV and intersectionality in SA	- Intersectional shaping of QIPV - Prevalence - Factors that increase vulnerability to QIPV - Detrimental outcomes of QIPV
Barriers to seeking help	- Preserving the image of the queer community - Resisting victimhood - Secondary victimisation: From family and heterosexual community - Secondary victimisation: Lack of queer community awareness and support - Secondary victimisation: QIPV is stigmatised and not prioritised - Effects of secondary victimisation
Successes and failures of protective factors against QIPV in SA	- South African Constitution and Domestic Violence Act (DVA) - Advocacy organisations - Pro-queer media: normalisation - Relationship characteristics
Lack of research and accurate knowledge	- Silence, invisibility and erasure of QIPV - Intersectionalities - Research into the nuances of QIPV - Research for increased queer support
Strengths and weaknesses of QIPV interventions	- Interventions at the macro-level - Interventions at the meso-level - Interventions at the micro-level

Table 4.7
Thematic Table of Grouped Subthemes

	The normative context of QIPV in SA	Effects of dominant norms on queer individuals	Effects of dominant norms on queer relationships	Prevalence	Types of QIPV	Intersectionality	Contextual factors that increase vulnerability to IPV	Detrimental outcomes of QIPV	Resisting victimhood	Preserving the image of the queer community	Fear of being outed	Relationship power dynamics	Secondary victimisation	Effects of secondary victimisation	Constitutional rights of queer individuals	Domestic Violence Act	Existing interventions / Protective factors	Lack of research and knowledge	Queer IPV in the context of HIV risk	Lack of interventions and guidelines	Implications for policy or practice
Chikovore & Naidoo (2016)	✓	✓	✓		✓	✓	✓	✓									✓			✓	✓
Dunkle et al. (2013)				✓	✓		✓	✓										✓	✓	✓	
Eaton et al. (2013)	✓			✓	✓	✓	✓										✓	✓	✓	✓	
Finneran (2012)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓					✓		✓	✓
Henderson (2012)	✓	✓	✓		✓	✓				✓			✓		✓	✓	✓	✓	✓		✓
Henderson & Shefer (2008)	✓	✓	✓		✓	✓		✓										✓		✓	✓
Kaighobadi et al. (2019)	✓	✓	✓		✓	✓	✓	✓											✓		
Lynch & Sanger (2016)	✓	✓	✓		✓	✓		✓	✓		✓		✓				✓	✓		✓	✓
Mailula & Mokgoroane (2020)	✓				✓	✓				✓	✓		✓	✓	✓	✓		✓			
Mayeza (2022)	✓	✓	✓			✓			✓		✓	✓	✓	✓			✓	✓		✓	
Moodley & Bowman (2021)	✓	✓			✓	✓	✓	✓	✓	✓			✓	✓				✓		✓	
Moothoo-Padayachie (2004)	✓				✓		✓	✓					✓	✓			✓			✓	✓
Muthien (2004)	✓	✓			✓		✓		✓			✓	✓				✓			✓	✓
Metheny et al. (2022)	✓	✓			✓		✓	✓									✓	✓	✓	✓	✓
Naidu & Mkhize (2005)	✓				✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	
Sanger & Lynch (2017)	✓	✓	✓	✓	✓	✓	✓	✓									✓	✓			✓
Stepenson et al. (2020)	✓	✓	✓	✓	✓		✓	✓	✓								✓	✓	✓	✓	✓
Tallis et al. (2019)	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓			✓	✓
Ximba (2021)	✓				✓	✓	✓						✓	✓	✓	✓	✓	✓		✓	✓

4.1.1 Theme 1: Silence of Queer IPV: The Normative Context of QIPV in SA

4.4.1.1. The Normative Context in SA

Several researchers contend that QIPV in SA needs to be considered within the context of the acceptance of violence and power inequality within the wider context (Mailula & Mokgoroane, 2020; Moothoo-Padayachie, 2004; Ximba, 2021).

> "The apartheid system legalised and entrenched a socio-political and economic use of violence to enforce racist, segregationist policies. To achieve this, various masculinities were constructed, which continue to pervade South African society and how it understands and uses violence. … The construction of norms relating to masculinity and femininity, including the gender roles and expectations, become important factors underlying IPV as they reflect how violence is used in greater society. … Gender-inequitable social norms (especially those that link notions of manhood to dominance and aggression) are one of the community and societal factors that affect IPV. … The causes, repercussions, and forms of IPV are multidimensional, making it difficult to isolate any singular narrative of IPV. This is continuously disregarded by representations and definitions of the issue, which tend to limit IPV definitions to heterosexual relationships; enacted by 'men' on 'women'. LGBTQ+ victims do not fit the stereotypes of domestic abuse" (Ximba, 2021, pp. 3–4).

This indicates that gender-inequitable social norms have seemingly had a major impact on the prevalence of IPV. All the included studies emphasised the impact of heteronormativity, and the associated gender roles, on QIPV in SA (Chicovore & Naidoo, 2016; Eaton et al., 2013; Henderson, 2012; Henderson & Shefer, 2008; Kaighobadi et al., 2019; Lane Tim et al., 2014; Lynch, 2018; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Mayeza et al., 2022; Metheny et al., 2021; Moodley & Bowman, 2021; Moothoo-Padayachie, 2004; Muthien, 2004; Naidu & Mkhize, 2011; Sanger & Lynch, 2018; Stephenson et al., 2020; Tallis et al., 2020; Ximba, 2021). The effect of dominant heteronormativity is that of queer individuals being marginalised and exposed to the violence of not belonging to the envisioned freedom of post-apartheid SA (Mailula & Mokgoroane, 2020). Naidu and Mkhize's (2011) findings emphasised how the post-apartheid context of heteronormativity, and norms of dominance and aggression, have had a greater impact on queer individuals than the wider heterosexual community.

> "Respondents noted that high levels of societal violence led to the internalisation of violence, which is expressed in the high incidence of [queer] domestic violence" (Muthien, 2004, p. 95).

> "In a country [South Africa] where IPV is endemic, queer victims of IPV are susceptible to further abuse because of their sexual orientations" (Mailula & Mokgoroane, 2020, p. 286).

A violent society normalises violence, making QIPV invisible. Additionally, societal queerphobia, rooted in heteronormativity, violently repudiates the reality of queer lives, including queer relationships. Consequently, the reality of IPV within these relationships is also denied (Kaighobadi et al., 2019; Naidu & Mkhize, 2011). Thus, within the context of post-apartheid SA, these participants were not yet fully recognised as legitimate citizens with the same rights as everyone else (Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011). Several studies considered the impact of hetero-gendered discourses that frame females as victims and males as perpetrators of IPV, thus disregarding the notion of women as potential victims, as well as men as potential aggressors (Moodley & Bowman, 2021; Nkosi et al., 2021). Moreover, Sanger and Lynch (2017) contend that "heterogendered masculinities and femininities … make violence and control possible" (p. 12). Consequently, norms around feminine subservience and masculine dominance, stem from the context of heteronormativity. Mailula and Mokgoroane (2020) posit that the experiences (relationships and IPV), of Black lesbian women specifically, are erased due to the prevailing norms.

These findings suggest that the complexity of QIPV occurs within this context of heteronormativity. This creates a social structure that is threatened by, and abusive towards, alternative sexualities and lifestyles (Naidu & Mkhize, 2011). Consequently, heterosexism results in a lack of queer support (Chicovore & Naidoo, 2016). Stephenson et al. (2011) confirm this by stating that queer individuals who "perceive themselves to experience more homophobia, may be more socially isolated and have less access to social support systems, including friends, family and formal resources" (p. 346). In addition, Henderson (2012) highlights the impact that the misconception of queerness being unAfrican, has had. This has specifically hindered Black queer individuals in coming-out to family and peers and it has also negatively affected the kinds, and quality, of intimate relationships that queer individuals engage in.

4.4.2.2. Effects on Queer-Identifying Individuals and Their Relationships

When positioning South African QIPV within a global context, Finneran et al. (2012) conducted a survey of incidents of IPV in six countries within same-sex male relationships, namely Australia,

Brazil, Canada, South Africa, the United Kingdom (UK) and the USA. Considering the prevalence of IPV by type, within the South African sample (n=451), 11.75% of participants reported having experienced physical violence. In comparison, 5.76% of participants had perpetrated physical violence. Both figures were substantially higher than recorded for the other six countries. Concerning sexual violence in the same survey, 3.99% of South African participants reported experiencing sexual abuse, the second highest recorded among the six countries, Brazil being the highest.

Findings also suggest that heterosexist social pressures (including heteronormativity, internalised queerphobia and queerphobic discrimination) all significantly increase the likelihood of experiencing QIPV (Finneran et al., 2012; Henderson, 2012; Henderson & Shefer, 2008; Metheny et al., 2021). At the same time, individuals within discriminatory contexts who feel that they have to stay 'in the closet,' have decreased support which often results in social isolation (Henderson, 2012; Henderson & Shefer, 2008; Kaighobadi et al., 2019).

Speaking further to the effect of discrimination, Stephenson et al. (2020) contend that queer males who were exposed to increased levels of stigma based on their sexual orientation, and reported elevated levels of internalised queerphobia, were at increased risk of both unidirectional and bidirectional QIPV. Henderson and Shefer's (2008) findings similarly suggest that queerphobia, its associated abuse, and feeling ostracised from the larger community (e.g., being called *'stabani'*), lead to the deterioration of queer individuals' self-esteem. Furthermore, low self-esteem is a risk factor for IPV within queer relationships (Henderson & Shefer, 2008). This is consistent with the findings of similar research (Henderson, 2012; Stephenson et al., 2020). Low self-esteem can be used by abusive partners, while internalised queerphobia seemingly increases queer individuals' vulnerability to being dominated and abused (Henderson, 2012; Henderson & Shefer, 2008; Lynch & Sanger, 2016; Stephenson et al., 2020). Thus, feeling alienated due to queerphobia may influence queer individuals' sense of self, thereby influencing how they position themselves within intimate relationships relative to a partner.

Chicovore and Naidoo (2016) suggest that heteronormative conceptualisations of genders become enviable due to how gendered scripts are framed. Indeed, Lynch and Sanger (2016) contend that "conforming to aspects of these dominant regulatory systems affords participants access to a measure of social credibility and belonging" (p. 12).

> "Abusive experiences reported emerged out of heteronormative stereotypes, where the 'masculine' partner dominated decision-making and where the 'feminine' partner was expected to engage in traditionally 'feminine roles'. Participants reported surveillance and/or punishment to ensure compliance. In sexual practices, psychological and sexual

> abuse occurred where normative gender power relations were in operation" (Henderson, 2012, p. 323).

Similarly, Lynch and Sanger's (2016) findings suggest that hetero-gendered scripts dominate the queer community. Masculine women in same-sex relationships are framed as "butch", coercive and controlling, in contrast to femme identities that are scripted to be vulnerable victims. Gender identities are not problematic in themselves, however, several researchers describe how queer individuals assume scripts of 'toxic masculinity'; roles which allow them to assert power (Henderson, 2012; Henderson & Shefer, 2008; Lynch & Sanger, 2016). This dichotomy gives rise to narratives of power within queer relationships regardless of sex, suggesting that the uncritical acceptance of gender binarism within queer relationships may result in practices of dominance and submission, abuse, and violence in same-sex relationships.

> "The impact of homophobia on gay relationships is profound … issues of ignorance, prejudice, oppression and homophobia are dealt with in every same-sex relationship … most gay men may be unaware of these issues or how profoundly they are affected by them. … Violence and abusive tendencies appear to be commensurate with men who construct gay relationships based on stereotypical heteropatriarchy. Whereas the abuse is overt, the marginalisation is covert, as globalised, dominant masculinities determine how men hold power over other men and women" (Henderson & Shefer, 2008, pp. 13-15).

> "He did it [raped me]. He damaged me for good. I don't think I will ever be in a committed relationship in my life because of that encounter. … He said he didn't do that; he said I was the one that wanted to have sex with him. … He blames me!" (Mayeza, 2022, p. 12)

This excerpt, from one of Mayeza's (2022) participants, demonstrates how rape culture and victim blaming extends into same-sex relationships in SA. It also shows the devastating effect of QIPV on victims/survivors. Ximba (2021) contends that it is common for violence to be used as a tool of control and suppression, not only at the macro-level but also within intimate relationships. Seemingly, macro-level social and mainstream discourses around gender and sexual orientation influence micro-level power dynamics that are assumed and taken for granted. Consequently, knowingly, or unknowingly, queer intimate relationships, including dynamics of power, control and abuse, are impacted by larger social forces. It is hypothesised that, similar to heterosexual relationships, unequal power dynamics exist within queer relationships due to commonplace heteropatriarchal constructions of stereotypes about same-sex relationships (Henderson & Shefer, 2008; Tallis et al., 2020). Findings also suggest

that power, versus powerlessness, also occurs within non-traditional, non-binary relationships (Henderson & Shefer, 2008). Lynch and Sanger (2016) found that the women in their study were "unable to imagine alternative gender roles" (Lynch & Sanger, 2016). Contrastingly, Tallis et al. (2020) contend that,

> "The surrounding context may be homophobic and patriarchal, but queer relationships do not always mirror this, and violence is just as prevalent in 'equal' relationships where gender roles are fluid, and power is not constrained to who controls the household finances" (Tallis et al., 2020, p. 72).

Several studies indicate that partners within queer relationships mirror traditional heterosexual roles, including the accompanying power inequalities. However, they also found that abuse is present in alternative, more 'equitable' queer relationships (Finneran et al., 2012; Henderson & Shefer, 2008). This is highlighted by Finneran et al. (2012) and Henderson and Shefer (2008), who suggest that reporting may be affected by individuals' resisting victimhood.

In the same vein, the *Sexual Minority Stress Model* was used by several researchers to describe the pathways through which QIPV is shaped, and indicate how minority stressors shape the risk of experiencing QIPV (Kaighobadi et al., 2019; Metheny et al., 2021; Stephenson et al., 2020).

> "Minority Stress Theory posits that existing in an environment of intense distal minority stress drives proximal stressors (e.g., internalized homonegativity). … Both the receipt and perpetration of IPV in male couples are thought to be the direct result of minority stressors that increase the overall allostatic load and can erupt in violence. This is one reason bidirectional violence is common in male couples…" (Metheny et al., 2021, p. 8)

Consequently, minority stress constitutes a chronic stress, resulting in a cumulative burden on queer individuals which decrease their ability to cope with life. When an individual is additionally faced with other life stressors, their capacity to cope is already depleted, causing violence to more easily erupt. Finneran et al. (2012) found that elevated experiences of heteronormativity increased participants' vulnerability to being perpetrators, victims, or perpetrators and victims, of QIPV, irrespective of race, age, level of education, geographic location, or exposure to homophobia (the influence of these unique factors will be discussed further in Theme 2). Similarly, Stephenson et al. (2011) found that experiences of homophobia were linked with increased reports of sexual QIPV.

All of the included qualitative and quantitative studies (Finneran et al., 2012; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Stephenson et al., 2011) showed how queer individuals who

experienced queerphobia and internalised queerphobia, were found to have an elevated likelihood of having experienced QIPV, regardless of their sex. At the same time, queerphobia decreases the probability of queer survivors reporting IPV to their families, communities and the local authorities; this will be expanded on in barriers to help-seeking.

4.4.2 Theme 2: Characteristics of QIPV in SA

Several types of abuse were documented by the studies included in the systematic review and were consistent with heterosexual individuals' experiences of abuse. These included sexual harassment or abuse, emotional and psychological abuse, physical abuse, harassing and stalking behaviour, threats or intimidations (threat of being 'outed' to queerphobic family), economic abuse, isolation (restricting freedom), control and coercion (Lynch & Sanger, 2016; Naidu & Mkhize, 2011) and property destruction (Naidu & Mkhize, 2011). It is noted that Naidu and Mkhize's (2011) findings suggest that 25 percent of queer individuals experience IPV in their relationships. Furthermore, queer individuals experience all the same forms of IPV as their heterosexual counterparts (Tallis et al., 2020). However, their sexual orientation or non-conforming gender identity, may expose these individuals to IPV that involves being threatened or coerced, due to the fear of being 'outed' by an intimate partner (Stephenson et al., 2011). This type of threat results in social isolation, which makes a queer individual even more vulnerable to IPV when possible perpetrators are aware of their scant support system (Stephenson et al., 2011). Additionally, men with higher levels of internalised homophobia may report higher levels of sexual violence and sexual coercion, owing to their reported lack of acceptance of their queer thoughts and behaviours (Finneran et al., 2012).

4.4.2.1 Intersectionality: Shaping QIPV

Several studies considered the impact of intersectionality on queer individuals' experiences of IPV (Henderson, 2012; Henderson & Shefer, 2008; Moodley & Bowman, 2021; Stephenson et al., 2011, 2020). Findings from the included studies which reported on the intersections between QIPV and gender, sex, race, level of education, culture, age, class and unemployment in SA, will be presented in this subsection.

Gender norms. Most of the included studies emphasised how sexual orientation intersects with gender due to heteropatriarchal-gendered norms (Henderson, 2012; Henderson & Shefer, 2008; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Mayeza, 2022; Moodley & Bowman, 2021; Nkosi et al., 2021).

> "Identifying as a victim or perpetrator of same-sex IPV implies a particular orientation to gender identity, sexual intimacy and what constitutes violent action in the first place" (Moodley & Bowman, 2021, p. 2).

Moodley and Bowman (2021) found that, among participants, the notion of violence being perpetrated by men was perceived as 'normal.' They also found that the norm of 'male fearlessness' was a risk-factor for experiences of IPV. This is consistent with Stephenson et al.'s (2020) findings suggesting that men use violence as a resource to overcome challenges to their masculinity (e.g., unemployment). Moreover, Kaighobadi et al.'s (2019) study showed that the majority of male participants that had experienced QIPV identified with gender role orientations that were "feminine." Kaighobadi et al. and Mayeza (2022) contend that these phenomena occur within the context of 'male sexual entitlement' in SA. With regards to women, Lynch and Sanger (2016) found that within same-sex female relationships, the dynamics of patriarchal control and policing played out in a similar manner. However, they found that 'feminine' lesbian women also perpetrated violence within their relationships, and thus did not necessarily adopt the socially assumed role of 'victim.' Moodley and Bowman (2021) contend that same-sex female relationships are assumed to be free from violence, while same-sex male relationships are assumed to be equally violent; men are thus expected to be able to tolerate violent relationships. These assumptions impact policy and practice; for instance Naidu and Mkhize (2011) found that lesbian women cannot find a safe space in women's shelters, as their abusers are also women and would easily again access to heteronormatively structured places of safety. This decreases access to support, as women cannot claim protection from other women. Naidu and Mkhize (2011) further contend that queer men have even less access to safe spaces from IPV in SA.

Race. Several studies were in consensus around the intersection of sexuality and race as a factor that increases vulnerability to QIPV (Chicovore & Naidoo, 2016; Finneran et al., 2012; Henderson, 2012; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Tallis et al., 2020). In this regard, Tallis et al. (2020) contend that Black lesbian women were especially vulnerable to QIPV.

> "The influence of race on partner violence in SA, with its apartheid past, may be different from the influence of race in a more racially homogenous country, such as Canada" (Tallis et al., 2020, p. 268).

Finneran et al. (2012) found that race significantly affected the instances of QIPV experiences in SA. Coloured and Black individuals reported significantly increased levels of sexual IPV compared to their White counterparts (13,89% and 8,11% compared to 2.65% respectively).

Age. Several studies identified age as another important variable, reporting that younger South African men were increasingly more likely to experience QIPV (Finneran et al., 2012; Henderson, 2012; Henderson & Shefer, 2008).

Sexual orientation. Several researchers found evidence regarding the significant impact of queerphobia on QIPV in SA. In addition, experiencing internalised queerphobia was strongly associated with an increased probability of experiencing QIPV (Chicovore & Naidoo, 2016; Henderson, 2012; Henderson & Shefer, 2008; Stephenson et al., 2011).

Culture // traditional cultural practices. Findings suggest that local culture and traditional practices influence the manifestation of QIPV (Finneran et al., 2012; Henderson, 2012; Kaighobadi et al., 2019; Mailula & Mokgoroane, 2020). Specifically, Moodley and Bowman (2021) speak about the need to consider "local meanings and moral positions" (p. 1) when attempting to understand QIPV within a specific community. Mayeza (2022) asserts that rape culture in SA influences contextual meanings and moral positions, thus also manifesting within QIPV. Additionally, individuals who are victims or perpetrators of IPV often live in communities or families with high rates of violence (Ximba, 2021).

Geographic location. Findings from the included articles suggested that various gender and sexual orientations were not conventional in rural, peri-urban areas and township areas (Eaton et al., 2013; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Sanger & Lynch, 2018). Indeed, Eaton et al.'s (2013) study indicated a lack of supportive queer communities and organisations in rural and township areas. This was in contrast with urban areas in SA. The authors contend that this lack of safety within the broader social environment, contributes to increased rates of IPV in these geographic locations. These findings are consistent with other research that highlights the impact of spatial marginality (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020).

Class and Poverty. Several studies considered socioeconomic status and poverty to be significant factors that increased queer individuals' susceptibility to QIPV (Chicovore & Naidoo, 2016; Henderson, 2012; Henderson & Shefer, 2008; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Sanger & Lynch, 2018). In addition, due to the increased violence present in resource-poor communities, findings suggest that poverty increases the likelihood of perpetrating QIPV. In the same vein, Lynch and Sanger (2016) found that economic insecurity may increase the dependence of one partner on another, leading to the possibility of economic blackmail and coercion by a partner. From these findings, it is seen that financial or economic dependence upon a partner may be one of the primary factors behind accepting IPV (Moothoo-Padayachie, 2004; Tallis et al., 2020).

Dynamics of power. Seemingly the factors discussed above intersect powerfully in the construction of power dynamics. Mailula and Mokgoroane (2020) emphasise the importance of becoming aware of 'intersectional failures', referring to biases that prevent one from recognising different people's unique struggles (Mailula & Mokgoroane, 2020).

> "In South Africa, Black sexual minority identities in townships are formed in relation to the interlocking structural domination of race, class, gender, sexual preferences and spatial marginality" (Lynch and Sanger, 2016; p. 12).

> "Socioeconomic status and age intersect powerfully in the construction of power dynamics" (Henderson & Shefer, 2008, p. 15).

Considering the compounding effect of certain intersectionalities, Henderson (2012) aptly contends that "social inequality facilitates abuse" (p. 323).

