

BEATEN, BROKEN AND BEHIND BARS:
A STORY OF FEMALE INMATES WITH A
LIFETIME HISTORY OF TRAUMA AND
MENTAL ILLNESS IN DURBAN, SOUTH AFRICA*

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ABSTRACT

The high prevalence of lifetime trauma among female inmates is well documented internationally however, there is a paucity of such research in the African and South African context. Furthermore, there remains a gap in the literature with regards to the impact trauma has on the onset of mental illness and the trajectory towards criminality in female inmates. This study was aimed at an in-depth exploration of the experience and consequences of trauma in these women's lives, at a South African correctional centre, and in a culturally relevant context. The findings of this study emanate from the second phase of a larger two-phased, mixed methods, sequential, explanatory design study which investigated the mental health needs of female inmates in Durban, South Africa. Fourteen women with a lifetime history of trauma and mental illness, were purposively selected to undergo semi-structured, in-depth interviews from the initial pool of 126 women who participated in the quantitative first phase. The main themes identified related to trauma include: abuse is common; women endured many different types of abuse; they often suffered multiple traumas during their lifetime; abuse was experienced as a cycle which was difficult to escape; and the context in which the abuse occurred was described. They also described the pervasive and lasting emotional, psychological, interpersonal and behavioural impact of the abuse. All the female inmates who participated in this phase of the study reported traumatic experiences during their lifetime; the majority of whom had suffered complex trauma. They reported that their experiences of trauma contributed to the development of their mental illnesses (including substance use disorders) and also predisposed to behaviour that led to their incarceration. Trauma screening on admission to, and discharge from, correctional services is imperative. Correctional services should address this unmet need to improve mental health outcomes and to decrease recidivism among female inmates.

Keywords: Female/women; inmates/offenders; lifetime trauma/abuse; mental illness.

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INTRODUCTION

Literature review

The terms inmates, offenders or prisoners in the literature are commonly associated by society with immoral acts and contraventions of the law. What is often lost in these labels is the history that contributed to the life story of incarcerated individuals. It is well documented that female prisoners are far more likely than males to have a history of physical, sexual and emotional abuse (Bloom & Covington, 2008: 160-176; Messina, Burdon, Hagopian & Prendergast, 2006: 7-28; Tripodi & Pettus-Davis, 2013: 30-40) with most female prisoners having extensive histories of trauma, abuse and victimisation (Matheson, Brazil, Doherty & Forrester, 2015: 241-255). International studies, predominantly from developed countries, demonstrate the disproportionate burden of trauma experienced by female inmates compared to their male counterparts (Green, Miranda, Daroowalla & Siddique, 2005: 133-151; James & Glaze, 2006: 1 & 3-4; Lynch, Fritch & Heath, 2012: 381-400). One study found that more than half of the women in jail have been victims of physical or sexual abuse, in contrast to less than one in five men in jail (Davidson & Chesney-Lind, 2009: 76-84). This is a key contributing factor in their offending and re-offending behaviour (Meyer, 2016: np).

Studies conducted in correctional centres in the Gauteng and Western Cape provinces of South Africa, highlight the elevated prevalence of trauma among women prior to incarceration (Dastile, 2014: 1-12; Haffejee, Vetten & Greyling, 2005: 40-47; Artz, Hoffman-Wanderer & Moul, 2012: 164-165). Consistent with the above findings, the first phase of the current study on the mental health needs of female inmates found elevated rates of childhood physical (87.3%), sexual (40.5%), and emotional (93.7%) abuse, as well as adult physical (70.6%), sexual (20.6%), and emotional abuse (80.2%) among female inmates at a correctional centre in Durban, South Africa (Naidoo, Paruk, Ferreira & Subramaney, 2024: 1-9). It also found associations between cumulative childhood adversities and post-traumatic stress disorder, alcohol use disorder, substance use disorder, borderline personality disorder and Human Immuno-deficiency Virus (HIV).

According to Widom's Cycle of Violence Theory, violent victimisation, particularly physical abuse inflicted upon children by their carers or parents, increases the risk of later violent behaviour (Widom, 1992: 1) In addition, children who suffer neglect are also more likely to develop subsequent violent criminal behaviour. The Adverse Childhood Experiences (ACE) study revealed the cumulative negative impact of ACEs on health in adulthood, as well as an elevated likelihood for the perpetration of aggressive acts with cumulative ACEs (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998: 245-258).

Childhood trauma (abuse and neglect) has also been associated with recidivism in juvenile and adult offenders (Wolff, Baglivio & Piquero, 2017: 1210-1242; Vitopoulos, Peterson-Badali, Brown & Skilling, 2019: 351-364; Kim, Park & Kim, 2016: np). Accordingly, it is important to identify and manage female inmates with a history of trauma to improve their mental health outcomes, which include substance and related disorders, and to decrease recidivism. Unfortunately, screening and treatment for trauma is not routinely practised in most correctional settings (Matheson et al, 2015: 241-255).

While the prevalence of trauma among female inmates has been investigated internationally, there remains a paucity of literature in South Africa and on the African continent. Furthermore, there exists a critical gap in the literature on the consequences of trauma on female inmates' lives, particularly with regards to trauma as a precursor to mental illness, and the contribution of trauma towards female inmate's pathways into criminal behaviour. Quantitative studies often decontextualise violence and fail to fully capture the entrenchment of victimisation in these women's lives. Thus, the aim of this study was to explore the experiences and consequences of trauma in female inmates with a lifetime history

of mental illness, in an African cultural context and in a low-and-middle income country (LMIC) setting. The objectives of this study were to describe first-hand experiences of female inmates’ experiences of trauma; and to explore if, and how, these experiences influenced their mental health and trajectories into crime.

