

**An exploration of LGBTQIA+ university students' lived experience of intimate
partner violence in South Africa**

by

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List of acronyms

IPA	Interpretative phenomenological analysis
IPV	Intimate partner violence
IPVA	Intimate partner violence and abuse
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus
UFS	University of the Free State
WHO	World Health Organization

Clarification of concepts

The definitions used below are from the National Task Team on Gender and Sexual Orientation-Based Violence Perpetrated Against LGBTQIA⁺ Persons in South Africa (Department of Justice and Constitutional Development, 2011).

Bisexual: An individual who is attracted to more than one sex or gender (they might find themselves attracted to both men and women sexually or romantically).

Cisgender: An opinion that an individual has about their gender corresponding with their assigned sex at birth.

Heteronormative: An assumption that there is no other sex or gender besides male and female.

Heterosexual: An individual who is either romantically or sexually attracted to their opposite sex.

Gay: A man who is attracted to other men either/both sexually or romantically.

Gender binary: The concept that there are only two genders, and that everyone belongs to one of them.

Gender Identity: The way an individual chooses to be recognised based on/irrespective of their sex.

Gender non-binary: This involves an individual who does not conform to any traditionally assumed gender role or identity.

Lesbian: A woman who is attracted to other women either/both sexually or romantically.

Sexual Orientation: An individual's preference in choosing who they are attracted to, and what the types of sexual gratification they prefer to engage in.

Pansexual: An individual that has no limit to who they are attracted to, this basically means that they are attracted any sex or gender, whether binary or non-binary.

Queer: This is an umbrella term used by most LGBTQIA⁺ indicating that they fall outside of what is considered the normal sexuality.

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Student declaration and authenticity

I, Mavhungu Ramavhoya, declare that the mini-dissertation that I herewith submit at the University of the Free State is my independent work and that I have not previously submitted it to any other higher education institution.

**Mavhungu Ramavhoya**

30 January 2024

Date

Declaration by supervisor



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PERMISSION TO SUBMIT

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Department: Psychology

Title: An exploration of LGBTQIA+ university students' lived experience of intimate partner violence in South Africa

I hereby provide permission that this dissertation be submitted for examination in fulfilment of the requirements for the degree MSocSci (Clinical Psychology) in the Department of Psychology, Faculty of Humanities at the University of the Free State.

I approve the submission for assessment and confirm that the submitted work has not previously, either in part or in its entirety, been submitted to examiners or moderators.

Sincerely,

Dr ED Du Plessis



Declaration by language editor

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DECLARATION

I, Anneke-Jean Diesel, hereby declare that I did the language editing of the dissertation of Mavhungu Jodale Ramavhoya (title: An exploration of LGBTQIA+ university students' lived experience of intimate partner violence in South Africa). This dissertation (in article format) is submitted in partial fulfilment of the requirements for the degree MASTER OF SOCIAL SCIENCES (CLINICAL PSYCHOLOGY) in the FACULTY OF THE HUMANITIES, DEPARTMENT OF PSYCHOLOGY at the UNIVERSITY OF THE FREE STATE. All the suggested changes, including the implementation thereof, were left to the discretion of the student.

Please note:

The language editing did not include reference editing/checking or formatting. Also, the editor will not be held accountable for any later additions or changes to the document that the editor did not edit, nor if the student rejects/ignores any of the changes, suggestions or queries, which he/she is free to do. It remains the student's responsibility to ensure that the similarity index is according to the University's regulations. The editor can also not be held responsible for errors in the content of the document or whether or not the student passes or fails. It is the student's responsibility to review the edited document before submitting it for evaluation.

Sincerely



SATI Registration #: 1003466

Note to the Examiner

The examiner is hereby informed of the student's intention to submit this mini-dissertation (in article format) to the *Qualitative Research in Psychology* for publication. For this reason, the student has followed the guidelines stipulated by the journal and included the "instructions for authors" for the *Qualitative Research in Psychology* (Appendix 1). The journal does not specify any word limit; however, a word count is included (Appendix 2). Furthermore, the student wants to draw the examiners' attention to the attached ethical clearance letter (Appendix 3). This letter initially states the title of the study as *The lived experience of intimate partner violence within LGBTQIA+ relationships*. However, the title was changed after further in-depth engagement with the literature and data. The study was revised this way, and no other revisions were made concerning the recruitment of participants, informed consent and interventions for the possible risks associated with the research or data collection measures.

Study outline

This mini-dissertation (in article format) comprises three sections. The first section is an introductory section that provides background information on intimate partner violence in lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus relationships. This section also includes the methodology used in the study and a discussion of ethical issues. The second section consists of the article that will be submitted for examination and to the *Qualitative Research in Psychology* for publication. The last section provides the student's reflections on the research process and highlights practical recommendations.

SECTION 1: INTRODUCTION

Introduction

Globally, intimate partner violence (IPV) has been recognised as a perpetual issue with adverse social, psychological, financial, and physical consequences affecting the well-being of individuals across all demographic lines, including race, age, gender, sexual orientation, and socioeconomic status (Graham et al., 2019; Kar et al., 2022; Laskey et al., 2019; Rollè et al., 2018). The adverse consequences extend beyond an individual level and often permeate the lives of family members, friends, and the general population (Guli & Geda, 2021). According to researchers, IPV continues to be a concern to many countries as it impedes the annual gross domestic product through the adverse health consequences that accompany it (Estes & Weber, 2021; Guli & Geda, 2021; Gupta, 2021; Kahui & Snively, 2014 & Kaighobadi et al., 2020). In South Africa, the prevalence of IPV is overwhelmingly high, with one out of every three individuals reporting being a victim of IPV (Closson et al., 2023; Mailula, 2020; Tallis et al., 2021).

IPV is typically grouped under three broad categories: physical (e.g., hitting, punching and kicking), sexual (e.g., coerced or nonconsensual sexual contact), and psychological (e.g., emotional or verbal). However, IPV is not solely confined to these groupings as there are others, namely cultural/identity abuse, using isolation, economic abuse and minimising, denying or blaming the victim, adding to the debate over how to precisely conceptualise IPV because of the many different forms it takes (Kar et al., 2022; Mailula, 2020; Meinhart et al., 2021; Reuter et al., 2017). This study defined IPV as “any form of aggression and controlling behaviours used against a current or past intimate partner of any gender or relationship status” (Dixon & Graham-Kevan, 2011, p. 1445).

Service organisations that work to protect and promote health conceptualised IPV as a severe public health concern that can affect everyone due to its worldwide prevalence and adverse consequences (National Intimate Partner and Sexual Violence Survey [NISVS], 2021; World Health Organization [WHO], 2021). The historical conceptualisation of IPV was heteronormative, limiting it to heterosexual relationships (Baker et al., 2012; Calton et al., 2016; Kimmes et al., 2019).

This heteronormative perspective created a biased recognition of IPV in research as the focus was primarily on heterosexual relationships, with little research conducted on individuals who identified as lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus (LGBTQIA⁺) (Callan et al., 2021; Estes & Weber, 2021; Giraldo et al., 2021; Longobardi & Badenes-Ribera, 2017). This missing link in literature needed to be remedied to represent this population, and in 1986, researchers started publishing research on LGBTQIA⁺ IPV (Baker et al., 2012; Workman et al., 2022; Ximba, 2021). Despite the amendment of this crucial missing link in literature, Mailula (2021) maintained that there is still an irresistible silence on IPV matters among LGBTQIA⁺ individuals, especially university students in South Africa. Similarly, Closson et al. (2023), Fedina et al. (2018), and Nelson et al. (2022) argued that there is a need for researchers to continue addressing IPV among LGBTQIA⁺ university students as they are at a greater risk of victimisation and are reluctant to seek help.

Prevalence of LGBTQIA⁺ university students' victimisation

Since researchers began documenting this phenomenon in the 1980s, numerous studies have reported that LGBTQIA⁺ individuals are just as likely as heterosexual individuals to be victims of IPV (Badenes-Ribera et al., 2016; Corey et al., 2022; Finneran & Stephenson, 2014; Graham et al., 2019; Longobardi & Badenes-Ribera, 2019; Murray et al., 2008; Nowinski & Bowen, 2012). A study by Kaukinen (2004) indicated that the

prevalence of IPV among LGBTQIA⁺ university students (aged 18-35) increased by 50% as compared to their heterosexual counterparts. This finding correlates with a finding by Whitfield et al. (2021), who found that the prevalence of IPV among this population group had increased more than the rates reported in the early 1980s and 1990s. University students who identify as lesbian and bisexual were found to be at an increased rate of experiencing almost all forms of violence (Bermea et al., 2019; Reuter et al., 2017). Gay and bisexual men were prone to experiencing verbal aggression in the form of put-downs, name-calling, and unreasonable criticisms (Reuter et al., 2017). In addition, another study found that gay and bisexual men had reported a high rate of sexual violence in the form of grooming, and another finding was that this population was vulnerable to experiencing cultural or identity violence (e.g., ‘outing’, which refers to being threatened that their sexual orientation will be exposed) (Griner et al., 2017). Those who identify as other, transgender, queer, intersex, asexual and plus were found to have a heightened risk of experiencing all forms of violence than lesbian, gay and bisexual individuals (Griner et al., 2017).

LGBTQIA⁺ university students comprise a large proportion of those who experience IPV, and they are often at a greater risk of being victimised (Gomez, 2021; Müller, 2017). This prevalence also occurs among South African LGBTQIA⁺ university students, where the country is globally known to have one of the highest rates of IPV (Closson et al., 2023; Gomez, 2021; Stephenson et al., 2020; Ximba, 2021). In their respective studies, Ximba (2021), as well as Stephenson et al. (2020) found that students identifying as being gay, lesbian, or bisexual reported a heightened prevalence of physical and psychological violence victimisation. Contrastingly, Stephenson and Finneran (2017) found that gay and bisexual male students were more prone to experience sexual violence. Similarly, findings of a study conducted amongst a sample of gay and bisexual college

men in the US reported high rates of sexual abuse (Graham et al., 2019). Lesbian and bisexual women reported a higher psychological violence victimisation rate compared to the gay and bisexual men (Müller, 2017). Estimations for university students who identified with other gender identities indicated that transgender students are at a greater risk of experiencing sexual and physical violence while pursuing their studies (Closson et al., 2023; Stephenson et al., 2020). Kaighobadi et al. (2020) found that about 10% to 30% of transgender and plus university students had heightened rates of experiencing all forms of IPV and regarded this as concerning because it was higher than those identifying as being lesbian. Combined, these studies indicated that IPV is not a unique phenomenon for LGBTQIA⁺ university students and provided relevant statistics to substantiate this.

The implications of IPV victimisation for the LGBTQIA⁺ individual

Researchers found an association between IPV victimisation in LGBTQIA⁺ individuals and a range of adverse consequences that permeate different areas of their lives (Kar et al., 2022; Nelson et al., 2022). Psychological difficulties, followed by psychosocial difficulties, were found to be one of the most frequent consequences of IPV amongst this minority population, especially when it involved power and control (Karr et al., 2022). Similarly, a study by Whitfield et al. (2021), which examined the prevalence of the different forms of IPV among university students by utilising the National College Health Survey (NCHV) 2011-2013 data set, found that 60% of the sample had reported experiencing psychological difficulties resulting from the power and control used by their partner's. This was suggestive that LGBTQIA⁺ university students comprised a significant proportion of those affected by IPV, especially when it involved power and control (Kar et al., 2022). Participants in the study reported that they experienced coercion when it came to different aspects of the relationship, such as sexual intercourse and going out with friends, which made them to be submissive (Kar et al., 2022). Similarly, a study conducted

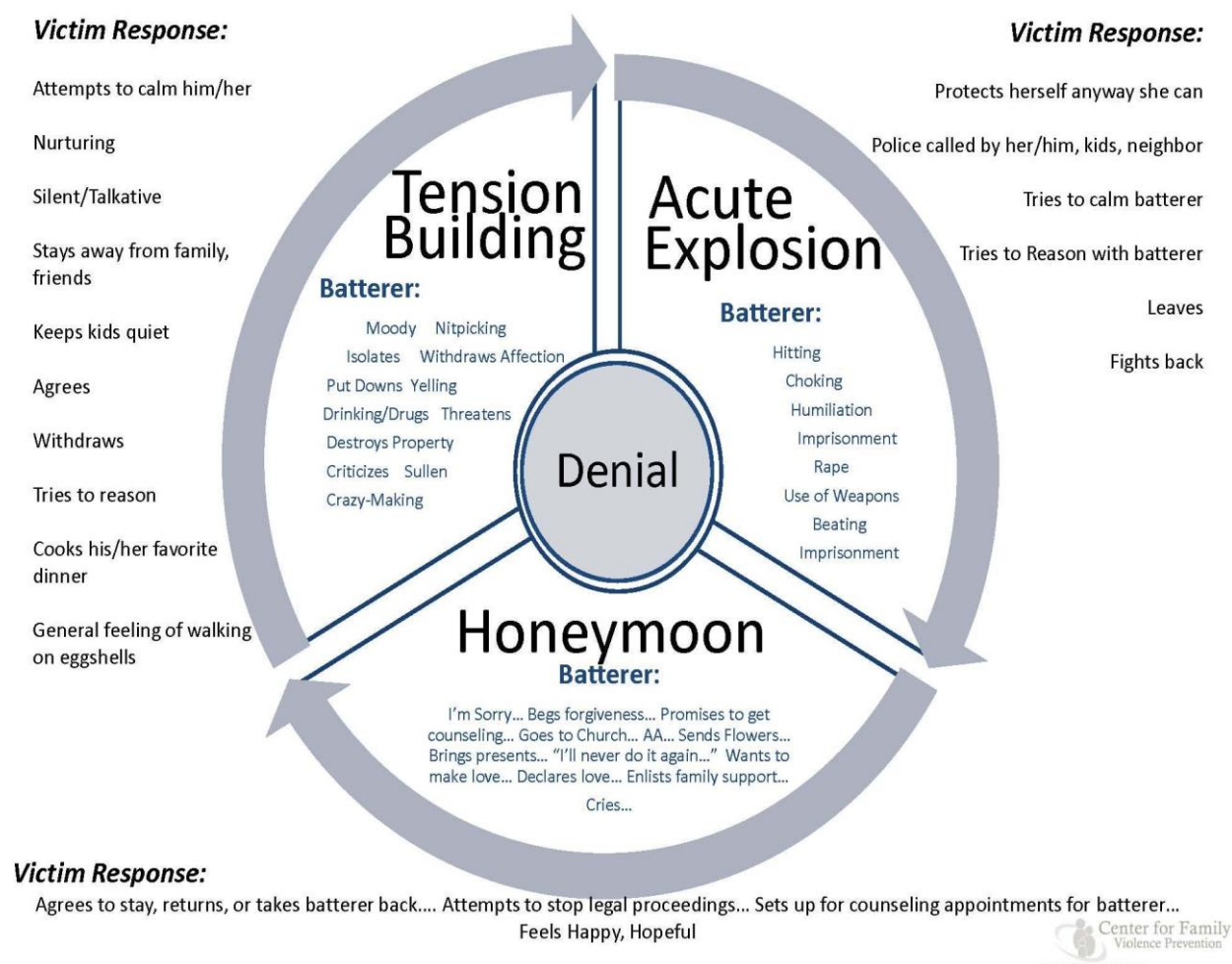
by Kubicek et al. (2015) designed to provide insight into the conceptualisation of power and control in young men who have sex with men (YMSM) relationships and the role this played in relational challenges found that half of the participants reported being compliant with the dominance their partners exerted on them to protect themselves from additional issues with their partner. The same study also reported that participants found challenging their partner's dominance to be perpetuating their vulnerability to psychological difficulties as it perpetuated IPV perpetration (Kubicek et al., 2015).

