

**PATHWAYS TO HEALING FROM INTIMATE PARTNER VIOLENCE:
VOICES OF YOUNG WOMEN IN THE WESTERN CAPE**

by

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Thesis submitted in fulfilment of the requirement for the degree of Master of Arts in the Department of Women's and Gender Studies at the University of the Western Cape, South Africa.

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DECLARATION

This is a declaration that **Pathways to healing from Intimate Partner Violence: Voices of young women in the Western Cape** is my work and that this thesis has not been submitted elsewhere for any degree or examination in other universities. I acknowledge that all information used has been quoted and I have also completely acknowledged all sources by referencing them.

Signed: _____

Lami Quixote Magwaza

Date: July 2023

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ABSTRACT

Research shows that there is a process of surviving after being violated by an intimate partner. However, it does not adequately address the pathways to healing and recovery from intimate partner violence (IPV). A research gap regarding the healing process after IPV exists; and, this research aims to contribute towards bridging this gap by exploring women's recovery and healing process after experiencing IPV. Therefore, this research envisages contributing towards this gap by foregrounding the voices of women's experiences and sharing insights on how women overcame the IPV experience and reconstructed their lives thereafter. The focus of the study was on women in the Western Cape between the ages of 20 and 45 years. A qualitative feminist approach was adopted to gain insight and understand participants' subjective views and experiences. The feminist standpoint theory was adopted as a theoretical framework, since it centralises the significance of women's voices, in how they theorise and make sense of the world. I utilised snowball sampling to select participants from my social circles around Cape Town. Five women were identified and semi structured interviews were conducted with them and a qualitative thematic analysis was used for analysis. Research findings revealed that healing from IPV does not happen in a linear form, and it is unique for different people. This healing began when participants began to recognise signs that told them they were experiencing abuse and responded to these signs. In this study, it was also evident that many research participants did not easily detect emotional abuse as violence; that is, being scolded, enduring insults, or even being compared to others. At the realisation that those subtle forms of violence are actually violence and should not be tolerated, they began to take action, and the journey to healing began.

Keywords: young women, healing, intimate partner violence, Western Cape, journey, recovery, experiences, feminist research, standpoint theory

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CHAPTER 1: LOCATING RECOVERY AND HEALING FROM INTIMATE PARTNER VIOLENCE IN GENDER- BASED VIOLENCE

1.1 Introduction

This chapter unpacks the prevalence of gender-based violence (GBV) at national and global levels, placing intimate partner violence (IPV) in this context. Key concepts such as GBV and IPV are defined, as well as the context of violence to which South African women are exposed, such as fear of sexual violence, which prevents many women from moving freely. This study explores pathways to healing from IPV among women in the Western Cape.

1.2 Locating recovery and healing from IPV and GBV in South Africa

Pathways to healing from abusive relationships require a certain level of strength to establish a better understanding of oneself. Thus, it is a journey that is not linear. It requires dealing with the subject in an extremely sensitive manner. Furthermore, it allows women to adjust from being controlled to being in control of their lives as they become more self-aware. This study aimed at exploring pathways to healing adopted by women from the Western Cape who had survived IPV. It was done by exploring experiences and struggles encountered by women as they paved their way through the healing journey while understanding how to overcome IPV experiences. The study explored pathways adopted by women in their journey to healing and restoration from abusive experiences. Participants shared their understanding of their experiences of IPV and reflected on patterns during and after experiencing IPV and on their diverse journeys toward healing.

The reason for embarking on this study was my interest in learning about the journey, the process, the unconscious and conscious decisions taken by different individuals who had gone through the journey to healing. This journey to healing involved regaining the self, building one's confidence, and being emancipated from IPV. It also involves how one shifts from being a victim to becoming a survivor and then learning how to thrive in one's newly owned identity. This study is of great relevance in a context where women that have been subjected to constant attack from intimate partners throughout the country and globally try to find ways of healing after these violations (Boonzaier & Van Niekerk, 2021).

Most studies tend to focus on IPV rates, outcomes, effects, consequences, reasons for not reporting, and the process of leaving relationships. Some studies provide guidelines on how to survive the relationship, while others identify stages of the recovery process and focus on how to move on and forget IPV experiences (Draucker et al., 2009; Flasch et al., 2017; Mills, 2013; Sinko et al., 2021).

1.3 Intimate partner violence as a form of Gender-Based Violence

In 1.2 above, I locate IPV in Gender-Based Violence (GBV), motivating for the significance of this work in the study of GBV. Here, I explore IPV as a form of GBV. GBV is a global concern, and IPV is part of GBV. When domestic-type, gender-based violence occurs in intimate or romantic partnerships in the context of their mutual interaction, it is termed *intimate partner violence* (IPV) (Di Napoli, et al., 2019).

IPV is not only a violation of the human rights of the individuals affected, but also instrumental in maintaining the status quo as well as gender identity hierarchies (Johnson et al., 2010). Articles by Butler (2004), Conroy et al. (2015), and Dowds (2020) further indicate that abuse against women is a result of coercion. Patriarchal values tend to influence abusive behaviour due to the power imbalance between the different genders. Those power dynamics and feelings of superiority can lead to acts of violence against the other partner (Di Napoli et al., 2019; Jewkes et al., 2009). Such power dynamics and a superiority complex may result in violent acts against the other partner (Di Napoli et al., 2019; Selokela, 2005; Sideris, 2013). Therefore, IPV is more prevalent among individuals who are dating or in cohabitation, associated with educational status, people with disabilities, those who have witnessed abuse as children, those who are financially dependent on an intimate partner, and those who experience unequal power in relationships (Bloom, 2008; Boonzaier & Van Niekerk, 2018; Branch et al., 2013; Kalra et al., 2021; Kaminer et al., 2008; Kordom et al., 2014; Leburu-Masigo, 2019; Mazibuko & Umejesi, 2015).

The most common form of GBV that is experienced by women worldwide is known as IPV (Abrahams et al., 2013; Bloom, 2008; Boonzaier, & Van Niekerk, 2018; Das et al., 2022; Sideris, 2013; World Health Organization, 2013a), and this study focused on the

journey of survivors of IPV towards healing. However, there is a necessity to unpack IPV as GBV to locate the women's experiences in GBV.

1.4 A Global overview of IPV

This study explores the experiences of surviving and healing from IPV and it will assist to locate this work within the broad landscape of IPV research. IPV is deemed a global health problem (Ellsberg et al., 2008; Kalra et al., 2021; Leburu-Masigo, 2019; Mikton, 2010; Mushonga et al., 2021; Ogum Alangea et al., 2018; World Health organization, 2017). Kordom et al. (2014) indicate that women aged 15 to 44 years lose 5 to 20% of their healthy life expectancy due to IPV experiences. Studies further reveal that people in countries such as Mali, Nepal, and India have had first experiences of IPV from the age of 19, and on the other hand, it has been found that people in countries like the Philippines, Cambodia, and Ukraine have experienced IPV from 24 years and above (Barrios et al., 2021; Black et al., 2011; Kofman & Garfin, 2020; Peterman et al., 2015; Sweet, 2019). The global age at which people first experience IPV is on average 22 years (Peterman et al., 2015).

A multi-country study was conducted in 15 sites in 10 countries and revealed that the lifetime prevalence of sexual or physical violence that women experienced from their intimate partners was between 15 and 71% (Bloom, 2008; Boonzaier & Van Niekerk, 2021; Krug et al., 2002). A study conducted by the World Health Organization (2013b) revealed that in South-East Asia, 37.7% of people experienced IPV in their lives. About 74% of women indicated that they had sexual encounters without their consent (Sinko & Saint Arnault, 2019). Globally, an average of about 30% of women who have been in intimate relationships have experienced some form of domestic violence from an intimate partner at some point in their lifetime (Bloom, 2008; Mikton, 2010; Muluneh et al., 2020; World Health Organization, 2000). Estimations provided by the World Health Organization (2017) reveal that IPV affects a third of women across the globe. Prevalence rates in Africa exceed the global average at 36.6% (Atkinson et al., 2005; Boonzaier & Van Niekerk, 2018; De Coster & Heimer, 2021; Di Napoli et al., 2019; Groves et al., 2012; Hoque et al., 2009), and all this evidence points to the fact that IPV is a global problem, and it matters that conversations around how survivors move on after IPV be considered.

When the numbers of people who experience violence from their partners and from people who are not their partners are added up, it is seen that Africa has one of the highest rates which is 45.6%. Then comes South-East Asia with 40.2%, followed by America with 36.1%. Countries with high incomes had 32.7% of people that experienced IPV, the Western Pacific had a 27.9% rate of IPV, and finally Europe had 27.2% (Ogum Alangea et al., 2018). Articles by Ahmad et al. (2021) and Das et al. (2022) reveal that in India, roughly 29.3% of married women between the ages of 18 and 49 have experienced IPV in their lives and that in 2015 and 2016, 31.2% of women indicated that they had experienced IPV in their lifetime.

A study conducted in 2003 revealed that during that time, IPV was estimated to affect roughly 1.3 million women each year and would cost more than US\$5.8 billion to societies each year (Centers for Disease Control and Prevention, 2003). An article written by Bloom (2008) reveals that one in three women experienced some type of IPV in their lives in 2008. In 2010, it was estimated that one in three women, as compared to one in four men, experienced some form of abuse caused by an intimate partner in their lifetime, this shows that IPV has continued to be a challenge for most countries over years (Black et al., 2011; Mennicke, 2019; Kofman & Garfin, 2020; Starrs et al., 2018; Sweet, 2019). In 2011, more evidence showed that one in five women, compared with one in 71 men, reported an attempted or completed rape at some point in their lives. Data obtained from the Centers for Disease Control and Prevention (CDC) in the US indicate that three in ten women and one in ten men experienced rape, stalking, or physical violence by an intimate partner in 2016 (Sinko & Saint Arnault, 2019). Further work in this regard revealed that in the USA, one in seven women compared with one in 18 men reported severe physical violence by an intimate partner (Mennicke, 2019; Sinko & Saint Arnault, 2019). All this scholarship points to a continuation of IPV across the globe and it also creates a backdrop within which to make sense of the experiences of women who participated in this study.

More so, evidence shows that worldwide, more than one in three women has experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Australian Institute of Health and Welfare, 2018; National Coalition Against Domestic Violence [NCADV], 2015; Sinko & Saint Arnault, 2019; Walters, et al., 2011). It is estimated that of these victims, three in ten women report at least one negative effect resulting from their experience of abuse (Leburu-Masigo, 2019). This evidence points to the prevalence

of IPV globally and how it should be considered a matter of concern, especially for women.

1.5 An overview of IPV in Africa

Although the previous section refers to examples of IPV in African countries, it also will assist to briefly consider the prevalence of IPV in Africa generally to locate this study broadly. Statistics of the Annual Crime Reports (2006-2014) of the Uganda Police Force (UPF), the Uganda Health and Demographic Survey (UDHS, 2011), and others continue to show an increase in IPV in Uganda. IPV has been described as a familiar action among women in sub-Saharan Africa (SSA), and the prevalence of sexual violence is high in countries such as Ethiopia (71%) and Zambia (90%) (Muluneh et al., 2020; UNFPA, 2007).

The work of Ogum Alangea et al. (2018), a population-based study that involved people between the ages 18 and 49 years in diverse communities in Ghana, showed that a third of the people surveyed had experienced IPV 12 months prior to the study. Of those, more than one in five had experienced sexual or physical abuse from an intimate partner. Almost one in four people experienced emotional abuse, and one in 14 experienced financial abuse. The chance of experiencing physical or sexual IPV 12 months prior was higher for people who had depression or disabilities, witnessed abuse of their mothers, experienced childhood sexual abuse, had multiple sexual partners, had a controlling male partner, had a male partner who drank alcohol in the past year, or had a male partner who cheated on them (Ogum Alangea et al., 2018).

Most African traditional and cultural beliefs encourage men's hierarchical title roles in intimate relationships (Dalal et al., 2012; Das et al., 2022, Muluneh et al., 2020). A great amount of research mentions that gender power imbalances and social inequality are rooted in reasons for high rates of IPV in Africa (Boonzaier & Van Niekerk, 2021; De Coster, & Heimer, 2021; Jewkes & Morrell, 2010).

1.6 Intimate partner violence in South Africa

In South Africa, IPV is a massive problem. South Africa is considered one of the countries with the highest incidence of IPV in the world, despite multiple strategies to control and manage IPV problems in the country (Leburu-Masigo, 2019; Sideris, 2013). Numerous studies cite gender imbalances and social inequalities as underlying reasons

for the prevalence of IPV in South Africa (Abrahams et al., 2006; Gordon & Chen, 2013; Jewkes & Morrell, 2010; Mojahed et al., 2022). In South Africa, between 25 and 35 percent of expectant women have experienced instances of physical or sexual violence from their intimate partner during the preceding 12 months (Boonzaier & Van Niekerk, 2018; Groves et al., 2012). An epidemiological community-based prevalence study conducted in three South African provinces revealed that 51 percent of women in the Eastern Cape, 50 percent of women in Mpumalanga, and 40 percent of women in the Northern Cape Province were financially abused by their intimate male partners (Jewkes et al., 2002). Another study conducted on rape perpetrated by young males in the Eastern Cape and KwaZulu-Natal reported that 8.4 percent of men admitted to raping a female partner during an intimate relationship (Jewkes et al., 2006).

A study conducted in the North-West Province in South Africa states that women with a low status in their communities, religious, and cultural practices find themselves silenced as their cultures and/or religions condone female submissive and male dominant roles, which increases women's vulnerability to IPV (Dalal et al., 2012). Similarly, the work of Gas et al., (2012), focusing on gender differences and gender risks for IPV, reported that IPV rates were significantly higher in women than in men; with a rate of 29.3 percent and 20.9 percent, respectively, showing that IPV is a critical concern in South Africa. Considering the context of violence in which women in South Africa live, the fear of sexual violence restricts many women from moving freely or engaging in activities, thus limiting their potential (Boonzaier & Van Niekerk, 2021; Singh et al., 2015).

Women are still experiencing high rates of IPV in South Africa, despite its progressive constitution that is meant to encourage and protect their human rights (Leburu-Masigo, 2019; Mthembu et al., 2021). An article by Mthembu et al. (2021) mentions that IPV is incredibly high among teenage girls and women in South Africa. They are also the ones most vulnerable to IPV and even at a greater level if they are from low economic backgrounds, unemployed, and experience psychological distress (Fawole et al., 2013; Mthembu et al., 2021; Peltzer et al., 2017). These rates give relevance to this work, as I explored how women in South Africa specifically located in the Western Cape who had experienced IPV found healing. This background promotes understanding of encounters of IPV in South Africa as a context for locating this study. Overall, all of this evidence points to high rates of violence among women worldwide, and therefore this study will use this evidence as a foundation to focus on how these women find healing in the current study after experiencing IPV.

1.7 Study rationale

The pathway to healing from an abusive or unhealthy relationship, achieving some measure of stability and building a new path that goes beyond the immediate challenge of leaving has not yet been adequately addressed in research. A few articles look beyond survival, and most of them are located in the West. Studies tend to focus on surviving and/or leaving abusive or violent relationships. They have not paid much attention to pathways to healing, emancipation, and regaining the self after an unhealthy relationship. Numerous studies tend to focus on IPV rates, effects of IPV, stages of the recovery process, how to survive while in an unhealthy relationship; the process of leaving an abusive partner, the crisis of leaving, and the side effects of IPV relationships (Draucker et al., 2009; Flasch et al., 2019; Mills, 2013; Sinko et al., 2021b). Therefore, the current study aims to contribute towards bridging this gap by exploring survivors' perspectives on pathways to healing and the recovery process. The reason for embarking on this study was stimulated by my interest in learning about the journey, process, and conscious decisions taken by different individuals who have experienced the journey to healing. I envisaged that the study could provide hope and assurance that there is light and life after IPV for many women who survive this kind of violence, particularly in South Africa. I trust the study will be of great significance in suggesting and recommending how to think beyond survival, toward thriving for women who have experienced IPV. This study is relevant in a context where women are under constant attack by intimate partners throughout the country and globally.

1.8 Theoretical framework

Since the study focused on women's subjective experiences, the feminist standpoint theory was adopted as a theoretical grounding for understanding the women's stories. One of the core principles of feminist research is feminist standpoint theory, which draws attention to the importance of understanding research as political and engaging differences between and amongst women (Hartsock, 2017; Sweet, 2020). Standpoint theory argues that women's experiences of being and becoming gendered subjects takes centre stage in making sense of the social world (Hirschmarm, 1998; Sabzalian, 2018). Standpoint theorists also emphasise that research participants should be allowed to narrate their accounts to ensure an understanding of their own defined positions and differences (Kiguwa, 2019). It draws attention to engaging differences between and

amongst women (Boonzaier & Shefer, 2006). Feminist standpoint theory attempts to work through the struggles that women face to provide less biased and less perverse knowledge; it calls for an equal understanding of human relations (Allen, 1996; Bell et al., 2021; Hartsock, 2017; Hemmings, 2011; Hirschmarm, 1998; Mosedale, 2014; O'Brien Hallstein, 2000; Nelson & Constantinidis, 2017; Pilcher & Whelehan, 2016; Sweet, 2020). It argues for the importance of women sharing their voices and experiences (Hirschmarm, 1998; Kiguwa, 2019; Sweet, 2020).

Standpoint theories deal with experiences that aim to explain and account for women's lives. Standpoint theory represents the world in terms of the interests of the oppressed, such as challenging patriarchal societies, the idea that women are oppressed in society (Ahmed, 2017; Harding, 2007; Hemmings, 2011; Sweet, 2020). Therefore, standpoint theory advocates that research participants should be allowed to narrate their own accounts the way they choose, to ensure an understanding of their own defined positions and differences (Hartsock, 1997; Hemmings, 2011; Kiguwa, 2019). It seeks to dismantle prejudices and distorted knowledge, gain insight into women's struggles, and calls for deeper consideration of human connections. The theory explores women's experiences, critiques patriarchy, and advocates against the oppression of women (Harding, 2013; Leavy, 2022; Lincoln et al., 2011; Roulston & Shelton, 2015).

Standpoint theory makes it possible for research participants and the researcher to build rapport and collaborate to ensure that the research provides true lived experiences of women and draws attention to societal inequalities and injustice (Brooks, 2007; Harding, 2013; Leavy, 2022; Roulston, & Shelton, 2015). It examines experiences that seek to explain and account for women's lives. Standpoint theorists criticise patriarchal societies and represent the world concerning the interests of the oppressed (Eagly, 2018; Harding, 2007; Longino, 2018). Standpoint theory demonstrates that women's experiences and the knowledge learnt from their experiences can be used to draw attention to the inequalities and injustices in society (Allen, 1996; Bell et al., 2021; Collins, 1990; Nelson, & Constantinidis, 2017). Brooks (2007) advocates that women ought to use their unique voices and experiences to educate society to benefit future generations and hopefully create social change.

This study adopted the standpoint theory to bridge the passivity gap and accord women a voice in the knowledge-production process. This approach was accepted as a means of

tapping into women's experiences and as a lens with which to examine and step into women's positions to understand their path to recovery and healing from IPV. In this light, I adopted the feminist standpoint theory because it not only creates a safe space to share narratives from unique experiences, but I also foresee these narratives giving others a point of reference and meaningful ways of healing. Narrating one's unique story in one's own language gives participants the platform to share stories consciously, comfortably and removes the barrier of language in expression. The approach was followed as a lens through which I examined and walked in participants' shoes, in developing an understanding of their pathway to recovery and the journey of healing that allows authentic experiences for women and ensures that social inequalities and injustices are brought to attention.

1.9 Aims of the Study

The study aimed to

- explore narratives of the different pathways to healing and restoration adopted by the women who survived IPV;
- explore experiences and struggles that the women encountered as they paved their way through the healing and restoration journey; and
- examine the women's understanding of healing from IPV and what this means to them.

1.10 Research Questions

The study pursued the following research questions in answering the main question:

- What different pathways do the women who have survived IPV adopt in their journey to healing from an abusive experience?
- What experiences and challenges did the selected women face as they paved their pathway to healing from IPV?
- What do the women who have experienced IPV regard as recovery or healing from IPV?

- How do the women find healing and peace after being in a violent relationship with an intimate partner?

1.11 Definition of key concepts

Gender Based Violence (GBV)

Gender-based violence (GBV) is a collective term for any wrongful act committed against one's will. This can be based on unequal relations between men and women's socioeconomic and cultural identities that include roles, preconceptions, constraints, statuses, and abuse of authority (Bloom, 2008; Di Napoli et al., 2019; Kalra et al., 2021; Muluneh et al., 2020). GBV manifests in a variety of ways at all levels, including the family, community, workplace, and state institutions.

Among the various forms of GBV, but not limited to, are the following: Physical violence, such as physical assault and battering; Sexual violence, which includes sexual assaults, sexual harassment, rape, marital rape, children being exploited for sex, incest, defilement, forced prostitution, and human trafficking; Economic violence, which includes one's assets being taken from one without one's desire, and one's economic livelihood being limited; Emotional and psychological abuse, which includes verbal forms of abuse like humiliation, insulting, degrading someone, and confinement; Social violence includes, for example, not being allowed the opportunity to receive education, mostly for girls (Bancroft et al., 2011; Hill, 2020; Nduna, 2020).

GBV usually manifests through several actions. It can be seen in forced or arranged marriages (also known as *ukuthwala*), human trafficking, female genital mutilation, female infanticide, rape, girl child murder, and violence targeted at the lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) community and individuals, sexual violence, verbal, and emotional abuse (Sinko & Saint Arnault, 2019; Muluneh et al., 2020). Examples of harmful traditional practices are female genital mutilation (FGM), early or forced marriages, and dowry-related violence (Machisa et al., 2017; Ogum Alangea et al., 2018; Sinko & Saint Arnault, 2019; Sinko et al., 2021a; Ulmestig & Eriksson, 2017). Evidence shows that women and girls are the primary victims/survivors, but men and boys are frequently targeted as well (Di Napoli et al., 2019; Smye et al.,

2021; Wilkins et al., 2014). GBV is deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness, particularly among women and girls (Abrahams et al., 2013; Boonzaier & Van Niekerk, 2018; Dalal et al., 2012; Nduna, 2020; Sinko & Saint Arnault, 2019). Perpetrators of GBV are believed to be those who hold power positions of control over others in private or public spheres (Abrahams et al., 2013; Critelli, 2012; Heise et al., 1999; Boonzaier & Van Niekerk, 2021; Sideris, 2013; Wilkins et al., 2014).

Intimate Partner Violence (IPV)

IPV is domestic violence by a current or previous intimate partner or spouse against the other partner (Di Napoli, et al., 2019; Mitchell & Anglin, 2009; Mojahed et al., 2022; Selokela, 2005). Relational conflict is one of the main factors identified to contribute to IPV (Boonzaier & Van Niekerk, 2021; Di Napoli et al., 2019; Selokela, 2005; Van Niekerk, 2019). IPV is a widely known form of domestic violence and can manifest through emotional, psychological, sexual, and/or physical abuse strategies to exert power over an intimate partner. It may include force, and control over an intimate partner (Baird et al., 2021; Boonzaier & Van Niekerk, 2021; Dalal et al., 2012; Di Napoli et al., 2019; Kalra et al., 2021; Krug et al., 2002; Muluneh et al., 2020; Sideris, 2013).

Abuse

According to Bancroft (2003, p. 156), abuse is “the artifact of a mindset that defends and pardons bullying and mistreatment, which endorses dominance and insolence”.

Intimate relationships

Intimate relationships are characterised by some form of nurturing between individuals. They are characterised by care, which is the most visible character. They involve mutual caring, trust, and acceptance of each other (Collins et al., 2010; Czyżowska et al., 2020). A known expectation of an intimate relationship is that they will care for and mutually support each other; this can also be seen as some form of unwritten rule.

Healing

Firth et al. (2015, p. 3) define healing as “the process of moving in the direction of desired completion or wholeness”. Thomas (2005) adds that healing may also involve

conditioning and reconstructing an individual's perception of integrity through active caring and understanding of him- or herself. Healing is also understood as a subjective and personal experience that can involve recreating and understanding oneself (Farrell, 1996). It is a personal and positive experience of overcoming suffering, transforming into a new sense of self, and developing a new perspective on life (Lewis et al., 2015; Ranjbar & Speer, 2013; Sinko & Saint Arnault, 2019). Glaister (2001, p. 67) defines healing as “a naturally active and multidimensional process that is individually expressed with common patterns”. Wendler (1996, p. 836) defines healing as “an experiential, energy-requiring process that is created through a caring relationship in a process of expanding consciousness and may result in a sense of wholeness, and balance”. Thus, healing from a violent or traumatic experience may require the involvement of social, economic, spiritual, cultural, and psychological processes within the self (Landenburger, 1998). The study thus utilises the views of Firth et al., (2015), McElliot, (2010), and Wendler (1996) on healing. It draws on these understandings of healing since they encompass some of the ways women in this study thought about healing.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The focus of this chapter is to explore literature on IPV and what scholars reveal about the healing journey from IPV. The chapter begins by exploring causes, influences, and multiple challenges associated with IPV, and then explores studies pertaining to healing from IPV. It should be noted that, as already indicated, studies by scholars are scarce in South Africa but readily available in other global contexts.

2.2 Women's experiences: Causes and effects of IPV

As shown in the previous chapter, several studies reveal that the main victims of IPV are women and girls (Nduna, 2020; Smye et al., 2021; Wilkins et al., 2014). Some authors indicate that GBV causes long-lasting and life-threatening injuries and trauma (Kofman & Garfin, 2020; Starrs et al., 2018; Sweet, 2019). As suggested by multiple authors, IPV affects the civil, emotional, economic, social, and sometimes physical rights of those affected. Some people feel a profound loss of control over their lives after IPV experiences (Landenburger, 1998; Leburu-Masigo, 2019; Sinko & Saint Arnault, 2019). Women living in poverty are particularly vulnerable, as they face pronounced effects of GBV and particularly IPV, which can cause long-term life-threatening injury and trauma. Individuals who have experienced abusive situations feel a profound loss of control over their lives (Landenburger, 1998; Leburu-Masigo, 2019).