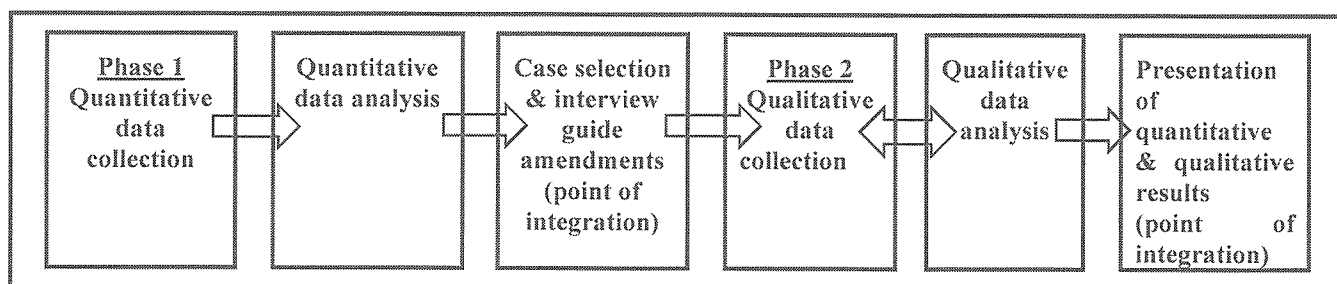
METHODOLOGY

Study design

A sequential, explanatory design was employed in this mixed methods study. This consisted of an initial quantitative phase, followed by a qualitative phase, which sought to explain and contextualise the quantitative results (see Creswell & Plano-Clarke, 2011). There is a paucity of mixed methods studies which focus on advocacy, hence, there is a significant need for transformative research using a mixed methods design (Sweetman, Badiee & Creswell, 2010: 441-454). With respect to transformative research which uses a mixed methodology, the quantitative arm allows measurement of the magnitude of a problem and determines associations between variables. With the addition of a qualitative arm, the researcher can give a voice to marginalised populations and is able to determine the influence these measured variables or phenomena have on the research participants. This is necessary if the researcher wishes to fully understand the needs of the marginalised population, so that the research can advocate for change and improve the status quo.

The following prevalence rates were measured in phase one of the broader study: mental illness (using the Structured Clinical Interview for the Diagnostic and Statistical Manual for Mental Disorders Fifth Edition- Research Version), HIV (using correctional services hospital records) (Naidoo, Subramaney, Paruk & Ferreira, 2022: 1-11) and trauma (using the World Health Organisation Adverse Childhood Experiences: International Questionnaire and a socio-demographic clinical and forensic questionnaire (Naidoo, Paruk, Ferreira & Subramaney, 2024: 1-9). The subsequent qualitative (second) phase, which adopted a phenomenological approach (Manen, 1997), provided an in-depth understanding of the experience and consequences of HIV (Naidoo, Ferreira, Subramaney & Paruk, 2021: 1-11) and trauma in a culturally relevant context, in female inmates with a lifetime history of mental illness. The focus of this paper is on the trauma component of the qualitative phase of the broader study. Figure 1 illustrates a flow diagram of the overall study design

Figure 1: Visual flow diagram of overall study design



Theoretical framework

This study adopted a transformative theoretical framework as described by Mertons (2009). The transformative approach refers to a “...meta-physical framework that directly engages the complexity encountered by researchers and evaluators in culturally diverse communities, when their work is focused on increasing social justice” (Mertons, 2009: 10). This paradigm creates a platform for individuals who view advocacy, in terms of furthering social justice, as a part of their role in the research process and was borne out of a need for the voices of historically marginalised populations to be brought into realm of research. Transformative research can be

applied to populations who experience discrimination and oppression for any reason. In this study, it applies to female inmates who are considered a marginalised population locally and internationally.

Study setting

The study was conducted at the largest correctional centre in Durban, KwaZulu-Natal (KZN), SA. It accommodates both male and female inmates. Females are referred from different parts of the province, since this is one of the only correctional centres in KZN which accommodates women serving life sentences.

Study sample

One hundred and twenty-six female sentenced offenders and remand detainees were randomly selected to participate in phase one of the larger study (quantitative phase). Subsequently, fourteen women were purposively selected and invited to participate in phase two which consisted of individual, in-depth, semi-structured, qualitative interviews. The eligibility criteria for phase two of the study were: women from culturally diverse backgrounds; women with a lifetime history of mental illness, women with a lifetime history of trauma; women who were either infected with or affected by HIV; and women who were fluent in English. No translator was used in the qualitative phase so as to increase the accuracy and validity of the responses and subsequent interpretation. Both first and second phase samples were representative of all population groups. The initial list of eligible women was 35 however after 14 participants were interviewed, data saturation was reached.

Procedure

Ethical approval for the study was obtained from the University of the Witwatersrand Human Research Ethics Committee prior to commencement of the study (M181026). Permission to conduct the study at the Department of Correctional Services (DCS) was also obtained. Written informed consent was obtained from all participants who agreed to participate. Inmates are considered a vulnerable study population. Hence, ethical principles were strictly followed. Confidentiality was maintained and participants were informed that the researcher was independent and not affiliated with the DCS, and that the DCS would have no access to the study data. Participants were encouraged to be as truthful as possible as the study would not affect their legal proceedings. Anonymity was also ensured throughout the research process as participants were assigned unique participant identification numbers. Participants were also free to withdraw from the study at any time. The phenomena of interest were explored via face-to-face interviews conducted, in English, by the first author, a forensic psychiatrist. These interviews were audio-recorded and later transcribed verbatim using naturalised transcription. Transcripts, served as the data source and were then analysed using thematic analysis as described below. Data was stored electronically, password protected and only accessible to the first author. Data was analysed using thematic analysis (Braun & Clarke, 2006: 77-101).

Analysis

A qualitative data analysis software programme, MAXQDA, was used to analyse the data, which ensured an electronic audit trail (Verbi Software, 2020). A codebook was developed using the software. Thematic analysis commenced with the first author familiarising herself with the data by reading through each transcript several times before commencing the coding process. After each interview, the transcript was compiled and then coded. The first author began the process of compiling subthemes, and later, themes which were then revised several times. This was followed by the next interview and the process was repeated. This was an iterative and cyclical process and was done in collaboration with the second author (see Figure 1). A theme represents something significant and relevant in the data with respect to the

research question (Braun & Clarke, 2006: 77-101). It captures patterned responses or meanings within the data set. An inductive analysis, which is a ‘bottom-up’ approach, was employed. In this approach, the themes are grounded in the data and are representative of the entire dataset, rather than being limited to the researcher’s field of interest, i.e. using pre-determined codes. Themes were correlated with quotations from participants which highlighted the theme. Idiomatic expressions were retained in the quotations.

Trustworthiness

Guba and Lincoln’s constructs of credibility, dependability, transferability and confirmability were used to ensure scientific rigour (see Lincoln & Guba, 1985). The first author, a forensic psychiatrist who had received training in qualitative research, conducted all the interviews thus ensuring credibility. This was further facilitated through analyst triangulation, by the first and second authors. Transparency and auditability were facilitated by the use of the qualitative data analysis software programme (MAXQDA). Thick descriptions of the study setting and population, as well as detailed in-context quotations enhanced transferability.