4.4.2.2 Prevalence

Four of the studies included in this systematic review were quantitative and provided statistics on queer males' experiences of IPV. Studies focusing on female populations were notably absent. Every tenth participant in Dunkle et al.'s (2013) study had experienced same-sex sexual IPV. Relative to their heterosexual counterparts, participants were three times more likely to perpetrate, and ten times more likely to be victims, of sexual violence. The authors contend that being in a relationship was a risk factor for experiencing and perpetrating QIPV. Stephenson et al. (2011) similarly considered the prevalence of sexual IPV among queer men, and reported 4.5% of participants to have had recent experiences of such IPV. However, the perpetration of recent sexual IPV was reported as low, at only 0.45%. These researchers also found that the prevalence of perpetration and experience of physical IPV was relatively high; 8% of the male participants had experienced physical IPV, while 4.5% reported perpetrating such violence. Stephenson et al. (2011) found that the prevalence of IPV among White males in same-sex relationships in SA is comparable to the USA. However, Finneran et al. (2012) conducted an international study comparing six countries (SA, UK, USA, Brazil, Canada and Australia) and the results indicated that 11.75% of the South African population had reported experiencing physical QIPV, while 5.57% had reported perpetrating such violence; the highest among the six countries. Furthermore, Stephenson et al. (2020) surveyed sexual, physical and emotional QIPV, finding that one in ten male participants reported IPV within their current relationship. They included measures of stress that related to sexual orientation and confirmed the correlation between experiences of queerphobia and the perpetration and experiencing of QIPV. This study revealed that 7.3% of the participants had experienced IPV, while 10.2% had participated in bi-directional IPV.

The higher incidence of bi-directional over uni-directional IPV might result from cultural and social norms related to violence and masculinity (Stephenson et al., 2020).

With regards to behaviourally bisexual men, or men who have sex with men and women, Eaton et al. (2013) compared their experiences of IPV with heterosexual men. They found that the behaviourally bisexual population was at an increased risk of recent experiences and perpetration of IPV. Within this sample, 26% of the behaviourally bisexual participants had experienced physical IPV and 37,3% had perpetrated such violence. Additionally, 25,4% had perpetrated sexual IPV. Eaton et al. also found that childhood sexual abuse had been experienced by 18,3% of the behaviourally bisexual individuals in the sample. Findings suggest that compared to heterosexual men, it is significantly more likely that behaviourally bisexual participants would have physically assaulted a sexual partner or had forced sex; however, they were also more likely to have experienced childhood sexual abuse. This may point to the impact of trauma on QIPV.

No similar large-scale studies have been published relating to South African queer women. This is likely because most of these studies focused on the at-risk queer male populations and the relationship between QIPV and the spread of HIV within the society at large (Dunkle et al., 2013; Eaton et al., 2013; Stephenson et al., 2011, 2020). Nevertheless, Tallis et al. (2020) found that emotional abuse was the most prevalent among their female participants (n = 20), followed by physical IPV. Further, financial violence was experienced by 38% of participants and 30% reported sexual IPV (Tallis et al., 2020). Current knowledge regarding the prevalence of QIPV in SA (based on a representative sample) has been limited by the lens of male QIPV as a risk factor for the spread of HIV.

4.4.2.3 Risk Factors that Increase Vulnerability to QIPV

Normalisation of violence. Violence normalised within the wider community is considered a significant contributor to QIPV, as IPV is normalised through association with familiar norms (Chicovore & Naidoo, 2016; Lynch & Sanger, 2016; Mayeza et al., 2022). This links back to theme one, and how violence became normalised through the intersection of the apartheid legacy, heteronormativity, gender norms and the resulting structures of control and surveillance in society. Tallis et al. (2020) found that most women in their study who had experienced IPV reported that their partners did not view their abusive behaviour as IPV. Moreover, Eaton et al. (2013) identified a correlation between childhood trauma and current vulnerability to experiencing and perpetrating QIPV. Thus this subtheme can also be linked to experiences of childhood trauma.

Sexual risk-taking behaviour or entitlement to sex. Findings from the included articles suggest that sexual risk-taking behaviour was significantly correlated with the experience and perpetration of IPV

(Dunkle et al., 2013; Eaton et al., 2013; Stephenson et al., 2011, 2020). Specifically, Dunkle et al. (2013) found that HIV+ queer men were more likely to report having perpetrated sexual violence. Similarly, Stephenson et al. (2020) found that HIV+ individuals were more inclined to report bi-directional QIPV within their relationships. Findings from the studies which considered same-sex male participants, suggested that requests for condom use frequently result in increased IPV (Kaighobadi et al., 2019; Naidu & Mkhize, 2011); "the immediate assumption is that the one who suggests the use of protection must have been unfaithful" (Naidu & Mkhize, 2011, p. 38).

> "In some cases, one's discomfort with performing or engaging in certain sexual practices, especially oral sex, is associated with '*ukunyanya*' – disgust of the person or the act. Refusal to comply with the request unfortunately often leads to abuse and violent encounters" (Naidu & Mkhize, 2011, p. 38).

Findings suggest that participants perceived refusing consent to sex, or not meeting a partner's sexual needs, as a risk factor for sexual or physical IPV (Kaighobadi et al., 2019; Naidu & Mkhize, 2011; Tallis et al., 2020).

Insecurity and jealousy. Kaighobadi et al.'s (2019) findings suggest that a perpetrator's temperament significantly impacted the nature and level of aggression associated with IPV. Increased insecurity and jealousy in a partner, as well as the notion of being viewed as unfaithful, were all factors that contributed to an increase in QIPV (Lynch & Sanger, 2016; Mayeza, 2022; Naidu & Mkhize, 2011; Tallis et al., 2020).

Relationship characteristics. One South African-based study by Stephenson et al. (2020), specifically focused on same-sex dyadic relationships and identified six characteristics of these relationships that increased uni-directional IPV as well as bi-directional IPV. The six factors are as follows: (1) the difference in the degree of commitment between partners was correlated with an increase in IPV; (2) dyadic relationships with a duration of more than three years were correlated with increased IPV and bi-directional IPV. This is likely due to elevated exposure to triggers within the relationships; (3) less formally labelled relationships were less likely to experience IPV, while men who had assigned more formal labels (husband or partner) experienced more IPV; (4) partners who cohabited were more likely to have engaged in bi-directional IPV; (5) IPV was also associated with break-ups in relationships, and (6) difference in the degree of discrimination experienced by a dyad. When one partner is exposed to more queerphobia than the other, it may result in increased violence and anger between partners, causing one partner to lash out at the other. Alternatively, it may decrease one partner's self-esteem and self-worth, increasing their vulnerability to experiencing QIPV (Stephenson et al., 2020).

Drug and alcohol use. There was consensus among many of the included studies, that substance abuse was a significant contributor to QIPV, with either the victim or perpetrator being intoxicated (Chicovore & Naidoo, 2016; Lynch & Sanger, 2016; Mayeza et al., 2022; Moodley & Bowman, 2021; Tallis et al., 2020). "Substance use and binge drinking were highly correlated with experiencing IPV and experiencing bi-directional IPV" (Stephenson et al., 2020, p. 5). It is also highlighted by Methany et al. (2021), that elevated levels of internalised queerphobia were correlated with a significantly higher probability of abusing substances and presenting with symptoms of depression. Similarly, other studies have showed that substances were often used as a coping strategy for both proximal and distal sexual minority stress (Methany et al., 2021; Stephenson et al., 2020; Tallis et al., 2020). Consequently, in contexts where being queer is highly stigmatised, drug and alcohol use may be a strategy to mitigate the stress and depressive symptoms associated with internalised queerphobia or experiences of discrimination. Thus, intoxication is significantly associated with an increased likelihood of experiencing or perpetrating IPV due to the common effects of substances, namely, loss of emotional regulation and inhibition (Stephenson et al., 2020). In Stephenson et al.'s (2020) study, the authors reported binge drinking behaviours in 77.1% of participants, while 52.4% reported using other substances. They contended that the elevated percentages pointed to high levels of stress related to participants' sexual orientation which may be a primary driver for IPV within same-sex relationships. Seemingly, substances are frequently used to cope with sexual minority stress. Self-medicating with substances elevates the risk of IPV and in turn, IPV increases stress and the associated propensity to self-medicate, thus creating a toxic cycle.

4.4.2.4. Detrimental Outcomes of QIPV

Findings from the selected articles indicated that participants experienced various detrimental outcomes because of QIPV. "It [QIPV] can impact every aspect of the victim's life, including [their] health" (Moothoo-Padayachie, 2004, p. 80). QIPV affects individuals' social, psychological, and physical well-being to different degrees depending on their situation and social position (Moothoo-Padayachie, 2004; Naidu & Mkhize, 2011). Indeed, Eaton et al. (2013) found that queer participants were at increased risk of experiencing negative health outcomes relative to their heterosexual counterparts. QIPV may cause enduring physical harm; for instance, Metheny et al. (2021) found that queer men had a significantly elevated chance of being HIV+ when they had a life-span history of QIPV. However, even in the absence of physical harm, the lasting psychological and emotional effects are equally damaging (Henderson & Shefer, 2008; Kaighobadi et al., 2019; Metheny et al., 2021; Naidu & Mkhize, 2011; Stephenson et al., 2020).

QIPV survivors reported feeling fearful, angry, powerless and foolish, and they frequently reported to blame themselves, thus eroding self-worth and self-esteem (Henderson & Shefer, 2008; Kaighobadi et al., 2019; Stephenson et al., 2020). These intrapersonal experiences contributed to depressive symptomatology, dropping out of work or school, insomnia or substance dependency (Metheny et al., 2021; Naidu & Mkhize, 2011). Furthermore, Naidu and Mkhize (2011) highlight that victims of IPV may not be aware that these signs and symptoms are related to post-traumatic stress disorder that is associated with the abuse that they experienced or are currently experiencing. Frequently, substances are used to cope with the stress of QIPV (including the resulting psychological distress), which in turn further drives relational conflict and IPV (Metheny et al., 2021; Stephenson et al., 2020).

Another outcome is discussed by Tallis et al. (2020) who found that gaslighting by an abusive partner may cause deep-seated psychological problems, especially as this tactic may result in the denial of violence. As a coping mechanism for experiences of IPV, individuals who have encountered gaslighting often disconnect from the experience and deny it exists, even to themselves (Kaighobadi et al., 2019).

> "Experiences of IPV seemingly lead to an increase in IPV through creating tension, poor communication, lowered self-esteem, and adoption of maladaptive behaviours in relationships" (Stephenson et al., 2020, p. 9).

Seemingly, IPV is in itself a risk factor for further IPV. Researchers have highlighted the potential cycles of abuse at the interpersonal level that result in further relationship difficulties (Naidu & Mkhize, 2011; Kaighobadi et al., 2019; Stephenson et al., 2020). Researchers also found that IPV frequently impacted on subsequent relationships (Naidu & Mkhize, 2011; Mayeza, 2022; Stephenson et al., 2020). Considering the detrimental effects of IPV, Mayeza (2022) found that due to stigma associated with being a victim, survivors often suffered silently, not seeking appropriate professional support to process and heal from their trauma.

4.4.3 Theme 3: Barriers to Seeking Help

Only one in two hundred queer individuals in SA (0.5%) who experience QIPV ever report the abuse (Naidu & Mkhize, 2011). This section presents the findings from this systematic review that help to explain participants' decisions not to report QIPV or seek help. Four main subthemes where identified; namely, (1) resisting victimhood; (2) secondary victimisation from family and community; (3) secondary victimisation from the queer community, and; (4) secondary victimisation from state service providers.

4.4.3.1 Resisting Victimhood

Moodley and Bowman (2021) contend that due to hegemonic masculinity, men who experience QIPV do not report such abuse as they do not want to be perceived as victims. This is consistent with Finneran et al. (2012), who emphasise the shame of victimhood but also highlight the "double shame" resulting from the learnt societal shame of having an alternate sexual orientation. This "double shame" decreases the likelihood of seeking out QIPV support.

> "Silence and stigma about sexualities (homophobia and heteronormativity), is compounded by the silence and stigma about gender based violence, with services largely steeped in heterosexism and geared towards heterosexual women" (Muthien, 2004, p. 97).

Considering all the review findings, eight discursive strategies to avoid narratives of victimhood were identified. Moodley and Bowman (2021) posit that male victims are often seen as feminine and do not want to appear weak; thus, they seek to avoid the intersectional stigma of "double shame." Through alternate framings of their experiences of QIPV, participants were able to resist victimhood by; (1) conceiving of QIPV as tolerable or unintimidating; in this way, the abused partner minimises QIPV (Mayeza, 2022; Moodley & Bowman, 2021); (2) disconnecting from, or denying, the presence of QIPV in the relationship (Kaighobadi et al., 2019; Mayeza, 2022); (3) valorisation of QIPV, for example, viewing IPV as a normal trade-off for love (preserving the romantic relationship over self-preservation) (Moodley & Bowman, 2021); (4) eroticising or romanticising QIPV whereby QIPV is framed as an 'erotic conduit' for love or romance and through the overlaps of intimacy and violence in participants' narratives, the latter is cast in a positive light.

> "Fights igniting a desire for passionate sex … violence is used, which while carrying a more masculine social status, perpetuates the idea that men, in this case, gay men, cannot do intimacy work. ... heteropatriarchal discourses are used to justify QIPV as a mechanism for enabling the conditions for intimacy that 'must' bind gay men" (Moodley & Bowman, 2021, pp. 8–9).

Here, assumptions and discourses of the masculine sex drive being uncontrollable, significantly impact same-sex male IPV framings. Through this discourse, gay men are framed as not wanting intimacy or linking violent sex to intimacy, and thus associating it as part of a 'healthy' relationship (Moodley & Bowman, 2021); (5) self-blame for IPV (as a means to gain agency); (6) framing oneself as a voluntary receiver and not as a victim whereby IPV was actively sought. By actively seeking

aggression, victimhood was avoided. For example, one of Moodley and Bowman's (2021) participants asserted "being attracted to 'the bad boys'" (p. 9); this can be understood as a strategy which makes claims to agency (Moodley & Bowman, 2021); (7) blaming once-off QIPV on the context (shifting responsibility) (Tallis et al., 2020), and; (8) making claims to bi-directional QIPV to gain agency by not only being a victim but also a perpetrator (Stephenson et al., 2020).

> "Admitting to experiencing of IPV may be seen as a challenge to masculinity, and perpetrating IPV may be a reinforcement of masculinity … Therefore, men may be more likely to report that they were involved in bi-directional IPV than that they were the victim of violence" (Stephenson et al., 2020, p. 8).

It is assumed that partners within same-sex male relationships are equally violent and are expected to tolerate and exist within violent relationships more easily (Moodley & Bowman, 2021; Stephenson et al., 2020). From this assumption, it follows that the 'fearless masculine bravado' puts these men at increased risk of more severe and prolonged QIPV. However, accounts of female survivors resisting victimhood were also captured by Lynch and Sanger (2016), Mayeza, (2022) and Tallis et al. (2020). However, strategies for resisting victimhood were not extensively researched for queer females.

4.4.3.2 Secondary Victimisation: From Family and the Heterosexual Community

Heteronormative contexts prevent some queer individuals from speaking up about IPV out of fear that they may 'out' themselves (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011). This creates situations unique to queer individuals, as their abusive partner may threaten to 'out' them to their queerphobic families if they were to report instances of IPV to the police (Finneran et al., 2012; Lynch & Sanger, 2016; Naidu & Mkhize, 2011; Stephenson et al., 2011).

> "Men who feel that they must hide their sexual orientation may feel less able to negotiate un-coerced sex with male partners" (Finneran et al., 2012, p. 269)

> "Social isolation, or fear of revealing their sexual orientation, may make these MSM more vulnerable to sexual violence if potential perpetrators know that they have limited support systems" (Stephenson et al., 2011, p. 346)

Heteronormative contexts establish a situation where the fear of risking exposure of their sexual orientation is greater than the consequences of continuing to experience QIPV (Mailula & Mokgoroane, 2020; Tallis et al., 2020). Thus, secondary victimisation, or even fear of being 'outed,' may have an impact on the power dynamics within queer relationships, increasing queer individuals' vulnerability to experiences of QIPV (Lynch & Sanger, 2016; Sanger & Lynch, 2018). Additionally,

the perception of a lack of trust and support was frequently combined with internalised queerphobia, which primed these individuals to expect rejection (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011; Tallis et al., 2020). Internalised queerphobia and fear added to the lack of disclosure and reporting of QIPV (Mailula & Mokgoroane, 2020; Tallis et al., 2020). However, Mayeza (2022) suggests that reporting QIPV is also associated with an increased likelihood of experiencing victim blaming from the community.

4.4.3.3 Secondary Victimisation: Lack of Queer Community Awareness and Support

Several studies included in the systematic review emphasised that victims of QIPV were reluctant to report or disclose such abuse in an attempt to safeguard the image of the queer community (Mailula & Mokgoroane, 2020; Moodley & Bowman, 2021; Tallis et al., 2020).

> "As gay men are still marginalised, it is perhaps politically sensitive to acknowledge issues of unequal power and abuse between them" (Henderson, 2012, p. 324).
>
> "Seeing the perpetrator among us has even greater resonance in lesbian relationships and communities [due to feminism]" (Tallis et al., 2020, p. 74).

Findings suggest that victims of QIPV seek to protect the queer community from internal division and additional stigma. They feared oppression and prejudice if they were to report IPV within the community (Mailula & Mokgoroane, 2020; Moodley & Bowman, 2021; Tallis et al., 2020). Naidu and Mkhize (2011) also highlighted that participants expressed non-reporting of IPV because of the "fear of losing the relationship which confirms [their] sexual orientation" (p. 35), thus linking to a need to preserve one's queer identity through the preservation of the relationship.

Tallis et al. (2020) contend that QIPV is a taboo topic; it is silenced and rendered invisible within the queer community, remaining largely unacknowledged. Findings by Tallis et al. (2020) and Naidu and Mkhize (2011) suggest that there is shame and stigma attached to QIPV within the queer community and consequently, disclosing experiences of IPV does not seem like a viable option for fear of being ostracised. Victims of QIPV feared that their experiences of QIPV would not be believed, that friends would be lost and that their connection to the queer community would be severed (Naidu & Mkhize, 2011). Considering queer women, Tallis et al. (2020) contend that "women as perpetrators" is not an understandable lens, whereas "men as perpetrators" is easily comprehendible.

> "Rape within a lesbian relationship ... forced penetration is not part of the discourse on violence and is never discussed" (Tallis et al., 2020, p. 73).

> "The narrow understanding of rape as something that occurs between people of the opposite sex (perpetrated by men) who are also strangers makes it difficult for Thando to comprehend how her forceful sexual act [rape] has destroyed her girlfriend" (Mayeza et al., 2022, p. 11).

If forced sex within a same-sex female relationship is never discussed within the community, there is no way women who experience rape by a female partner can claim this experience and be believed (Mayeza et al., 2022; Tallis et al., 2020). Moreover, Mayeza (2022) contends that failing to recognise same-sex rape in intimate relationships, particularly between women, perpetuates rape culture in SA. Tallis et al. (2020) found that 70% of their lesbian participants, who had experienced QIPV, had disclosed this experience to at least one individual within the queer community but reportedly found support to be lacking.

4.4.3.4 Secondary Victimisation: QIPV is Stigmatised and Not Prioritised

Several of the studies included in the systematic review found that fear of secondary victimisation, specifically, fear of further discrimination when attempting to report violence to the police or access health treatment significantly impacted queer individuals' propensity to report cases of QIPV (Finneran et al., 2012; Henderson, 2012; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Mayeza, 2022; Moodley & Bowman, 2021; Moothoo-Padayachie, 2004; Naidu & Mkhize, 2011; Tallis et al., 2020; Ximba, 2021). Findings indicate a dearth of recognition of formal queer relationships. Consequently, queer couples cannot enjoy the safeguarding against IPV normally afforded to heterosexual couples (Finneran et al., 2012; Naidu & Mkhize, 2011).

Reactions which constitute secondary victimisation from the health system or police include: (1) minimization of same-sex violence whereby QIPV is not taken seriously and is not recognised with sufficient severity (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Mayeza, 2022); (2) ridicule (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020); (3) lack of understanding due to heterosexist conceptualisations of domestic violence (e.g. the perception that power dynamics should not exist in same-sex couples; hence there can be no abused or abuser) (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020);

> "There are assumptions that two men cannot construct abusive relationships because of their physical attributes" (Henderson, 2012, p. 323).

> "The assumption that violence perpetrated by men is 'normal' may also have contributed to these differences in reporting of SSIPV, in that same-sex women couples are believed to be free of IPV" (Moodley & Bowman, 2021, p. 2).

(4) disbelief (Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011) and; (5) dismissal whereby IPV among queer individuals is negated due to the myth of it not existing; it is thus not perceived as domestic violence (Naidu & Mkhize, 2011). These responses are rooted in the oversimplified positioning of men as aggressors and women as victims (Mailula & Mokgoroane, 2020). Findings suggest that because of their sexual orientation, queer individuals who have experienced IPV within their relationships, fear secondary victimisation, stigma, discrimination and neglect from the authorities and healthcare practitioners (Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011).

> "The police are ignorant of the problems of the lesbian community" (Moothoo-Padayachie, 2004, p. 82).

> "Access to services for survivors of Lesbian IPV is non-existent. … Laying a charge of rape against your lesbian lover, or getting a restraining order after repeated abuse, would require a set of actions that for most lesbians are impossible. We do not trust, rightly so, that our issues will be adequately understood and addressed" (Tallis et al., 2020, p. 75).

These predicaments result in the "double burden" of QIPV, which can be attributed to support services being unfamiliar with addressing QIPV (Mailula & Mokgoroane, 2020; Moothoo-Padayachie, 2004; Tallis et al., 2020). Consistently, Tallis et al. (2020) assert that there are no services geared towards survivors of same-sex IPV, suggesting a lack of spaces that feel safe for queer individuals or provide helpful services. In consonance, Moothoo-Padayachie (2004) found that social workers, health professionals and IPV counsellors had difficulty empathising with victims of QIPV.

> "Helplines for abuse are not geared towards same-sex abuse. … Healthcare and psychosocial support is judgemental. … Judgement sends you back into the closet" (Tallis et al., 2020, p. 75)

This double shame makes queer individuals less inclined to seek support when experiencing IPV (Finneran et al., 2012). Researchers investigating secondary victimisation from service providers contend that in SA, officials' heteronormative responses to QIPV vary greatly depending upon the community and culture within which the service providers are located (Mailula & Mokgoroane, 2020). Thus, the quality of police and medical care are context specific. However, generally speaking, Mailula and Mokgoroane (2020) contend that law enforcement is an institution invested in the upkeep of hetero-patriarchal norms, including the domineering structure this produces; police may feel the need to perform masculinity, which has the potential to encourage queerphobia. Mailula and

Mokgoroane contend that there is a "legacy of policing the consensual sexual encounters of queer people. [Thus], the culture of the police remains innately homophobic" (p. 279). This is further emphasised by the following excerpt: "Instead of finding protection from the police, the woman found herself in a position in which she had to protect her abusive partner from the very people she sought assistance from [the police]" (Moothoo-Padayachie, 2004, p. 83). The excerpt speaks to policing queerness and fear of corrective rape. Consequently, the focus remains on policing queerness instead of enforcing queer individuals' rights.