A large number of women who experience IPV tend to be socially isolated and do not turn to health/help facilities, institutions, relatives, or friends for advice or support (Larsen & Wobschall, 2016; Letourneau et al., 2013). Research has shown that IPV has significant negative effects on women, their communities, families, and societies (Ansara, & Hindin, 2011; Braaf & Meyering, 2011; Burrow, 2022; Jaradat, 2018; Parkin, 2017; World Health Organization, 2005). Because considerable research has been done on GBV/IPV rates, effects, and reasons for not leaving abusive relationships, the literature review of this study did not focus primarily on that type of research but provides a brief outline, as this research considers the healing journey after experiences of IPV. Thus, it is important to give an overview of GBV/IPV, as this study stems from that. The study focuses more on the healing journey of women who have experienced IPV

relationships, their path to recovery, posttraumatic growth, and their journey beyond survival.

Research shows that marital or relational conflict is one of the main causes of IPV, which then degenerates into violent actions, and in many instances, women tend to suffer the consequences, which can be brutal (Di Napoli et al., 2019). Some scholars claim that power dynamics in couples and a superiority complex may result in violent acts against the other partner (Ansara & Hindin, 2011; Bloom, 2008; De Coster & Heimer, 2021; Di Napoli et al., 2019; Selokela, 2005). It is believed that perpetrators of GBV hold power positions of control over others in private or public spheres (Anderson, 2015; Bloom, 2008; Heise et al., 1999; Kim et al., 2019; Wilkins et al., 2014).

In many instances, when women assume subjective roles that deviate from fixed gender role assignments, male intimate partners are often intimidated, which leads them to attempt to gain power by being aggressive toward their intimate partners (Abramsky et al., 2019; Atkinson et al., 2005; De Coster & Heimer, 2021; Di Napoli et al., 2019; Kumar & Casey, 2020; Singh et al., 2015). An increase in more balanced social power structures sometimes cause men to be unable to cope with a new society where male privilege is being broken down, leading them to be violent towards their partners. This causes considerable numbers of men to be more aggressive in an intimate relationship to regain power or to feel powerful and feel they are in control, which in this case implies exercising power over their intimate partners (Bloom, 2008; De Coster, & Heimer, 2021; Dalal et al., 2012; Di Napoli et al., 2019; Gass et al., 2011; Kordom et al., 2014; Kumar, & Casey, 2020).

An article by Di Napoli et al., (2019), writing from the European Union context, indicates that IPV is more prevalent among women than among men and Kordom et al. (2014) working from the Western Cape in South Africa support this statement. Most research has tried to establish if the root causes and effects of IPV are gendered (De Coster & Heimer, 2021). Boonzaier and Van Niekerk (2018) and Kaminer et al. (2008) mention that in South Africa IPV is also prevalent among individuals who are dating, cohabiting, sometimes associated with educational status, have witnessed abuse as a child, or are financially dependent on their partners. IPV is also evident in persons who are separated from their family or community and/or lack access to shelter, education, and livelihood

opportunities (Branch et al., 2013; Critelli, 2012; Machisa et al., 2017; Ogum Alangea et al., 2018; Sinko & Saint Arnault, 2019).

According to the Australian Institute of Health and Welfare (2018), women in Australia with IPV experiences are more likely to be at risk because they may find it challenging to keep up with studies or employment. Women may find it challenging to engage with others, perform well or even attend work and school, which may affect their health psychologically, financially, or physically. This may also increase the willingness to be socially isolated. IPV has enormous negative effects not only on the individual who has experienced IPV directly but also on their children and the broader society (Ansara & Hindin, 2011; Boonzaier & Van Niekerk, 2021; Conroy, 2014; Das et al., 2022; Jack, 2014; Leburu-Masigo, 2019).

Fear of being stigmatised, which is manifested as feeling weak, feeling frozen, and feeling helpless, may drive others to remain silent (Burrow, 2022; Jaradat, 2018; Larsen & Larsen, 2016; McAllister, 2022; Mojahed et al., 2022; Muluneh et al., 2020; Parkin, 2017; Saint Arnault & O'Holloran, 2016; World Health Organization, 2017). Some women remain silent, sometimes because they are emotionally invested in the relationship. Sometimes they try to protect their children when their father is the abusive partner; not sharing what happened to them ensures that they do not paint the other parent as a bad person (Fugate et al., 2005; Saint Arnault & O'Holloran, 2016).

Larsen & Larsen (2016) argue that women who experience IPV tend to be socially isolated, feel ashamed of having experienced IPV, and have few support networks. For some women, the experiences of IPV result in them feeling disconnected from other people, which may even include family and friends, and feeling powerless (Ansara & Hindin, 2011; Hetling et al., 2018; Landenburger, 1998). Women who have experienced IPV are likely to have risks of physical, financial, psychological, and social concerns (Bonomi et al., 2006; Boonzaier, & Van Niekerk, 2021; Branch et al., 2013; Di Napoli et al., 2019; Kordom et al., 2014; Landenburger, 1998; Ulmestig & Eriksson, 2017).

Authors such as Cobb et al. (2006), Haeseler (2013), Leburu-Masigo (2019), and Tedeschi et al. (2018) share that individuals who engage in social withdrawal or who repress or deny thoughts and feelings about IPV experiences are deemed to experience greater distress. Research shows that IPV can have a profound effect on women's relationships with their families, children, communities, and friends when they are not

fully present while dealing with the effects of IPV (Jaradat, 2018; Leburu-Masigo, 2019; Parkin, 2017). Women who must depend on their families and friends to help them with caring for children, housekeeping, or even finances after leaving IPV relationships may feel some form of strain. They may not be too comfortable with sharing everything with their families, as they feel that they are already causing them much trouble by just being there (Boonzaier & Van Niekerk, 2021; Landenburger, 1998; Melgar Alcantud et al., 2021; Parkin, 2017; Riger et al., 2002). IPV experiences can also affect a mother's parenting capacity due to the psychological, physical, or emotional effects the abuse had on them (Parkin, 2017).

IPV experiences can cause mental health consequences, which include depression, somatisation, anxiety disorders, substance abuse-related disorders, phobias, low self-esteem, panic disorders, obsessive-compulsive IPV disorders, and substance abuse (Boonzaier & Van Niekerk, 2018; Coker et al., 2002; Groves et al., 2012; Liu et al., 2013; Mushonga et al., 2021). The negative psychological and physical health consequences of IPV include headaches, backache, and suicide ideation (Kordom et al., 2014; Landenburger, 1998; Parkin, 2017).

Physical violation by an intimate partner may result in many issues for women across their life span, such as memory loss, seizures, pregnancy complications, gastrointestinal problems, chronic pain, arthritis, nutritional deficiency, and even brain injury (Ansara & Hindin, 2011; Breiding, Basile, Smith, Black, Mahendra, 2015; Campbell, 2002; Sinko & Saint Arnault, 2019; World Health Organization, 2013b). Problems related to being sexually violated include transmission of HIV and other sexually transmitted infections (STIs), pain during intercourse, vaginal bleeding or infection, fibroids, decreased sexual desire, unwanted pregnancy, genital irritation, chronic pelvic pain, and urinary tract infections (Ragavan et al., 2022; Roberts et al., 2011; Sinko & Saint Arnault, 2019). It is associated with a range of genealogical and reproductive health problems, which range from unwanted sexual touches to forced sex (Breiding et al., 2015; Mikton, 2010; Puri et al., 2011; Ragavan et al., 2022; World Health Organization, 2017). These effects can also include fearfulness and injuries resulting in the need for medical care, housing, or legal services (Black et al., 2011; Kofman & Garfin, 2020; Starrs et al., 2018; Sweet, 2019). There are multiple potential long-term negative effects of experiencing IPV, including symptoms of posttraumatic stress disorder (PTSD), fear concerning safety, anxiety,

ideation, and low self-esteem (Boonzaier & Van Niekerk, 2021; Kordom et al., 2014; Landenburger, 1998; Larsen & Wobschall, 2016; Parkin, 2017; Smye et al., 2021).

It is estimated that 63.8% of women in the USA who have been violated by an intimate partner have posttraumatic stress disorder (PTSD) (Spencer et al., 2019). This is suggestively greater than general population estimate of PTSD rates among women who have not experienced any form of IPV which is 12% (Dworkin et al., 2017; Kelly & Johnson, 2008) Overall, PTSD and depression remain frequently linked with encounters with IPV, and women who have experienced IPV are four times more likely to attempt suicide and have depression (Bonomi et al., 2006; Chang et al., 2010; Jaradat, 2018; Kordom et al., 2014; Liu et al., 2013; Melgar Alcantud et al., 2021; Parkin, 2017).

Shame is “a significant prognosticator of PTSD, due to the beliefs based on an individual’s capacity to handle upcoming life’s challenges” (Thaggard & Montayre, 2019, p. 222). Shame is one of the barriers that limit a substantial number of women from seeking help or even sharing what they experienced in intimate relationships with their close family and friends (Evans & Feder, 2016; Gulati & Kelly, 2020; Landenburger, 1998; Mushonga et al., 2021; Thaggard & Montayre, 2019). This shame adds to feelings of isolation and avoidance strategies for many women, which thus results in multiple health and well-being consequences (Breiding et al., 2015; Bryngeirsdottir & Halldorsdottir, 2022; Czerny & Lassiter, 2016; Landenburger, 1998; Leburu-Masigo, 2019; Thaggard & Montayre, 2019). Authors such as Cobb et al. (2006) and Leburu-Masigo (2019) speak of avoidance-oriented coping strategies that hinder many people from recovering, as it ensures that they do not move past the traumatic events, even while trying to avoid them.

IPV survivors often face poor accommodation options after leaving the immediate danger of a violent partner, which thus forces them to settle for retraumatising alternatives, which may include travelling through short-term shelters, returning to an abusive partner, or being homeless (Clough et al., 2014; Hetling et al., 2018; Jaradat, 2018; Parkin, 2017). It has been indicated that one in four women who are homeless identify IPV as related to them being homeless, and an estimated 50% of women who are homeless are said to have experienced IPV at some stage in their lives (Australian Institute of Health and Welfare, 2018). Affordable and safe long-term housing is vital for women who have left IPV

relationships, as it assists them with establishing themselves in their newly found identities as they move toward their healing journeys (Hetling et al., 2018).

2.3 Leaving or staying in abusive partnerships

Some women have internal conversations when they try to figure out if they should leave or stay in an unhealthy relationship, and many factors affect their decisions (Chang et al., 2010; Childress et al., 2021; Critelli, 2012; Halket et al., 2014; Jack, 2014; Landenburger, 1998; Tamas, 2016). As individuals decide whether they can sustain themselves outside of an unhealthy relationship, several factors influence their choices. These choices are individual and circumstantial factors. Individual factors involve survival skills and the ability to survive and support themselves. Circumstantial factors include other aspects such as families' or children's reactions to the situations of IPV, and the resources that one has for continuing to live freely after an unhealthy relationship (Garcia-Jiménez, Durfee, Cala-Carrillo, and Trigo, (2022). Both factors can be related in the sense that an individual's willingness to make decisions in one area of their life can have a profound effect on other aspects of life (Barrios et al., 2021; Landenburger, 1998; Melgar Alcantud et al., 2021). It is important to understand that for many people, it is challenging to just leave an unhealthy relationship (Bermea et al., 2020; Cravens et al., 2015; Estrellado & Loh, 2014).

It is also evident that a large number of people in intimate relationships who are being abused emotionally may not detect emotional abuse immediately, as is the case with physical abuse, as it does not reveal physical injuries and therefore is not detected immediately, and also because no one sees the internal injuries, many people believe they are less harmful (Karakurt & Silver, 2013; Stark & Hester, 2019). Research also emphasises that people may stay longer in emotionally abusive relationships because emotional abuse can sometimes be subtle (Karakurt & Silver, 2013; Sims, 2008). Several authors also refer to the notion of having a mental shift even before taking the decision to exit a relationship physically (Enander & Holmberg, 2008; Kumar & Casey, 2020; Panchanadeswaran & Koverola, 2005). This process that comes with the mental shift becomes a way of redefining oneself and finding a new understanding of what one needs in one's intangible bag as one figures out one's own agency as one adjusts to leaving an unhealthy relationship (Emirbayer & Mische, 1998; Holloway, 2016; Lohan & King, 2016; Waller & Bent-Goodley, 2023). Women go through unique journeys as they make

means to exit an unhealthy relationship, which includes the constant mental renegotiation that people go through as they plan to leave an unhealthy relationship (Estrellado & Loh, 2014; Kumar & Casey, 2020; Sinko et al., 2020).

As people embark on the journey to healing, various things influence them. Others find motivation through traditional media and social media, which influence those who use them as spaces to address and modify power structures in societies by offering forums for discussion, reflection, persuasion, and mobilisation (D'Ambrosi et al., 2018; Eckstein, 2021; Liu, 2013; Wolf, 2013). Others find motivation through education, which influences people's ideas about life and boosts an individual's confidence, which also empowers them (Fergus & Van't Rood, 2013; López-Fuentes, & Calvete, 2015). Authors such as Landenburger (1998) point out that women may decide to leave an unhealthy relationship based on the motivation of their children and because they want a better life for them. Authors such as Kansky et al. (2017), Rakovec-Felser (2014), and Wood et al., (2023) also raise the point about the reality that moving on from an unhealthy relationship also ensures that one motivates oneself after leaving to ensure that one does not fall into the same situations in which one has been previously.

2.4 Reasons for not seeking help after IPV

In some, Western societies, unlike in numerous African traditional communities, and religious sectors within these societies, leaving an abusive partner is viewed as a key solution presented to women, which includes formal support like police involvement, being a hold on crisis lines, and being provided with counselling facilities to help women leave their intimate partners, but most women fear reaching out to those facilities of support (Evans & Feder, 2016; Letourneau et al., 2013; Smye et al., 2021). Because IPV is a domestic type of abuse and thus linked to offenders who are well known to victims and the belief that the case is a private matter, some women do not report or seek help (Di Napoli et al., 2019; Evans & Feder, 2016; Gonzales et al., 2005; Leburu-Masigo, 2019; Mushonga et al., 2021; Ndlovu, 2021).

Although the physical and mental effects of GBV are well documented, many women do not disclose or seek help because in certain contexts, violence is regarded as normal, and in certain situations, survivors may feel burdened by their symptoms or avoid burdening others or being perceived as seeking pity and attention (Kourti et al., 2023; Boonzaier &

Van Niekerk, 2021; Mushonga et al., 2021; Voce & Boxall, 2018). There has been a supposition amongst authors in the past that women who experienced IPV were hesitant to report the abuse, and this was due to the fear of retaliation, the concern for their privacy, people having sympathy for the offender, being judged harshly, and the leniency of the police towards perpetrators (Barrios et al., 2021; Felson et al., 2002; Kumar & Casey, 2020; Mellgren, Andersson, & Ivert, 2018). People in IPV relationships tend to stay away from health/help facilities or institutions, relatives, and friends; consequently, several women facing IPV suffer in silence and do not report that they are being violated (Leburu-Masigo, 2019; Muluneh et al., 2020; Mushonga et al., 2021). Feelings of incompetence may be increased due to negative remarks women may get from people closest to them after leaving an intimate partner violent relationship (Landenburger, 1998; Ulmestig & Eriksson, 2017; Voce & Boxall, 2018).

Some of the reasons for not seeking help include survivors believing that no one would be willing to listen without judging them and believing that they should deal with it alone, feeling internalised stigma, which is manifested as feeling weak, feeling frozen, and feeling helpless (Saint Arnault & O'Halloran, 2016). Although the physical and mental effects of GBV generally and in specified forms have been well documented, many women choose not to disclose or seek help due to the perception that violence is normal or not serious. Some studies argue that the lack of reporting may be because survivors feel responsible for victimisation and blame themselves for provoking the perpetrator or behaving inappropriately (Bucheli & Rossi, 2019; Halket et al., 2014; Landenburger, 1998; Larson & Mankato, 2016; Mojahed et al., 2022). Women's inability to make sense of their experiences may have the outcome of living in fear that they might be involved in another IPV relationship or living in fear that they may never be enough for someone else, resulting in them repeatedly blaming themselves for everything that may take place in their lives (Ansara & Hindin, 2011; Critelli, 2012; Halket et al., 2014; Melgar Alcantud et al., 2021; Tamas, 2016; Ulmestig, & Eriksson, 2017). Thaggard and Montayre (2019) suggest that humiliation and subsequent adverse attitudes regarding social support increase the risk for IPV in imminent relationships.

2.5 Road to recovery from IPV

Recovery from an IPV relationship is "a social, psychological, cultural, and spiritual cycle" (Allen & Wozniak, 2010, p. 37). Many women find themselves in situations in

which they must use some form of survival tactics in trying to ensure that an intimate partner does not violate them repeatedly (Flasch et al., 2017; Ogum Alangea et al., 2018; Puri et al., 2011; Sinko et al., 2022). An individual's desire to recover and heal from IPV pushes them to a place where they must put aside all negative consequences and take the necessary steps to support themselves and break free from the abusive past (Childress et al., 2021; Critelli, 2012; Crann & Barata, 2021; D'Amore et al., 2021; Stark & Flitcraft, 1996; Tamas, 2016).

On their journey to recovery, individuals try to fight off negative thoughts that threaten to prevent them from recovery (Crann & Barata, 2021; Das et al., 2022). Thus, leaving an abusive relationship involves moving from being controlled to being in control and thriving (Berger, 2015; Cobb et al., 2006; Hui & Constantino, 2021; Mushonga et al., 2021; Tedeschi et al., 2018; Valdez & Lilly, 2015; Žukauskienė et al., 2021). Larsen & Larsen (2016) reminds us that leaving an abusive partner is a process, not a singular act, which requires more than just exiting and is associated with women reconnecting and reconstructing themselves. For many individuals, the process of leaving may involve muting, withdrawing, or numbing their emotions (Enander & Holmberg, 2008; Prager et al., 2019; Robinson, 2010). It may also involve capacitating oneself emotionally or financially or finding alternative shelter while also trying to relate to important others (Critelli, 2012; Draucker, 2002; Hawley-Bernardez, 2017).

Very often, because women have been isolated for so long and have lived in the shadow of their partners, they try to find ways of relearning how to trust again (Kumar & Casey, 2020; Peterman et al., 2015; Strauss Swanson & Szymanski, 2020; Ulloa et al., 2016). Song (2012) notes that while one goes through the journey to healing, external aspects sometimes can frustrate the recovery cycle, and these include a lack of resources, not receiving support or assistance from close family members or friends and lacking necessary vital resources.

Most studies about the process of leaving an abusive partner have focused on surviving abuse and the crisis of leaving rather than looking beyond survival (Barrios et al., 2021; Childress et al., 2021; Melgar Alcantud et al., 2021; Stark & Flitcraft, 1996; Tamas, 2016). Some women decide to leave because they think of the lives they want for their children and realise that the life they lived while in the IPV relationship is not the life

their children deserve or not the image of what family should be (Childress et al., 2021; Critelli, 2012; Tamas, 2011; Ulmestig & Eriksson, 2017).

During the recovery journey people move through various phases of recovery; thus, different authors identify multiple themes that are said to assist people on their recovery journey. They consider the healing journey in diverse ways. Working in the field of psychology, Landenburger (1998) introduces us to three models of recovery that identify three processes that can be used in the recovery stage, namely struggling for survival, grieving, and searching for meaning. In these stages, individuals dig deep into their basic needs, which include safety, food, and shelter.

Landenburger (1998) further wrote about two main phases through which people sometimes navigate as they readjust to coping after an unhealthy intimate relationship, namely the initial phase and the restructuring/circumstantial phase. The first phase involves women taking the initial step of leaving an abusive partner as they try to rebuild themselves again and pick up the pieces of their lives. The second phase involves women finding ways to restructure and readjust their lives as they try to understand the meaning of their experiences as a way to achieve some form of stability within themselves.

Wuest and Merritt-Gray (2001, p. 79), also working in the field of psychology, propose four psycho-social stages or processes of reclaiming the self, which include counteracting/acting against abuse, breaking free, not returning to the abusive relationship, and moving on. Smith (2003) recognises three phases on the journey to recovery, namely abandoning the relationship, which involves leaving and the challenges people face as they pave their way forward beyond exiting an unhealthy relationship abuse, the mental challenges of trying to break free from an unhealthy relationship emotionally and physically, and the process of releasing oneself from anger and frustration based on the abusive past. It is important to note that Smith (2003) found that some women did not move into the healing or recovery phase but rather stayed in the condition of non-recovery. This further illustrates that "there is no particular time span of regaining one's strength after the experiences of IPV, and in order to make sense of the recovery process, every individual's circumstance is of significance" (Hou et al., 2013, p. 171).

From the above, we see that most of these processes aim to push survivors beyond being victims. Research on the process of leaving an IPV relationship has focused principally

on preparing to leave, and the crisis of leaving an unhealthy relationship (Peterman et al., 2015; Garcia-Jimenez et al., 2022; Guedes et al., 2016; Heise & Garcia-Moreno, 2002; Saint Arnault & O'Halloran, 2016; Sinko & Saint Arnault, 2019; Tamas, 2016) rather than the aftermath of leaving, which includes the healing process. As already indicated, women use several stages of recovery and coping mechanisms after IPV experiences, and various authors identify these (Cherewick et al., 2016; Haeseler, 2013). Most of these stages are presented from a social psychological context, and these stages give a brief outline of how to survive. These stages focus more on surviving and the coping strategies and do not get to the point of healing, nor do they dig deep into the process or pathway to healing. However, these stages remain of key relevance to my study, as they reveal that as women try to cope with the effects of IPV, they also try to find ways of survival through diverse ways such as those shared above.

Many women go through a time during which they find themselves having to figure out how they make means to cover their basic needs, and if they have children, this adds to the urgency to meet those needs. When someone goes through the journey to healing, external aspects sometimes can frustrate the recovery cycle, including a lack of resources, not receiving support or assistance from close family members and friends, and also having a lack of necessary vital resources (Song, 2012).

Because a woman has been controlled in her past, she tries to understand her new self as well as new ways to reach out to and interact with others. Women find that in their recovery phases, they grieve the loss of a relationship; the loss of a person whom they once trusted and believed would be with them throughout life's hard challenges, as well as the loss of the father of their children if they have children (Schaefer et al., 2018; Sinko & Saint Arnault, 2019). While grieving a relationship, others may assume that once they have left an abusive relationship, they do not grieve the loss of the relationship. For many women, even though there is little attachment to the intimate partner at this point in their lives, they may find themselves grieved by what the relationship was (Landenburger, 1998).

2.6 Posttraumatic growth and healing following IPV relationships

The process of recovery from IPV requires some form of growth that can be viewed as posttraumatic growth (PTG). PTG is of immense value when it comes to finding peace

and healing from stressful occurrences. PTG is defined as positive changes an individual can attain because of surviving or finding relief from a highly stressful event (Calhoun & Tedeschi, 1998; Sinko et al., 2021a; Sinko & Saint Arnault, 2019; Tedeschi et al., 2018). In the past, multiple terms have been used to describe growth following traumatic experiences. However, researchers and clinicians have embraced the words *posttraumatic growth* as a broadly utilised term (Tedeschi & Calhoun, 1995; Joseph & Linley, 2008). This growth is valuable when finding peace and healing from stressful occurrences (Flasch et al., 2017; Flasch et al., 2020; Mushonga et al., 2021; Ulloa et al., 2016).

PTG encompasses five distinct domains: namely, “(a) an enhanced appreciation of life; (b) spiritual transformation; (c) the emergence of novel prospects; (d) the development of personal resilience; and (e) the establishment of new interpersonal relationships” (Cobb et al., 2006, p. 898). The aforementioned areas effectively encapsulate the entirety of development and are assessed through employment of the posttraumatic growth inventory (PTGI) (Mushonga et al., 2021), an instrument that appraises beneficial outcomes after encounters with traumatic events. In the wake of a traumatic experience, individuals may not inherently exhibit an inclination towards seeking constructive changes. They may exhibit a noticeable emphasis on creating strategies to manage and conquer the traumatic experience that has altered their existence irrevocably. Notwithstanding the danger of the load resulting from the negative results of IPV, some authors suggest the importance of positive development that can occur after a traumatic encounter. Thus, experiencing pleasure and having a positive outlook on life after stressful experiences could serve as factors that can enhance posttraumatic growth, as expounded by Tedeschi (1999), and further elaborated on by Tedeschi and Calhoun (2004).

For many people, the power to ease feelings related to self-blaming for what has happened, as well as the ability to be in control of their own life, is seen as PTG (Bonanno, 2008; Joseph & Linley, 2008), which also results in them seeing themselves more positively. Various constructive outcomes stem from painful experiences, which may entail having views of life that are more adaptive, having a sense of thriving, understanding oneself better, being more assertive, being more responsible with personal choices, and having strong coping skills (Mushonga et al., 2021). In addition, PTG is described as “a significant beneficial change in emotional and mental existence past

previous levels of psychological functioning, adaptation, or life awareness” (Tedeschi & Calhoun, 2004, p. 12). Therefore, pathways to healing for individuals in this category may require finding ways of reconnecting with the self, others, and the world around them (Sinko & Saint Arnault, 2019; Ulloa et al., 2016). Therefore, the process of recovery requires self-awareness and deciding or committing to change, a process of paving a way for PTG. Ogolsky et al. (2017) refer to a time during PTG when people may find some form of spiritual transformation as they find ways of coping and moving on after experiences of IPV. Jenmorri (2006), Manda and Magezi (2016), and Slater et al., (2016) also tell us that faith can be a tool to anchor people after traumatic experiences. In an article titled *Embodied voices*, Segalo (2023, p. 5) shares how “needlework allows people to self-reflect on their lives and the world around them”. It is quite evident that if women seek help, it assists them in understanding their experiences, which may help them on their road to healing (Landenburger, 1998; Žukauskienė et al., 2021).

PTG is characterised by the ability to shift one's mindset from a negative one to a more positive one, which allows individuals to let go of self-blame and take ownership of their lives (Cobb et al., 2006; Joseph & Linley, 2008). By adopting this mindset, individuals are more able to see themselves positively, which fosters personal growth and resilience (Tedeschi et al., 2018). Thus, PTG offers a hopeful perspective whereby individuals find the strength to continue into the future. (Landenburger, 1998; Lewis et al., 2015; Sinko & Saint Arnault, 2019).