RESULTS AND DISCUSSION OF FINDINGS

In terms of the socio-demographic characteristics, the mean age of the 14 participants was 36.2 years (standard deviation 9.3). Most of the women in this study had reached a high school level of education. However, a large proportion were unemployed prior to incarceration. Most participants were from urban areas and were single, separated, divorced or widowed. The majority of the women were living with HIV and were on anti-retroviral therapy (ART). The women were charged with multiple different offences. Table 1 details the types of offences.

Table 1: Prevalence of the different offences among the 14 participants in the qualitative phase

Offences	n	Percentage
Fraud	4	28.6
Theft	1	7.1
Possession of drugs	2	14.2
Murder	6	42.9
Robbery aggravating circumstances & kidnapping	1	7.1

The most common lifetime mental illnesses among participants were major depressive disorder, post-traumatic stress disorder and alcohol use disorder. There was also an over-representation of borderline personality disorder in the qualitative phase sample. Table 2 describes the prevalence of the different psychiatric disorders that the women suffered from.

Table 2 : SCID5-RV diagnoses of the 14 participants in the qualitative phase

SCID5-RV diagnosis	n	Percentage
Unspecified psychotic disorder	1	7.1
Major Depressive Disorder	13	92.3
Bipolar Mood Disorder type I	1	7.1
Post-traumatic stress disorder	10	71.4
Adult Attention Deficit and Hyperactivity Disorder	4	28.6
Alcohol use disorder	9	64.3
Cannabis use disorder	4	28.6
Opioid use disorder	2	14.3
Stimulant use disorder	3	21.4
Borderline personality disorder	9	64.3
Antisocial personality disorder	3	21.4

Themes

A summary of the themes is listed in Table 3.

Table 3: Summary of main themes

Overarching themes	Themes	Sub-themes
The trauma	Abuse is common among female inmates	
	Women suffered different types of abuse	Physical
		Sexual
		Emotional
		Financial
	Women often experienced cumulative trauma throughout their life-span	
	The vicious cycle of abuse	
	Context in which the abuse occurs	Normalisation of abuse
		Inter-generational pattern of abuse
		Cultural expectations of women to tolerate abuse
	No escape: divorce is not acceptable in the African culture	
The aftermath	Emotional impact	Anger
		Vengeance
		Feeling betrayed
		Sadness
		Hopelessness
	Psychological impact	Community response: Victimising the victim: - Blame and stigma - Abandonment No voice for the victim: - Invalidation - Secrecy of abuse
		Intrapsychic impact: - Self-blame and guilt - Shame - Loss of self-worth - Lack of sense of safety - Change in sexual orientation - Precursor to mental illness - Strength and resilience
	Impact on behaviour	Unhealthy coping mechanisms: - alcohol and illicit substances - avoidance, repression, suppression
		Trajectory into crime
	Interpersonal impact	Unsuccessful relationships (intimate and non-intimate)

THE TRAUMA

Data revealed that abuse is common among incarcerated women and takes on many forms. It also highlighted that abuse is often not a once-off occurrence, with many participants describing a vicious cycle of abuse that is perpetuated by societal and cultural beliefs and norms.

Abuse is common among female inmates

All participants reported abuse at some stage of their lives. Several women stated that gender-based violence was very prevalent in their communities as Sibongile explained: *“It is a common thing...in the African community, especially Black people”*; and Noma elaborated:

“You’ll discover that you’re not the only one...Most African women, they are abused...I can say it’s common because most women, when we sit down with them, they will share stories and when they share their stories, you’ll find that yours is better than theirs, and I think it can be one-out-of-ten women that cannot be abused.”

Melissa remarked: *“Yes women get beaten up all the time...it is mostly in marriages, couples. They [men] hit their girlfriends or wives”*; and Neeta added: *“From the time I was a kid, I promised myself I would never be the battered woman that I saw in society...there was a lot of that and I said that it’s never going to be me, and it’s so funny that this is what I’ve turned out to be.”*

The above findings are consistent with South African literature as Artz et al (2012) found that 38 percent of female inmates in the Western Cape reported childhood physical abuse and 29 percent disclosed childhood sexual abuse (Artz et al, 2012: 132). Dastile also found high levels of physical, sexual and emotional abuse among female inmates in Gauteng correctional centres (Dastile, 2014: 1-12), while Haffejee and colleagues reported that 78 percent of women in a Gauteng prison reported some form of abuse in their last relationship prior to incarceration (Haffejee et al, 2005: 40-47).

Women suffered different types of abuse

Participants experienced a multitude of trauma in their lifetime which included physical, sexual, emotional and financial abuse.

Physical abuse

Most women in the sample reported suffering physical abuse at the hands of their intimate partners. A significant number of women reported frequent, severe physical assaults. Didi recalled:

“My husband, he was so abusive...he was so wild, the way he treated me...he will drag me and he will fight with me without anything I have done...and I had a lot of punches...it was very difficult...I was just his punching bag...he was so violent, he was so abusive.”

Abuse often occurred on the background of intimate partner alcohol abuse, as Seleste describes: *“He [fiancé] starts beating me up and throw me over the bed...I even had marks on my face...all of the times when he’s drunk, he does that to me, abuses me.”* Katlego adds: *“Sometimes when he [boyfriend] would come home drunk or maybe even when he wasn’t drunk, or maybe he was just in a bad mood, then the slaps and kicks would come, the blue eyes would come.”* Women explained that they were not safe in their home environments nor in public spaces, as Neeta described: *“So the moment I would drive into the garage he [husband] will start throwing and then he’ll push and shove me...but eventually he used to beat me up...my*

lawyer had seen what he was doing to me 'cause he, he would slap me in front of the lawyer.'" Seleste was also abused in public by her boyfriend as she explained: "So he starts following me and starts beating me up in the streets."

Sexual abuse

Many women described the sexual trauma they had suffered in childhood. Their stories revealed that they were unsafe with strangers and trusted figures alike. Didi was first raped by a neighbour when she was six, and then by a stranger when she was 14 years old. There was an imminent threat to her life as she was brutally assaulted in both encounters.

"My first rape, I was just a young, innocent girl...and he [neighbour] called me...then he pulled me and he was dragging me like this, in my neck...to the bushes of the banana and he was forcing me, forcing himself over me. And I think that man was 25 years, and I was young at six years, and it was so painful, and because he was an old man I could not [move], and he was threatening me. He said if I can scream he will kill me...I was unable to walk because I was having the pains and I was sent to the clinic for treatment...The second one [rape] it was a strange man...I was waiting for the bus...he asked me to accompany him to collect the gift of the chairs and the tables...then I followed him because I trusted him although he was a stranger, because I was just so innocent...When I was following him, then he turned, then he pressed my neck and he took out the knife and...he was cutting me. I have got the scar, you can see. He said, 'I will cut you like a goat if you scream'. While he was pressing me, he was taking out my pants and he even raped me, when he was raping me and he was pressing me, rape me, pressing me. That is why all these things, it is so painful" (Didi).