LGBTQIA⁺ individuals are at elevated risks of experiencing psychological (e.g., depression and anxiety) and psychosocial difficulties (e.g., isolation) due to the additional stress they endure (Messinger, 2017). According to Reyes (2023), LGBTQIA⁺ relationships often add additional stress involving the stigmatisation of sexual orientation that needs to be dealt with by individuals. This form of stress is known as minority stress and stems from the influential work of Meyer (1995, 2003), who defined it as “excess stress to which individuals from stigmatised social categories are exposed as a result of their social, often a minority, position” (Meyer, 2003, p. 675). In a study investigating minority stress amongst a group of 581 LGBTQIA⁺ individuals, Carvalho et al. (2011) found a statistically significant relationship between minority stress and the incidence of IPV. Thus, the link between IPV and minority stress emphasises the necessity of understanding the unique challenges encountered by these individuals as it may reduce IPV. Furthermore, Edwards et al. (2013) explored minority stress among LGBTQIA⁺ university students in relationships. They found that all forms of IPV were related to one another, as the majority (73%) of their respondents reported experiencing IPV based on their sexual orientation.

The following qualitative research studies among LGBTQIA⁺ individuals who have experienced IPV have added to the understanding of the phenomenon of IPV by providing

nuanced findings on LGBTQIA⁺ individuals' experiences of IPV. Cleghorn et al. (2022) conducted a study with nine cisgender adults on their experiences of intimate partner violence and abuse (IPVA) in same-gender relationships in Trinidad and Tobago. Thematic narrative analysis was used to analyse the data. Three types of stories emerged: narratives of control and violence, narratives of resistance to control and violence, and narratives of conflict and violence. In all these stories, participants highlighted experiencing IPV as formed patterns of coercive control that varied in frequency and severity. Participants reported feeling subjected to the controlling behaviours their partners used on them, such as threats, intimidation, closeting, emotional manipulation, and stereotypes about the non-existence of IPVA within same-gendered relationships, making them feel they would not be believed should they disclose. Stereotypes such as IPVA being exclusive to heterosexual relationships were also identified in several qualitative studies exploring LGBTQIA⁺ survivors (Ristock, 2003; Workman & Dune, 2019).

Donovan and Barnes (2019) identified a honeymoon period before the cycle of violence begins, which typically entails the perpetrator displaying gestures of love that encourage victims to establish a close connection with their significant other. However, after this honeymoon period, IPV seemingly intensifies as the relationship progresses, with victims finding themselves negotiating the perpetrator's terms (Donovan & Barnes, 2019). Stults et al. (2022), who conducted semi-structured interviews with 26 American young gay and bisexual men recruited from an ongoing cohort study, correspondingly emphasised how IPV might occur concerning certain life events or negotiated actions, such as consenting sex. In addition, they discovered a cycle of violence that included building tensions, bursts of acute aggression that frequently escalated from non-physical to physical, and eventually, attempts by the perpetrator to compensate for their actions (Stults et al., 2022).

Figure 1*The cycle of violence*

Note: The cycle of violence theory was originally proposed by Lenore Walker in 1979.

From *Centre for Family Violence Prevention*, by Green Haven 4 Help, March 2021

(<https://greenhaven4help.com/thecycleofabuse>)

The contribution of qualitative studies has also been pivotal in highlighting how IPV can contribute to a range of consequences. Using thematic analysis, Lewis et al. (2023) analysed interviews with 60 gay men in Kenya and described how living with the IPV they experienced from their partners had resulted in adverse health consequences. Nearly all the gay men reported feeling lonely after being isolated through control. The gay

men in the study also reported feeling worthless and having self-depreciation thoughts that resulted from their experience of being ridiculed and humiliated. Lastly, responses to IPV included feelings of guilt, shame, and self-blame (Lewis et al., 2023). Approximately 50% of the gay men who participated in the study described using substances to manage the impact of IPV, while the remaining half reported struggling for years, adding that their recovery involved an extensive process of psychotherapy. A finding that has been prevalent in all the studies mentioned above is the prominent psychological impact of IPV on LGBTQIA⁺ individuals (Cleghorn et al., 2022; Donovan & Barnes, 2019; Lewis et al., 2023; Ristock, 2003; Stults et al., 2022; Workman & Dune, 2019).

Psychological implications such as isolation, self-blame, and diminished self-confidence are universal responses to IPV by LGBTQIA⁺ individuals and heterosexual individuals alike (Donovan & Barnes, 2019; Lewis et al., 2023; Stults et al., 2022). Qualitative researchers have, however, also considered the distinctive features of LGBTQIA⁺ descriptions about the impact of IPV victimisation, specifically as they pertain to the heteronormative conception (Corey et al., 2022; Donovan & Barnes, 2019; Finneran & Stephenson, 2014; Graham et al., 2019; Lewis et al., 2023; Longobardi & Badenes-Ribera, 2019; Messinger, 2017). Heteronormativity, which is derived from queer theory, is the present and dominant assumption postulating that IPV is exclusive to heterosexual relationships as they are the only normal and acceptable form of human sexuality (Hegarty & Massey, 2006). This assumption, to some extent, still guides the ideas that LGBTQIA⁺ individuals have about how they should behave and what is expected from them in society despite their knowledge of being gender non-conforming (Corey et al., 2022). For Hegarty and Massey (2006), heteronormativity introduces a bias as it is suggestive of how LGBTQIA⁺ individuals cannot be victims of IPV as they fall outside the scope of being gender conforming and that this incongruity significantly shapes LGBTQIA⁺ individuals'

experiences of IPV. An example includes victims holding themselves accountable for being sexually assaulted and normalising it as it being 'corrective rape' or their fear of being ridiculed for speaking up about the occurrence of IPV (Chabalala & Roelofse, 2015; Mgozeli & Duma, 2019; Ximba, 2020). Donovan and Barnes (2019) added to this by emphasising how this assumption perpetuates underreporting and poses a barrier to help-seeking as LGBTQIA⁺ victims perceive available services not to be inclusive.

Help-seeking in LGBTQIA⁺ who experienced IPV

According to research on LGBTQIA⁺ individuals' experiences of help-seeking, this sexual minority population encounters several individual and institutional barriers that prolong their experience of IPV (Lewis et al., 2023; Palmer et al., 2022; Santonicco et al., 2021). A systematic review by Santonicco et al. (2021) identified 21 studies that aimed to report qualitative research on LGBTQIA⁺ individuals' experiences of help-seeking for IPV. Santonicco and colleagues (2021) used thematic analysis. They found recurrent themes throughout the literature, which were reflective of the barriers encountered by LGBTQIA⁺ individuals when seeking support. The first theme focused on disclosure-related fears, including internal self-blame, shame, guilt, and denial, and other external fears, such as the fear of not being believed, ridiculed, and experiencing reputational harm. The stigma associated with being a victim of IPV and threats to their identity constituted a second theme in their study. This partially supported the heteronormative conception that IPV only occurs in heterosexual relationships, meaning that LGBTQIA⁺ individuals would not be regarded as being harmed and, therefore, reinforced the idea that IPV does not apply to them, and neither should they seek help as available services are not tailored for them. The third theme centred around their commitment to the relationship, highlighting how LGBTQIA⁺ individuals prioritised their partner's needs over their own. Theme four pertained to low self-confidence and feelings of sadness and highlighted how LGBTQIA⁺

individuals' capacity to seek help was hindered by a sense of uselessness due to the extended exposure to IPV and sexual minority stress. The last theme reflected studies that found LGBTQIA⁺ victims of IPV perceived services aimed at assisting them as inaccessible and inappropriate to meet their needs (Santonico et al., 2021). In order to enable LGBTQIA⁺ victims of IPV to receive the help they require, it is critical to recognise these barriers and act to eliminate them. However, the literature on help-seeking reviewed by Santoniccolo et al. (2021) primarily focused on older populations and none of the studies recruited university students.

Santonico et al. (2021) also highlighted that when LGBTQIA⁺ individuals seek help, they mainly rely on informal sources of support, such as their friends and family, as they perceive them to be more helpful than formal sources of support. Similarly, Palmer et al. (2022), who compared a sample of 355 LGBTQIA⁺ to 1227 heterosexual university students' experiences of victimisation and disclosure, found that both groups had confided to an informal source about their experience of IPV. From the LGBTQIA⁺ sample, they also found that 73.2% of the students had confided in off-campus formal sources of support, specifically health professionals (e.g., counsellors and psychologists), religious leaders and emergency hotlines. Moreover, they were less likely to seek help from other formal support sources (e.g., police officers). An estimated 76.6% of the LGBTQIA⁺ group rated the informal and preferred formal services they received as helpful. The remaining 23.4% had not sought help from any formal or informal sources as they had underlying fears, and this was found to be influenced by minority stress. Of the 76.6% that sought help, 17.4% of them reached out to the police and rated their interaction as unhelpful. The remaining 59.2% indicated that police services are not tailored for them. Palmer et al. (2022) emphasised that the quality of these interactions influences the well-being of this student population and that every positive experience of help-seeking decreases their

vulnerability to alcohol use and adverse psychological consequences, while the opposite thereof increases the mentioned vulnerabilities.

Qualitative research on LGBTQIA⁺ victims of IPV has highlighted how the limitation of inadequate support services can be adequately addressed (Donovan & Barnes, 2020; Lim et al., 2023; Pitt et al., 2023). Donovan and Barnes (2020) found that studies generally drew conclusions that LGBTQIA⁺ victims perceived the support they had received from informal and some formal sources of support as helpful because they felt confident to disclose in spaces they regarded as non-judgemental and sympathetic towards them. In their study with 29 LGBTQIA⁺ victims of IPV that they had recruited from a survey investigating the well-being of LGBTQIA⁺ adults in Australia, Lim et al. (2023) added to findings about the factors that contributed to a positive help-seeking experience and provided valuable insights into the needs of LGBTQIA⁺ adults who experience IPV. According to Lim et al. (2023), LGBTQIA⁺ adults who were exposed to IPV need to identify the IPV they had experienced through awareness-raising and educational initiatives as well as institutional sources acknowledging that they could also be victims, subsequently enabling them to trust that their experiences would be believed. One further research study revisited the heteronormative conception to see how it influenced the needs of LGBTQIA⁺ individuals who had experienced IPV and how support services may interact with them effectively. Pitt et al. (2023) argued that the eight bisexual women in their study found it difficult to seek help and disclose the occurrence of IPV due to feeling that available resources were not tailored for them. They further added that the bisexual women in the study had to some extent internalised heteronormative norms, which also affected how they perceived themselves. Pitt and colleagues (2023) further found that heteronormativity led the bisexual women in the study to be apprehensive about the help they would receive from psychologists. Interestingly, they found that all the bisexual

women in the study reported having a positive experience with psychologists after consultation and concluded that it was due to the non-judgemental and collaborative approach that the psychologist used that facilitated them to trust the space they were in and disclose their experiences freely.

Problem statement

While the above studies have provided insight into LGBTQIA⁺ individuals' experiences of IPV, this phenomenon remains underreported. A systematic review conducted by Workman and Dune (2019) on the level of LGBTQIA⁺ inclusivity within IPV discourses in the Western world revealed that over half (50,57%) of the studies did not exclusively focus on LGBTQIA⁺ individuals' experiences of IPV and that only 43% of the studies focused on this minority group and their IPV experiences. From the reviewed studies, only 39% of the studies stated using a methodological approach, while the remainder (61%) did not specify. Only 25% of the studies used a quantitative approach, 14% used a qualitative approach, and the qualitative studies used thematic and content analysis. Most of the research was conducted in the United States (86.4 %), while the remaining studies (13.6%) came from Australia. Workman and Dune's 2019 statistical findings highlighted a literature gap regarding LGBTQIA⁺ individuals' experiences of intimate partner violence, emphasising the limited insights provided by quantitative studies. Despite comprising a significant proportion of the victims of IPV, a dearth of research focusing on LGBTQIA⁺ university students exists. This becomes important to explore because most of the literature presented above has primarily focused on LGBTQIA⁺ adults, and no qualitative study has been conducted on LGBTQIA⁺ university students in South Africa.

Therefore, it is crucial to understand how LGBTQIA⁺ university students have experienced IPV, provided that they have been found to have increased rates of victimisation that lead to adverse health consequences. Identifying their unique challenges when seeking help and the systems and structures that exacerbate IPV is important. As mentioned previously, the majority of the qualitative studies focused on LGBTQIA⁺ adults, which may be concerning because these studies are only reflective of issues related to their developmental stage (Edwards et al., 2013; Pitt et al., 2023). The qualitative studies reviewed utilised thematic analysis, and no study employed an interpretative phenomenological approach (IPA). Therefore, exploring IPV within a student population is pivotal as they have developmental milestones to achieve (e.g., identity exploration, self-development, sense of belonging and self-actualisation). Thus, this study aimed to fill the identified gap by being the first to phenomenologically explore LGBTQIA⁺ university students' lived experience of IPV within a South African context and how their experiences compare to existing international literature. The current study, therefore, aimed to explore LGBTQIA⁺ university students' lived experience of IPV in South Africa.

Materials and methods

Study Design

In order to capture LGBTQIA⁺ university students' lived experience of intimate partner violence (IPV), the study utilised an Interpretative Phenomenological Analysis (IPA) research design. IPA is an experiential approach focused on experience and exploring the meanings attached to the experience by capturing the emotions, feelings and thoughts behind the sense-making (Bromley, 1986; Giorgi, 1997; Larkin et al., 2019; Smith & Nizza, 2021). This case study design was deemed suitable for this study because it aimed to explore life experiences and how people make sense of them (Hefferon & Ollis,

2006; Smith, 1996; Smith et al., 2009). Three theoretical guiding principles underpin the IPA: phenomenology, hermeneutics, and idiography.

Phenomenology is concerned with exploring human experience and the way it occurs and, on its terms (Husserl, 1931; Smith, 1996; Smith & Nizza, 2021), this proposed phenomenological position encouraged the study to prioritise how participants experience IPV and the meaning the experience had for them as LGBTQIA+ university students (Larkin et al., 2011; Smith, 1996; Smith et al., 2019; Smith & Nizza, 2021). The theory of interpretation, or hermeneutics (Heidegger, 1962), which involves closely engaging with participants' accounts of their lived experience of IPV and making sense of their interpretation thereof (double hermeneutics) (Smith & Nizza, 2021). Given the researcher's role in co-constructing meaning, reflexivity, a fundamental aspect of IPA, became necessary as any preconceived ideas about the study had to be set apart for participants' accounts to be genuinely reflected (Smith & Nizza, 2021). It was also important to note that preconceived ideas and feelings about the participant population could have also been a source of bias and influence therefore reflexivity was important. Idiography, the final theoretical underpinning of IPA, entails a 'one experience at a time' approach, emphasising the importance of analysing participants' accounts case-by-case (Smith & Nizza, 2021). This study applied this by analysing each participant's narrative as unique and reflective of their own experience prior to linking it with the experiences of others or literature (Smith & Nizza, 2021). This enabled the study to closely explore participants' experiences and nuanced accounts of their lived experiences, thus differentiating it from other qualitative research designs (Smith, 1996; Smith et al., 2022; Smith & Nizza, 2021).

Recruitment and Participants

The General Human Research Ethics Committee of the University of Free State (UFS) granted this study's ethical clearance (UFS-HSD2021/1777/22) prior to its

commencement (Appendix 3). An advertisement containing information about the study and the researcher's contact details was shared on social media and with the Student Representative Council of the University of the Free State, who distributed the advertisement to LGBTQIA⁺ advocacy groups on the university campus.