Positive results that may originate from PTG include flexible views on life, established adapting abilities, new or braced individual and social resources, a feeling of thriving, a more prominent self-appreciation and self-worth, more sensations of control, expanded assertiveness and freedom, an increase in being aware of social equity issues, and fulfilment with one's life and connections, self-improvement, and inspiration to make a move to improve one's life (Mushonga et al., 2021). An essential way of life as a survivor is characterised by the individual relating to the abuse he or she has encountered as well as realising that no single method is used to characterise a positive or healthy way of life; thus, women can engage in a process of healing from their experiences of IPV (Flasch et al., 2017; Tedeschi et al., 2018; Žukauskienė et al., 2021). Posttraumatic growth is of importance in the experience of relationships with others and changes in one's general philosophy of life, which is of immense value for my research as it considers finding healing and peace after being violated by an intimate partner. Song (2012) and Hui and

Constantino (2021) found that PTG is of importance especially in the realm of regaining internal and external power following an abusive relationship. Exploring the optimistic results that may stem from experiences of IPV in no way implies that trauma is a positive encounter; instead, it signifies potential growth that may result from such experiences or encounters (Hui & Constantino, 2021; Tedeschi et al., 2018).

Firth et al. (2015, p. 3) define healing as “the process of going in the direction of desired achievement or wholeness”. It is a positive, personal experience of going beyond one’s suffering and transforming to a newer sense of self and developing new life perspectives. The healing cycle is neither straight nor oppressive; it is a long-term process that can shift broadly (Garcia-Jimenez et al., 2022; Ogolsky et al., 2017). Research on healing has revealed that the healing journey involves personalised, multidimensional, nonlinear, and transformative processes within individuals through engaging with others (Anderson & Saunders, 2003; Khaw & Hardesty, 2007; Reisenhofer & Taft, 2013). "There is no particular time span of regaining one’s strength after the experiences of IPV, and in order to make sense of the recovery process, every individual's circumstance is of significance to them" (Hou et al., 2013, p. 171). Therefore, healing from a violent or traumatic experience may require an engagement with social, economic, spiritual, cultural, and psychological processes within the self (Sinko & Saint Arnault, 2019; Sinko et al., 2020). Bancroft et al. (2011), White (2018), and the World Health Organization (2020) indicate that when one heals, it is not a straight line; there are both good and not so good days on one’s journey to healing. Healing is about self-acceptance and acceptance of the past (Farrell, 1996; Jaradat, 2018; McAllister, 2022; Sinko et al., 2021a).

To further define the path to healing, Wuest and Merritt-Grey's (2001) four psychological stages of reclaiming the self-explore some of the properties of applied social change to pave the way to healing and how some of the actions and strategies adopted challenge power imbalances. Parkin (2017) and Ulloa et al. (2016) indicate that some of the key contributors to women's post-separation journey are influenced by their acceptance of themselves, their experiences, their sense of well-being, and learning how to take care of themselves. For many women, this may result in them getting to a point of asking themselves reflective questions, which assists them in figuring out who they are, what they want for their lives after the abusive relationship and finding pieces of their new puzzle (Enander & Holmberg, 2008; Landenburger, 1998; Matthews et al., 2017; Sinko et al., 2021a).

Creating a greater sense of self-awareness through finding agency is seen as a reward of self-determination in the case of moving on after IPV and reaching a place where one feels secure about oneself (Berger, 2015; Sinko et al., 2020; Tedeschi et al., 2018; Žukauskienė et al., 2021). Employing individual agency is an important tool for people breaking free from an unhealthy relationship as they journey through healing. They learn to find agency within themselves while understanding the meaning of their own life (Valdez & Lilly, 2015; Waller & Bent-Goodley, 2023). Czerny and Lassiter's (2016) article speaks of an empowerment wheel that can be used to guide people that are out of IPV as they move through the healing journey. Burrow (2022), Crann and Barata (2021), and Emirbayer & Mische (1998) also speak of people developing personal resilience and agency.

Many individuals recognise the importance of having positive conversations with themselves and unlearn negative self-talk while bringing awareness to the thoughts they have, which assists them in learning how to speak positively and learning to reframe their thoughts (Kohrt, Ottman, Panter-Brick, Konner, and Vikram Patel, 2020; Lewis et al., 2015). Women working on their recovery find ways of regaining a sense of self, thus assisting them in their journey to wholeness, and they get to see themselves based on who they are and not on who they used to be (Carman & Kay-Lambkin, 2022; Kohrt et al., 2020) Each of these concepts is used to assist many women as they pave their way forward and try to learn and find themselves after leaving a relationship characterised by IPV (Czerny & Lassiter, 2016; Czerny, Lassiter, Lim, 2018).

2.7 The journey beyond survival

Few articles look beyond survival, and most of them are found in Western countries. Also, a slowly growing number of studies have been moving steadily to an emphasis on the positive measures that can result from trauma (Ai & Park, 2005; Tedeschi & Calhoun, 1995; Ulloa et al., 2016). For people recovering and healing, the process is not only rooted in intra-psychic work but also in reconstructing everyday activities, interpersonal relationships, and social relations to fit their new-found identity. According to Landenburger (1998), Czerny and Lassiter (2018), and Tamas (2016), women go through a phase of restructuring and readjusting their lives as they try to make sense of their experiences while also trying to understand the meaning of their experiences to achieve stability in their lives. Studies on women's healing from IPV relationships imply that

there is a factor of transformation during their healing processes, which include the perception that people can experience positive transformation (Berger, 2015; Tedeschi & Calhoun, 1995).

The understanding of PTG is developing, and researchers have begun to accept three spheres relating to PTG, namely one's perception of the self, relationships with others, and the general life philosophy (Berger, 2015; Hui & Constantino, 2021; Valdez & Lilly, 2015). These spheres are related to how people make changes in their perception of themselves and accept that they are of more value than they have ever noticed. Cobb et al. (2006), Lewis et al. (2015), Sinko and Saint Arnault (2019), and Tedeschi et al. (2018) reveal that some people experience positive changes in the way they view themselves and how they define themselves. They finally begin to re-examine their priorities as well as experiences, which results in an increased appreciation of life and what it offers (Matthews et al., 2017; Sinko et al., 2020; Sinko et al., 2021b; Wuest & Merrit-Gray, 1999).

Flasch et al. (2019) highlight three themes used to overcome experiences of IPV, namely the potential for posttraumatic growth, variability in the degree to which the character of the survivor is vital to survivors' general personalities, and the process associated with overcoming the abuse.

The empowerment wheel addresses six different concepts, namely having to set boundaries, recognition of red flags, relationship authenticity, locus of control, negative self-talk, and the last phase is the integrated sense of self (Czerny & Lassiter, 2016). Regarding these concepts, many women go through a time when they have to rethink and renegotiate with themselves what they want out of life, thus involving setting boundaries, while trying to identify early potential warning signs of inappropriate or abuse-related behaviour. Bancroft (2003), Czerny et al. (2018), and the World Health Organization (2020) emphasise the importance of creating healthy boundaries as one moves on one's path to healing from an IPV relationship. This involves recognising people's body language to assist them in not ignoring when they see red flags (Bryngeirsdottir & Halldorsdottir, 2022; Czerny & Lassiter, 2016). People find ways to identify a balance between what a person thinks or feels and what a person does and says; here, a woman learns how not to deny her own wants or needs by compromising herself to please or accommodate other people (Czerny et al., 2018; World Health Organization, 2020).

Merritt-Gray and Wuest (1995) formulated the reclaiming self model, which was formulated on the exploration of survivors of IPV in rural Canada, and they describe the interaction through which survivors leave abusive relationships and build up safe, peaceful lives, and connections with others. The cycle through which survivors recover or reclaim themselves includes external and internal measures, influencing not only how they see themselves but also how they are associated with their general surroundings. Wuest and Merritt-Gray (2001) conducted a study that focused on how women transcend from defining the self as a victim and/or survivor to redefining the self outside of the abusive experience. The article focuses on women who have experienced unhealthy relationships and highlights how they developed the ability to overcome their experiences.

A study conducted by Draucker et al. (2009) identifies four domains of healing, namely managing memories, relating to important others, seeking safety, and re-evaluating oneself. These domains are said to create a more realistic, sensible, and satisfying life. The process identified for each of the four domains includes, respectively, calling forth memories, regulating relationships with others, constructing an “as-self-as-possible” life world, and restoring a sense of self (Draucker et al., 2009, p. 9). Leburu-Masigo (2019) and Tedeschi et al. (2018) note that survivors sometimes face various aspects that they need to work on as they move through their healing journeys, and these involve relinquishing the past, finding their voices, becoming independent, rediscovering themselves, forgiving themselves and others, and finding a sense of direction.

McElligott (2010, p. 521) also notes that for people to heal, it sometimes “requires bringing together different aspects of a person such as their minds, body, and spirit to create some form of balance”. It is evident that although there is a difference in understanding of rediscovering oneself and restoring a sense of self, for example, there are similarities in goals toward healing. This reveals that people find themselves figuring out and trying to find new ways to live and to be at peace while going through their life journeys (Barrios et al., 2021; Matthews et al., 2016; Merritt-Gray & Wuest 1995; Sinko et al., 2021b; Wuest & Merritt-Gray, 2001).

It is important to note that although this body of work is mostly in the field of psychology, which emphasises phases, patterns, and processes of healing, this study does not necessarily consider phases but rather healing as a whole and the journey thereof.

However, these articles are important for this research because they draw on moving past leaving an IPV relationship to work on oneself and the healing journey after the experience.

2.8 Conclusion

The chapter has outlined how IPV is located in GBV and has clearly outlined various causes and effects of IPV on survivors. It has also explored different perspectives on healing from IPV emphasising how these processes mostly are located broadly in psychology. The next chapter explores the methodologies adopted in the study.

CHAPTER 3: METHODOLOGICAL APPROACH

3.1 Introduction

This chapter focuses on the methodological approach, which is situated within the feminist research. It will discuss methods of data collection adopted, and the research process undertaken.

3.2 Qualitative Research

Qualitative research foregrounds in-depth information about the experiences and meaning attached to experiences in different spaces (Pretorius, Florence, Savahl, Padmanabanunni, Smith, & Isaacs, 2016). Qualitative research aims at gaining insight, in-depth understanding of experiences, and exploring certain phenomena that are understood as subjective (Ponterotto, 2005). The qualitative approach is constructivist and allows for the subjective experience of the participants and interpretive perspectives (Ponterotto, 2005).

The study aimed to explore the narratives of the different pathways to healing/restoration adopted by women who survived IPV and to understand the experiences and struggles these women faced as they went through healing from IPV. To collect the narratives on women's experiences, I adopted a qualitative approach because it was exploratory and aimed at understanding or explaining certain phenomena from a subjective view, which would therefore enable an in-depth exploration of the IPV healing journey based on narratives. In a qualitative study, data are collected through open-ended interviews, which allows participants some control over the research process (Pretorius et al., 2016). To draw stories from women's experiences, a qualitative approach was adopted, as it was exploratory and aimed to understand or explain phenomena from a subjective point of view, thus allowing for an in-depth exploration of narratives about healing after IPV experiences. A qualitative approach was also adopted because I wanted to understand how women navigated their new-found identities and gain more insight into their lives after violent relationships.

3.3 Situating the study within Feminist Research

Situating the study within Feminist research begins with a feminist mindset that involves wanting social change. It not only challenges and disrupts patriarchy and its dictates but

also challenges power imbalances between a study and its participants (Robbins, 1996). Feminist research tries to remove the power imbalance between a study and the subject. Therefore, ascertaining the pathway to recovery, I borrowed from Wuest and Merritt-Gray's (2001) four psychological stages of reclaiming self after a traumatic event to uncover some of the attributes of social change adopted in paving the healing/restoration path and how some of the actions and strategies adopted challenged power imbalances.

Feminist research reveals that the ways in which men have power over women affect everyone – women, men, families, and the broader society. This then results in some men harming women in their own families as a form of remaining in charge of them and gaining power over them (Bell & Naugle, 2008; Di Napoli et al., 2019; Faramarzi et al., 2005; Misso et al., 2019). Thus, feminist views suggest people learn from early experiences in communities how men should act and what their place in society is, and this continues the ideas regarding IPV and violence in society. Thus, gender stereotypes decide what characteristics are regarded as masculine or feminine and impose expectations on how males and females should behave (Bell & Naugle, 2008; Di Napoli et al., 2019; Larsen & Larsen, 2016). Women may be more likely to experience violence because they feel they have to follow traditional gender expectations. This includes things like how they act, dress, or speak, and can lead to them not speaking out or standing up against unhealthy relationships they experience (Bell & Naugle, 2008; Misso et al., 2019; Troisi, 2018). The feminist theory argues that IPV is influenced by patriarchal systems that utilise men's control and domination over women (Ahmed, 2017; Larsen & Larsen, 2016). The concern of feminist research is subjective knowledge of the experiences of women for the understanding of a specific phenomenon. It is politically motivated to try to promote social equality and minimise social inequality (Misso et al., 2019; Robbins, 1996; Troisi, 2018). Fanow and Cook (2005) mention that part of the role of feminist research is to reveal what has been hidden in the past and specifically with regard to women's experiences and their contribution to the world.

The feminist research approach was adopted for this study, since it focused on the subjective experiences of women and the subjective knowledge of their experiences. Feminist research begins with social change thinking; it not only challenges and disrupts patriarchal imperatives but also challenges the imbalance of power between a study and participants (De Coster & Heimer, 2021; Robbins, 1996). Feminist research calls to attention the importance of understanding research in terms of the personal is political

(Ahmed, 2017; Boonzaier & Shefer, 2006). This study followed feminist research conventions, because it explored ways in which female students who had experienced IPV navigated the complexities of the healing process, which has multiple facets.

3.4 Sampling

Snowball sampling was adopted for this research. Snowball sampling is defined as a non-probability sampling technique that researchers use to identify participants and gather data. It begins with a small sample of a population of known individuals, and those individuals are requested to invite others who are willing to volunteer their time to participate in the research (Biernacki & Waldorf, 1981; Vogt & Johnson, 2011). As part of the process of identifying participants, I first identified certain institutions working with women who had experienced abuse and healing circles and aimed to utilise those organisations as points of entry and referral to possible participants for my study. I also had conversations with people who I knew were able to share what my study was about with those close to them and then referred them to me. Participants were asked to refer me to others that they knew who might be on the journey of recovery and healing from IPV. However, participants were finally recruited through my close circle of friends who knew people who had experienced IPV and were on their journey to healing. The study aimed at gathering 8-10 participants, but due to unforeseen circumstances, a sample of 5 research participants between the ages of 20 and 45 years who were on the pathway to healing/recovery from IPV were interviewed for this study. Interviews were arranged via email, phone calls, and WhatsApp. All interviews were recorded for data-collection purposes, and notes were taken with the consent of participants. Due to the COVID-19 pandemic, technological processes were used to conduct interviews. Apps like Zoom, Google Meet, and WhatsApp were used, and when the lockdown crisis ended, I was able to conduct one face-to-face interview.

Participant demographics

Pseudonym	Age	Background information
Chamomile	22	Chamomile was emotionally abused when she was in Grade 8 and in a relationship with someone who was already at university. Her ex-partner tried to abuse her in subtle ways, for example by staging a fake break-up.
Fennel	45	Fennel was emotionally, financially, and physically abused in her marriage. She was 22 years old when it happened. The abuse started a few months into the marriage, and she remained in this abusive marriage for 10 years.
Lavender	39	Lavender was physically and emotionally abused by a partner. She was in this relationship for 3 years.
Mint	26	Mint was emotionally abused in her first relationship. She was 19 years old at the time and her ex-partner was a businessman who used money to control and humiliate her.
Rosemary	36	Rosemary was emotionally abused by a partner; it was her first relationship. Her ex-partner tried to control her and make her feel worthless.

3.5 Methods of data collection

Data gathering is the process of collecting information that is of interest to a study (Adams, 2015). Qualitative studies utilise open-ended data-gathering tools. Some of these tools can be observational, experiential, or in the form of semi-structured questions.

Emails outlining research objectives and requests for conducting interviews were sent to potential participants. One-on-one semi-structured individual interviews were used as a

means of data collection; a semi-structured interview schedule was used to guide the interviews (Adams, 2015). Burgess (1984) states that semi-structured interviews are purposeful conversations and suitable when questions are open-ended. Interviews lasted between 60 and 90 minutes each. All interview sessions were recorded for the purpose of data gathering, and notes were taken with the participants' consent. The current study applied semi-structured interviews guided by research questions. Interviewing skills such as paraphrasing as well as seeking clarity from participants were used during interviews, which assisted to elicit information and at the same time encouraged participants to reflect on issues raised in the discussions.

3.6 Data analysis

I used thematic analysis for the study. Thematic analysis involves the use of codes to group information into patterns or themes addressing a particular subject matter, helping to make sense of the relevant data (Alhojailan & Ibrahim, 2012). Data analysis involved repetitive reading of transcripts and coding various aspects of the content and creating useful patterns that responded to the research questions. The information was then aggregated, synthesised, and organised into coherent and meaningful themes (Alhojailan, & Ibrahim, 2012; Marks & Yardley, 2004).

3.7 Reflexivity

Reflexivity in feminist research emphasises the impossibility of neutrality and objectivity in any research. It argues that by its very nature research in practice is political; in both effect and conceptualisation of it (Kiguwa, 2019). Self-reflexivity requires one to re-think and re-evaluate why we think the way we do and allows one to acknowledge one's own biases, which, if not adequately acknowledged, may filter into the research process (Sweet, 2020). Therefore, to adhere to this standard, I constantly had to reflect on my own biases. I am a female student at the University of the Western Cape who at some point in my life was involved in an abusive intimate relationship. I too am trying to understand and work on the process of healing, which includes juggling the competing demands and expectations of people around me and my own personal healing. I acknowledge that I consciously had to keep checking that my own experiences would not cloud my judgment or in any way influence the processes of this work. I acknowledge that the contexts, backgrounds, and experiences of research participants may not be

exactly the same as mine. Therefore, this research was more of a personal journey, as I explored how women made sense of and developed a healing/restoration pathway from IPV.

3.8 Research ethics

Violence is an extremely sensitive topic, and the study was conducted with the utmost sensitivity it deserved. Pretorius et al. (2016) and Correia (2023) say that ethical challenges are problems that might be faced during the process of doing a research project. Participants were informed what the study was about and what it aimed to achieve, then informed that confidentiality was guaranteed, as my supervisor and I were the only people privileged to access the raw material. They were also informed that pseudonyms would be used to ensure that they were not identifiable. They were further notified that participation was voluntary, and they could withdraw from the study at any time without giving reasons.

Understanding the languages or phrases used by participants allowed a flow of conversations in and during the interview sessions. Interviewing skills assisted in creating and alleviating language and communication barriers during the information-gathering process. The study did not include any language interpreters or any other interpreters, as that would place participants at risk of confidentiality being broken due to having someone else during interviews, placing them at risk of their information or identity being shared. This study did not intend to cause any harm to research participants, but I was aware that participants might have experienced trauma before. I was also aware that the research topic was sensitive and required one to tread carefully to avoid psychological triggers and discomfort; therefore, arrangements were made with Centre for Student Support Services (CSSS), Rape Crisis, and two private counsellors for counselling services in case traumatic emotions were triggered during interviews. Before beginning with the interview sessions, I informed participants that if they needed counselling services at some point, they would be directed to the CSSS at the University of the Western Cape or referred to the two counsellors who had been approached to offer counselling to participants if they needed counselling.

CHAPTER 4: UNPACKING THE GENESIS OF THE HEALING JOURNEY

4.1 Introduction

This chapter explores how five women who were recruited for this study found healing and peace after being in an unhealthy relationship with an intimate partner, a key question the thesis set out to answer. The main aim was to explore the women's processes of healing and recovery after being violated by an intimate partner. I was keen to explore experiences and struggles encountered by these women during the healing journey and to understand how they overcame the IPV experience. I also wanted to explore their understanding of healing from IPV and what that meant to them.

I begin by exploring how these women came to understand that they were being abused, and how this realisation marked the genesis of their healing journey. I follow their narratives as they exited the relationship and journeyed to healing. Although the chapter creates a linear narrative of this journey, research participants' stories show that healing does not take place in any linear way. Women in this study went through different strategies, experiences, and struggles as they paved their journey to healing.

From the data analysis, many themes emerged, and these are discussed in more detail below. Key themes unpacked in this chapter include the following:

- Identifying Toxic relationships
- How I came to understand that I was in an unhealthy relationship
- My departure – I'm done
- Knowing that I deserve the best

Five women were interviewed and given pseudonyms: Chamomile, Fennel, Lavender, Mint, and Rosemary, all of whom had different contexts and diverse backgrounds. Out of the five women, three had experienced emotional and psychological abuse, and two had experienced both emotional and physical abuse. One research participant had

experienced IPV within a marriage and the four women had experienced IPV in their first few relationships.

4.2 Identifying toxic relationships

4.2.1 How I came to understand that I was in an unhealthy relationship

Interviews began with participants sharing the backgrounds of their stories and the nature of the abuse that they had experienced, which enabled the grounding of the healing journey to formulate an understanding of their stories before moving to healing. Formulating a background assisted in learning about their journeys, and how they got to their different healing pathways. For example, I noticed that participants did not see being scolded, compared to others, or enduring insults as abuse. As time passed, they began to see signs that made them aware that even though some of them might not have experienced physical harm, they in fact had experienced abusive relations that were also traumatic. Below are details of how they realised that they were in abusive and unhealthy partnerships.

Mint shared a time when her ex-partner would dictate how she should behave and dress, and she realised that she was in an abusive relationship when she said the following:

Yazi [you know] I almost did not see it [as abuse] I just really thought this guy is just strange ... I did not consider it as abuse up until I started not feeling like myself... I started to doubt myself... I continuously questioned everything like 'I might just embarrass him in front of his friends.

Mint also spoke about how the realisation that she could not fully express herself in the relationship made her notice that something was wrong with the relationship. Even though she could not describe it as abuse per se, she felt that she had to mould herself to be what her ex-partner wanted her to be. She expressed how she even preferred not to be around his friends, and as time passed, she would remain in the car during outings:

He would be mad at me and say, 'you can't dress like that ... you are dressed too nicely,' and when I would say 'let me go and change', he would say 'you know what, you will just stay in the car' ... imagine going out and [having] to stay in the car ... he would buy me whatever I wanted and bring it to the car ... while he was having fun inside.

Like Mint's experiences, Chamomile shared how her ex-partner would use a subtle form of abuse on her. He would play mind games by threatening to leave her. Chamomile shared how he would even go to the extent of staging a breakup, as explained in the excerpt below, indicating that this was the point where she realised that something was wrong with the relationship. During a false or staged break-up, she realised that she was in an unhealthy relationship. She said, "*I realized I was in an unhealthy relationship at the time when he broke up with me for a short while; then he came back saying he was joking*". Chamomile highlighted that even though her boyfriend demeaned and controlled her, he was also aware that she "*feared him*", and he would use that fear to torment and rope her into line. At the same time, Rosemary shared how she endured her ex-partner comparing her to other women and how she had not considered that as abuse, even though she did not feel comfortable. She stated, "*I think [laughing] for a very long time I was just not happy about being compared with another woman. It had never dawned [on me] as abuse but ... it never made me feel good.*"

The excerpts above illustrate the challenge of understanding abuse, which in this case led to a struggle in identifying emotional abuse because of its subtleties. The subtlety of abuse and the difficulty in recognising it are also expressed in articles by Barkhuizen (2011), Doherty and Berglund (2008), and Karakurt and Silver (2013). There is a sense from the narratives of the two women mentioned above that they noticed that they were not comfortable or happy about something in the different relationships. However, their discomfort seemed not to instantly translate into a realisation of abuse. Therefore, it seemed to be difficult to make sense of and identify emotional abuse. The narratives above reflect this notion and highlight a need to be cognisant of these subtleties when dealing with issues of emotional abuse.

On the other hand, Fennel, and Rosemary spoke about how external factors motivated their awareness and realisation of abuse. Fennel mentioned that when a nurse friend made vivid what constituted abuse, she became aware that she was in an abusive relationship. The friend said the following to her:

If he criticises what you wear, how you cook, he will look at whatever you do. That's how they start to abuse ... I then got to do home-based care where I was caring for people, there I learnt about abuse and the various kinds of abuse.

The words from her friend and the knowledge she gained through home-based care assisted her in bringing about the awareness that she was in an unhealthy intimate relationship. Rosemary shared how she had become aware of why she had remained in the unhealthy relationship and what had taken place during that time. She reflected on a time when she heard a high school girl saying in a teenage programme on television:

The problem with us girls is that we nurse men, we do not want to hurt them ... and now you are not in a relationship because you love that person. It is because you are feeling sorry for that person. I took it with both hands, and for me it became an issue because ... I have stayed in this relationship because I feel sorry for this person, so this has gone beyond ... uhm ... beyond love! ... Just hearing that for me was the most important thing – the high school girl that for me defined it.

Reflections from the women above illustrate the importance of simplifying the notion of abuse with tangible examples as well as the power of media in conscientizing people about GBV and IPV. Menon et al., (2020) also emphasise the role and power of media in communicating and creating awareness about GBV and IPV. Traditional media and social media influence those that use it as a space to address and modify power structures in societies by offering forums for discussion, reflection, persuasion, and mobilization as also shared in articles by D'Ambrosi, Papakristo, and Polci, (2018); Eckstein, (2021); Liou, (2013); Wolf, (2013).

The narratives above have a common element. They point to a time when Fennel, Mint, Rosemary, and Chamomile realised they were in abusive relationships and had to make decisions. Participants did not have one way of realising that they were being abused, considering the fact that most of them did not see it as harmful because emotional abuse was not viewed as harmful as physical abuse in their societies as also explained in articles by Karakurt and Silver, (2013); Krumins, (2011). Thus, numerous women in the study found it difficult to detect this as a form of abuse resulting in them staying in unhealthy relationships because there were no physical bruises or physical harm. Mint and Chamomile explicitly stated:

I was like, okay, as long as it was not like ... physical – he was not physical ... Thank God it was not physical at all ... but then it starts small, you know!

Chamomile added:

I was like, as long as it was not physical.