Sibusisiwe recounted being sexually molested by her pastor at church for many years.

"My parents did not understand why I had this sudden negative attitude towards church, because I used to enjoy going to Sunday school you know, but ever since the pastor started molesting me and like sexually abusing me, I did not have that zeal to go to church anymore" (Sibusisiwe).

Seleste spoke about her step-father who sexually abused her as a child. "Feels like [he is] a real dad and then [I] find out he's just busy playing with me and busy doing jolling [having sex] with me."

There seems to be an ever-present threat of sexual violence for women in some African countries. In a survey in Ghana, women from low socio-economic neighbourhoods stated that sexual violence was a large part of their everyday lives which they were afraid to report (Bohm, 2017: 818-838). In the current study many women described multiple sexual assaults during their lifetime with perpetrators being both trusted, familiar figures, as well as strangers. Hesitancy to report these assaults was also a common finding. Sexual abuse is however not the only form of abuse that impacts on the wellbeing of women. Women described the multiple assaults and victimisation they had endured since childhood through to adulthood, being severely traumatised and robbed of their physical safety, self-worth and possessions.

Emotional abuse

Most women also spoke about the emotional abuse they had suffered by their intimate partners who made them feel inadequate, worthless, unwanted and humiliated. Nolútanda shared that: "He will tell me that I'm nothing." Katlego had a similar account: "He would say, 'You're not good enough, I don't care about you, you can leave. I'm better off without you' and then, I instead, I would stay." Didi added:

“He even swearing [at] me because...we were three [children], and we [were] of different fathers. He said, ‘Your mother has got a rotten cervix that is why she has got cervical cancer, because she slept with three different men’. He had no mercy for what was happening....he was so abusive” (Didi).

Sibusisiwe, who was incarcerated for the murder of her boyfriend, explained how his emotional abuse manifested in controlling behaviour:

“The cheating, the controlling. I had to live the life, my life, according to him, his ways, not the way that I wanted. He will seclude me. I was secluded from even my sisters, my friends, my colleagues, he didn’t want anyone around me. He will just put me in a corner and be alone and then he will do whatever” (Sibusisiwe).

Financial abuse

Lisa related how her boyfriend placed a lot of financial pressure on her to support his drug habit: *“I had to take it [investment] out and then, I mean it just went up. I don’t even know where it went to. He smoked most of it you know.”* Neeta described being financially manipulated and exploited by her husband:

“My husband was such a demanding person. He wanted the top of the range TV or a home theatre system. Even when I didn’t have the money...my credit card was always maxed. His credit card was maxed. What he was doing, I don’t know because he never did a thing in the house, but mine went towards the house, it went towards the running of the household, seeing to the child’s school fees and all of that” (Lisa).

Didi, who was employed as a teacher, recounted her abusive experiences with her husband who had bought tyres from a shop and failed to pay for them. This resulted in debt collectors seizing Didi’s assets to repay her husband’s debt:

“They [debt collectors] took for auction, they took all my belongings...furniture, the sofas, my lounge...my room divider, a huge one with a coffee table, as well as studio couch because he failed to pay...because we [were married] in community of property...that is how I had that painful thing” (Didi).

Women experienced cumulative trauma throughout their lifespan

Most women had experienced more than one traumatic event during their lifetime. Often, they experienced some form of abuse in childhood and were then re-victimised as adults. Didi recounted all the abusive experiences she had suffered in her lifetime: *“I have been abused from rape at six, at fourteen, [and] while I was a married woman.”* Katlego shared this sentiment: *“I’m thinking if it [abuse] can happen once, twice, it can still happen again, and it’s been happening my whole life.”* Sibusisiwe further lamented:

“I feel that I have been robbed...I used to ask God why is He allowing all these things happening to me. First it was the [sexual] abuse [as a child]. Now it’s this man [ex-husband] doing this, infecting me [with HIV] and after that it’s the physical abuse, and then I get to a relationship again now...and that’s where I was abused also emotionally, and I’m now in prison. I was thinking that I sometimes I felt like God doesn’t love me. Why all these cruel things must happen to me?” (Sibusisiwe).

The finding of participants being subjected to several traumas throughout their lifespan is in line with previous South African literature (Dastile, 2014: 1-12). Female inmates being victims of cumulative trauma is not unique to the South African context, as international literature demonstrates that most female prisoners suffer complex trauma (Meyer, 2016: np).

Female inmates are more likely to report histories of sexual, physical, and emotional abuse and these rates vary from 77 to 90 percent (Messina & Grella, 2006: 1842). High rates of re-victimisation as adults are common, including sexual and physical abuse (Mejia, Zea, Romero & Saldivar G, 2015: 2).

The vicious cycle of abuse

Women who had suffered domestic violence by their intimate partners described feeling trapped in this vicious cycle of abuse where they would be abused by their spouses and then they would feel compelled to go back, expecting their partners to change, however the abuse continued. Lisa stated: *“So I stuck by him and I kept going back to him [thinking]...this time it will be better and this time I will change him...I was at a point after I got stabbed six times [by the boyfriend], I thought that I would die but still I went back to him.”* Sibongile described how families sometimes inadvertently contributed to the cycle of abuse:

“They [family] will talk to your husband...maybe they will allow you to stay for two to three days [after the abuse], whenever they see okay, you are fine now, maybe you don't have those blue eyes, you are fine, then you can just go back to your house, ‘He's going to change, we have talked to him’ But it will happen again” (Sibongile).