4.4.3.5 Effects of Secondary Victimisation: The Second Closet

Secondary victimisation from family, the queer community and authorities reinforces abuse and silences the survivor, subsequently erasing QIPV. This erasure increases queer individuals' vulnerability to future IPV and negates or complicates access to support, including essential services (Mailula & Mokgoroane, 2020). Secondary victimisation leaves queer individuals feeling ostracised by the police, family or the queer community, which increases experiences of isolation (Moodley & Bowman, 2021; Tallis et al., 2020; Ximba, 2021). Fear of secondary victimisation and fear of accompanying isolation results in queer individuals not reporting instances of IPV; this silence reinforces the notion that QIPV does not exist (Mailula & Mokgoroane, 2020; Moodley & Bowman, 2021; Moothoo-Padayachie, 2004; Ximba, 2021). In addition, secondary victimisation increases victim blaming, a strategy that perpetrators of sexual QIPV often use to justify their assault (Mayeza, 2020).

4.4.4 Theme 4: Successes and Failures of Protective Factors in SA

Articles included in the review identified some protective factors against QIPV in South Africa, namely the Constitution and Domestic Violence Act (Chicovore & Naidoo, 2016; Henderson, 2012; Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011; Stephenson et al., 2020; Tallis et al., 2020; Ximba, 2021); non-government organisations (Chicovore & Naidoo, 2016; Lynch & Sanger, 2016; Metheny et al., 2021; Moothoo-Padayachie, 2004); pro-queer media (Chicovore & Naidoo, 2016; Metheny et al., 2021; Moothoo-Padayachie, 2004; Ximba, 2021), and; relationship characteristics (Eaton et al., 2013; Henderson, 2012; Henderson & Shefer, 2008; Stephenson et al., 2020). The successes and failures of these protective factors will be discussed below.

4.4.4.1 South African Constitution and Domestic Violence Act

Through the South African Constitution and Domestic Violence Act (DVA), queer relationships have, in theory, become more empowered (Henderson, 2012; Mailula & Mokgoroane, 2020; Naidu & Mkhize, 2011; Stephenson et al., 2020; Tallis et al., 2020; Ximba, 2021). The Constitution states that,

> "Neither state nor individual may unfairly discriminate, directly or indirectly, against anyone on grounds, including race, gender, sex … sexual orientation" (Naidu & Mkhize, 2011, p. 34).
>
> "Failure to assist survivors of Queer IPV is unconstitutional … [and] infringes on sections 9 and 12 of the Constitution, and is unconstitutional in terms of section 36 of the Constitution" (Mailula & Mokgoroane, 2020, p. 285).

Based on the comparison of a South African and Namibian sample, Stephenson et al. (2020) emphasised that the South African legislation is a protective factor. They found that QIPV in SA was less prevalent than in Namibia because queer sexual orientations are still illegal in Namibia thereby increasing minority stress. Similarly, queer individuals who experience same-sex domestic violence have theoretically been further empowered within the context of the DVA (Naidu & Mkhize, 2011).

> "The DVA has a more inclusive definition of domestic relationships [including queer relationships]. … DVA places obligations on the South African Police Service to monitor, enforce and oversee the implementation of the requirements in the DVA" (Naidu & Mkhize, 2011, pp. 274–275).

Ximba (2021) contends that through the Constitution and DVA, the 'personal' was made political; consequently, concepts that were previously taboo or supposed to be kept private or secret within the domestic domain, such as QIPV, have gradually been afforded more space in the public arena. However, papers included in this review found that despite a progressive Constitution and DVA that protects the queer communities' rights, South African law enforcement and support services are not adequately trained in, or are ineffectual at dealing with, QIPV (Tallis et al., 2020; Ximba, 2021).

> "Despite living in the first country that constitutionally guaranteed equality for citizens on the basis of sexual orientation, LGBTQ+ people in South Africa 'belong' differently to the national polity than heterosexuals" (Ximba, 2021, p. 6).

Even though legislation and the policies governing national institutions prescribe that these sectors must be adequately trained to address IPV and queer issues, Tallis et al. (2020) contend that implementation is yet to occur.

4.4.4.2 Advocacy Organisations

Findings point to non-government organizations (NGOs) as being significant protective factors for queer individuals. Some of these organisations include Sonke Gender Justice: One Man Can (Chicovore & Naidoo, 2016), Brothers for Life (Chicovore & Naidoo, 2016), Triangle Project (Lynch & Sanger, 2016), and G-Force: The Lesbian and Gay Community Health Centre (Moothoo-Padayachie, 2004). These queer-friendly environments are an important protective factor for individuals experiencing QIPV (Metheny et al., 2021). For instance, the Cape Town-based organisation, Triangle Project, provides space for queer African women to position themselves outside of dominant norms of gender and society. The organisation assists the process of feminist-orientated consciousness-raising, allowing queer individuals to be critical of hetero-gendered scripts while providing individuals with alternatives to heteronormative gender binaries in queer relationships (Lynch & Sanger, 2016; Sanger & Lynch, 2018). It further promotes gentle and respectful communication.

The Durban-based organisation, The Lesbian and Gay Community Health Centre: G Force, was founded to address the issue of lesbian IPV specifically due to the underreporting of QIPV (Moothoo-Padayachie, 2004). G-Force hosted a focus group to encourage lesbian women to share their experiences of their sexuality, including issues affecting them within their same-sex relationships. The intervention focused on providing a safe space for queer women to share and explore their experiences of QIPV as well as to focus on sexual orientation acceptance thereby addressing the issue of internalised queerphobia (Moothoo-Padayachie, 2004).

These organisations have the capacity to promote discourses within the queer community that normalise issues faced by queer individuals, which in turn promotes the establishment of a safe space for all queer experiences within the queer community. However, given the magnitude of the QIPV issue, there are a lack of NGOs to sufficiently support the queer community as a whole.

4.4.4.3 Pro-queer Media: Normalisation

The media plays a major role in how QIPV is perceived, as it strongly influences public opinion (Ximba, 2021). This implies that the media can either normalise queer issues or increase its marginality within society.

> "The media directly influence the attitudes of the public through perpetuating the stereotypical depiction of the LGBT community" (Moothoo-Padayachie, 2004, p. 84).

The media can either present the public with tropes of what it means to be an LGBTQ+ individual, or it can present them more accurately, which helps to increase pride and awareness (Metheny et al., 2021). As Ximba (2021) points out, '*Intersections*' (a South African television show) "brought sex and sexuality and discussions about partner violence, which are privatised and taboo, into the South African public sphere" (p. 7). Ximba highlights the significance of documentaries, such as 'Dear Friend' (2019) and theatre productions, such as 'The Suit' (2019), which both depict and encourage discussion of QIPV. Therefore, non-government organisations' garnering media support and awareness of queer issues, including QIPV, represent an important protective factor. An example of such an initiative is Brothers for Life, which is an organisation that promotes discourse around same-sex male IPV (Chicovore & Naidoo, 2016). Nevertheless, Muthien (2004) suggests that queer stereotypes still abound in the media.

4.4.4.4 Individual and Relationship Characteristics

Individual resilience was found to be a protective factor for IPV (Eaton et al., 2013; Henderson, 2012). Eaton et al. (2013) contend that "there is also evidence of resiliency among populations generally considered marginalized by society (e.g., MSMW); this resiliency can serve as a protective factor against negative psychosocial health factors" (p. 1306). It is thus suggested that the resilience that queer individuals have built up, acts as a protective factor against some of the risk factors of QIPV, including experiences of external and internalised queerphobia. Henderson (2012) found that individuals who had interrogated normative gender power relations and deconstructed expected power relations, were able to find agency and create different relationship dynamics. Similar studies in SA were not found in the systematic review process for queer female individuals. Mayeza (2022) found that having the agency to dissolve a toxic relationship had a significant protective effect on participants. Considering relationship characteristics, Stephenson et al. (2020) found that there were far fewer reports of QIPV when couples also reported higher levels of happiness within their relationship, or when men reported higher levels of commitment.

4.4.5 Theme 5: Lack of Research and Accurate Knowledge

All the studies included in the systematic review found that not enough research had been conducted into QIPV in SA and thus emphasised that further qualitative and quantitative studies are needed (Chicovore & Naidoo, 2016; Naidu & Mkhize, 2011; Stephenson et al., 2011, 2020). Subthemes identified within the overall theme of *gaps in knowledge* include (1) silence, invisibility and erasure of QIPV; (2) consideration of intersectionalities; (3) research into the nuances of QIPV, and; (4) research for increased queer support.

4.4.5.1. Silence, Invisibility, and Erasure of QIPV

Several studies in this systematic review emphasise that IPV among MSM is a risk factor for HIV (Dunkle et al., 2013; Eaton et al., 2013; Henderson, 2012; Kaighobadi et al., 2019; Metheny et al., 2021; Stephenson et al., 2011, 2020). It is stated that "The prevalence of IPV [among MSM] … in SA is a public health concern and is related to sexual risk-taking behaviour" (Stephenson et al., 2011, p. 347) and that "IPV [among MSM] is a key antecedent of HIV risk" (Stephenson et al., 2020, p. 8). Scholars have called for more research into the correlation of IPV to HIV among queer men (Dunkle et al., 2013).

> "IPV among gay and bisexual MSM is thought to be part of the HIV risk syndemic because it contributes to a cycle of violence (often bidirectional) that stems from high levels of minority stress. … HIV and IPV risk factors often exist concurrently (are inextricably linked), and both exist and are likely driven by an environment of intense discrimination, which likely leads to more proximal forms of stigma" (Metheny et al., 2021, pp. 8–9).

Existing research provides some understanding of the pathways that lead to QIPV among males. However, QIPV research focuses predominantly on MSM within the context of HIV. The focus considers how MSM exposed to IPV are at increased risk of spreading HIV. This accounts for the lack of focus on queer women, as they are not considered high risk within wider society in terms of spreading HIV. This also accounts for the lack of research into more nuanced understandings of QIPV.

Several studies included in the review suggested a need for a more nuanced understanding of the silencing, invisibility and erasure of QIPV in SA (Henderson & Shefer, 2008; Moodley & Bowman, 2021; Ximba, 2021). Indeed, Ximba (2021) emphasises the invisibility of queer women's experiences of IPV within feminist activism. Henderson and Shefer (2008) contend that the 'unsaid', or that which is silenced within queer relationships and the queer community, needs to be explored in order to allow power dynamics to be fully unpacked and understood. In consonance, Moodley and Bowman (2021) found that their participants resisted victimhood, resulting in silencing.

> "Reconstitution of violence as an activity that can be chosen or desired as a means to resist being construed as a victim holds some important implications for conceptualising violence within the conventional moral frameworks which underpin much violence scholarship … content analysis about Same-Sex IPV (SSIPV) suggests that constructions of violence are variously anchored by a range of specifically mobilised moral orders and positions and provide fertile ground for developing much-

> needed new theoretical resources for advancing our understandings of violence" (Moodley & Bowman, 2021, p. 10).

There is a lacuna of research into queer individuals' participation in the process of silencing, including how moral frameworks are adapted to allow for such silencing whereby QIPV is constructed as normal. This relates to the subtheme of resisting victimhood which becomes a barrier to help-seeking, but also renders such violence invisible (Finneran et al., 2012; Kaighobadi et al., 2019; Moodley & Bowman, 2021; Tallis et al., 2020). In parallel with this, Mayeza (2020) also contends that there is a lack of research on the part of the victim of QIPV, as well as a lack of research on the psychological impact such violence has on the perpetrator. Silencing therefore occurs at various levels, and for various reasons, impacting the research being conducted, as well as creating barriers to research sampling due to shame.

To better understand the unique power dynamics within queer relationships and the possible violence within these relationships, our understanding of IPV needs to be adapted and adjusted to the context (Moodley & Bowman, 2021; Ximba, 2021). The current conceptualisation of IPV has contributed to major gaps in research, in particular when considering the experiences of gender non-conforming and transgender persons (Lynch & Sanger, 2016). To address erasure, invisibility and silencing, researchers have called for a reconceptualising of IPV in general that includes queer IPV and considers broader understandings of sexuality and gender (Moodley & Bowman, 2021; Ximba, 2021). Scholars contend that deconstruction of the gender binary is central to reconceptualising IPV, allowing it to be more fluid to the point where same-sex IPV becomes more comprehensible within both male and female queer relationships (Moodley & Bowman, 2021; Ximba, 2021).

> "Giving words to the reality of LGBTQ+ IPV, [constructing] a precise definition gives women the means to explain their experiences and seek help" (Ximba, 2021, p. 3).

Ximba (2021) contends that the deconstruction of the gender binary within the definition of IPV needs to occur to the degree that it is comprehensible that women can acquire power that they can also abuse and misuse. This would similarly address the misconception that because men naturally have power, they have equal power in relationships, therefore resulting in the assumption that there can be no QIPV (Henderson, 2012). Furthermore, Henderson and Shefer (2008) have called for research examining how flexible, or alternative, masculinities contest heteropatriarchal stereotyped constructions of masculinity and are viable alternatives within queer relations. However, research is also required into how IPV may manifest within these alternate relationships.

4.4.5.2. Intersectionalities

Intersectionalities research. Several scholars whose research was included in the review identified the need to increase research on QIPV from an intersectional research perspective (Eaton et al., 2013; Finneran et al., 2012; Lynch & Sanger, 2016; Mailula & Mokgoroane, 2020; Moodley & Bowman, 2021; Sanger & Lynch, 2018; Stephenson et al., 2011, 2020; Ximba, 2021). Researchers need to focus on recruiting participants from a more diverse population so that the demographics of the sample are not limited to middle-class White people living in urban areas (Finneran et al., 2012). In accord, Stephenson et al. (2011) and Eaton et al. (2013) suggest that there is scant research into the experiences of queer individuals with African ancestry. Eaton et al. further emphasised the need to include Coloured populations in future research, contending that "due to their cultural beliefs, Black and Coloured populations tend to hold strict views about sex, gender and family roles" (p. 1306). In general, there is inadequate research on the ways sexuality, race, and gender feature in accounts of QIPV (Moodley & Bowman, 2021).

> "Missing from the literature is an understanding of the experiences of IPV among male couples in SA where social norms and restrictions around same-sex behaviour may be more conservative" (Stephenson et al., 2020, p. 1).
>
> "[Due to] the triple oppression impressed by racism, sexism and class … intimate partner violence remains undiscussed, and its reality for LGBTQ+ women, erased" (Ximba, 2021, p. 5).

Several researchers highlight that there is a lack of research and knowledge specifically around how classism, sexism and racism intersect with QIPV and produce variations of experiences of oppression (Mailula & Mokgoroane, 2020; Lynch & Sanger 2016; Ximba, 2021). Black lesbian women in contexts of poverty are particularly underrepresented in academia (Mailula & Mokgoroane, 2020). In consonance, researchers contend that target populations should include queer individuals living in communities in which queerness is still stigmatised. These include individuals living in rural areas and townships, and should not be overly reliant on internet surveys which exclude individuals living in poverty-stricken contexts (Eaton et al., 2013; Finneran et al., 2012; Stephenson et al., 2020). Furthermore, Finneran et al. (2012) emphasise the importance of understanding demographic risk factors in various settings, empowering health practitioners to better screen for QIPV and improving interventions.

4.4.5.3. Research into the Nuances of QIPV

From a purely statistical perspective, there is a need for studies investigating the prevalence of different forms of IPV in queer relationships in SA (Naidu & Mkhize, 2011). Additionally, scales used to measure QIPV within the African and South African contexts require adaptation. For instance, some violent acts experienced by South African queer individuals may not be perceived as IPV and will thus not be captured on existing instruments (e.g., psychological and emotional abuse) (Stephenson et al., 2020).

Tallis et al. (2020) and Metheny et al. (2021) contend that there is a need to investigate the continuum of violence within queer relationships and how IPV manifests between queer couples. In addition, Ximba (2021) emphasised the importance of subjectivity and specificity within individual stories, leading to varied and more-encompassing definitions of perspectives of abuse. Studies must focus on uncovering and analysing the drivers of IPV among queer individuals (Tallis et al., 2020). There is a gap in research documenting queer individuals' subjective experience of power dynamics within their relationships, and of QIPV in SA. This gap extends to explorations into coercive practices within queer relationships (Naidu & Mkhize, 2011). In particular, Black and Coloured queer individuals' experiences in SA are underrepresented and poorly understood (Henderson, 2012; Ximba, 2021). Exploratory qualitative research is key to developing sensitive QIPV scales and for conducting meaningful quantitative queer studies.

4.4.5.4. Research for Increased Queer Support

Few South African studies have considered the effect of heterosexist social pressures as a risk factor for QIPV. These pressures include queerphobic discrimination, internalised queerphobia and heterosexism (Finneran et al., 2012). Secondary victimisation significantly decreases queer support and exerts social pressure. Understanding secondary victimisation can thus help to increase queer support. Activist researchers have lobbied for increased awareness of the need for queer support and emphasised the importance of better understanding secondary victimisation (Lynch & Sanger, 2016; Naidu & Mkhize, 2011). In emphasising the shortfall in existing IPV programmes, Ximba (2021) underscored the "limited definition of IPV reflecting notions of gender, family and sexuality that continue to oppress LGBTQ+ people" (p. 2). Ximba et al. contend that the heterosexual roots of secondary victimisation need to be understood, as queer individuals' experiences of IPV continue to be erased and silenced as they remain incomprehensible.

Several research articles included in the review advocated for queer-specific IPV prevention programmes and suggested some guidelines (discussed in theme six below) (Eaton et al., 2013;

Finneran et al., 2012; Tallis et al., 2020). However, these programmes must be based on accurate knowledge; consequently, research plays a central role. Henderson (2012) contends that South African queer individuals' narratives need to be heard and that a need exists for these life stories to be affirmed through research, specifically because their narratives have been historically undermined and belittled. Eaton et al. (2019) suggested that studies need to focus on the needs of queer individuals exposed to IPV living in township and rural areas in order to develop more targeted intervention programmes. Similarly, Finneran et al. (2012) posit that further research should clarify how specific pathways of queerphobic social pressures influence the risk factors related to QIPV.

More research is required to investigate the impact of internalised queerphobia, sexual orientation discrimination and other drivers of QIPV (Eaton et al., 2013). Accurate local knowledge and understandings can be used to advocate for the development of context specific QIPV prevention programmes (Finneran et al., 2012). In another vein, Ximba (2022) underscores the need for a better understanding of the role of media in garnering queer support as it influences how queerness, and more specifically QIPV, is perceived by the general public, within the queer community, and by queer individuals themselves. By researching queer stereotypes in the media, pro-queer organisations can lobby for change in representation.

4.4.6 Theme 6: Strengths and Weaknesses of QIPV Interventions

Intervention programmes for gender-based violence primarily target heterosexual women (Muthien, 2004; Ximba, 2021). Studies included in this review proposed that interventions geared towards IPV need to be extended to include the whole LGBTQ+ community (Moothoo-Padayachie, 2004; Muthien, 2004; Ximba, 2021). However, researchers also contend that there needs to be an increase in advocacy for, and development of, prevention programmes unique to QIPV (Chicovore & Naidoo, 2016; Dunkle et al., 2013; Eaton et al., 2013; Finneran et al., 2012; Henderson & Shefer, 2008; Lynch & Sanger, 2016; Muthien, 2004; Naidu & Mkhize, 2011; Tallis et al., 2020). The three sub-themes below discuss the broad strategies proposed by the included studies to decrease QIPV; these strategies are focused on; (1) the macro-level, (2) the meso-level and (3) the micro-level. Metheny et al. (2021) suggest that targeting several levels of the socio-ecological model is essential (Chicovore & Naidoo, 2016). Similarly, Stephenson et al. (2020) concur but highlight that interventions should target and interrogate conservative social norms, regardless of the level, to maximise normative shifts.

4.4.6.1. Intervention at the Macro-level

Moothoo-Padayachie (2004) emphasise the importance of viewing QIPV as a human rights issue and not only a domestic issue. At the macro-level, researchers contend that efforts should be made to

increase governments' commitment to this critically overlooked population and increase resource allocation (Lynch & Sanger, 2016; Muthien, 2004). It has been suggested that an inter-departmental governmental approach is required to create social change (Muthien, 2004). Interventions are necessary at the governmental level, as they are a funder of service providers. Thus, government and policy should not be rooted in heteronormativity; rather, efforts should be made to guarantee that funds are utilised in ways that include queer individuals (Lynch & Sanger, 2016; Muthien, 2004). In addition, Stephenson et al. (2020) contend that if queer human rights are upheld in SA, legal protection will be provided which will potentially decrease minority stressors and improve the quality of queer relationships. It is highlighted that "the role of stigma, stress and maladaptive coping strategies shape IPV; this points to the need for intervention across socio-economic levels" (Stephenson et al., 2020, p. 9). Thus, funding strategies should consider the impact of intersectionality and ensure that individuals exposed to more than one form of oppression (e.g., triple oppression) also have access to support services (Chicovore & Naidoo, 2016). Intervention by NGOs at the macro-level, need to interrogate the structural constraints of heteropatriarchal norms on queer individuals' agency (Chicovore & Naidoo, 2016). This is particularly true of queer individuals with oppressive intersectionalities (Chicovore & Naidoo, 2016).

> "Women's organisations do not see queer issues as women's issues and make it seem as though they have to deal with women's issues first. … If GBV interventions do not also focus on lesbian women, then they are further marginalised and rendered invisible" (Moothoo-Padayachie, 2004, p. 83).

Muthien (2004) suggests that "gender-based violence (GBV) organisations should cater for women of all sexualities, and queer organisations should address GBV as well" (p. 97). In consonance, Chicovore and Naidoo (2016) contend that solidarity work between heterosexual and queer-focused IPV organisations is required to consolidate efforts. Interventions should aim to disrupt pathways between stigma and IPV for partnered queer individuals and provide essential services for this critically overlooked population.

At the structural level, interventions need to promote the establishment of safe spaces for competent, comprehensive healthcare services to be accessed (Chicovore & Naidoo, 2016; Lynch & Sanger, 2016). Government institutions, law enforcement authorities, and medical and mental health systems need to be geared towards providing services to the queer community without discrimination. Therefore, resources are required to set up interventions and services of appropriate scale that can address violence against the queer community in both society and within queer intimate relationships (Chicovore & Naidoo, 2016; Lynch & Sanger, 2016; Tallis et al., 2020). For this to happen, service

providers (police, healthcare workers and social workers) need to be trained to deliver their services sensitively and adequately (Chicovore & Naidoo, 2016; Lynch & Sanger, 2016; Naidu & Mkhize, 2011). To affect change at the macro and structural levels, activism groups and NGOs must develop materials for educational purposes and disseminate them to service providers (Lynch & Sanger, 2016). For shifts in social norms to occur, queerness should be normalised in education from an early age and included in broader sexualities training (Muthien, 2004).

Regarding raising awareness in SA, Dunkle et al. (2013) highlight that public mainstreamed messages regarding HIV prevention should include messages for same-sex male intercourse as well as address QIPV. Thus, HIV prevention and sexual health interventions for South African men should unashamedly speak to the issue of male-male sexual violence (Dunkle et al., 2013). It is equally important that interventions garner media support; the media plays a central role in conscientizing the public (Chicovore & Naidoo, 2016; Muthien, 2004; Ximba, 2021). Consequently, activist organisations at the structural level should survey, interrogate, and prevent negative stereotypes in the media (Muthien, 2004). In consonance, Ximba (2021) suggests that new conversations in the public arena can be facilitated through creative artistic works.