Violence had been normalised, as reflected in participants' narratives and the lack of understanding of GBV and the violence against women (VAW) account of how multiple women respond to GBV-related matters. The above quotes is also illustrated by Karakurt and Silver, (2013) assertions about the difficulty to detect emotional abuse versus physical abuse that people experience whilst in relationships. For example, Mint and Chamomile above emphasise that they lived in perpetual fear of the abuse escalating to physical violence but because it was still emotional abuse, they remained in the relationship. In this case, the realisation by women that they were in unhealthy relationships was presented as the genesis of their journey to healing. It prompted an intention to leave, and their journey toward healing from abuse began. This realisation forced them to make decisions about whether they should leave or stay in those relationships. Authors such as Stark and Hester, (2019); Walker (2009) reveal that because emotional abuse does not reveal physical injuries it is not immediately detected.

4.2.2 Mental shift – the Aha! moment

The data revealed that the realisation of abuse brought about a mental shift, resulting in participants beginning to question the nature of their relationships. All participants spoke about what brought a mental shift or the decision to 'change gear'. These experiences also varied from being conscientised about abuse to experiencing and resisting physical abuse. Consistent with Enander and Holmberg's (2008) assertion that understanding what is happening in the relationship often marks the beginning of the journey toward healing, Chamomile mentioned that after her ex-partner had tried to joke about breaking up, she began to question his intent and the relationship.

After the false break-up ordeal and the sense that there was something to the 'joke' of breaking up with me, I started to develop the 'courage' to start thinking about leaving the relationship as I was weary of being told 'you're useless'. Every time I tried to bring it up like 'do you realise that I never have a say in anything' he would say 'you know it's not that deep [not serious].

Chamomile's expression above about the awareness and the "courage" to assess her own situation differently; on her own terms and her decision to think about saving herself

from the constant abuse, all marked a critical point for her departure. She began to question her value in the relationship, and this mental consciousness led to the realisation of being “weary” of constant abuse. This shift from normalising abuse to thinking deeply about it paved the way out of the relationship for her. Similarly, Rosemary shared an encounter that she experienced when her boyfriend at the time bragged about women who were interested in him, in the presence of her sister. Her sister interjected and defended her by saying:

‘You should feel very privileged that she chose you!’ ... That gave me back my esteem. As much as I felt small for him, I was thinking ‘oh my sister, you did well!’ ... This one instance helped me find myself. That was one of the things that made me say, ‘I think this person does not recognise me if he can be so rude to me in front of my sister like this’. This for me, was like an Aha! moment.

For a long time, Rosemary had underestimated her worth, and when her sister stood up to her ex-partner, this reminded her of her worth, that she deserved to be treated with respect, and that she could stand firm on her own, bringing her dignity back. Some began to rethink their experiences, deeply taking stock of their lives. Chamomile added how she began to think deeply about living in perpetual fear:

It was always like I was under fear ... fear of he is going to break up with me, fear of he is going to explode! I did not have freedom of speech ... it was like okay! If I say no or if I put my foot down, what is going to happen next? That is when I was just like, ‘No! I must go!’ as I was living in torment.

The fear that participants had endured and the reflections on the life they wanted prompted them to put their “foot down” and relearn what freedom meant to them within and outside of a relationship. Such revelations were overly critical in assisting women to think deeply about their experiences and the positions they occupied in relationships.

The experiences that participants shared prompted them to bring about a mental shift. In some instances, the mental shift came from external influences, and for some women, subtle forms continued to build up, and others encountered a physically violent episode that prompted the mental shift. Some participants related how a physical violence

experience prompted a mental shift. Fennel mentioned how the awareness of the anger she had after a physical fight prompted her to shift focus on the idea of her marriage:

One day we had a physical fight the whole night. I realised that if I continue this way, I will kill him ... Firstly, he was drunk. Secondly, he is going to sleep next to me and I am not drunk but I could not sleep because I was still angry, so ... that is when I decided that I must leave this place. I just told myself I must leave this man before he changes me

The realisation that the relationship was changing her prompted Fennel's mental shift. Lavender added how her ex-partner tried to assault her physically, and she had to protect herself. She shared how this forced her to redirect her mind from what she had hoped for in the relationship.

One day he [ex-boyfriend] came to my place drunk, and he tried to hit me ... [laughing in amusement at the situation]. I beat him very hard and the next day ... he went to report himself to his boss ... Afterwards, I forgave him, and within a short while, he went back to his habits. This did not settle well with me, bringing a shift in my mind.

Lavender added that the physical abuse incident and the lack of seriousness to change his "cheating" or "promiscuity" habits made her realise that the relationship was unsustainable, causing her to rethink the relationship.

Mint shared how an episode that almost turned violent pushed her to think seriously about leaving the relationship. She expressed her fear and the ultimate realisation that it was time to leave. She spoke about a time when her ex-partner almost beat her:

This one time ... he came to fetch me. He ... he grabbed me, and he was about to push me [towards the wall, almost beating her] ... I just screamed and cried. He saw the fear in my eyes ... That is when I knew that I had to work something out.

Mint further reflected that this experience was a significant mind shift towards her leaving.

As illustrated above, prior to the decision to leave an unhealthy relationship, redirecting their ideas about the relationships which were brought about in diverse ways prompted

participants' decisions to leave. For some participants, a mental shift was sparked by an event that made them question who they were becoming. For others, it happened when they began questioning their self-worth or when they realised their partner's unwillingness to change. Participants made the following remarks to illustrate that they had become aware of the abuse and had reached a dead end:

I was weary of being told, 'You're useless' (Chamomile)

This person does not recognize me. (Rosemary)

I had to go, as I was living in torment! (Mint)

If I continue this way, I will kill him (Fennel)

The realisation that something was wrong with the relationship made women ask themselves questions such as “*Why don't I feel happy anymore? Why do I doubt myself?*” When participants began questioning themselves, this resulted in an internal awareness that something was amiss in the relationships, which led to a mental awareness that became part of the process of readjusting to leaving before taking the physical steps. This mental shift is consistent with Enander and Holmberg's (2008) assertion that understanding what is happening in the relationship often marks the beginning of the journey towards healing,

4.2.3 Disengaging emotionally, mentally, and physically: The dilemma of leaving an abusive relationship

Leaving an unhealthy relationship involves a significant transition. It involves planning and readjusting as one finds agency while understanding the meaning of one's life. The women in this study spoke about constantly negotiating and renegotiating mentally, as they planned to leave their unhealthy relationships. It was an exceedingly challenging task for most of them because it also involved trusting and having faith that leaving an unhealthy relationship was the right step for them. As the women readjusted to leaving, some tried to create an emotional distance between their ex-partners and themselves. For others, this involved repeatedly leaving and returning, until they felt strong enough to leave for good and not return to the abusive partnerships. Mint and Fennel shared their experiences of repeatedly leaving and then going back until they felt strong enough to leave and not return to the abusive partnerships:

I had thoughts about leaving for two years before I even left, but I always went back – do not ask me why, and nothing changed. We used to break up, he would call me again, I would go back, and I feel like ... deep down I am still trying to be 'the girl that didn't leave'. In the 5 years when we were together, we used to break up for 6 months, then we got back together, we broke up for 6 months, we got back together ... like it was not easy. (Mint)

There were several times that I left him ... I went to another village and had been there 5 months before he found out where I was. One day, as I was getting off a train, and on my way to the taxi rank, when I got to the taxi, he was on his knees asking me to return to him...The taxi drivers and taxi owners asked me to at least listen to him and give him a chance, and I did. Three days later, he told me, 'If you want to return to where you were, you can go!' The action told me that 'nyani [seriously] I should go. (Fennel)

Some participants explained that although they had found ways of making other arrangements for themselves, such as moving out from the places they shared with an intimate partner, they still allowed the partner to access/visit, as they were emotionally still attached to the relationship. After a while of giving the relationship a chance, even after the physical distance, they realised that their partners would not change their ways. Women go through a process of wanting to leave, yet they also hope that the partner would change and improve, as reflected in Lavender and Fennel's quotes below:

After a while, I then decided to move out and he would visit me where I lived. I would sometimes find used condoms outside the house, but I continued to give him a chance ... I then decided to pack my emotions bit by bit ... I was packing my emotions like packing for a different season ... Packing emotions slowly helped me ... Even though my feelings were changing, I would still do things that he loved for him; [so that he did] not see that I was drifting away ... I helped him finish building a house ... so that I would leave him with dignity and not leave him naked after seeing how people treated him. (Lavender)

Before I left, I started slowly buying my things separately ... I then decided to sit my children down and explain to them what was happening and that I wanted to leave for good. (Fennel)

As indicated in the excerpts above, some women tried to shift mentally by moving out of the places in which they lived with their partners, which resulted in their packing up feelings/emotions even further and leaving the relationship emotionally and mentally. It was not enough to physically leave the relationship, as the partners continued to have access, but when they had detached themselves emotionally, there was an unmistakable change, and their partners could not miss it. This is also asserted by Estrellado and Loh, (2016); Kumar, and Casey, (2020) who speak about the constant mental renegotiation that people go through as they plan to leave an unhealthy relationship.

Juxtaposed to the idea of leaving physically some women in the study further shared their experiences of disengaging from their ex-partners emotionally and mentally, as a way of moving on.

At the same time, most of the research participants decided during the relationships that they had to withdraw or detach their emotions from the relationship. They had similar sentiments that withdrawing emotionally would pave the way for leaving the relationship, which involved preparing and readjusting their minds to what was taking place and also negotiating and renegotiating mentally multiple times, as related below:

I had already made changes within the relationship. (Chamomile)

I prepared myself before I even left ... I realised that most of us remain in relationships, whereas mentally, and emotionally, we are already out of it. Therefore, I had already begun my healing within the last two months of the relationship. (Mint)

I felt like for me what helped me was to leave the relationship before I said I am leaving. I had collected all this data, understood myself, understood what I did not like and that helped me when I came out ... I think my healing journey started while I was still in that relationship [laughing] ... I felt like I had gone through enough when I was still in the relationship, and I was slowly adjusting to getting out. (Rosemary)

It took time for me to let go ... I did not want to pull out [and] find myself wanting to go back. I wanted to make sure that when I leave, I was done because once I am outside, I will look like a fool if I go back to him. Therefore, in my case, all was dealt with when I was inside and the battle I had to deal with was a battle within me. (Lavender)

I had thoughts about leaving for two years before I even left. (Fennel)

Research participants emphasised that healing began while they were still in the relationships, and they reported that the process sometimes took place internally. They also mentioned that during the time they were preparing to leave, they had to take time to prepare for leaving, which Rosemary called “*taking an inventory before leaving*”. All the participants revealed that by the time they had left their abusive partners, they had already cut/separated the emotional ties with their abusive partners. Such revelations also relate to the non-linear nature of healing (Barrios et al., 2021). Sometimes women such as these in this study find themselves having to plan to leave an unhealthy relationship long before the departure, which is sometimes mixed with much pain, and some try to reduce this pain by withdrawing their emotions from intimate partners long before they leave.

The idea that it is easy to leave an unhealthy relationship creates a form of judgment that leaving is easy, and asking why individuals have stayed for that long makes it uncomfortable for many people to share their experiences. Thus, the decision to leave is not an easy one. Mint expressed such a feeling in her narrative – “... *don't ask me why ...*” – revealing the challenge of being questioned about the reasons why people might have stayed for long or kept on returning to an unhealthy relationship. This quote further illustrates her knowing that she had to leave, but also that she did not want to be questioned based on her decisions at that time. Cravens et al. (2015) refer to people that were in unhealthy relationships being asked questions such as why they stayed. They argue that such questions could have negative effects on the person who has experienced IPV and that there are unmeasurable factors that influence their decisions.

Often, women who are in unhealthy relationships try to leave an abusive partner numerous times before they eventually leave (Barrios et al., 2021), as shared by Fennel, “*There were several times that I left*” and illustrated in Mint’s quote: “*I always went back*”. Thus, leaving is viewed as a process rather than a single occurrence that is

sometimes linked to external influences, as indicated by Fennel, who said, “*They asked me to give him a chance, and I did*”, which indicates also having some sense of hope in the middle of attempting to leave. This reveals the difficulty to ‘*just leave*’ as further emphasised in the work of Barrios et al., (2021). Fennel and Mint shared the complexities of trying to leave an unhealthy relationship, indicating that “*it was not easy*”, which reveals that leaving an unhealthy relationship can be absolutely daunting.

For some women, hedging themselves emotionally and having financial independence as well as either having a conversation with one’s children to gauge and receive consent or focusing on ensuring dignity for the partner paved the way for their departure and contentment with their decisions and facilitated their departure from IPV relationships (Hawley-Bernardez, 2017). At the same time, committing to preparing to leave and preparing for such a departure was critical for their healing journey. As seen in the study, there is no specific time limit for regaining the self after leaving an unhealthy relationship, and to understand the recovery process, each woman's journey is unique to herself. Many women find it challenging to leave abusive relationships due to the difficulty of manoeuvring their lives after being in an unhealthy relationship (Bermea et al., 2020). Thus, there seems to be a dilemma in trying to leave an unhealthy relationship since it requires adjusting and readjusting to being in control of one's life.

4.2.4 Self-maintenance: Empowered to move on

As people plan to leave unhealthy relationships, some find that self-empowerment can be a tool to assert themselves (López-Fuentes, & Calvete, 2015). In this study, women shared how acquiring skills assisted in their journey to healing. For some, embarking on a business adventure such as opening a hair salon or acquiring skills like sewing and being a make-up artist assisted them with self-sustenance and boosted their confidence, which empowered them in re-establishing themselves outside of the relationships.

I then enrolled myself in sewing classes, I learnt how to sew and after a while, the woman teaching us allowed us to buy the machines from her. I asked my husband to assist with paying but he was not willing to assist me. As time went on that same machine caused us to have fights. One day I went to the police station because my ex-husband and I had a huge fight about sewing ... Some days I was not allowed to sew; but on the days when he was happy, he would

allow me. I did not agree with that, so we had several fights about that.
(Fennel)

I remember when I started dating my ex-partner ... I depended on my mum; I am still studying, so my mum was my only source of income. He had a problem that I would ask for money from my mum ... He would say I was undermining him; I am taking him as less of a man ... Every time I had a problem, I had to run to him ... As time went on, he began to remind me that everything I had was because of him. I then decided to take on my business stronger to make sure that I am covered, and I can sustain myself. (Mint)

I opened up a salon in the area and if I'm late, his mother would collect me from work, and I saw that this intimidated him in a way, but I enjoyed being able to stand on my own two feet and be my own boss. (Lavender)

For others, receiving education assisted in knowing who they were, and this offered a unique perspective on life.

I became exposed to university, and I learnt the teachings about agency ... Some of the things that I got exposed to helped me to be bolder and have a better reason to get out of that relationship. My sense of self-confidence was re-established when I went to university; I was reignited as a person. I looked at intellectualism differently [an area that was constantly challenged by her partner who constantly told her that he was intelligent and attractive].
(Rosemary)

Her university education made her understand who she was, and she also had been introduced to the importance of agency and knowing oneself. Being taught about agency gave Rosemary a unique perspective on life and helped her acknowledge what the girl on TV had indicated about 'nursing someone', which she was not aware of previously. For some people such as Rosemary education influences their ideas about life, and has an impact on boosting confidence which empowers individuals such as Rosemary in the

study. Authors such as Muhammad, Umme, and Abdallah, (2020) also speak to how education can boost individuals' confidence.

Women in the study further indicated that when they acquired more skills, they realised that they did not have to stay in such turmoil, which brought the courage, agency, and awareness that they could live outside of the unhealthy relationship, motivated them as they planned the way forward, and allowed them the opportunity to stand firm on their own. Cherewick et al. (2016) attest to the fact that self-sustenance can assist women in regaining their strength. Women going through a healing journey, such as Chamomile, Fennel, Mint, Lavender, and Rosemary, work on rebuilding their self-esteem. Yasemin Erol & Orth (2022) state the importance of identifying and finding self-esteem outside of a romantic relationship.

Social power structures that are more balanced are on the rise; consequently, many men are unable to cope with the new society in which male privilege is being dismantled, as shown in the study. For example, when Mint, Fennel, and Lavender had their businesses, their partners became even more uneasy and intimidated by this, which caused some arguments: *"He would say I was undermining him; and I am taking him as less of a man."* In the case of Mint, her partner did not want her to depend on anyone else. Fennel also shared almost similar sentiments: *"Some days I was not allowed to sew; but on the days when he was happy, he would allow me."* She mentioned that he was intimidated by the fact that she had a business. Fennel's ex-partner used aggression to regain himself or to feel powerful and in control, in this case by exerting power over his intimate partner.

The participants realised that having to sustain themselves empowered them to move on, as Mint stated, *"I decided to take on my business stronger to make sure that I am covered."*

Some participants – Mint, Rosemary, and Lavender – utilised the individual factor and found ways of supporting themselves, using their acquired skills to survive. They had to *"take on [their] business(es) stronger to make sure that [they were] covered, and can sustain [themselves]"*, while others used other factors, such as one participant who had to *"sit [her] children down and explain to them what was happening and that [she] wanted to leave for good"* before making the physical move.

The data revealed the existence of motivation among the participants, this included for example getting an education, venturing into a business, going to work, and finding their own accommodation, which could also be linked to them allowing themselves the opportunity to leave emotionally before they made the physical exit. This allowed women to find something outside of the relationship to keep them going, which most of the women who participated in the study experienced as a form of grounding and agency. Thus, it has been revealed in women's narratives that one's desire to heal from an unhealthy relationship pushes one to a place where one puts aside all negative consequences and takes the necessary steps to support oneself and break free from the abusive past. Women in the study found ways of adjusting internally to leaving abusive relationships. For some, the internal adjustment was also the beginning of their healing journey, which began even before they left the relationships. For others, everything was done with careful steps of adjusting and readjusting the mind to know their worth and ensuring that although they wanted to leave, they would have to be careful in how they would leave, which involved leaving with dignity, and for some, having to leave came with reflecting on what they wanted for themselves as they moved forward.

4.3 My departure – I'm done

4.3.1 *We had to breakup*

The data revealed that among the participants were women who had diverse ways of departing from relationships. For most of them, not feeling safe with their partners motivated them to leave the unhealthy relationships. The following diverse narratives indicate how they left the relationship:

I think when I realised that he would repeat the same things every time he was angry, then it came to me having to dress a certain way when we go out and I was like 'man this is not normal'. That is when it all started coming in that he projects his feelings onto me and then makes me feel like I am nobody ... Two years ago, we eventually broke up after 5 years of dating. (Mint)

As the relationship progressed, it got to the point where I was like, no! I am so done! I realised that this is not what I see myself going through. I realised that this was not the ideal relationship for me because everything was towards his timing. It felt like I was in a relationship by myself. One day I

felt this hovering thing in my head that I should leave and then I finally did; I got some courage to inform him that we had to break up. After the breakup, he tried to do many things to harm me emotionally, but it got to the point where I began to want to learn to say no without feeling guilty and that is something that I was proud of ... uhm ... especially at that age. (Chamomile)

She further shared that she was proud of the fact that she could learn to not agree to everything that she was told when she was still young and learnt to be more assertive.

Fennel said the following about the preparation before her departure:

I had put money for rent aside for a while then the day came, I prepared everything, and I bought this hokkie [shack] on my own. When I got here, it was 2018 ... so what I left with it was my sewing machine, mattress, and that blue bucket [showing me].

Reflecting on what they wanted for their future assisted Chamomile, Fennel, and Mint in breaking free from unhealthy relationships. Chamomile found that when she began to practise saying no without feeling guilty, it gave her the strength to be who she wanted to be. Participants realised their worth and that they needed more than what they were receiving, shifting their minds to look at the relationships realistically.

4.3.2 The journey forward: The aftermath of leaving an unhealthy relationship

Participants had diverse ways of moving on or setting boundaries such as having to cut ties that linked them to their ex-partners, deleting contact details, limiting their ex-partners from visiting, creating emotional walls, and disengaging by all means, be it emotionally, or for most, physically. Some women went to the extent of filing for a protection order, confronting their ex-partners, having physical fights, and/or moving out of a space previously shared with a partner. All these actions allowed people who had left their ex-partners to move on better.

As women in the study moved on their journeys to healing, particular incidents pointed to resistance. Lavender shared having to cut certain people out of her life as she moved forward after the relationship. She shared that cutting people out of her life allowed her the opportunity to move on freely and not allow external influences to taint her decisions. She said the following:

I think it was like a one-way thing to cut family ties with his family. I cut him from visiting. I would allow him to an extent where he could call and say hi or greet at work and that was it; I pulled out from the people we knew together so that I could start living and it was particularly important for me to remove myself from those friendships so that I finally begin my new journey without all previous things holding me back in any way ... I also had to set boundaries after leaving the relationship so that he would not feel that he has the same privileges as the times when we were still together.

She further expressed the difficulty of her ex-partner's having to accept the break-up and later to realise that he had to let go. This gave her a perspective of knowing that having set a boundary around herself after leaving was a clever idea because he could not overstep those new boundaries. What she did is a reminder of what Czerny and Lassiter (2016) refer to in their empowerment wheel model, namely that having to set boundaries assists women in figuring out what they want out of life. They believe that this also assists them to regain control in their lives while learning to create limits for what they accept and refute.

Chamomile shared how she had to remove herself from the relationship, as she journeyed through her healing process. She shared that deleting contacts from her phone allowed her the opportunity to free herself from being triggered when she saw someone's name or phone number:

It got to the point of having to delete contacts; I had to remove myself from the situation mentally, emotionally, and most importantly physically. Sometimes when I used to see certain people's names, they would trigger the experiences; therefore, I did not want that in my life anymore, that is why I just deleted their numbers.

Chamomile further shared that at some point after leaving the relationship, she felt the nudge to confront her ex-partner to inform him of the harm he had caused her, which she believed would be part of her ways of moving on. She mentioned that the lack of acknowledgment of what he had done to her and the harm he had caused assisted her in assuring that she had made the right decision to leave, as he was never going to change. That boosted her confidence in knowing that she had tried to do all she could, and this knowledge assisted her journey forward knowing that she had tried all she could to even make him aware of the unhealthy actions he had done.

Chamomile further gave an example of recognising red flags as she began her journey forward. On her journey to healing, she realised that she had to learn to recognise red flags. Of all the research participants, she was the only one who opened up about this, as follows:

I have learnt healthy ways of expressing myself without feeling as if I am stupid ... I got to the point where I got to take myself seriously and not allow people to be disrespectful and that also came with not backing down when it came to red flags ... For some time, I had to remind myself that if I say no, it is not a bad thing ... When you know yourself and your self-worth, you realise that if you do not say no, no one else will ... In our societies, we have normalised abuse and see it as being part of the reason that if someone abuses or harms you, we take it as if it is not abuse. We find ways to deal with it behind closed doors than to see it for what it is.

After Fennel had left her ex-partner, she moved into her new place and was finally moving on. She shared that her ex-partner went to her place and began a fight. Fennel decided that she had to protect herself and ensure that he never tried beating her again. She expressed that her ex-partner saw that a physical fight did not work, and he then tried other ways to punish her.

[One day] He came here [to the new place] and asked me silly questions ... but the first time I did avoid him and did not answer the question that he was asking, but the second time ... I did not want to allow him to ruin my life again, so we had to fight. As you can see (Directing to me) the door behind you (showing me the door) ... after the fight I had to go and apply for a police document so that he could not follow me. When I did that, he found other ways to try and punish me. He called the social workers ... since my last born the 13-year-old did not want to come; she wanted to stay with him [ex-husband] and monthly I would go and drop her [daughter's] money for child support, but he wanted me to support my child more financially, so he went and opened a case then we were called they asked questions after a while they realised there wasn't a case ... but because he was convinced on what he was doing he went to another place and applied for the same thing.

She further indicated that her ex-husband filed multiple cases against her, claiming she was not supporting her daughter, but none of the cases were successful and they were rooted as a form of punishment towards her. Moving out assisted her on her journey. She found that re-dedicating her life and focusing on herself was great in moving on. Even though her ex-husband wanted her to suffer, she found ways to survive outside of the marriage and learnt to heal.

Mint also shared how even after the break-up people would still not want to associate with her because they assumed she was still with her ex-partner. She expressed the difficulty of people around her coming to terms with the break-up not because it was a good relationship but because they were so used to seeing him with her. She also spoke about how this tried to alter her confidence, but she had to fight against those thoughts and ideas as she journeyed forward:

I was even afraid of going out because some people were still scared of me and would say things like, 'Wena [you are] ban ban [whosoever's] girlfriend that's a no-go area'. This was because I was dating someone who was very much feared, and everyone was used to seeing us together ... So as time went on, I had to fight those thoughts every time I would go out.

Participants in the study shared how they had to internally deal with the aftermath of leaving the unhealthy relationships; for some participants it was through managing certain memories that would remind them of the past. For example, Mint tried to avoid certain thoughts and reminders after leaving the unhealthy relationship. The empowerment wheel of Czerny and Lassiter (2016) also emphasises the point of going through a time when one rethinks and renegotiates within oneself about what one wants out of life.

Within a short while after Rosemary's relationship had ended, she found herself in a different relationship that ended abruptly. She shared that when she got involved in the next relationship, she had not taken time to move on from the first relationship or to process the hurt and pain of the abuse. When that relationship ended, she experienced a tough time because she had not taken time to reflect, to make sense of her previous relationship, or to heal from the initial break-up. She further expressed how the effects of the abuse in the first relationship enabled her to “*build walls around herself*” as a form of protection from experiencing an unhealthy relationship or any form of abuse. When

the next relationship ended, she realised that she had used this relationship to get over the previous one, which did not work. She then shared how she had to mourn the first relationship after the following relationship had ended. What is important about her narrative is how she explained the challenges of the healing process. For her, moving from one relationship to the next with the baggage of the previous relationship that she had not been able to get rid of posed an obstacle to her healing:

After the relationship, I found myself in a different relationship, which ended very abruptly because I did not want to have sex. I had created walls, but when that relationship ended, I found myself mourning; in this case, I had not prepared for a breakup, so it came as a shock. I had not healed from my previous relationship before getting into a new one, and when it ended, I began to mourn; I was mourning the previous relationship, and this breakup became an excuse as if I were mourning the current one. I realised that when one moves from one relationship to the next without healing; the baggage from the previous one gets carried through.

She further emphasised a point repeatedly raised by the participants, namely that healing is associated with investing time in preparing to leave.

I thought that just coming out was good enough, I realised with other relationships when you do not prepare yourself in the relationship and take inventory before you leave, it becomes more difficult.