Purposive sampling was utilised for this study to recruit LGBTQIA⁺ university students who had experienced IPV. Initially, seven participants expressed their interest in the study, and only six LGBTQIA⁺ university students agreed to participate, whilst one participant disagreed due to having ethical concerns about their anonymity. Despite this, the sample size was sufficient to establish data saturation as no new information emerged during analysis (Alase, 2017), and adhered to IPA's purpose of ensuring that rich, in-depth, and personal accounts of the lived experience were elicited (Smith & Nizza, 2021). For inclusion in the study, participants had to be LGBTQIA⁺ university students older than 18 enrolled at a specific university. Participants had to present with a history of IPV and were required to have left the relationship in which IPV was experienced successfully. According to Yonfa et al. (2021), it is crucial to avoid conducting research with individuals who are currently experiencing IPV in their relationship as it may aggravate their well-being. This then substantiates the abovementioned requirement.

The study's recruitment procedure was compatible with IPA, as emphasised by Larkin et al. (2019) and Smith and Nizza (2022) and ensured homogeneity as participants were a well-defined group with relevance and personal significance. In addition, an email containing the informed consent was sent informing them about the study's purpose, voluntary participation, duration, potential dangers/reimbursements, and their right to withdraw at any stage during the study. The researcher also followed up with participants on their understanding of the consent form, and participants were granted an opportunity to ask questions. Written consent to participate in the study was obtained from all

participants. They were reassured that their identities would be held anonymous, and this was done by assigning pseudonyms to each participant, as illustrated in Table 1 below.

Table 1

Participants' demographics

Pseudonym	Age	Sexual Orientation	Time since relationship ended
Asli	28	Lesbian	5 years
Burak	31	Bisexual	2 years
Ceren	23	Queer	2.5 years
Demet	24	Lesbian	3 years
Emel	21	Gay	1.5 years
Feride	23	Pansexual	3.5 years

Data collection

Data was collected through online platforms: WhatsApp(via video call), Zoom and Microsoft Teams. Participants received the required data bundles, and their consent to record interviews was obtained. All the interviews were conducted in English. A semi-structured interview schedule was used to guide the interview (Appendix 7) as it was found to be suitable for encouraging participants to express their understanding of IPV freely. This was in line with an argument made by Smith et al. (2019) about how semi-structured interviews can provide in-depth data. In addition, open-ended questions were used to explore the lived experiences, and prompting occurred where necessary to clarify specific information that emerged. The interviews were held between April and September 2022, lasting between 30 and 60 minutes. The interviews were audio recorded and transcribed

verbatim. Interview transcripts were electronically stored in a password-protected folder using pseudonyms and were only available to the researcher to ensure anonymity.

Furthermore, the researcher ensured the well-being of the participants by informing them that they could visit Student Counselling and Development for further containment in case they felt the need to deal with issues related to their lived experience of IPV in private. Lastly, participants were informed that the study was being conducted in partial fulfilment of the requirements for an academic qualification and that the findings would be compiled into a mini-dissertation and possibly published in an academic journal.

Data analysis

Interview transcripts were analysed using the guidelines stipulated by Smith et al. (2009) and Smith and Nizza (2022). The guidelines provided the researcher with structure and step-by-step guidance on how the analysis should be conducted. These guidelines involved six steps, and the first four steps were completed by focusing on a single participant's case at a time to uphold the idiographic stance of IPA (Larkin et al., 2011; Smith, 1996; Smith & Nizza, 2021).

For Step One, the researcher fully immersed herself in the participant's data by reading and rereading the transcript and replaying the video recordings. The researcher's first impressions were handwritten on the right side of the hard copy transcript formatted with wide margins, known as exploratory noting (Smith & Nizza, 2021). The transcript was read four times over different days, and with every single reading, notes were made that were in line with the different types of notes, namely descriptive, linguistic, and conceptual, as outlined by Smith et al. (2009). Descriptive notes captured elements that shaped the participants' lived experiences at face value (Smith & Nizza, 2021). In this study, this was illustrated by writing with black ink. The language used by the participant,

including verbs, repetitions, using the second or third person and hesitations (Smith et al., 2009; 2022), is referred to as linguistic notes and appeared underlined in this study.

Metaphors and other figures of speech were also emphasised as they provided insight into the participant's meaning-making process (Larkin et al., 2011; Smith & Nizza, 2021). A highlighter was used to demonstrate conceptual notes, which were more interpretative and entailed questioning the descriptions shared by the participant to explore the meanings attached (Smith & Nizza, 2021). These three types of notes assisted the researcher in thinking more deeply about the presented data; an example from one participant is included in Appendix 4 to illustrate the exploratory notes made during this step.

Step Two involved formulating experiential statements, which entails concisely summarising the psychological mechanism behind what the participant is stating (Smith & Nizza, 2021). This was done by identifying an experiential statement corresponding to one or more lines in the participant's response turn. This process is illustrated in Appendix 5. The next step (Step Three) was to find connections between the personal experiential themes and cluster experiential statements. This entailed refining the conceptualised experiential statements by organising them based on being interrelated or having a similar idea (Smith & Nizza, 2021). The study achieved this by highlighting the experiential statements with different colours and matching them together to group them in a way that made sense (Smith & Nizza, 2021).

In Step Four, the researcher compiled a table of personal experiential themes. This entailed providing an expression of convergence that ties the clusters categorised by different colours in Step Three.

After completing the above four steps, the researcher proceeded with the following participant's transcript and repeated these steps while maintaining an idiographic stance by bracketing (putting aside previous knowledge) the data from the previous participant's

analysis (Smith & Nizza, 2021). The last and final stage of the analysis was cross-case analysis, which entailed identifying patterns across participants' experiential themes to cluster them into group experiential themes. This resulted in a document with superordinate and subordinate themes, followed by an in-depth presentation (Smith & Nizza, 2021).

Quality assurance strategy

Lincoln and Guba's (1985) model of evaluating the trustworthiness and rigour of the study findings was ensured by firstly adhering to the four proposed criteria, namely credibility, transferability, dependability and confirmability, as well as keeping a reflective journal that was used to continuously assist the researcher in reflecting on individual experiences, assumptions, beliefs, values, attitudes, and interpretations that may influence the study outcome and process as recommended by Finlay (2008). This was done to minimise biases in the interpretations of the meanings that participants would attach to their lived experience; thus, being familiar with certain concepts and terminology was pivotal as it ensured the bracketing of any knowledge that the researcher had obtained either from different participants or individual experiences. The four criteria were attained as follows:

Credibility

According to Creswell (2013), credibility refers to the extent to which the study findings are consistent and accurate. This was ensured by relying on the expertise of the researcher's supervisor, as they were considered internal auditors who reviewed the study's findings as recommended by Smith et al. (2009) and Smith and Nizza (2021). This study also ensured that a detailed literature review was presented so that findings could be

evaluated, which forms part of ensuring methodological integrity as stipulated by Levitt et al. (2018).

Transferability

This was ensured by providing a comprehensive research methodology to enhance the transferability and consistency of the results. The selected processes such as recruitment, inclusion criteria, and purposive sampling were developed to maintain coherence with the phenomenon under study (Levitt et al., 2018).

Dependability

Dependability was achieved by ensuring participants were presented with the same interview schedule, maintaining consistency throughout the interview process. Transcribed interviews and case-by-case analyses were submitted to the supervisor for review. This was also ensured by data adequacy, which Levitt et al. (2018) outlined as a process of collecting data from participants that are experts in the phenomenon under the study, and in this study participants were homogenous and all met the inclusion criteria making them experts. Perspective management in data collection was noted, because being aware and transparent about how preconceived ideas and feelings regarding participants could be a source/influence of bias was important (Levitt et al., 2018).

Confirmability

Confirmability refers to how the process followed in research is unbiased (Creswell, 2013). Perspective management in data analysis was considered which entailed considering the influence that preconceived ideas could have on the analytical processes and trying to minimise them to enhance the participants true perspective in relation to the lived experience (Levitt et al., 2018). The researcher ensured this by conducting a case-by-case analysis for each participant to maintain the idiographic stance of IPA. The supervisor

was actively involved in guiding the analysis and writing up of the findings, which ensured the minimisation of biases that might have influenced the study findings. The researcher also asked peers to review the analysis for the purpose of minimising any other sources of biases.

CONCLUSION

This section provided an overview of existing literature that has investigated and explored LGBTQIA+ individuals' experiences of IPV. There are different forms of IPV, and different meanings can be associated with its occurrence. The prevalence of IPV in LGBTQIA+ relationships is similar to or higher than that of heterosexual relationships. Additionally, IPV can be associated with adverse health-related consequences, with the leading consequence across the literature being psychological implications. This section discussed the prevalence and implications of IPV in detail. The problem statement and the methodology used to conduct the study were also presented in this section to provide comprehensive steps followed throughout the research process and highlight the ethical considerations to which this study adhered. Lastly, measures establishing trustworthiness were also discussed in detail.

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SECTION B: MANUSCRIPT Guidelines to Authors

Qualitative Research in Psychology

This journal is a leading forum for qualitative researchers in all areas of psychology and seeks innovative ways and pioneering work that moves the field forward. I found this journal suitable for my research because the aims and research areas aligned with the topic of the present study.

Manuscript format

The article should be submitted in MS Word, double-spaced with wide margins. There are no word limits for papers in this journal. However, a word count should be included. Pages must be numbered sequentially. The article must comply with the following order: title page, abstract, keywords, main text introduction, materials and methods, results, discussion, acknowledgements, declaration of interest statement, references, appendices, and tables with captions. Tables must present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text.

References

The article will adhere to the latest edition of the APA manual of instruction for authors.

Manuscript for Examination**An exploration of LGBTQIA⁺ university students' lived experience of intimate partner violence in South Africa****Mavhungu Ramavhoya***^a Department of Psychology, University of the Free State, Bloemfontein, South Africa***Edwin D du Plessis, PhD***^a Department of Psychology, University of the Free State, Bloemfontein, South Africa***All correspondence to:**

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Abstract

The global pandemic of intimate partner violence (IPV) is a growing issue in South Africa. Despite its prevalence and adverse health consequences, the effects of IPV remain poorly documented and understood, especially among the lesbian, gay, bisexual, transgender, queer, intersex and plus (LGBTQIA⁺) student community. In addressing this paucity, this study explored how LGBTQIA⁺ university students who experienced IPV made sense of their experiences. Six in-depth interviews were conducted and analysed using interpretative phenomenological analysis (IPA). Three superordinate themes were identified. The first superordinate theme, namely being trapped in the relationship, comprised five subordinate themes, which described barriers that kept them feeling trapped and prevented them from leaving the abusive relationship. Picking up the pieces was the second superordinate theme, which described the process of healing and moving on and comprised three subordinate themes detailing this process. The final theme, shaken foundations, described the sense of betrayal of trust that the LGBTQIA⁺ university students experienced. Findings from the current study highlight individual and institutional barriers that make the victims of IPV deal with the issue in silence and isolation. There is a need for gender transformative efforts from those rendering services and the larger society as this might show support and raise awareness on the seriousness of IPV in LGBTQIA⁺ relationship in South Africa, and may lead to programs promoting IPV prevention in South Africa and globally.

Keywords: intimate partner violence, LGBTQIA⁺, university students, interpretative phenomenological analysis, qualitative

Introduction

Universally, intimate partner violence (IPV) is recognised as one of the more serious violations of human rights and is associated with severe adverse health and mental health consequences (World Health Organization [WHO], 2017). Prior to 1986, IPV was regarded as a heteronormative concept as it was understood as an issue that only affected heterosexual individuals, resulting in a narrow-focused view, especially since those that regarded themselves as either lesbian, gay, bisexual, transgender, queer, intersex, asexual and plus (LGBTQIA⁺) individuals were excluded from daily conversations regarding this phenomenon (Murray et al., 2008; Lo, 2022; Longobardi & Badenes-Ribera, 2017). A shift occurred in the literature in the 1980s. Researchers investigating IPV within this minority group found that IPV was more prevalent in LGBTQIA⁺ relationships than in heterosexual relationships (Black et al., 2011; Donovan & Barnes, 2019; Kar et al., 2022; Lewis et al., 2023; Walters et al., 2013). According to Closson et al. (2023), Fedina et al. (2018), and Nelson et al. (2022), LGBTQIA⁺ university students are at an even greater risk of victimisation and are reluctant to seek help. This is caused by the additional stressors that this group encounters, such as minority stress, discrimination, learned helplessness, fear of not being believed, stigmatisation, and lack of support and acceptance (Richardson et al., 2015). Their developmental stage is also associated with their reluctance to seek help and victimisation as they are mostly concerned with milestones such as identity development, self-actualisation and independence; thus, exposure to IPV can make them feel a sense of incompetence (Nelson et al., 2022; Richardson et al., 2015).

Despite this shift, an overwhelming silence regarding IPV in LGBTQIA⁺ relationships within literature still exists (Ximba, 2020). This may be partly due to the complexity of its conceptualisation and measurement, as IPV encompasses a range of behaviours usually centred around three main categories: physical, sexual, and

psychological. For Logan et al. (2015), IPV is not only confined to the known categories but emphasised that other behaviours, such as financial abuse or isolation tactics, may also be experienced. This argument was also supported by several researchers who added that LGBTQIA⁺ individuals experience unique forms of IPV that are occasionally overlooked as they do not fall under the known categories, an example of this being outing or corrective rape (Kar et al., 2022; Mailula, 2020; Meinhart et al., 2021; Reuter et al., 2017). Therefore, providing a precise definition of IPV is crucial to accommodate its different forms. For this reason, this article defined IPV as “any form of aggression and controlling behaviours used against a current or past intimate partner of any gender or relationship status” (Dixon & Graham-Kevan, 2011, p. 1445).

The degree to which the conceptualisation of IPV helps measure its effects or understand how LGBTQIA⁺ individuals experience it remains ambiguous (Kimmes et al., 2019). What is known is that IPV is recognised as a severe public health concern that can affect everyone due to its prevalence and adverse consequences (Smith et al., 2018; National Intimate Partner and Sexual Violence Survey [NISVS], 2021; World Health Organization [WHO], 2021).

Research suggests that psychological difficulties, followed by psychosocial difficulties, are the most frequently investigated consequences of IPV among LGBTQIA⁺ individuals (Kar et al., 2022; Kubicek et al., 2015; Reyes, 2023; Whitfield et al., 2021). According to Messinger (2017), LGBTQIA⁺ individuals are at elevated risks of experiencing psychological (e.g., depression and anxiety) and psychosocial difficulties (e.g., isolation) and concluded that it was perhaps due to the additional stress they had to endure. Reyes (2023) confirmed this finding and added that in LGBTQIA⁺ relationships, there is often added stress present involving the stigmatisation of sexual orientation. This type of stress is known as minority stress and stems from the work done by Meyer (1995,

2003), who defined it as “excess stress to which individuals from stigmatised social categories are exposed as a result of their social, often a minority, position” (Meyer, 2003, p. 675). In a study conducted by Carvalho et al. (2011) investigating minority stress among 581 LGBTQIA⁺ individuals, a statistically significant relationship between minority stress and IPV was identified. This finding suggests an association between IPV and minority stress, indicating a necessity of understanding the unique challenges encountered by these individuals as it may decrease IPV. Interestingly, negative outcomes such as psychological (e.g., anxiety and fear) and social (e.g., isolation) were found to be more significant when perpetrated by an intimate partner than a stranger, bearing in mind that this does not take away the damage that both scenarios exert on victims (Donovan & Barnes, 2019; Messinger, 2017; Müller, 2017; Nelson et al., 2022). Similarly, other studies had findings that confirmed an association between IPV and psychological consequences, but what remains unclear is how IPV contributes to psychological difficulties (Carvalho et al., 2011; Reyes, 2023; Stults et al., 2022).