4.4.6.2. Intervention at the Meso-level (broader community and service providers)

Intervention at the community level should focus on promoting the establishment of safe, shame-free spaces where queer individuals do not need to hide or live in fear (Chicovore & Naidoo, 2016). These interventions need to target the queer community, garner family support, and promote community engagement (Chicovore & Naidoo, 2016). Interventions must take a coordinated, context-specific, community-based approach (Chicovore & Naidoo, 2016; Eaton et al., 2013; Finneran et al., 2012; Moothoo-Padayachie, 2004; Muthien, 2004).

> "Context is critical. … This finding highlights the importance of understanding the unique history and culture of a given community. … interventions developed in one area or country may need modification before they can be used in other locations" (Finneran et al., 2012, p. 268).

> "Close collaboration with community partners is needed to change the policies and social norms that drive the stigma facing [same-sex] couples" (Metheny et al., 2021, p. 4).

> "Interventions addressing violence need to take into account survivors' social and cultural contexts" (Moothoo-Padayachie, 2004, p. 85).

Funding is needed for rural, peri-urban and township areas; this relates back to the need for macro-level intervention (Eaton et al., 2013; Finneran et al., 2012; Moothoo-Padayachie, 2004; Muthien, 2004). For instance, Eaton et al.'s (2013) findings suggest that behaviourally bisexual men who reside in rural areas and townships would greatly benefit from increased social support and a sense of safety in the community. Additionally, dedicated safe spaces for queer individuals are required in diverse settings (Chicovore & Naidoo, 2016). Research plays an important role in developing interventions that consider the unique psychological health problems of South African queer individuals with various demographic variables. Interventions should thus take an intersectional approach (Eaton et al., 2013; Finneran et al., 2012; Moothoo-Padayachie, 2004; Muthien, 2004). It is of note that Lynch and Sanger (2016) reported that queer Black women are often overlooked in research and interventions; thus, more inclusive action research and interventions should be developed at this level.

Considering service providers, shifts are required in how the police and healthcare workers treat same-sex violence in order to prevent secondary victimisation (Moothoo-Padayachie, 2004). Consequently, service providers need to be trained and educated through a non-heteronormative lens so that they are prepared to deal with queer individuals within their specific contexts (Chicovore & Naidoo, 2016; Moothoo-Padayachie, 2004; Tallis et al., 2020; Ximba, 2021). Service providers need to be educated in a way that allows them to build an understanding of the lived experiences of same-sex relationships (Tallis et al., 2020).

> "Broader efforts to change social norms surrounding attitudes towards homosexuality are needed to reduce the intense stigma and discrimination facing many male couples in under-resourced communities. Interventions need to buffer against minority stress and reduce its negative implications" (Metheny et al., 2021, p. 9).

To facilitate education and training, NGOs need to develop educational programmes and materials (Muthien, 2004). For instance, to conduct IPV screenings during routine HIV tests while simultaneously educating queer men about the HIV risk associated with QIPV (Stephenson et al., 2020). At the same time, service providers need to be properly trained to ensure the appropriate application of the DVA and Sexual Offences Act when relevant in cases of QIPV (Tallis et al., 2020). Further, educators must be competent in screening for risk factors of IPV, such as generic abuse, whilst also receiving training not to be abusers themselves (wittingly or unwittingly) (Muthien, 2004).

Interventions targeting the wider queer community need to facilitate discourses around QIPV with the aim of acknowledging that IPV is an issue which also affects the queer community (Tallis et al., 2020). Interventions at the community level should aim to break the cycle of shame and silence

around QIPV, thus increasing these individuals' abilities to access much-needed services from within their communities (Lynch & Sanger, 2016; Muthien, 2004; Tallis et al., 2020). Part of interrogating this silence involves acknowledging the lack of solidarity within the queer community thereby allowing it to be addressed (Moothoo-Padayachie, 2004).

> "Women are not allowed to own the term 'queer', which has come to represent solidarity and pride in being homosexual. … Issues around the stereotypical treatment of the term 'gay' and 'queer' need to be explored and women's voices in the LGBT community need to be heard" (Moothoo-Padayachie, 2004, p. 83).

Bisexual individuals are similarly not allowed to own the term 'queer' (Eaton et al., 2013). This lack of solidarity has resulted in further marginalisation within the queer community; however, the issue is also silenced as it may further damage the already stigmatised image of the queer community (Moothoo-Padayachie, 2004). In this regard, Tallis et al. (2020) contend that it is necessary to consider how individuals can speak out about issues such as QIPV in the queer community without the anxiety of tarnishing the image of the community (Tallis et al., 2020). The silencing of QIPV is related to fear that it may harm the community. However, the effects of this silencing are further amplified when individuals are marginalised within the queer community; their needs should be at the forefront of campaigns (Tallis et al., 2020). For instance, dedicated safe spaces need to be established that allow for discussions about marginalisation within the queer community as well as instances of QIPV (Tallis et al., 2020). Simultaneously, community outreach and support groups are required to tackle such violence in queer relationships. These interventions should promote the establishment of accurate knowledge that highlight unequal power dynamics and legitimise experiences of QIPV (Tallis et al., 2020). Several researchers suggest that this should be the point of departure for all interventions (Henderson, 2012; Henderson & Shefer, 2008; Tallis et al., 2020). This approach would aid the process of preventing oppression within the queer community and within queer relationships (Moothoo-Padayachie, 2004; Tallis et al., 2020). Thus, there should be recognition that all forms of IPV can occur for any LGBTQ+ individual, including psychological, economic, emotional, sexual and physical.

4.4.6.3. Intervention at the Micro-level

Muthien (2004) contends that there is a great need for community and individual involvement in addressing the issue of QIPV. Chicovore and Naidoo's (2016) findings suggest that interventions are required at the individual level that increase queer individuals' resilience through financial stability, thus increasing their access to opportunities and elevating their quality of life. Strategies to increase resilience include developing intervention materials that educate queer individuals about their human

rights and legislation in SA that exists to protect them (Naidu & Mkhize, 2011; Tallis et al., 2020; Ximba, 2021). Interventions should aim to increase queer individuals' knowledge of existing services and legal remedies available to them to protect their rights (Naidu & Mkhize, 2011; Tallis et al., 2020; Ximba, 2021). Interventions at the individual level should aim to de-stigmatise queerness and QIPV, increasing these individuals' ability to access much-needed services (Lynch & Sanger, 2016; Muthien, 2004).

Interventions should also include a dyadic focus for couples who experience bi-directional QIPV. Dyadic interventions should focus on communication and stress management skills (Metheny et al., 2021; Stephenson et al., 2020).

> "Dyadic interventions … grounded in couples interdependence theory, that seek to leverage and build positive relationship dynamics such as communication strategies could lead to increased social support and communal coping, buffering the efforts of chronic minority stress. Simultaneously, couples-based interventions aim to decrease bidirectional violence and promote relationship functioning - which may help prevent the negative health and social implications of minority stressors in this population" (Metheny et al., 2021, p. 9).

Several studies focusing on HIV prevention suggested that prevention interventions targeting queer men should address psychological health and QIPV (Dunkle et al., 2013; Eaton et al., 2013; Metheny et al., 2021). Recommendations included developing and providing material about relationship conflict, violence, and communication skills training as a means of decreasing QIPV (Metheny et al., 2021). Similarly, Stephenson et al. (2020) posit that interventions should "provide [queer] couples with skills to understand and cope with [the] unique stressors they experience." Eaton et al. (2013) were in agreement and suggested that it is also necessary to address other associated issues, including past experiences of trauma, risk-taking behaviour, and issues of inadequate physical and mental healthcare that seemingly exacerbate QIPV.

Moodley and Bowman (2021) identified the need for interventions to focus on queer men's "reconstruction of violence as an activity that can be chosen or desired as a means to resist being construed as a victim" (p. 10). They contend that this reconceptualization has significant implications for intervention strategies, including conscientizing queer men as to what constitutes QIPV and providing materials that destigmatise such violence among couples (Moodley & Bowman, 2021). Moodley and Bowman emphasised that interventions must be grounded in understanding the silence around QIPV, including how moral frameworks are adopted to resist victimhood.

> "Future violence prevention research and interventions need to take cognisance of what amounts to a fundamental resistance to the category of victimhood amongst gay men" (Moodley & Bowman, 2021, p. 11).

> "The challenge of hegemonic masculinities is imperative not only for heterosexual men and towards gender equality but also for challenging homophobia and facilitating more equitable relationships between gay men" (Henderson & Shefer, 2008, p. 1).

The significant role of research is emphasised whereby accurate knowledge and understanding, that is grounded in people's everyday experiences, is generated. Research can provide accurate knowledge that can be used to inform context-specific gender transformative interventions that cease the constructions of violent masculinities. It is noteworthy that similar understanding of female and non-binary QIPV is needed if interventions are to be targeted.

Chapter 5: Discussion

5.1 Introduction

This study aimed to systematically review the existing literature to generate a synopsis of QIPV in SA. The key themes generated from the analysis process and presented in the results chapter are; (1) *silence of QIPV: the normative context of QIPV in SA*; (2) *characteristics of QIPV in SA*; (3) *barriers to seeking help*; (4) *success and failures of protective factors*; (5) *lack of research and accurate knowledge*, and; (6) *strengths, weaknesses, and ways forward for QIPV interventions*. Although these themes were presented separately, they interact in dynamic ways, creating a tapestry of meaning and understanding of the experience of QIPV in SA. The themes and subthemes identified in the previous section may be collapsed in this discussion, allowing for a more integrated conceptualisation. In this Chapter, I will draw on current QIPV literature and position my findings within the present evidence body while using relevant theory to aid the discussion. The meanings and implications of these findings will be discussed using an epistemic injustice framework and interpreted from a post-structuralist feminist and queer theory perspective. This will help to explore and understand the social injustice that queer survivors and perpetrators of IPV experience in SA. From this, future research directions and QIPV intervention guidelines can be developed. Despite the section dedicated to directions for future research, gaps will inevitably arise throughout the discussion, given the dearth of South African research. I conclude this Chapter by discussing the potential limitations and strengths of the systematic review.

5.2 QIPV in SA

This section discusses findings related to the normative context of QIPV in SA, specifically focusing on heteronormativity. However, the effects of intersecting social positions on queer individuals' experiences of IPV are also discussed to understand the manifestation of this phenomenon, including its detrimental outcomes.

5.2.1 The Normative Context of QIPV in South Africa

In agreement with international research, the current findings confirm that QIPV in SA occurs within the milieu of patriarchal hetero-gendered norms (Cannon et al., 2015; Cannon & Buttell, 2016a; Messinger, 2017). Furthermore, Matebeni (2014) and Epprecht (2009) link this milieu to colonial laws and agendas that discriminated against queer citizens; suggesting that through this, queerness came to be seen as unAfrican. Thus, QIPV occurs within a social structure threatened by, and abusive towards, alternative sexualities and lifestyles. Consequently, queer individuals are marginalised and subjected to the violence of not fully belonging to the envisioned free post-apartheid SA (Judge &

Nel, 2018; Shefer, 2019). In line with the research by Judge and Nel (2018), and Stephenson et al. (2014), the results suggest that the post-apartheid context of heteronormativity and norms of dominance and aggression have significantly impacted queer individuals compared to their heterosexual counterparts. Heteronormativity shapes how society perceives queer identities and their experiences of IPV, overarchingly impacting their access to formal and informal support and help. Consequently, results indicate that heteronormativity is an overarching risk factor for QIPV and within this heteronormative context, societal knowledge about IPV is produced.

The results of this systematic review indicate that QIPV has been rendered invisible in the public domain and occurs alongside stereotypes about queer individuals, queer relationships and IPV. This is in agreement with existing research findings (Buller et al., 2014; Messinger, 2017; Ogunbajo et al., 2020; Stephenson & Finneran, 2013). Stereotypes about QIPV are seemingly not the product of attained knowledge; rather, they are rooted in commonplace assumptions and conceptualisations of sexuality, gender and IPV. Thus, societal knowledge that is produced about queer bodies and lives, is rooted in common stereotypes and assumptions. Nevertheless, this inaccurate knowledge is seemingly perceived as factual information about queer individuals and their experiences of IPV. This trend can be partially explained by Epprecht (2009), who points to the colonial origins of this inaccurate knowledge production in Africa. Within the SA context, this was further reinforced by the apartheid government (Judge & Nel, 2019).

Results indicate that the existing literature does not reveal a comprehensive understanding of QIPV; hypothetically, this may result from dominant norms within academic institutions. This is consistent with Cannon et al. (2015), who considered the impact of traditional feminist perspectives rooted in heteronormativity, on the production of queer knowledge. In the same vein, Rollè et al. (2018), found that several fears created barriers to the public discussion of QIPV due to dominant social norms. It can be inferred that the erasure and invisibility of QIPV in popular culture and research, intensify the unhindered and imprudent adoption of queer and IPV stereotypes. This can be explained using the *stereotype content model*; through this lens, social status is combined with conceptualisations of gender and sexuality to inform social perceptions of sexual orientation and IPV (Koenig & Eagly, 2019; Mize & Manago, 2018). Thus, the dominance of heteronormativity has a significant effect on how IPV and queerness are perceived in SA. Pluckrose and Lindsay (2020) contend that societal violence against queer individuals includes the repudiation of queer lives and queer relationships, and by extension, the reality of QIPV. Stereotypes such as these are only suppressed when the general population is aware of such stereotypes' negative impact. However, all members of society are consciously or unconsciously influenced by queer stereotypes regardless of whether they overtly

agree or oppose them (Koenig & Eagly, 2019; Mize & Manago, 2018). Notably, Cannon et al. (2015) contend that culturally generated ideologies of femininity and masculinity unnerve open discussion of QIPV. Stereotypes that erase QIPV (for instance, those that suggest that it does not exist or is innocuous) give rise to its invisibility in South African society and in academic institutions. This is in alignment with international research (Collison, 2018; Messinger, 2017; Rollè et al., 2018).

The results reveal that when QIPV is made visible by a queer individual, it does not aid conscientisation, but contrastingly, it reinforces stigma and becomes an opportunity for discrimination. This can be explained using Patai's (1992) concept of "the stigma of surplus visibility" (pp. 35–37), whereby any visibility is used as an opportunity to assign blame, promote ignorance, and engrain stereotypes about queer individuals, queer relationships and QIPV. Consequently, assumptions about queerness and IPV are made from a flawed epistemological base which is in agreement with Cannon and Buttell (2016). Accordingly, QIPV is frequently rendered incomprehensible or discredited altogether. Alternatively, visibility is perceived through prejudicial lenses that unavoidably seek out proof to corroborate prevailing assumptions, stereotypes and negative attitudes (Fricker, 2007; Kidd et al., 2017). Therefore, these lenses shape how IPV within queer relationships is perceived.

Myths about queer couples, and their subsequent effects on queer individuals, can be understood as follows: assumptions based on gender that are steeped in heteronormativity result in hermeneutical epistemic injustice which makes it impossible for queer individuals to claim experiences of IPV with such violence being incomprehensible (Fricker, 2007; Kidd et al., 2017). This was evident in the results when accounts of QIPV were not believed due to the speaker's sexual orientation, or when queer individuals themselves could not comprehend their own experiences in relationships as IPV. Alternatively, these myths may result in testimonial epistemic injustice, as illustrated by the results when queer testimonies were disregarded due to how queerness or same-sex relationships were perceived (Fricker, 2007; Kidd et al., 2017). This was illustrated in the results when queer individuals had their experiences minimised by others, or alternatively, minimised their own experiences. The findings indicate that epistemic injustice is also present within the queer community, where fear that QIPV could be used to stigmatise the community further silences and renders such experiences invisible. This is in consonance with Turell et al. (2012), who found that only vague awareness of IPV existed within the queer community and hence suggested that there was not yet a readiness to confront QIPV from within the community. Indeed, Fricker (2007) connotes epistemic injustice as a significant barrier to comprehending and generating accurate knowledge.

The results outlined above create an understanding of the context of QIPV in SA, which is in line with several SA newspaper articles (i.e. Collison, 2018; Gallagher, 2021; Sioga, 2018; Stanley Ncobela, 2021; Wicks, 2017). The findings support the notion that heterosexism results in a lack of queer support; generally speaking, as queerphobia increases, so too do queer individuals' experiences of social isolation and lack of support. This increases their vulnerability to IPV and corresponds with the existing body of literature (Messinger, 2017; Rollè et al., 2018). Following Messinger (2017), the current findings indicate that perceived stigma results in queer individuals internalising stereotypes. For instance, the stereotype that queer men are less masculine, may become internalised. Intimate partner violence may be one avenue to resisting this emasculation. Additionally, women are not socially perceived as dangerous and strong; thus, IPV among queer female couples is often perceived as harmless. This may make a survivor reluctant to report QIPV because such violence is supposedly harmless. Both these findings are consistent with Rollè et al.'s (2018) international findings. The consequence of hetero-gendered norms involves the increasing tendency to deny the existence of, or minimise, the severity of QIPV. Despite the invisibility of QIPV in SA, findings from this study align with USA findings that suggest queer couples experience IPV at the same or elevated rates relative to their heterosexual counterparts (Messinger, 2011; Walters et al., 2013).

The results indicate that heteronormativity impacts queer relationships and power dynamics, and is an effect that couples may be unaware of, in agreement with Cannon et al. (2015) and Messinger (2017). Moreover, queer relational power dynamics can be understood using post-structural feminism and queer theory. From this perspective, dominant norms inform queer individuals' access to knowledge, power, thereby shaping power relations within queer intimate relationships by determining their available avenues to power (Cannon et al., 2015). Avenues to power may thus be covert.

5.2.2 Intersectionality of QIPV in SA

The present findings suggest that in SA, QIPV must be understood within a frame of violence acceptance and power inequality within the wider context, whereby power is asserted through violence (Judge & Nel, 2018; Nkosi et al., 2021). Therefore, the current findings raise interesting questions about the impact of apartheid on the manifestation of QIPV and may help us to understand the legacy of apartheid with its associated racism and queerphobia. In conjunction to this, salient attendant variables of race, class and sexual orientation conjoin to shape the landscape of violence for queer individuals in SA. This is consistent with the findings of Judge and Nel (2018), and Stephenson et al. (2014). Consequently, queer knowledge and experience are shaped by differences and inequalities in these intersecting demographic variables. This supports the conceptual premise of

intersectionality when attempting to understand QIPV within SA (Cannon et al., 2015; Cannon & Buttell, 2015; Crenshaw, 1991; Judge & Nel, 2018). The results suggest that various intersections shape queer individuals' social positions and, consequently, their experiences of QIPV.

The current results indicate that intersections of sexuality, race and class reproduce violence that predominantly targets queer Black and Coloured individuals. However, results also show that the least is known about these specific populations due to convenience sampling methods and internet-based surveys that have led to predominantly White middle-class samples in SA. The findings suggest that the myth of queerness being unAfrican, is particularly influential to Black and Coloured queer individuals who desire to 'come out' to family and peers. The persistence of this myth negatively affects the kinds and quality of relationships they engage in, increasing their vulnerability to IPV in SA. Seemingly, heteronormativity as a risk factor, is intensified through certain intersections. The premise that certain intersections increase one's risk of QIPV has been well documented (Arscott et al., 2020; Edwards & Sylaska, 2013; Moino et al., 2023). This can be understood by considering the multiple layers of epistemic injustice experienced by individuals who experience multiple socio-historical oppressions which dovetail to generate severe, intricate forms of epistemic injustice (Butler, 2010; Crenshaw, 1991; Fricker, 2007; Judge & Nel, 2018). The current results support this, indicating that Black and Coloured queer individuals, living in townships or rural areas, are more vulnerable to experiencing QIPV, but also increasingly susceptible to the violence of having their experiences erased due to their unique social position. Intersections shape knowledge and therefore also alter queer individuals' comprehension of their own experiences of IPV (Butler, 2010; Crenshaw, 1991; Fricker, 2007; Kidd et al., 2017). For instance, Black African queer individuals in disadvantaged communities in South Africa understand and experience violence very differently compared to White middle-class privileged individuals. This is in consonance with the findings of Judge and Nel (2018).

The current results demonstrate that within SA's heteronormative society, a precise understanding of IPV has been constructed whereby only men can enact violence, and only women can be victims, and these constructions are located within heterosexual relationships. This is consistent with the findings of existing literature (Cannon & Buttell, 2016b; Messinger, 2017; Rollè et al., 2018; Shefer et al., 2005). Consequently, the multidimensional and dynamic nature of IPV is erased, disregarding men as potential victims, women as potential aggressors and the entire notion of QIPV. The current findings contest this hetero-gendered framing of IPV. Drawing from Cannon et al. (2015), and Cannon and Buttell (2016b), it is said that societal norms (i.e., patriarchy and heteronormativity), shape power dynamics and therefore shape the ways in which types of QIPV may manifest in relationships. Seemingly, the nuances of IPV can be better understood, and interventions more

effectively developed, if IPV is not only conceptualised from a patriarchal, heteronormative perspective.

The results show that the following social positions influence a queer individual's likelihood of being exposed to QIPV; (1) gender; (2) race; (3) age; (4) sexual orientation (with associated external and internalised queerphobia); (5) cultural and traditional practices (including religion); (6) geographic location; (7) class; (8) poverty (financial inequality) and (9) HIV status. These variables align with international studies confirming the presence of multiple layered inequalities (Buller et al., 2014; Goldenberg et al., 2016; Kimmes et al., 2019; Moino et al., 2023). Findings reported by Badenes-Ribera et al. (2019), Bosco et al. (2022), and Stephenson et al. (2014), suggest that internalised queerphobia associated with sexual orientation, is the most significant risk factor for perpetrating, or being a victim of, QIPV. In addition, poverty likely influences every aspect of an individual's life, exacerbating all other risk factors. Further studies are needed to better understand how the combination of various social positions impact queer individuals' vulnerability to specific types of IPV.

The results also indicate that queer men with more feminine traits are more vulnerable to sexual and physical IPV, because IPV is used to affirm power and dominance while proving the masculinity of the perpetrator. This is in line with the findings of Stephenson et al. (2014). South African researchers have shown how queer partners who refer to themselves in feminine terms, and refer to their partners in masculine terms, reinforce heterosexual gendered power dynamics of male dominance and female subordination (Rabie & Lesch, 2009; Shefer et al., 2005). Hetero-gendered norms therefore intersect with social inequalities (e.g., class, race, income, level of education, HIV status), creating and sustaining power imbalances in relationships and encouraging abuse. This is in accordance with the findings of Stephenson et al. (2014) and Goldenberg et al. (2016). Seemingly, differences within a couple create specific avenues to power that increases vulnerability to IPV within queer relationships. For instance, Kimmes et al. (2019) found that in the USA, the intersection of internalised queerphobia and HIV status was the most significant risk factor for IPV.