Rosemary said she assumed that it was enough for her to move on, but as time went on, she realised that she had to deal with things that hurt her and could not be avoided.

Women in this study opened up about how getting into a new relationship without healing first can affect the healing journey. In this regard, Chamomile stated, “*So often, we like to jump from one relationship to the next without the healing phase. We are so used to having partners because sometimes we are afraid of being alone.*” Some women in the study such as Rosemary shared that they had tried to avoid dealing with the emotions that came with leaving an unhealthy relationship until they saw that it was not helpful to avoid it. Then they began the process of grieving the relationship. Although there is little attachment to an intimate partner at this stage of life, women still mourned the relationship as was indicated by Rosemary, who believed she had gone through a

mourning process after the unhealthy relationships had ended. Evidently, when a woman grieves a relationship openly, many assume that the individual misses the abuse, while this is not the case; rather, they grieve the loss of something they loved and hoped for, as is also shared in the three models of recovery in the article by Landenburger (1998), which points to the process of grieving the relationship. For many women, what they went through may not be noticed by others because people assume that once someone has chosen to leave an abusive relationship and has done so, it should not hurt.

Even though trying to move on was not easy for the participants, they had to find the strength within themselves to get up and continue moving despite the countless tactics that tried to ensure that they were kept stagnant. For example, Fennel's ex-partner tried to punish her and keep her under his control, as shown above. Fennel shared how she never gave up even when she was being punished by her ex-partner for leaving, but she continued moving on. Chamomile would have given up hope on her healing journey after confronting her ex-partner about the pain he had caused her, but she did not. Lavender had to disengage from friendships and people to whom she had become close when she was in the relationship. To begin creating new contacts and friendship again is also something worth noting, as she left not only the relationship but also close friendships they had shared. Although the physical and mental effects of GBV have been well documented, many survivors may feel burdened by their symptoms or avoid burdening others or being perceived as seeking pity and attention, as indicated by Mint who said in her narratives that she did not want to be pitied when she left the unhealthy relationship, as people in her community still feared her even after breaking up with her ex-partner. Guedes et al. (2016), Boonzaier and Van Niekerk (2021), Kumar and Casey (2020), and Mellgren et al. (2018) state that people sometimes do not share their true feelings with their loved ones because they do not want to burden others.

4.3.3 Finding anchors: "I learnt about my worth and what I deserve"

Participants in the study spoke about the need to find healthy ways to cope and deal with the aftermath of leaving their unhealthy relationships. They found things that anchored them during their journey to leaving and after leaving. Some women found anchors in learning skills that would assist them in surviving outside the relationship. For Fennel, it was to sew:

Hmm ... What assisted me during my journey after leaving was crocheting and sewing. Sewing is like therapy and mine from yours differ but when you take a sewing machine... take the pieces of whatever you are going to do, and you love what you are doing ... it heals you inside in different ways. It gives you hope.

For Rosemary it was her spirituality, which she regarded as, “having a connection with God”:

As much as I did not mention God; I think my strong relationship with God and my catholic upbringing helped me in how I dealt with things. Even during that period where I had created walls around me... what I did, is I... I committed myself to doing so much for the church. It is not that I was not committed to God and the church when I was in a relationship, but when I left the relationship, I became even more so committed to the church and doing the things of God and that connection to God assisted in my healing pathway. That was a good destruction for me, and it was part and parcel of what I would call... an anchor/coping and defence mechanism.

For Chamomile, it was building a new relationship with herself and finding herself:

I had to teach myself to be patient with myself and learn more about myself and I learnt about my worth and what I deserve so that I do not end up settling ...

It was interesting to note how the participants had found different anchors and ways to deal with the aftermath of leaving, which contributed to their healing. In Rosemary’s case, her restored relationship with God and the church played a significant role in her healing. Rosemary drew from her faith by dedicating most of her time to her church which she believed was a good distraction.

Many women in the study found themselves in situations where they needed to use some form of survival tactics after leaving an unhealthy relationship. This is also referred to in the article by Puri et al. (2011), who found that people try to find ways of coping or surviving as expressed by Rosemary above. Rosemary further reflected on an instance when a person she had dated for a short while had a new girlfriend only a few days after she had disagreed to have sex with him. She reflected as follows:

I had visited him, and I saw that on that day he looked aggressive ... that if I did not take note of it, I was going to be raped ... but God protected me and protected me more by making sure that by the time I come back from home, he has someone. I feel like God protected me in several ways.

Rosemary learnt that her relationship with God and the protection she had allowed her to continue with the process of healing and figuring out who she was and what she was becoming. When some people go through a healing journey, they dig even deeper into their faith as a source of hope and comfort. Many people such as Rosemary use their faith as their anchor and as their way to cope with the experiences of trauma; it assists them to find a sense of meaning in their experiences and better meaning to life. Ogolsky et al., (2017) raise the point that Rosemary speaks of; during PTG people may find some form of spiritual transformation as they find ways of coping and moving on after experiences of IPV. The article by O'Brien, (2018) also share that for some individual's faith can be a tool to anchor people after traumatic experiences.

Chamomile further mentioned that she had learnt the following after the IPV experience: *"When you know yourself and your self-worth, and you realise that if I do not say no, no one else will."* Women in the study sometimes found themselves having to compromise their own needs or wants to appease or accommodate other people such as an intimate partner, which places them in a vulnerable position.

The participants also strived to understand that their worth and worthiness could not be controlled by others and that it was determined by who they were, not what others thought. When it came to negative self-talk, they identified the conversations they had with themselves and the words they used to describe themselves. Chamomile reflected on having self-care or internal conversations and having found an anchor in building a strong relationship with herself while also learning to be patient with herself. Women unlearn habits while becoming more aware of their thoughts, which helps them learn how to speak positively to themselves and reframe their thoughts. Czerny and Lassiter's (2016) empowerment wheel shows that during the negative self-talk phase, women recognise the conversations they have with themselves and the words that they speak towards themselves and unlearn some of the unhealthy ways of conversing with themselves, which brings about awareness about the thoughts they may have about themselves.

Fennel's anchor during the journey after the IPV relationship was her beloved sewing machine. Fennel drew even closer to her gifts in crocheting and sewing, which she said was some form of therapy. She found that her gift of sewing gave her strength and hope that life was worth living and she could continue doing what she loved while also healing; this became part of her voice and story. Segalo (2023) and McCracken et al. (2015) refer to how women tell their stories through sewing and how they find healing through interacting with their gifts.

Hmm... What assisted me during my journey after leaving was crocheting and sewing. Sewing is like therapy and mine from yours differ but when you take a sewing machine... take the pieces of whatever you are going to do, and you love what you are doing... it heals you inside in different ways. It gives you hope [...]

Fennel emphasised that she had a strong relationship with her machine, which became a friend. The bond with her machine assisted her as she paved her way to healing. Andrä et al., (2020) and Segalo and Fine (2017) also explored the creative and innovative relationship that women had with needlework and embroidery. They found that women found their voices when they worked with their hands as a form of healing from traumatic experiences. Women find forms of expressing themselves and regaining their voices through sewing. In an article titled *Embodied Voices*, Segalo (2023, p. 5) shares how “needlework allows people to self-reflect on their lives and the world around them”.

4.4 Knowing that I deserve the best: Agentic strategies in moving on

4.4.1 Finding who you are is also about having a sense of agency

The participants found different motivations as they made their way forward. Some found motivation in the realisation that they deserved the best and they set out to claim it, which boosted their self-esteem. Others found motivation when they realised that they needed to break down walls that they had built around them. They needed to be vulnerable and open to true love and to find their true self again. Standing on their truth gave them confidence, which motivated them to move on. Some participants' biggest motivation was to be healthy and whole for their children.

As participants began to move on after IPV relationships, they found creative ways of reclaiming their lives. This involved having a sense of agency and control over their life choices, which became incredibly significant in moving on as they gained control and became self-aware. This is expressed well by Rosemary, who said, *“Finding who you are is also about having a sense of agency not aggressively but just being firm about knowing ndingu [I am] ... and that I am complete in the way that I am.”*

The participants shared their different experiences on what motivated them to begin their healing journey, and their responses are indicated below.

The motivation was in knowing I deserve the best. I was sure of myself; I was sure that this is not what I was meant for, yes I enjoyed the love of his mother and everybody around me. When you go through so much and everybody is looking at you as ‘the evil one’, it is painful but when you know that you did not do anything evil that gives you strength to continue moving forward.
(Rosemary)

Discovering myself helped me to understand and reconstruct certain things ... The reality is that once you start establishing your reality and discovering who you are, [you] start engaging with yourself and people in a better way.
(Lavender)

I have found myself having to adjust to my new-found self. I mean, the process of just taking time to sit with yourself and being like ‘This is where I am right now’, and the thoughts that come sometimes make me acknowledge where I am. (Chamomile)

Fennel was motivated by *“it was nothing more than ... uhm ... I wanted what is best for my children and me”*. She further indicated an understanding of how days are different, and that realisation worked as an inspiration to her:

I always tell people if they are going through a hard phase, to remind themselves it is going to pass. Today I can feel like closing the door and crying, and other days you feel like shouting so that everyone can see that you are happy and that’s how healing is... [smiling] You are not going to be happy every day.

For others, the motivation came with the realisation that they needed to break down walls they had created around them, whereby they had to allow themselves to be open and vulnerable first within themselves, then with others around them:

I remember before entering the marriage I am in ... I had created a wall and when my husband came there was just that wall around me and ... I did not feel any emotions; I had told myself I was never going to cry, and my mind was set. When my husband came into my life it was difficult for me to allow him in because the wall was too thick ... When I created those walls, it was not consciously, although it was linked to the fact that I had given people so much and had been hurt, so this was done to cover me from hurt. The wall then began to break, I think the next moment I cried, I really cried, and that wall was broken. I realise now that I had to get back to the emotional self because there was no way I could heal without getting back to my emotions.
(Rosemary)

Overall, participants found that learning to accept themselves and to build a relationship with themselves helped them in regaining themselves. For example, Chamomile shared, *“I had to find a place where I felt confident; I had to be able to define myself outside of people and feel like a complete person.”* Parkin (2017) points out that some of the key factors in a woman's journey after a breakup are influenced by self-acceptance, and self-care after being hurt by an intimate partner. Thus, moving on is not only limited to exiting a relationship, but multiple factors also played a role in moving on in the cases of Fennel, Chamomile, and Lavender; thus, it was not as simple as just walking away. Authors such as Wood, Schrag, McGiffert, Brown, and Backes (2022) also raise the point shared by Chamomile, Fennel and Lavender that moving on from an unhealthy relationship also involves ensuring that one motivates themselves after leaving to ensure that they do not fall into similar situations as they did previously.

Women in the study found motivation in knowing that they had taken the first step to healing by leaving the unhealthy relationship. Some found motivation in realising that they had to be strong for themselves and be the best for their children. Others found that being sure of themselves and what they deserved in life motivated them to begin the healing journey. An article by Bryngeirsdottir & Halldorsdottir (2022) refers to women feeling renewed even after experiencing trauma, the feeling of having to find something

positive despite experiencing something very traumatic, which includes seeing oneself in a more positive light. For example, Chamomile said, *“It's like we do not realise that we deserve more until when we know our worth, which reignites us.”*

Participants in the study made sure that they found internal motivation by focusing on their healing journey. This is something worth noting, because instead of giving up, they found even more motivation within themselves to keep moving towards their healing. Chamomile and Lavender learnt to set boundaries by deleting contacts and eliminating contact with their ex-partners. Here, the participants moved through the stage where they created a daily existence that was no longer defined by their prior abusive interactions, for instance by letting go of a massive portion of their identity, fostering new relationships, and developing a fresh perspective on themselves, as shared by all the participants in the research. It implies that this involves putting the identity of a victim or survivor in its proper context by no longer clinging to that identity (Matthews et al., 2016; Merritt-Gray & Wuest 1995).

4.5 Conclusion

This chapter has shown that the participants employed different strategies in getting away from abusive intimate relationships in this study and how they learnt to heal from trauma. According to the women, the initial stage was the importance of understanding that one was in an abusive relationship and that was the key step towards the healing journey. After realising they were being abused, they made a conscious effort to leave the relationships, and this conscious effort also took different forms for different women. Some decided to set boundaries or limits to ensure that they were in control of their moving out and continuing with their lives. Some decided to cut ties that linked them to their ex-partners. Others chose to learn new skills, which allowed them a degree of economic independence, yet some skills such as sewing also became therapeutic for them, as noted in Fennel's story. She had a strong relationship and bond with her sewing machine, which became her pillar as she journeyed through the healing phase. It is evident that women in this study had diverse journeys through their healing, yet they also had similar goals of healing and being great versions of themselves, allowing them to be what they wanted to be without feeling that they should hide behind the shadow of their past experiences.

The study found that the participants moved through separate phases before finally letting go of abusive relationships. For some, it took a short while to let go, but for others, trying to leave was a journey on its own. It is quite evident from this work that leaving an unhealthy relationship is a process. It may also involve capacitating oneself financially and emotionally, which could also include finding alternative shelter, as noted in Lavender and Fennel's narratives. At times, the process involves leaving and returning multiple times before making the final departure, as confirmed in Fennel and Mint's narratives and further noted in some studies such as those by Bermea et al. (2020) and Kumar and Casey (2020).

It is worth noting that the narratives derived from the women in the study indicate that some women did not perceive being scolded, compared to others, or enduring insults, as abuse at face value; they did not detect emotional abuse easily because of its subtleties. Many participants shared those subtle forms of violence, such as being spoken down to, threats of violence, being possessive, controlled, having rapid mood swings, lack of trust, and unpredictability, which took time until it dawned on most of them that they were experiencing abuse and for others external factors assisted them in seeing that what they were experiencing was IPV. As they began to explore their experiences further, they began to see signs that made them aware that they were experiencing abuse and trauma. However, the discomfort they felt about the relationships did not instantly translate into the realisation that they were being abused. As the participants became aware of the abuse, this marked the genesis of their journey to healing. It prompted them to chart a plan forward and make decisions about the relationship. Their experiences point to a necessity for awareness and a need to be cognisant of subtleties when dealing with issues of emotional abuse. It is impossible to focus on healing from IPV without first considering the background of IPV and the overwhelming burden of IPV and its consequences for many people.

From this work, it is apparent that healing is not a singular act of leaving a relationship. It involves various aspects such as readjusting one's life and having to set boundaries. It involves forgiving yourself and finding out "*who am I*", which allows one to reflect on how one defines oneself outside of external influences, as emphasised in the participants' narratives. People may have diversity in their healing paths, yet some of the experiences could also be similar such as the goal to heal, which is also spoken of in Mansa's (2020)

article. The healing cycle is neither direct nor oppressive, but rather a long-term process that can vary immensely.

CHAPTER 5: PATHWAYS TO HEALING: WOMEN MAKING SENSE OF THE HEALING JOURNEY

5.1 Introduction

This chapter continues the above narratives on women's journey from abusive relationships toward healing. Using standpoint theory, the previous chapter focused on the genesis of healing and foregrounded the voices of women who, realising that they were in an abusive relationship, decided to move and leave the relationship. This chapter considers the experiences of healing, which in many ways remain hinged in the previous narrative. In this chapter, the intention is to answer the following questions: What do the women who have experienced IPV regard as healing from IPV? Does full healing from IPV exist? Critical in this chapter is the participants' understanding of healing and what healing meant to them. Therefore, the chapter begins by exploring the women's understanding of healing, then moves to the strategies they adopted on the journey through healing. It considers the diverse pathways to healing, focusing on how they made sense of healing from IPV.

The main themes of this chapter are the following:

- Making sense of healing: "When you think about it, and it no longer aches"
- Tell-tale signs of healing: "*Discovering who you are*"
- Self-love and unlearning trauma and pain

Before analysing how the participants understood healing, I considered different authors' definitions of healing. Healing is defined as a process of going in the direction of desired achievement or "wholeness" (Firth et al., 2015, p. 3). McElliot (2010, p. 251) defines healing as "a positive, subjective, unpredictable process involving transformation to a new sense of wholeness". Robb (2006, p. 74) defines healing as "the active, personal process that, upon the use of an energetic catalyst, results in the rechannelling of innate, vital energy forces throughout the journey towards transcendence". The thesis will lean on some of these definitions, as the participants' narratives on their understanding of healing relate to some of the aspects raised in the views expressed by Firth et al. (2015), McElliot (2010), and Robb (2006).

5.2 Making sense of healing: “When you think about it, and it no longer aches”

Participants’ definitions of healing were diverse, and it was important to know how they understood healing before trying to make sense of their healing pathways. In their response, there were no single definitions of healing, as highlighted in the previous chapter. Each of the women’s experiences defined her understanding of healing. Some regarded healing as a journey that had no limit or time span, nor was it something linear.

Healing is not linear ... It has difficulties, and it is especially important to make people that are still on the healing journey realise that there is so much that takes place after experiences of IPV. It is when you think about it, and it no longer aches your heart. It no longer bothers you – you are like, ‘I have been there, done that, I dealt with it.’ (Chamomile)

Mint shared some similarities with Chamomile’s definition of healing, including the understanding that healing is a non-linear journey: “*Healing is a journey, and it is finding inner peace. It is newness mixed with telling yourself that ‘ok, this happened, and I am still alive’*”.

Lavender picked up this notion of dealing with the self and emphasised that it was about working towards peace, and forgiveness: “*Healing is not in revenge and not being excited about little things or getting in another relationship immediately, thinking you have covered everything.*” Lavender understood the importance of not revenging, and that assisted her on her path to healing.

Other women such as Rosemary defined healing as finding and understanding the self. Rosemary spoke about the importance of defining oneself outside of people’s ideas and giving oneself time to learn more about the self. She also mentioned how finding out who one is can be a terrific way of learning to be complete:

Healing is finding yourself. If you can find yourself; are comfortable with yourself and are not defined by someone else, you are in a good place. It is about trying to understand and finding out ‘who am I?’ ... I had to find a place where I felt confident; I had to be able to define myself outside of people and feel like a complete person.

Others such as Chamomile, Mint and Rosemary defined healing as forgiving oneself and creating peace within oneself. They emphasised forgiving themselves on the healing journey:

The most important source of healing is forgiving yourself ... then forgive the person and leave with dignity; it is not about being bitter or fighting the person and losing your self-worth and reputation. It is about working towards your peace. (Rosemary)

One also needs to forgive themselves first before one can forgive the other person, forgiving them for putting themselves in that situation ... I sometimes say to myself, 'You were young, you're still here, you're fine.' I allow myself to understand that the decisions that I made at that time are not the same decisions I will make now. (Chamomile)

I think to heal is to learn to forgive, move on, and try to be better in the following situation that you enter. (Mint)

Rosemary reflected on how she had to be emotional again, emphasising that healing from trauma does not necessarily mean that a person would not be hurt again:

Healing is a place of making peace with yourself and what has happened in the previous relationship ... I realised that the part of healing is not necessarily getting hurt; it is an ability to understand the hurt and be able to deal with it from a mature space.

Fennel further added to Rosemary's definition of healing as follows:

Healing is accepting what has happened ... as harsh as it was and to accept that it was not your fault that you experienced trauma ... You did not do anything wrong to deserve that; no! It is also about sharing lived experiences, sometimes through sharing your story with someone else.

Fennel's expression around storytelling as a form of healing was worth noting as she viewed her story as part of her healing, for some women like Fennel healing involves having the ability to share what you experienced. Scholars such as Delker, Salton, and McLean, (2020); Dichter, Chatterjee, Protasiuk, and Newman, (2022) also speak to this

notion by showing that during the healing journey, some people find healing from storytelling and the sharing of stories with other people.

All the participants agreed about the understanding that when one heals, it is non-linear, and such an understanding made them consider healing differently. They believed that defining themselves and understanding that when one heals it is not a straight line made them look at healing with a different lens, as they began to see that there were good and not so good days on their journey to healing. The participants also suggested that healing is also linked to having a sense of acceptance of what has happened. In the same way, women spoke about having to “*accept that it was not your fault*”. All participants understood healing as something that happens within and requires individual effort and a level of self-consciousness, which others see as talking to and forgiving the self.

Knowing that healing is not linear assisted women to understand and accept what had happened and learn to forgive themselves. During their healing journey, they learnt that healing had highs and lows and that at times, tears were part of healing; they also realised that their journey was worth it.

5.2.1 Can one fully heal? “*Yes, but you get triggered*”

Most of the participants believed that one can be healed. They proposed that while one can heal, one also finds oneself being triggered based on what one sees, hears, and surrounds oneself with. Women in the study explored the different pathways undertaken on their journeys to healing as they shared their thoughts on the possibilities of healing from abuse. They spoke about the importance of guarding one’s heart, as Lavender and Rosemary express below:

You can be healed and [be] complete ... It is possible if you guard your heart and know what you allow into your inner circle by learning to discard what is not right for you ... At the end of the day, it does not mean you will not remember because the mind keeps some unconscious recordings. (Lavender)

In essence for me ... I wouldn't necessarily say there is full ... full recovery but one is always building themselves and understanding themselves ... It is also not allowing the pain of the past to define you. (Rosemary)

Fennel, Rosemary, and Chamomile raised the notion of accepting what has happened and moving on, and they were also careful to warn people that this was not an easy task to perform, as there were always triggers. They once again reminded individuals of the necessity of being self-conscious by emphasising that the onus to fight triggers remains with the individual:

I think you do heal neh if you accept what has happened ... but you get triggered, and it comes back, and you need reassurance. Therefore, it is you trying to fight those triggers; not let them dominate you ... so, I think you can heal, but not fully! (Fennel)

Rosemary expressed the opinion that one needs to pay attention to one's emotions and also have the strength to go on.

One can be triggered but not distorted or in a place of feeling pity for themselves but in a place of understanding that yes certain things have happened to me [and] I am making sense of it and understand why I am reacting this way. Being able to separate things helps to show that you are on your pathway to healing because certain things will come to your mind and remind you of what you experienced. (Rosemary)

From my experience emotionally, yes, one can heal but it depends on how you as a person are; we deal with things differently. Sometimes we allow trauma to replay and replay but you need to forgive yourself first and understand that the decisions that you made at that time are not the same decisions you will make now ... in the healing journey one minute you like, I'm so over it, you know, and then the next minute it's like Oh no! ... something triggers you (Chamomile)

Others spoke about the importance of working on negative thoughts and beliefs but also indicated that this was something that women found themselves having to deal with continually:

Once you heal, yes, some days it is going to come back, but it is ok, you are not superhuman it is ok ... You are going to hurt but the thing is yabona (you see) with some of us, we let that pain take the power of us because you can be changed kancinci (a bit) ... The thing with healing is that I would heal

neh, but there is that one thing that would trigger me ... I do not know I might be seeing it the wrong way. I think I am easily triggered because of one mistake where you show me that I am unworthy, and I may start questioning myself because of what I went through. (Mint)

I feel like I used to struggle. I used to sweep things under the carpet a lot and I would not deal with it ... I then realised, 'Oh, no, I can't keep doing that, because that means I'm not dealing with the source, I'm not dealing with the triggers and the traits.' (Chamomile)

These negative thoughts try to influence women internally, and they try to work through them to ensure that they live a healthier life. This process assists one to understand one's capacity to settle on decisions and proceed toward inward strength and harmony.

For some of the participants, the feeling of being fully healed was related to them feeling that they did not desire to help/fix their ex-partners; this included understanding that if they wanted to break free, they had to let go of their ex-partner emotionally. Thus, realising that they were not supposed to rescue their ex-partners assisted them in coming to terms with the truth that trying to be a rescuer would keep them bound to the past, and they had to let go

I discovered that I had to let go of this person because he is not my problem to fix. I could try it while I could, but I should not make it a project because if I do, it would hold me back. I realised that I was trying to be 'that girl that doesn't leave' and the other sad part of me is any relationship whether it's friendship, whether it's intimate, whether it's family ... I always try to stick around so that I can fix the person ... like they are a project. (Mint)

Other participants realised and learnt to define themselves outside of other people's perspectives:

I needed to understand myself in the relationship to see what I did not like and what was not making me happy. I had to reflect on what had changed about this person in how I used to relate to them. Overall, I did not tell myself that I needed to heal, and I did not know that I had to heal. (Rosemary)

Thus, this study revealed that during the healing journey, women had to reassure themselves, consistently reflect on what their life goals were, find out who they were, rediscover themselves, develop self-appreciation, and validate themselves while also learning to set and stick to the boundaries they had created, which assisted them in moving on. For example, Mint said, *“I continuously feel that I should remind myself that I do not have to be in a relationship where I do not feel like I am unworthy”*. This was also seen in the narratives of Chamomile and Rosemary who had to learn to appreciate themselves and how to validate themselves. Authors such as Bancroft, (2002); Czerny and Lassiter, (2016); Czerny et al., (2018); WHO, (2020) speak of the importance of creating healthy boundaries as one moves on their path to healing from an IPV relationship. This process assists one to understand their capacity to settle on decisions and proceed toward inward strength and harmony.

All the participants believed that it was possible to heal from IPV trauma but emphasised that there were always triggers. Some even shared how they easily felt triggered when someone made them feel unworthy; consequently, they believed that they had to expend a great deal of energy trying to fight off negative thoughts and beliefs about themselves after leaving an abusive relationship. These negative thoughts according to Crann, and Barata, (2021) and Das et al., (2022) could try to influence women internally but if they work through them, it ensures that they live a healthier life. The participants also reflected on the past, while also changing or creating boundaries, versatility, and mindfulness.

The realisation of the participants that they could no longer sweep things under the carpet or allow pain to overpower them assisted in addressing situations when they arose by not avoiding them. The realisation of facing triggers and not running away from them helped them deal with the aftermath of initially leaving and made them pull through on the healing journey. The participants believed it was possible to heal while dealing with triggers on the healing journey, an observation also made by Kerr (2015) and Sinko et al. (2021b). Participants spoke about the importance of working on triggers, which resulted in more awareness of oneself as well as knowing what works for oneself and what does not, which also requires having to place healthy boundaries.

5.3 Tell-tale signs of healing: “*Discovering who you are*”

Participants expressed mixed feelings about what being fully healed meant for them. The feelings ranged from an understanding that if one were to be able to talk about one’s experiences of trauma to one’s loved ones, which would mean that one is beyond pain.