Qualitative researchers exploring the psychological impacts of IPV on LGBTQIA⁺ individuals have attempted to answer the above ambiguous concern on how IPV contributes to psychological difficulties by providing nuanced findings. For example, Lewis et al. (2023) explored how the gay men in their study experienced stigma and violence at the interpersonal and institutional levels and the processes they go through naming their experience. Similarly, Cleghorn et al. (2022) focused on examining the narratives of intimate partner violence and abuse (IPVA) and its appropriateness as an explanatory framework in a conservative and restrictive environment in their sample of nine cisgender adults in same-gendered relationships. Stults et al. (2022) incorporated comprehensive multidimensional experiences of IPV from a sample of 26 young gay and bisexual men, covering the different forms of IPV, how it manifested in same-sex

relationships and the chronicity of experiencing IPV. The findings from these qualitative studies suggest that LGBTQIA⁺ individuals feel a sense of self-blame, guilt, shame, powerlessness, helplessness, worthlessness, fear, diminished self-confidence and shame, highlighting the prominent psychological impact of IPV (Cleghorn et al., 2022; Lewis et al., 2023; Stults et al., 2023).

Qualitative researchers have, however, also considered the distinctive features of LGBTQIA⁺ descriptions about the impact of IPV victimisation, specifically as they pertain to the heteronormative conception (Corey et al., 2022; Donovan & Barnes, 2019; Finneran & Stephenson, 2014; Graham et al., 2019; Lewis et al., 2023; Longobardi & Badenes-Ribera, 2019; Messinger, 2017). Heteronormativity, which is derived from queer theory, is the present and dominant assumption postulating that IPV is exclusive to heterosexual relationships as they are the only normal and acceptable form of human sexuality (Hegarty & Massey, 2006). This assumption, to some extent, still guides the ideas that LGBTQIA⁺ individuals have about how they should behave and what is expected from them in society despite their knowledge of being gender non-conforming (Corey et al., 2022). According to Hegarty and Massey (2006), heteronormativity introduces a bias as it is suggestive of how LGBTQIA⁺ individuals cannot be victims of IPV as they fall outside the scope of being gender binary and that this incongruity significantly shapes LGBTQIA⁺ individuals' experiences of IPV. An example of this would be victims holding themselves accountable for being sexually assaulted and normalising it as it being 'corrective rape' or their fear of being ridiculed for speaking up about the occurrence of IPV (Chabalala & Roelofse, 2015; Mgozeli & Duma, 2019; Ximba, 2020). Similarly, Donovan and Barnes (2019) emphasised how this assumption perpetuates underreporting and poses a barrier to help-seeking as LGBTQIA⁺ victims perceive available services not to be inclusive.

While the above studies have provided insight into LGBTQIA⁺ individuals' experiences of IPV, this phenomenon remains underreported. A systematic review by Workman and Dune (2019) on the level of LGBTQIA⁺ inclusivity within IPV discourses in the Western world found that over half (50,57%) of the studies conducted did not exclusively focus on LGBTQIA⁺ individuals' experiences of IPV and that only 43% of the studies focused on this minority group and their IPV experiences. From the studies reviewed by Workman and Dune (2019), only 39% specified their methodological approach, while the remainder (61%) did not specify. A quarter of the studies used a quantitative approach, while 14% used a qualitative approach. The qualitative approaches included both thematic and content analysis. Most of the research was conducted in the United States (86.4 %), while the remaining studies (13.6%) came from Australia. These findings are indicative of a gap in the literature about LGBTQIA⁺ individuals' experiences of IPV, as many of the studies were quantitative in nature. Workman and Dune (2019) concluded that there is still limited insight into the experiences of LGBTQIA⁺ victims of IPV.

Existing qualitative work has focused mainly on the adult population, which may be concerning because the studies are only reflective of issues related to their developmental stage (Edwards et al., 2015; Pitt et al., 2023), giving little attention to LGBTQIA⁺ university students despite them being at a heightened risk of experiencing IPV. The majority of LGBTQIA⁺ university students fall within the developmental group referred to as emerging adults, which entails a phase in their lives where they explore their identity, form relationships and learn to be self-sufficient (Arnett, 2000). This developmental phase is stressful at times, especially for those who are from minority groups, such as LGBTQIA⁺ university students, as they encounter additional stressors such as stigmatisation, lack of support, discrimination and minority stress (Donovan & Barnes,

2019; Messinger, 2017; Müller, 2017; Nelson et al., 2022). Therefore, in exploring their vulnerability factors and existing statistics about the prevalence of IPV in the lives of LGBTQIA⁺ university students, it is crucial to understand how LGBTQIA⁺ university students have experienced IPV and identify the unique challenges they encounter when seeking help and the systems and structures that exacerbate IPV.

In South Africa, research on LGBTQIA⁺ university students is still lagging despite the insight provided by studies that have explored this phenomenon on adult populations, informing the broader populations and service organisations on strategies to be implemented to better assist LGBTQIA⁺ victims of IPV. The voices of LGBTQIA⁺ university students who have been exposed to IPV remain unheard, which is critical in considering the unique challenges they encounter. Therefore, this study aimed to explore LGBTQIA⁺ university students' lived experience of IPV within South Africa. It is the first phenomenological study exploring this phenomenon, and it is envisioned that this study will inform organisations and service providers on having approaches that are better aided in equipping LGBTQIA⁺ university students.

The present study

This study explored LGBTQIA⁺ university students' lived experience of IPV in a South African university context, drawing on phenomenological analysis of qualitative interviews with six LGBTQIA⁺ university student survivors. The aim of the study informed the research question for this article: “What is the lived experience of intimate partner violence among LGBTQIA⁺ university students in South Africa?”

Materials and methods

Research design

This study was guided by Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009). IPA is an experiential method focusing on experience and exploring the meanings attached to the experience by capturing participants' emotions, feelings and thoughts (Bromley, 1986; Giorgi, 1997; Larkin et al., 2011; Smith, 1996; Smith & Nizza, 2021). Three theoretical guiding principles underpin IPA: phenomenology, hermeneutics, and idiography.

Phenomenology is concerned with exploring human experience and how it occurs and on its terms (Husserl, 1931; Smith & Nizza, 2021). This proposed phenomenological position encouraged the current study to prioritise how participants experience IPV and the meaning the experience had for them as LGBTQIA+ university students (Larkin et al., 2011; Smith et al., 2019; Smith & Nizza, 2021). The theory of interpretation, hermeneutics (Heidegger, 1962), which involves closely engaging with participants' accounts of their lived experience of IPV and making sense of their interpretation thereof (double hermeneutics) (Smith & Nizza, 2021).

Given the researcher's role in co-constructing meaning, reflexivity, a fundamental aspect of IPA, became necessary as any preconceived ideas about the study had to be set apart for participants' accounts to be genuinely reflected (Smith & Nizza, 2021). At this stage it was also important to note that preconceived ideas and feelings about the participants could have posed as a source of bias and influence, therefore reflexivity was important. Idiography, the final theoretical underpinning of IPA, entails a 'one experience at a time' approach, emphasising the importance of analysing participants' accounts case-by-case (Smith & Nizza, 2021). The current study applied this by analysing each participant's narrative as unique and reflective of their own experience prior to linking it with the experiences of others or literature (Smith & Nizza, 2021). This enabled the study to closely explore participants' experiences and nuanced accounts of their lived

experiences, thus differentiating it from other qualitative research designs (Smith, 1996; Smith & Nizza, 2021).

Recruitment

Purposive sampling was used to recruit LGBTQIA⁺ university students through an advertisement (see Appendix 4) placed on social media and distributed to LGBTQIA+ advocacy groups on campus. Seven participants initially expressed their interest in the study. However, only six agreed to participate. One participant withdrew from the study due to ethical concerns about the protection of anonymity. Despite this, the sample size was deemed adequate to obtain a more profound meaning (Norlyk & Harder, 2010) and adhered to IPA's purpose of ensuring that rich, in-depth, and personal accounts of the lived experience are elicited (Smith & Nizza, 2021).

Eligible LGBTQIA⁺ university students were aged 18 years and older and received informed consent documentation. They had to present with a history of IPV and were required to have left the relationship in which IPV was experienced successfully. For Yonfa et al. (2021), it is crucial to avoid researching individuals currently experiencing IPV in their relationships as it may aggravate their well-being. The study's recruitment procedure was compatible with IPA, as emphasised by Larkin et al. (2019) and Smith and Nizza et al. (2021) and ensured homogeneity as participants were a well-defined group with relevance and personal significance. Participants' ages ranged from 21 to 31 years old, comprising two lesbian participants and one gay, pansexual, queer and bisexual participant (see Table 1). The majority of the participants had been out of the abusive relationship for a period of over two years.

Table 1*Participants demographics*

Pseudonym	Age	Sexual Orientation	Time since relationship ended
Asli	28	Lesbian	5 years
Burak	31	Bisexual	2 years
Ceren	23	Queer	2.5 years
Demet	24	Lesbian	3 years
Emel	21	Gay	1.5 years
Feride	23	Pansexual	3.5 years

Data Collection

In-depth, semi-structured individual interviews were conducted with all participants between April and September 2022 using online platforms namely WhatsApp (via video call), Zoom, and Microsoft Teams. Interviews lasted between 30 and 60 minutes and were recorded and transcribed verbatim. Interviews were conducted in English. Participants were provided with the required data bundles, and their consent to record interviews was obtained. Semi-structured individual interviews provided rich and meaningful data (Smith et al., 2019) that allowed the researcher to explore participants' lived experiences of IPV. In addition, open-ended questions were used as guided by the interview schedule (Appendix 7) to explore the lived experiences, and prompting occurred where necessary to clarify specific information that emerged.

Ethical Considerations

Ethical approval (Appendix 3) for this study was obtained from the General Human Research Ethics Committee of the University of Free State (UFS-HSD2021/1777/22). All

participants provided informed consent before participating in the study. Participants were informed about the study's purpose, voluntary and anonymous nature of participation, duration, potential dangers/reimbursements, and their right to withdraw at any stage during the study. To ensure the well-being of participants, they were informed that they could visit Student Counselling and Development for further containment in case they felt the need to deal with issues related to their lived experience of IPV in private. Lastly, participants were informed that the study was being conducted in partial fulfilment of the requirements for an academic qualification and that the findings would be compiled into a mini-dissertation and possibly published in an academic journal. Interview transcripts were electronically stored in a password-protected folder using pseudonyms and were only available to the researcher to ensure anonymity. All transcripts will be kept for a five-year period as per university policy.

Data analysis

Interview transcripts were analysed using the guidelines set by Smith et al. (2009) and Smith and Nizza (2021). These guidelines involved six steps. The first four steps were completed by focusing on a single participant's case at a time to uphold the idiographic stance of IPA (Smith & Nizza, 2021). In Step One, the researcher fully immersed herself in the participant's data by reading and rereading the transcript and replaying the audio recordings. The researcher's first impressions were noted by hand on the right side of the hard copy transcript formatted with wide margins, reflecting exploratory noting (Smith & Nizza, 2021). The transcript was read four times over different days. With every single reading, notes were made that were in line with the different types of notes, namely descriptive, linguistic, and conceptual, as outlined by Smith et al. (2009). Descriptive notes

captured elements that shaped the participant's lived experience at face value (Smith & Nizza, 2021), illustrated by writing with black ink.

The language used by the participant, including verbs, repetitions, using the second or third person and hesitations (Smith et al., 2009;2022), is referred to as linguistic notes and appeared underlined in this study. Metaphors and other figures of speech were also emphasised as they provided insight into the participant's meaning-making process (Smith & Nizza, 2021). A pink highlighter was used to demonstrate conceptual notes, which were more interpretative and entailed questioning the descriptions shared by the participant to explore the meanings attached (Smith & Nizza, 2021). These three types of notes assisted the researcher in thinking more deeply about the presented data; an example from one participant is included (see Appendix 5) to illustrate the exploratory notes made during this step. Step Two involves formulating experiential statements, which entails concisely summarising the psychological mechanism behind what the participant is stating (Smith & Nizza, 2021). This was done by identifying an experiential statement corresponding to one or more lines in the participant's response turn (see Appendix 6).

Step Three encompassed finding connections and clustering experiential statements, entailing refining the conceptualised experiential statements by organising them based on being interrelated or having a similar idea (Smith & Nizza, 2021). The study achieved this by highlighting the experiential statements with different colours and matching them together to group them in a way that made sense (Smith & Nizza, 2021). Step Four entails compiling a table of personal experiential themes . This entailed providing an expression of convergence that ties the clusters categorised by different colours in Step Three. After completing all four steps, the researcher proceeded with the following participant's transcript and repeated these steps while maintaining an idiographic stance by bracketing (putting aside previous knowledge) the data from the previous

participant's analysis (Smith & Nizza, 2021). The last and final stage of the analysis was cross-case analysis, which entailed identifying patterns across participants' experiential themes to cluster them into group experiential themes. This resulted in a document with superordinate and subordinate themes, followed by an in-depth presentation (Smith & Nizza, 2021).

Methodological Intergrity

Lincoln and Guba's (1985) model of evaluating the trustworthiness and rigour of the study findings was ensured by keeping a reflective journal that was used to continuously assist the researcher in reflecting on individual experiences, assumptions, beliefs, values, attitudes, and interpretations that may influence the study outcome and process as recommended by Finlay (2008). This was done to minimise biases in the interpretations of the meanings that participants would attach to their lived experience. To ensure credibility, the researcher relied on the expertise of their supervisor, as the supervisor was considered to be an internal auditor that reviewed the results of the study, which Smith et al. (2009) and Smith and Nizza (2021) recommended. A literature review was also presented so that findings could be evaluated, which formed part of ensuring methodological integrity (Levitt et al., 2018).

Dependability was achieved by ensuring participants were presented with the same interview schedule, which maintained consistency throughout the interview process. Transcribed interviews and case-by-case analyses were submitted to the supervisor for review. This was also ensured by data adequacy, which Levitt et al. (2018) outlined as a process of collecting data from participants that are experts in the phenomenon under the study, and in this study participants were homogenous and all met the inclusion criteria making them experts. To ensure confirmability, perspective management in data analysis

was considered which entailed considering the influence that preconceived ideas could have on the analytical processes and trying to minimise them to enhance the participants true perspective in relation to the lived experience (Levitt et al., 2018). The researcher ensured this by conducting a case-by-case analysis for each participant to maintain the idiographic stance of IPA. The supervisor was actively involved in guiding the analysis and writing up of the findings, which ensured the minimisation of biases that might have influenced the study findings. The researcher also asked peers to review the analysis for the purpose of minimising any other sources of biases.

Results

A total of six LGBTQIA⁺ university students participated in this study. Two participants identified as lesbian, while the remaining four participants identified as being gay, queer, bisexual and pansexual. Most of them had been out of the abusive relationship for over two years. Findings from the analysed data revealed three superordinate themes with related subordinate themes that characterised LGBTQIA⁺ university students' lived experience of IPV. Table 2 summarises what each theme comprises, which is discussed in detail in the following sections.