Despite some results suggesting that heteronormativity was the only variable associated with QIPV and that QIPV was independent of other variables (including race, age, level of education, geographic location, or exposure to homophobia). Other results highlight that race, age, level of education and geographic location are significant mediating variables that impact the intensity and manifestation of heteronormativity within specific communities. This is in line with the reported findings of Hill (2013). Regardless of perception, QIPV is invariably shaped through intersectionality.

The current findings identify specific relational and environmental risk factors, or triggers, that increase the risk of violence, including; (1) refusing consent to sex; (2) sexual risk-taking behaviour; (3) insecurity and jealousy in relationships; (4) drug and alcohol use and; (5) contextual violence (Goldenberg et al., 2016; Kimmes et al., 2019; Rollè et al., 2018; Stephenson et al., 2014). Findings also connote that the social positionality of queer individuals increases the likelihood that one or more of these factors will be present in a queer individual's life.

Queer communities should not be thought of as homogenous; instead, diversities within the community need to be recognised. In line with Walters et al. (2013) and Rollè et al. (2018), the current findings suggest that specific sexual orientation identities increase individual's vulnerability to IPV. Thus, data captured about cisgender gay men should not be generalised. For example, to transgender, bisexual, lesbian or non-binary individuals.

5.2.3 Effects on Queer-identifying Individuals and Their Relationships

5.2.3.1 QIPV Prevalence and Form

Positioning South African QIPV within a global context indicates that physical violence, victimisation and perpetration were substantially higher in SA than in Australia, Brazil, Canada, the UK and the USA. Sexual abuse had the second highest prevalence in SA among the six countries. No similar data was available for other forms of abuse. Despite the scope and severity of the problem in SA, the current research gap hinders our understanding of this phenomenon's prevalence and our ability to address it. Ogunbajo et al.'s (2020) West African study found that: 45% of the participants had experienced emotional abuse, 31% physical violence, 20% sexual assault, 55% monitoring, and 22% controlling behaviours. Consistent with the findings of Messinger (2017), the current results show that QIPV may be uni- or bi-directional, referring to one or two individuals in a relationship using IPV tactics, respectively. The present study, together with international findings, show that IPV manifests similarly in queer relationships as it does in heterosexual relationships. However, due to social position and legal stigmatisation for queer individuals, additional abusive tactics are at the abuser's disposal. In line with the findings of Callan et al. (2021) and Messinger (2017), these include threatening to 'out' the abused to their families if they report the IPV or using a partner's internalised queerphobia in abusive ways.

5.2.3.2 Hetero-Gendered Power Dynamics

Societal norms are set up so that only men are viewed to perpetrate several types of violence and to have motives for utilising violence. At the same time, women are viewed as only using violence in self-defence. This binarized approach oversimplifies and obscures how power is used, who has access

to it, and how they might utilise the power available to them (Cannon et al., 2015; Cannon & Buttell, 2015). The current findings indicate that unequal power dynamics occur within queer relationships regardless of whether the couple conforms to traditional gender roles or if no clear roles are assigned (i.e., non-binary, non-traditional relationship). This accords with earlier observations that showed how societal norms shape power dynamics. Specifically, the norms do not render those with fewer avenues to power incapable, rather they shape how, why, and which types of QIPV may manifest in relationships (Cannon et al., 2015; Cannon & Buttell, 2015, 2016b).

Sexual and gender identities (categorisations) are not problematic in themselves. However, macro-level social and mainstream discourses around gender and sexual orientation influence micro-level power dynamics, and these are assumed and taken for granted. Consequently, knowingly, or unknowingly, queer intimate relationships, including their dynamics of power, control and abuse, are influenced by larger social forces. For instance, the current findings show that heteronormative conceptualisations of genders become enviable due to how gendered scripts are framed; thus, even queer individuals are made to want to conform in order to access a measure of social credibility and belonging. These subtle distal stressors are internalised and shape queer individuals' self-image and relationships. Thus, the results illustrate how the uncritical acceptance of the gender binaries within queer relationships may result in practices of dominance and submission as well as abuse and violence. Consequently, queer individuals may assume scripts of 'toxic masculinity' to assert power. This dichotomy seemingly gives rise to narratives of power within queer relationships regardless of sex or gender.

5.2.3.3 Minority Stress

Consistent with the existing body of literature, the results suggest that distal and proximal minority stressors are risk factors for QIPV, as they increase individuals' propensity to be perpetrators, victims, or both (Ronzón-Tirado et al., 2022). The results seem to support the notion that heteronormative social pressures (heteronormativity, internalised homophobia and queerphobic discrimination) increase queer individuals' risk of IPV which is consistent with the findings of Messinger (2017) and Stephenson et al. (2014). When applying the current results to the sexual minority stress model, the pathways which lead to QIPV are better understood. Specifically, it illustrates how distal (external) and proximal (internal) stressors interact to shape IPV risk.

Distal stressors evident in the findings include; heteronormativity, stigma based on sexual orientation and queerphobic discrimination. Seemingly these experiences increase the likelihood that queer individuals will stay in the closet to protect themselves. However, this simultaneously generates a sense of alienation. The current findings indicate that queer individuals immersed in heteronormative

settings are at increased risk of IPV due to distal stressors. These findings are in line with international studies in this area (Edwards & Sylaska, 2013; Li et al., 2022; Messinger, 2017; Moino et al., 2023; Ronzón-Tirado et al., 2022).

Proximal stressors identified within the current findings include the thoughts and feelings that develop as a consequence of distal stressors, resulting in the internalisation of queerphobia and gender norms. These proximal stressors may, in turn, promote staying 'in the closet' and increase social isolation from family and peers. The results indicate that individuals who experience high levels of distal and proximal stress, both independently and cumulatively, are at increased risk of uni- and bi-directional QIPV. These findings broadly support the work of other studies in this area (Edwards & Sylaska, 2013; Li et al., 2022; Messinger, 2017; Moino et al., 2023; Ronzón-Tirado et al., 2022; Stephenson et al., 2014). The current findings also show that proximal and distal stressors can negatively influence a queer individual's sense of self and influence how they position themselves within relationships relative to a partner. The results indicate elevated levels of bi- versus uni-directional IPV among queer men which is consistent with international studies (Ronzón-Tirado et al., 2022; Stephenson et al., 2014). Moreover, Ronzón-Tirado et al. (2022) suggest that minority stress significantly contributes to this elevation.

The results related to minority stress (proximal and distal stressors) reveal one of the many pathways to QIPV. Minority stressors have been seen to erode an individual's self-esteem which is a risk factor for QIPV. An abusive partner may exploit this because partners with a low self-esteem are more vulnerable to domination and abuse. These minority stressors corrode survivors' support systems, increasing the possibility of them staying in an abusive relationship. The current results corroborate the findings of previous international work that link minority stress to QIPV (Edwards & Sylaska, 2013; Li et al., 2022; Moino et al., 2023; Ronzón-Tirado et al., 2022). More specifically, Moino et al. (2023) considered the effect of intersecting minority stressors, namely, sexual and racial minority stress, and found a correlation to IPV; this warrants further investigation within the SA context.

5.2.4 Detrimental Outcomes of QIPV

The results of this study suggest that detrimental outcomes of QIPV are frequently evident in the following domains: (1) physical health; (2) psychological and emotional well-being, and; (3) social security and belonging. This is in agreement with findings by Messinger (2017), Ogunbajo et al. (2020) and the World Health Organisation (2013). Similar to the results of Ogunbajo et al.'s West African study, the current findings suggest that an individual's social position and unique environmental factors impact the extent of the detrimental outcome. Consequently, queer individuals

are at increased risk of experiencing these negative outcomes relative to their heterosexual counterparts.

Several detrimental psychological effects of QIPV were revealed through the current findings and include symptoms of Post-Traumatic Stress Disorder (PTSD), namely, self-blame, fear, anger, lowered self-esteem and self-worth, as well as a sense of powerlessness. The findings further suggest an increase in depressive symptoms and a decreased capacity to function in daily life (e.g., school or work). These results align with the results of similar international publications (Messinger, 2017; Ogunbajo et al., 2020; Rollè et al., 2018). The current findings also showed that individuals exposed to QIPV are frequently unaware that their symptoms are related to the abuse they are experiencing. These findings further reveal a cycle whereby substances are frequently used to cope with the detrimental effects of IPV; this successively drives relational conflict and IPV. This was similarly observed by Lewis et al. (2012) and Moino et al. (2023).

On an interpersonal level, the current findings show that IPV leads to broken trust within a relationship which potentially leads to additional relationship difficulties (poor communication, lowered self-esteem, and the adoption of maladaptive behaviours in relationships). These factors contribute to cycles of abuse. The experiences of QIPV may also impact subsequent relationships. As indicated in the results, within such abusive relationships, gaslighting by a partner may result in the denial of violence, causing deep-seated psychological problems as individuals often defensively disconnect from the experience and deny its existence. This aligns with observations from an existing body of research (Messinger, 2017; Rollè et al., 2018).

In alignment with the results of international studies, the current findings indicate multiple forms of QIPV (Messinger, 2017; Ogunbajo et al., 2020; Rollè et al., 2018). However, no South African studies investigating the psychological effects of various subtypes of QIPV were found. Henry et al. (2021) revealed associations between physical, psychological and sexual QIPV with anxiety, while physical abuse and depression were closely correlated. Ogunbajo et al.'s (2020) West African study showed that emotional, sexual, and controlling behaviours were associated with depression and anxiety, while emotional abuse, physical violence and controlling behaviour were linked with increased loneliness. Messinger (2017) and Ogunbajo et al. contend that all forms of QIPV increase suicidal ideation and attempts. Ogunbajo et al. also illustrated that IPV exposure was a significant variable associated with an increased risk of psychological health concerns.

The following section considers the barriers to help-seeking whilst the impact of dominant norms and minority stress are tracked throughout.

5.3 Barriers to Seeking Help

This section considers the major barriers to help-seeking considering the intersectional and normative context of QIPV in SA. The results reveal two overarching barriers, namely, secondary victimisation and internalised queerphobia. These barriers seemingly arise due to epistemic injustice related to QIPV, stigma about the queer community and systemic inequalities. This is in line with the findings of Calton et al. (2016) and Santoniccolo et al. (2021). These barriers perpetuate QIPV and have a negative psychological impact on queer individuals exposed to partner abuse. The resulting minority stress seemingly increases queer survivors' vulnerabilities to further abuse.

5.3.1 Secondary Victimisation

Similar to what is reported in international literature, the current results confirm the presence of secondary victimisation within the South African context (Calton et al., 2016; Denysschen & Evans, 2022; Messinger, 2017; Rollè et al., 2018; Santoniccolo et al., 2021). The findings point to three sources of secondary victimisation, namely, (1) from family and the heterosexual community, (2) from the stigmatisation of QIPV and the fact that support is not prioritised by service providers, and (3) from the lack of queer community awareness and support, and the consequent unpreparedness of queer individuals to face QIPV.

5.3.1.1 Secondary Victimisation from Family and the Heterosexual Community

Queer intimate partner violence occurs within a heteronormative context that is frequently threatening and abusive to alternative genders, sexualities, and lifestyles. Consequently, heterosexism and queerphobia compound queer individuals' experiences of, and responses to, IPV, as well as restrict their access to social support (Collison, 2018; Gallagher, 2021; Ncobela, 2021; Sioga, 2018; Wicks, 2017). Residing in such a context prevents queer individuals from coming out to family, friends, colleagues or one's community and reduces access to informal sources of support. The current findings indicate that this secrecy is geared towards protecting queer individuals from queerphobic discrimination. However, secrecy also serves to isolate queer individuals and prevent survivors of QIPV from seeking help within their community for fear of being 'outed' to a queerphobic family or community. This is corroborated by the research of Denysschen and Evans (2022), Rollè et al. (2018) and Santoniccolo et al. (2021). The current results also revealed instances where queer survivors did disclose such violence and were subsequently exposed to secondary victimisation (e.g., victim blaming, discrimination, ridicule, or not being believed). This is in consonance with what Sioga (2018) and Wicks (2017) have reported.

5.3.1.2 Secondary Victimisation: From Service Providers

In agreement with existing literature, this study shows that queer individuals are exposed to secondary victimisation (further victimisation and queerphobia) when reporting QIPV to service providers (e.g., the police or healthcare workers), which reduced their access to formal support (Calton et al., 2016; Denysschen & Evans, 2022; Guadalupe-Diaz & Yglesias, 2013; Rollè et al., 2018; Santoniccolo et al., 2021). Consequently, queer survivors of IPV fear experiences of discrimination from service providers and their partners, as well as self-discrimination. This is in agreement with the findings of Messinger (2017) and Ahmed et al. (2013). Similar to the findings of Denysschen and Evans (2022) and Rollè et al. (2018), the current results suggest that queer survivors may also resist reporting IPV to service providers in their community for fear that they will be 'outed' to their family, friends or community. Ahmed et al. (2013) showed that despite the prevalence of QIPV in the USA, less than 5% of queer survivors seek protection orders. It is only anecdotal that secondary victimisation is prevalent in SA, as no similar statistics were found for the South African context. Ahmed et al. (2013) and Messinger (2017) suggest that this is a consequence of heteronormativity which privileges heterosexual couples while undermining queer survivors, thus affecting policy and service provider response. Regardless of the source, secondary victimisation promotes victim blaming, which in turn has the potential of supporting a culture of QIPV. Of considerable note is that Kaufman et al. (2019) has shown how perpetrators of sexual abuse use victim blaming to explain, and even justify, rape and sexual violence.

5.3.1.3 Not Ready to Face QIPV: Lack of Queer Community Awareness and Support

The results indicate that queer survivors of IPV frequently avoid seeking help as a consequence of wanting to preserve the image of the queer community and protect it from further stigmatisation. This is corroborated by Messinger (2017). Similarly, Rollè et al. (2018) contend that these fears result in a cloud of secrecy around IPV within the queer community and the silencing of QIPV survivors in society. This may contribute to lowering, what Turell et al. (2012) referred to as "readiness for violence prevention" (p, 289), within the queer community. The current findings suggest that South African queer communities are not yet ready to address IPV. In line with the research of Turell et al. (2012), some queer communities completely deny or resist facing the phenomenon. Contrastingly, others only have a vague awareness. This speaks to the impact of stigmatisation and epistemic injustice within the queer community, decreasing what could be considered the most significant source of formal and informal support.

In consonance with the discussion on intersectionality, the LGBTQ+ community is not homogenous. Turell et al. (2012) and Messinger (2017) contend that each sub-community has different challenges

when seeking support within the community as a whole. Nevertheless, the current results indicate that denial and resistance to acknowledge QIPV in SA result in subtle forms of secondary victimisation through epistemic injustice.

5.3.2 Internalised Queerphobia: Resisting Victimhood

Similar to the findings of research conducted by Messinger (2017), the current results show that heteronormativity also affects how individuals view their own experiences of IPV, and seemingly impedes their capacity to recognise such violence, causing them to resist or deny the experience of such violence in their relationships. Thus, internalised hetero-gendered norms can become a significant barrier to seeking help. The findings also suggest that queer survivors of IPV resist victimhood; a possible explanation might be that social norms impose certain restrictions on queer individuals. Calton et al. (2016) reported similar findings. The current results indicate that queer survivors experience the double shame of victimhood as well as the learnt social shame of having an alternate sexual orientation. In line with the findings of Turell et al. (2012), this barrier is particularly present for queer men who resist victimhood to preserve their masculinity, which they may perceive as already threatened due to societal views that queer men are less masculine.

This study has revealed eight ways in which victimhood is resisted, including, (1) conceiving of same-sex IPV as tolerable or unintimidating (minimising QIPV); (2) disconnecting from, or denying, the presence of QIPV in the relationship; (3) valorisation of QIPV (preserving the romantic relationship over self-preservation from IPV); (4) eroticising or romanticising QIPV; (5) self-blame for IPV (as a means to gain agency); (6) framing oneself as a voluntary receiver and not as a victim (actively seeking IPV); (7) blaming once-off QIPV on the context (shifting responsibility), and; (8) making claims to bi-directional QIPV (gaining agency by not only being a victim but also a perpetrator). This aligns with Stephenson et al.'s (2020) male QIPV study. Additionally, the current findings indicate that the norm of "fearless masculine bravado" puts men at increased risk of more severe and prolonged QIPV victimisation, perpetration or both. A full discussion of this is beyond the scope of this study; however, it is noteworthy that there were no international studies that investigated these tactics to resistance in a systematic way, nor where there any studies looking at female survivor's tactics to resist victimhood.

5.3.3 Understanding Barriers to Help: Epistemic Injustice

Barriers to help may be generated in relation to the production of knowledge by a South African society currently rooted in heteronormativity. Using post-structural feminism and queer theory, rooted in a Foucauldian perspective, one can come to understand how heteronormative narratives that hold power in society can produce and control the narratives of knowledge produced about queer

relationships and IPV (Cannon et al., 2015; Cannon & Buttell, 2015, 2016b; Fricker, 2007; Kidd et al., 2017). Secondary victimisation may be explained by the fact that IPV is perceived as only occurring within heterosexual relationships and only among individuals of the opposite sex. This is in line with social paradigms and traditional feminist constructions of men as powerful aggressors, and women as being powerless and vulnerable to victimisation. Cannon et al. (2015), and Cannon and Buttell (2015) contend that this binarized approach oversimplifies and obscures how power is used, who has access to it and how they might utilise the power available to them. The dearth of accurate knowledge has specific implications for queer individuals' experiences. The current findings help us to understand how this base of knowledge results in queer individuals' having the inability to claim experiences of IPV. Furthermore, queer individuals may lack awareness of the fact that their way of relating inter-personally may be abusive. This is due to hermeneutical injustice that stems from certain acts between same-sex individuals not being perceived as violent. Alternatively, testimonies of violence are disputed due to common stereotypes resulting in testimonial injustice stemming from popular culture's presumption that same-sex partners have equal access to power. Epistemic injustice contributes to victim blaming and resisting victimhood, and it underlies the additional discrimination experienced when individuals report QIPV. The cloud of secrecy around QIPV is thus epistemically generated.

5.3.4 Psychological Effects of Barriers to Help

A prominent issue emerging from the current findings relates to the psychological effects of secondary victimisation; namely, isolation, marginalisation, and a sense of injustice, seemingly resulting in layers of invisibility and discrimination. Numerous international scholarly articles confirm these findings (Freeland et al., 2018; Goldenberg et al., 2016; Messinger, 2017; Rollè et al., 2018; Santoniccolo et al., 2021). Consequently, these barriers to help-seeking result in additional proximal and distal stressors, which increase the negative impact on queer individuals' well-being and their vulnerability to IPV, thus contributing to the cycle of abuse. Taccini and Mannarini (2023) explain this by considering the resulting cycle of public shaming (including IPV myths and victim blaming). Secondary victimisation retraumatises individuals, and internalised shame increases a survivor's sense of isolation, alienation, and internalisation of myths about IPV; these culminate in increasing vulnerability to IPV.

The following section looks at the role that gaps in research play, in sustaining epistemic injustice, whilst also considering the role of research in producing accurate knowledge to promote epistemic justice in SA and increase the support available to QIPV survivors.

5.4 Lack of Research and Accurate Knowledge

This study corroborated the findings of international scholars who suggest that accurate knowledge about QIPV is lacking, and that this dearth is due to a lack of research (Callan et al., 2021; Calton et al., 2016). It can be inferred that the lack of accurate knowledge perpetuates epistemic injustice, preventing social and political action in addressing QIPV. This is supported by Ahmed et al. (2013) and Messinger (2017), who suggest that the lack of accurate QIPV knowledge is a consequence of heteronormativity that privileges heterosexual couples while undermining queer survivors. In consonance with the views of Calton et al. (2016), the current results indicate that heterosexual IPV research cannot simply be generalised to QIPV. There is a need for context specific QIPV qualitative, quantitative, and mixed-method South African studies.

In this section, I discuss the three major gaps in accurate knowledge production in SA; namely, (1) *the silence, invisibility and erasure of QIPV*; (2) *intersectionality*; and (3) *the nuances of QIPV*. Following this, I will engage in a discussion of the role of research in epistemic justice. I conclude the section with suggestions of directions for future research. However, the gap in South African literature around this phenomenon is too vast to give a detailed description of every avenue; consequently, a more general approach is taken.

5.4.1 Silence, Invisibility, and Erasure of QIPV

There is a lacuna in QIPV research, practice and policy in SA, consistent with Messinger's (2017) international findings. The current results reveal several gaps in accurate knowledge about queer individuals, their relationships, power dynamics in their relationships, and, by extension, the existence of QIPV. The results show how dominant norms and intersectionalities result in epistemic injustice within the broader South African society. This societal gap has seemingly translated into a gap in research within research institutions, speaking to the influence of dominant norms on the production of knowledge (Pluckrose & Lindsay, 2020). In SA, this may be linked back to apartheid (considering institutional racism, queerphobia and classism). Consequently, silencing, invisibility and erasure must be researched to promote shifts in IPV research. Increased research would help us understand why queer individuals' experiences of IPV are erased and why they remain incomprehensible in different contexts.

Theoretically, QIPV is silenced, erased and rendered invisible within scholarship and society. This is because IPV is predominantly conceptualised through a traditional feminist paradigm (research and investigations have predominantly focused on heterosexual gendered norms and how these influence power dynamics, coercion and abuse). However, although this is the dominant way of conceptualising IPV, it does not account for women as perpetrators or QIPV. Most IPV research has utilised this very

narrow understanding of the phenomenon, resulting in several gaps in IPV research (Cannon et al., 2015). Thus, a need exists for a more nuanced understanding of the silencing, invisibility and erasure of QIPV in SA. The 'unsaid' within queer relationships as well as in the queer community, needs to be explored to allow the power dynamics to be fully unpacked and understood.

The current results show that IPV among MSM (men who have sex with men) is a risk factor for HIV; more research into this correlation is required. However, QIPV research in SA largely centres around this focus, therefore accounting for the lack of focus on queer women, as they are less of a risk to wider society in spreading HIV. This may be understood as researchers addressing an urgent need due to the HIV pandemic; however, this also results in a medicalised framing of queer men as pathogenic which may have harmful consequences for the queer community. Although the HIV pandemic has foregrounded queer issues, particularly surrounding sexual health, it should also be acknowledged that HIV stigma is already associated with queer men; and, as Arscott et al. (2020) reported, particularly with young queer Black men. Arscott et al. (2020) suggest that the narrow focus on research related to QIPV and HIV has worsened stigma. Young and Meyer (2005), and Arscott et al. (2020) suggest that studies looking at MSM or women who have sex with women (WSW), are reductionist and serve to pathologize queer individuals due to the medicalised focus. Young and Meyer (2005) contend that this focus obscures subjective experiences of sexuality thereby undermining self-conceptualisations and understandings. The current findings point to a need to focus on QIPV as a health and wellbeing concern for queer communities beyond that of the HIV pandemic. QIPV has very real consequences regardless of gender, including psychological effects.