During their healing journey, some of the participants initially did not set out to heal but to leave a toxic relationship. They came to the point where they evaluated their relationship with their ex-partner to see if that was what they wanted:

When I took the path to heal ... I was not taking a path to healing; I was leaving a toxic relationship. (Rosemary)

The beginning of reflection on past experiences brought the awareness that when leaving, healing was not in mind. Continuous reflections with which participants engaged during their healing journey assisted them to see that they did not have to change themselves to fit into others' narratives of how they wanted them to be, and the result of this was the beginning of self-appreciation.

Others believed that their understanding of being fully healed was also linked to the notion of using one’s trauma as a lesson to teach one’s loved ones and caution them about what love is and what it is not. It would also be linked to the ability to openly share one’s experiences with one’s children in the future without having any emotional attachment to the abusive events that took place:

I would like to share what happened in the past with my children so that they know that if I can survive it, they can ... and to remind my loved ones that someone who loves you will never hurt you because love is not supposed to hurt but it is people that hurt. (Chamomile)

Others saw healing as complete forgiveness. They shared how they would consider themselves fully healed if they saw their ex-partners and there were no triggers or pain.

I think I am healing; I don’t hurt anymore and that’s my healing because at first, I was like ‘Oh My God why would he do this to me.’ I was hurt, I was asking friends what I did to him, but now seeing him does not hurt me, but I feel like I still need more healing with regard to triggers. (Mint)

Others expressed that complete healing for them would be defined by the ability to get into new relationships, and associate with other individuals without bringing the baggage of trauma and hate from the previous relationship into these associations.

When I can allow another man to be hands-on in my life, I feel like that time I will be fully recovered. For me, it is as if I would also be fully recovered if I could talk to those abused victims, raped victims, and all those who are not yet survivors ... who are still the victims ...I think for me and ... and am going to say this loosely [uhm] I am going to say it is being able to get in relationships, without carrying the baggage of the previous relationship and I am saying that not necessarily because healing is dependent on a relationship. ...I think we should all heal because the baggage if you take it from one person to the next person can also cause problems. Mhlambi nam [maybe I] ... I did things that ... that triggered him, but I am not aware of it because maybe he doesn't communicate, and mna [me/I] I would just put the blame on him, you know ... so we just need to heal guys. Healing, yes, it is not easy; yes we deal with things differently, but healing is important.
(Fennel)

For me, it would show that someone is on their pathway to recovery if they define themselves outside of their previous experiences and I think recovery is like knowledge and learning as one can never have enough knowledge because you are going to experience things in life ... but how you respond to it might show how far you are. (Rosemary)

The emphasis in the narratives above was that one should define oneself outside a relationship or anything external but also feel content about where one is. Authors such as Wuest and Merritt-Gray (2001) also speak of individuals finding ways to redefine themselves and the importance of this. Participants in the study learnt to define themselves, which allowed them to take charge of their stories by learning the power to define themselves without the ideas of outsiders infiltrating; thus, defining oneself is vital to healing. They also cautioned that these were their perspectives, and that recovery was never complete. Also notable was that some participants likened healing to knowledge, suggesting that knowledge can be something you continue to acquire as you live. In the

same manner, healing here is seen as continuous, and ongoing. An article by Erol and Orth, (2016) also expresses that defining oneself is vital to healing.

Some such as Mint realised that they did not want to be defined anymore as being the 'girl that did not leave', which meant that they did not want to see themselves as the person that kept saving people, by taking care of everyone's needs while neglecting theirs. Others like Fennel believed that the revelation of them being the best and experiencing life in their best way would allow others to see that 'there is life after this mess', meaning there is life after experiencing traumatic life events. Participants in the study acquired much insight as they journeyed through healing.

5.4 Self-love and unlearning trauma and pain

Some participants found that learning the ability to express themselves was powerful, while others learnt that the ability to work more on knowing themselves was helpful. They found ways to heal through loving themselves while also learning to love other people. They found themselves unlearning what love is and learning more about themselves, which assisted them to know when something was rightfully theirs, as emphasised in the following extract:

In this healing, unlearning, and reflecting journey, I realised that I had to do better for myself ... and that for me included taking two years to just sit and reflect on certain relationships including friends and family ... I then got into a new relationship after two years of leaving the previous partner and at the beginning of that relationship, I knew the things I would not like to be done in this one. (Chamomile)

This allowed Chamomile to build a strong relationship with the self. Rosemary added to Chamomile's thoughts by reflecting on being healed before entering a new relationship:

I realised that getting into a relationship as a half person you might want to be completed by that other person ... but no one can complete you. (Rosemary)

The participants reflected on how they ensured that they knew what the intentions of people that wanted to be close to them were beforehand, to understand if those people were worth being allowed into their inner circle. In other ways, they noted that they

became very protective of their space as they became aware of themselves. They learnt how to be emotional again after a period of being emotionally unavailable. Some such as Mint reflected on what they learnt as they entered new relationships and being emotionally more available:

I remember with that relationship I was not in it for love. I was forced into it, so this time around I am in love, basically; I am in a healthy relationship; I am free to be who I am. I am not forced to be a certain way, and ... he is not trying to control me. I feel like I am moving towards my healing journey from all the unhealthy relationships, even though my ex-partner put me through so much doubt for myself and I had so many insecurities as he had built this thing in my head that a man needs to provide for me. I realised that I am more than what my previous partner has always told me and sometimes we need that validation, you know. (Mint)

Rosemary and Chamomile shared that they had to unlearn societal standards of beauty and learn to define themselves and their own beauty and what that meant to them:

In this social environment, there's so many things that tell you that beauty is this, but you need to find your own beauty ... You need to define it for yourself because then if you let it be defined by someone else then even the person that comes to your space will define it in a different way, and when you have not defined who you are then it becomes difficult ... to have a foundation that is knowing who you are. (Rosemary)

With the multiple societal standards, one finds themselves having to put themselves in a compromising position in order to try to fit in. (Chamomile)

Rosemary and Chamomile further shared how they were proud that they had learnt to see themselves as important despite societal standards that caused them to sometimes feel compromised. Tedeschi and Calhoun (1995) say that during the process of PTG, people go through a time whereby they establish new interpersonal relationships such as Chamomile and Rosemary above who knew even before getting into a new relationship for which they would not settle for. Authors such as Garcia-Jiménez et al., (2022) suggest that during the journey of recovery people go through a time whereby they try to rebuild

themselves again and pick up the pieces of their lives. This allows people to know their worth and also learn to define themselves outside of what they experienced.

Women in the study also spoke about learning to be assertive, learning how to speak their minds while learning how to say no:

I continuously feel that I should remind myself that I do not have to be in a relationship where I do not feel like I am unworthy, or I can be myself.

(Mint)

They learnt how to be in control of their lives. They believed that they were more grounded and responsible for their lives and choices, something they had not done before. Taking such ownership of their lives taught them to be confident of who they were and what that meant for them. Fennel said:

I discovered that I like sharing what I have been through with strangers. It is more on me healing and accepting what has happened. Sharing for me, especially with a stranger is good. I also discovered that being able to make my own rules brings me peace.

Authors such as Holloway, (2016); Lohan and King, (2016) reiterate the point shared by Fennel on telling one's story as a form of healing. Storytelling from an individual's perspective or experience is important, as it forms part of many people's healing process (Friskie, 2020). During their recovery phase, the participants discovered, reassured, validated, and realised what they liked about themselves. For others, the realisation that moving on meant forgiving themselves before forgiving those who had hurt them and accepting what had happened allowed them to fully delve into their healing journey:

Sometimes we allow trauma to replay and replay but you need to forgive yourself first and understand that the decisions that you made at that time are not the same decisions you will make now. (Chamomile)

Some realised that their emotions and feelings were valid, as highlighted in Chamomile's narrative:

I allowed myself to understand that the decisions that I made at that time are not the same decisions I will make now.

Others found a better sense of self and realised their self-worth, as highlighted in Chamomile's narrative:

I got to the point where I got to take myself seriously and not allow people to be disrespectful and that also came with not backing down when it came to red flags.

In the recovery journey, many women believed they could be true to themselves, even when they entered a new relationship, as highlighted by Chamomile and Mint, who shared that when they entered new relationships, they would know and avoid the things they would not like to occur in the new relationship. This involved not having to mould themselves to be something different. All the participants suggested that healing takes place when one learns not to allow past mistakes to infiltrate other relationships such as friendships and family relationships. Fennel said, *"In whatever we go through ... somewhere somehow... you lose self-esteem and hope whereby you cannot even see people who care about you."*

The continuous reflections of participants during their healing journey assisted them to see that they did not have to change themselves to fit into what others wanted them to be; consequently, it boosted rediscovery of the self and self-appreciation. Participants suggested that it is not advised to enter into a new relationship while carrying the experiences of past relationships. The point raised by research participants is further noted by Følling, Solbjør, and Helvik (2015). In different healing journeys, the participants found multiple aspects that brought peace and realised that although things were not always good, they found motivation within them to keep moving on. For example, Rosemary and Chamomile had to unlearn the beauty standards that society placed on individuals and had to see the beauty within. They learnt to assure themselves of what to believe about themselves. Other women had to take inventory of red flags and ignore the unhealthy signs when they saw them and learnt not to ignore red flags but to face them and speak about them. They learnt to identify early potential warning signs of inappropriate or abuse-related behaviours. The empowerment wheel by Czerny and Lassiter (2016) also speaks about the recognition of red flags which assists women in learning and understanding themselves. Women in the study all emphasised the importance of healing, being well, and not allowing the baggage of the past to infiltrate future relationships. They discovered that they had to readjust their

minds by taking time to have self-talk, as also seen in the work of Czerny and Lassiter (2016) and Bryngeirsdottir and Halldorsdottir (2022).

5.5 Conclusion

This chapter unpacked women's understanding of healing and the strategies they adopted on the journey through healing. From participants' responses, it was apparent that healing was not a singular act of leaving a relationship but involved various aspects such as accepting what had happened, readjusting their lives, and having to set boundaries. They realised that forgiving themselves and finding out '*who I am*' allowed them to reflect and define themselves outside of external influences.

They believed that defining themselves and understanding who they wanted to be, enabled them to look at healing through a different lens. Many of the participants agreed that one can heal and also proposed that while one can heal, one can also find oneself being triggered based on what one sees, hears, and surrounds oneself with. They suggested the importance of working on triggers, which results in more awareness of oneself, as well as knowing what works for one and what does not.

Participants in the study got to understand that healing takes place when an individual learns not to allow past mistakes to infiltrate into other relationships. "*I had to not allow the situation to break me, and not let that situation make me who I am...*" They learned that positive self-talk made their journey worthwhile; also reiterated by Czerny and Lassiter, (2016). It gave them the knowledge that the mistakes they had made whilst they were younger would not be similar to the ones they would make as an adult which gave them the strength to keep moving forward. So, healing requires a lot of self-talk and the conviction that the decision to leave the relationship was worth all the hardships that came with it. This is also emphasised by Barrios et al. (2021) who talk about how people move on after experiencing IPV, observing that survivors create a daily life that is no longer characterised by previous abusive encounters. They have learnt how much their self-esteem can be boosted by their recovery when they learn to evaluate themselves more positively. Authors such as Carman & Kay-Lambkin, (2022); Kohrt et al, (2020) emphasise the importance of working on yourself more on a deeper level and without external perceptions.

Through all their experiences, the participants realised the true meaning of love, the fact that they mattered, that setting boundaries protected them and taught people how to treat them. For most of the participants, it was important to find things such as working on one's craft, be it focusing on building a business, working on strengthening boundaries, or creating relationships that assisted them when focusing on their healing paths. Some reflected on how they did not allow the words of the past to keep them chained to the past, which also assisted them in controlling their thoughts.

On the different healing journeys, women discovered that they were able to live alone and found the power of their story not only for themselves but also as a lesson to others who may have experienced something similar. Some learnt to have continuous reminders that they were worthy of being loved, they had repeated reminders that they deserved healthy love and respect. Participants believed that they would be fully healed if they could share their experiences with others openly without having any emotional attachment to the abusive events that took place. Some women felt that they would be fully recovered if they were able to speak to survivors and show them that one can live after experiencing traumatic life events. They reflected on the positive changes they saw in themselves on their journey to healing. During their recovery phase, they discovered that validating themselves was important.

Some women found that having self-assurance when they began to move towards healing assisted them to move on. They found that they had to have an intense sense of self-confidence to be able to allow love in because if they still did not know who they were, it would cause them to fall into similar relationships as those they had experienced. They further shared that they were excited to learn more about themselves and learn to embrace the different phases of healing by allowing themselves to understand what they would love for themselves and what their limits were. They shared that they still had hope for the future, also allowing them to embrace their healing journey fully.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This research shows that women who have experienced IPV follow diverse pathways to healing, and that these pathways are not linear or the same for different people. This study aimed at exploring pathways to healing adopted by women who had survived intimate partner violence (IPV). It was done by first exploring experiences and struggles encountered by women as they realised that they were in abusive partnerships, as they left these relations. The study followed these narratives as women paved their way through the healing and restoration journey to make sense of how they overcame the IPV experiences. Further, the study explored women's understanding of healing from IPV and what this meant to them.

6.2 Synopsis of study

As an introduction/background, Chapter 1 focused on exploring the prevalence of GBV globally and nationally, locating IPV in this context, and motivating why the study matters. This study aimed to contribute to the understanding of the journey towards healing after women have experienced IPV in South Africa. Chapter 2 focused on literature dealing with IPV, healing from IPV, as well as the feminist standpoint theory as the theoretical framework. Chapter 3 focused on feminist research as the methodological approach, data-collection methods, semi-structured interviews adopted as a means of data collection, sampling strategy, and the research process. Chapters 4 and 5 were based on data analysis and discussions in this chapter. The data collected were analysed and discussed in more detail. These chapters focused on analysing the collected data and discussing the research findings. Chapter 6 concludes the study and shares recommendations for future studies.

This study was able to address the aims of the study, which were to explore pathways to healing adopted by women who had survived intimate partner violence (IPV) and to explore women's understanding of healing from IPV and what it meant to them. This study addressed the aims by ensuring that experiences of participants were explored, and their narratives became an entry point into understanding how they went through healing. The participants' journeys were understood by using qualitative research, and the data were analysed thematically. Using standpoint theory as the theoretical framework

provided an appropriate lens with which to read and make sense of women's narratives. The study has shown that women believe that one can heal from IPV, but they caution that there may be triggers during the healing journey that potentially can interfere with the process of healing.

6.3 Theoretical contributions

There were very few studies that focused on experiences of healing from IPV, or that explored healing paths and pathways, and those studies were mostly from the global north, which makes this study a critical contribution to research in this field, particularly in South Africa. Generally, as indicated in the literature review chapter, most of the research in this field is concerned with IPV rates, its consequences, and stages of recovery, which are mostly documented in the field of psychology. Other studies offer advice on how to survive while remaining in unhealthy relationships. In literature there was a research gap on the healing process after IPV encounters, particularly in South Africa. Therefore, this study aimed to address this gap by investigating the healing processes following IPV experiences in South Africa. The aim of this study was to learn about the experiences, processes, and unique choices made by various individuals who pursued pathways that led to 'healing', including the journey undertaken. I was also curious about how the participants moved from being victims to being survivors and how they defined and understood what this whole process would mean. It is my sincere hope that others will draw from this work, make it a point of reference on the journey to healing or see their own process of recovery from violence through these women's stories, a key tenet of standpoint theory. For example, Brooks (2007) advocates that women ought to use their unique voices and experiences to educate society to benefit future generations and hopefully create social change. The stories shared by women in this study have the potential of changing the lives of other women who might find themselves in similar situations or sharing similar experiences as those experienced by the study participants. However, this does not mean that the study participants' experiences should be generalised to all women who have survived IPV. Most importantly, though, the study makes a significant contribution to the scarce literature on healing from IPV in South Africa.

6.4 Summary of findings

The study found that some women perceived physical abuse as violence and failed to consider being scolded, compared to others, or enduring insults as abuse. They did not detect emotional abuse easily because of its subtleties. Some participants described these subtle forms of violence to include being spoken down to, enduring threats of violence, dealing with aggressive and possessive partners, being controlled, enduring rapid mood swings, lack of trust, and unpredictability. They shared how they had initially normalised such behaviours and not considered them as abuse. Only through external forces and other people's input, they realised they were experiencing IPV. They spoke about feeling uncomfortable in their relationships, but the discomfort had not instantly translated into the realisation that they were being abused. It was important that they realised how the treatment by their partners made them feel, which brought about the awareness that what they were experiencing was indeed abuse. As women in the study became aware of the abuse, it became the genesis of their healing journey, which prompted them to chart a plan and make decisions about their relationship. The understanding that one was in an unhealthy relationship then became a key step towards their healing journey. After realising that they were being abused, the women in this study tried to leave the relationship. Some began by deciding to set boundaries or limits to ensure that they were in control of their moving out. Others began by withdrawing their emotions while still in the relationship, while others decided to cut ties that linked them to their ex-partners. This included friends they shared with partners or relationships with relatives of the intimate partner. Others chose to learn new skills while still in those relationships, which allowed them a degree of economic independence to sustain themselves once they had left their partners.

There was also evidence in the study that it was important to work on one's craft, be it focusing on building a business, working on strengthening boundaries, having healthy friendships, receiving education, learning new skills, or learning more about oneself, and all these strategies somehow assisted participants not to give up on themselves but to continue on their healing paths. For others, skills such as sewing and crocheting became a form of therapy, which allowed the opportunity to explore their experiences and improve their skills, something that Segalo (2023) emphasises. It was evident that the participants consistently had to use a great amount of energy trying to fight off negative thoughts and feelings while also reminding themselves of their worth, and their strength

by not allowing the negative words of their ex-partners to keep them chained to the past. The realisation that one needs to be the best for oneself resulted in them having to learn to see their worth outside of relationships, which boosted their self-esteem.

This study also noted that the healing journey at times happened unconsciously. Some women in the study shared how they had not initially set out to heal but to leave a toxic relationship. However, later when they began to evaluate and reflect on past experiences, they became aware that the steps they had taken actually were the steps towards a journey to healing. Women in the study further shared how during the healing journey they had the opportunity to unlearn things such as not being able to express oneself, not being able to stand up for oneself, and not setting boundaries. They came to realise that if they really wanted to heal, they had to let go of negative thoughts while working on themselves.

Also evident in the study was that even though women had different journeys through their healing, they also had similar goals of healing. They shared how they wanted to be great versions of themselves, and such a perception allowed them to be what they wanted to be without feeling like they should hide behind the shadow of their past experiences. Thus, it became apparent through participants narratives that healing is not a singular act of leaving a relationship, as repeatedly emphasised in the findings. It involves various aspects such as readjusting one's life from being controlled to being in control, accepting what has happened and readjusting one's mind. The study found that healing was linked to the ability to forgive oneself and finding out '*who I am*' which allowed the women to reflect on how they defined themselves outside of external influences. The realisation that moving on could mean having to forgive oneself before forgiving others was worth noting. They spoke about the difficulty of trying to forgive others first without beginning with forgiving themselves. They shared how acknowledging what had occurred allowed them the opportunity to heal further. For many women in the study, this journey involved regaining the self and being emancipated from intimate partner violence, how they shift from being victims to survivors and then become people who thrive in their newly owned identities.

Participants in the study also suggested that they believed healing took place for them when they learnt not to allow past mistakes to infiltrate other relationships. They also agreed that while many women could heal, they also could be triggered based on what they saw, heard, and surrounded themselves with. They indicated that it was important

for survivors to continue to work on each trigger that came about throughout their journey. Thus, for the participants, healing was about self-rediscovery in various aspects, which involved embracing themselves. As the participants discovered themselves, they believed that the power of their stories would also serve as lessons to others who may have experienced something similar.

6.5 Significance of methodology

This study would not have been possible without the diverse narratives of participants' voices on their journeys to healing from IPV. These voices brought about exceptional richness, which contributed to how the study was presented by ensuring that their voices came to the fore. Thus, adopting the qualitative feminist approach was ideal as a method to gain insight into and understand participants' subjective views and experiences. The feminist approach was adopted as a methodological framework to unify the importance of women's voices in theorising and understanding the world. Semi-structured questions and thematic analysis were used as means of data collection and analysis, respectively. Several themes emerged from the thematic analysis.

During the one-on-one sessions with women, interviewing skills such as paraphrasing as well as seeking clarity from participants ensured that rich descriptive data were obtained. While this process provided information, it also encouraged participants to reflect on the issues they raised in the discussions. I chose a feminist approach because the research deals with issues of power and social exclusion. Narratives of violence are narratives of power dynamics among intimate partners; therefore, feminist research was the most appropriate tool to use for this sensitive work. Research has shown that women's experiences and knowledge can be used as tools to draw attention to inequalities and injustices throughout society, based on their narratives (Collins, 1990; Johnson et al., 2021). This is also true of standpoint theory, which was adopted as a lens with which to read and make sense of women's experiences in this study. Brooks (2007) argues that women should use their unique voices and experiences to educate society, and benefit future generations, and hopefully effect social change. From this viewpoint, I embraced a feminist approach and standpoint theory to enable a safe space for women to share sensitive stories of unique experiences of IPV and walking away from abuse. Further, understanding the language or phrases used by participants allowed a flow of conversations during the interview sessions. Interviewing skills assisted in creating and

alleviating language and communication barriers during the information-gathering process. Being aware of things such as sighs, long breaths, body language, and facial expressions also assisted in bringing up the richness in the participants' narratives.

As violence is a sensitive subject, the study was undertaken with the extreme sensitivity and ethical care it deserved. Participants were informed about the purpose of the study and its objectives. They were informed that confidentiality would be guaranteed and that my supervisor and I would be the only people with privileged access to the raw material. This study was not intended to harm participants; therefore, arrangements were made with counselling services, in case there were emotional triggers during an interview.

Continuous self-reflection was important for me throughout the process of this research. This research allowed me the opportunity to rethink and evaluate my thoughts throughout the research process and to consciously make sure that my personal experiences would not interfere with this work. As a survivor of IPV, I was extremely careful that my personal biases would not seep into the research process. Such caution is also emphasised by Kiguwa (2019). Therefore, regular reflections were applied regularly in the study to ensure I figured out what my biases were and to work on them continuously.

Despite the several terms that have been used in the past to describe growing up after traumatic experiences, researchers and clinicians have accepted posttraumatic growth as a widely used term (Ai & Park, 2005; Calhoun & Tedeschi, 1998; Sinko et al., 2021a; Tedeschi & Calhoun, 1995). Posttraumatic growth is of immense value when it comes to helping one find peace and heal from stressful events. Thus, the healing journey for individuals in this study entailed finding ways to reconnect with themselves, others, and the world around them. It also required some form of self-awareness in decision-making as well as being committed to change.

This study hopes to contribute to the understanding of the journey towards healing after women have experienced IPV. Hopefully, others will draw from it as a point of reference. Most importantly, the study makes a significant contribution to the scarce literature on the body of work on healing from IPV in South Africa.

6.6 Limitations of study

The study was not without limitations. While the stories of the women in this study provided considerable insights into pathways to healing from IPV, it should be noted that

these findings cannot be generalised to all women who are trying to heal from IPV. However, they can be of relevance to women who find themselves in the same position as some of the participants.

Covid 19 did not allow me the opportunity to have face-to-face interviews with all participants. It also accounted for the limited number of participants in the study, reducing them to five participants, as some were unreachable or unavailable because of COVID 19 challenges. However, the five participants not only were adequate for the scope of this study but also sufficient in terms of requirements for qualitative studies. What matters is the depth and quality of data and not the number of participants.

6.7 Recommendations

The study did not explore the experiences of people in same-sex relationships, men, or people from the LGBTQIA+ communities. It is recommended that further work be conducted regarding these categories. The study did not adopt a psychological perspective or pursue the role of counselling in healing from IPV but pursued women's stories and insights on their processes of healing, locating women's standpoints at the centre of their narratives,

There has recently been a huge rise of actions taken toward combating IPV and GBV in many countries around the world (Muluneh et al., 2020). The qualitative findings revealed that healing was regarded as a process, not a singular action. More research should be done from perspectives on the healing journey from IPV from the perspective of other groups of people and communities to understand how they heal after abuse. IPV in South Africa requires serious attention and requires us to work to combat IPV between partners and GBV in communities.

Finally, this study was able to fulfil the aims of exploring pathways to healing taken by women survivors of intimate partner violence (IPV) and to explore women's understanding of healing after IPV and what this means to them. The study showed that the women believe that it is possible to heal from IPV. They emphasise that healing is not linear, and they also caution that there can be triggers on the road to healing that can disrupt the healing process.

6.8. REFERENCES

- Abrahams, N., Jewkes, R., Laubscher, R., & Hoffman, M. (2006). Intimate partner violence: Prevalence and risk factors for men in Cape Town, South Africa. *Violence and Victims, 21*(2), 247-264.
- Abrahams, N., Mathews, S., Martin, L. J., Lombard, C., & Jewkes, R. (2013). Intimate partner femicide in South Africa in 1999 and 2009. *PLoS Medicine, 10*(4), e1001412.
- Abramsky, T., Lees, S., Stöckl, H., Harvey, S., Kapinga, I., Ranganathan, M., & Kapiga, S. (2019). Women's income and risk of intimate partner violence: Secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. *BMC Public Health, 19*, 1-15. <https://doi.org/10.1186/s12889-019-7454-1>
- Adams, W. C. (2015). Conducting semi-structured interviews. *Handbook of practical program evaluation, 492-505*. <https://doi.org/10.1002/9781119171386.ch19>
- Ahmad, J., Khan, N., & Mozumdar, A. (2021). Spousal violence against women in India: A social-ecological analysis using data from the National Family Health Survey 2015 to 2016. *Journal of Interpersonal Violence, 36*(21-22), 10147-10181.
- Ahmed, S. (2017). *Living a feminist life*. Duke University Press. https://www.dukeupress.edu/Assets/PubMaterials/978-0-8223-6319-4_601.pdf
- Ai, A. L., & Park, C. L. (2005). Possibilities of the positive following violence and trauma: Informing the coming decade of research. *Journal of Interpersonal Violence, 20*(2), 242-250.
- Alhojailan, M. I., & Ibrahim, M. (2012). Thematic analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences, 1*(1), 39-47.
- Allen, B. J. (1996). Feminist standpoint theory: A black woman's (re) view of organizational socialization. *Communication Studies, 47*(4), 257-271.
- Allen, K. N., & Wozniak, D. F. (2010). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health, 9*(1), 37-55.