Table 2

Summary of group experiential themes and subthemes

Superordinate theme	Subordinate theme	Short description of the theme
Trapped in the relationship	<ul style="list-style-type: none"> • Difficulty in realising and understanding the abuse • Emotional commitment to the relationship • All-encompassing fear 	<ul style="list-style-type: none"> • Empathising partner's difficulty in excusing abuse • Minimised experience to excuse partner's abuse • Sense of belonging established in the relationship • Identity established within the relationship • Empathising with partner's behaviour and excusing abuse by minimising and rationalising • Starting over is discouraging • Navigating the relationship with fear • The nature of abuse elicits feelings of helplessness and hopelessness

	<ul style="list-style-type: none"> • Domineering and controlling experience • Shouldering the responsibility 	<ul style="list-style-type: none"> • Taking precautionary measures to prevent abuse • Partner's decision was part of her internal dialogue • Power dynamics influenced relationships with others • Adhering to partner's rules to avoid consequences such as reputational harm • Holding self-accountable for the abuse • Felt responsible for protecting the image of the partner • Rationalised to take the blame away from the partner
Picking up the pieces: <i>"I was left empty and broken by that relationship."</i>	<ul style="list-style-type: none"> • Difficulty coping with the loss of the relationship • Gradual process of healing and learning • Lingering impact of IPV 	<ul style="list-style-type: none"> • Feeling lost and without identity after the breakup • Low self-esteem (perceiving self as damaged and worthless) • Feelings of despair • Facilitated by support • Impact of psychotherapy • Spirituality • Lack of social support and its influence on moving on • Ongoing difficulties with self-esteem • The need to prove a point to the partner as a means of getting self-worth back • Lingering self-blame and regret • Embracing identified qualities (positive impact) • Feelings of betrayal and disappointment from the LGBTQIA+ community • Lack of trust in the LGBTQIA+ community • Secrecy in the LGBTQIA+ community mediating IPV
Shaken foundations: <i>"What disturbed me the most is that it came from someone within the community."</i>		

Trapped in the relationship

This superordinate theme encompasses how the participants described feeling trapped in the relationship. Five subordinate themes were formulated (see Table 3), and they each characterise circumstances that prevented participants from setting boundaries to prevent or stop the abuse and seeking assistance or leaving the relationship. These barriers included 1) the difficulty realising and understanding the abuse, 2) emotional commitment to the relationship, 3) all-encompassing fear, 4) domineering and overpowering experience and 5) shouldering the responsibility.

The difficulty of realising and understanding the abuse

All participants struggled to make sense of their experience as they found their pre-existing understanding of what constituted IPV challenging.

“The first time it happened, I saw it as a mistake and, you know, as us just being in conflict.” – Asli (3:4-5)

For some participants, their understanding of IPV was informed mainly by their former experiences or lack thereof, whilst others had no former experience to differentiate; thus, they remained in the relationship thinking the occurrence of abuse was either a mistake or a regular aspect of the relationship that needed to be tolerated. One participant explained:

“It was confusing because, like I said, it is not really talked about as abuse when it is between gay men or lesbian women, you know. It’s just their fighting and almost perceived as a fair fight. It made me question myself; was I being abused or were we just fighting?” – Ceren (2:14-17)

In addition, participants Burak and Ceren reflected having some hope that their partner’s behaviour would change due to seeing their partners either being more loving or apologetic after their violent behaviour, thus increasing their tolerance and excusing their partner’s behaviour. This was well depicted by Ceren, who stated:

“Also, after the abuse, there is always a lovey-dovey period where the person makes you believe they’ll change.” – Ceren (2:1-2)

For one of the participants, witnessing IPV in her home while growing up informed her understanding of IPV being limited to any form of physical aggression, thus excluding other forms of violence which she experienced and had difficulty

comprehending as it was outside of her pre-existing understanding of what constituted abuse. This resulted in tolerance as she was only vigilant of physical abuse. She stated:

“But having grown up in a very violent home, I told myself that I wasn’t going to be a victim of physical abuse.” – Demet (2:19)

In addition, Burak and Feride described how they internalised the doubt instilled by their partners regarding what defines IPV. This involved their partner’s disbelief that they inflicted harm on them and was suggestive of IPV being a mutual fight. Burak shared:

“I downplayed it because I asked myself who would believe me when I say I was being abused by someone of the same sex?” – Burak (2:4-5)

For Emel and Demet, IPV constituted a cause-effect relationship. Their understanding was that they elicited some behaviour from their partners, which resulted in them normalising and minimising their partner’s behaviour, subsequently endorsing the idea of IPV being acceptable and tolerable within relationships. Demet added:

“And I felt like I deserved it because I was wrong, I cheated, and this might have been her way of expressing her pain and all that, and so, I had to forgive that part.” – Demet (2:17-19)

All participants assumed that their involvement and interactions with their social networks, within and outside of the LGBTQIA⁺ community, reinforced the idea of IPV being a concept that is gendered, influencing their response to ignore or conceal the occurrence thereof. For Feride and Demet, their interactions with others shaped and influenced their understanding of IPV while in the relationship. They explained how people made a mockery of their experience, which made them feel unheard and invalidated, which further reinforced the gendered nature of IPV:

“Because I have had a lot of people laugh when I speak about it. It feels like people think we are the same just because we are part of the community.” – Feride (4: 29-30)

“People will sugarcoat your experience, and you end up doubting what you experience. I mean you’ll hear people saying a girl dating a girl is better. I mean you are sensitive towards each other, but honestly, that really sometimes dilutes the abuse.” – Demet (3:32).

Some of the participants had pre-empted their anticipated responses from their families, friends and police services, and these responses were stereotypical to them. They were primarily based on their sexual orientation or gender identity and influenced how they made sense of their lived experience of IPV. Emel elaborated on the silence in the LGBTQIA⁺ community regarding IPV matters and emphasised that concealing IPV from within leads to ambiguity and uncertainty:

“There is also this silence about matters of abuse in the community, which I feel is holding people back.” – Emel (5:12)

Participants' experiences and understanding of IPV differed, leading to increased tolerance and a sense of being rightfully trapped in the relationship.

Emotional commitment to the relationship

The participants articulated their sense of being emotionally committed to their partner and the relationship. Their descriptions indicated that they felt a strong sense of belonging and acceptance in the relationship, resulting in them staying longer. Feride described this belonging as love that endures:

“From that night, I just knew things were going to get tense, but I still chose to love her or what I thought was love at the time.” – Feride (3:17)

This emotional commitment that the participants experienced resulted in them empathising and sympathising with their partner's behaviour. For some, their partner's violence was understood to have been caused by external stimuli such as alcohol altering their partner's behaviour or life challenges, thus leading them to excuse their partner's behaviour. Ceren articulated this clearly by speaking about love being compelling:

“I loved my ex-partner so much to a point where I think I was inclined to ignore or accept their bad habit of abuse.” – Ceren (3:30-31)

For Demet, empathising with the abuse was a form of preserving the relationship, as the thought of leaving it was associated with a loss of investment and hopelessness, and this kept her feeling stuck or trapped in the relationship. She explained:

“I then realised that I was scared of leaving the relationship because I was invested and knew that I had nowhere to go to.” – Demet (3:11)

There was also a form of overcompensating that the participants spoke about, which manifested in them being overly caring towards their partners. Demet articulated it as follows:

“I found myself being a mother in that relationship. Listen, I provided for her and made sure that she was happy and got everything she wanted. I didn't even think about my own needs because I was busy making sure she was taken care of.” – Demet (2:30-32)

In addition, having invested in the relationship made it difficult for participants to leave the relationship as they perceived their companionship with their partners as an essential aspect of their existence. Feride stated:

“So, I guess that's what I mean by feeling trapped, and to be honest, I just knew how to exist around her.” – Feride (3:8)

All-encompassing fear

All participants described feeling fearful throughout the relationship. They discussed how this permeated all areas of their lives and contributed to their sense of feeling trapped. There was a predominant fear of not being believed among all participants, which hindered them from seeking help as they were afraid others would not believe them when speaking about their IPV experience. They reported as follows:

“Who was going to believe me if I told them she was abusing me?” – Feride (3:1)

“There was so much emotional manipulation, and I just couldn’t speak up. I just had to take it all in and sit with it in my own corner. I mean, who was going to believe me?” – Demet (3:22-23)

For some participants, the fear of not being believed led to the development of precautionary strategies as they constantly felt the need to be cautious and create some sense of security. Asli used the metaphor ‘walking on eggshells’ to describe this statement.

“I felt like I was walking on eggshells. What I mean is that it was frightening. I mean, whenever I was with my partner, I had to be careful with what I say. I would observe my partner’s face and see if there are any facial changes, then I would get really scared.” – Asli (1:19-22)

In addition, some participants were afraid of being judged by others for speaking up, and this fear was motivated by feeling ashamed and embarrassed.

“I was embarrassed because that man was older than me, and having to explain to people what I was doing with an older man who has a family made me think I will be judged, so to protect my peace, I chose to keep quiet.” – Emel (4:2-4)

This fear of being judged resulted in their generalised mistrust of others, preventing them from seeking help and reinforcing feelings of entrapment in the relationship.

“You start to be mistrustful of everyone, and also you don’t know who to tell who is going to believe you.” – Ceren (1:23)

Ceren further spoke about how isolated the fear made her feel because she had no one to confide in. For others, isolation was a feeling they tried to avoid by remaining in the relationship, as it provided them with a sense of belonging and connectedness. They associated the end of the relationship with being lonely, which made them fearful. Demet described this fear of loneliness as follows:

“There is also fear, like, I had a lot of fear, especially when it came to leaving the relationship. I was scared of being lonely and having no one because already the community is so small and finding love is difficult. Let’s be honest, who wants to be lonely?” – Demet (5:12-15)

Demet’s quote also highlights uncertainty about finding love, and this was a feeling two other participants resonated with. They started feeling scared that the abusive relationship they were in was perhaps their only chance at love, and leaving the relationship would mean forfeiting the experience of companionship. This led to them feeling surrounded by anxiety about future relationships, evidently reinforcing their feelings of being trapped in the relationship.

“Having to decide on whether to continue with the relationship or not was emotionally and mentally draining because I kept thinking, what if this is the best I can get? What if there is worse out there and if there is better, will I be good enough?” – Ceren (3:23-26)

“And I actually wondered, you know. Is there even a way out of this? Like, can I get out of this relationship? And even if I do, where am I going to go in life, will I have a chance in love again?” – Asli (4:23-25)

“I think one always has that fear of whether they’ll meet someone else after a failed relationship within the community.” – Demet (3:15)

Moreover, four participants had the fear of tainting the image of their partners and that of the LGBTQIA⁺ community. They felt as though they had a protective role to play and that by playing this role, they would also be protected from reputational harm associated with leaving the relationship or speaking about the occurrence of IPV, which increased their feeling of being trapped in the relationship. In contrast, the other two participants’ fear was centred around protecting their image or identity.

“I felt like I just needed to not piss her off so that my reputation stays intact and so that I have a social life. I don’t think I would have a social life if I spoke up because she would have ruined me. So, I guess that’s what I meant by feeling trapped.” – Ceren (3:5-8)

“Being gay felt so painful because he used it against me at the time because he knew I was still in the closet, and I was scared to let people know about it. I was scared he would inform my parents because, after all, he was old.” – Emel (2:27-30)

Domineering and overpowering experience

Almost all the participants described feeling subjected to their partner’s control. They discussed how this pervaded their lives as they felt surrounded by control, helplessness, and lack of autonomy, making it difficult for them to leave the relationship and increasing their sense of being stuck in the relationship. Participants described the dynamic forms of violence and manipulation perpetrated against them. Two participants were subjected to physical violence.

“She used to strangle me or slap me or mishandle me.” – Burak (2:27)

“I think I got about five or seven slaps that day.” – Demet (2:17)

Three participants reported being sexually abused, described how overpowering the experience was for them and expressed how helpless they felt. This was well articulated by Feride, who stated the following:

“And I just remembered her weight on top of me, and I think, at that moment, I just realised that she is just going to forcefully have sex with me, and I can’t get her off me, and it is either I suffocate to death, or I freeze and let it happen as quick as possible.” –

Feride (2:4-6)

Participants also described how their partners mostly used manipulation against them in the form of threats, placing them in a surrendering position, which increased their sense of feeling trapped:

“For lack of a better word, she would abuse me emotionally and then threaten to leave the relationship knowing that it meant a lot to me.” – Burak (2:11)

“Leaving the relationship was so difficult because he would threaten me and tell me that he made me what I am...he would just threaten me about telling the world that I am gay.” – Emel (2:4/30)

All participants described power dynamics within the relationship and how that made them perceive themselves as inferior. Interestingly, Ceren and Emel had a shared understanding of what contributed to the power dynamics within their relationship. Ceren explained that race played a role in her feeling inferior, whereas Emel found that his partner's social status and presence made him feel inferior.

“There are hierarchies in the community, and White people are always seen as superior and thinking back, I genuinely think she knew I wasn’t going to report because she had the privilege of being White, and she was aware of how dominating they are in the community.” – Ceren (3:13-15)

“I know I should have been aware and stuff, but it was so difficult, you know, especially because of the dynamics that were between us. He had money and social presence, so you can imagine the power dynamics in that relationship.” – Emel (2:1-3)

During the discussion about the controlling environment they found themselves in, participants described having to act in acceptable ways to their partners. Two of the participants reported that they felt as though they were living under surveillance as their movements were monitored, making them feel out of control:

“She also gave vibes where she would be controlling, and I just had to be submissive. I had to tell her my every move, which was really uncomfortable. That relationship was insane, I tell you.” – Feride (3:10-12)

“She wanted to control me, she would go through my phone without my permission.” – Burak (2:23)

Some participants reported that when they attempted to defend themselves, they encountered even worse outcomes, which made them feel hopeless and powerless and encircled by control, locking them in a cycle of compliance to please their partners and de-escalate the conflict:

“When I confronted her behaviour, it would end in me being slapped or pushed against the wall.” – Asli (3:13)

“.. and would get upset whenever I corrected her and would eventually start hitting me.” – Burak (2:26)

Some participants also described the manipulation that occurred and shared how this influenced their feelings of being trapped in the relationship. The gaslighting served the purpose of making the participants continuously feel trapped in the relationship and entailed verbal aggression in that certain words, phrases, and comments that carried an aggressive connotation were communicated to participants.

“I remember begging her not to leave me, and she would say things like ‘you make me do these things to you that I don’t like doing.’” – Burak (2:12)

“I was embarrassed because not only was I raped. I was also insulted and told that I am acting like a baby.” – Feride (2:9)

Shouldering the responsibility

All the participants described taking responsibility for everything that occurred in the relationship, which made them feel even more trapped. This included accounting for their partner’s behaviour by finding faults within themselves and concluding that they were to blame for the abuse.

“To be quite honest, I did blame myself at times because I thought there was something I did that would make her assault me, you know.” – Ceren (4:6)

“The guilt I felt throughout the relationship was so heavy, I carried that entire relationship on my back alone, and the damage it was doing to me was literally swept under the carpet.” – Demet (3:17-18)

Similarly, Demet and Emel also shared how they perceived their actions to have triggered their partner’s behaviour. Demet found fault in herself for cheating, and Emel

found fault in himself for dating a married man. This is indicative of how participants perceived their actions as the cause of the abuse they had experienced. For other participants, taking responsibility was also about preserving the relationship or reducing the intensity. Participants had a ‘make it right’ approach, which entailed altering their behaviour to avoid triggering their partners. Some of them felt like they were walking on eggshells, while others had to limit their time with friends or be hypervigilant:

“I was hypervigilant because I knew that there were things I couldn’t talk about when I am with her.” – Feride (3:9)

Shouldering the responsibility for the abuse indicated that participants tolerated several negative impacts, which continued to make them feel trapped in the relationship. A few participants described feeling exhausted, while others described constantly feeling on edge, anticipating how their partner would hurt them. For some participants, this experience led to losing their sense of identity.