Sibusisiwe explained that it was difficult to leave an abusive relationship: *“But I did try to leave him, because I told him like several times, ‘No, I cannot take this anymore’ but then he would come back, and he will beg me.”*

Context in which the abuse occurs

Normalisation of abuse

Women spoke about abuse being common in some communities such that it was almost normalised as Katlego explains: *“It [spousal abuse] happens, and it seems like it's something that's normal.”* Mpumi added: *“Like this one time we were laughing at each other, a friend of mine and I, because we both had blue eyes at the same time. Her boyfriend beat her up and my boyfriend had beat me up. It happens.”* Lisa reiterated: *“It becomes like a normal thing that happens because every second wife gets beaten.”*

Inter-generational pattern of abuse

Women of different cultures discussed how intimate partner violence existed from previous generations and some had witnessed abuse in their parent's relationship and had then experienced it in their own relationships as mentioned by Katlego: *“When he [father] used to come home there'd be arguments, there was abuse from my dad to my mum...so to me in a way when the abuse started [from the boyfriend], that was what I was accustomed to, I grew up to it.”* She further added: *“It's very common because sometimes when you talk, the grannies...[they] will say, ‘Oh no, also in our time, your grandpa used to beat me up.’”* Lisa also reiterated that domestic violence being an inter-generational phenomenon in her community: *“You even grow up seeing your parents being beaten...I think in the Coloured communities especially the guys, they feel that because their fathers hit their mothers, they must also hit their wives.”*

Cultural expectations of women to tolerate spousal abuse

Many women explained that African culture and families expected women to endure abusive relationships, particularly in the context of marriage, as Sibongile commented: *“They'll [your family] just tell you... ‘No, bekezela’. There is that word in Zulu they say, ‘Be patient, bekezela.”*

Just stay there, it's going to change; everything is going to work out for the better. Just hang in there...bekezela.” This was echoed by Noma:

“Even when I told my mother, she said, ‘You must hang in there. Your grave is in your marriage’ That’s how they say it... You’ll tell one of your closest friends, and she will tell you, ‘Just hang in there. Things will be okay’... In some [African] cultures, if a man is not beating you...he’s not loving you enough.” (Noma).

Mpumi also felt this was an expectation of women in the African culture: *“There are certain beliefs that African Zulu women have, you know, like even this thing of putting up with abuse from a man”*. Katlego also felt the same:

“So I thought okay, me being a woman I have to stay as well. I won’t just leave over a slap or a kick...Most of us view it as being you’re being put in line in a way. A husband has to do his husbandly duties. If you’re wrong, you’re wrong, you get a slap in the right direction. It’s not taken as abuse...so I grew up knowing that a woman is beaten... - and my mum never left. My mum stayed, my mum persevered and I grew up knowing that okay, you also persevere in a relationship, no matter how abusive it is, you stay.” (Katlego).

No escape: divorce is not acceptable in the African culture

In contrast to women of other cultures, some Black African women mentioned that divorce was a foreign concept to them, one which they regarded as culturally unacceptable and shameful, hence they felt trapped in their abusive marriages. This was highlighted by Sibongile: *“As a person, I do not know anything about divorce. I don’t have a clue...Divorce, we [Black community] don’t talk about that thing...they don’t talk about it.”* This sentiment was reiterated by Noma: *“Because in our culture if you are married, the minute you go divorce and you go back to your home, its taboo. It’s like you’re bringing a disgrace to your family. So, I couldn’t do that.”*

Participants in the current study often struggled to break free from the cycle of abuse and, felt disempowered in the face of the abuse, partly due to a lack of support received from families, communities and greater governing systems. Their personal accounts underscore the universality of the dominant attitudes of the social acceptability of domestic violence against women. Participants of different cultures also indicated that they had become accustomed to witnessing domestic violence in previous generations and thus, they felt it was not only acceptable, but also expected, within intimate relationships. A study from the European Union found that widespread attitudes, such as victim blaming which condone domestic violence against women, contribute towards the social acceptability of it (Enrique & Juan, 2006: 123-129). In the present study, women related that in African culture women were expected to tolerate and endure abusive relationships, particularly in the context of marriage. In addition, in African societies, marriage is considered a life-long contract. Traditionally, divorce was not considered as an option and was viewed as a sin against God, nature and society (Arugu, 2014: 374-383). Some women in this study confirmed this notion, which was reinforced by their families and friends, hence, they felt trapped in their abusive marriages.

THE AFTERMATH

The women experienced a plethora of short-term and long-term sequelae following their traumatic experiences. This included emotions such as anger, vengeance, feelings of betrayal, sadness and hopelessness. They also suffered psychological consequences which was attributed to the community’s response to their traumatic experiences, as well as the intrapsychic impact of their trauma which included the trauma being a precursor to their mental illness. In terms of the impact on their behaviour, they developed unhealthy coping mechanisms

in response to the trauma and it influenced their trajectories into crime. The experiences of trauma also affected their interpersonal relationships, both intimate and non-intimate.

Emotional impact

Anger

Many participants reported experiencing anger about the abuse they had suffered. Esther stated: *“The sexual molestation [as a child]...at the time when it was happening, I didn’t know...right from wrong you understand? But later in life I did get angry.”* Sibusisiwe echoed these feelings:

“With my husband, for me it [physical abuse] just made me an angry person. I became very angry. I became somebody that I did not know. It just, it just brought out the worst in me, this person that I didn’t know that I was. I was always angry, I was always [in an] argument, at times I would even provoke him” (Sibusisiwe).

Participants described anger that never remitted, even many years after the abuse. Seleste expressed her intense lasting anger at her step-father who sexually molested her as a child: *“I hate him today. Sometimes I feel like I wish he can come, I just want to kill him for ruining my life.”* The anger persisted despite correctional services programmes that were aimed at addressing these issues. Nokukhanya, who was raped by many different perpetrators since childhood: including a herdboy; a traditional healer; a pastor; and her brother (whose murder she was incarcerated for), exclaimed:

“I hate men! I hate men! If you were a doctor that is a male, I’m sure I wouldn’t be here. Closing that door with a male, both of us. I hates them...I don’t wanna lie, I have anger inside myself...although I’m here [in prison] for seven years” (Nokukhanya).

Vengeance

Some women felt they wanted revenge on their spouses for the abuse they had suffered. Sibongile explained: *“You want the revenge; you want to get back to that person, you want him to feel the pain he has been giving you.”* Didi, who also suffered emotional and physical abuse at the hands of her husband, reiterated this: *“I was a Christian, but in two hearts. The other heart was how could I revenge my husband.”*

Feeling betrayed

Several participants felt betrayed because people that were expected to love and care for them had instead violated their trust and hurt them. This was evident in Seleste’s account: *“It didn’t just hurt me from this sexual, but it hurt me inside my heart to know that he’s my stepdad and...I even carry his surname when I was a child...so I took him as my dad.”* Didi was raped as a child by her neighbour, who had been entrusted with the responsibility of caring for her after the death of her mother, also shared feelings of betrayal: *“Because of people how they look after me, instead of loving me they hurt me.”*

Sadness

Sibusisiwe described how the sexual abuse as a child by her pastor had made her feel: *“With abuse when I was still a child, that’s changed me from the jolly and the happy child that I was, to be reserved. I became a loner.”* Melissa, who was physically abused as a child by her father, after her mother had abandoned the family, lamented: *“If there was any happiness, which I don’t even remember, that [abuse] has changed everything to sadness, you know... Sad, really sad. I don’t remember being happy as a child.”*

Hopelessness

Many women described relinquishing hope as a result of the repeated abuse they had suffered throughout their lives. Mpumi who had been raped many times, including being gang-raped, described: *“Like I didn’t care, I lost that thing, that drive of wanting to be a better person of wanting to do good.”* Sibongile experienced similar feelings of hopelessness due to the abuse by her husband: *“But when you are fed up there is nothing you can do.”*

According to existing literature, trauma has an enduring impact and affects women emotionally, psychologically, behaviourally and in their interpersonal relationships (Matheson et al, 2015: 241-255). In a Canadian study on female prisoners, women expressed that they continued to experience negative emotions such as anger many years after the abuse, which emphasises the lasting impact of the abuse suffered during earlier periods and is in line with the findings of the current study (Matheson et al, 2015: 241-255).