- Anderson, D. K., & Saunders, D. G. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse, 4*(2), 163-191.
- Anderson, J. N. (2015). *Effects of education on victims of domestic violence* [Doctoral dissertation]. Walden University. <https://scholarworks.waldenu.edu/dissertations>
- Andrä, C., Bliesemann de Guevara, B., Cole, L., & House, D. (2020). Knowing Through Needlework: curating the difficult knowledge of conflict textiles. *Critical Military Studies, 6*(3-4), 341-359.
- Ansara, D. L., & Hindin, M. J. (2011). Psychosocial consequences of intimate partner violence for women and men in Canada. *Journal of Interpersonal Violence, 26*(8), 1628-1645.
- Atkinson, M. P., Greenstein, T. N., & Lang, M. M. (2005). For women, breadwinning can be dangerous: Gendered resource theory and wife abuse. *Journal of Marriage and Family, 67*(5), 1137-1148.
- Australian Institute of Health and Welfare (2018). *Family, domestic and sexual violence in Australia 2018*. Cat. no. FDV 2. Canberra: AIHW.
<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/table-of-contents>
- Baird, S. L., Alaggia, R., & Maiter, S. (2021). Broadening the ‘survivor capsule’ of intimate partner violence services. *The British Journal of Social Work, 51*(7), 2517-2535.
- Bancroft, L. (2003). *Why does he do that? Inside the minds of angry and controlling men*. Penguin.
- Bancroft, L., Silverman, J. G., & Ritchie, D. (2011). *The batterer as parent: Addressing the impact of domestic violence on family dynamics*. Sage.
- Barkhuizen, L. R. (2011). *Dating violence in young adult intimate relationships* (Unpublished honours thesis). University of Cape Town, South Africa.
- Barrios, V. R., Khaw, L. B. L., Bermea, A., & Hardesty, J. L. (2021). Future directions in intimate partner violence research: An intersectionality framework for analysing women’s processes of leaving abusive relationships. *Journal of Interpersonal Violence, 36*(23-24), NP12600-NP12625.

- Bell, K. M., & Naugle, A. E. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review, 28*(7), 1096-1107. <https://doi.org/10.1016/j.cpr.2008.03.003>
- Bell, M. P., Berry, D., Leopold, J., & Nkomo, S. (2021). Making black lives matter in academia: A black feminist calls for collective action against anti-blackness in the academy. *Gender, Work & Organization, 28*, 39-57.
- Berger, R. (2015). *Stress, trauma, and posttraumatic growth: Social context, environment, and identities*. Routledge.
- Bermea, A. M., Khaw, L., Hardesty, J. L., Rosenbloom, L., & Salerno, C. (2020). Mental and active preparation: Examining variations in women's processes of preparing to leave abusive relationships. *Journal of Interpersonal Violence, 35*(3-4), 988-1011.
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological Methods & Research, 10*(2), 141-163.
- Black, M. C., Basile, K. C., Breidling, M. J., Smith, S. G., Walters, M. L., & Merrick, M. T. (2011). *National intimate partner and sexual violence survey (NISVS): 2010 summary report*. Atlanta GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bloom, S. S. (2008). *Violence against women and girls: A compendium of monitoring and evaluation indicators*. U.S. Agency for International Development.
- Bonanno, G. A. (2008). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*, 20.
- Bonomi, A. E., Thompson, R. S., Anderson, M., Reid, R. J., Carrell, D., Dimer, J. A., & Rivara, F. P. (2006). Intimate partner violence and women's physical, mental, and social functioning. *American Journal of Preventive Medicine, 30*(6), 458 -466. <https://doi.org/10.1016/j.amepre.2006.01.015>
- Boonzaier, F. A., & Van Niekerk, T. J. (2018). "I'm here for abusing my wife": South African men constructing intersectional subjectivities through narratives of their violence. *African Safety Promotion, 16*(1), 2-19.

- Boonzaier, F., & Van Niekerk, T. (2021). Psychology and domestic violence against women
1. *The Routledge International Handbook of Domestic Violence and Abuse*, 27–39.
<https://doi.org/10.4324/9780429331053-5>
- Braaf, R., & Meyering, I. B. (2011). *Seeking security: Promoting women's economic wellbeing following domestic violence*. Australian Domestic and Family Violence Clearing house.
- Branch, K. A., Richards, T. N., & Dretsch, E. C. (2013). An exploratory analysis of college students' response and reporting behavior regarding intimate partner violence victimization and perpetration among their friends. *Journal of Interpersonal Violence*, 28(18), 3386-3399.
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, Version 2.0*. National Centers for Injury Prevention and Control.
- Brooks, A. (2007). Feminist standpoint epistemology: Building knowledge and empowerment through women's lived experience. In S. Hesse Biber and P. L. Leavy (Eds.), *Feminist research practice: A primer* (pp. 53-82). Sage.
- Bryngveirsdottir, H. S., & Halldorsdottir, S. (2022). "I'm a winner, not a victim": The facilitating factors of post-traumatic growth among women who have suffered intimate partner violence. *International Journal of Environmental Research and Public Health*, 19(3), 1342. <https://doi.org/10.3390/ijerph19031342>
- Bucheli, M., & Rossi, M. (2019). Attitudes toward intimate partner violence against women in Latin America and the Caribbean. *Sage Open*, 9(3), 2158244019871061.
- Burgess, R. G. (1984). *An introduction to field research*. London: Unwyn Hyman. International Maritime Organisation. Safety of Life at Sea. London: IMO.
- Burrow, S. J. (2022). *Gender violence: Resistance, resilience, and autonomy*. Rowman & Littlefield.
- Butler, J. (2004). *Undoing gender*. Psychology Press.
- Calhoun, L. G., & Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications for clinical practice and research *Journal of Social Issues*, 54(2), 357-371.

- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359 (9314), 1331-1336.
- Carman, M. J., & Kay-Lambkin, F. (2022). Long-term recovery from intimate partner violence: Recovery and hope. *International Journal of Environmental Research and Public Health*, 19(21), 13825.
- Centers for Disease Control and Prevention (CDC). (2011). *National intimate partner and sexual violence survey (NISVS)*.
- Chang, J. C., Dado, D., Hawker, L., Cluss, P. A., Buranosky, R., Slagel, L., & Scholle, S. H. (2010). Understanding turning points in intimate partner violence: Factors and circumstances leading women victims toward change. *Journal of Women's Health*, 19(2), 251-259.
- Cherewick, M., Doocy, S., Tol, W., Burnham, G., & Glass, N. (2016). Potentially traumatic events, coping strategies and associations with mental health and well-being measures among conflict-affected youth in Eastern Democratic Republic of Congo. *Global Health Research and Policy*, 1, 1-18.
- Childress, S., Panchanadeswaran, S., & Joshi, M. (2021). Leaving and beyond: Voices of survivors of domestic violence from Kyrgyzstan. *Journal of Interpersonal Violence*, 36(3-4), 1718-1744.
- Clough, A., Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). Having housing made everything else possible: Affordable, safe, and stable housing for women survivors of violence. *Qualitative Social Work*, 13(5), 671-688.
- Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, 19(6), 895-903.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23(4), 260-268.
- Collins, N. L., Ford, M. B., & Feeney, B. C. (2011). An attachment-theory perspective on social support in close relationships. In L. M. Horowitz and S. Strack (Eds.), *Handbook of*

interpersonal psychology: Theory, research, assessment, and therapeutic interventions (pp. 209-231). John Wiley & Sons.

Collins, P. H. (1990). Black feminist thought in the matrix of domination. *Knowledge, Consciousness, and the Politics of Empowerment*, 138(1990), 221-238.

Conroy, A. (2014). Gender, power, and intimate partner violence: A study on couples from rural Malawi. *Journal of Interpersonal Violence*, 29 (5), 866–88.
<https://doi.org/10.1177/0886260513505907>

Conroy, N. E., Krishnakumar, A., & Leone, J. M. (2015). Re-examining issues of conceptualization and willing consent: The hidden role of coercion in experiences of sexual acquiescence. *Journal of Interpersonal Violence*, 30(11), 1828-1846.

Correia, M. I. T. D. (2023). Ethics in research. *Clinical Nutrition Open Science*, 47, 121-130.

Crann, S. E., & Barata, P. C. (2021). We can be oppressed but that does not mean we cannot fight oppression: Narratives of resilience and advocacy from survivors of intimate partner violence. *Journal of Interpersonal Violence*, 36(17-18), 8004-8026.

Cravens, J. D., Whiting, J. B., & Aamar, R. O. (2015). Why I stayed/left: An analysis of voices of intimate partner violence on social media. *Contemporary Family Therapy*, 37, 372-385.

Critelli, F. M. (2012). Voices of resistance: Seeking shelter services in Pakistan. *Violence Against Women*, 18(4), 437-458.

Czerny, A. B., & Lassiter, P. S. (2016). Healing from intimate partner violence: An empowerment wheel to guide the recovery journey. *Journal of Creativity in Mental Health*, 11(3-4), 311–324. <https://doi.org/10.1080/15401383.2016.1222321>

Czerny, A. B., Lassiter, P. S., & Lim, J. H. (2018). Post-abuse boundary renegotiation: Healing and reclaiming self after intimate partner violence. *Journal of Mental Health Counselling*, 40(3), 211-225.

Czyżowska, D., Gurba, E., Czyżowska, N., & Kalus, A. (2020). Intimate relationship and its significance for eudaimonia well-being in young adults. *Health Psychology Report*, 8(2), 155-166.

- D'Ambrosi, L., Papakristo, P., & Polci, V. (2018). Social media and gender violence: communication strategies for a “new education”. *Italian Journal of Sociology of Education*, 10(2), 76-89.
- D'Amore, C., Martin, S. L., Wood, K., & Brooks, C. (2021). Themes of healing and posttraumatic growth in women survivors' narratives of intimate partner violence. *Journal of Interpersonal Violence*, 36(5-6), NP2697-NP2724.
- Dalal, K., Lee, M. S., & Gifford, M. (2012). Male adolescents' attitudes toward wife beating: A multi-country study in South Asia. *Journal of Adolescent Health*, 50(5), 437-442.
- Das, T., Das, P., & Roy, T. B. (2022). Physical Violence Against Women by Their Partner: A Latent Class Measurement and Causal Analysis from Rural Counterparts of Dakshin Dinajpur District, India. *Global Social Welfare*, 9(4), 229-240.
- De Coster, S., & Heimer, K. (2021). Unifying theory and research on intimate partner violence: A feminist perspective. *Feminist Criminology*, 16(3), 286–303.
<https://doi.org/10.1177/1557085120987615>
- Delker, B. C., Salton, R., & McLean, K. C. (2020). Giving voice to silence: Empowerment and disempowerment in the developmental shift from trauma ‘victim’ to ‘survivor-advocate’. *Journal of Trauma & Dissociation*, 21(2), 242-263.
- Dichter, M. E., Chatterjee, A., Protasiuk, E., & Newman, B. S. (2022). “I’d go from a mountain top and tell my story”: Perspectives of survivors of intimate partner violence on storytelling for social change. *Violence against women*, 28(6-7), 1708-1720.
- Di Napoli, I., Procetese, F., Carnevale, S., Esposito, C., & Arcidiacono, C., (2019). Ending intimate partner violence (IPV) and locating men at stake: An ecological approach. *International Journal of Environmental Research and Public Health*, 16(9), 1652.
Department of Humanities, Università Degli Studi di Napoli, Italy.
<https://doi.org/10.3390/ijerph16091652>
- Doherty, D., & Berglund, D. (2008). *Psychological abuse: A discussion paper*. Public Health Agency of Canada.
- Dowds, E. (2020). Towards a contextual definition of rape: Consent, coercion and constructive force. *The Modern Law Review*, 83(1), 35-63.

- Draucker, C. B. (2002). Domestic violence: The challenge for nursing. *Online Journal of Issues in Nursing*, 7(1), 2
- Draucker, C. B., Martsof, D. S., Ross, R., Cook, C. B., Stidham, A. W., & Mweemba, P. (2009). The essence of healing from sexual violence: A qualitative meta synthesis. *Research in Nursing & Health*, 32(4), 366-378.
- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review*, 56, 65-81.
- Eagly, A. H. (2018). The shaping of science by ideology: How feminism inspired, led, and constrained scientific understanding of sex and gender. *Journal of Social Issues*, 74(4), 871-888.
- Eckstein, J. J. (2021). To harm and heal: Digital disclosure and support-seeking for IPV victims. *Open Information Science*, 5(1), 175-189. <https://doi.org/10.1515/opis-2020-0120>
- Ellsberg, M., Jansen, H. A., Heise, L., Watts C. H., & Garcia-Moreno. C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *Lancet*, 371(9619), 1165-1172. [https://doi.org/10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X)
- Emirbayer, M., & Mische, A. (1998). What is agency? *American Journal of Sociology*, 103(4), 962-1023.
- Enander, V., & Holmberg, C. (2008). Why does she leave? The leaving process(es) of battered women. *Health Care for Women International*, 29(3), 200-226.
- Estrellado, A. F., & Loh, J. (2014). Factors associated with battered Filipino women's decision to stay in or leave an abusive relationship. *Journal of Interpersonal Violence*, 29(4), 575-592.
- Evans, M. A., & Feder, G. S. (2016). Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations*, 19(1), 62-73.

- Fanow, M., & Cook, J. A. (2005) *Feminist methodology: New applications in the academy and public policy*. The University of Chicago Press.
- Faramarzi, M., Esmailzadeh, S & Mosavi, S. (2005). Prevalence and determinants of intimate partner violence in Babol City, Islamic Republic of Iran. *Eastern Mediterranean Health Journal*, 11, 870-879.
- Farrell, M. L. (1996). Healing: A qualitative study of women recovering from abusive relationships with men. *Perspectives in Psychiatric Care*, 32(3), 23-32.
- Fawole, O. I., Asekun-Olarinmoye, E. O., & Osungbade, K. O. (2013). Are very poor women more vulnerable to violence against women? Comparison of experiences of female beggars with homemakers in an urban slum settlement in Ibadan, Nigeria. *Journal of health care for the poor and underserved*, 24(4), 1460-1473.
- Felson, R. B., Messner, S. F., Hoskin, A. W., & Deane, G. (2002). Reasons for reporting and not reporting domestic violence to the police. *Criminology*, 40(3), 617-648.
- Fergus, L., & van't Rood, R. (2013). *Unlocking the potential for change: Education and prevention of gender-based violence*. Report produced by Hifab International AB, Stockholm, Sweden, for the Swedish International Development Cooperation Agency (SIDA).
- Firth, K., Smith, K., Sakallaris, B., Bellanti, D., Crawford, C., Kay, C., & Avant, K. (2015). Healing, a concept analysis. *Global Advances in Health and Medicine*, 4(6), 44-50. <http://gahmj.2015.056>
- Flasch, P., Murray, C. E., & Crowe, A. (2017). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of Interpersonal Violence*, 32(22), 3373-3401.
- Flasch, P., Boote, D., & Robinson, E. H., Murray, C., Fyvolent, C., & Jones, D. (2019). Considering and navigating new relationships during recovery from intimate partner violence. *Journal of Counselling & Development*, 97(2), 148-159.
- Flasch, P., Fall, K., Stice, B. Easley, R., Murray, C., & Crowe, A. (2020). Messages to new survivors by longer-term survivors of intimate partner violence. *Journal of Family Violence*, 35, 29–41. <https://doi.org/10.1007/s10896-019-00078-8>

- Følling, I. S., Solbjør, M., & Helvik, A. S. (2015). Previous experiences and emotional baggage as barriers to lifestyle change—a qualitative study of Norwegian Healthy Life Centre participants. *BMC family practice*, *16*(1), 1-9.
- Friskie, S. M. (2020). The healing power of storytelling: Finding identity through narrative. *The Arbutus Review*, *11*(1), 19-27.
- Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to domestic violence help seeking: Implications for intervention. *Violence Against Women*, *11*(3), 290-310.
- Garcia-Jimenez, M., Durfee, A., Cala-Carrillo, M. J., & Trigo, M. E. (2022). Psychosocial separation and women's disengagement from prosecutions against abusive intimate partners in Spain. *Journal of Interpersonal Violence*, *37*(11-12), NP9953-NP9980.
- Gass, J. D., Stein, D. J., Williams, D. R., & Seedat, S., (2011). Gender differences in risk for intimate partner violence among South African adults. *Journal of Interpersonal Violence*, *26*(14), 2764-2789.
- Glaister, J. A. (2001). Healing: analysis of the concept. *International Journal of Nursing Practice*, *7*(2), 63-68.
- Gonzales, A. R., Schofield, R. B., & Schmitt, G. R. (2005). *Sexual assault on campus: What colleges and universities are doing about it*.
<http://www.ncjrs.gov/pdffiles1/nij/205521.pdf>
- Gordon, A. M., & Chen, S. (2013). Does power help or hurt? The moderating role of self–other focus on power and perspective-taking in romantic relationships. *Personality and Social Psychology Bulletin*, *39*(8), 1097-1110.
- Groves, A. K., Kagee, A., Maman, S., Moodley, D., & Rouse, P. (2012). Associations between intimate partner violence and emotional distress among pregnant women in Durban, South Africa. *Journal of Interpersonal Violence*, *27*(7), 1341-1356.
- Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. *Global Health Action*, *9*(1), 31516.

- Gulati, G., & Kelly, B. D. (2020). Domestic violence against women and the COVID-19 pandemic: What is the role of psychiatry? *International Journal of Law and Psychiatry*, *71*, 101594.
- Haeseler, L. A. (2013). Women's coping experiences in the spectrum of domestic violence abuse. *Journal of Evidence-Based Social Work*, *10*(1), 33-43.
- Halket, M. M., Gormley, K., Mello, N., Rosenthal, L., & Mirkin, M. P. (2014). Stay with or leave the abuser? The effects of domestic violence victim's decision on attributions made by young adults. *Journal of Family Violence*, *29*, 35-49.
- Harding, S. (2013). Rethinking standpoint epistemology: What is strong objectivity? In L. Alcoff and E. Potter (Eds.) *Feminist epistemologies* (pp. 49-82). Routledge.
- Harding, S. (2012). Feminist standpoints. In S. Nagy Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (pp. 45-69). Sage.
- Hartsock, N. C. (1997). Comment on Hekman's truth and method: Feminist standpoint theory revisited: Truth or justice? *Signs: Journal of Women in Culture and Society*, *22*(2), 367-374.
- Hartsock, N. C. (2017). The feminist standpoint: Developing the ground for a specifically feminist historical materialism. In *Karl Marx* (pp. 565-592). Routledge.
https://doi.org/10.1007/0-306-48017-4_15
- Hawley-Bernardez, A. C. (2017). *Leaving experiences of survivors of intimate partner violence in emergency shelter and transitional housing* [Doctoral dissertation]. The University of Texas.
- Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). *Ending violence against women* (population reports, Series L, No. 11). Baltimore: Johns Hopkins University School of Public Health, Center for Communications Programs.
- Heise, L., & Garcia-Moreno, C. (2002). Violence by intimate partners. *World Report on Violence and Health*, *1*, 87-113.
- Hemmings, C. (2011). *Why stories matter: The political grammar of feminist theory*. Duke University Press.

- Hetling, A., Dunford, A., Lin, S., & Michaelis, E. (2018). Long-term housing and intimate partner violence: Journeys to healing. *Affilia*, 33(4), 526-542.
- Hill, J. (2020). *See what you made me do: Power, control, and domestic abuse*. Oxford University Press.
- Hirschmarm, N. J. (1998). Feminist standpoint as a postmodern strategy. *Women & Politics*, 18(3), 73-92.
- Holloway, F. (2016). *Self-esteem: perspectives, influences, and improvement strategies*. <https://searchwords.stanford.edu/view/13959720>
- Hoque, M. E., Hoque, M., & Kader, S. B. (2009). Prevalence and experience of domestic violence among rural pregnant women in KwaZulu-Natal, South Africa. *Southern African Journal of Epidemiology and Infection*, 24, 34-37.
- Hou, W. L., Ko, N. Y., & Shu, B. C. (2013). Recovery experiences of Taiwanese women after terminating abusive relationships: A phenomenology study. *Journal of Interpersonal Violence*, 28(1), 157-175.
- Hui, V., & Constantino, R. E. (2021). The association between life satisfaction, emotional support, and perceived health among women who experienced intimate partner violence (IPV) – 2007 behavioural risk factor surveillance system. *BMC Public Health*, 21(1), 1-8.
- Jack, K. M. (2014). *Lived experiences of women staying in physically abusive relationships* [Doctoral dissertation]. University of South Africa.
- Jaradat, D. (2018). *Women's quality of life after leaving an abusive relationship: The effects of past and ongoing intimate partner violence, mastery, and social support* [Doctoral dissertation]. University of Western Ontario (Canada).
- Jenmorri, K. (2006, February). Of rainbows and tears: Exploring hope and despair in trauma therapy. *Child and Youth Care Forum*, 35(1), 41-55. <https://doi.org/10.1007/s10566-005-9002-7>
- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13, 1-11.

- Jewkes, R., Abrahams, N., Mathews, S., Seedat, M., Van Niekerk, A., Suffla, S., & Ratele, K. (2009). *Preventing rape and violence in South Africa: Call for leadership in a new agenda for action*. Policy brief of the Resource Centre, South African Medical Research Council.
- Jewkes, R., Dunkle, K., Koss, M. P., Levin, J. B., Nduna, M., Jama, N., & Sikweyiya, Y. (2006). Rape perpetration by young, rural South African men: Prevalence, patterns, and risk factors. *Social Science and Medicine*, *63*, 2949-2961.
- Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South African cross-sectional study. *Social Science and Medicine*, *55* (9), 1603-1617.
- Johnson, V. E., Nadal, K. L., Sissoko, D. G., & King, R. (2021). "It's not in your head": Gaslighting, Splaining, victim blaming, and other harmful reactions to microaggressions. *Perspectives on Psychological Science*, *16*(5), 1024-1036.
- Johnson, K., Scott, J., Rughita, B., Kisielewski, M., Asher, J., Ong, R., & Lawry, L. (2010). Association of sexual violence and human rights violations with physical and mental health in territories of the Eastern Democratic Republic of the Congo. *Jama*, *304*(5), 553-562.
- Joseph, S., & Linley, P. A. (Eds.), (2008). *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress*. John Wiley & Sons.
- Kalra, N., Hooker, L., Reisenhofer, S., Di Tanna, G. L., & García-Moreno, C. (2023). Training healthcare providers to respond to intimate partner violence against women. *Emergencias: revista de la Sociedad Espanola de Medicina de Emergencias*, *35*(3), 221-223.
- Kaminer, D., Grimsrud, A., Myer, L., Stein, D. J., & Williams, D. R. (2008). Risk for post-traumatic stress disorder associated with different forms of interpersonal violence in South Africa. *Social Science & Medicine*, *67*(10), 1589-1595.
- Kansky, J., Ruzek, E., & Allen, J. (2017). Observing adolescent relationships: Autonomy processes in parent, peer, and romantic partner interactions. In B. Soenens, M. Vansteenkiste and S. Van Petegem (Eds.), *Autonomy in adolescent development - Towards conceptual clarity* (pp. 33-52). Psychology Press.

- Karakurt, G., & Silver, K. E. (2013). Emotional abuse in intimate relationships: The role of gender and age. *Violence and victims*, 28(5), 804-821.
- Kelly, J. B., & Johnson, M. P. (2008). Differentiation among types of intimate partner violence: Research update and implications for interventions. *Family Court Review*, 46(3), 476-499.
- Kerr, L. K. (2015). Living within your window of tolerance. From www.laurakkerr.com
- Khaw, L., & Hardesty, J. L. (2007). Theorizing the process of leaving: Turning points and trajectories in the stages of change. *Family Relations*, 56(4), 413-425.
- Kiguwa, P. (2019). *Feminist approaches: An exploration of women's gendered experiences*. Wits University Press.
- Kim, J. J., Visserman, M. L., & Impett, E. A. (2019). Power in close intimate relationships. In C. R. Agnew & J. J. Harman (Eds.), *Power in close relationships* (pp. 192-224). Cambridge University Press. <https://doi.org/10.1017/9781108131490.010>
- Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S199.
- Kohrt, B. A., Ottman, K., Panter-Brick, C., Konner, M., & Patel, V. (2020). Why we heal: The evolution of psychological healing and implications for global mental health. *Clinical Psychology Review*, 82, 101920.
- Kordom, A., & Julie, H. (2014). Intimate partner violence amongst undergraduate nursing students: part 1: Contemporary issues in nursing. *South African Journal of Higher Education*, 28(6), 1842-1860.
- Kourti, A., Stavridou, A., Panagouli, E., Psaltopoulou, T., Spiliopoulou, C., Tsolia, M., & Tsitsika, A. (2023). Domestic violence during the COVID-19 pandemic: A systematic review. *Trauma, Violence, & Abuse*, 24(2), 719-745.
- Krug, E. G., Dahlberg, L., Mercy, J. A., Zwi, A., & Lorenzo, R. (2002). *World report on violence and health*. World Health Organization, Geneva, Switzerland. https://www.who.int/violence_injury_prevention/violence/world_report/en/

- Kumar, S., & Casey, A. (2020). Work and intimate partner violence: Powerful role of work in the empowerment process for middle-class women in abusive relationships. *Community, Work & Family*, 23(1), 1-18.
- Landenburger, K. M. (1998). The dynamics of leaving and recovering from an abusive relationship. *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, 27(6), 700-706. <https://doi.org/10.1111/j.1552-6909.1998.tb02641.x>
- Larsen, M. M. (2016). Theoretical & empirical perspectives on intimate partner violence. In M. Larsen (Ed.), *Health inequities related to intimate partner violence against women, social disparities in health and health care* (pp. 13-29). Springer International Publishing. https://doi.org/10.1007/978-3-319-29565-7_2
- Larsen, D., & Wobschall, S. (2016). Perceptions of intimate partner violence among university students: Situational and gender variables. *Forum on Public Policy*, 2016(2), 1-8.
- Leavy, P. (2022). *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. Guilford Publications.
- Leburu-Masigo, G. (2019). Urban and rural women's experiences of intimate partner violence. *Southern African Journal of Social Work and Social Development*, 31(3), 14.
- Letourneau, N., Morris, C. Y., Stewart, M., Hughes, J., Critchley, K. A., & Secco, L. (2013). Social support needs identified by mothers affected by intimate partner violence. *Journal of Interpersonal Violence*, 28(14), 2873-2893.
- Lewis, S. D., Henriksen, R. C. Jr., & Watts, R. E. (2015). Intimate partner violence: The recovery experience. *Women & Therapy*, 38 (3-4), 377-394.
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage Handbook of Qualitative Research*, 4(2), 97-128.
- Liu, S., Dore, M. M., & Amrani-Cohen, I. (2013). Treating the effects of interpersonal violence: A comparison of two group models. *Social Work with Groups*, 36(1), 59-72.
- Lohan, A., & King, F. (2016). Self-esteem: Defining, measuring, and promoting an elusive concept. *REACH-Journal of Special Needs Education in Ireland*, 29(2), 116-127.