“I failed to stand up for myself and just continued as if everything was normal when it was not. I spent so much money thinking it would buy me back my identity and dignity, but it didn’t; instead, it made me lose the confidence I had in myself.” – Demet (3:19-21)

The participants also shared how they isolated themselves from social interactions due to feeling guilty and responsible for the abuse, and they assumed that others would blame them too, so to avoid additional blame, they isolated themselves.

“I spent most of my time alone, not wanting to see people, including friends and family. I stopped going out to parties and get-togethers because I felt unwanted and unworthy of being in the presence of people that were not as contaminated as I was.” – Emel (3:13-16)

“I didn’t want anyone near me, I just wanted to be alone.” – Feride (4:10)

Isolating themselves from others ultimately kept them trapped and reliant or dependent on their partners, making it even more difficult for them to leave the relationship. It also served as a barrier for participants to seek help, keeping them trapped in the relationship and overwhelmed with negative emotions.

“My light was dimmed, and at the time, I felt like I was suffocating alone with no one to help me. I couldn’t even reach out to people because I just knew I was going to be judged for being lesbian.” – Demet (4:26-27)

Picking up the pieces: “I was left empty and broken by that relationship.”

This theme is characterised by participants’ descriptions of their experience of moving on from the relationship they felt trapped in once it had ended. The participants’ experience of moving on was identified as a second superordinate theme. It was conceptualised from three subordinate themes that collectively highlight 1) how some participants found it challenging to cope with the loss of the relationship, and 2) their gradual process of healing and learning whilst confronted with 3) the lingering impact of IPV.

Difficulty coping with the loss of the relationship

Participants overwhelmingly described their difficulty in coping with the loss of the relationship. Some participants felt emotionally dysregulated, and this was intolerable for them and prompted them to act in ways they thought would alleviate the feeling uncontained due to the loss of the relationship. For Feride, this involved the following:

“I attempted committing suicide at one point. I went home and deregistered and had to come back and restart my entire career because everything was just a big mess; things were not easy, hey.” – Feride (3:20-21)

For other participants, the loss of the relationship was associated with a loss of identity as they felt that a part of them was taken away and significantly affected by the relationship, leaving them with no sense of self and helpless. Demet and Emel articulated this as follows:

“Imagine someone calling you ‘damaged’? I was left empty and broken by that relationship. I couldn’t even understand myself because I was so numb of everything, the slaps, the punches, the hairpulling, everything just made me so tired.” – Demet (4:31-32)

“I suffered in that relationship, hey. I lost myself, and it took me years to recover and find myself. The abuse I experienced was so disabling that it left me in shambles. I felt so empty and without direction when I left that relationship because it squeezed the life out of me.” – Emel (2:11-14)

Interestingly, both Demet and Emel used despairing terms to describe the significant impact the relationship's loss had on them. This highlights how dehumanised and helpless these participants felt, subsequently resulting in their struggles with self-esteem and a lack of confidence.

“It affected my self-esteem because it’s almost as if you start hearing the abuser’s voice, you know. The ‘Who do you think you are?’ and ‘Who’s going to want you?’, you start questioning yourself as well in each and everything that you do. I think I also felt quite defeated because it’s almost as if I was in a position of being nothing, which was really difficult.” – Burak (4:1-5)

“I lost my confidence; like I would question myself a lot, and I could see that even after the relationship, I still felt like I wasn’t good enough.” – Asli (3:37)

“I think being in an abusive relationship took away my confidence in myself and my abilities. It also made me think less of myself because being abused to me meant I am being undermined.” – Emel (3:7-9)

As reported by the participants, the sense of not being good enough also affected different areas of their lives and significantly influenced two of the participants' academics and social relationships, which further elicited feelings of isolation that they also had to grapple with.

“Academically, I was mopping the ocean... I don’t know how many classes I missed and tests I failed.” – Ceren (4:18/21-22)

“I struggled to study because I was preoccupied with thoughts of not being good enough... It affected my social relationships with others as I spent most of my time alone, not wanting to see people, including family and friends.” – Emel (3:10-11/13-14)

Gradual process of healing and learning

For some participants, healing involved a slow process of reflection and learning that required support from those they could confide in. A few participants were still struggling to understand their partner's behaviour, while others were seeing a decline in the dominance that the abuse had over them and had gained a new outlook on life, indicating that participants were at different stages of healing. One of the participants reflected as follows:

“I don’t think one can fully heal from such an experience, but I genuinely think one can just be at a better place. I think after I left the relationship, I started putting myself first and choosing me above any other thing.” – Ceren (7:11-14)

Support from those within the participants' social network was important for the majority of the participants as they believed it improved their quality of life. All the participants except one reported that they had no support from their families, making their healing part difficult because it increased their feelings of isolation. The exception was Ceren, and despite receiving support from her family, she described that their support was not enough to facilitate her healing journey.

“The abuse was just something that was bigger than them [family], and I feel like they didn't know how to assist me to the best of their capability. They were actively involved behind the scenes, though, because they made provision for me to go to therapy. I think them being that supportive was enough for me because other people are not as lucky as I am with my family.” – Ceren (5:7-11)

One participant expressed fear of reaching out to his friends for help. In contrast, the other five participants described being able to gradually heal through having supportive friends. They reported that their friends were their primary source of support and that speaking to them made them feel validated and countered the isolation and loneliness that had developed.

“There was a friend of mine; actually, she's, she's lesbian, so she was really supportive and a bit more understanding, you know. And it was really shocking also to understand that to hear that you know, this [IPV] is something that happens in our community.” – Asli (7:1-3)

“My friends were more supportive, and they constantly reassured me that what I was going through was not normal and validated my experience.” – Ceren (5:17)

Three of the participants received professional help from psychologists. They reported that speaking to someone who is trustworthy and non-judgemental enhanced their

process of reflection and enabled them to learn more about themselves. They all found it to be beneficial; however, one of the participants felt as though it did not help her with the lingering feelings of helplessness.

“It was really good, you know, because I was able to reflect on the relationship, but I think also just putting it out and sharing some of the things I’ve been keeping so long to myself. But I don’t think it helped me with the, that helplessness, because I still felt that, you know.” – Asli (4:22-25)

One participant shared that her spirituality also played a role in facilitating her healing journey. She stated that attending church empowered her and enhanced her relationship with herself and God.

“My biggest strength came from going to church and just depending on God for strength; more than anything, I think my relationship with God improved, and I’ve just been in a peaceful and purposeful space since the abuse. It has been a journey of self-discovery, and I’m yet to experience it fully.” – Ceren (7:14-17)

Lastly, all the participants shared that they wished society in general or those in a position to be supportive had been approachable because they perceived them as rejecting and excluding and believed that they would have been in a better state had they been able to reach out to people who would genuinely help them irrespective of their sexual orientation or gender identity.

“I just wish maybe they could have been there for me or created a safe space for me that would have enabled me to open up to them instead of being too critical of me for being gay.” – Emel (5:2-4)

Lingering Impact of IPV

Although the participants acknowledged a lengthy process of healing and learning, almost all of them admitted to still being troubled by the impact of their abusive relationship. Two participants spoke about the lingering feelings of worthlessness and helplessness that they are still struggling with:

“I felt helpless for the longest of time and even questioned myself a lot. Now I have this tendency of overworking, you know, because I keep replaying what my sugar daddy used to say: ‘You are nothing without me, I made you’.” – Emel (3:20-22)

“And I could see that even after the relationship, I felt like I wasn’t good enough.” – Burak (3:38)

Some participants' lingering feelings of worthlessness sparked enthusiasm for how they approached life. However, this enthusiasm stemmed from their need to prove their self-worth to their partners in various ways, which indicates their ongoing struggles with feeling worthy.

“I guess I needed the challenge as a form of motivation and prove to myself that I am worthy.” – Ceren (4:26)

“I lived my life wanting to prove not only to myself but also my ex-girlfriend that I am good enough.” – Demet (5:20)

“Like I push myself as if I want him to see that something good can come out of me that he doesn’t have influence over... The drive within me now is to prove a point that I can make a life without my ex.” – Emel (3:22/ 26-27-28)

In contrast, one participant expressed that her enthusiasm for life came from her ex-partner and that the relationship’s ending made her feel sad about her achievements as

she could not share them with the one person who motivated her, which was an ongoing difficulty for her.

“It’s only sad that, you know, I, with all these achievements, it was she who was the driving force, but she’s not here to share it with me.” – Asil (4:5)

It is evident that Asli longed for validation from her partner, which also explains the lingering feelings of love towards her ex-partner that she was struggling with.

“I love this person more than anything, and this love won’t go away, so it hurts even more to even not be with them.” – Asli (4:32)

Nearly all the participants experienced a continuation of regret, self-blame, shame, and guilt, which for some participants were the same feelings they felt whilst in the relationship.

“So, I was just in a dark space really and up to today, I regret accepting his invite on Instagram and allowing him to take advantage of me.” – Emel (2: 24-25)

“When I think about that relationship, I just have a lot of regret.” – Burak (1:12)

Two of the participants described qualities that had emerged as part of their process of moving on in contrast to the lingering impact of the abuse they experienced. This meant feeling like they had reclaimed their independence and developed a more profound sense of self-awareness.

“But on the positive side of things, like I mentioned, the relationship also impacted me positively in a sense that I learnt more about myself and learning to choose myself.” – Demet (5:16-18)

“But I think it also affected me positively, you know, because I am now aware that issues of abuse also occur in the least expected spaces. Despite the self-doubt it

instilled in me, I think, over the years, I learnt to put myself first and to validate my opinions before waiting for anyone else to do that for me.” – Ceren (4:12-15)

Shaken foundations: “What disturbed me the most is that it came from someone within the community.”

This superordinate theme captures four participants’ experiences. They shared similar feelings of shock and confusion about having everything they believed in about themselves, their partners and the LGBTQIA⁺ community shaken. The exception was Asli, for whom feeling shocked by the occurrence of violence from someone trusted played no significant role. Instead, Asli experienced IPV as a power struggle where she perceived herself as inferior to her partner at the time, resulting in her feeling overpowered by someone who shared the same sex as her. Feride was unfazed by having their trust violated, and this was perhaps due to the multiple abusive relationships they had been in, which could have helped them come to terms with the broken trust experienced by others.

The other four participants struggled to understand how someone they expected to have their best interest at heart could profoundly violate them. They described a sense of betrayal and having their trust broken in ways they never imagined. Ceren was perplexed by having her trust broken, and she raised the following question to articulate the betrayal she felt:

“If the person I love and trust so much can do this to me, who else can I trust?”

– Ceren (1:21)

The sense of betrayal and broken trust was also deeply felt by Demet and Burak, who grappled with the reality that their trust was violated by someone they related to, not only because they were in a relationship but also because they formed part of a minority

group. They were both puzzled and expressed being heartbroken, as evidenced by the quotes below:

“What disturbed me the most was that it was someone from the community. Like? We already go through so much discrimination; how does a person who is part of the community still hurt you? Like make it make sense?” – Demet (5:2-5)

“So basically, I thought that being with someone who was lesbian would be better as there would be some kind of shared understanding. I mean, we are both from the community and encounter a lot of rejection from society, so why would we want to hurt each other?” – Burak (1:17-20)

Furthermore, Demet and Burak described a mutual understanding concerning feeling excluded from society and expected their partners to not leverage on that. This was suggestive of them, perhaps also disappointed with their gullibility at the time. Similarly, Emel also felt this disappointment, as evidenced by the quote below:

“I still don’t understand how someone who’s bisexual can be so toxic. He was part of the community, and I really didn’t expect such, you know. I thought I could trust him and all on the basis that we both identify with being part of the community, but I was wrong.” – Emel (2:31-33)

In addition, Emel spoke about how being young made him vulnerable to having his trust violated by his older partner at the time. This depicted that Emel also felt exploited, as evidenced by the following:

“We are so desperate for being loved and accepted as we are hated by many for living our truth, that’s why these older men take advantage of us.” – Emel (2:9-11)

Discussion

This study aimed to explore the lived experience of IPV amongst six LGBTQIA⁺ South African university students. Three superordinate themes were identified along with their subordinate themes, summarised below; their link with existing literature will be discussed.

Participants reported being *Trapped in the relationship* as the first superordinate theme of the current study. It was described through five subordinate themes, each representing an obstacle that prolonged the IPV that the six participants experienced. The LGBTQIA⁺ university students' discussions of these obstacles provided insight into the different forms of IPV they encountered, their responses to them, and the reactions of those around them. These responses were definite, and according to existing frameworks of IPV, LGBTQIA⁺ victims have experienced a variety of interpersonal, societal, and internal hurdles that intertwined with one another (Rollè et al., 2018). Nelson and colleagues (2022) identified similar barriers and highlighted how these barriers operate within a sample of university students.

The first subordinate theme centred around the participants' *difficulty realising and understanding the abuse*. All the LGBTQIA⁺ university students described a sense of ambiguity about whether their experience of IPV met the definition of IPV and, consequently, if they had any grounds for acting or changing their partner's behaviour. LGBTQIA⁺ university students described a variety of sources that informed their understanding of IPV. The sources that informed their knowledge included but were not limited to previous experience with IPV, societal reactions, and formal and informal sources of information. The participants experienced IPV as young adults; some had no prior exposure to abuse and therefore expressed that they were under the impression that the abuse they were experiencing was normal and did not warrant them to seek help.

Subsequently, this may partially explain why IPV is more likely to occur among young adults and suggests a need to raise awareness of healthy relationship norms. This may help shape a better understanding of the conceptualisation of IPV among this population. Some participants spoke about being exposed to IPV during their upbringing, which they perceived as a normal aspect of the relationship. Participants also spoke about internalising a gendered view, which entailed IPV being exclusive to heterosexual relationships and involving physical violence. They did not perceive their experience as necessarily fulfilling the criterion of IPV, which prolonged their stay in the relationship and prevented them from seeking help because they did not see the abuse as a problem. Kar et al. (2022) added to this by highlighting an existing subconscious difficulty in LGBTQIA⁺ relationships to conform to the traditionally assigned gender roles of male and female. This struggle also influenced the identification of abuse in their relationships, often perceived as catfights or self-defence and further led to the dismissal of the violence that had occurred (Kar et al., 2022). One participant referred to this dismissal as an act of *'sugarcoating'*, meaning that the impact of their experience was minimised, which was also found among most of the participants. Nearly all participants anticipated dismissal from their societal networks, including family and friends, reinforcing their understanding of the gendered nature of IPV; an example can be drawn from one participant who described being laughed at when disclosing the abuse. This finding was in line with a study by Palmer et al. (2022), who found high rates of negative help-seeking experiences amongst their sample of 355 LGBTQIA⁺ university students. These negative experiences were associated with adverse psychological consequences. For this reason, Palmer et al. (2022) emphasised the importance of positive interactions as they decreased the students' vulnerability to adverse psychological outcomes.

Participants described a variety of experiences that perpetuated their gendered perception of IPV. In all their experiences, they highlighted the difficulty in identifying the abuse, especially when it involved control and other unique forms of violence that they encountered as a minority group. A study by Larsen and Wobschall (2016), which assessed heterosexual university students' perception of IPV, also found that the students in their sample had difficulties identifying abuse involving control and power abuse in their given scenarios. This may speak to a broader societal focus on the student population and their experience of IPV victimisation, mainly when it entails their perpetrators using control and power and how this may impact their understanding of abuse and their ability to seek help. This emphasises a need for awareness campaigns which highlight a range of different forms of IPV, especially the less explicit ones and not only focus on the visible forms of IPV, such as physical violence.