Psychological impact

Community response

Victimising the victim: Blame and stigma

Victims were often blamed by others for the abuse they had endured, as expressed by Lisa: *“But now in the Coloured community it’s like okay, she likes it [abuse]. She keeps going back to him or she deserves it.”* Mpumi added: *“Sometimes people end up laughing at you and some think that maybe you’ve done something wrong, maybe you’re bitching [sleeping] around that’s why he hits you...or you feel like people are going to laugh at you or say that you deserve it.”* According to Katlego, sometimes even family members blame the victim for the perpetrators’ actions: *“Some parents will actually say ‘maybe you wanted it to happen, why were you walking around the house naked?’ ...The blame always comes back to the victim.”* Melissa described the plight of commercial sex workers when reporting rape and sexual assaults to the authorities:

“So normally when cases like that [rape cases] go to the police they just kind of turn a deaf ear to it. I don’t even bother wasting my time...they normally blame the women because she was doing business [prostitution]. That’s how she got picked up...The first question they normally ask is: ‘How did you get to know this person? How did he just pick you up? How did you just jump into his car?’ You know? So they don’t look at it as rape, they look at it like it was just business and he didn’t pay you.”

Furthermore, trauma victims reported being demeaned and humiliated with derogatory labels, even by their intimate partners. Didi described:

“Because I was raped, I told him [husband]. He was using that as an instrument. He said, ‘I cannot keep on staying with you because you are a rape victim, you are just left-overs, so I cannot continue staying with you. I will live with that [another] lady.’”

Victimising the victim: Abandonment

In addition to the initial trauma of the rape, victims felt abandoned and rejected by their families and intimate partners when they disclosed it to them, particularly when the perpetrator was a family member. Alicia described:

“You always think, if it happened, if it was someone who wasn’t in my family, it would be so much easier. But unfortunately it was someone in my family and it’s torn the entire family apart...I’ve lost my mother’s only sister because of it, and I’ve lost cousins because of it...because you have a lack of support” (Alicia).

Mpumi also felt abandoned when she disclosed her rape to her partner:

"I was raped in 2015. The guy that I was dating, I told him about it, and right after I told him about it, he dumped me because I don't know, he just didn't want to associate himself with that situation...I felt really bad. I was hoping that you know he'd bring me some comfort, or he'd support me somehow, but he wasn't ready for that" (Mpumi).

No voice for the victim: Invalidation

Victims stated that as children, when they disclosed the abuse to family or caregivers, they were not believed. Esther recalled:

"As a child actually, when we told the adults, the nun, or the convent that I was in, that this is what's happening, somebody is touching me where I don't know if it's okay, or it's not, they told us that we're lying...nobody wanted to believe you, it's like you were lying."

Nokukhanya, who was raped several times, including by her brother, had a similar experience:

"Ya, if you've been raped with [by] someone in the family, relative, by telling them [family] that... 'My brother raped me.' [They reply] 'You are a liar, there's no such a thing, you want police to be up and down here, you [are] breaking the family' " (Nokukhanya).

Sibusisiwe, who was also raped repeatedly as a child by her pastor, stated that: *"I thought that no one was going to believe me. I was still a child, and I felt that...this person is being held in high esteem. He's a pastor, everybody respects him. Who am I? No one is going to believe me."*

No voice for the victim: Secrecy of abuse

Women related that both childhood sexual abuse and adult domestic violence was shrouded in a veil of secrecy. Mpumi commented:

"I think that is also because of our Zulu beliefs that you can't just expose your, what is happening in your relationship [spousal abuse]...If your partner hits you, they try to hide it...you end up making excuses for your boyfriend. Sometimes you end up lying if somebody asks you: 'how did you get hurt'" (Mpumi).

Neeta felt the same was relevant to her community: *"The general feeling among Indian people is that you don't advertise your dirty laundry [abuse]...then you're going to have to put on makeup to hide all of the blue marks on your face and things like that."* Katlego, who was physically and emotionally abused by her boyfriend, concurred: *"And I would stay, and I would always make excuses at home for why I have the bruises...Then I would say to my mom I got into a fight at school or something. I would always have to make excuses."*

Abuse is an intensely painful experience, but victims seldom experience an empathic response from others. Society's response to women who reveal their abuse can have a detrimental impact on women's psychological well-being. International literature has described social stigma as a key reason for non-disclosure of childhood sexual abuse (Bohm, 2017: 818-838). In the present study women described being stigmatised, labelled and even abandoned by others, including their intimate partners, for being victims of abuse. In addition, cultural factors contributed to the stigmatisation of victims. The virginity of girls is seen as very important in African society thus, girls who are victims of sexual violence are considered

'damaged' or are blamed for provoking sexual attention (Van der Geugten, Van Meijel, Den Uyl & Vries, 2013: 93-106). This finding was echoed in the current study, where victims concealed their sexual assaults from their families for fear of being shamed for losing their virginity.

Several themes of the psychological impact of abuse were highlighted in the present study. Women related feeling invalidated as they were not believed when they had disclosed the abuse to their family or caregivers. This was echoed in the Artz et al's 2012 study where women who revealed to their mothers that they were being sexually abused by their fathers or mother's partners, were told that they were lying (Artz et al, 2012: 86 & 183). There was a strong theme of having to conceal the abuse, and not being able to reach out for help as a result.

Intrapsychic impact: Self-blame and guilt

Some women felt as though they were in some way to blame for the abuse they had endured as Sibusisiwe explains: "*All those years I was thinking it's [the sexual abuse] my fault...maybe I deserved this, because this person [pastor] they [community] respect him, everybody loves him.*" Katlego shared these feelings of self-blame:

"I blame myself...like did I attract these kinds of people into my life so that I could be abused, and yeah basically there's self-hatred and self-blame because I think in one person's lifetime for the same occasion to happen so many times, I must be attracting those kinds of people in my life... and when he abuses me, I thought, 'No, I led him to hitting me. I pushed him to that point'. I never saw him as wrong for doing it" (Katlego).