5.4.2 Intersectionalities

The results discussed in the previous section identified some correlations between intersections of class, race, sexual orientation and so forth. However, the need to increase research on QIPV from an intersectionalities research perspective was also identified, as there are significant gaps in knowledge about how different social positions and inequalities combine to shape QIPV perpetration and victimisation in SA. International studies have shown such correlations (Arscott et al., 2020; Hill, 2013; Moino et al., 2023; Rogers, 2021). Further considering intersectionality, the current findings show a gap in knowledge about how classism, sexism and racism intersect, resulting in variations of QIPV experiences. A context-specific understanding of demographic risk factors is required. Considering erasure, racial groups other than Coloured, Black and White were notably absent from any South African study. Thus, sampling in SA should not rely heavily on internet surveys or convenience sampling as this seemed to create significant sample bias. The current findings suggest a need for strategies of recruitment that would result in an increasingly diverse sample. Calton et al.

(2016) highlights the significance of methodological choices, such as convenience sampling, and their subsequent effect on the representative quality of research results. The current findings emphasise the need to consider diverse social positions.

5.4.3 Nuances of QIPV

The results indicate a need for studies investigating the prevalence of different forms of IPV in queer relationships in SA. Additionally, scales used to measure QIPV need to be adapted to a South African context, as some violent acts experienced by queer South African individuals may not be subjectively perceived as IPV and would thus not be captured by quantitative surveys. Therefore, qualitative studies are needed to reveal the subjectivity and specificity of queer narratives if varied and encompassing definitions of abuse are to be developed. This is in alignment with conclusions from Stephenson et al.'s (2014) Namibian study. The current results reveal a gap in research documenting queer individuals' subjective experience of relational power dynamics in SA; including coercive practices. In particular, findings suggest that Black queer individuals' experiences of IPV are not understood or are misunderstood. The findings further suggest a dearth in local understanding of the drivers of IPV among queer individuals. In light of this, increased exploration and analysis are required to grasp the continuum of IPV and how it manifests.

5.4.4 Research Recommendations: Scholarship Agenda

At present, several questions remain unanswered about QIPV. However, a full discussion thereof would fall out of the scope of this study. Nevertheless, based on the results of the current study, recommendations for research focal areas are discussed in order to generate knowledge that will develop a fuller picture of QIPV in SA. These include: (1) *the erasure of QIPV and the production of fallacies*; (2) *knowledge production and research for epistemic justice*; (3) *QIPV characteristics and prevalence*; (4) *research towards an intersectional thoughtfulness*; and (5) *production and evaluation of QIPV interventions*.

5.4.4.1 The Erasure of QIPV and the Production of Fallacies

The erasure of QIPV seemingly results in the production of fallacies. Consequently, a comprehensive understanding of how heteronormativity impacts the production of queer knowledge, and by extension, the production of knowledge about QIPV, is needed. Studies focusing on secondary victimisation can facilitate this understanding while developing insights into possible intervention strategies.

5.4.4.2 Knowledge Production and Research for Epistemic Justice

Current conceptualisations of IPV contribute to the erasure, invisibility, and silencing of QIPV. The current results highlight that IPV needs to be reconceptualised to include a broader understanding of sexuality and gender by deconstructing the gender binary currently operating in IPV research. As noted in Cannon et al. (2015), increased fluidity would theoretically allow QIPV to become increasingly comprehensible. This would start addressing myths surrounding QIPV. The results indicate that the current operational definition of IPV contributes to major gaps in research within the queer community. In particular, when it comes to the experiences of IPV in SA among gender non-conforming and transgender people. Thus, the social paradigm creates and shapes the gap which consequently causes IPV interventions to not target queer communities. In line with this, the results emphasise the need for more studies investigating the efficacy of existing QIPV programmes.

Considering the invisibility of QIPV and the resulting knowledge gaps, Epprecht (2009) suggested that a Foucauldian excavation of the history of sexuality in Africa would be corrective whilst simultaneously speaking to issues such as IPV (Epprecht, 2009; Foucault, 1978). The current findings point to the need to deconstruct the dualities of gender, sexuality and associated power binaries (Cannon & Buttell, 2015; Donovan & Barnes, 2019, 2020). By reconceptualising the operational definition of IPV and broadening its conceptualisation to include queer individuals' experiences of such violence, IPV may be understood differently (Cannon et al., 2015). This would be central to advancing research, producing accurate knowledge and developing interventions that consider people's social location.

5.4.4.3 Research Towards an Intersectional Thoughtfulness

The findings of this systematic review indicate that research results cannot be generalised to the entire South African population. Further qualitative and quantitative studies that consider several demographic variables, including the effects of their intersections, will need to be undertaken. The current results show that transgender and bisexual (including pansexual) communities' intersection with IPV are not yet adequately explored in SA. This is also brought forward by various international scholars (Arscott et al., 2020; Whitfield et al., 2021). Other intersections not explored include: QIPV and immigration, intersex, xenophobia, and asexuality. It is important to recognise these invisible populations here; however, a full discussion is beyond the scope of this study. Nevertheless, further studies focusing on lived experiences of diverse queer couples with varying social positions who are exposed to IPV, can aid in producing accurate knowledge. This would additionally aid in producing instruments that are sensitive to actual lived experiences and thereby facilitate the creation of avenues for future quantitative studies.

5.4.4.4 QIPV Characteristics and Prevalence

Future studies should have an increased focus on the characteristics and prevalence of QIPV. Given the diversity in SA, research should focus on how QIPV characteristics and prevalence are shaped by intersectionality. Differences in social location shape access to power and result in different reasons, motives, and forms of QIPV, all of which need to be studied. Associated with these variables is the need for understanding the impact and pathways of minority stress and how this stress contributes to QIPV. It is further recommended that the effects of compounding minority stressors be researched. This would support the process of identifying at-risk populations.

5.4.4.5 Production and Evaluation of Existing QIPV Interventions

Researchers have a role and responsibility to create new knowledge based on fact, not stereotypes and assumptions, thereby establishing pathways to epistemic justice. It is recommended that research focus on the efficacy of existing QIPV interventions in SA while generating new interventions through research. This research should be undertaken using a post-structuralist feminist and queer theory lens. This would allow for the production of IPV knowledge with an understanding of the role of social position in determining access to power, and in particular how these positions and dynamics are shaped by gender and sexual orientation. Interventions should be scrutinized and improved or reimagined using well-researched IPV knowledge. The current results indicate a need for activist researchers who can lobby for increased awareness of queer issues, emphasising the significance of better understanding secondary victimisation to increase support and develop queer-inclusive interventions as well as safe services and spaces. Additionally, a significant avenue of research still required is for the development of an understanding of the role of shame around IPV within the queer community. Furthermore, researching the "readiness" of various South African queer communities to address IPV from within is an important factor for interventions.

5.5 Strengths, Weaknesses and Ways Forward for QIPV Interventions

This section discusses current and future directions for QIPV interventions in SA. The review allows some of the strengths and weaknesses of existing interventions to be highlighted, whilst making recommendations for future interventions using relevant theory and international literature. The current findings show that queer-specific IPV prevention programmes are needed, rooted in the view that it is a human rights issue and not only a domestic issue. Interventions should be wide-ranging, targeting the macro-, meso- and micro-level. However, interventions should interrogate conservative social norms at every level, regardless of the scale. Interventions will be ineffectual as long as they are grounded in heteronormativity and neglect the effects of intersectionality. This speaks to the need for epistemic justice by producing and distributing accurate knowledge. Thus, research plays a central

role in knowledge-making that can be utilised to advocate at every level. Table 5.5 presents the key recommendations for interventions based on the findings and outcome of the discussion to follow.

Table 5.5

Key recommendations for practice and policy interventions

Macro-Level:	**Utilising Legislation, Redirect Resources and Improving Infrastructure**
• *Implementation of legislation* • *Redirecting state and private funding* • *National education* • *Media*	
Meso-Level:	**Improve Training, Education, and Research**
• *Training* • *Education* • *Action Research*	
Micro-Level:	**Dyadic and Individual Interventions**
• *Tailor interventions* • *Increasing resilience* • *Relationship skills and stress management*	

5.5.1 Macro-Level: Utilising Legislation, Redirecting Resources and Improving Infrastructure

Table 5.6 presents the key macro-level intervention recommendations based on the findings and discussion to follow.

Table 5.6

Macro-Level: Utilising Legislation, Redirect Resources and Improving Infrastructure	
Implementation of legislation	• Advocate for regulation of the Constitution and Domestic Violence Act ensuring that directives which include queer individuals are followed by domestic violence agencies and form part of policy and practice.
Redirecting state and private funding	• State and private funding need to be redirected to control the quality of IPV services to ensure LGBTQ+ survivors receive good services. However, redirection needs to be shaped with an understanding of intersectionality.
National education	• Shifts in the national education system are required to include diverse sexual orientations and gender expressions as well as inclusive IPV discussions.
Media	• Dissemination of accurate knowledge through the media as well as QIPV representation, dispels stereotypes, instead normalising queerness and conflict within these relationships. • Queer services should be advertised to the entire population (normalising and increasing access in unsupportive contexts).

Implementation of legislation. The South African Constitution has been praised for how progressive it is in many regards, including the recognition and coveting of queer rights (SA Constitutional Assembly, 2012; Stychin, 1996). The current results show that the Constitution, along with the Domestic Violence Act (DVA), are progressive and have the potential to safeguard the human rights of queer individuals experiencing IPV. Guadalupe-Diaz and Yglesias (2013) suggest that such legal protections are a vital resource. However, the results show that the Constitution and DVA represent an ideal. Unfortunately, the reality of queer human rights does not always reflect this ideal. Legislation does not automatically result in normative societal shifts required to uphold queer individuals' human rights. Guadalupe-Diaz and Yglesias (2013) concur with this, pointing out that perceptions of legislation and legal protection are shaped by intersectionality, as the authors found that queer individuals of colour, and those with negative perceptions of law enforcement, were less

likely to trust in legal protection against QIPV. These findings corroborate several South African newspaper articles (Collison, 2018; Gallagher, 2021; Geneva, 2016; Ncobela S, 2021; Sioga, 2018; Wicks, 2017). Further, Luyt (2012) suggests that despite attempting to eliminate discrimination, SA is still dominated by queerphobia. Within this intolerant societal milieu, IPV within the queer community is marginalised, rendered invisible and silenced. The current results reveal the important role that queer advocacy, NGOs, and the media play in using the Constitution and existing legislation as a foundation for shifts that need to happen within South Africa's normative context. This aligns with international recommendations (Rollè et al., 2018; Santoniccolo et al., 2021). The current findings illustrate the implementation of some QIPV interventions in SA, however they also highlight the gap in advocacy and interventions for survivors and perpetrators of QIPV.

Allocation of resources. One of the issues that has emerged from these findings is the poor allocation of resources for QIPV interventions due to policies rooted in heteronormativity. Similar findings have emerged internationally (Messinger, 2017; Rollè et al., 2018; Santoniccolo et al., 2021). At the macro-level, interventions are required that increase governments' commitment and resource allocation to this critically overlooked population. Consequently, interventions are required to ensure funding is directed in queer-inclusive ways. An inter-departmental governmental approach is required to promote governance and policy that is not rooted in heteronormativity. Further, solidarity work between heterosexual and queer-focused IPV organisations is required to consolidate resources and efforts. One of the main implications of the findings is that funding strategies should consider the impact of intersectionality because individuals exposed to more than one form of oppression (e.g., triple oppression), desperately require equal access to support services. Funding needs to reach queer individuals of all races, genders, sexual orientations, ages, and geographic locations, regardless of class; with an understanding of how these variables may shape and influence stress, stigma and maladaptive coping strategies, thus increasing QIPV vulnerability. The current results indicate that more inclusive interventions are needed.

Queering the national education system. The dominance of heteronormativity suggests the need for interventions from an early age. In line with the recommendations by Francis and Msibi (2011), queerness should be normalised in education and broader sexualities training. At the same time, educators must be competent in screening for risk factors of IPV while receiving training to not, wittingly, or unwittingly, be abusers themselves.

Media. The current findings suggest that the media can play a significant role in advocating and conscientizing South Africans about queer issues. This has also been highlighted in numerous international studies (Bennett, 2014; Dasgupta, 2014; Loist & Ziehnski, 2012). The current results

show the need for activists to garner media support due to its capacity for public conscientisation. Activist organisations at the structural level should survey, interrogate, and prevent negative stereotypes in the media while raising awareness about QIPV. Some international studies speak to the impact of celebrity activism (Bennett, 2014), online activist groups (Dasgupta, 2014) and the film industry (Loist & Ziehnski, 2012). However, few studies have considered the role of media in normalising QIPV. Epistemology quietly colours the media's reporting of QIPV.

Within the South African context, idols judge Somizi Mhlongo, was accused of abusing his partner, Mohale Motuang. The Showmax documentary "Somizi & Mohale: The Union" as well as social media representations, made their marriage seem glamorous. By contrast, the documentary "Somizi & Mohale: End of the road," informed the public about their divorce and alleged abusive relationship. This showed a different side to the initial public representation of their relationship and was treated very differently to the wedding documentary. The public's appetite for a wedding documentary was substantial compared to their appetite for the divorce and alleged IPV component of the relationship. Consequently, the events were handled very differently, and so too, knowledge production is treated very differently. On the one hand, the divorce documentary perpetuates myths about QIPV, yet simultaneously normalises this phenomenon (Showmax, 2022). On the other hand, it suggested that queer marriage had been taken "backwards" in SA, as individuals claimed that the divorce had "proven" that queer marriage cannot last. Contrastingly, it also showed that divorce is a normal part of some queer relationships, as surely the queer community does not need to fight for the right to queer divorce, and by extension, for the recognition of IPV (Showmax, 2022). Such public debate is important and emphasises the need for organisations that monitor the media.

5.5.2 Meso-Level: Improve Training, Education and Research

Community-level interventions should promote the establishment of safe, shame-free spaces where queer individuals do not need to hide or exist in fear. At this level, interventions should target the queer community, garner family support and promote community engagement. Interventions should take a coordinated context-specific community-based approach to address the role of minority stressors and QIPV. This is in line with the suggestions of Ronzón-Tirado et al. (2022). Similar to what Messinger (2017) and Santoniccolo et al. (2021) highlighted, the current findings show the need for training, education and research interventions. Table 5.7 presents the key meso-level interventions recommended based on the findings and discussion to follow.

Table 5.7

Meso-Level: Improve Training, Education, and Research	
Training	• Implementing mandatory training for all service providers that make contact with queer users who may have been exposed to, or perpetrated, IPV. Training should target state services and NGOs.
Education	• Incorporate QIPV in IPV-related public and professional education. All educational material should be queer-friendly. • Collaboration with queer researchers and organisations to develop queer inclusive programmes for school implementation. • Educate the queer community to increase their readiness to confront QIPV from within the community.
Action Research	• Evaluate the existing QIPV prevention and intervention programmes to evaluate their effectiveness. • Expand the queer knowledge base to facilitate epistemic justice by producing accurate knowledge and developing a comprehensive understanding of the links between stigma, barriers to help-seeking for QIPV, and the results for physical and mental well-being. • Action research requires producing local knowledge and activating local resources to conscientize and mobilise the queer community to action; thus, increasing readiness to confront QIPV.

Training. The results show that shifts are required in how the police and healthcare providers treat QIPV to prevent secondary victimisation. Mandatory training must be a requirement for all service providers who make contact with queer users who may have been exposed to, or perpetrated, IPV. This is consistent with the suggestions of international researchers (Freeland et al., 2018; Rollè et al., 2018; Santoniccolo et al., 2021). In line with the recommendations of Ronzón-Tirado et al. (2022), the current results indicate that training needs an intersectional grounding in order to deliver culturally competent services. Furthermore, dedicated safe spaces for queer individuals, regardless of their intersecting social identities, are required. Providing training and education about the lived experiences of queer relationships should occur through a non-heteronormative lens. Contextually appropriate interventions should also train service providers to uphold queer human rights by ensuring the application of appropriate legislation.

The current findings reveal that SA's legal protection of queer human rights decreases minority stressors but does not guarantee that rights are upheld. The results show the need for interventions at the structural level that promote the establishment of safe spaces for accessing competent, comprehensive services. Government institutions, law enforcement authorities, and medical and mental health systems must provide services to the queer community without discrimination. Consequently, service providers (police, healthcare workers and social workers) should be trained to deliver their services sensitively and adequately. This recommendation is consistent with international recommendations (Arscott et al., 2020; Calton et al., 2016; Freeland et al., 2018; Rollè et al., 2018; Santoniccolo et al., 2021). Moreover, resources are required to set up appropriate interventions and services to scale, in order to affect change at the macro-structural level. As highlighted by Ronzón-Tirado et al. (2022), educational programmes and materials need to be developed for this to occur.

Education within the queer community. Interventions should aim to break the cycle of shame and silence around QIPV, increasing these individuals' ability to access much-needed services. Interventions targeting the wider queer community should open up and facilitate discourses around QIPV. Part of interrogating this silence involves acknowledging the lack of solidarity within the queer community and subsequently addressing it. The community should be able to speak out about QIPV without the anxiety of tarnishing the community's image. From an intersectional perspective, the needs of marginalised individuals within the queer community should be at the forefront of campaigns. Dedicated safe spaces need to be established that facilitate discussion. Simultaneously, community outreach and support groups are required to tackle such violence in queer relationships. Discussions should promote the establishment of accurate knowledge such that unequal power

dynamics and QIPV become legitimate experiences (Turell et al., 2012). In line with international recommendations, this should be the point of departure for all interventions as it would prevent oppression whilst promoting support within the queer community (Rollè et al., 2018; Santoniccolo et al., 2021; Turell et al., 2012). The current study illustrates a significant need for interventions that increase the willingness to address QIPV within the queer community. Turell et al. (2012) contend that a community's willingness to attend to IPV internally can be increased by taking specific steps based on the community's current position. This is a significant consideration in terms of interventions. From this perspective, education within the community is required and there should be recognition that all forms of IPV can occur between queer couples. However, all forms of QIPV may not be understandable to the individuals experiencing such violence. Furthermore, queer individuals need to be educated about the risks associated with QIPV with an understanding of intersections. Research has a potentially significant role to play in these shifts.

Action research and practice. Considering the needs of various queer communities across SA, the need for a Community Psychology Action Research approach is emphasised (Swart & Bowman, 2007). Research must not only be published in academic journals, but also publicised through taking action and participating in conscientizing and disseminating accurate knowledge. Action-orientated research calls for research to drive action, particularly social justice, through the active involvement of participants and key stakeholders throughout the research process (Swart & Bowman, 2007). Within queer participatory research, knowledge needs to be mutually exchanged and developed between researchers and queer participants. Consequently, knowledge production will be democratised, allowing for epistemic justice by conscientizing queer participants to think critically about the social structures that oppress them. This should also empower them to effect change by supporting knowledge shifts within the larger community that support the process of correcting power imbalances (Swart & Bowman, 2007). Thus, the knowledge produced is not hoarded in academia but used to promote epistemic and social justice through context-specific action research interventions. This would promote change within resource-constrained contexts, using local resources available to the queer community.

5.5.3 Micro-Level: Individual and Couple Interventions

This section considers interventions at the micro-level. The results indicated the presence of some South African interventions. However, they also highlighted the lack of interventions for survivors and perpetrators of QIPV, a dearth that seems to be globally present (Messinger, 2017; Rollè et al., 2018; Santoniccolo et al., 2021). Table 5.8 presents the key micro-level intervention recommendations based on the findings and discussion to follow.

Table 5.8

Micro-Level: Dyadic and Individual Interventions	
Tailor interventions	• Research grounded in context-specific research. • Tailor interventions to the unique needs of individuals, considering their social position, level of 'outness' and barriers to receiving help.
Increasing resilience	• Providing support as needed; for instance, shelters that support men and women who have survived QIPV. • Empowering individuals to assert their human rights.
Relationship skills and stress management	• Raising awareness about how queer individuals' social position seemingly increases stress and their vulnerability to accessing power in maladaptive ways, which may manifest as IPV. • Individual and dyadic interventions should focus on healthy relationship skills emphasising conflict resolution and management, as well as communication and stress management skills to decrease risk factors.

Interventions grounded in research. Similar to the meso-level, the current results indicate the need for interventions grounded in research. Understanding the silence around QIPV, particularly from an intersectional approach, may provide important clues for effective interventions that break the silence within the community at the meso- and micro levels. Intervention strategies must be underscored by accurate queer knowledge. Accurate knowledge should be used to inform context-specific gender transformative interventions which consider social position.

Increasing resilience. From a very practical point of view, the results have shown that interventions are required at this level to increase queer individuals' resilience through financial stability, thereby increasing their access to opportunities and elevating their quality of life. However, for this to happen, important shifts are required at the meso-level. Interventions at the micro-level should aim to destigmatise queerness and QIPV, therefore increasing individuals' ability to gain access to much-needed services. Strategies to increase resilience include developing intervention materials that educate queer individuals about their human rights, protective legislation as well as available services.

Relationship skills and stress management. Given the prevalence of bi-directional QIPV in SA, interventions at the micro-level should include a dyadic focus. Individual and dyadic interventions

should focus on healthy relationship skills emphasising conflict resolution and management, as well as communication and stress management skills in order to decrease risk factors and triggers to QIPV. Interventions should include material about minority stressors and strategies to understand and cope with these. Additionally, individual interventions should address past experiences of trauma, social position, risk-taking behaviour, and physical and mental healthcare issues that may exacerbate QIPV. Ronzón-Tirado et al. (2022) corroborate these recommendations.

Interventions at the individual level should also focus on, and challenge, queer individuals' construction of gender, dominance and submission. This should be done whilst simultaneously raising awareness about how queer individual's social position seemingly increases their vulnerability to accessing power in maladaptive ways, which may manifest in IPV (Cannon et al., 2015; Cannon & Buttell, 2015). In this sense, power should be *queered*. Intervention strategies should further conscientize queer individuals about what constitutes QIPV, and provide materials that destigmatise survivors of such violence. It is also important to raise awareness regarding the potential harmful effects of QIPV.

For shifts to occur at the micro-level, shifts are required at the macro- and meso-levels. At the same time, shifts at the micro-level can affect change at the meso-level and even the macro-level over time. This latter effect can be accelerated if queer individuals are conscientized and empowered to advocate for their human rights, partially because it increases queer individuals' readiness to confront IPV within their communities. The core of intervention efforts is the production of accurate knowledge about queer relationships and IPV. Such knowledge can be used to increase solidarity between organisations, for instance IPV and queer advocacy organisations, to consolidate resources and promote change.

5.6 Limitations of this Systematic Review

This section acknowledges some of the limitations of this study. The first limitation is that I was the only reviewer. Due to resource and time restrictions, recruiting additional reviewers to screen titles, abstracts, and articles was not a viable option. Consequently, my investigator bias as a unitary reviewer may have affected article selection. An alternate reviewer may have yielded slightly different results. However, to ensure methodological rigour and high-quality research, other steps were taken such as seeking advice from an experienced librarian who has conducted systematic literature reviews, conferring with my supervisor about my personal reflections and research process, and using rigorous assessment tools. Through these steps, I trust that some of my bias was contained.