The *emotional commitment to the relationship* was identified as a second subordinate theme. It was another reason participants felt trapped in their relationship. Participants shared that their love, affection, care, sympathy, empathy, and emotional dependency towards their partner and the relationship made it difficult for them to leave. This meant that their decision to stay in the relationship was entangled with their feelings and may have driven them to overlook or rationalise the abuse they encountered. This subordinate theme was also identified in numerous other studies (Cruz, 2003; Jones, 2021; Karakurt et al., 2022; Merrill & Wolfe, 2002; Peterman & Dixon, 2003; Reis et al., 2023) and is remarkably similar to the findings by Cruz (2003) and Merrill and Wolfe (2003) who discussed how the gay men in their studies neglected themselves and prioritised their partners' needs over their own due to the love and care they had for their partners. These feelings of affection also influenced their response to the abuse they were experiencing, as it conditioned them to tolerate the abuse for a more extended period. A participant in the

current study also shared this and reported that their love made them feel compelled to ignore the abuse; therefore, this highlights how the love participants have for their partners influences their response to the abuse and their feelings of being trapped. This finding corresponds with a study by Renzetti (1992), who found that participants' most common reason for remaining in their relationship was love. The participants in the studies, as mentioned earlier, were married, and others had children; thus, their level of commitment to the relationship was motivated by their concern for their children and the impact divorce would have on them. Looking at the current study and how it is closely related to the findings of Cruz (2003) and Merrill and Wolfe (2003) indicates that feeling emotionally committed to a relationship is also significant in the lives of LGBTQIA⁺ university students as they have their unique developmental demands and concerns that do not include being married or having children, which should be considered.

All-encompassing fear was the third subordinate theme of the study, and all six participants reported on the impact that feeling fearful had in their lives and how it permeated different areas of their lives. Participants shared that fear forced them to develop preventative measures that assisted them in avoiding further harm. Some found that fear perpetuated their isolation and restricted them from trusting others, reinforcing entrapment as they struggled to confide in trusted confidants. Other participants found ways to come to terms with living with fear. They navigated their lives within the relationship by using the precautionary measures they had developed, such as asking for permission prior to going out with their friends and relying on their partner's facial cues to anticipate whether danger was coming. The participants expressed different fears, namely the fear of not being believed, the fear of being lonely, the fear of losing emotional support, the fear of being outed, the fear of reputational harm, the fear of not finding love, and the fear of tainting the image of the LGBTQIA⁺ community. These fears played a significant role in keeping them

trapped in the relationship, and moving beyond the fear was associated with negative consequences.

Pain and colleagues (2012) had similar findings on the multi-faceted nature of fear in their study that aimed to answer the following research question: ‘*Why don’t people being abused in intimate relationships simply leave?*’ by exploring fear and its effects. The study extensively reviewed the literature on fear, domestic abuse, and global terrorism, and 18 in-depth qualitative interviews were conducted with 16 heterosexual and LGBTQIA+ victims of domestic abuse. They also found that the fear the participants felt maintained the abuse they were experiencing and that it resulted from the psychological and emotional control they were exposed to in their relationships. Participants in the current study also described feeling helpless due to fear. This sense of helplessness was also identified in the study by Pain and colleagues (2012), where participants mentioned the learned helplessness they experienced due to feeling terrorised by the fear they felt. These findings highlight how fear works in keeping victims of IPV trapped and raise awareness of the multi-faceted nature of fear, which may be beneficial in informing policies and other agencies on how to assist victims of IPV better.

The remaining subordinate themes reinforcing the feeling of being trapped in the relationship were a *domineering and overpowering experience* and *shouldering responsibility*. These two subordinated themes were closely related and entailed participants describing the different forms of IPV they had experienced and how they responded to it that prohibited them from seeking help and having appropriate boundaries. When explaining how they felt trapped in the relationship, participants spoke about the patterns and dynamics of IPV they experienced, and all of them shared how experiencing IPV resulted in adverse consequences that affected them significantly. This finding is closely related to qualitative research by Jones (2021), Pitt et al. (2023) and Stults et al.

(2023) on the experiences of IPV in LGBTQIA⁺ relationships and builds on earlier work by emphasising this problem in a student population. In addition, all six participants described feeling overpowered by their partner's aggressive behaviour and talked about feeling powerless and unable to defend themselves as they perceived their partners to be more powerful than them. This reflected power dynamics within their relationships and entailed that the participants perceived themselves as disempowered and fitting with the feminine stereotype usually found in heterosexual studies. With this finding, it also becomes evident that IPV is not limited to heterosexual relationships and that the presentation is similar and even more challenging for LGBTQIA⁺ individuals. It also challenges the conclusion drawn by researchers who have supported the heteronormative concept of IPV, which excludes the experiences of LGBTQIA⁺ individuals or considers it as mutual combat (Jones, 2021).

Participants spoke mainly about the psychological form of IPV they had experienced and its impact on their lives. There is, however, a shortage of in-depth descriptions of the psychological form of IPV, meaning it remains unclear as to how well this phenomenon is conceptualised and fits with LGBTQIA⁺ university students' lived experiences (de Barros et al., 2019; Jones, 2021; Ovesen, 2023). Previous studies have demonstrated that the psychological form of IPV is comprehensive by definition and encompasses a variety of abusive behaviours, such as isolating tactics, gaslighting (e.g., the perpetrator makes the victim question their sanity) and emotional abuse, which includes humiliation and insults that leave victims feeling devalued (Dickson et al., 2023; Ovesen, 2023; Reeves et al., 2023; Sweet, 2019). Outing (e.g., threatening to expose the gender identity or sexual orientation of an individual hiding it) has also been identified as psychological violence. It may be specifically relevant in the context of university students as they are at a developmental stage where they are still exploring their identities, and any threat to their identity can result in them experiencing several consequences (Lo, 2022).

The participants in the present study experienced all these forms of psychological violence, which were also concurrent with studies that found psychological violence more prevalent and salient than other forms of violence in the lives of LGBTQIA⁺ university students (Donovan & Barnes, 2019; Lewis et al., 2023; Kar et al., 2022; Khuzwayo-Magwaza, 2021; Messinger, 2017; Muller, 2017).

The current study did not aim to evaluate Johnson's typologies (Johnson, 2006, 2008). However, the participants described behaviours they perceived to have created a domineering and overpowering experience. These findings add to preceding research that has associated coercive controlling behaviours with LGBTQIA⁺ university students who experience IPV (Bermea & van Eeden-Moorefield, 2023) and highlight that LGBTQIA⁺ university students can experience coercive controlling behaviours from their partners regardless of their sexual orientation. A participant in the current study had a description closely related to situational couple violence termed by Johnson (2006), and the participant reported on events in which conflict would arise and lead to them experiencing IPV. This participant described numerous barriers that kept them trapped in the relationship, which had adverse implications for their lives. These findings question the conclusions drawn by Johnson (2006) on how the focus should only be drawn to coercive controlling violence in relationships. This critique was also in line with a study by Bermea and Van Eeden-Moorefield (2023), who developed two queer theoretical extensions to the work of Johnson (2008) that reflected diversity in LGBTQIA⁺ relationships. Furthermore, the participants shared how they perceived this form of violence as patterns that had developed over time, which aligned with other studies that shared similar findings on their samples (Ferraz et al., 2022; Øverlien, 2020; Reeves et al., 2023). The participants in the study described instances that intensified the IPV they were experiencing; for example, going out with friends without seeking their permission, confronting their partners in an event where the

partner would do something that would upset the participant or refusing to give their partners access to their cell phones. Øverlien (2020) had similar findings about factors that escalated IPV within a sample of young people aged between 14 and 18. These findings also add to quantitative studies, including sub-Saharan African studies that found the severity of IPV to be more prevalent in relationships that were not legalised (e.g., dating or cohabitating) as compared to legalised marriages (e.g., marriages) (Bermea et al., 2019; Cañete et al., 2022; Goldenberg et al., 2016; Khuzwayo-Magwaza, 2021; Reuter et al., 2017; Stephenson et al., 2022).

In addition, participants described that leaving the relationship was frightening for them as they associated it with increased IPV. This finding raises awareness of circumstances that continuously entrap victims of IPV and potentially informs awareness campaigns and service providers on how they could better understand the controlling environment these victims come from. Moreover, moving away from the identified escalating factors, none of the participants in the current study identified the cycle of violence at the time of the abuse. However, during the interview, two participants spoke about patterns they had started observing before being abused. The identified patterns have also been identified in other qualitative work with LGBTQIA⁺ samples (Bornstein et al., 2006; Jones, 2021; Lewis et al., 2023; Øverlien, 2020; Ovesen, 2023; Reeves et al., 2023) and were conceptualised as the cycle of violence. These studies provided insight into behavioural and cognitive processes that maintain the cycle of violence as identified by Walker (1979), and this was also from some participants' accounts who described becoming cautious around their partners and developing strategies that assisted them in de-escalating conflict that would result in them being abused. An example of these strategies is apologising after being abused or adhering to the demands of their partners, such as allowing them to have control over their cell phones or their interactions with their friends.

Employing these strategies reinforces the victim negatively and the perpetrator positively, which is how the cycle of violence continues and is maintained. An unsuccessful attempt to negotiate with an abusive partner was found to increase violence (Walker, 2017), and this was also the case in the current study as participants reported that they would encounter more violence when trying to de-escalate conflict, which would be accompanied by their partner showing them love after abusing them that would leave them feeling conflicted.

Researchers have argued about the role of socialisation in conceptualising gender and its influence on creating a barrier for LGBTQIA⁺ victims seeking help (Murray, 2009; Øverlien, 2020). This was evident in the current study, as participants described feeling responsible for keeping up with the abuse they were experiencing. It also reflected their lack of autonomy, as they depended on their partners despite their abusive tactics, which was also identified in the Caribbean study conducted by Cleghorn et al. (2022). For some participants, leaving the relationship meant they had failed to care for their partner, which was difficult to deal with as it challenged their feelings towards their partner and their beliefs about the relationship. With this finding, participants provided insight into a universal tendency to feel responsible for caring for their partners.

The violence the participants experienced and their response to it triggered various adverse consequences, such as diminished feelings of autonomy, shame, guilt, embarrassment, isolation, and helplessness. Participants' responses, the abuse they encountered, and the negative consequences were interconnected. They corresponded with the factors identified by Khuzwayo-Magwaza (2021), in which the circumstances that decreased their autonomy, such as low self-esteem and learned helplessness, explained how this study's subordinate themes contributed to the LGBTQIA⁺ university students' feelings of being trapped in their abusive relationships. These findings emphasise issues that should be included in awareness and education campaigns and topics that should be

covered in treatment for these gender-diverse individuals, such as regaining self-confidence.

The second superordinate theme that was identified was *picking up the pieces*, and it was portrayed through three subordinate themes, each focusing on distinctive aspects of moving on after the abusive relationship had ended. The first subordinate theme identified was *difficulty coping with the loss of the relationship*. It described how participants struggled to come to terms with the relationship ending despite being on a journey of overcoming the barriers that had kept them trapped in the relationship. They also described what appeared to be a grieving process in which the relationship ending was associated with other losses, such as loss of identity, self-esteem, and emotional support, which corresponded with a grief model by Kalish (1985), who assumed that any form of perceived loss results in grief and is accompanied by various expressions across all human domains. Some participants described feeling sorrowful after the relationship had ended, which reflected the significance that losing a relationship had in the lives of these participants. This finding builds on research conducted by Russel and Uhlemann (1994) on heterosexual women, who found grief counselling beneficial for women who had left their abusive relationships and argued that it offered a comprehensive understanding of the meaning they had attached to the loss of the relationship. Given that this study has identified a grieving process among the participants, it also points to how organisations and service providers need to enhance their effectiveness by becoming gender-affirming and familiar with literature focusing on grief counselling when working with this minority group, as this may create LGBTQIA⁺ inclusive environments.

Participants described factors that resulted in them overcoming the barriers that kept them feeling trapped in the relationship, and this led to the conceptualisation of the second subordinate theme. Pitt et al. (2023) identified a similar process of overcoming the

barriers to help-seeking among their sample of eight bisexual women who had experienced IPV. They described how the extent to which their participant sought help was determined by the availability of resources and a desire to seek help. Two of the participants in the study had a similar experience. They shared that their desire to seek help came from supportive friends who affirmed their experience and did not normalise it as they had done, creating hope for them to pursue further help from professionals (e.g., psychologists or religious leaders). The remaining participants remained sceptical about seeking help. They reported feeling discouraged as they had anticipated how those in a position to assist them would react. These findings provide insight into how damaging individual and institutional barriers can be to LGBTQIA⁺ university students. They may be a valuable tool in guiding available resources that could be tailored to assist these individuals in overcoming barriers to help-seeking.

The *gradual healing and learning process* was a subordinate theme and described the influence support had on the participants in moving on from the abusive relationship. They all described informal and formal support sources, ranging from practical support to being validated. This finding resonates with Nelson et al. (2022), who found that college students were open to receiving help from different places, including online counselling. However, despite being aware of the available resources, nearly all the participants in the study were hesitant to seek help and those who did felt that the support they received needed to be more satisfactory. Most participants desired support from their families and believed they would have had a favourable healing process knowing they had emotional support from their families. This finding is in line with a study by Montoya (2018), who found that the participants in their study described the positive influence family support had on their well-being after their relationship had ended. Friends were perceived to be the most supportive in the current study as nearly all the participants reported how beneficial

their friends' support was, which reflects findings in a systematic review by Santoniccolo et al. (2021) that found LGBTQIA⁺ victims of IPV to be primarily reliant on their friends for primary support and was mainly driven by the trust they had in their friends.

In addition, nearly all the participants shared that their experience being validated was one of the most significant things for them as it not only assisted them in feeling heard but also provided them with insight that they could use in future to identify IPV sooner and have appropriate measures in place to deal with it, and not prolong their stay. They all perceived their experience to be a learning curve and an opportunity for them to join conversations about IPV. Similarly, Sanger and Lynch (2018) highlighted how important it is for victims of IPV to feel validated, as it facilitates the healing process and helps them regain autonomy and call IPV for what it is rather than rationalise it.

Moreover, some participants described the ongoing effects of IPV, such as self-blame, guilt, shame, embarrassment, the need to prove self-worth, low self-esteem, loss of identity, sorrow, and continuous difficulty in trusting others. These ongoing effects were similar to those identified in a study by Tarzia (2021) on heterosexual women. The study also indicated how harmful these effects can be as women in the study reported that they perceived them as a 'lingering scar tissue'. This finding reveals that there is a need to focus on the ongoing difficulties that LGBTQIA⁺ victims encounter, as this indicates they do not have all their needs met after leaving the relationship and that they need continuous assistance as their experience has the potential of continuously impacting their lives if not appropriately dealt with.

Finally, the last superordinate theme of this study consisted of four participants' descriptions of a deep sense of betrayal that they felt, which resulted from their experience of IPV. These participants expressed their confusion and difficulty processing how someone they loved could betray their trust by violating them. This finding matches with a

crucial feature of betrayal trauma where victims of IPV experience a discrepancy between how things 'should be' and 'what is' (Freyd et al., 2005). For the LGBTQIA⁺ university students in this study, IPV affected them deeply. They internalised the betrayal of trust. This sense of being betrayed was extended to all LGBTQIA⁺ persons as these participants felt they could not even trust the community they hold dear to their hearts as the betrayal came from within their trusted space. With this finding, those working with these individuals should prioritise assisting them in dealing with betrayal trauma. This would benefit their future relationships and their relationship with themselves and enhance help-seeking.