- Longino, H. E. (2018). Essential tensions—phase two: Feminist, philosophical, and social studies of science. In *A mind of one's own* (pp. 93-109). Routledge.
- López-Fuentes, I., & Calvete, E. (2015). Building resilience: A qualitative study of Spanish women who have suffered intimate partner violence. *American Journal of Orthopsychiatry*, 85(4), 339.
- Machisa, M. T., Christofides, N. & Jewkes, R. (2017). Mental ill health in structural pathways to women's experiences of intimate partner violence. PLoS ONE, 12, e0175240. <https://doi.org/10.1371/journal.pone.0175240>
- Manda, C., & Magezi, V. (2016). The use of spiritual resources to cope with trauma in daily existence. *In die Skriflig*, 50(1), 1-10.
- Mansa, M. (2020). *Coping strategies of women intimate partner violence survivors: Perspectives of service providers* [Doctoral dissertation]. University of Saskatchewan.
- Marks, D. F., & Yardley, L. (Eds.), (2004). *Research methods for clinical and health psychology*. Sage.
- Matthews, T., O'Leary, K., Turner, A., Sleeper, M., Woelfer, J. P., Shelton, M, & Consolvo, S. (2017). *Stories from survivors: Privacy & security practices when coping with intimate partner abuse*. Proceedings of the 2017 CHI conference on human factors in computing systems (pp. 2189-2201).
- Mazibuko, N.C., & Umejesi, I. (2015). Domestic violence as a 'class thing': Perspectives from a South African township. *Gender and Behaviour*, 13 (1), 6584-6593. <https://hdl.handle.net/10520/EJC172607>
- McAllister, P. (2022). *"But it didn't ruin me": A feminist phenomenological analysis of trauma and healing after intimate partner violence* [Doctoral dissertation]. Kansas State University.
- McCracken, K., Unterhalter, E., Márquez, S., & Chelstowska, A. (2015). *Empowering women and girls through education*. Brussels: European Parliament. <https://data.europa.eu/doi/10.2861/23593>
- McElligott, D. (2010). Healing: The journey from concept to nursing practice. *Journal of Holistic Nursing*, 28(4), 251-259.

- Melgar Alcantud, P., Campdepadrós-Cullell, R., Fuentes-Pumarola, C., & Mut-Montalvà, E. (2021). "I think I will need help": A systematic review of who facilitates the recovery from gender-based violence and how they do so. *Health Expectations*, 24(1), 1-7.
- Mellgren, C., Andersson, M., & Ivert, A. K. (2018). "It happens all the time": Women's experiences and normalization of sexual harassment in public space. *Women & Criminal Justice*, 28(4), 262-281.
- Mennicke, A. (2019). Expanding and validating a typology of intimate partner violence: Intersections of violence and control within relationships. *Violence Against Women*, 25(4), 379-400.
- Menon, V., Pattnaik, J. I., Ipsita, J., & Padhy, S. K. (2020). Role of media in preventing gender-based violence and crimes during the COVID-19 pandemic. *Asian Journal of Psychiatry*, 54, 102449. <http://dx.doi.org/10.1016/j.ajp.2020.102449>
- Merritt-Gray, M., & Wuest, J. (1995). Counteracting abuse and breaking free: The process of leaving revealed through women's voices. *Health Care for Women International*, 16(5), 399-412.
- Mikton, C. (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence. *Injury Prevention*, 16(5), 359-360.
- Mills, S. (2013). *Exploring narratives of women who survive intimate partner violence and the process of their moving on to non-abusive relationships* [Doctoral dissertation]. University of Pretoria.
- Misso, D., Schweitzer, R. D., & Dimaggio, G. (2019). Metacognition: A potential mechanism of change in the psychotherapy of perpetrators of domestic violence. *Journal of Psychotherapy Integration*, 29(3), 248-260. <https://doi.org/10.1037/int0000111>
- Mitchell, C., & Anglin, D. (Eds.), (2009). *Intimate partner violence: A health-based perspective*. OUP USA.
- Mojahed, A., Alaidarous, N., Shabta, H., Hegewald, J., & Garthus-Niegel, S. (2022). Intimate partner violence against women in the Arab countries: A systematic review of risk factors. *Trauma, Violence, & Abuse*, 23(2), 390-407.

- Mosedale, S. (2014). Women's empowerment as a development goal: taking a feminist standpoint. *Journal of International Development*, 26(8), 1115-1125.
- Mthembu, J., Mabaso, M., Reis, S., Zuma, K., & Zungu, N. (2021). Prevalence and factors associated with intimate partner violence among the adolescent girls and young women in South Africa: Findings of the 2017 population-based cross-sectional survey. *BMC Public Health*, 21, 1160. <https://doi.org/10.1186/s12889-021-11183-z>
- Muluneh, M., Stulz, V., Francis, L., & Agho, K. (2020). Gender-based violence against women in sub-Saharan Africa: A systematic review and meta-analysis of cross-sectional studies. *International Journal of Environmental Research and Public Health*, 17(3), 903.
- Mushonga, D. R., Rasheem, S., & Anderson, D. (2021). And still I rise: Resilience factors contributing to posttraumatic growth in African American women. *Journal of Black Psychology*, 47(2-3), 151-176.
- National Coalition Against Domestic Violence. (2015). *Domestic violence national statistics*. www.ncadv.org
- Ndlovu, C. S. (2021). *Examining the effectiveness of prevention programmes being implemented to address the needs of women experiencing intimate partner violence in Msinga, KwaZulu-Natal, South Africa* [Doctoral dissertation]. University of Kwazulu-Natal.
- Nduna, M. (2020). *Short discussion series: A magnifying glass and a glass and a fine-tooth comb: Understanding girls' and young girls and young women's sexual vulnerability*. www.justgender.org
- Nelson, T., & Constantinidis, C. (2017). Sex and gender in family business succession research: A review and forward agenda from a social construction perspective. *Family Business Review*, 30(3), 219-241.
- O'Brien Hallstein, D. L. (2000). Where standpoint stands now: An introduction and commentary. *Women's Studies in Communication*, 23(1), 1-15.
- Ogolsky, B. G., Monk, J. K., Rice, T. M., Theisen, J. C., & Maniotes, C. R. (2017). Relationship maintenance: A review of research on romantic relationships. *Journal of Family Theory & Review*, 9(3), 275-306.

- Ogum Alangea, D., Addo-Lartey, A. A., Sikweyiya, Y., Chirwa, E. D., Coker-Appiah, D., Jewkes, R., & Adanu, R. M. K. (2018). Prevalence and risk factors of intimate partner violence among women in four districts of the central region of Ghana: Baseline findings from a cluster randomised controlled trial. *PloS One*, *13*(7), e0200874. <https://doi.org/10.1371/journal.pone.0200874>
- Panchanadeswaran, S., & Koverola, C. (2005). The voices of battered women in India. *Violence Against Women*, *11*(6), 736-758.
- Parkin, S. J. (2017). *Survival after violence: The post-separation journey of women who have experienced intimate partner violence*. <https://ro.ecu.edu.au/theses/2001>
- Peltzer, K., Phaswana-Mafuya, N., & Pengpid, S. (2017). Victimization and perpetration of intimate partner violence among female and male youth and adults in South Africa. *Global Journal of Health Science*, *9*(10), 1. <https://doi.org/10.5539/gjhs.v9n10p1>
- Peterman, A., Bleck, J., & Palermo, T. (2015). *Age and intimate partner violence: An analysis of global trends among women experiencing victimization in 30 developing countries*. Stony Brook.
- Pilcher, J., & Whelehan, I. (2016). *Key concepts in gender studies*. Sage.
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, *52*(2), 126.
- Prager, K. J., Poucher, J., Shirvani, F. K., Parsons, J. A., & Allam, Z. (2019). Withdrawal, attachment security, and recovery from conflict in couple relationships. *Journal of Social and Personal Relationships*, *36*(2), 573-598.
- Pretorius, T. Florence, M. Savahl, S. Padmanabanunni, A. Smith, M., & Isaacs, S. (2016). *Introduction to research methods and statistics*. Cape Town: University of the Western Cape.
- Puri, M., Tamang, J., & Shah, I. (2011). Suffering in silence: Consequences of sexual violence within marriage among young women in Nepal. *BMC Public Health*, *11*, 1-10.
- Ragavan, M. I., Risser, L., Duplessis, V., DeGue, S., Villaveces, A., Hurley, T. P. & Randell, K. A. (2022). The impact of the COVID-19 pandemic on the needs and lived experiences

- of intimate partner violence survivors in the United States: Advocate perspectives. *Violence Against Women*, 28(12-13), 3114-3134.
- Rakovec-Felser, Z. (2014). Domestic violence and abuse in intimate relationship from a public health perspective. *Health Psychology Research*, 2(3), 1821.
<https://doi.org/10.4081/hpr.2014.1821>
- Ranjbar, V., & Speer, S. (2013). Revictimization and recovery from sexual assault: Implications for health professionals. *Violence and Victims*, 28 (2), 274-287.
- Reisenhofer, S., & Taft, A. (2013). Women's journey to safety – The transtheoretical model in clinical practice when working with women experiencing intimate partner violence: A scientific review and clinical guidance. *Patient Education and Counselling*, 93(3), 536-548.
- Riger, S., Raja, S., & Camacho, J. (2002). The radiating impact of intimate partner violence. *Journal of Interpersonal Violence*, 17(2), 184-205.
- Robb, W. J. (2006). Self-healing: A concept analysis. *Nursing Forum*, 41(2), 60-77.
- Robbins, W. (1996). Dollars and sense, or reflections and projections of a feminist researcher. In *Memories and visions: Celebrating 20 years of Feminist Research within CRIAW/ICREF*, 20, 170-77.
- Roberts, A. L., McLaughlin, K. A., Conron, K. J., & Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence. *American Journal of Preventive Medicine*, 40(2), 128-138.
- Robinson, T. A. (2010). *Emotional response patterns and emotional numbing in adult female victims of sexual assault with PTSD* [Doctoral dissertation]. University of Missouri-Saint Louis.
- Roulston, K., & Shelton, S. A. (2015). Reconceptualizing bias in teaching qualitative research methods. *Qualitative Inquiry*, 21(4), 332-342.
- Sabzalian, L. (2018). Curricular standpoints and native feminist theories: Why native feminist theories should matter to curriculum studies. *Curriculum Inquiry*, 48(3), 359-382.

- Saint Arnault, D., & O'Halloran, S. (2016). Using mixed methods to understand the healing trajectory for rural Irish women years after leaving abuse. *Journal of Research in Nursing, 21*(5-6), 369-383.
- Schaefer, L. M., Howell, K. H., Schwartz, L. E., Bottomley, J. S., & Crossnine, C. B. (2018). A concurrent examination of protective factors associated with resilience and posttraumatic growth following childhood victimization. *Child Abuse & Neglect, 85*, 17-27.
- Segalo, P., & Fine, M. (2017). Threading Life Stories: Embroidery as an Engaged Method. *Emancipatory and Participatory Methodologies in Peace, Critical, and Community Psychology, 107-117*.
- Segalo, P. (2023). Embroidered Voices: Exposing Hidden Trauma Stories of Apartheid. *Textile, 21*(2), 422-434.
- Selokela, O. (2005). African women overcoming patriarchy. *A study of women in Apostolic Faith Mission (AFM) Church in Rustenburg, South Africa* [Master's thesis]. University of KwaZulu-Natal, Pietermaritzburg, South Africa. <http://hdl.handle.net/10413/1689>
- Sideris, T. (2013). Intimate partner violence in post-apartheid South Africa: Psychoanalytic insights and dilemmas. In C. Smith, G. Lobban and M. O'laughlin (Eds.), *Psychodynamic Psychotherapy in South Africa*, 169-193. Wits University Press. <https://doi.org/10.18772/2013046031.14>
- Sims, C. D. L. (2008). Invisible wounds, invisible abuse: The exclusion of emotional abuse in newspaper articles. *Journal of Emotional Abuse, 8*(4), 375-402.
- Singh, S., Mudaly, R., & Singh-Pillay, A. (2015). *The what, who and where of female students' fear of sexual assault on a South African university campus. Agenda, 29*(3), 97-105.
- Sinko, L., James, R., & Hughesdon, K. (2022). Healing after gender-based violence: A qualitative meta synthesis using meta-ethnography. *Trauma, Violence, & Abuse, 23*(4), 1184-1203.
- Sinko, L., & Saint Arnault, D. (2019). Finding the strength to heal: Understanding recovery after gender-based violence. *Violence Against Women, 26*(12-13), 1616-1635. <https://doi.org/10.1177/1077801219885185>

- Sinko, L., Munro-Kramer, M., Conley, T., Burns, C. J., & Arnault, D. M. S. (2020). Healing is not linear: Using photography to describe the day-to-day healing journeys of undergraduate women survivors of sexual violence. *Journal of Community Psychology*, 48(3), 658-674.
- Sinko, L., Munro-Kramer, M., Conley, T., & Saint Arnault, D. (2021a). Internalized messages: The role of sexual violence normalization on meaning-making after campus sexual violence. *Journal of Aggression, Maltreatment & Trauma*, 30(5), 565-585.
- Sinko, L., Schaitkin, C., & Saint Arnault, D. (2021b). The healing after gender-based violence scale (GBV-heal): An instrument to measure recovery progress in women-identifying survivors *Global Qualitative Nursing Research*, 8, 233339362199667.
- Slater, C.L., Bordenave, J., Boyer, B.A. (2016). Impact of Spiritual and Religious Coping on PTSD. In C. Martin, V. Preedy and V. Patel (Eds.), *Comprehensive guide to post-traumatic stress disorders* (pp. 147-162). Springer. https://doi.org/10.1007/978-3-319-08359-9_49
- Smith, M. E. (2003). Recovery from intimate partner violence: A difficult journey. *Issues in Mental Health Nursing*, 24(5), 543-573.
- Smye, V., Varcoe, C., Browne, A. J., Dion Stout, M., Josewski, V., Ford-Gilboe, M., & Keith, B. (2021). Violence at the intersections of women's lives in an urban context: Indigenous women's experiences of leaving and/or staying with an abusive partner. *Violence Against Women*, 27(10), 1586-1607.
- Song, L. Y. (2012). Service utilization, perceived changes of self, and life satisfaction among women who experienced intimate partner abuse: The mediation effect of empowerment. *Journal of Interpersonal Violence*, 27(6), 1112-1136.
- Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*, 9(1), 1.
- Stark, E., & Flitcraft, A. (1996). *Women at risk, domestic violence and women's health*. Thousand Oaks, CA, London <https://doi.org/10.1177/002087289704000216>

- Stark, E., & Hester, M. (2019). Coercive control: Update and review. *Violence Against Women*, 25(1), 81-104.
- Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., & Ashford, L. S. (2018). Accelerate progress – sexual and reproductive health and rights for all: Report of the Guttmacher-Lancet Commission. *The Lancet*, 391(10140), 2642-2692.
- Strauss Swanson, C., & Szymanski, D. M. (2020). From pain to power: An exploration of activism, the #Metoo movement, and healing from sexual assault trauma. *Journal of Counselling Psychology*, 67(6), 653.
- Sweet, P. L. (2019). The sociology of gaslighting. *American Sociological Review*, 84(5), 851-875.
- Sweet, P. L. (2020). Who knows? Reflexivity in feminist standpoint theory and Bourdieu. *Gender & Society*, 34(6), 922-950.
- Tamas, S. (2011). Biting the Tongue that Speaks You: (Re) writing Survivor Narratives. *International Review of Qualitative Research*, 4(4), 431-459.
- Tamas, S. (2016). *Life after leaving: The remains of spousal abuse*. Routledge.
- Tedeschi, R. & Calhoun, G., (1995). *Trauma and transformation growing in the aftermath of suffering*. Thousand Oaks, CA: Sage.
- Tedeschi, R. G. (1999). Violence transformed: Posttraumatic growth in survivors and their societies. *Aggression and Violent Behaviour*, 4(3), 319-341.
- Tedeschi, R. G. & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Posttraumatic growth: Theory, research, and applications*. Routledge.
- Thaggard, S., & Montayre, J. (2019). There was no-one I could turn to because I was ashamed: Shame in the narratives of women affected by IPV. *Women's Studies International Forum*, 74, 218-223. Pergamon.

- Troisi, G. (2018). Measuring intimate partner violence and traumatic affect: Development of Vita, an Italian scale. *Frontiers in Psychology, 9*, 1282.
<https://doi.org/10.3389/fpsyg.2018.01282>
- Uganda Health and Demographic Survey (UDHS, 2011). *Uganda demographic and health survey*. Uganda Bureau of Statistics, Kampala, Uganda.
- Ulloa, E., Guzman, M. L., Salazar, M., & Cala, C. (2016). Posttraumatic growth and sexual violence: A literature review. *Journal of Aggression, Maltreatment & Trauma, 25*(3), 286-304.
- Ulmestig, R., & Eriksson, M. (2017). Financial consequences of leaving violent men-women survivors of domestic violence and the social assistance system in Sweden. *European Journal of Social Work, 20*(4), 560-571.
- UNFPA (United Nations Population Fund). (2007). *Giving girls today and tomorrow: Breaking the silence*. <https://www.unfpa.org/sites/default/files/pub-pdf/givinggirls.pdf>
- Valdez, C. E., & Lilly, M. M. (2015). Posttraumatic growth in survivors of intimate partner violence: An assumptive world process. *Journal of Interpersonal Violence, 30*(2), 215-231.
- Van Niekerk, T. J. (2019). Silencing racialised shame and normalising respectability in “coloured” men’s discourses of partner violence against women in Cape Town, South Africa. *Feminism & Psychology, 29*(2), 177-194.
- Voce, I., & Boxall, H. (2018). Who reports domestic violence to police? A review of the evidence. *Trends and Issues in Crime and Criminal Justice, (559)*, 1-16.
- Vogt, W. P., & Johnson, B. (2011). *Dictionary of statistics & methodology: A nontechnical guide for the social sciences*. Sage.
- Waller, B. Y., & Bent-Goodley, T. B. (2023). “I have to fight to get out”: African American women intimate partner violence survivors’ construction of agency. *Journal of Interpersonal Violence, 38*(3-4), 4166-4188.
- Walters, M. L., Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Merrick, M. T., & Chen, J. (2011). *The national intimate partner and sexual violence survey (NISVS)*:

2010 summary report.

https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

- Wendler, M. C. (1996). Understanding healing: A conceptual analysis. *Journal of Advanced Nursing*, 24(4), 836-842.
- White, D. M. (2018). *Long-term survivors' coping and resiliency strategies after leaving an abusive relationship: A phenomenological inquiry* [Doctoral dissertation]. Walden University.
- Wilkins, N., Tsao, B., Hertz, M. F., Davis, R., & Klevens, J. (2014). Connecting the dots: An overview of the links among multiple forms of violence. https://stacks.cdc.gov/view/cdc/31552/cdc_31552_DS1.pdf
- Wolf, B. (2013). Gender-based violence and the challenge of visual representation. *Comunicació: revista de recerca i d'anàlisi*, 193-216.
- Wood, L., Schrag, R. V., McGiffert, M., Brown, J., & Backes, B. (2023). "I felt better when i moved into my own place": Needs and experiences of intimate partner violence survivors in rapid rehousing. *Violence Against Women*, 29(6-7), 1441-1466.
- World Health Organization. (2000). Boys in the picture: Gender-based programming in adolescent health and development in Europe. <https://apps.who.int/iris/handle/10665/108663>
- World Health Organization. (2005). *Addressing violence against women and achieving the Millennium Development Goals* (No. WHO/FCH/GWH/05.1). 2. Monitoring and evaluation of VAW/G programs. World Health Organization. http://www.who.int/gender/documents/women_MDGs_report/en/index.html
- World Health Organization. (2013a). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization. http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
- World Health Organization. (2013b). *Responding to intimate partner violence and sexual violence against women*. Geneva.

- World Health Organization. (2017). *Intimate partner and sexual violence against women: Fact sheet*. Geneva. <http://www.who.int/mediacentre/factsheets/fs239/en/>
- World Health Organization. (2020). *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*. Geneva.
- Wuest, J., & Merritt-Gray, M. (1999). Not going back: Sustaining the separation in the process of leaving abusive relationships. *Violence Against Women*, 5(2), 110-133.
- Wuest, J., & Merritt-Gray, M. (2001). Beyond survival: Reclaiming self after leaving an abusive male partner. *Canadian Journal of Nursing Research Archive*, 32(4), 79-94. PMID: 11928303.
- Žukauskienė, R., Kaniušonytė, G., Bergman, L. R., Bakaitytė, A., & Truskauskaitė-Kunevičienė, I. (2021). The role of social support in identity processes and posttraumatic growth: A study of victims of intimate partner violence. *Journal of Interpersonal Violence*, 36(15-16), 7599-7624

6.9. APPENDICES

Women's and Gender Studies

Information sheet

My name is Lami Magwaza and I am conducting a study on the journey to healing from Intimate Partner Violence (IPV). The study aims at exploring how young women in the Western Cape, find ways of healing and recovery after a relationship characterized by intimate partner violence. The aim of the study is to explore the nature of healing and recovery through narratives of women who have survived IPV. This research therefore envisages contributing towards a gap in research based on the healing journey of women in South Africa through foregrounding the voices of young women's lived experiences, how they move beyond surviving IPV to reconstruct their lives.

If you agree to participate, one on one interview sessions which will take 1 – 1:30 mins, will be conducted with you. You will be asked open-ended questions on how you experienced IPV and found ways of healing and recovery from it. Your participation in this study will be anonymous and I will be using pseudonyms to ensure that you are not identifiable. Your confidentiality is guaranteed as the only people that will access the data are my supervisor and myself. Interviews will be recorded with your consent, that is; you can agree or not agree to be recorded. Please note that there will be no incentives or payments for participation in the study. I envisage that the study could provide hope and assurance that there is light and life after IPV, that people that are also on this journey to healing and recovery can know that there are others like them who have experienced healing. This study will be a much-needed resource in a space characterized by high levels of violence against women.

I am aware that as an IPV survivor you might have experienced trauma. Please note that I will not ask any questions that may retraumatize you. However, in case traumatic moments are triggered, I will refer you to counselling services at no cost to you with, the Rape Crisis Centre Cape Town or any other NGO that you may be closer to at the time of interviews. Alternatively, I will refer you to the nearest government counselling facility which I will establish before conducting the interviews.

Please note that your participation is voluntary, and you may withdraw from the study at any time. If at any point you may have any questions, feel free to contact me, my supervisor or the institution's research office. Below are all the contact details.

Lami Magwaza - 3628548@myuwc.ac.za Tel. [0737498693](tel:0737498693)

Supervisor- Prof S Ngabaza: sngabaza@uwc.ac.za Tel 021 959 3354



Research office - HSSREC, Research Development, Tel: 021 959 4111,
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University of the Western Cape

Consent Form

Title : Pathways to healing from Intimate Partner Violence (IPV): Voices of young women in the Western Cape

Researcher: Lami Magwaza

	Please initial box	
	Yes	No
1. I confirm that I have read and have understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to be audio-recorded.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that the data collected from me may be used in future research.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree to take part in the above research project.	<input type="checkbox"/>	<input type="checkbox"/>

[Since this is a sample form, you do not need to get it signed for the purposes of ethics clearance. It will have to be signed when you actually do your interviews.]

Name of Participant
(or legal representative)

Date

Signature

Name of person taking consent
(If different from lead researcher)

Date

Signature

Lead Re Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only. **[Enter full names and contact details in the blocks below.]** (To be signed in the presence of participants).

Researcher

Date

Signatu

Researcher:
Lami Magwaza
Tell: 0737498693
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Supervisor:
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Interview Schedule

Pathways to healing from Intimate Partner Violence (IPV): Voices of young women in the Western Cape

- Can you tell me about yourself as a woman in South Africa? From your reflections, what do you think the positions of women like you are in South Africa?
- When did you understand you were in an abusive relationship? At what point did you realise it was not healthy for you and had to do something?
- When you realized that you were in an unhealthy relationship, what actions, strategies or mechanisms did you take or what/who did you turn to?
- What motivated you to leave the relationship, was the motivation external or internal?
- What is your definition of healing?
- What contributed the most towards your healing journey?
- From your experience, would you say one can fully heal from an abuse?
- What does full recovery look like to you? If you could say someone has healed what could it look like for you?
- Are there any positive changes or lessons you have drawn from this experience about yourself through this journey to healing?
- Given an opportunity to share with other individuals that are going through the process of healing from IPV, what advice would you share with them?
- Would you like to share anything else?

Chairperson: Prof Sisa Ngabaza

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UNIVERSITY of the
WESTERN CAPE



14 May 2021

Ms L Magwaza
Women and Gender Studies
Faculty of Arts and Humanities

HSSREC Reference Number: HS21/2/28

Project Title: Pathways to healing from Intimate Partner Violence (IPV): Voices of young women in the Western Cape.

Approval Period: 11 May 2021 – 11 May 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

The permission to conduct the study must be submitted to HSSREC for record keeping purposes.

The Committee must be informed of any serious adverse events and/or termination of the study.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

NHREC Registration Number: HSSREC-130416-049

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**PATHWAYS TO HEALING FROM INTIMATE PARTNER VIOLENCE:
VOICES OF YOUNG WOMEN IN THE WESTERN CAPE**

by

Lami Quixote Magwaza (3628548)

⁴ Thesis submitted in fulfilment of the requirement for the degree of Master of Arts

in the

Match Overview

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