Intrapsychic impact: Shame

Participants described feelings of shame for having been abused, as Alicia described:

"It's such a shameful thing...you just won't talk about it...rape is shameful...I still feel shame about it even though I didn't do anything wrong. I didn't entice him [her uncle] intentionally...you know, it's a shameful thing and I still feel the same way" (Alicia).

Sibongile added the following about being a victim of domestic violence: "*You don't want to tell other people your problems, you are ashamed of yourself.*" Katlego described feelings of being a disappointment to her family, especially her mother, for being a victim of rape at 13-years old, because she was no longer a virgin:

"Not only being raped, in our black community as well, we value being a virgin, so me coming home and me telling my mum that I'm not a virgin anymore at the age of 13 would have been the ultimate failure in life. So I rather kept it to myself for as long as I could, because in a way, I felt like I failed my mom at such a young age" (Katlego).

Intrapsychic impact: Loss of self-worth

Many participants reported a negative impact on their self-worth including their self-esteem and self-confidence. Neeta whose husband physically and emotionally abused her remarked: "*It made me feel like a total loser....Yes, it crushed the person I used to be. I was a very confident woman, very responsible...it reduces your self-worth. You have no confidence, you have no self-esteem.*" Mpumi stated:

"I lost confidence in myself. I ended up just moving with the wrong crowds. I ended up not wanting to be with people that I should be around. I wanted to be around bad people just to make myself feel good and I don't know I just lost a lot of self-confidence after being abused" (Mpumi).

Intrapsychic impact: Lack of sense of safety

Women described a persistent impact on their sense of safety following their abusive experiences. Nokukhanya spoke about how the repeated trauma affected her interaction with men: *"I'm even scared of my father. I can't be with my father in one room, both of us, the way I'm so scared of mens."* Didi explains that she suffers from post-traumatic stress disorder:

"All what has happened in my life [rapes] is fresh...since 2014...I reported the problem that I have got that fear. I am even shivering. When I am shivering...if people say, 'Warrant is calling you in the office' Then I stopped, then I panic. Then when I panic, then I pee [urinate]. Because there is that fear if people are calling me...if people are whispering or touching my neck, there is those images of people [who] are raping me" (Didi).

Intrapsychic impact: Change in sexual orientation

Nokukhanya expressed that the repeated rapes she had been a victim of, resulted in a change in her sexual orientation:

"It's changed me 'cause I wasn't a lesbian. I don't wanna lie that's I was born lesbian. No, not at all. I wasn't a lesbian, I was straight. So by getting hurt [raped by men] I said, 'No, mens and me, two different things' so let me change my roots, let me go this way and see if I'm comfortable. Lucky, fortunately, I did found comforts. 'Cause I wasn't so into mens.... So I think it's changed me, it's changed me from [to] being the lesbian" (Nokukhanya).

Intrapsychic impact: Precursor to mental illness

Participants relayed how the trauma they had endured precipitated their mental illness. Noma explained:

"I have never been to a psychiatric hospital, I've never taken any psychiatric medication, but through abuse, I've been admitted to hospital...at some stage I couldn't sleep without the anti-depressants or the drugs...I was in and out of psychiatric hospitals" (Noma).

Didi added:

"The experience of rape while I was six years in 1975, and the experience of rape while I was 14...and the abuse of my husband, it changed me, because since last month...I have to undergo a psychological process, because it has changed me who I am...I have that fear...the psychologist called it a [post] traumatic stress disorder" (Didi).

Intrapsychic impact: Strength and resilience

Despite enduring severe and cumulative abuse some women described gaining strength and resilience from their experiences. Sibongile commented: *"I think they [abusive experiences] did change me in a way because I'm stronger now."* Katlego reiterated this notion: *"Yes, I think they changed me in a way...I have a hard exterior...I saw myself being tough enough to handle situations"*, as did Lisa: *"So his abuse...it toughened me."*

Victims in this study blamed themselves for the abusive acts of others. Self-blame was also reported by women in the Canadian study (Matheson et al, 2015: 241-255). When blame is ascribed to the self, cognitive attributions could result in the experience of shame and self-stigma (Feiring, Taska & Lewis, 1996: 767-782). According to the literature, social support, gender and developmental period are hypothesised to moderate the proposed stigmatisation process (Feiring et al, 1996: 767-782), cognitive development (Nelson, Zeanah & Fox, 2019: 1-12) and some women in our study were very young when their first abusive experiences occurred. In addition, a proportion of women in this study described being abandoned by intimate partners and family when they disclosed their abuse which illustrates their absence of social support. The presence of these factors may have contributed to the development of self-blame and self-stigma. As in Artz et al's 2012 study, participants in our study reported that the abuse they endured affected their self-esteem, self-worth and confidence negatively (Artz et al, 2012: 112-114; 119; 155 & 159). The intrapsychic impact also seems to be enduring as some of the participants described symptoms of post-traumatic stress years after the abuse. Unresolved trauma may impact on the way women think and feel about themselves; it could diminish their self-worth and self-esteem as was expressed by the women in our study; and this in turn hinders their ability to recover and heal from the trauma they have experienced (Matheson et al, 2015: 241-255). Many women described significant changes in their personality, sexual orientation, interpersonal relations, and mental wellness as a result of abuse, while others felt that they had gained fortitude and had become more resilient in their efforts to cope with the abuse.

Impact on behaviour

Unhealthy coping mechanisms: Alcohol and illicit substance use

Some participants dealt with the emotional consequences of the trauma by using alcohol and illicit drugs. Lisa stated: *"I became an alcoholic...everything stems from that abuse you know."* Mpumi added: *"I just resorted to alcohol...that's what really messed up my life, alcohol and making bad decisions."* Katlego also turned to alcohol to cope with the abuse:

"Most of my drinking came when the abuse started with the boyfriend and I thought why doesn't he love me enough, why doesn't he care...I'd go straight to drinking because that just numbed the pain, and the next morning the pain would come back and I would drink more" (Katlego).

Nolutando recounted: *"Sometimes they [memories of abuse] don't come out of my mind. That's why sometimes I end up drinking too much and I end up using this drug, they call it Rock, it keeps me high."*

Unhealthy coping mechanisms: Defence mechanisms of avoidance, repression and suppression

Some women used defence mechanisms such as avoidance, suppression or repression in an attempt to deal with the trauma. Melissa stated: *"I didn't deal with it [the abuse]"*, and as Sibusisiwe explained:

"Because this thing [memories of the abuse] came back to me, like harm me, when I was in prison. All along it subsided...I don't know where it went to at the back of my mind, because I didn't want to think about it so I didn't want to stress about it...but now, when I hear things about rape...it comes back...I didn't deal with it and yet it was like it never happened, but now, ever since I came to prison...it came back new, like just fresh and I had to deal with it" (Sibusisiwe).