In addition, publication bias may have affected the results as only studies in the public domain, and those in research databases, were included; thus, grey literature was excluded. Due to the dearth of existing research on this topic, this review included a heterogeneity of different articles, including articles based on qualitative and quantitative studies, as well as theoretical papers. Consequently, the review findings were limited to more wide generalisations. Irrespective of this, the heterogeneity of this study is also considered a strength.

The study is limited in that it focused on the entire body of existing research on LGBTQ+ IPV in SA rather than a specific subset. This was due to the dearth in research. However, consolidating the current SA literature is also a strength, as it has revealed many research gaps. Nevertheless, I did attempt to consider the heterogeneity of the queer community and the consequent differences in experience of IPV based on social position and demographic variables, including sexual orientation. My own queer identity and personal interest in the topic means I was possibly too close to the data. However, by reflecting with my supervisor and considering my insider–outsider position in the research, I attempted to mitigate any possible bias.

5.7 Strengths of this Systematic Review

Notwithstanding the limitations outlined above, this review also had certain strengths. Contingent on my search of all the databases, this review is seemingly the first to review QIPV within the South African context. Consequently, the review offered a systematic mapping of the current literature and research on QIPV in SA. Thus, it provides a meta-description which may inform policy and intervention. The study also presented insights into barriers to help-seeking. This emphasises the need for intervention approaches that facilitate queer individuals seeking help in SA.

Systematic reviews are often criticised for decontextualising specific studies; to mitigate this, I provided a tabulated summary of the sample, setting and method of individual studies included in the review. Each reader may determine for themselves if the contexts of the incorporated literature are different or similar to theirs. Moreover, the current study highlighted the importance of intervention research in developing context-specific interventions instead of a one-size-fits-all approach. This led to the conclusion that action research is required.

Findings from this study can prove useful to other African countries in understanding the impact of heteronormativity, intersectionality and silenced QIPV. Consequently, this review contributes to the growing QIPV literature in the Global South. Additionally, diverse participant voices were included in the review; thus, diverse perspectives on the same phenomenon were documented. Participants included perpetrators and survivors of QIPV, police and healthcare service users, as well as

representatives from different non-governmental organisations. Moreover, a wide array of study designs were incorporated, including theoretical articles, which yielded diverse insights about QIPV. For instance, a quantitative study documented the prevalence of QIPV, whilst a qualitative study explored the lived experiences of QIPV survivors. Additionally, theoretical and legal articles highlighted the role of the Constitution and DVA, cumulatively creating a fuller understanding of QIPV research in SA.

Finally, I assessed all included studies as high quality, which is a significant strength of this review. Granted, had I employed a more sensitive quality assessment tool, the process may have produced marginally different or more precise results. Nevertheless, it can be concluded that the results of this review are robust based on the quality appraisal conducted in this review.

5.8 Conclusion

This section concludes this chapter, as well as the research underway. The Discussion Chapter aimed to provide an overview of the findings while simultaneously positioning findings within the context of the existing literature and using appropriate theory to facilitate discussion. This research provided a synopsis of the available South African literature on QIPV from a qualitative thematic analysis position and developed an understanding of meanings and implications from a post-feminist and queer theory perspective. The themes were interwoven to explain how the identified themes link. This study has shown how the dominant heteronormative context in SA results in the erasure, invisibility and silencing of IPV in queer relationships. In addition, the discussion has shown how this erasure is shaped by intersections of queer individuals' social positions. More specifically, links were made between social positions and knowledge production, which gives rise to epistemic injustice. From this arose a discussion on the specific barriers that people experience when seeking help. Seemingly, epistemic injustice creates internal barriers (i.e., resisting victimhood) or external barriers (i.e., secondary victimisation). Drawing on previous themes, one or more identities intersect with hetero-gendered norms to escalate the barriers that queer individuals may face when seeking support for QIPV. Failure to attend to these barriers have significant adverse consequences for queer survivors.

The discussion on knowledge production and epistemic injustice was then extended beyond the public sphere to consider how assumptions and stereotypes about queer individuals and IPV, shapes knowledge production even within scholarship. Thus, research directions for epistemic justice were considered. Accurate knowledge about context-specific QIPV is seemingly central to developing effective support for queer survivors. Thus, to move from epistemic justice to social justice, this research highlighted the significant role of action research. The findings of this study allowed for

future research directions to be elucidated and QIPV intervention guidelines to be developed. It is hoped that much future knowledge will be generated in this regard.

References

Ahmed, O., Kennedy, E., Wish Cara Presley, L., Waggoner, R., & Minnesota, O. (2013). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence*. LCSW. www.ncavp.org

Arscott, J., Humphreys, J., Merwin, E., & Relf, M. (2020). "That guy is gay and Black. That's a red flag." How HIV stigma and racism affect perception of risk among young Black men who have sex with men. *AIDS and Behavior*, *24*(1), 173–184. https://doi.org/10.1007/s10461-019-02607-4

Badenes-Ribera, L., Sánchez-Meca, J., & Longobardi, C. (2019). The relationship between internalized homophobia and intimate partner violence in same-sex relationships: A meta-analysis. *Trauma, Violence, and Abuse*, *20*(3), 331–343. https://doi.org/10.1177/1524838017708781

Bennett, J. (2010). Rethinking gender and violence. *African Gender Institute*, *14*. https://0-web-p-ebscohost-com.innopac.wits.ac.za/ehost/detail/detail?vid=0&sid=3b46937d-68cf-425c-8a9a-7953b0a37f72%40redis&bdata=JkF1dGhUeXBlPWlwJnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#AN=LEIDEN-340322225&db=awn

Bennett, L. (2014). "If we stick together we can do anything": Lady Gaga fandom, philanthropy and activism through social media. *Celebrity Studies*, *5*(1–2), 138–152. https://doi.org/10.1080/19392397.2013.813778

Boland, A., Cherry, G., & Dickson, R. (Eds.). (2017). *Doing a systematic review: A student's guide* (2nd ed.). SAGE Publications.

Bosco, S. C., Robles, G., Stephenson, R., & Starks, T. J. (2022). Relationship power and intimate partner violence in sexual minority male couples. *Journal of Interpersonal Violence*, *37*(1–2), NP671–NP695. https://doi.org/10.1177/0886260520916271

Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: A systematic review and meta-analysis. *PLoS Medicine*, *11*(3). https://doi.org/10.1371/journal.pmed.1001609

Butler, J. (2010). *Gender trouble: Feminism and the subversion of identity* (2nd ed.). Routledge.

Callan, A., Corbally, M., & McElvaney, R. (2021). A scoping review of intimate partner violence as it relates to the experiences of gay and bisexual men. *Trauma, Violence, and Abuse*, *22*(2), 233–248. https://doi.org/10.1177/1524838020970898

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, and Abuse*, *17*(5), 585–600. https://doi.org/10.1177/1524838015585318

Cannon, C., & Buttell, F. (2015). Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. *Partner Abuse*, *6*(1), 65–77. https://doi.org/10.1891/1946-6560.6.1.65

Cannon, C., & Buttell, F. (2016a). Policy discussions on LGBTQ intimate partner violence in North America. In *An Analysis of Contemporary Social Welfare Issues*. InTech. https://doi.org/10.5772/64965

Cannon, C., & Buttell, F. (2016b). The social construction of roles in intimate partner violence: Is the victim/perpetrator model the only viable one? *Journal of Family Violence*, *31*(8), 967–971. https://doi.org/10.1007/s10896-016-9883-2

Cannon, C., Lauve-Moon, K., & Buttell, F. (2015). Re-theorizing intimate partner violence through post-structural feminism, queer theory, and the sociology of gender. *Social Sciences*, *4*(3), 668–687. https://doi.org/10.3390/socsci4030668

Chicovore, J., & Naidoo, D. (2016). Risk from the frontlines of a hidden epidemic sexuality, masculinities and social pressures among men who have sex with men in South Africa. *Gender & Behaviour*, *14*(3), 7609–7623.

Collison, C. (2018, July 27). The bruised silence of queer women. *Mail & Gaurdian*, 17. https://mg.co.za/article/2018-07-27-00-the-bruised-silence-of-queer-women/

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*(6), 1241–1299. http://www.jstor.org/stable/1229039

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design* (4th ed.). SAGE Publications, Inc.

Critical Appraisal Skills Programme. (2017). *CASP Checklists*. https://casp-uk.net/casp-tools-checklists/

Dasgupta, R. K. (2014). *Parties, advocacy and activism: Interrogating community and class in digital queer India* (pp. 265–277). Palgrave.

Denysschen, I., & Evans, R. (2022). Effects of intimate partner violence in the LGBTQ community: A systematic review. In C. L. Buist & L. K. Semprevivo (Eds.), *Queering Criminology in Theory and Praxis: Reimagining Justice in the Criminal Legal System and Beyond* (pp. 111–127). Bristol University Press.

Donald, A., Doss, C., Goldstein, M., & Gupta, S. (2023). Sharing responsibility through joint decision-making and implications for intimate-partner violence: Evidence from 12 Sub-Saharan African countries. *Review of Economics of the Household*. https://doi.org/10.1007/s11150-023-09646-w

Donovan, C., & Barnes, R. (2019). Help-seeking among lesbian, gay, bisexual and/or transgender victims/survivors of domestic violence and abuse: The impacts of cisgendered heteronormativity and invisibility. *Journal of Sociology*, *56*(4), 554–570. https://doi.org/10.1177/1440783319882088

Donovan, C., & Barnes, R. (2020). *Queering narratives of domestic violence and abuse: Victims and/or perpetrators?* Palgrave.

Dunkle, K. L., Jewkes, R. K., Murdock, D. W., Sikweyiya, Y., & Morrell, R. (2013). Prevalence of consensual male-male sex and sexual violence, and associations with HIV in South Africa: A population-based cross-sectional study. *PLoS Medicine*, *10*(6). https://doi.org/10.1371/journal.pmed.1001472

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, *8*(1), 54–63. https://doi.org/10.1177/1609406918788176

Eaton, L. A., Pitpitan, E. v., Kalichman, S. C., Sikkema, K. J., Skinner, D., Watt, M. H., & Pieterse, D. (2013). Men who report recent male and female sex partners in Cape Town, South Africa: An understudied and underserved population. *Archives of Sexual Behavior*, *42*(7), 1299–1308. https://doi.org/10.1007/s10508-013-0077-1

Edwards, K. M., & Sylaska, K. M. (2013). The perpetration of intimate partner violence among LGBTQ college youth: The role of minority stress. *Journal of Youth and Adolescence*, *42*(11), 1721–1731. https://doi.org/10.1007/s10964-012-9880-6

Epprecht, M. (2009). Sexuality, Africa, history. *The American Historical Review*, *114*(5), 1258–1272. https://doi.org/https://academic.oup.com/ahr/article/114/5/1258/16446

Finneran, C., Chard, A., Sineath, C., Sullivan, P., & Stephenson, R. (2012). Intimate partner violence and social pressure among gay men in six countries. *Western Journal of Emergency Medicine*, *13*(3), 260–271. https://doi.org/10.5811/westjem.2012.3.11779

Foucault, M. (1978). *The history of sexuality: An introduction* (Vol. 1). Pantheon Books.

Francis, D., & Msibi, T. (2011). Teaching about heterosexism: Challenging homophobia in South Africa. *Journal of LGBT Youth*, *8*(2), 157–173. https://doi.org/10.1080/19361653.2011.553713

Freeland, R., Goldenberg, T., & Stephenson, R. (2018). Perceptions of informal and formal coping strategies for intimate partner violence among gay and bisexual men. *American Journal of Men's Health*, *12*(2), 302–312. https://doi.org/10.1177/1557988316631965

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.

Gallagher, A. (2021, September 6). *Why no one wants to talk about intimate partner violence in queer relationships*. https://www.mambaonline.com/2021/09/06/why-no-one-wants-to-talk-about-intimate-partner-violence-in-queer-relationships/

Geneva. (2016). *Thematic report on violence against women and LGBTQI persons in South Africa*. https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/ZAF/INT_CCPR_CSS_ZAF_23069_E.pdf

Goldenberg, T., Stephenson, R., Freeland, R., Finneran, C., & Hadley, C. (2016). 'Struggling to be the alpha': Sources of tension and intimate partner violence in same-sex relationships between men. *Culture, Health and Sexuality*, *18*(8), 875–889. https://doi.org/10.1080/13691058.2016.1144791

Guadalupe-Diaz, X. L., & Yglesias, J. (2013). “Who’s protected?” Exploring perceptions of domestic violence law by lesbians, gays, and bisexuals. *Journal of Gay and Lesbian Social Services*, *25*(4), 465–485. https://doi.org/10.1080/10538720.2013.806881

Henderson, N. (2012). Narratives of power and abuse in gay relationships in the Cape Metropole. *South African Journal of Psychology*, *42*(3), 323–332. https://hdl.handle.net/10520/EJC98480

Henderson, N., & Shefer, T. (2008). Practices of power and abuse in gay male relationships: An exploratory case study of a young, isiXhosa-speaking man in the Western Cape, South Africa. *South African Journal of Psychology*, *38*(1), 1–20. https://doi.org/10.1080/10130950.2015.1020644

Henry, R. S., Perrin, P. B., Coston, B. M., & Calton, J. M. (2021). Intimate partner violence and mental health among transgender/gender nonconforming adults. *Journal of Interpersonal Violence*, *36*(7–8), 3374–3399. https://doi.org/10.1177/0886260518775148

Hill, M. J. (2013). Is the Black community more homophobic?: Reflections on the intersectionality of race, class, gender, culture and religiosity of the perception of homophobia in the Black community. *Journal of Gay and Lesbian Mental Health*, *17*(2), 208–214. https://doi.org/10.1080/19359705.2013.768089

Huschke, S. (2019). Empowering sex workers? Critical reflections on peer-led risk-reduction workshops in Soweto, South Africa. *Global Health Action*, *12*(1). https://doi.org/10.1080/16549716.2018.1522149

Jina, R., Machisa, M., Labuschagne, G., Vetten, L., Loots, L., & Jewkes, R. (2020). Unspoken victims: A national study of male rape incidents and police investigations in South Africa. *South African Medical Journal*, *110*(9), 926–931. https://doi.org/10.7196/SAMJ.2020.v110i9.14525

Judge, M., & Nel, J. A. (2018). Psychology and hate speech: A critical and restorative encounter. *South African Journal of Psychology*, *48*(1), 15–20. https://doi.org/10.1177/0081246317728165

Kaighobadi, F., Collier, K., Reddy, V., Lane, T., & Sandfort, T. (2019). Sexual violence experiences among black gay, bisexual, and other men who have sex with men and transgender women in South African townships: Contributing factors and implications for health. *South African Journal of Psychology*, *50*(2), 170–182. https://doi.org/10.1177/0081246319859449

Kaufman, M. R., Williams, A. M., Grilo, G., Marea, C. X., Fentaye, F. W., Gebretsadik, L. A., & Yedenekal, S. A. (2019). “We are responsible for the violence, and prevention is up to us”: A qualitative study of perceived risk factors for gender-based violence among Ethiopian university students. *BMC Women’s Health*, *19*(1), 131. https://doi.org/10.1186/s12905-019-0824-0

Kheswa, J. G., van Eeden, C., & Kheswa, J. (2018). Contextual factors promoting psychosocial well-being and safe sexual behaviour in African male youth: A literature review. *The Journal for Transdisciplinary Research in Southern Africa*, *14*(1), 8. https://doi.org/10.4102/TD.V14I1.375

Kidd, J., Medina, J., & Pohlhaus, G. (2017). *The Routledge handbook of epistemic injustice*. Routledge.

Kimmes, J. G., Mallory, A. B., Spencer, C., Beck, A. R., Cafferky, B., & Stith, S. M. (2019). A meta-analysis of risk markers for intimate partner violence in same-sex relationships. *Trauma, Violence, and Abuse*, *20*(3), 374–384. https://doi.org/10.1177/1524838017708784

Koenig, A. M., & Eagly, A. H. (2019). Typical roles and intergroup relations shape stereotypes: How understanding social structure clarifies the origins of stereotype content. *Social Psychology Quarterly*, *82*(2), 205–230. https://doi.org/10.1177/0190272519850766

Kugley, S., Wade, A., Thomas, J., Mahood, Q., Jørgensen, A. K., Hammerstrøm, K., & Sathe, N. (2017). Searching for studies: A guide to information retrieval for Campbell systematic reviews. *Campbell Systematic Reviews*, *13*(1), 1–73. https://doi.org/10.4073/cmg.2016.1

Kunzweiler, C. P., Bailey, R. C., Okall, D. O., Graham, S. M., Mehta, S. D., & Otieno, F. O. (2018). Depressive symptoms, alcohol and drug use, and physical and sexual abuse among men who have sex with men in Kisumu, Kenya. *AIDS and Behavior*, *22*(5), 1517–1529. https://doi.org/10.1007/s10461-017-1941-0

Laher, S., & Hassem, T. (2020). Doing systematic reviews in psychology. *South African Journal of Psychology*, *50*(4), 450–468. https://doi.org/10.1177/0081246320956417

Lane Tim, Osmand, T., Marr, A., Shade, S. B., Dunkle, K. , Sandfort, T. , Struthers, H. , Kegeles, S., & McIntyre, J. A. (2014). The Mpumalanga men's study (MPMS): Results of a baseline biological and behavioral HIV surveillance survey in two MSM communities in South Africa. *PloS One*, *9*(11). https://0-web-p-ebscohost-com.innopac.wits.ac.za/ehost/detail/detail?vid=0&sid=e7595067-0d74-41f0-9d67-00b703db1642%40redis&bdata=JkF1dGhUeXBlPWlwJnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#AN=25401785&db=awn

Langhinrichsen-Rohling, J., McCullars, A., & Misra, T. (2012). Motivations for men and women's intimate partner violence perpetration: A comprehensive review. *Partner Abuse*, *3*(4), 1–33. https://doi.org/10.1891/1946-6560.3.4.e10

Lewis, R. J., Milletich, R. J., Kelley, M. L., & Woody, A. (2012). Minority stress, substance use, and intimate partner violence among sexual minority women. *Aggression and Violent Behavior*, *17*(3), 247–256. https://doi.org/10.1016/j.avb.2012.02.004

Li, X., Curran, M. A., Butler, E., Mills-Koonce, W. R., & Cao, H. (2022). Sexual minority stressors and intimate partner violence among same-sex couples: Commitment as a resource. *Archives of Sexual Behavior*, *51*(4), 2317–2335. https://doi.org/10.1007/s10508-021-02261-9

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: Explanation and elaboration. *PLoS Medicine*, *6*(7). https://doi.org/10.1371/journal.pmed.1000100

Loist, S., & Ziehnski, G. (2012). On the development of queer film festivals and their media activism. In *Film festivals and activism* (pp. 49–62). www.newarkmuseum.org/NBFF.

Luyt, R. (2012). Constructing hegemonic masculinities in South Africa: The discourse and rhetoric of heteronormativity. *Gender and Language*, *6*(1), 47–77. DOI: https://doi.org/10.1558/genl.v6i1.47

Lynch, I. (2018). *(Dis)connections between intimate partner violence in women's heterosexual and same-sex relationships*. https://repository.hsrc.ac.za/bitstream/handle/20.500.11910/12790/10577.pdf?sequence=1

Lynch, I., & Sanger, N. (2016). *I'm your maker: Power, heteronormativity and violence in women's same-sex relationships*. https://repository.hsrc.ac.za/handle/20.500.11910/10128

Mailula, L., & Mokgoroane, L. (2020). *The bloody rainbow: The creation of the second closet - lesbian Blackwomxn, intimate partner violence and third parties' responses*. https://genderjustice.org.

Matebeni, Z. (2014). *Reclaiming Afrikan: Queer perspectives on sexual and gender identities*. Modjaji Books.

Mayeza, E. (2022). Rape culture: Sexual intimidation and partner rape among youth in sexually diverse relationships. *Sexualities*, *0*(0), 1–17. https://doi.org/10.1177/13634607221144618

Mayeza, E., Bhana, D., & Mulqueeny, D. (2022). Normalising violence? Girls and sexuality in a South African high school. *Journal of Gender Studies*, *31*(2), 165–177. https://doi.org/10.1080/09589236.2021.1881460

Messinger, A. M. (2011). Invisible victims: Same-sex IPV in the national violence against women survey. *Journal of Interpersonal Violence*, *26*(11), 2228–2243. https://doi.org/10.1177/0886260510383023

Messinger, A. M. (2017). *LGBTQ intimate partner violence: Lessons for policy, practice, and research*. University of California Press.

Metheny, N., Stephenson, R., Darbes, L. A., Chavanduka, T. M. D., Essack, Z., & van Rooyen, H. (2021). Correlates of substance misuse, transactional sex, and depressive symptomatology among partnered gay, bisexual and other men who have sex with men in South Africa and Namibia. *AIDS and Behavior*, *11*, 1–12. https://doi.org/10.1007/s10461-021-03549-6

Methley, A. M., Campbell, S., Chew-Graham, C., McNally, R., & Cheraghi-Sohi, S. (2014). PICO, PICOS and SPIDER: A comparison study of specificity and sensitivity in three search tools for qualitative systematic reviews. *BMC Health Services Research*, *14*(1). https://doi.org/10.1186/s12913-014-0579-0

Miller, B., & Irvin, J. (2017). Invisible scars: Comparing the mental health of LGB and heterosexual intimate partner violence survivors. *Journal of Homosexuality*, *64*(9), 1180–1195. https://doi.org/10.1080/00918369.2016.1242334

Mize, T. D., & Manago, B. (2018). The stereotype content of sexual orientation. *Social Currents*, *5*(5), 458–478. https://doi.org/10.1177/2329496518761999

Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., Estarli, M., Barrera, E. S. A., Martínez-Rodríguez, R., Baladia, E., Agüero, S. D., Camacho, S., Buhring, K., Herrero-López, A., Gil-González, D. M., Altman, D. G., Booth, A., … Whitlock, E. (2016). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P). *Revista Espanola de Nutricion Humana y Dietetica*, *20*(2), 148–160. https://doi.org/10.1186/2046-4053-4-1

Moino, K., Parrott, D. J., & Swartout, K. (2023). A both/and approach to conceptualizing multiple minority stress in sexual and racial minorities. *Psychology of Sexual Orientation and Gender Diversity*. https://doi.org/10.1037/sgd0000622

Moodley, Y. (2013). *Constructions of intimate partner violence in gay male relationships*. University of Witwatersrand. (Doctoral dissertation).