Limitations and recommendations for future research

Using the undertaken qualitative approach was valuable in ensuring that an in-depth understanding of LGBTQIA⁺ university students lived experiences of IPV was captured. This was a strength of the study, including its inclusion of a gender-diverse population with a range of IPV experiences, which allowed their voices to be heard. Limitations of the study include that IPA is time-consuming as it requires an idiographic focus, which might have influenced some of the interpretations at times. The sample was from one university, which was in line with Smith et al. (2009) principle of having a homogenous sample for in-depth data. However, this limits generalisability as it might be that students from other universities might have different or additional vulnerability factors and understanding of their lived experience. Data was collected using online platforms, and the connectivity was sometimes not excellent, which would result in some information being missed or incorrectly captured. Therefore, future studies should implement contingency plans to avoid the disruptions that connectivity can cause in data analysis. Lastly, the findings from this study came from the subjective experiences of six LGBTQIA⁺ university students. Thus, generalising them to other contexts and settings may

not be representative. However, the findings provide insightful information about IPV in the context of LGBTQIA⁺ relationships and form the basis for future researchers to explore and investigate this phenomenon further and perhaps consider focusing on specific groupings within the LGBTQIA⁺ community (e.g., focusing only on lesbian women).

Conclusion

This study, which explored the lived experiences of six LGBTQIA⁺ university students, revealed that LGBTQIA⁺ university students encounter IPV, which can have ongoing effects and make it difficult for them to seek help. The participants in the study described their experiences and identified several intricate interpersonal, societal, and internal barriers that prolonged their victimisation. LGBTQIA⁺ university students' descriptions of IPV and their responses to it highlighted how IPV can create cycles that diminish their autonomy and make it challenging for them to leave the abusive relationship, subsequently reinforcing entrapment in the abusive relationship. In addition, LGBTQIA⁺ university students have also described a variety of events that either impeded or facilitated their ability to identify IPV and their perceptions of themselves as eligible for seeking help. This study contributed to the growing body of qualitative work by providing a deeper understanding of how IPV impacts LGBTQIA⁺ university students and the possible needs that other LGBTQIA⁺ university students who have experienced IPV might have. This growing knowledge highlights areas for further exploration and informs existing awareness campaigns, policies, educational programmes, and services addressing these students' needs.

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SECTION C: CRITICAL REFLECTION

The current study aimed to explore LGBTQIA⁺ university students lived experience of intimate partner violence (IPV) in South Africa. Interpretative Phenomenological Analysis (IPA) addressed the proposed research question. IPA is a qualitative research approach that seeks to comprehend individuals' lived experiences and how they interpret them in their personal and social environments (Smith et al., 2009; Smith & Nizza, 2021). This method was the most suitable for exploring LGBTQIA⁺ university students' lived experience of IPV because it captures in detail the personal meanings, such as thoughts and emotions that people attach to their lived experience (Smith & Nizza, 2021).

The six steps of conducting an IPA study, as described by Smith and Nizza (2021), were followed and implemented after data collection, namely 1) reading and exploratory notes; 2) formulating experiential statements; 3) finding connections and clustering experiential statements; 4) compiling the table of personal experiential themes; 5) cross-case analysis and 6) writing up. In order to ensure methodological competence and the relevance of this study, the proposed criteria of ensuring trustworthiness by Lincoln and Guba (1985) were followed: credibility, transferability, dependability, and confirmability. These were discussed in detail in Section 1.

In ensuring that the research was conducted ethically and served those involved, this study followed ethical procedures such as providing participants with detailed informed consent and safeguarding their well-being from when interviews were conducted to even thereafter. Participants were also informed about the study's publication and were assured of confidentiality and anonymity. I, Mavhungu Ramavhoya, also prioritised my well-being during the investigation by keeping a reflexive journal, as recommended by Smith and Nizza (2021), to monitor any discomforts or presumptions that may have introduced biases to the study. This study adhered to the American Psychological

Association (7th edition) referencing guidelines to ensure transparency and accuracy. It acknowledged all the consulted authors, in-text and in the reference list, as Wager and Wiffin recommended (2011).

I, Mavhungu Ramavhoya, the primary researcher and author of the current study, completed this study as part of the requirements for the Master of Social Sciences in Clinical Psychology degree at the University of the Free State. I directed this IPA study and related work using reading materials and available forums. I was aided by two members of ipaqualitative@group.io, who reviewed my conceptualised themes. My supervisor, Dr Du Plessis guided and monitored the entire study and provided valuable insights that assisted me in conducting it. Funding was received from the National Research Foundation (NRF). However, no competing interest was associated with the funding; therefore, the study remained unbiased.

My motivation for formulating the current study came from being curious after I had seen a post on Twitter (now known as X) that highlighted the ignorance of violence among same-sex relationships. This then sparked an interest in me to one day explore the unheard experiences of violence within same-sex relationships. In 2021, when I had to choose a research question, my supervisor encouraged me to explore the phenomenon. I was sceptical at first because I knew nothing. However, I still went ahead and equipped myself with knowledge about matters relating to the LGBTQIA⁺ community, especially interpersonal violence. I then submitted my proposal for evaluation, and when it came back, I felt motivated and encouraged to refine the study when my co-supervisor joined. It was a continuous learning process of both the topic and the methodology.

Data collection

Data collecting was moderately complex and challenging. Initially, I struggled to find participants, but after four months, participants started reaching out. Data was collected online, and participants were provided with data bundles. The first two interviews were difficult because I was unsure what I was doing. I transcribed the interviews, sent them to my supervisor, and attempted to analyse them while they were still new. My supervisor gave me constructive feedback that I should use for the following interviews.

The interviews with the other four participants in the study went smoothly. However, it was time-consuming to process one interview. I reflected on this and realised it felt more like a therapy session than a research interview. I felt frustrated with myself as I had failed to identify my role as a researcher at the time. This then proved the importance of reflecting as a qualitative researcher because it assisted me in being aware of my feelings that may have the potential to affect the outcome of the study (Smith et al., 2009; Smith & Nizza, 2021).

Data analysis and interpretation

This was the most daunting experience of my life. This stage in the research humbled me and had me thinking about all the criticism people would give about conducting an IPA study as a novice researcher. It was my first time doing qualitative research, and I had to use IPA. The first attempts at extracting data were all terrible. I had yet to learn what I was doing despite having read and watched videos on YouTube. The feedback I would receive made me feel demotivated because I thought I would never understand what IPA was about. After several attempts and supervision, I got the latest IPA edition and joined the ipaqualitative@group.io forum. I started understanding IPA better, took baby steps, and followed my supervisor's advice on not rushing the process. I

reprinted the transcripts and did a case-by-case analysis for all transcripts using the six steps mentioned earlier and repeating steps one to four for all cases. This was time-consuming and intimidating because I was still trying to figure out my competence, but I proceeded either way. The themes kept changing, and feedback from my supervisor also influenced the constant change of themes. Upon reflecting, I was overwhelmed with this research process; I sometimes thought of giving up, but I still pushed through and utilised the readily available support.

My supervisor was pivotal in this process, as I relied on his expertise with IPA. The ipaqualitative@group.io forum was also introduced to me by my supervisor, and it was beneficial because some members reviewed my themes and interpretations and provided me with constructive feedback that I incorporated before sending the work to my supervisor. This process ensured that the study was objective, highlighting that reflexivity, as Smith and Nizza recommended (2021), was adhered to. Despite this process being daunting and time-consuming, it was necessary because, without it, the presentation of the study would not be of a quality standard.

Findings

Writing up the findings was the last phase, which entailed exploring existing work and comparing it to my study. This process was also time-consuming. I had to juggle my findings and what the literature revealed, which was sometimes confusing and tiring because I struggled to hold all the information together. Regardless of the difficulties encountered, this was necessary to experience because it ensured a logical flow of the study and the aim of the study to be met. This study aimed to explore LGBTQIA⁺ university students' lived experience of IPV in South Africa. The findings revealed that feeling entrapped is common in those who have experienced IPV and that various barriers reinforce the feeling of entrapment. Another finding was that leaving an abusive

relationship is associated with ongoing impacts that continuously hinder the process of healing, which existing literature also highlighted. The last and final finding of the study was related to betrayal trauma in which participants in the study felt betrayed, and the sense of betrayal was applied to the LGBTQIA⁺ community in general.

Personal reflections

This research process has been a humbling experience for me. Not only was it challenging, but it also required me to dig deep within myself and taught me patience. I have never done any qualitative work, and this study is the first qualitative work I have ever done. To date, I still hear people saying IPA is complex. From experience, I can officially say it is difficult but doable. I never thought I would better understand IPA because it has been a trying journey. The biggest challenge was presenting the data logically and understandably. Having to constantly be aware of the use of terminology and my positionality as a heterosexual female student was also strenuous because, during some stages, I felt as though I was advocating. Other times, I felt like I was attacking, eliciting frustration and sadness because I struggled to find a balance. I do not know how many times I attempted to do everything correctly. However, all I know is that with every repeated step, there was an improvement. Research is an individual process, and I learned that my experience could not be compared to someone else's experience; this process is similar to a case-to-case analysis where unique findings for each participant shape their meaning. All the challenges and repeated steps that I did shaped my understanding of the topic and equipped me with knowledge I never knew existed. In retrospect, if I were to choose between conducting a qualitative and quantitative study again, I would choose qualitative because the challenges I encountered in it improved various aspects of my development as an academic.

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Appendices

Appendix 1: Authors guidelines

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Appendix 2: Word count

14155

Appendix 3: Ethical Clearance Letter

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GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

10-Feb-2022

Dear Ms Mavhungu

Ramavhoya

Application**Approved** Research

Project Title:

The lived experience of intimate partner violence within LGBTQIA+ relationships

Ethical Clearance number:

UFS-HSD2021/1777/22

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

Dr Adri Du Plessis**Chairperson: General/Human Research Ethics Committee**

Dr Adridu Plessis

Digitally signed
by Dr Adri du
Plessis

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**Appendix 4: Advertisement**



RESEARCH PARTICIPANTS NEEDED

My name is Mavhungu Ramavhoya and I am currently completing a Masters Degree in Clinical Psychology. As part of the program, I am writing a mini-dissertation on intimate partner violence in LGBTQIA+ relationships among students at the University of the Free State.

Who can take part?

LGBTQIA+ students that are currently enrolled at the University of the Free State, who experienced intimate partner violence at some point in their lives

It is required that you must have left the abusive relationship and have been out of the relationship for a period of six (6) months or more.

If you are interested in participating, please contact:

✉ mavhungurama@gmail.com

☎ 078 068 6509

# Original Transcript	Exploratory notes
<p>Page 2</p> <p>22 I had to be careful with what I say. I would observe my partner's face, and if I see any facial</p> <p>23 changes, then I would get really scared, sometimes I'd want to go out with friends given the</p> <p>24 permission, but I'll still be uncomfortable instead, not knowing how it will be used against</p> <p>25 me or how she will react when I come back</p> <p>Page 4</p> <p>30 how to not feel helpless or hopeless, or how to maybe like, love myself</p> <p>31 more to walk away from this because like I said, I felt like, you know, I love this person more</p> <p>32 than anything and this love won't go away, so it hurts even more to even not be with them.</p>	<p>Dependent on cues to predict partner's reactions</p> <p>What purpose did relying on these cues serve? Did she do this as a precaution?</p> <p>Felt uncomfortable going out without permission from partner</p> <p>What was her experience prior to having her partner's permission as part of her internal dialogue?</p> <p>What did she feel when anticipating her partner's reactions? Anxious? Scared?</p> <p><u>Many false starts</u>: She seems to be struggling to articulate herself clearly when explaining her difficulties with feeling helpless and hopeless.</p> <p><u>Repetition of 'even'</u>: This could indicate her difficulty in dealing with the end of the relationship.</p> <p>Is she struggling to come to terms with the end of the relationship? What place does the relationship hold in her life? Is she hopeful about it?</p>

Appendix 6: Experiential statements example from Asli's transcript

Experiential statement	# Original transcript	Exploratory notes
<p>Precautionary measures to avoid violence</p> <p>Lack of autonomy in decision making</p> <p>Fearful of partner's reactions due to potentially defying</p>	<p>Page 2</p> <p>22 I had to be careful with what I say. I would observe my partner's face, and if I see any facial</p> <p>23 changes, then I would get really scared, sometimes I'd want to go out with friends given the</p> <p>24 permission, but I'll still be uncomfortable instead, not knowing how it will be used against</p> <p>25 me or how she will react when I come back</p>	<p>Dependent on cues to predict partner's reactions</p> <p>What purpose did relying on these cues serve? Did she do this as a precaution?</p> <p>Felt uncomfortable going out without permission from partner</p> <p>What was her experience prior to having her partner's permission as part of her internal dialogue?</p> <p>What did she feel when anticipating her partner's reactions? Anxious? Scared?</p>
<p>Lingering feelings of hopelessness and helplessness post-break up</p> <p>Lingering emotional attachment post-break up</p>	<p>Page 4</p> <p>30 how to not feel helpless or hopeless, or how to maybe like, love myself</p> <p>31 more to walk away from this because like I said, I felt like, you know, I love this person more</p> <p>32 than anything and this love won't go away, so it hurts even more to even not be with them.</p>	<p><u>Many false starts</u>: She seems to be struggling to articulate herself clearly when explaining her difficulties with feeling helpless and hopeless.</p> <p><u>Repetition of 'even'</u>: This could indicate her difficulty in dealing with the end of the relationship.</p> <p>Is she struggling to come to terms with the end of the relationship?</p> <p>What place does the relationship hold in her life? Is she hopeful about it?</p>

Appendix 7: Interview Schedule

Interview Guide

Dear Participant

The following document includes a short demographic information form for your completion. Please provide the following demographic information by placing a cross (X) in the appropriate square or by writing down the relevant information.

1. Age:

2. How do you identify (within the LGBTQIA+ community)?

3. What are your gender pronouns?

4. How long has it been since the abusive relationship has ended?

5. Current relationship status (make a checkmark over your choice):

Single	Married	Cohabiting	Divorced	Widowed	In a relationship
--------	---------	------------	----------	---------	-------------------

QUESTIONS RELATING TO INTIMATE PARTNER VIOLENCE

1. Describe what it was like to be in an abusive relationship for you?

- a. How did the abuse start?
- b. How long did the abuse last?
- c. What was the most significant thing about the abuse? Why?
- d. How did you make sense of this experience?

2. What impact did the relationship have on your life?

Prompt: Which areas of your life were affected?

Prompt: What place did the relationship hold in your life?

3. What were the enduring effects of this relationship in your life?**4. How did people around you or people in your community react?**

Prompt: Family? Friends? Police?Community? University?

Prompt: What impact did this have on your experience?Positive?Negative?

- a. What support did you receive or wish to have received during the abuse?
- b. What do you think should be done to stop this abuse?
5. Is there any thing else you would want to share with regards to the topic? What advice would you give to other students who are currently in abusive relationships?

Thank you for your time and sharing your experiences with me.

Appendix 8: Informed Consent



CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). I am aware that the findings of this study will be anonymously processed into a research report, journal publications and/or conference proceedings.

I agree to the recording of the *insert specific data collection method*.

I have received a signed copy of the informed consent agreement.

Full Name of Participant: _____

Signature of Participant: _____ Date: _____

Full Name(s) of Researcher(s): _____

Signature of Researcher: _____ Date: _____

Appendix 9: Turnitin Report

Mavhungu Jodale Ramavhoya January.docx

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