International literature, mostly from developed countries, found that many women used alcohol and other illicit substances to cope with the adverse psychological consequences of the trauma (Davidson & Chesney-Lind, 2009: 76-84; Fuentes, 2014: 85-104). Female inmates in previous South African studies also reported using substances to self-medicate their past traumas (Dastile, 2014: 1-12; Artz et al, 2012: 51). This finding was mirrored in our study as many women reported using substances to numb or cope with the pain of the trauma. Other means of avoiding or escaping the trauma, highlighted in this study, included repression of memories. Ineffective coping mechanisms or unresolved trauma often result in unhealthy behaviour patterns such as substance use, and this could result in harmful consequences such as criminal offences, as was borne out in the current study.

Trajectory into crime

Most women commented that their traumatic experiences had propelled their lives towards the circumstances which eventually led to their incarceration. Offences they were incarcerated for ranged from drug possession to fraud and murder (mostly of their intimate partners). Sibongile commented that many women, including her, who were currently incarcerated for murdering their spouses, had histories of abuse:

“Those experiences [spousal abuse] pushed me in doing what I did [murder of husband] and then I ended up here...there are so many people who have been abused by their partners...many women who have killed their boyfriends, others, they have killed their husbands because of the abuse” (Sibongile).

Katlego reiterated this:

“Some of them [women in prison] are actually here because they couldn't walk away from an abusive marriage, whereby it got to the point whereby I die or my husband dies...most women are here...because of murder, are here because they fought back. But if they walked away earlier on, some of them would not be here” (Katlego).

Didi also attributed her incarceration to the abuse she had suffered: *“If I was not married, my life would not be the same. I will never receive that life sentence.”* Nokukhanya added: *“Yes, it would have been different 'cos first of all, I wouldn't be in prison 'cos I wouldn't kill my brother if he never raped me...My life wouldn't [have] been put on pause in the age of 20 when I came in prison.”* Sibusisiwe stated that she could no longer tolerate her partner's emotional abuse after his repeated episodes of infidelity:

“I believed that he meant it [his apology for cheating on her repeatedly] and I will go back to him...so which means I forgave and forgave, but it wasn't forgotten. So, the next thing when he does something bad again after he was forgiven, after he has apologised, then I landed up here [incarcerated for murdering him]” (Sibusisiwe).

Melissa, a commercial sex worker, who was physically abused by her father after her mother had abandoned them, added: *“I don't even think I would've been a prostitute if my childhood was different...if my dad had paid more attention, or if my mom had never left, I think I would've turned out a whole lot differently.”*

There seems to be a significant link between being a victim of abuse and engaging in criminal behaviour. Research demonstrates that neurobiological changes because of trauma exposure, and the resultant emotional and cognitive impairments that manifest in symptoms, such as: poor self-regulation; mistrust; and anger, contribute to criminality (Foy, Furrow & McManus, 2011: 199-210). An international review concluded that, among other factors, childhood abuse and intimate relationship violence affected women's risk of violating the law (Kruttschnitt & Gartner, 2003: 33). The majority of women in our study reported that their

experiences of abuse had contributed to their pathway into criminality. Furthermore, Haffejee and colleagues found that there was a significant relationship between the experience of economic abuse and involvement in theft (Haffejee et al, 2005: 40-47), with some women in our study expressing that financial abuse from their spouses contributed to them committing economic crimes such as fraud.

Interpersonal impact

Unsuccessful interpersonal relationships

Some women felt that their traumatic experiences resulted in their inability to sustain and enjoy successful relationships, both intimate and non-intimate. Alicia explained:

“It’s [childhood sexual abuse] created difficulty in all of my relationships. Friendships or relationships or anything because you just don’t want to get close to someone because anybody could do it... it wasn’t just about sexually hurting me, it was hurting me in any way, shape or form...I obviously see men very differently because of it. I can’t hold a stable relationship, that’s not nice” (Alicia).

Noma elaborated:

“I had resentments and the way I look at people now, I’m not a trusting person anymore. When a person comes to me, I take time to befriend a person. I always reserve room for disappointment...I don’t trust too much, and I don’t think I will ever have any good relationship with men” (Noma).

Katlego added: *“I’m shut out to most people. I avoid contact with most people. I trust no one basically.”*

Encompassed in all other themes is the significant impact of trauma on healthy interpersonal relationships. When women experience trauma as part of an intimate relationship it could lead to extreme vulnerability (Matheson et al, 2015: 241-255). This may manifest in hesitancy in trusting others in subsequent intimate and non-intimate relationships as was described by the women in our study, which could also negatively affect help-seeking behaviour.

LIMITATIONS

The main limitation of the study was that it was based at one correctional centre in SA. Interviews were conducted in English thus, participants from phase one of the study who fulfilled the criteria but who were not fluent in English, were excluded from participating in phase two. Thirdly, most women who participated in the qualitative interviews were first language isiZulu speakers so slight nuances in their narratives might have been missed. The study also relied heavily on self-report and was thus vulnerable to exaggeration or misrepresentation. Finally, there were limited qualitative studies on trauma in female inmates for comparison with, both locally and internationally.

CONCLUSION

This study highlights the pervasive and enduring impact trauma has on the lives of female inmates. All female inmates in this phase of the study reported traumatic experiences, including complex trauma, during their lifetime. Quantitative research, such as the Adverse Childhood Experiences study in the United States of America, found a dose-response relationship between childhood adversity and health risk behaviour, which may ultimately contribute to morbidity (including mental health disorders) and mortality (Felitti et al, 1998: 245-258). Our findings

provide further support that there are complex interactions between early childhood experiences, mental health and offending behaviour.

Participants related narratives of abuse and mental health challenges in their journey to offending. Hence, the women's experiences of trauma may have contributed to their development of mental illnesses including substance use disorders, as well as to their trajectories into crime. In exploring and understanding their narratives we were able to see beyond the label of 'inmate'; and their experiences helped expose the challenges they faced in society. Participants also shared their experience of rehabilitative efforts within correctional facilities and identified pertinent needs and gaps in existing interventions and treatment programmes. Incarceration may therefore present an opportunity to address this unmet need by engaging inmates in psychotherapy and rehabilitation programmes. These will be described in a future publication.

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