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Intimate partner violence among lesbian, bisexual, and queer women students on campuses in South Africa: a qualitative study exploring context, drivers, and impacts

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Abstract

Background Intimate partner violence (IPV) is a global public health problem, associated with negative physical and mental health impacts. Research on IPV has mainly focused on heterosexual relationships with limited focus on same-sex relationships. This paper reports the findings of a qualitative study which explored experiences, context, drivers, and impact of IPV in same-sex relationships of students who identify as lesbian, bisexual, and queer (LBQ) women at three campuses in a university in South Africa.

Methods We collected data through focus group discussions (FGDs) with 56 students who self-identified as LBQ women. Participants were Black African, between 18 and 30 years of age, enrolled in courses for at least 1 year, and volunteered to participate in group discussions. Data were analyzed inductively using a thematic analysis approach. We drew from the post-structural feminist theory to understand the relationship dynamics in same sex relationships of LBQ women.

Results Three themes were developed through the analysis of data. The first theme is on the nature and forms of violence experienced by LBQ women—where women described bidirectional partner violence, including physical, sexual, and emotional IPV, and controlling behaviors in their relationships; and discrimination and disregard for bisexual women. Theme two highlighted the drivers and context of violence experience and enactment in intimate relationships which included multiple factors: past traumas, previous experience of violence, poor communication and poor conflict resolution skills, and heteronormativity and gender norms. IPV occurred when gender roles and expectations were not met, and when contesting for power and dominance in relationships. The last theme elaborates on the mental health impacts of IPV among LBQ women which included depression, anger, self-hate, and negatively impacted self-esteem. Furthermore, participants spoke of their mental health contributing to IPV perpetration and negatively affecting their academic outcomes.

Conclusions Our findings suggest the need for IPV interventions that address both victimization and perpetration, given the occurrence of bidirectional violence. Such interventions should focus on building healthy and non-violent

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relationships and on promoting mental health of LBQ women students in same-sex relationships. Interventions should be co-developed with LBQ women on campuses for greater relevance and impact.

Keywords Intimate partner violence, Same-sex relationships, Lesbian, bisexual, and queer women, Campus sexual violence, South Africa

Background

Intimate partner violence (IPV) is a global public health problem, associated with negative physical and mental health impacts [1]. Romantic relationships and IPV often start in young adulthood, thus important that we explore the drivers and impact of IPV among young people [2]. Students have an increased risk of experiencing IPV during college [3, 4]. Research on IPV has mainly focused on cis-gender women in heterosexual intimate relationships, drawing from the heteronormative model of gender inequality and power [5, 6]. Evidence from existing literature, mostly from high-income countries, suggests that the prevalence of IPV in same-sex relationships is comparable or even higher than that occurring in heterosexual relationships [5, 7, 8]. A study conducted during the COVID-19 pandemic and found that overall lesbian, gay, and bisexual young women aged 16–24 in South Africa experienced IPV greater than heterosexual women (20.5 vs. 13.9%) and were more likely to perpetrate IPV than heterosexual cis-women (18.2 vs. 7.7%) [9]. There are wide variations in the rates of IPV victimization and enactment in same-sex relationships reported in the literature, explained by differences in the methodology used in studies including sampling, definition of IPV, and measurement [10, 11]. Systematic reviews drawing from studies that used non-probability sampling found prevalence rates of lifetime IPV victimization in same-sex relationships to range between 40 and 50% [10, 12]. Prevalence rates of lifetime IPV perpetration ranged between 3.8 and 67.5% [10]. Studies that used probability sampling of lesbians and bisexual women drawn from the population found prevalence rates of lifetime IPV victimization of between 20 and 50%. Lesbian, bisexual, and queer (LBQ) women on college campuses experience disproportionate rates of IPV [13]. Studies report rates of IPV as high as 50% and greater among LBQ women students [14]. Given these high rates of IPV in same sex relationships, it is important to unpack and understand drivers of IPV experiences and perpetration among LBQ young women in the South African context.

The literature suggests occurrence of all forms of IPV in same-sex relationships involving women which includes physical, emotional, psychological, and sexual violence [10]. Bisexual women have the highest odds of experiencing all forms of IPV [14–16]. Existing literature indicates pathways to violence enactment and victimization

in same-sex relationships of LBQ women on campuses that are influenced by lived experiences of gender non-conformity and discrimination [10, 11]. Campus climates or environments that are homophobic and where sexual and gender minority students are discriminated against and socially stigmatized may result in greater IPV and sexual assault by a non-partner, while greater inclusion of sexual and gender minority students on campus is associated with lower odds of IPV and sexual assault among queer women [17]. Sexual minorities experience multiple stressors, including stigma and discrimination from social environments, institutions, processes, and structures because of their gender and sexual identity [18–21]. Experiencing this may result in internalized homophobia—an internal stressor constituted by having negative attitudes and feelings about homosexual features in themselves and other homosexual people [22, 23]. Living with minority stress including internalized homophobia is associated with aggression and controlling behaviors which may fuel violence perpetration in relationships [24, 25]. Internalized homophobia has been found to increase the risk for physical and sexual violence enactment in female same-sex relationships [13, 22]. Individual level factors including more use of substances, jealousy, anger, high need for control, low self-esteem, witnessing violence as a child, prior experience of violence, and disordered personality characteristics were linked to IPV perpetration [10, 26, 27].

Studies have shown that being out (when someone is openly sharing their identity with family, friends, and other people), compared to being on the closet; internalized homophobia; and more use of alcohol, are among the risk factors for IPV victimization [28–30]. Lesbian women who reported daily or weekly binge drinking were more likely to report physical and sexual IPV [30]. Stigma consciousness is associated with both enactment and victimization among lesbians in same-sex relationships [29]. IPV is associated with negative short- and long-term physical and psychological health outcomes including physical injuries, STIs, post-traumatic stress disorder, and depression [31, 32]. For LBQ women, the negative health outcomes of IPV are exacerbated by minority stress [14, 33]. Among students, IPV is associated with negative academic outcomes such as dropping out or getting lower grades, and learning problems [34, 35].

Conceptualization of IPV has primarily focused on heterosexual relationships and drawn from the feminist approach where patriarchy is the driver of violence, and power is viewed as binary, whereby men are dominant, have and use power against women who do not have the power, and become victims of this violence [36]. The feminist approach has been invaluable in contributing to conceptualization and understanding of IPV in heterosexual intimate relationships, but limited in helping us understand IPV in same-sex relationships [37]. In this paper, we apply the post-structural feminist theory which views power as dynamic, fluid, and relational, and gender as both interactional and structural [36]. People, based on their social context, use tactics and strategies available to them to negotiate power [30, 38]. Power differentials fueling violence in relationships may be determined by a range of factors including possession, education, age, employment, or income [39]. The post-structural feminist approach argues against the paradigm explaining IPV only as a consequence of patriarchy and heteronormativity, rather IPV is viewed as a symptom of a range of other factors which can be used by all people to negotiate dynamics of power [36, 40]. As such, when a lesbian woman enacts IPV, it must be understood only in part that they are enacting heteronormatively defined gender roles and dominance. Moreover, it must be acknowledged that enacting violence could be an expression of anger or frustration or asserting a position of advantage through other power factors such as race, class, material, educational, and social privileges which are not privy to the “victimized” partner [36, 41].

Most research on IPV in same-sex relationships has been conducted in high-income countries, mainly from the USA [4, 10, 14, 42]. There has been limited research and a subsequent knowledge gap in understanding IPV occurring within same-sex relationships in the global South [4, 16, 43]. While many factors explain this evidence gap, a major challenge has to do with the silence, stigma, and taboo that surrounds same-sex sexuality in most Global South countries [44, 45]. Africa remains the most homophobic continent in the world, with most countries upholding beliefs and laws against homosexuality and same-sex relations [46]. As such, we know far less about the forms of violence, drivers, and context in which violence occurs in non-heterosexual relationships [5, 23, 47]. The limited research on IPV in sexual minority relationships has primarily focused on gay, bisexual, and queer men, with very little research on IPV in relationships of LBQ women [48–50]. This neglect limits our ability to develop theoretically grounded and evidence-based interventions to prevent the occurrence of IPV in same-sex relationships of women. This paper reports the findings of a qualitative study which explored experiences

of, context, and drivers of violence in same-sex relationships of lesbian, bisexual, and queer cis-gender women on three university campuses in South Africa.

Methods

Study design

We conducted a phenomenological qualitative study exploring LBQ women students’ experiences of, drivers and context of intimate partner violence in their relationships, and its impact on their lives. This article is reported in accordance with the consolidated criteria for reporting qualitative research (COREQ) checklist [51] (Additional File 1).

Study sites

The research was conducted at a public University in South Africa, which attracts students from the nine provinces of the country, with different socio-economic backgrounds. We purposefully selected and worked in three of the five campuses of the university, selected after a consultative process with the study Community Advisory Board (CAB). The CAB was set-up to provide technical advice to the research team, as members of the University community with valuable information about the institution and its operations. The CAB comprised University staff members (including those from the Student Affairs Office), student representatives from the women’s forum, the lesbian, gay, bisexual, transgender, queer, and inter-sex + (LGBTQI+) forum, and the Student Representative Council (SRC). The three campuses were selected based on proximity to the city center, for ease of access.

Sampling and data collection

We conducted three focus group discussions (FGDs) with a sample of 56 (including undergraduate and postgraduate) women students who were assigned female at birth but self-identified as lesbian, bisexual, or queer women, were Black African, aged between 18 and 30 years, and enrolled in courses for one year and more. Two FGDs from two campuses (campus 1 and 2) had 20 participants in each group, and the third focus group (campus 3) had 16 participants. After consultation with the LGBTQI+ students’ forum and the CAB, we decided to not include transgender women given the small number of trans women in their campuses. There was also a view that trans women have divergent experiences that require a dedicated exploration and that including them together with LBQ women will not adequately capture their experiences. We collected the data using FGDs as they were a suitable data collection method for the phenomenon under investigation. Also, FGDs were seen to be a cost-effective tool to generate rich data from a large number of participants compared to individual interviews

[52]. Focus groups were ideal for exploring perspectives and experiences of LBQ women regarding IPV within the LBQ community, which might have been sensitive to speak openly about in an interview [53]. The FGDs allowed the participants to voice their views through group interaction which resulted in valuable data where diverse and similar perspectives and experiences were shared [54, 55]. Moreover, the FGDs allowed the participants to express their views having the security of being around people who share similar experiences [53, 56].

The students were recruited by a research assistant (RA) who was a peer student, and self-identified as lesbian. The RA was employed by the project team and recruited LBQ students through word of mouth around the campuses and residences, and in the LGBTQI+ forums which bring together LGBTQI+ students, established across all campuses. The FGDs were conducted by two facilitators (PM and NM) with extensive experience in conducting GBV research and FGDs with women students, which made it easier to moderate the group discussions. One facilitator identified as a lesbian woman, the other was a cis-heterosexual woman. The FGDs were conducted in English, but participants were allowed to express themselves in their home language, which was IsiZulu, which both facilitators spoke fluently. To conduct the FGDs, we used a semi-structured FGD guide (Additional File 1: FGD guide), and the discussion lasted between 60 and 90 minutes, and used the PR200 cell phone recorder to audio record the FGDs. We asked LBQ women to describe their experiences as students who do not conform to gender norms of men and women on campus; to tell us about their intimate relationships, and how they relate with their partners; to share what they know about IPV in LBQ women's relationships; to describe what leads to the occurrence of IPV in LBQ women's relationships; what makes LBQ women vulnerable to IPV; what protects LBQ women from experiencing IPV; and how LBQ women are impacted by the experience of IPV. Arrangements were made with the University counseling services to make referrals to them. Participants who showed signs of psychological distress during the FGDs were referred to for counseling. Participants were provided with snacks during the FGDs, and each participant was reimbursed with R50 (2.85USD) for their time.

Member checking was conducted with three groups of 10 students who participated in the FGDs from each of the three campuses (total 30 participants). We asked for volunteers and included the first ten who volunteered in each campus. The member checking process gave the participants an opportunity to check the accuracy of interpretations and expand, amend, or comment on the data from the FGDs. We followed a four step process as

defined by Brear [57], providing participants with transcribed data from the FGDs, asking them to read and provide comments after taking time to think independently, hearing findings, appraising findings, and negotiating final representations as a group [57]. Member checking provided an opportunity to assess the credibility of the data and check the extent to which we had accurately captured the insights and experiences of the participants. The process also enabled the researchers to develop a deeper understanding of the phenomenon under study as the participants further articulated the meanings they attached to their experiences. Member checking provided participants the agency and power to define their priority issues and how they should be represented in the research reports [58]. It also allowed participants to further elaborate and expand on some of the findings, providing the researchers with further and nuanced insights that had not come up during the FGDs. For example, the theme on power as a driver of IPV and how it is negotiated or not in relationships of LBQs (presented later) emerged during the member checking exercise. Participants further explained the complex dynamics in relationships involving a femme and a femme lesbian (both embrace and express femininity through their appearance, behaviors, and interests), and that of a butch and a butch lesbian (both exhibit a masculine gender expression or identity, often through clothing, hairstyles, and mannerisms) which were not elaborated during the FGDs.

Positionality

The FGDs were facilitated by PM—a cis-gendered heterosexual Black African woman, who is an experienced qualitative researcher in her late thirties, and NM, a Black African researcher, who identifies as a lesbian, in their early forties with extensive experience in NGO advocacy work with the LGBTQI+ community. Thus, NM and PM approached the group discussions and research from both insider and outsider positions and perspectives, respectively. NM's insider perspective based on their gender identity and sexual orientation enabled them to relate and share deep understandings with the participants, which was critical for the interpretation of the findings. NM had an in-depth understanding of the vocabulary and concepts used by the participants in the description of their experiences on campus and in their intimate relationships. PM, although an outsider based on her sexual orientation, has extensive experience in conducting qualitative research and proficiency in the isiZulu local language that was preferred by the participants. The participants expressed that they felt they could best communicate and provide accounts of their lived experiences in isiZulu; therefore, through PM's proficiency in speaking

isiZulu, she was able to create a safe space for the dialogue. Moreover, her experience in facilitating FGDs, and ability to project a non-judgmental demeanor with regard to gender identities and sexualities, enabled her to effectively steer the dialogue.

During the FGDs, the facilitators emphasized and encouraged participants to share group perspectives and minimize telling individual stories and experiences. The participants were encouraged to only share personal stories which they felt comfortable and safe to share with other group members, given that the research team could not guarantee confidentiality of the information shared in the group. Participants openly shared their views, and the facilitators listened and probed further to understand the participant's insights and experiences. As a cis-gender woman, PM was constantly conscious of her potential heterosexual biases and was thus careful to not impose them during probing and introduction of topics on the FGD guide. While the facilitators used an FGD guide to structure the discussions, their insider-outsider positions might have impacted the data collected in this study, the questions they probed or did not probe, their decisions about what they saw as important and what could be put aside, and their interpretations and the meanings they deduced from what was shared [59].

Data analysis

The audio recordings of the FGDs were transcribed verbatim by the RA in preparation for data analysis. The sections of the interviews where the participants spoke in isiZulu were translated into English by the RA. We followed an inductive thematic analysis approach which enabled us to develop the themes grounded in the data [60]. PM, CBS, YS, NM, and MM were involved in the analysis. The first step in the analysis involved reading and re-reading the two purposefully selected transcripts (those that were deemed to be rich in content) to familiarize ourselves with the data. We did manual coding using MS Word 365 version, to produce initial codes and develop a codebook (Additional File 1: Codebook), drawing from the two transcripts. The two transcripts were coded independently by each person who assigned initial codes and sent the coded transcripts to the first author (PM). Thereafter PM developed a summative document which included everyone's codes including data extracts linked to each code and shared this in a meeting in which each coder presented and discussed the codes they had generated and gave rationale for the codes they had assigned. Further to this, the coders worked together to develop the codebook with code labels, their definitions, and data extracts from the two transcripts to support each code. Where there were discrepancies or differences in coding, we discussed, where necessary, and revisited

the two transcripts to gain a collective understanding and reach consensus. As the next stage, PM, CBS, YS, NM, and MM independently coded the remaining transcript using the codebook, and this resulted to the expansion of codes. Next, text from all coded transcripts which appeared to fit together was grouped together under a specific code. Further to this, similar open codes were grouped together under clearly defined categories. Next, the categories which we seen to be similar were clustered together to develop clearly defined themes. Thereafter, we explored the relationships between the themes. This step ended with refining the three themes and sub-themes presented in this paper which provide a nuanced understanding of IPV in intimate relationships of LBQ women [60]. Further to this, the research team identified the relationships and sorted the codes into themes, with some of the codes becoming sub-themes, and some not belonging anywhere. Lastly, the research team reviewed the themes and sub-themes and checked whether there were similarities and differences between the themes, how they fit together to tell the overall story, and whether we had enough data to support them. The analysis process involved an iterative process of moving back and forth from looking through the data [60].

Results

The results section is structured according to the three main themes with sub-themes that were developed through the data analysis process: nature and forms of violence experienced by LBQ women in intimate partner relationships; drivers and context of violence experience and enactment of violence in intimate relationships of LBQs; and impacts of IPV experiences on LBQ women. While participants were not asked to disclose their sexual orientation, during the FGDs, most indicated that they identified as lesbian women, seven were bisexual women, and two identified as pansexual. Among the lesbian women, most identified as femme, and a few identified as butch.

Nature and forms of violence experienced by LBQ women in intimate relationships

Our data highlighted recurring experiences of different forms of violence experienced by LBQ women. While some of the violence experiences were similar, we found that there were experiences that were unique to bisexual women, given their dating relationships that involve both women and men.

Bidirectional violence in same sex relationships

The participants described the complex nature of partner violence in their relationships, pointing out that such

violence is often bidirectional in its occurrence, as some both experienced and enacted violence:

"She hits me and I hit back. You see here, I have teeth marks because it became physical. It was an altercation now. Because she hits me, sometimes I am the one hitting. Nonetheless, you know that you are wrong but because you know that you have the power to hit me, you control me, and you know that I have a temper, and I will retaliate. And it became viral because I was posted on Facebook that I am an abuser. I hit a girl, but the truth remains that you started the fight, and I hit you back." (Campus 1)

Some lesbian women described bi-directional physical, sexual, and emotional IPV as particularly common in their relationships, and that the physical violence sometimes leaves one with scars:

"So it [physical IPV] does not only happen in straight relationships, even in lesbian relationships it does happen. We hit one another, badly! We hit one another! It gets to a point where one person will be hurt, you see... we hit one another, I even have scars from my past relationship because of physical fighting... So, the moment I started hitting back, it never stopped. It became a pattern... I have teeth marks because it became physical." (Campus 1)

Other participants described having been sexually assaulted by their intimate partners: "another thing that happens in our relationships is rape, but we don't realise that it is rape. There is a lot of rape in relationships of LGBTQI persons" (Campus 2). The sexual assault often occurred in the context where sexual consent was not considered to be necessary: we do our thing [sex]. So, I am now used to this thing, then one day I do it when you are not okay, and then the girl cried saying, 'you know this thing that we did, I didn't like it'. So, this is now rape. It was not consensual. So, this thing is very confusing! Even, I maybe will end up raping someone, I do." (Campus 2)

Some participants spoke of having experienced verbal and emotional violence including being humiliated in front of other students, body shamed, insulted, and called derogatory names by their partners:

"I was discriminated [against] because of the way my body is structured by someone I was seeing [dating], and I would hear people talking and she would take our issues outside of the relationship. She would tell people about my physical appearance. People who don't need to know." (Campus 1)

"She ends up diminishing your image to other people because now she is not even sure of herself about who she is. So, for me, because I have big feet, I wear size nine, she would say, 'what kind of a girl are you? You were meant to be a man for real. You are a man. You are a chicken with testicles in the tummy (uyinkukhu enamsende esiswini)'. All these kinds of things will come my way. You see. So, it's not only physical but verbal and emotional." (Campus 2)

Discrimination and disregard for bisexual women

Bisexual women further described experiences of discrimination, prejudice, and being disregarded because of their sexuality, which they defined as emotional violence:

"When you are bisexual, you experience more emotional violence. There is a lot of phobia against bisexual people. The lesbians are like, 'I'm not dating a bisexual because of this and that'; and there is a lot of judgment that comes when you are bisexual, some people even say you are promiscuous." (Campus 2)

"The men are like, 'bisexual woman, you [are] not bisexual. You just into men but...umh, you [are] just confused'. You actually experience the worst as a bisexual woman from men... we are getting attacked." (Campus 2)

Bisexual women further mentioned that their sexuality is sometimes dismissed by their male partners which leaves them feeling anxious that their sexuality is often disregarded:

"My current partner is a heterosexual man. He disagrees with my bisexuality. I'm actually living a double life when it comes to my partner because he just ignores the existence of my bisexuality. I don't necessarily enjoy hearing the statement that I'm not bisexual." (Campus 2)

"My experience is a little bit different, but similar to hers. But mine is a little different because the men I was dating knew that I am bisexual, and they do not take that seriously. If maybe there is another lady that I am dating, they do not care. Even if they find that woman in this room, they do not care. They do not take it as cheating, but if it is a man, then there is a problem." (Campus 2)

Drivers and context of violence experience and enactment in intimate relationships of LBQ women

Participants described the drivers and context of violence experience and enactment to include past traumas; poor

communication and poor conflict resolution skills; heteronormativity and gender norms; and contestation for power and dominance.

Past traumas and exposure to violence

Most participants described witnessing their mothers being beaten by their fathers as having contributed to their use of physical violence on their partners:

“So, for me the way it happened, people have past traumas from our childhood. So, for me, it was my mother. My father used to hit her. So, I told myself, no I don’t want to be that person, but along the line, I found myself hitting a lady because of my upbringing.” (Campus 1)

Like several other participants, one participant gave an account of how they started enacting physical violence against a partner as retaliation for being continuously beaten-up by the partner:

“How does it start? If a person was involved with someone who used to hit her, I don’t want to make that an excuse, because I do not want to speak on her behalf... but the first time she hit me I was shocked. It was like she is playing, pushing down and stuff, and strangling me. Then the second time it happened, I just lost my temper too and slapped her.” (Campus 1)

Another participant similarly spoke about how past traumas and experiences of partner violence may lead LBQ women to enact physical violence in their relationships:

“Some [LBQ women] even get violent, but I think they get triggered by the fact that they have experienced violence, they’ve had trauma before. You now find someone becoming violent... The things that were done to her, she will try and do to others that she gets involved with.” (Campus 3)

Poor communication and poor conflict resolution skills

Data suggested that participants struggled to resolve conflict in a peaceful manner in their relationships. Rather, they described having often used sex as a strategy to resolve conflicts and disagreements in their relationships. They clarified that engaging in sexual intercourse, often without asking for consent from the partner, has become a way of resolving issues or conflict and getting their partner to forgive them:

“There is this norm that when we quarrel, you get thrown on the bed, you see. It happened to one of my friends. There was a fight and so on... we know that we will solve this thing by engaging in sex... we end up sleeping together and then you are okay, and you enjoy (ubamnandi).” (Campus 2)

Participants acknowledged that at times, this conflict resolution strategy does not work, and can get someone into trouble as it borders on sexual assault:

“So, I am now used to this thing [resolving conflict through engaging in sex], then one day I do it when you are not okay, and then the girl cried... You end up confused as to whether “Did I rape her? or what happened?” I am also confused! You see if you are used to doing something, [that day she does not like it] that is how your partner can say it’s rape.” (Campus 1)

Some participants opined that in LBQ relationships, some partners take advantage of their partners, sexually violate them, and thereafter argue that it was not rape as only penetrative sex with a penis and vagina constitute rape:

“There are a lot of things that women get away with in terms of sexual violations. Like one of my friends there was an instance where her girlfriend took sexual advantage of her and when they were done, her girlfriend said that it didn’t count as assault because she is a girl and it wasn’t penetrative, but my friend still felt like really, really violated.... People tell themselves that rape is with the vagina and the penis.” (Campus 2)

Heteronormativity and gender norms

The participants’ narratives suggested that heteronormativity often manifested in intimate relationships of LBQ women, and revealed how heteronormative norms including demonstration of power and dominance and gender role expectations contributed and drove violence enactment and experiences in these relationships: “Another thing that is wrong that happens, like in other relationships [heterosexual relationships] is a man must, a woman must or whatsoever, so even here [same-sex relationships] it happens, you see.” (Campus 2).

The butch-femme and femme-femme relationships were considered normative by most participants. By contrast, the butch-butcht relationships were frowned upon and disapproved of by most participants in our study. Participants further described heteronormative scripts manifesting mainly in relationships involving a butch and a femme. For instance, the butch identifying lesbians were expected to provide money and meet their partner’s material needs:

“There are so many expectations for the butchies! “The butch must provide. Haibo! [exclamatory], the butch mustn’t ask me out if she doesn’t have money.” You see. So, I think even us femmis there are things that we expect, that now you, if you are dating the

butchy that is unemployed you will disrespect her. You will not give her the power and respect that you would give the butchy that is working for Transnet [large organization] because that one is a provider.” (Campus 1)

Other participants described that the gender role expectations in LBQ relationships extend to dress code and physical appearance:

“Besides money, even the way a person looks. Like, hehe, someone with a big tummy; hehe someone with flabby arms (omtakwethu). Yah things like that. Even the femmi’s when they would say, ‘hehe, the fem with a flat butt’... sometimes they talk about the way you dress, that you must dress in a certain manner. You must have this body structure. You must have a hairstyle like this. No way. Some say the femme must plait her hair. You can’t have a bald head or have a brush cut.” (Campus 1)

Participants explained that violence occurs when gender role expectations are not met:

“It is a sensitive subject to me because most of the violence I experienced happened because of a comparison with the ex [former partner]. So me, I am one person who says, “No I will not do that”. She would say she is leaving me, but she couldn’t (angiyekiki). So, most of the fights were about, Ah, you don’t dress like so and so... We get in the room then it’s like, “You are embarrassing me”; and I will also be like, “How am I embarrassing you?” Then the fighting will start. We are just fighting over my appearance, that’s all.” (Campus 2)

Contestation for power and dominance

Relationships of LBQs were described as characterized by unhealthy power dynamics. The participants explained that power—which mainly manifested as one partner being dominant in decision-making and being in charge of the relationship—is not equally shared between partners in same-sex relationships. In some relationships, there is contestation over power, while in others, power is given to partners who present masculine:

“There is a lot of disagreements because each one wants to dominate the other. Everyone wants to dominate. You find that you are even trying to control one another, you see.... to show who is stronger than the other.” (Campus 1)

“So, what happens is, the power dynamics are not the same. Because I am a lesbian woman and masculine presenting, automatically the power comes to me... So, the power dynamics become a problem in

our relationship as lesbians because now she wants to be in charge and so do I. We end up fighting, even becoming physically violent.” (Campus 2)

Other participants described their same-sex relationships as reflective or mimicking toxic masculinities:

“The violence that I experienced, I will start with maybe within a relationship whereby there is what I call “toxic masculinity” within our LGBTI relationships, whereby maybe I identify as butch, and want to have all the control in a relationship, even say to my partner because I am butch “I’m your man dude!, and then suppress her, not allow her to express herself in the relationship because I am the man of the relationship.” (Campus 2)

For some participants, jostling for power, control, and dominance in their relationships was what triggered physical violence:

“From my experience, the moment that relationship got violent, or I experienced abuse, it was because of power dynamics. She felt like she’s dominant and I also felt I was dominant. At one point we became abusive to the point where we hit one another... and when I sit and look back, it was because of power dynamics because I would say, ‘you cannot do this to me.’” (Campus 1)

Expressions of power and dominance also manifested in the sex lives of lesbian women, in contexts where one partner would disregard the sexual needs and preferences of their partner:

“Another thing is the sex life. Our sex life is not balanced... there is this thing that they call fifty-fifty, there is hundred-fifty, and so on ... You will find someone who wants fifty-fifty [you can do what I do to you. I can finger you. I can mouth you. I can do whatever, and you do the same]. There is someone who will expect hundred-fifty [I don’t want to be mouthed, I don’t want you to do anything to me. I am the one who does everything]. So, this thing [hundred-fifty] also affects you somewhere somehow in your relationship ... you are not given an opportunity to also satisfy your sexual preferences, the partner is always wanting to be the one who does things to you. They are like ‘I am the man, you don’t do anything to me.’” (Campus 2)

Those who provided money or material resources were described to occupy a position of power and dictated what happens in the relationship:

“Some relationships are toxic because someone has money, and views themselves as more powerful than

you, and you are always expected to sacrifice and fulfill their sexual needs, which I think is abusive. You cannot say anything, be yourself, or do what you like, power is not the same.” (Campus 1)

Mental health impacts of IPV experiences among LBQ women

Participants described some of their relationships as toxic and emotionally damaging, not allowing the person to be who they are, leading to frustration and emotional damage:

“Actually, in our relationships...we don’t do what you and I are supposed to do and enjoy ourselves. We live according to other people’s expectations. This ends up causing problems for you and we end up frustrated and abusing one another in some way because now you are silencing me, you are abusing me in some way, also emotionally damaging me.” (Campus 2)

Participants described their violence experience as leading to depression:

“It only damages you. Because now, as much as I possessed a strong personality, but inside this was eating me up, that wow, I am being compared to so and so. I am not good enough. The pain of the fact that at night around 12 [midnight], I am checking my phone and searching for this girl that she is talking about, just to see her style. I had to go through that every night that wow, I don’t look like so and so. I don’t dress like so and so. Oh wow! So, it kind of leads to depression.” (Campus 1)

Others described having developed anger, and low self-esteem: “You end up with a low self-esteem. You end up having anger inside.” (Campus 2)

“You are making like; my self-esteem to drop when you tell me that I must be like another person, controlling me to be like the person you were with ... like a person wants to change who you are, the way you look.” (Campus 2)

In one FGD, participants described that being emotionally damaged leads to self-hate, which in turn gets projected to others through violence:

“You are now emotionally damaged, you are your own demon, and you practically hate yourself and now you are giving out the hate that you get from people and you giving back the hate to your partner by being violent.” (Campus 1)

Participants further spoke of the negative effects of poor mental health on academic outcomes. Most

participants explained that “while experiencing depression and stress they struggle to complete assignments on time and to concentrate when preparing for tests and exams which results to poor performance.” (Campus 3)

Discussion

This paper reports the findings of a qualitative study which explored experiences of, context, and drivers of violence in same-sex relationships of lesbian, bisexual, and queer women on a university campus in South Africa. Our findings show bidirectional IPV of different forms including physical, sexual, and emotional IPV, and controlling behaviors in relationships of LBQ women on campuses. This is very similar to the findings from research from the global north, which describes this pattern of violence as common in same-sex relationships [10, 12, 61]. Compared to lesbians, bisexual women in our study reported experiencing more emotional violence in their relationships, mainly perpetrated by their male partners who sometimes dismiss their bisexuality. Similar to other studies, we have found that biphobia—which is an added layer of discrimination within the LGBT-QIA+ community—is among the main drivers of emotional violence experienced by bisexual women who are often labeled as confused and harshly judged by men and women that they date [62, 63]. Others have found that bisexual women experience more IPV because they are perceived as having a heterosexual privilege (unearned, often unconscious or taken for granted benefits afforded to heterosexuals in a heterosexist society based on their sexual orientation) and therefore viewed as deserving to be marginalized [8]. Lesbian women reported the occurrence of physical intimate partner violence which is sometimes severe, leaving visible scars on their bodies, a finding that has been observed among women in same-sex relationships in other studies [61]. In their study, Miller and colleagues found that 14% of lesbian women reported having experienced severe physical violence in their intimate relationships [27].

In our study, lesbian women described their relationship as toxic and emotionally abusive, with partners insulting and using derogatory names to humiliate each other privately and in public (in the presence of other fellow students or friends). Social media was used as one of the platforms in which partners humiliated one another. Understanding of the tech-facilitated violence using social media is still at an early stage in South Africa, requiring further exploration to understand its pathways and impacts. The finding about bi-directional violence in relationships of LBQ women suggest the need for violence prevention interventions that address both victimization and enactment in same-sex relationships. For example, while empowerment and risk resistance

interventions might be useful to address victimization, there is also a need for gender-transformative interventions to address violence perpetration.

Our findings have shown that many of the drivers of IPV enactment in LBQ women's relationships are similar to those found among heterosexual relationships of men and women [64, 65]. In this study, the bidirectional violence was driven by a combination of factors including childhood trauma and previous experience of violence, poor communication and lack of positive conflict resolution skills, poor mental health, expression of power and dominance, and unmet gender roles and expectations as triggers of violence in relationships of LBQ women. Witnessing abuse of their mother in childhood and experiencing violence in previous relationships were described as risk factors for violence enactment among LBQ women in our study. Exposure to violence in childhood and in previous relationships normalized the use of violence for some LBQ women. This finding reflects those of other studies conducted among lesbians in the USA, where a history of family violence and of IPV was described as correlates of IPV [10, 66].

We have found that some LBQ women use physical violence as a form of retaliation to being continuously beaten by their partners. Retaliatory violence was explained to be a strategy to resist physical violence, mainly occurring in same-sex relationships of lesbian women. While participants found the retaliation empowering, there was no indication of it stopping the physical violence from recurring. In some instances, the retaliation escalated the violence. The literature describes the various reasons for women's use violence in relationships other than self-defense and retaliation, which are similar to male perpetrator motivation for use of violence including expression of anger, frustration, and communication difficulties [67, 68]. While LBQ women may use violence for similar reasons, there is very limited research that has focused on theorizing and understanding the motivations for use of violence among LBQ women [37]. Other scholars have found that poor relationship quality, having prior physically aggressive relationships, and high levels of relationship conflict and dissatisfaction were associated with frequent enactment of partner violence in same-sex relationships [28, 69]. Our findings further showed that some LBQ women lack conflict resolution skills and rather resort to use of violence when there are disagreements in the relationship. These findings suggest that violence prevention efforts should focus on empowering LBQ women with non-violent conflict resolution strategies to diffuse and manage conflicts and disagreements in intimate relationships.

The importance of non-violent conflict resolution skills in building healthy relationships is widely documented

in the literature on IPV in heterosexual relationships [70, 71]. Communication about sex including negotiating consent was described as poor in some relationships of LBQ women; rather, sex was used as a way of resolving conflict, a practice that was normalized in most relationships. Given the age of participants in our study, many of whom are still learning about themselves and relating to their partners, sexuality education focusing on sexual rights and consent is also important to improve their knowledge about sexual violence and rape among LBQ women [72].

Our data has shown that IPV occurrence in relationships of LBQ is aligned to the heteronormative script of gendered roles where there is a masculine presenting partner that is dominant, and a more feminine partner that is submissive. We found that the intimate relationships of LBQ women in this study tended to reflect stereotyped heterosexual norms and practices classified according to butch and femme lesbian identities. Butch lesbian partners were expected to demonstrate masculine dominance, be in control, and be providers, while femme lesbians were expected to be receiving, submissive, and nurturing. Gender role expectations also manifested in relation to appearance and dress code, whereby butch lesbians were expected to dress manly and only wear trousers (chinos), and femme lesbians to dress feminine and wear dresses and skirts. We found that violence occurred when the gendered roles and expectations were not met. This finding suggests that some relationships of butch and femme lesbians align with gendered scripts in heterosexual relationships and show that butch lesbians are often under a lot of pressure in their relationships. Sanger and Lynch studied relationships of lesbian women in Cape Town, South Africa, where they similarly observed alignment to heteronormative scripts, which they argue fuel and normalize the violence in same-sex relationships, through linking it with established societal gender norms [41]. Kheswa et al. (2005) argue that adhering to "established patterns of heteronormativity" could be a strategy used to bargain for acceptance in communities where heteronormativity is considered more acceptable [73].

The post-structural feminist theory was helpful in the interpretation of our findings around power in relationships of LBQ women. We found the existence of inequitable power dynamics in relationships of LBQ women. Contestation over power and control is among the key drivers of violence in same-sex relationships of LBQ women, a finding similar to that reported in other studies [74]. The literature outlines a number of reasons why some LBQ women might want to express power and dominance in their relationships. Someone experiencing verbal and physical homophobic attacks from the

community, rejection from friends and family, and discrimination at work may feel the need to assume power and control in her intimate relationship as a way of taking herself out of the victim role [22]. Furthermore, a bisexual woman who is a survivor of male-perpetrated violence may use violence in her relationship with a female partner as a learned behavior and to reclaim power and control [22]. Being butch presenting and having money and material resources was described as a currency for assuming power in these relationships. This finding suggests that power in same sex relationships is, in some instances, gendered but also dependent on possession of material resources, not different from what is observed in heterosexual relationships [65, 75]. We found that butch presenting lesbians were likely to be given/afforded a position of power by their femme partners to dictate what happens in the relationship, which might be explained by the alignment to heteronormative scripts found in our study. We also found that, in some instances, the violence that occurred in a relationship between butch lesbians was linked to power contestation, with both partners wanting to be in control. Furthermore, our findings showed that those who possess material resources and money most often assumed the position of power, with some of them described as controlling and emotionally abusive to their partners. However, we noted that most of the discussions about power sharing were mostly focused on same-sex relationships of women, and not on relationships of bisexual women with men. Further research is needed to explore the premise in which bisexual women engage with power when in relationships with other women. Given the power dynamics in relationships of LBQ women, interventions focusing on managing and sharing power and building healthy relationships are critical in IPV prevention interventions for LBQ women on South African campuses. There is limited available literature on evidence-based interventions addressing IPV, or power dynamics in same sex relations [74]. Studies focused on IPV perpetrated by men have found that gender transformative interventions that challenge inequitable gender norms and promote respectful relationships have shown promise in improving equality in relationships [76]. Interventions that involved both partners, but engaged them separately rather than as a couple, and promote shared decision-making have shown significant improvement in relationship equity and enactment of violence [77]. Torsten et al. (2019) further argued that the quantitative exploration of the construct of relationship power in same sex relationships is still understudied, thus developed and validated the Power Imbalance in

Couples Scale (PICS) to measure relationship power among men in same-sex relationships [78].

The LBQ women in our study described the perceived negative impacts of their violent relationships to include anger, depression, low self-esteem, and self-hate. Others associated poor mental health to poor academic outcomes. They further described a cycle of violence whereby those who are victimized become emotionally damaged, hate themselves, and express it through violence. This finding suggests that IPV victimization is adding to the burden of poor mental health among LBQ women resulting from experiencing stressors of homophobia and heterosexism from others [11, 28]. All of these stressors combined have been shown to lead to violence perpetration, highlighting the need for mental health-promoting interventions [79]. The negative physical and mental health outcomes of experiencing violence were also noted in other studies conducted among queer students in South Africa [80, 81].

Our data draws from FGDs which provide accounts from conveniently selected participant's experiences which are not generalizable to all LBQ students in South Africa. Future studies would do well to use in-depth interviews or narrative histories to gain an in-depth understanding of the lived experiences of LBQ women on campuses. Furthermore, we conducted research in groups that included both lesbian and bisexual women and learned that while there are similarities, there are differences in experiences, introduced by various factors including the involvement of men in relationships of bisexual women. Future research can address this gap by separating the groups of lesbians and bisexual women to capture the unique experiences that involve dating both women and men among bisexual women. Like other data collection methods, focus groups have limitations. Confidentiality cannot be guaranteed in a group, and there is a risk of over-disclosure of sensitive information likely to happen when the momentum in a group may lead participants to reveal details of their personal lives that they would ordinarily keep private [53]. In this study, we managed over-disclosure by sensitizing the participants about it. During the initial informed process, we informed the participants about the limits to confidentiality when in a focus group. We asked the participants, where possible, to avoid sharing sensitive personal information and, if they wish to do so, share it in such a way that they are talking about someone else's experience. We were also aware that the group dynamics may influence the data collected in this study, as participants with dominant personalities or who are more talkative may dominate the discussion and the direction it takes, while quiet participants may provide less input. To manage this risk, the FGDs were

facilitated by experienced facilitators who encouraged balanced participation, without leading the conversation or unduly influencing what was discussed.

Conclusions

Our findings have highlighted the occurrence of bidirectional IPV in relationships of LBQ women on campuses in South Africa, suggesting the need for IPV interventions that address both victimization and perpetration. We found IPV in relationships of LBQ women to be driven by multiple factors at individual, relationship, and community level, and associated with poor mental health impacts. The findings from this study can be used to inform the development of tailored interventions, programs, and policy on violence prevention and mental health promotion for LBQ women students on campuses in South Africa and similar settings where they are non-existent. Interventions that focus on building healthy and non-violent relationships and on promoting mental health are needed to address the bidirectional violence in same-sex relationships. Interventions should be co-developed with LBQ women in the Global South for greater impact and contextualization for settings. Institutions of higher education are potential entry points, and early adulthood is a strategic development stage for intervention for greater impact on IPV prevention as students transition into adulthood. Relationship strengthening and mental health coping skills acquired and mastered by students in early adulthood would be beneficial and protective throughout their life course.

Abbreviations

CAB	Community Advisory Board
FGD	Focus group discussion
IPV	Intimate partner violence
LBQ	Lesbian bisexual and queer
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex +
SRC	Student's Representative Council

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s44263-025-00149-7>.

Supplementary Material 1.

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Authors' contributions

P.M. and M.M. conceptualized the study and received funding to conduct the study together with C.B.S. P.M. and N.M. conducted FGDs and collected data from participants. P.M., M.M., C.B.S. and Y.S. analysed and interpreted the data. P.M. drafted the manuscript. All authors read, reviewed and approved the final manuscript.

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Data availability

All data are provided within the manuscript and its additional files.

Declarations

Ethics approval and consent to participate

Ethical approval for the study was granted by the South African Medical Research Council, Human Research Ethics Committee (EC003-2/2022), and by the Ethics Committee of the University where we conducted the study. Permission to work at the University was granted by the University management. A gatekeeper permission letter to conduct the research, access, and work with the students was granted by the Registrar of the University. All participants were requested to provide a written informed consent if they agreed to participate in the FGD, and to have the FGD audio recorded. The research conformed to the principles of the Helsinki Declaration.

Consent for publication

Not applicable.

Competing interests

MM is a guest editor for the collection. The remaining authors declare no competing interests.

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