Moodley, Y., & Bowman, B. (2021). Intimate partner violence as masculine accomplishment: Resistance to victimhood in accounts of violence by gay men in urban South Africa. *Psychology and Sexuality*. https://doi.org/10.1080/19419899.2021.1902849

Moothoo-Padayachie, N. (2004). Lesbian violence explored. *Agenda: Empowering Women for Gender Equity*, *60*, 81–86. http://www.jstor.org/stable/4066343

Müller, B. M. (2019). Under Priscilla's eyes: State violence against South Africa's queer community during and after apartheid. *Image & Text : A Journal for Design*, *33*(1). https://doi.org/10.17159/2617-3255/2018/N33A11

Muntingh, L. (2011). Sexual violence in prisons: The duty to provide safe custody and the nature of prison sex. *South African Journal of Criminal Justice*, *24*(1). https://journals.co.za/doi/abs/10.10520/EJC53059

Muthien, B. (2004). Strategic interventions: Intersections between gender-based violence and HIV/AIDS. *Agenda*, *18*(59), 93–99. https://doi.org/10.1080/10130950.2004.9674520

Naidu, E., & Mkhize, N. (2011). Gender-based violence: The lesbian and gay experience. *Ender-Based Violence: Thelesbian and Gay Experience, Agenda, 19*(66), 34–38. https://doi.org/10.1080/10130950.2005.9674644

Ncobela S. (2021, August 26). Why is violence among homosexual partners ignored? *City Press*. https://www.news24.com/citypress/voices/why-is-violence-among-homosexual-partners-ignored-20210826

Nkosi, S., Nunze, N., & Sikweyiya, Y. (2021). (Mis)understanding same-sex sexual violence amongst boys: A perspective on recent rape incidents in South Africa. In *Private Bag X385*. https://hdl.handle.net/10520/ejc-safety1-v19-n1-a8

Ogunbajo, A., Oginni, O. A., Iwuagwu, S., Williams, R., Biello, K., & Mimiaga, M. J. (2020). Experiencing intimate partner violence (IPV) is associated with psychosocial health problems

among gay, bisexual, and other men who have sex with men (GBMSM) in Nigeria, Africa. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520966677

Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan - a web and mobile app for systematic reviews. Systematic Reviews 5, 210. https://doi.org/10.1186/s13643-016-0384-4.

Patai, D. (1992). Minority status and the stigma of "surplus visibility." *Education Digest*, *57*, 35–37. https://search.proquest.com/openview/96e81fd2a7c73963874611825962e938/1.pdf?pq-origsite=gscholar&cbl=25066

Patino, C. M., & Ferreira, J. C. (2018). Inclusion and exclusion criteria in research studies: Definitions and why they matter. In *Jornal Brasileiro de Pneumologia* (Vol. 44, Issue 2, p. 84). Sociedade Brasileira de Pneumologia e Tisiologia. https://doi.org/10.1590/s1806-37562018000000088

Pluckrose, H., & Lindsay, J. (2020). Queer theory. In H. Pluckrose & J. Lindsay (Eds.), *Cynical Theories: How activist scholarship made everything about race, gender, and identity* (1st ed., pp. 89–110). Pitchstone Publishing.

Rabie, F., & Lesch, E. (2009). "I am like a woman": Constructions of sexuality among gay men in a low-income South African community. *Culture, Health and Sexuality*, *11*(7), 717–729. https://doi.org/10.1080/13691050902890344

Rees, R., Sutcliffe, K., Dickson, K., & Thomas, J. (2017). The role of reviewer reflexivity: Reflections from a mixed-method consultative systematic review. *Paper Presented at the Global Evidence Summit, Cape Town, South Africa*. https://doi.org/https://doi.org/10.1002/14651858.CD201702.

Reid, G., & Walker, L. (2005). Sex and secrecy: A focus on African sexualities. *Culture, Health & Sexuality*, *7*(3), 185–194. https://doi.org/10.1080/13691050412331334353

Rogers, M. (2021). Domestic violence and abuse when survivors identify as trans or non-binary. In Devaney J, Bradbury-Jones C, Macy R J, Øverlien C, & Stephanie Holt S (Eds.), *The Routledge International Handbook of Domestic Violence and Abuse*. Routledge.

Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When intimate partner violence meets same sex couples: A review of same sex intimate partner violence. In *Frontiers in Psychology* (Vol. 9, Issue AUG). Frontiers Media S.A. https://doi.org/10.3389/fpsyg.2018.01506

Ronzón-Tirado, R., Charak, R., Cano-Gonzalez, I., Karsberg, S., & Schnarrs, P. W. (2022). Latent classes of bidirectional face-to-face and cyber intimate partner violence among lesbian, gay, and bisexual emerging adults: The role of minority stressors. *Journal of Interpersonal Violence*, *37*(21–22), NP21092–NP21118. https://doi.org/10.1177/08862605211055158

Ryan, C., Hesselgreaves, H., Wu, O., Paul, J., Dixon-Hughes, J., & Moss, J. G. (2018). Protocol for a systematic review and thematic synthesis of patient experiences of central venous access

devices in anti-cancer treatment. *Systematic Reviews*, *7*(1). https://doi.org/10.1186/s13643-018-0721-x

SA Constitutional Assembly. (2012). *The Constitution of the republic of South Africa, 1996: Act 108 of 1996, government gazette, South Africa*. 1–182.

Sanger, N., & Lynch, I. (2018). 'You have to bow right here': Heteronormative scripts and intimate partner violence in women's same-sex relationships. *Culture, Health and Sexuality*, *20*(2), 201–217. https://doi.org/10.1080/13691058.2017.1338755

Santoniccolo, F., Trombetta, T., & Rollè, L. (2021). The help-seeking process in same-sex Intimate partner violence: A systematic review. *Sexuality Research and Social Policy*. https://doi.org/10.1007/s13178-021-00629-z

Shefer, T. (2019). Activist performance and performative activism towards intersectional gender and sexual justice in contemporary South Africa. *International Sociology*, *34*(4), 418–434. https://doi.org/10.1177/0268580919851430

Shefer, T., Ratele, K., & Strebel, A. (2005). *From boys to men: Social constructions of masculinity in contemporary society* (1st ed.). Juta and Company Ltd.

Showmax. (2022, August). *Somizi & Mohale: End of the Road*. MultiChoice.

Singh, J. (2010). Mendeley: A free research management tool for desktop and web. Journal of Pharmacology and Pharmacotherapeutics, 1(1), 62-62. http://www.mendeley.com

Sioga, T. (2018). Police need better training to handle intimate partner harm. *Rapport*, 25. https://witsvuvuzela.com/2018/07/29/police-need-better-training-to-handle-intimate-partner-harm/

Stephenson, R., Darbes, L. A., Chavanduka, T., Essack, Z., & van Rooyen, H. (2020). Intimate partner violence among male couples in South Africa and Namibia. *Journal of Family Violence*, *11*, 1–11. https://doi.org/10.1007/s10896-020-00214-9

Stephenson, R., & Finneran, C. (2013). The IPV-GBM scale: A new csale to measure intimate partner violence among gay and bisexual men. *PLoS ONE*, *8*(6). https://doi.org/10.1371/journal.pone.0062592

Stephenson, R., Hast, M., Finneran, C., & Sineath, C. R. (2014). Intimate partner, familial and community violence among men who have sex with men in Namibia. *Culture, Health and Sexuality*, *16*(5), 473–487. https://doi.org/10.1080/13691058.2014.889753

Stephenson, R., Voux, A., & Sullivan, P. S. (2011). Intimate partner violence and sexual risk-taking among men who have sex with men in South Africa. *Article in The Western Journal of Emergency Medicine*, *12*(3), 343–349. http://escholarship.org/uc/uciem_westjem.

Stern, E., Cooper, D., & Greenbaum, B. (2015). The relationship between hegemonic norms of masculinity and men's conceptualization of sexually coercive acts by women in South Africa.

Journal of Interpersonal Violence, *30*(5), 796–817. https://doi.org/10.1177/0886260514536275

Stychin, C. F. (1996). Constituting sexuality: The struggle for sexual orientation in the South African bill of rights. *Source: Journal of Law and Society*, *23*(4), 455–483. https://www.jstor.org/stable/1410476

Sutherland, C. (2016). *Progressive prudes: A survey of attitudes towards homosexuality and gender non-conformity in South Africa.*

Sutherland, C., Roberts, B., & Gabrie, N. (2016). *Progressive prudes: A survey of attitudes towards homosexuality & gender non-conformity in South Africa*. https://theotherfoundation.org/wp-content/uploads/2016/09/ProgPrudes_Report_d5.pdf

Swart, T. M., & Bowman, B. (2007). Activating action: Aims, methods and imperatives of research in community psychology. In N. Naidoo, J. Pillay, & V. Roos (Eds.), *Community Psychology: Analysis, context and action* (pp. 432–448). UCT press.

Taccini, F., & Mannarini, S. (2023). An attempt to conceptualize the phenomenon of stigma toward intimate partner violence survivors: A systematic review. *Behavioral Sciences*, *13*(3), 194. https://doi.org/10.3390/bs13030194

Tallis, V., Jean-Pierre, T., & Madi, T. (2020). When the personal remains personal: Intimate partner violence in lesbian relationships. *Agenda*, *34*(2), 71–77. https://doi.org/10.1080/10130950.2019.1706988

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*. https://doi.org/10.1186/1471-2288-8-45

Triangle Project. (2017). *Intimate partner violence*. https://triangle.org.za/what-were-here-for/domestic-and-family-violence/

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80–96. https://doi.org/10.1177/1473325010368316

Turell, S., Herrmann, M., Hollander, G., & Galletly, C. (2012). Lesbian, gay, bisexual, and transgender communities' readiness for intimate partner violence prevention. *Journal of Gay and Lesbian Social Services*, *24*(3), 289–310. https://doi.org/10.1080/10538720.2012.697797

Uman, L. S. (2011). Systematic reviews and meta-analyses information management for the busy practitioner. *J Can Acad Child Adolesc Psychiatry*, *20*(1), 57–60. www.cochrane.org

Walsh, A. R., Sullivan, S., & Stephenson, R. (2022). Intimate partner violence experiences during COVID-19 among male couples. *Journal of Interpersonal Violence*, *37*(15), 1–23. https://doi.org/10.1177/08862605211005135

Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The national intimate partner and sexual violence survey (NISVS): 2010 findings on victimization by sexual orientation national center for injury prevention and control division of violence prevention*.

Wells, H., & Polders, L. (2006). Anti-gay hate crimes in South Africa. *Agenda*, *12*(67), 20–28. https://0-web-p-ebscohost-com.innopac.wits.ac.za/ehost/detail/detail?vid=0&sid=a161eb45-01b7-4e34-9f66-1f5f416162e1%40redis&bdata=JkF1dGhUeXBlPWlwJnNpdGU9ZWhvc3QtbGl2ZSZzY29wZT1zaXRl#AN=508379&db=awn

Whitfield, D. L., Coulter, R. W. S., Langenderfer-Magruder, L., & Jacobson, D. (2021). Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: The intersection of gender, race, and sexual orientation. *Journal of Interpersonal Violence*, *36*(11–12), NP6040–NP6064. https://doi.org/10.1177/0886260518812071

Wicks, J. (2017, September 20). Same-sex spousal abuse soars in violent South Africa. *Sowetan Live*. https://www.sowetanlive.co.za/sundayworld/news/2017-09-20-same-sex-spousal-abuse-soars-in-violent-sa/

World Health Organisation. (2013). *Understanding and addressing violence against women*. http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf

Ximba, U. M. S. (2021). Beyond the rainbow: Creative approaches as dialogue for LGBTQIA+ intimate partner violence. *Journal of Contemporary African Studies*, *39*(4), 618–633. https://doi.org/10.1080/02589001.2021.1912305

Young, R. M., & Meyer, I. H. (2005). The trouble with “MSM” and “WSW”: Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health*, *95*(7), 1144–1149. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2004.046714

Appendices

Appendix A: Initial scoping search procedure

A preliminary literature search was conducted on five electronic databases in 2022; namely, Ebscohost, PsycARTICLES, Sabinet African Journals, SAGE Journals Online and Google Scholar, until similar articles repeatedly appeared in various database searches or the search results became redundant. The following search string, with Boolean operators (AND, OR, NOT, *), were used for the search of the literature; "interpersonal violence" OR "domestic violence" OR "intimate partner abuse" OR "intimate partner violence" OR "IPV" AND "LGBT*" OR "Lesbian, gay, homosexual, bisexual, transgender, intersex, queer, pansexual" OR "same-sex" OR "sexual minority". I searched the titles, abstracts, and full-text of articles for the presence of these keywords in published full-text studies in English. When using this search string on PsycArticles, for example, it yielded 3550 results. To increase the relevance of the results to the South African context, I considered articles from low- and middle-income countries (LMIC), thus including "low- and middle-income countries" OR "LMIC" to the search string. This refinement yielded 2704 in PsycArticles. For the South African and African scoping search, I applied the identical search string, including "Africa" OR "South Africa": 2604 results were obtained in PsycArticles. These results not necessarily reflect African or South African publications, instead these articles merely mention Africa or South Africa somewhere in the article. Consequently, refinement was done manually. Similar searches were conducted in each database.

Appendix B: PRISMA Checklist

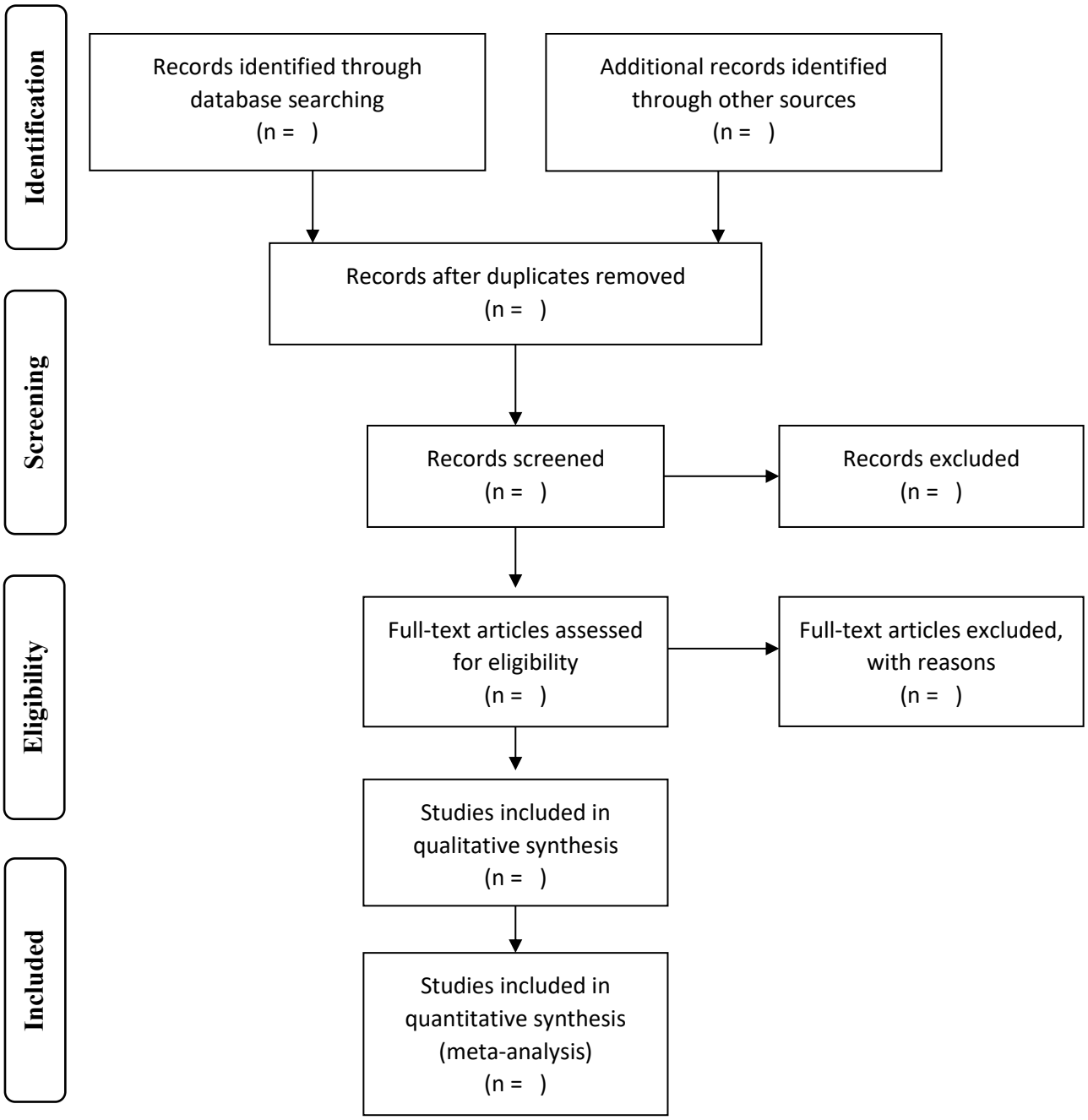
Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	
Section/topic	**#**	**Checklist item**	**Reported on page #**
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	

Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Summary of evidence	24	Summarise the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: **www.prisma-statement.org**.

Appendix C: PRISMA four-phase flow diagram



Appendix D: CASP Qualitative Checklist

(Laher & Hassem, 2020)

Screening Questions:

1. Was there a clear statement of the aims of the research? **□Yes □Can't tell □No**

HINT: Consider

- What was the goal of the research?
- Why was it thought important?
- Its relevance

2. Is a qualitative methodology appropriate? **□Yes □Can't tell □No**

HINT: Consider

- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal? Is it worth continuing?

Detailed questions:

3. Was the research design appropriate to address the aims of the research? **□Yes □Can't tell □No**

HINT: Consider

- If the researcher has justified the research design (E.g. have they discussed how they decided which method to use)?

4. Was the recruitment strategy appropriate to the aims of the research? **□Yes □Can't tell □No**

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

5. Was the data collected in a way that addressed the research issue? **□Yes □Can't tell □No**

HINT: Consider

- If the setting for data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)

□ If the researcher has justified the methods chosen

□ If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?

□ If methods were modified during the study. If so, has the researcher explained how and why?

□ If the form of data is clear (e.g. tape recordings, video material, notes etc)

□ If the researcher has discussed saturation of data

6. Has the relationship between researcher and participants been adequately considered? **□Yes □Can't tell □No**

HINT: Consider

□ If the researcher critically examined their own role, potential bias and influence during

(a) Formulation of the research questions

(b) Data collection, including sample recruitment and choice of location

□ How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

7. Have ethical issues been taken into consideration? **□Yes □Can't tell □No**

HINT: Consider

□ If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained

□ If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)

□ If approval has been sought from the ethics committee

8. Was the data analysis sufficiently rigorous? **□Yes □Can't tell □No**

HINT: Consider

□ If there is an in-depth description of the analysis process

□ If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?

□ Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process

□ If sufficient data are presented to support the findings

□ To what extent contradictory data are taken into account

□ Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

9. Is there a clear statement of findings? **□Yes □Can't tell □No**

HINT: Consider

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researchers arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy? , or relevant research-based literature?
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix E: Adapted CASP for Quantitative research

(Laher & Hassem, 2020)

1. Was there a clear statement of the aims of the research?

□Yes □Can't tell □No

Consider:

What was the goal of the research? Why it was thought important? Its relevance

2. Is a quantitative methodology appropriate?

□Yes □Can't tell □No

Consider:

If the research seeks to examine a relationship between variables or comparison of groups. Is quantitative research the right methodology for addressing the research goal?

3. Were all the participants accounted for in the results and the conclusion?

□Yes □Can't tell □No

Is it worth continuing?

Detailed questions:

4. Was the research design appropriate to address the aims of the research?

□Yes □Can't tell □No

Consider:

If the researcher has justified the research design (e.g., have they discussed how they decided which method to use)?

5. Was the recruitment strategy appropriate to the aims of the research? (Assess selec-tion bias)

□Yes □Can't tell □No

Consider:

If the researcher has explained how the participants were selected, Are the individuals selected to participate in this study likely to be representative of the target population? If there are any discussions around recruitment (e.g., why some people chose not to take part).

6. Was the data collected in a way that addressed the research issue?

□Yes □Can't tell □No

Consider:

If the setting for data collection was justified. If it is clear how data were collected. If the researcher has justified the methods chosen. If the researcher has made the methods explicit . Were data collection tools shown to be valid? Were data collection tools shown to be reliable? If methods were modified during the study. If so, has the researcher explained how and why?

7. Have ethical issues been taken into consideration?

□Yes □Can't tell □No

Consider:

If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained. If the researcher has discussed issues raised by the study (e.g., issues around informed consent, anonymity, and confidentiality or how they have handled the effects of the study on the participants during and after the study). If approval has been sought from the ethics committee.

8. Was the correct statistical technique used to analyse the data

□Yes □Can't tell □No

Consider:

Was descriptive data provided? Was the sample size large enough for the statistical technique carried out? Was basic assumptions of the statistical test utilised met? Were both significant and insignificant results reported? Did the statistical technique used effectively answer the research question?

9. Was the data analysis sufficiently rigorous?

□Yes □Can't tell □No

Consider:

If there is an in-depth description of the analysis process. Were the statistical methods appropriate for the study design? If sufficient data are presented to support the findings? To what extent contradictory data are taken into account? Were potential sources of bias discussed?

10. Were psychometric properties discussed?

□Yes □Can't tell □No

Consider:

Were reliability and validity of the instruments used discussed or analysed.

11. Is there a clear statement of findings?

□Yes □Can't tell □No

Consider:

If the findings are explicit. If there is adequate discussion of the evidence both for and against the researchers' arguments. If the findings are discussed in relation to the original research question.

12. How valuable is the research?

Consider:

If the researcher discusses the contribution the study makes to existing knowledge or understanding, for example, do they consider the findings in relation to current practice or policy?, or relevant research-based literature? If they identify new areas where research is necessary? If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways, the research may be used.

Appendix F: Adapted CASP for Theoretical Papers

(Laher & Hassem, 2020)

1. Was it a theoretical paper?
□Yes □Can't tell □No

2. Was there a clear statement of aims for the paper?
□Yes □Can't tell □No
Consider:
What was the goal of the research? Why it was thought important? Its relevance

3. Did the paper appropriately address the research aims?
□Yes □Can't tell □No
Consider:
If there is adequate discussion of the evidence both for and against the researchers' arguments.

4. Was appropriate literature cited or drawn on to answer the research aims?
□Yes □Can't tell □No
Consider:
Were influential theories or institutions mentioned?

5. Were experts in the field consulted or internationally recognised bodies cited?
□Yes □Can't tell □No

6. Is there a clear statement of findings?
□Yes □Can't tell □No
Consider:
If the findings or conclusions are discussed in relation to the original research question

Appendix H: Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MCLIN/22/06W**
PROJECT TITLE:	systematic review of Intimate Partner Violence (IPV) within LGBTQ+ relationships within the South African context.
INVESTIGATOR	Slabbert Philip (2552772)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	10 June 2022
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	No Risk
EXPIRY DATE	31 December 2024

ISSUE DATE OF CERTIFICATE 11 July 2022 **CHAIRPERSON** C Harvey
(Dr Clare Harvey)

Cc: Dr Michael Owen (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature **Date** **_12_____/___07____/____2022___**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES