



Community-Based Decolonial Feminist Psychological

Support in Contemporary Post-apartheid South Africa

UNIVERSITY of the WESTERN CAPE

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DECLARATION I declare that "Storytelling Sister Circles as a Form of Community-based Decolonial Feminist Psychological Support in Contemporary Post-apartheid South Africa" is my own work; that it has not been submitted before for any degree or examination at any other University, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Michelle Bergh: DATE: 30 November 2023



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Abstract

This dissertation investigates the therapeutic potential of storytelling sister circles in Cape Town, South Africa, focusing on three groups of women from diverse communities. The study contends that these circles serve as community-based, feminist, and decolonized psychological support, offering an alternative or complement to formal mental health services. Given the pervasive violence normalized in all communities, the research explores the impact of storytelling sister circles on women's well-being, emphasizing cultural, ethnic, spiritual, and gender sensitivity. While recognizing the psycho-social impacts of trauma and stress resulting from violence, the study argues that current services are often inaccessible, especially in disenfranchised communities. Western psychotherapy methods dominate available interventions, frequently neglecting cultural and religious nuances and inhibiting various population groups from seeking help. Employing a qualitative participatory-active approach within a decolonial and intersectional feminist framework, the study worked with three existing sister circles through unstructured focus group interviews. Participants include women of diverse racial and socio-economic backgrounds, encompassing refugees, migrants, and South African citizens. Thematic and narrative analysis of the focus group data reveals that women who have experienced trauma find storytelling sister circles valuable, providing a safe space for debriefing, while reducing anxiety, stress, shame, and guilt. Findings included how participants express relief from the opportunity to share experiences in a safe space with others who can identify with their challenges. The study recommends increased support from the State for setting up and sustaining sister circles as a crucial component in mitigating the long-term impact of sexual and other forms of gender-based violence. This research contributes to the growing discourse on feminist, intersectional, and decolonial psychologies, emphasizing the importance of non-Western and community-based, participatory therapeutic approaches in addressing mental health challenges.

Keywords: feminist, intersectionality, decolonial psychologies, storytelling, communities, women, trauma, mental health, gender-based violence, narrative, healing

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Chapter One - Introducing the study: Sister circles as decolonial feminist praxis

Introduction

The extent of violence in South Africa has been starkly characterized by Police Minister Bheki Cele, who, in 2018, depicted the situation as bordering on a warzone (Osborn, 2018, n.p.). This assertion underscores the severity and pervasive nature of violence within the country. Feminist scholars, such as Gqola (2015), have extensively researched and drawn attention to the endemic nature of violence against women in South Africa. Their scholarship emphasizes the existence of a 'culture of rape,' shedding light on the deeply ingrained patterns of gender-based violence that persist in the country. The acknowledgment of South Africa's challenges with violence, as articulated by political figures and feminist scholars alike, highlights the urgent need for comprehensive efforts to address and combat this deeply rooted issue.

In her recent work, "Female Fear Factory" (2021), Pumla Gqola presents a notably bold vision for collective action aimed at combating all manifestations of sexual violence. This call to action is particularly pertinent in the context of the escalating incidence of rape, which has become a pervasive scourge in post-apartheid South Africa. Building upon her earlier work in 2015, Gqola delves into the imperative of challenging violent masculinities and traces their origins to the white systems of oppression that historically endorsed and propagated violence as a legitimate tool of subjugation. She contends that black hyper-masculinities, to some extent, evolved as a form of resistance against the infantilization of African men under the yoke of colonial and apartheid oppressors. The ramifications of such pervasive violence are insidious, casting a wide-reaching impact on individuals and their communities in South Africa. Beyond the immediate physical harm, the enduring consequences manifest in documented trauma and negative mental health outcomes, underscoring the urgent need for comprehensive and sustained efforts to address the multifaceted repercussions of entrenched violence in the country.

The extent of GBV and sexual violence femicide in South Africa

According to the annual statistics of the South African Police Service (SAPS), rape is highly common in South Africa, mostly committed by men against mainly women and girls (Jewkes 2010; Machisa 2017; South African Police 2018). Theoretically intimate partner violence is a product of social context with social norms legitimising men's use of power over women (Jewkes 2002; Wood, Lambert, & Jewkes 2008). Men's use of violence in intimate relationships therefore establishes their dominance over women, maintaining a patriarchal gender order (Jewkes 2002). The World Health Organization define intimate partner violence as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. In South Africa there are no reliable national prevalence estimates for intimate partner violence. A survey, that was population based for violence against women, was carried out in three South African provinces, which then reported prevalence estimates for lifetime experience of physical violence ranging from 19.1% (Northern Province), 26.8% (Eastern Cape) to 28.4% (Mpumalanga) (Jewkes et al. 2000a). Much lower estimates, yet still significant, were also reported for experiences of violence in the past year ranging from 4.5% (Northern Province), 10.9 % (Eastern Cape) to 11.9% (Mpumalanga) (Jewkes et al. 2000a).

South Africa holds the distressing distinction of being recognized as the global epicentre of rape, as evidenced by the alarming report of 10,818 reported rape cases in the first quarter of 2022. Furthermore, the rate of women being killed by intimate partners in this nation is five times higher than the global average. The prevalence of gender-based violence (GBV) in South Africa is pervasive, permeating homes, workplaces, and entrenched cultural traditions. This societal pandemic, marked by an inherent power imbalance between genders, extends far beyond the immediate acts of violence. GBV manifests in diverse forms, encompassing physical, emotional, psychological, financial, and structural harm. Perpetrators of such violence span a spectrum from intimate partners and work colleagues to strangers and even institutional entities. The deeply rooted nature of GBV in South Africa underscores the urgent need for comprehensive interventions addressing its multifaceted dimensions, as its impact reverberates throughout society, leaving enduring consequences on individuals and communities (*Gender-based violence in South Africa, Safer Spaces*, 2023).

The human rights of women are constantly violated in South Africa. This is through the use of violence in the physical, structural or sexual sense. Human rights activists, organisations, and political leaders condemn gender-based violence in South Africa. The State of the Nation Address (2022) stated that government continues to intensify its fight against gender-based violence and femicide (GBVF), which President Cyril Ramaphosa has described as the country's 'second pandemic' and yet women and girls continue to remain targets resulting in South Africa having notoriously high levels of GBV (Gender Based Violence). Human Rights Watch (2010) labelled South Africa the "rape capital" of the world. Gqola (2007:118) further argues that GBV in South Africa is omnipresent, commonplace, and normalised through the dominant public discourse.

Police Minister General Bheki Cele, in his speech, indicated that according to SAPS (South African Police Services) Statistics -

- From April to June 2022, 855 women and 243 children were killed in South Africa.
- Over 11 thousand Assault GBH cases, with female victims, were opened with the police and;
- 1 670 such cases involved children.

Nine thousand five hundred and sixteen (9516) rape cases were opened with SAPS between April and June 2022. This is almost 500 fewer rape cases reported compared to the same period the previous year.

While rape cases declined in all provinces, the North-West and Northern Cape provinces are the only provinces to report increases in this crime category.

- 3 780 of the rapes took place in the rapist's or victim's homes.
- 1 546 people were raped in public places such as streets, parks and beaches.
- Public transportation such as buses, taxis and trains are the third most likely places of occurrence for rape case

Andrew Faull, Senior Researcher, Justice and Violence Prevention, Institute for Security Studies (ISS) Pretoria, writes that, ideally, police and VOC (Victims Of Crimes) survey data should be compared to violence-related injury data from health facilities. Alone, none of these data sets reveals 'the truth' about crime, violence or risk, but together they move us closer to

it. Several crimes go unreported and thus are not included in the SAPS' official data. Although the South African Police Service (SAPS) has a well-established data-capturing and analytics capacity, these are only as effective as the information police receive and process. In South Africa, as elsewhere, much crime is never reported; when it is, police do not always record it. So, beyond murder figures, police crime statistics are limited in measuring actual crime levels.

The stringent lockdown measures imposed during the Covid-19 pandemic served to intensify the occurrences of Gender-Based Violence (GBV) and posed additional challenges to accessing the already limited services available for traumatized victims. The directives mandating lockdowns, particularly impactful for women in abusive relationships, engendered a harrowing scenario wherein individuals found themselves ensnared, frequently devoid of avenues to seek support, coexisting with a violent perpetrator. In an article by Bianca Dekel and Naeemah Abrahams (2021) titled "Experiences of abused women seeking shelter during South Africa's COVID-19 lockdown", the authors delve into women's encounters with intimate partner violence during the lockdown period in South Africa. The poignant statement from one interviewed woman encapsulates the gravity of the situation, expressing a sentiment that resonates with the profound fear and desperation induced by the circumstances: 'I will rather be killed by corona than by him...' this chilling testament underscores the severity of the challenges faced by victims of intimate partner violence during the Covid-19 lockdowns, highlighting the urgent need for targeted interventions and enhanced support systems to address the heightened risks and vulnerabilities faced by those in abusive relationships.

The restriction of alternative outlets, notably social activities, intensified the susceptibility to increased abuse within confined spaces during the Covid-19 lockdowns. The quarantine measures concurrently offered perpetrators an augmented opportunity to inflict harm, capitalizing on the awareness that women and children confronted markedly diminished access to their support networks throughout the isolation period. As a result, the Covid-19 lockdowns exacerbated the vulnerability of Gender-Based Violence (GBV) victims, underscoring the imperative for precise interventions and fortified support mechanisms during periods of public health crises.

This elevated vulnerability calls for a collaborative initiative to confront the distinctive challenges encountered by individuals experiencing Gender-Based Violence (GBV), acknowledging the imperative of customized strategies to alleviate risks and fortify protective

measures during periods of crisis. Quarantine also presented abusers with an increased opportunity to inflict harm as they know that women and children have significantly reduced access to their support networks (Dekel B, Abrahams N, 2021).

A significant portion of local research on gendered violence underscores the imperative of comprehending such acts within the historical contexts of colonization and apartheid, as eloquently highlighted by Pumla Gqola. This perspective emphasizes the ongoing and intersectional nature of gendered violence in contemporary times. Recognizing the historical underpinnings is crucial for a nuanced understanding of the complexities inherent in gender-based violence, shedding light on the enduring impact of historical legacies on the manifestation of such violence in the present day. Similarly, Shefer and Hearn (2022), point out how high levels of interpersonal violence and sexual violence continue to be a concern in the post-apartheid period (GenderLinks & MRC, 2012; Jewkes et al., 2009; NDoH et al., 2019). The widespread extent of GBV have often been understood as linked to histories of colonial and apartheid violences, exacerbated by continuing contexts of material disadvantage (Dunkle et al., 2004; Gqola, 2015; Jewkes & Abrahams, 2000; Jewkes et al., 2003; Vetten & Bhana, 2001).

South African studies have for example highlighted the widespread nature of coercive sexuality, rape and GBV as strongly linked to economic factors such as poverty, financial dependence and job security (Jewkes & Abrahams, 2000, 2002; Vetten & Dladla, 2000; Strebel et al., 2006) and associated with widespread and diverse transactional forms of sexual engagement, which have been shown to be strongly related to coercive and violent sexual practices (Leclerc-Madlala, 2004). There has indeed been a growing focus on boys, men and masculinities, empirical studies have also illustrated a strong association between certain assumed measures of 'hegemonic masculinity' and sexual violence, with reports of high rates of men who admit to perpetrating rape or sexual coercive practices (Abrahams et al., 2006; Jewkes et al., 2006, 2009, 2011).

Studies have also focused on the way in which stereotypic forms of masculinity may intersect with other factors to accelerate possibilities for male violence against women. Alcohol use by men, for example, has consistently been found to be associated with an increased risk of intimate partner violence in diverse settings (Abrahams et al. 2006; Heise & García-Moreno 2002; Hoffman, Demo, & Edwards 1994; Jewkes, Levin, & Penn-Kekana 2002; Martin et al.

1999). Jewkes and colleagues (2002) argue that it is not necessarily normative male drinking that is the problem, but the ensuing conflict associated with his drinking which results in violence. Alcohol is understood as having a disinhibiting effect which can fuel violent conflicts. On the other hand, women's alcohol consumption has been found to be associated with an increased risk of victimisation (Jewkes, Levin, & Penn-Kekana 2002), by men, ironically, using women's inebriation as justification for using violence (Abrahams et al. 2006).

Femicide, which represents the most severe and catastrophic manifestation of male violence against women, is widely recognized as a grave and pressing issue in South Africa. This acknowledgment underscores the severity of the problem, emphasizing the urgent need for comprehensive interventions and sustained efforts to address and prevent femicide within the broader context of gender-based violence in the country. Lisa Vetten's (1996) study on intimate femicide revealed a distressing statistic: a woman was estimated to be killed by her partner roughly every six days in Johannesburg, South Africa. Vetten cautioned that this figure likely represented an underestimate, emphasizing the gravity of intimate partner violence in the city. Furthermore, Vetten (1996 online) underscored the need for research on violence within relationships to extend beyond the scope of "only long-term or marital relationships." She advocated for a more comprehensive approach that considers the nuances of relationships, particularly acknowledging that "young women start dating fairly early" and often engage with men "quite a few years their senior." This recommendation highlights the importance of broadening the focus on intimate partner violence research to encompass diverse relationship dynamics, acknowledging the specific vulnerabilities of young women in various relationship contexts.

Femicide as a term was first used by international feminist scholar of gender-based violence, Diana Russell at the International Tribunal on Crimes against Women in Brussels in 1976 (Russell & Harmes 2001). Russell and Radford (1992) defined the term much later as the misogynistic killing of women by men. Over the years Diana Russell has described the term in several, slightly differing ways: The murder of women by men motivated by hatred, contempt, pleasure, or a sense of ownership of women (Caputi & Russell, 1990). The misogynistic killing of women by men (Russell & Radford, 1992). All forms of sexist killing of females by males (Russell & Harmes, 2001), the killing of females by males because they are females (Russell & Harmes, 2001). All of these definitions capture the core of the term. A longer, more pedantic

definition was offered by Brannon (2012): Femicide: Killing of females by males which is caused to any significant degree, overtly or indirectly, by male supremacy; misogyny; patriarchal norms, laws, and acts; or men's sense of entitlement, superiority, and ownership of women.

This was an attempt to recognise that such crimes are based on the power and control men have over women of all ages, thus politicising the term. Internationally, there has been debate around the use of the term and its definition (Widyono 2009). Shanaaz Mathews (2010) study has shown that South Africa's pattern of intimate femicide differs from that of other countries where intimate partner violence is equally prevalent. Mathews then concluded that intimate femicide is a complex phenomenon with several associated factors, such a child rearing, gun ownership and drinking patterns, contribute to the excessive levels of intimate femicide. It was shown that excessive alcohol use increases a woman's risk, and gun ownership increases the man's risk committing suicide after killing an intimate partner. This has important public health implications for policy development and implementation.

Feminist scholars have further argued for many years that violence and coercion are bound up with 'normal' heterosexual relations and are not something unusual or a pathology (for example, Gavey, 2005; Jackson, 2001). South African local research from the 1990's onwards provided much empirical evidence of how sexual experiences are so often associated with violence and coercion (Abrahams et al., 2006, 2013; Buga et al., 1996; Closson et al., 2020; Clowes et al., 2009; Gordon & Collins, 2013; NPPHCN, 1995; Richter, 1996; Shefer et al., 2000; Varga & Makubalo, 1996; Wood & Jewkes, 1998; Wood et al., 1996). Some studies have highlighted the association of love and violence in their findings, with violence understood as sign of the male partner's 'love' of a woman partner (Shefer et al., 2000; Wood & Jewkes, 1998; Wood et al., 1996, 2008). In addition, more subtle forms of coercion and sexual abuse seem to be endemic to 'normal' heterosexual relationships. For example, scholars have shown how notions of love and romance may be deployed to rationalise sexual coercion and violence as women capitulate to male pressure for sex because of promises of loss and their fear of losing their male partner (Reddy & Dunne, 2007; Shefer, 1999; Shefer et al., 2008; Varga & Makubalo, 1996; Wood et al., 1996).

Inadequate care and support

Alongside the ubiquity of violence, a large percentage of the population is vulnerable to varying levels of trauma and stress. In lower-income areas this is coupled with limited access to treatment and mistrust of the public healthcare systems in place (Kruger, 2019). Referring to the challenges of violence and the imperative to support survivors of violence who experience psychological distress and trauma, Professor Soraya Seedat (2015, n.p.) asserts, "...the notion of violence as a national health priority has yet to take hold, even among health professionals". She further asserts, "they [victims of crime] are silent, their stories left untold, and their experiences shrouded in secrecy and shame. Their raping, beating, abuse, mutilation, humiliation and neglect is a timeless trend of too little done, and too little done too late".

Access to care is crucial for survivors of gender-based violence (GBV). Despite GBV support services, challenges still exist in maximising benefits for survivors. Studies such as that of Beyene et al. (2019), among others, have mostly considered GBV a public health issue. Maquibar et al. (2018) note that participants consider GBV a serious social issue needing attention and a multipronged and multidisciplinary approach.

Research has shown that Western-based psychological interventions—the mainstream model used in South Africa—lack cultural, ethnic, racial, religious and gender sensitivity and that this is a significant barrier to various population groups seeking conventional health services. Officially, there is no mental health policy (World Health Organisation, 2007). Similarly, according to Cassey Chambers (Operations Director at SADAG), the limited resources of the Department of Health in SA have resulted in the "...country's mental well-being [being left] in severe crisis. Yet, despite the acute need for it, South Africa's mental healthcare resources are wholly unequipped to handle the burden placed on them". In order to address current mental health challenges, alternative community-based resources are therefore required.

Spaces to share lived experiences of individual or collective trauma have been shown to offer opportunities to build rapport and rehumanise women exposed to the humiliation of violence (Angless & Shefer, 1995). Hesse-Biber (2019) asserts that sharing stories is also inscribed in a feminist approach as it helps build rapport through reciprocity.

Similar studies carried out globally within previously colonised nations, focus particularly on indigenous populations or very specific ethnic groups (Russo, 2002). Locally, South African feminist research across diverse socio-economic groups of women recounting their experiences of violence as a means of processing trauma is limited. This study aims to analyse narratives of women from three communities participating in storytelling sister circles. In particular, the study aims to examine the restorative potential of storytelling sister circles and argue that these spaces are impactful as a form of community-based and decolonised psychological support for women. Support structures are important in the well-being of individuals. In this case, the support would be for a violation of a human right.

South Africa is a signatory to a number of international treaties on GBV, and strong legislative framework, for example the Domestic Violence Act (DVA) (1998), the Sexual Offences Act (2007) and the Prevention and Combatting of Trafficking in Human Persons (2013) Act [22]. (Safer Spaces 2023). Safer Spaces contend that while international agreements and laws are significant, they are insufficient in ending GBV and improving responses. Addressing GBV demands comprehensive efforts and commitment from diverse stakeholders, including government, civil society, and citizens. South Africa is increasingly recognizing the gravity of GBV and the necessity for enhanced responses across sectors. In the discourse surrounding the mitigation of gender-based violence (GBV), efforts are typically classified into two main domains: response and prevention. Response services are designed to provide support to survivors, encompassing diverse interventions such as medical aid, psychological counselling, and shelter provisions. Concurrently, prevention strategies aim to forestall the occurrence of GBV instances altogether. Although response services are pivotal in addressing immediate needs, they also serve as a vital component in preventing the reoccurrence of violence. Globally, there has been notable advancement in refining response strategies and services for survivors of GBV. WHO guidelines delineate comprehensive protocols for the health sector's response to violence against women (VAW), encompassing crucial elements like post-rape care and specialized training for healthcare professionals to administer such assistance. It is pertinent to highlight that while WHO does not endorse routine case identification (screening) for VAW exposure within health services, it underscores the critical role of mental health support for trauma survivors.

The Commission for Gender Equality Report on South Africa's Compliance with CEDAW Committee (2011) suggest that if one in five women experience violence within the year, the minimum annual cost to the South African economy of that violence is R28.4 billion. The same report estimated that the Government had spent R513, 551,244 on GBV related programmes by the South African Police Services (SAPS), the Department of Justice and Constitutional Development (DOJ), the Department of Health (DOH), the Department of Social Development (DSD), and the National Prosecuting Authority (NPA), combined in the 2013/14 financial year. Klynveld, Peat, Marwick Goerdeler (KPMG), however, acknowledged that some of the expenditures could have fallen through the cracks, as GBV budgeting and spending are often not properly itemised/stipulated.

State budgeting for implementing GBV-related projects and programmes is currently unsystematic and obscure. This is despite progressive legislation such as the Domestic Violence Act 1987 and the Criminal Law (Sexual Offences 86 Sadie, Y. (2014). Gender policy and legislation during the first 20 years of Democracy, Strategic Review for Southern Africa, (36) 2, p111-125. CGE (2013). Evaluati and Related Matters) Amendment Act 1988 places a duty on government departments to provide several services to survivors of abuse.

However, it is unclear how much Government spends on implementing such legislation. Unequal access to healthcare dates back to the colonial and apartheid regimes, which each implemented fragmented health systems to suppress the broad black majority in South Africa. It has, however, continued even under the democratic Government, with the less fortunate residing in rural areas without access to proper healthcare facilities. It is worth noting that South Africa has poor health outcomes in both rural and urban areas, despite spending significantly more on health than other middle-income and developing countries, which produce better outcomes. Several studies have found that rural compared to urban communities experience considerably greater access barriers, including distance, time and the cost of accessing health services. As a result of these persisting problems, South Africa continues to be plagued by persistently high levels of gender-based violence and violence against women, despite the political will to tackle these challenges. Instead of the bare minimum, South Africa requires the absolute maximum from the Government and all South Africans.

This study emphasizes the necessity for community-based interventions tailored to the cultural, ethnic, and religious diversity within South Africa. While extant research extensively delves into the merits of group therapy and other psychosocial interventions, a conspicuous gap exists in the literature regarding informal interventions in both urban and rural contexts. This research endeavours to fill these voids by elucidating the distinctive advantages of sister circles. The term "sister circles" denotes informal assemblies of women within a community, cultivating a supportive milieu for open discourse and shared experiences. The significance of such circles lies in their potential to address existing gaps in the ongoing discourse on community-based interventions, particularly within the South African landscape. Through an exploration of the efficacy of sister circles, this study contributes valuable insights to the formulation of inclusive and culturally pertinent approaches to mental health and well-being in diverse communities.

Purpose of this Research

This study seeks to analyse the possibilities and contributions of an alternative mental health intervention in the form of storytelling sister circles, which allow for cultural, ethnic, racial, religious and/or gender sensitivity. Women who have experienced stress and trauma resulting from multiple axes of inequality, as a result of physical and structural violence, may feel hesitant to access mainstream mental health services, and often if they try to, these services remain inaccessible due to lack of availability. In addition, the study aims to research how informal gatherings, such as participant-driven spaces (which in turn becomes a 'safe' space) inform intersectional feminist perspectives on mental-health interventions for women who—for whatever reason—do not wish to or are not able to access mainstream mental health services.

Sister circles, talk circles or women's circles, as will be elaborated further in Chapter Two, can be defined as support groups for women who share a lived experience and act as an opportunity to offer support to one another by sharing knowledge and encouragement. Neal Barnett (2003), when working with African American women, found that sister circles are support groups that draw upon the strength and courage found in women's friendship networks. In particular, regarding anxiety and panic attacks, sister circles were found to lessen

the number, intensity, and impact they have on the participants' lives. These kinds of circles have historically, in many instances, occurred organically around kitchen tables and in maternity groups, but then women were condemned as 'witches' for their knowledge and empowerment that transgressed the patriarchal norm, as articulated by Rosen (2017, p. 2):

The witch image is used to reinforce gender inequality and marginalize marginalised women who push back against our patriarchal society.

Psychotherapist Julia Boyd popularised the therapeutic use of sister circles in her best-selling book *In the Company of My Sisters* (1993). In the book, Boyd's sister circle members highlight intersectionality and how racism impacts self-esteem, affecting relationships, work, and other aspects of especially marginal women's lives, including their physical and mental health (Boyd, 1993).

This research offered an opportunity to document and assess, from a decolonial feminist perspective, storytelling and narrative through sister circles as a means of healing or processing stress and/or trauma resulting from living in a violent society. Storytelling arguably offers many advantages to survivors of violence regarding their anxiety and trauma. Healing typically consists of cognitive restructuring (changing ideas around self-worth), and, in this study, it is explored during gatherings of women who tell their stories; these are not group therapy sessions but rather private circles of women who come together and talk about their lived experiences regarding being survivors of violence. It is an experimental, inward-looking, self-discovery, and meditative practice that is looked at more as an experiential practice that takes place in the private realm.

In sum, the purpose of this study is threefold. First, I hoped to investigate the experiences of women survivors of violence, with particular emphasis on Gender-Based Violence (which will be referred to using the acronym GBV from this point forward) to confirm their need for alternative community-based support. Specifically, I gathered the participants' stories about (a) the challenges they encountered accessing public health care and formal psychotherapy, (b) the mentoring and support they received or did not receive from their community, and (c) how culture, religion and ethnicity impacted on their decisions to access public health care. Finally, I examined how various groups of women responded to the storytelling sister circle methodology and what they found helpful or not helpful. The study's overall goal was to

extend the mentoring and qualitative research literature, practice, and policy to include the possibilities of engaging alternative, holistic ways of supporting and researching and working with women survivors of violence in the greater Cape Town metropole.

Aims of Study

The study's primary aim is to explore the reported impact of sister circles as a support mechanism for women who have experienced psychological distress resulting from exposure to violence. The study hopes to broaden the literature by highlighting the value of sister circles as an accessible, feminist and decolonial intervention. Within this key aim, the study will address achieving the following objectives:

- To identify if and why formal and mainstream mental health services remain inaccessible and/or underutilised by women who experience psychological distress due to violence.
- To gauge how storytelling sister circles impact different groups of women and whether they are valuable and successful in offering a safe space for women to debrief by narrating their lived experiences.
- To analyse whether debriefing spaces guided by feminist and decolonial principles
 reportedly assist in stress and trauma relief, improve mental health and offer a sense
 of personal empowerment in different groups of women.
- To explore how storytelling reportedly offers a means to healing and/or processing stress or trauma resulting from living in a violent society.
- To examine how storytelling sister circles—with their basis in participant-led, feminist
 decolonial methodology—can inform intersectional feminist approaches to
 improving the mental health of women exposed to violence and/or other trauma or
 life challenges.
- To discover how women from diverse contexts find sister circles useful in dealing with violent and traumatic experiences.

With the aforementioned in mind, this research is guided by several questions. The primary research question is:

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 Do storytelling sister circles provide a 'safe space' for women experiencing psychological distress due to violence, and what is the value of using a feminist decolonial participatory-active methodology to provide mental health support for diverse groups of women?

Key questions within this umbrella question include:

- Do sister circles offer an alternative resource to formal mental health services by embracing and being sensitive to cultural, ethnic, spiritual and gender diversity when processing violent and traumatic experiences?
- Do debriefing spaces underpinned by personal empowerment goals, such as storytelling sister circles, assist in stress management and improve well-being and trauma relief?
- How does storytelling through the sister circle setting and methodology offer a means to healing and/or processing anxiety, stress or trauma resulting from living in a violent society?
- To what extent and in what ways might storytelling sister circles inform feminist intersectional scholarship?

UNIVERSITY of the Overview of chapters

The introductory chapter has provided the context and rationale for the study and its necessity. In chapter 2, I conduct a literature review that will aid in the understanding of the focus of the study and provide a valuable context of other scholarship. Chapter 3 presents the study that was conducted, beginning with the theoretical framework in which the study is located and then outlining the methodological framework, including qualitative and feminist methodologies, in which the research process is located. The chapter further details methods of data collection and analysis and discusses ethical considerations and procedures and self-reflexivity as key components of a feminist study. Chapter 4 presents the findings of the study within key emerging themes that speak to the research questions and draw on the narratives of participants as emerge through the focus groups and interviews. In conclusion the thesis summarises the findings and reflecting on the key reported contributions of storytelling sister

circles as a support structure. The chapter also reflects on limitations of the study and makes recommendations for further research and for practice and policy.



Chapter Two - Challenges of violence in South African contexts and the need for community-based care

There are many challenges in post-apartheid SA regarding violence against women and violence in general as introduced in the opening of the thesis. Gender based violence widespread psycho-social impacts, specifically regarding anxiety, stress and trauma. The literature review in the study will engage with literature on the legacy of violence in South Africa, the current violence, and the impact of gender-based violence on South African women. In addition, it discusses the lack of mental health services needed to support women and the reasons in the existing research, as to why mental health services are not accessible. This literature section also reviews the literature on how alternative community-based spaces in the form of storytelling sister circles could offer support and a safe space for processing anxiety, stress and trauma related to violence. Lastly, this section will discuss how intersectional ethnographic feminist-based research can be informed by documenting narratives of women's lived experiences in terms of violence in a contemporary South African context.

South Africa's Legacy of Violence

South Africa's legacy of violence due to colonialism, slavery and apartheid has been widely acknowledged and increasingly researched. This dissertation aims to situate itself among these interventions and contribute to this important dialogue, in particular recognising that GBV is a crucial 'afterlife' of historical violence that has often gone underrepresented in historical literature.

Most South Africans have been the victims of violence within what is seen as a culture of violence (Gumede, 2020) and culture of rape (Gqola, 2015). According to the Global Peace Index 2020, South Africa is rated 123rd out of 163 countries, and GBV in South Africa has a far-reaching impact. According to Safer Spaces, GBV is a profound and widespread problem in South Africa, impacting almost every aspect of life. GBV (which disproportionately affects women and girls) is systemic and deeply entrenched in institutions, cultures, and traditions of

South Africa. Much research has been done and highlights major social, developmental, and psychological impacts on survivors of violence, their families, communities and society.

This study is located within a postcolonial feminist framing which acknowledges that South African contexts continue to be shaped by the histories of coloniality and apartheid as well as global and local patriarchies and in which the complexity of intersections of race, gender and other forms of inequality are featured. Intersectionality is a perspective that explores the interactions of social markers such as race, class, gender, age, and sexual orientation that shape an individual's or group's experience (Collins, 2000; King, 1988). Like other research paradigms, not only is intersectionality constantly evolving, but feminists also differ in their understanding of it and adopt a wide range of empirical and normative tools (Dhamoon, 2011).

The term intersectionality was specifically coined and developed by American critical race scholar Kimberle Crenshaw (1989, 1994) to address legal doctrinal issues. Patricia Hill Collins (2000) uses intersectionality to refer to "particular forms of oppressions, for example, the intersections of race and gender, or of sexuality and nations. Bodolla (2007) asserts that, by definition, intersectionality should deconstruct the conceptual practices of power; this can be done in many ways, as intersectionality is a flexible framework (Dhamoon, 2011). Intersectionality considers different systems of oppression and how they overlap and are compounded. Some intersectional-type work needs to be decolonised to centre indigenous approaches, and more tools need to be developed to understand further what it means to occupy privileged and penalising subject positions and simultaneously occupy privileged and penalizing subject positions. Nonetheless, the traditional methods employed to activate an intersectional-type paradigm can expand and deepen the set of tools available to deconstruct the work of power. (Dhamoon, 2011).

General challenges of being a woman in South Africa

South African society has become a very violent society. Decades of apartheid Statesponsored violence and reactive community insurrection meticulously described in the report of the Truth and Reconciliation Commission (1998), have contributed to a situation in which for many people physical violence is a first line strategy for resolving conflict and gaining

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ascendancy (Simpson, 1991). Women and children suffer the most consequences from the high rates of this violence. Even with limited data to work from, violence against women in South Africa is enduring, and has been described as 'widespread, at a high level and normalised and is occurring in endemic proportions'. (Violence against Women in South Africa: A Country in Crisis 2017). The ideology of patriarchy features prominently in the explanations of violence against women (VAW) in South Africa. This central feminist explanation of VAW suggests that the male-dominated power structure throughout institutionalised South Africa and in individual relationships forms the underlying bias that enables VAW. This bias enables the formation and entrenchment of norms and attitudes that disadvantage women and children, as the balance of social power is tilted to the advantage of men, their perspectives and their right (Namy, et al.2017). In understanding VAW, and not just GBV, the shortcomings of the concept of patriarchy make it insufficient (Patil, V.2013). Girls are made vulnerable because of dominant ideologies rooted in unequal gender norms, the system of heteropatriarchy, and rape culture. Researchers have long pointed to the presence of rape culture in South Africa (Jewkes & Abrahams, 2002; Moffet, 2006).

Ongoing trauma and intersections between GBV, sexual abuse and HIV

Research has revealed a set of complex relationships between stress and trauma, GBV, sexual violence, particularly childhood sexual abuse, and illnesses like HIV. Notably the latter was a key concern in South Africa since the early 1990s and has been shown to be strongly entangled with diverse forms of inequality, including sexual and gender violence. Notably, research has shown that women who experience mental distress and have been exposed to trauma are at greater risk of becoming victims of partner violence (Wood& Jewkes 2001).

Further, during the height of the HIV pandemic in South Africa, research on sexuality foregrounded the multiple ways in which ideas about sex and gender, and sexual and gender violence, created circumstances of greater HIV risk (Varga, 1997; Harrison, Xaba, & Kunene, 2001; Wood et al., 1998; Wood & Jewkes, 2001; Campbell, 2000; MacPhail & Campbell, 2001; Shefer & Hearn, 2022). Maman et al. (2000) argues that violence against women makes women vulnerable to HIV, and this violence can further result in physical, mental, sexual, reproductive health and other health problems.

A significant body of research from the late 1990s generated research that illustrated links between GBV, sexual violence and HIV/AIDS (Vetten & Bhana, 2001). Notably, violence or fear of violence was shown to play a strong role in negotiations around condoms. Some earlier studies reported on women's fear and real experience of violent responses from male partners if they insisted on safer sex through condom use (Shefer et al., 2000; Strebel, 1992, 1993; Varga & Makubalo, 1996). The link between violence and HIV/AIDS was also reported around the disclosure of HIV status and efforts to engage safer sex by HIV-positive women (Mthembu, 1998; Vetten & Bhana, 1991). A number of studies also found causal links between being in male-dominated or abusive relationships and higher risk of HIV/AIDS (Dunkle et al., 2004; Garcia-Moreno & Watts, 2000; Kalichman et al., 2005).

Rachel Jewkes et al (2010) findings on HIV infection in women in rural areas has been shown to be strongly linked with vulnerability to gender-based violence.

"Exposure to physical and sexual intimate partner violence and low relationship power equity increased incidence of HIV in young women in rural areas of South Africa, and account for a substantial proportion of HIV infections". (Jewkes, Dunkle, & Nduna, Mzikazi & Shai. (2010).

High prevalence rates of child sexual abuse are emerging from research in South African contexts, with an increasing understanding of the effect of child sexual abuse on later perpetration and victimisation (Dartnall, Jewkes 2013). The *What Works to Prevent Violence against Women and Girls* study (2020) found that experiences in childhood such as physical, sexual and emotional abuse and neglect are strongly associated with subsequent intimate partner violence (IPV) experience among women and perpetration among men.

Mental health resources in South Africa

Within the disciplines of psychology and public health, a substantial body of literature shows that mental health care is underfunded and under-resourced. Pillay (2019), as one example, recently found that only 27% of South Africans with severe mental disorders receive treatment. The high percentage of South Africans distinctly suffering from mental health problems are often overlooked and neglected. Further, many mental health problems are related to existing social challenges. Significantly, Edwards (2005, p.125) noted that Post Traumatic Stress Disorder (PTSD) is a significant public health problem in South Africa. The

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experience of trauma is not limited to the person who experiences it, but a quarter of the people who witness a traumatic event will also be at risk of developing PTSD (Van Zyl, Oosthuizen & Seedat 2008, p. 119). Statistics show that seventy-five per cent (75%) of adult South Africans have experienced a traumatic event, such as a physical or sexual assault, motor vehicle accident or disaster, at some point in their lives (Sullivan & Stenin, 2012, p. 308). Therefore, according to Juliet Perumal (2015, p. 63), it is important to empower communities to support themselves and develop the necessary skills to address all trauma, consistent with the developmental approach supported by the Department of Social Development.

Considering the high prevalence of trauma experienced by the South African population, it is evident that additional debriefing and the means to process trauma are required. In addition, alternative ways must be found to empower communities to deal with and process trauma and anxiety. As conventional primary health care resources are limited, many individuals are excluded from mental health services. According to Debbie Kaminer (2008), rape has consistently been found to be the most pathogenic trauma, carrying the highest risk for the development of PTSD.

For victims of GBV in SA, the concept of PTSD becomes complicated. Many diagnostic criteria in the context of SA are not necessarily adaptive. For example, according to the DSM V, a person suffers from PTSD if they display an extreme avoidance of places that remind them of the traumatic incident. However, in SA, this could mean that victims of GBV avoid actively dangerous places: doing something that is adaptive. This research study intends to highlight further how existing mental health resources to address trauma in SA are Eurocentric in their approach and, as a result, do not cater to the realities and legacies of violence, making them inaccessible for most of the population.

The field of community psychology can be described by a few core principles. One such principle is the importance of being explicit about guiding values in research and action (Rappaport, 1977; Rudkin, 2004). Community psychologists, individually and collectively, emphasize individual and family wellness, sense of community, respect for human diversity, citizen participation, collaboration, strengths-based approaches and the importance of empirical grounding (Dalton & Wandersman, 2007).

Evidence points to the fact that traumatic events are not interpreted in a social vacuum. Rather, as well as providing a lens through which those events are construed, group memberships and social identities also provide access to a range of social and psychological resources that help people deal with them. These resources include a shared sense of identity and connection with others and feelings of belonging that facilitate support and disclosure of trauma experiences. So as well as structuring trauma-related appraisals, social identity resources are also implicated in post-trauma responses and recovery trajectories. (Muldoon, Haslamaslam, Haslam, Cruwys, Kearns & Jetten, pg. 326 (2019). They go on to say that posttraumatic stress is less likely where a new identity is gained as a result of the shared traumatic experience, or where the response to the trauma leads to the development of a new identity. (pg. 331). Debra Kanimer and Gillian Eagle (Traumatic Stress in South Africa 2010, pg. 154) suggest that in exploring ways to assist trauma survivors, we need to look beyond individual treatment to ways of harnessing community support and resilience, and to re-conceptualise trauma intervention more holistically as an inter-disciplinary enterprise that involves not only mental health workers, but also non-governmental organisations in the community development sector and the state education, security, justice and social welfare systems, amongst others.

Storytelling Sister Circles LINIVERSITY of the

In the context of community-based support for women, storytelling sister circles have emerged as one such important intervention in many communities and contexts, particularly in more disadvantaged communities or parts of the world. The format of sister circles serves as a support tool for women, creating a safe space and a sense of community for different groups of women.

The therapeutic utilization of sister circles gained prominence through the work of psychotherapist Julia Boyd, notably discussed in her bestselling book, "In the Company of My Sisters" (1993). Within the book, members of Boyd's sister circle delve into the intricate topic of Black women and self-esteem, examining its impact on relationships, work, and various facets of their lives, encompassing both physical and mental health. The discussions within the sister circle encompass reflections on images of Black women, the diverse roles they

undertake, family legacies, and the significance of shared history among African Americans (Boyd, 1993).

Sister circles make strong use of storytelling which also has a history in community orientated trauma therapy. The value of storytelling or narrative therapy in psychotherapy was promoted by Michael White (2007), an Australian social worker and family therapist who helped develop narrative therapy, a technique using storytelling to assist patients of all ages in dealing with childhood trauma. For White (1995), the following are among the more important practices central to narrative therapy in a clinical setting:

- Help clients view themselves as separate from their problems by externalizing the problem;
- Let others who are trapped by similar oppressive narratives benefit from their new knowledge through bringing-it-back practices;
- Document new knowledges and practices which support the new self-narrative using literary means;
- Form an alternative and preferred self-narrative in which the self is viewed as more powerful than the problem.

White subscribes to the premise that lives and identities are constituted and shaped by three sets of factors: The first factor being the meaning people give to their experiences or the stories they tell themselves about themselves. The second factor being language practices that people are recruited into, along with the type of words these use to narrate their lives and the third factor being the situation people occupy in social structures in which they participate, and the power relations entailed by these (Carr. 1999).

Michael White employs externalization as a fundamental therapeutic technique, aiming to guide clients in delineating their problems from their identities. This approach involves specific questioning techniques to facilitate clients in perceiving their issues as entities distinct from their personal selves. One such method involves exploring the impact of the identified issue on various aspects of the person's life and relationships. By externalizing the problem, White seeks to create a therapeutic space wherein clients can reframe and re-evaluate their challenges, fostering a clearer separation between the individual and the issues they face. This

technique aligns with narrative therapy principles, emphasizing the importance of language and discourse in shaping individuals' perceptions of their problems and identities.

Narrative therapy is essentially a collaborative approach to facilitating therapeutic change (Carr 1999). The sister circles function as a platform for narrative therapy, offering participants a non-western approach to therapeutic engagement. In these circles, women discover a method to distinguish their issues and challenges from their core identities. The narrative process plays a pivotal role, enabling women to create a distance between themselves and the incidents they have experienced. Through storytelling, women can openly express themselves, relieving the burden of their experiences. This shared space within the sister circle provides a supportive environment where women can articulate their narratives, fostering a sense of connection with others who have undergone similar traumatic experiences. The act of narration becomes a cathartic process, allowing women to collectively navigate and make sense of their individual and shared traumas.

Sister circles often take the form of informal gatherings where women in a community, sharing a common background, whether spiritual, cultural, or ethnicity, come together. These circles serve as a valuable means of support, addressing specific concerns such as anxiety or encompassing broader commonalities like the experience of grief resulting from the loss of a loved one. In these gatherings, women unite to share their experiences, providing mutual understanding, comfort, and solidarity within the context of their shared challenges. The sister circle model thus emerges as a versatile and culturally resonant approach to fostering a sense of community and addressing diverse aspects of well-being among women.

In some cases, sister circles have taken a more professional support group type of gathering role, as in the case of the group, Healer Women Fighting Disease (Gilbert & Goddard, 2007), an HIV and substance abuse prevention group for African Americans led by a trained facilitator. Although "sister circle" is not in its title, the *Healer Women Fighting Disease* approach contains many of the components of an African-centred sister circle (Gilbert & Goddard, 2007).

In their research, Angela Neal-Barnett et al. (2011, pp: 266–273) assert, "...sister circles were seen as feasible interventions for African American professional women. The data from the focus groups were used to enhance the development of a sister circle intervention for anxious professional African American women". Regarding sister circles specifically relating to African

American women, two studies (Gaston et al., 2007; Gilbert, Harvey and Belgrave, 2009) assert that despite the widespread use of African American sister circles, limited empirical research is available on their feasibility and effectiveness. This research study will address this by examining the impact on women of colour within the South African context.

Sister circles are utilised to capture women's experiences in a safe environment amongst women from similar backgrounds. They are comparable to focus groups but differ in so much as circles are acts of sharing all aspects of the individual—heart, mind, body, and spirit—and permission is given to the facilitator to report on the discussions (Nabigon, Hagey, Webster, & MacKay, 1999).

Storytelling has always been important in a woman's life. Women have a long relationship with storytelling; in fact, women have been connecting over and through storytelling in one form or another for most of human history (Kavanagh, 2010).

Storytelling sister circles have the potential to contribute to a paradigm shift away from the Western emphasis on objectivity and disembodied rationality, advocating instead for a worldview that prioritizes the value of emotions, connections, and communities. In doing so, these sister circles align with decolonial feminist principles, challenging the prevailing Cartesian divide prevalent in our universities and (post)colonial society. By embracing a more holistic and inclusive approach to knowledge and well-being, sister circles actively participate in the broader movement to destabilize dominant narratives that perpetuate colonial legacies and promote a more interconnected understanding of human experiences.

Recovery from the trauma of residing in a violent society or undergoing a violent incident is hindered when survivors lack access to public mental health services or are unable to utilize private care services. Accessible and effective mental health services are essential for supporting individuals in their journey toward healing and overcoming the psychological impacts of violence.

Judith Herman (1992) claims that healing comes from speaking about the trauma and in doing so, asserting one's own order onto the confusion of the trauma, making sense of it, taking authority over it, and using it to help others understand their own. Talk circles globally provide safe environments and a platform for shared lived experiences, as expressed by Giorgio (2009, p. 149) "...locating and creating safe places for speaking about trauma is essential to the

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process of understanding and overcoming trauma, its depths and effects on individuals and the social body."

Limited South African research has been conducted on informal group interventions, such as "storytelling sister circles," despite extensive studies on formal group therapy that contribute to understanding the processing of anxiety, stress, and trauma. The scarcity of research on these informal gatherings highlights a gap in the exploration of alternative and culturally relevant therapeutic approaches, emphasizing the need for more comprehensive investigations into their effectiveness in the South African context. In the book Traumatic Stress in South Africa (2010), Debra Kaminer and Gillian Eagle (2010) suggest that the end goal for psychodynamic and cognitive behavioural group therapy lies with participants being able to gain "authority" over traumatic incidents which enables them to reach a place in their lives where the event is no longer a dominant factor.

Some research points to the value of community-based support groups, for example, women living with HIV (Mundell, Visser, Makin, Forsyth & Sikkema, 2012). These authors argue that it is clear from the responses given by participants that by being involved in the support groups, they improved their overall mental health and had positive lifestyle changes, which included greater ease when talking about HIV. In one of the few local studies that documented the experiences of a group of women survivors of domestic violence, Angless and Shefer (1995) showed how important the sharing of experiences in a group and being able to identify with others breaks the silence and marginalisation of GBV for women, opening up spaces of safety towards agency.

Similarly, Debra Kaminer and Gilliam Eagle (2010, pp: 1-6) put forward the "need to look beyond individual treatment to ways of harnessing community support and resilience and reconceptualise trauma intervention more holistically". By participating in community support groups, trauma survivors can tell their stories and share their common experiences and, in this way, provide support to each other, which creates a wider reach of support in the community. (White & Epston, 1990). Sister circles distinctly offer opportunities for creating a space conducive to sharing subjective stories, operating within the framework of a community-based relational ontology. These circles foster an environment where individual narratives can be expressed and heard, emphasizing the interconnectedness and shared experiences within the community.

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Conclusion

This chapter delves into the pertinent literature, incorporating socio-psychological insights on trauma services in South Africa and feminist perspectives on gender-based violence (GBV) and its repercussions for women. The primary focus centres on women navigating their trauma by sharing their stories, particularly in the context of enduring violence in South Africa, specifically within the Western Cape where the study unfolds. The examination encompasses available resources, women's access to these resources, and the potential role of storytelling sister circles in facilitating their healing process. While existing studies predominantly rely on Western psychotherapeutic approaches, this study distinguishes itself by exploring the underrepresented realm of informal community gatherings in South Africa, particularly focusing on women as active participants in their healing journey. The objective is to enrich the South African literature concerning women's dialogues about their traumatic experiences, shedding light on the efficacy of storytelling sister circles in emotional processing. By drawing on the lived experiences of women subjected to diverse forms of violence, this study aspires to contribute alternative perspectives that empower women to engage with one another for mutual support, care, and resilience.

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Chapter Three - The study: a feminist qualitative exploration of a group of women's narrative on Sister Circles

Introduction

This chapter outlines the research methodology for the study that was conducted. It includes an overview of the feminist theoretical and research methodological framework that the study is located in. It also outlines methods of data collection and analysis as well as the participants of the study and an overview of ethical and reflexive considerations.

Theoretical Framework: Postcolonial and decolonial Feminism and intersectionality

In the current landscape of philosophical discussions, postcolonial and decolonial feminisms have gained significant prominence. However, a discernible pattern emerges where these frameworks are often employed as conceptual stand-ins, representing broader feminist criticisms of Eurocentrism. Unfortunately, their application tends to overlook the explicit recognition of the specific material contexts from which anti-colonial feminisms emerge. Moreover, these frameworks occasionally serve as arenas for redirecting internal debates within dominant European theories or theorists, ostensibly adopting a 'decolonized' conceptual stance. This, however, raises legitimate concerns about the potential sidestepping of more comprehensive engagement with the lived experiences and perspectives of those directly impacted by the intricate dynamics of colonial and postcolonial histories.

Postcolonial Feminism

Postcolonial feminism is a theoretical framework that emerged in response to the intersections of gender, colonialism, and post colonialism. It critically examines the ways in which colonial histories have shaped and perpetuated gender inequalities and explores the experiences of women in postcolonial contexts. Postcolonial feminists emphasize the need to consider the diverse and complex ways in which women from formerly colonized regions negotiate their identities, agency, and resistance within the broader socio-political and cultural contexts shaped by colonial legacies. This approach seeks to deconstruct Western-

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centric perspectives and challenge the Eurocentric norms that often underpin feminist discourse, advocating for a more inclusive and culturally sensitive understanding of gender issues on a global scale. Postcolonial feminism is a dynamic theoretical framework with no singular founder, evolving through the diverse contributions of scholars over time. Pioneering figures in its development include Talpade, Mohanty, Spivak, Hooks, and Minh-ha. These scholars have played pivotal roles in shaping postcolonial feminist thought, engaging critically with the intersections of gender, race, and colonialism. Their collective influence underscores the multidimensional nature of this theoretical approach.

Decolonial Feminism

Decolonial feminism, as a theoretical framework, grapples with the intricate interplay of gender, colonialism, and the enduring repercussions of colonial histories. Its primary aim is to dismantle and contest the persistent structures of power, oppression, and Eurocentrism prevalent in postcolonial societies. Decolonial feminists engage in a critical examination of how colonial legacies continue to mould gender relations, recognizing the intricate intersections of race, class, and ethnicity. This framework advocates for the decolonization of knowledge, rejecting Eurocentric perspectives in favour of embracing diverse voices and epistemologies. Central to decolonial feminism is the promotion of social justice, spotlighting the agency and resistance of marginalized women confronting intersecting forms of oppression. It encourages a re-evaluation of power structures, fostering more equitable and inclusive societies. Notably, decolonial feminism lacks a singular founder; instead, it has evolved through the collaborative efforts of various scholars and activists engaging with the intersections of feminism, decolonization, and anti-imperialism. Key figures such as Maria Lugones, Sylvia Marcos, and Oyèrónké Oyěwùmí have significantly contributed to advancing decolonial feminist perspectives, challenging colonial legacies, and advocating for the recognition of diverse epistemologies and ways of knowing. The ongoing development of decolonial feminism remains a collaborative process involving contributions from individuals across different regions and contexts.

Intersectionality

Intersectionality, originally developed within feminist scholarship and later applied across various disciplines, is a theoretical framework credited to Kimberlé Crenshaw. This framework recognizes that individuals navigate multiple interconnected social categories simultaneously, such as race, gender, class, and sexuality. It posits that the convergence of these intersecting identities results in unique and intricate manifestations of privilege and oppression. In contrast to traditional single-axis analyses of social issues, intersectionality emphasizes the necessity of understanding the cumulative and interactive influences of diverse social dimensions. Although Kimberlé Crenshaw coined the term "intersectionality" in the late 1980s, intersectional feminism does not have a single founder. The ideas and principles underlying intersectional feminism draw from the works of various feminists and scholars exploring the complex interplay of different axes of oppression. Prominent figures associated with intersectional feminism include Audre Lorde, Bell Hooks, Patricia Hill Collins, and Angela Davis, among others.

Understanding the historical dimensions underpinning ongoing feminist struggles is essential when considering alternatives to mainstream healing and therapy. Postcolonial and decolonial feminisms, alongside intersectionality, provide critical frameworks for comprehending the complexities of gender, colonialism, and power dynamics.

Feminist Qualitative Research Methodological framework

This study was located in a feminist qualitative methodology to collect and examine the narratives of research participants. This study emphasises qualitative approaches as they align with the post/de-colonial and feminist epistemological lens utilised. Sandra Harding suggests that there is no one feminist methodology but rather feminist research takes on a variety of legitimate forms; there is no distinctive feminist method of research (Harding, 1987).

Qualitative methods are invaluable to feminist research as they position women's stories at the centre of the inquiry, allowing for a rich examination of these stories within their larger gendered social context (Reinharz, 1992; Stoppard, 2000). Stoppard argues that such approaches permit us to see the "discursive conditions shaping women's experiences within

specific socio-cultural contexts" (p. 37). In this sense, qualitative approaches provide a deeper contextual depth (Kiguwa & Carolissen, 2018). The book "The Gender of Psychology" (Shefer & Boonzaier & Kiguwa, 2006) underscores the pivotal role of storytelling and narratives in the realm of research practices. The authors posit that this perspective resonates with various feminist works, including those by Lykes (1997), Franklin (1997), Maracek et al. (1997), and Salzer (1998). These feminist scholars collectively stress the significance of stories and the act of recounting personal experiences. According to this body of literature, storytelling serves not only as a means to represent oneself but, more crucially, as a tool that facilitates reflection and sense-making of these experiences. The narratives, as illustrated in these works, emerge as potent instruments through which individuals can communicate, delve into events as they occurred, and, in the process, establish a sense of order and meaning in relation to those events.

While the notion of 'giving a voice to the voiceless' has been criticised as paternalistic and colonial (Spivak, 2008), a major benefit of feminist research is its active integration of reflexivity and hermeneutics. This means that it can navigate the complex identity politics at play and, in so doing, find a way to centre women's experiences, if not their voices directly. This means that even if mine is a particular voice, I can still provide a platform where subjective, situated experience is encouraged and critically interrogated. In short, it does not purport—as quantitative methods want to do—to provide an unadulterated narrative of experience. Feminist research methodologies place great importance on embodied knowledge and pay close attention to epistemology, positionality, and power (Ackerly & True, 2008). Decolonial feminist work decentres the researcher and is participatory and challenges the authority of the researcher.

This study encountered several limitations that warrant consideration. Foremost among these constraints is the relatively small sample size, as the research focused on the experiences of forty participants. The study specifically recruited women from the Cape Flats and inner city of Cape Town, encompassing diverse backgrounds. The participants were exclusively women of colour, predominantly following Muslim and Christian faiths. Notably, one subgroup comprised women from various African countries, holding asylum status, with diverse backgrounds as financial refugees, daughters of refugees, and asylum seekers. The other subgroups consisted of South African women identifying as Cape Coloured or Black South

Africans. The participants exhibited a rich tapestry of cultures and languages, spanning Afrikaans, IsiXhosa, Swahili, Kituba, Lingala, English, and French. Despite the valuable insights gained, these demographic specifics limit the generalizability of findings to a broader population.

The initial phase of the study necessitated manual transcriptions of discussions from small focus groups and individual interviews, the latter being a result of participants expressing discomfort with attending organized focus groups amid the COVID-19 pandemic. Following the data transcription process, and subsequent data cleaning, the most salient information was meticulously organized in Excel. This secure Excel database, housed in a web-based platform, served as the repository for the compiled data. Extracting pertinent quotes from this data set facilitated the subsequent analysis and interpretation of key findings in the research study. One of the invaluable methods to me was chunking (Maxwell, 2012). Chunking the data involved sorting information collected into themes.

Participants

All of the women who participated in the storytelling sister circles are women of colour. Their ages range from approximately 18 years of age to 80 years of age. Some identified as members of the LGBTQAI+ community but others considered themselves heterosexual. Some were married by Moslem religious rights, some participants were single and others divorced. Some participants were Christians and others considered themselves as being non-religious but believed in the cultural practice of honouring their ancestors, and then some participants preferred not to disclose their spiritual or religious practice or any other personal data. No one was asked to disclose their identity or preference in terms of religion, gender, marital status, age, how many children they had or if they had children. I believe it is important to note that the participants were never requested to disclose to the researcher, the facilitator or the group any personal information about themselves that they did not feel comfortable with.

A total of forty women actively participated in the study, residing in diverse communities within the greater Cape Town metropole. The storytelling sister circles were facilitated in three key geographical locations: Hanover Park on the Cape Flats, Zonnebloem, and Bo Kaap. The

participants, all current residents of South Africa, represented a spectrum of legal statuses, including South African citizens, permanent residents, and financial refugees or asylum seekers from various African countries—although some opted not to disclose their visa status. The age range of participants spanned from 18 to 80 years. While participants were assured of the confidentiality of personal data, they were given the autonomy to keep certain aspects private, such as their religion, country of origin, age, sexuality, race, culture, and ethnicity.

The common thread among participants was their shared experience of some form of violence throughout their lives, a criterion established before the commencement of the storytelling sister circles. Community leaders or individuals with informal relationships with the participants invited them to attend the circles. In Hanover Park, the women were known to the group leader as they often met to discuss community issues such as gang violence in their neighbourhood, shared church attendance, or met for 'home cell' (church prayer group). The Zonnebloem group primarily comprised Muslim women who attended the same madrassa (Arabic word for any type of educational institution learning in the Muslim faith) or were part of the group leader's network through diaspora informal gatherings. The Bo Kaap group, survivors of gender-based violence (GBV), were participants in a sewing class organized by Future Females—an organization for female entrepreneurs. The storytelling sister circle was offered as an additional activity, which they willingly volunteered to attend.

Demographic information was obtained based on the voluntary disclosure of individuals during the storytelling process or focus group sessions. The facilitator adhered to the guidelines of the storytelling sister circle, respecting participants' comfort levels regarding the sharing of personal information. The table below provides a geographical overview of where the storytelling sister circles took place:

Geographical Location	Sister Circle Participants	
Hanover Park (Cape Flats)	Known through proximity, Church or women's group	
Zonnebloem	Mainly Muslim women known from madrassa or diaspora connections	
Во Каар	Known from Future Females initiative for GBV survivors attending sewing classes	

This approach was intentional, aligning with ethical considerations and the participatory nature of the storytelling sister circles. Active listening is crucial in feminist research and a part of reflexive knowledge production. Bloom argues that participants may feel disturbed and uneasy when the interview moves from a mutual dialogue to an unnatural monologue, where the interviewer does not respond to participants 'in-depth stories (Bloom, 1998 as cited in Falconer, 2017: 76).

Sara McClelland states in her paper on vulnerable listening that listening is often imagined as easy and something everyone does well. Many assume it merely involves nodding one's head, not interrupting, and "remaining open" to a participant's answers. Listening, however, is a difficult skill that not only takes practice but comes with challenges for which a researcher should be prepared (Norkunas, 2011).

Vulnerable listening stands on the shoulders of feminist social scientists who have long argued for feminist methods that take the relationship between researcher and participant seriously, as well as the subjective experience of the researcher (Oakley, 1981; Stacey, 1988; Wilkinson, 1998).

I found that vulnerable listening during the sister circles and focus group interviews helped me connect with the participants, re-evaluate and reflect on my understanding of their stories, and ensure that my comprehension of their stories was the same as theirs. By telling their stories, the women said that they felt empowered, and it restored their sense of self-esteem. Those listening said they felt encouraged to share their stories. I could also relate to their experiences even if I had not experienced the same traumatic experiences.

I am aware that the power dynamics may have influenced the study findings due to the perception of my authority as the researcher and interviewer. Participants may have been intimidated and withheld some information as a result.

I endeavoured to treat all the participants with respect and dignity, and I believe I provided a welcoming and safe environment.

The table below provides an overview of the group's geographical location and the numbers of participants:

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Group	Geographical Location of	Number of Participants in the
	Storytelling Sister Circle	Storytelling Sister Circle
1	Hanover Park, Cape Flats, Cape	12
	Town	
2	Zonnebloem-District Six, Cape	8
	Town	
3	Bo Kaap, Cape Town	20

Methods of data analysis

Analysis fundamentally means to organize and attribute meaning to the data (Marshall & Rossman, 1999).

Once the data was collected, it was organized organised and analysed in 5 steps:

- (1) transcription and review
- (2) extracting of themes
- (3) reviewing of themes
- (4) analysis in relation to my research questions and the literature and
- (5) review and write up

Qualitative thematic analysis was deployed to analyse the data. This is an intuitive approach to qualitative data analysis that allows researchers to explore emerging patterns across their data. It involves identifying and understanding key themes in the data and how they relate to one another. Until recently, thematic analysis (TA) was a widely used yet poorly defined method of qualitative data analysis. The few texts (Boyatzis, 1998; Patton, 2002), chapters (Hayes, 1997) or articles (Aronson, 1994; Attride-Stirling, 2001; Fereday & Muir-Cochrane, 2006; Tuckett, 2005) often came from outside psychology, and were never widely taken-up within the discipline. Instead, qualitative researchers tended to either use the method without any guiding reference, or claim some mix of other approaches (e.g., grounded theory and discourse analysis) to rationalise what essentially was TA. Braun & Clarke, 2006 developed TA (in relation to psychology) in a 'systematic' and 'sophisticated' way (Howitt &

Cramer, 2008, p. 341). TA is rapidly becoming widely recognized as a unique and valuable method in its own right, alongside other more established qualitative approaches like grounded theory, narrative analysis, or discourse analysis (Braun & Clarke, 2012).

Ethics and reflexivity

Feminist research ethics is often at cross-purposes with traditional research ethics, and it is also a dynamic area for feminist researchers. Maria Stern's (2005/6) experience in the field of feminist research, for example, led her to change her theoretical perspective, destabilize her feminist standpoint epistemology, and shift her theoretical stance. During the research, she discovered that both her subjects' and her own epistemologies were shifting due to the research involving narration and mutual identity construction.

Destabilizing one's personal epistemologies may disclose epistemological prejudices that originate with feminist theory, as Stern's example shows; because feminist theories reveal politics in every aspect of the research process, feminist empirical work has become challenging. Thus, the feminist researcher's dedication to self-expression and reflexivity is more than just a commitment to reflecting on one's identity as a researcher; it is also a commitment to noticing and thinking through silences in epistemology, boundaries, and power dynamics (of the research process itself) as one conducts one's research from a variety of theoretical perspectives. The feminist research ethic is a commitment to destabilizing our epistemology, but it is also a commitment to deciding when it is time to move on from reflecting on one problem to reflecting on another (Dever 2004; Ackerly 2008b). A destabilising epistemology should not prevent us from doing research, it should enable us to do it better. Conscientious researchers are committed to applying these tenants of research. However, in terms of the feminist research ethic directive compels us to do so. From a feminist perspective, at every stage of the research process, the researcher must continually reflect on epistemological and other forms of inclusion and exclusion (Smith [1998], 1999).

Storytelling sister circles

A sister circle session is structured in a way to be supportive of each participant. They are the most effective space for participants to share their experiences and support one another (Neal-Barnett, 2011). As a researcher, participant and facilitator of the sister circles for this project, I created a safe space by seeking consent from each participant and providing openended questions for our discussions (described later in this chapter). Each open-ended question or statement was intended to give participants space to speak about the topic presented and expand on whatever subject they desired.

As elaborated earlier, sister circles are support groups that build upon existing friendships, fictive kin networks, and a sense of community (Neal-Barnett, Stadulis, Murray, Payne, Thomas & Salley, 2011).

Unlike focus groups, storytelling sister circles are not simply for obtaining the stories of the participants; rather, it is a method to support and empower participants. Sister circles, as a qualitative feminist research method, is designed to be conducted in a supportive "sister-to-sister" context. (Howard-West, 2020).

Shefer, Boonzaier and Kiguwa (2006), in rethinking psychology in the South African post-apartheid context note the significance of the process of retelling and making sense of experiences and events as a means of positioning oneself within the immediate social context. These authors suggest that this positioning is a form of political practice, they highlight what Mulvey (2000) has also argued, that the stories we tell and are interested in listening to are connected to our positions of power and oppression. Consequently, the narrative process can be both empowering and disempowering. Some stories may not receive the same equitable and supportive space as dominant discourses, leading to their marginalization. This presents an implicit challenge in narrative research. However, stories also hold liberatory potential, particularly when they become part of a group narrative, fostering shared action and conscience.

The journey of healing frequently entails a re-evaluation of notions surrounding self-worth, particularly through cognitive restructuring. This research delves into the intricacies of such transformation within the milieu of women's gatherings, where they engage in the act of storytelling. Diverging from traditional group therapy sessions, these gatherings manifest as

intimate circles, providing women with a space to safely share their narratives as survivors of violence. Characterized by an experimental, introspective, and meditative quality, this practice underscores the significance of self-discovery. It is conceived as an experiential process unfolding within the realm of privacy.

Data Collection Methods: Focus groups, Sister Circles and individual interviews

The study included three focus groups and six individual interviews. After the completion of the storytelling sister circles, all the participants were invited to attend a focus group, these were planned and strict Covid 19 safety protocols, as advised by the government, were put in place. Due to some of the participants' reluctance to attend, I offered them the opportunity of meeting with me on a one-on-one basis. Seven participants indicated that the one-on-one interviews would suit them.

A sister circle session is structured in a way to be supportive of each participant. They are most argued to be an effective space for participants to share their experiences and support one another (Neal-Barnett, 2011). As a participant and facilitator of the sister circles for this project, I created a safe space by seeking consent from each participant and providing openended questions for our discussions (described later in this chapter). Each open-ended question or statement was intended to give participants space to speak about the topic presented as well as expand on whatever subject they desire.

Initially, three focus groups were planned with existing sister circles; however, due to the Covid19 pandemic, focus groups became restrictive regarding participants' availability due to lockdowns, Covid 19 infections and anxiety regarding attending a focus group as it required physical attendance. Subsequently, I conducted three Focus Groups and six individual interviews to accommodate interested participants. Three different groups of participants served as a method of data collection. They included women from the diaspora of financial refugees and asylum seekers, local South African women from the Cape Flats and a group of Muslim women from Cape Town and other African countries. Focus groups and interviews were audio recorded with permission and then transcribed verbatim. The small and focused nature of the group generated information required for discussion on the research. I used an interactive and participatory approach, yielding rich data and discussion was stimulated by

varying positions and opinions and shared experiences (Morgan, 1998). This helped me understand not only what these women's experiences were but their individual experiences and how they make sense of their own experiences. On the day, participants were reminded that they should only respond to questions they feel comfortable answering and that using their vernacular was welcomed and would be accommodated.

Ethics and Self reflexivity

The research was conducted following feminist ethical considerations and all standard ethical procedures for research with human participants were considered. The procedure was to ensure the participants' confidentiality, anonymity, safety and caring of the participants. I also engaged in a feminist ethics of care in working with participants, following closely with the suggestions of Collins below:

The ethics of caring suggests that personal expressiveness, emotions, and empathy are central to the knowledge validation process" (Collins, 2009, pp. 281-281).

Participants were asked to give their written and informed consent before participating in this research. They were informed of their rights, both verbally and in an information letter, including their right to withdraw at any time during the duration of this research. The participants were informed that they were not required to disclose any personal information that they were not comfortable disclosing. They were also informed about the use and storage requirements of the collected material in accordance with the protocols of the University of the Western Cape. Participants were advised that should they experience any anxiety related to the process they were free to disengage. That should they require debriefing or counselling they would be referred to formal counselling services available, free of charge, in the greater Cape Town metropole. A list of such resources was made available to participants.

Self-reflexivity

As a lay counsellor at Rape Crisis Cape Town Trust for over 18 years, I have had the privilege of working with survivors of rape and sexual assault and have been made aware of the sensitivity required when listening to survivors tell their story. The safe space provided for

survivors to access and share their feelings and to reveal their pain is paramount to them gaining trust and feeling heard. Reflexivity, and acknowledging the power dynamic between myself and the client is a process that I engaged in and considered. I was deeply aware of my own investments and position in the research and attempted to be vigilant with respect to possible power dynamics at play in the research process. At times, I found that my race, class and age was challenging, being constantly aware of the power dynamics and the privilege that a white South African woman may be perceived to hold. I was consistently sensitive to the fact that I may be viewed as a product of my upbringing in Apartheid South Africa. I found that mainly South African participants mentioned they were also concerned when they first met me but by the time the sister circles came to an end, they indicated that they were at ease.

None of the women from other African countries expressed this concern, when I asked how they felt about me being a white woman they said they didn't mind and one participant expressed that "we are all women regardless of our culture or colour". My experience as a lay rape trauma counsellor was beneficial as I have had the privilege of working across all communities in Cape Town in the capacity of not only a counsellor but also a facilitator of Gender Based Violence Awareness workshops. In the organisation, we are coached to be highly sensitive to ensure our clients are not subject to secondary victimisation when attending counselling or workshops. This training has been an advantage for me in conducting the research as was the fact that I was already familiar to and trusted by a few of participants as the facilitator of the group, and my research took place within the safe space of the circle.

Chapter Four - Discussion of findings

In the South African context, storytelling sister circles as a form of community-based, decolonial feminist psycho-social support in post-apartheid South Africa is challenging and multifaceted. This research is aimed at exploring several interconnected themes related to the use of storytelling sister circles after 1994, when the country transitioned from an apartheid era to a democratic phase, as a means of providing psycho-social support from a decolonial feminist mind set. The key themes that emerged are presented in this chapter within the following themes that emerge in relation to the research questions. They speak to the reasons why participants attended sister circles in the first place as well as what role and value such forums hold for participants. Key themes include: sister circles as a culturally and religious appropriate form of support; sister circles as spaces to debrief on and challenge judgement and shame; identification, understanding and safety in sharing stories; the relief and disruption of loneliness through unburdening in a collective forum; and sister circles as a safe space for self-understanding and building of agency and confidence.

Sister Circles as a culturally and religiously appropriate support

Most participants attended the sister circle out of frustration with the lack of accessible and appropriate community-based care in their local contexts. Among participants who adhere to a religious belief system or possess a robust cultural background, a pervasive pattern emerged suggesting that immediate recourse to Western-oriented psychosocial support was perceived as unviable. This reluctance stemmed from apprehensions regarding the potential lack of comprehension by health service professionals regarding their faith or cultural nuances in relation to the trauma they endured. Participants expressed concerns about the feasibility of establishing alignment between their religious or cultural affiliations and the "white" Western-based psychosocial healthcare approach. Consequently, it emerged that a more integrated approach, transcending the confines of a purely Western-oriented psychosocial healthcare paradigm, is imperative to address their needs effectively. Recognizing the need for comprehensive community interventions aligns with the principles advocated by community psychologists, who underscore the significance of individual and family well-being,

a sense of community, appreciation for human diversity, citizen engagement, collaborative efforts, strengths-based methodologies, and the imperative of empirical substantiation (Dalton & Wandersman, 2007). Amy spoke bravely and transparently about her initial scepticism of the sister circle being a "white thing", another "white" person's ideas, she expressed how after attending a few sessions her opinion changed and she was pleased with the process.

"I'm going to be honest, at first I was so tired of this sister circle because I come in with that stereotype mind-set that oh we have to share our stories, mentally these white people like us to share our stories and tell our stories, why all the time we share our stories?, until I got to understand what is the sister circle, it's about supporting each other, it's about looking for each other and patting our backs that we can hold hands and stand up, and until I understand that, when we share our stories, we are building trust, we are building each other, each and every story makes each and every one stronger. I understand that this was not for the white people as I was saying for myself, it was for me, it was for my healing, it was for me to move on to what I'm holding, or whatever grudge that I have towards someone, and I was not obliged to talk but I was talking for myself, so that means I did take a step and I loved what was happening in the sister circle, each and every one sharing their stories and understanding where we're going and where we come from".

Masi also expressed her initial suspicion and reluctance of the purpose and benefit of the sister circle, saying:

"First I thought you were just nosy, you just wanted our news, you just wanted to see us crying, you just wanted to laugh on our stories and we even named the group the crying group because it was only for...we thought, it's only for us to go there and tell you our story so that we can cry and you will laugh behind us, at how are we crying and how we are suffering, but then I realised at a later stage that this group is not for people who like other people's news, it's only for me to heal, those people that I call them nosy, they are only here to help me, it's not for them, it's for my healing. Yes".

Some participants attending the sister circle expressed frustration with the limited accessibility and appropriateness of community-based care in their local contexts. This challenge often arose from financial constraints, preventing them from affording the services of a psychologist or counsellor. Additionally, others faced barriers due to their reluctance or lack of trust in the services provided at the local day clinic. Financial constraints indeed present

a substantial impediment to accessing psychosocial services, including trauma counselling. Sigi articulated her hesitancy to pursue counselling, emphasizing, "Well, firstly because of money, payment for them." She elaborated further, noting, "Yes, it's very expensive to go and see them."

For some of the participants accessing Western Psychologists was not an option as they felt that from a religious perspective they would be misunderstood. For example within the group, three participants had met with a clinical psychologist to process traumatic events they had experienced; however, intersectional differences and long waiting periods at the local clinics were expressed as deterrents for future visits. But more importantly, they felt a lack of understanding of their particular contexts and backgrounds. Mira, for example, elaborated on the frustration of seeing a therapist who did not understand her religious and cultural context, which she experienced as undermining the possibility of support:

"I felt she (psychologist) didn't understand where I come from, my religious beliefs, what I stand for, my principle in life and within that, I just felt actually she doesn't understand much, so she couldn't hold that support much."

Mira went on to describe the challenge she felt meeting with a non-Muslim psychologist as opposed to attending a faith-based storytelling sister circle:

If I speak to someone who is not a Muslim or never heard the word of Allah, I have to think okay, I used to use the word God or I used to use the word Lord, so to me, that makes the process easy so that I didn't need to sit all the time and think what I am going to say, how I'm going to say it and how they're going to understand me, I would prefer a Muslim psychologist.

Ruth, an isiXhosa speaking participant, described how she met with a clinic-based psychiatrist who managed her medication; however, she was disappointed that the psychiatrist had not offered talk therapy "... you can access medical facilities and the psychiatrist I was seeing when I was going through depression, it was definitely just for prescription medications, not really counselling..."

Challenges related to finances also emerged as a barrier for women to access adequate support concerning current offerings for trauma support. Referring to the storytelling sister circles, Ruth suggested, "If we can have more of this in our communities, it would help many who can't afford professional psychologists."

Honour agreed, saying:

"We need these kinds of circles, especially in our (specific) communities, because in our communities it's where we experience whatever that we are expressing now, so if we can get to know more about this circle, where we can relieve ourselves, I think it will benefit more people out there."

As trauma intersects with culture, history, race, language, gender location, it is important for survivors of trauma to have culture-sensitive support. By doing so we acknowledge the compounding effect of structural inequity and become responsive to the diverse needs of trauma survivors. In the context of treatment, the issue of cross-cultural diversity is particularly pertinent when we aim to disseminate treatments that were developed in one culture in another culture. In the process of doing so, questions arise about the need to modify treatments to increase their effectiveness in the target culture (Schnyder, Bryant, Ehlers, Foa, Hasan, Mwiti, Kristensen, Neuner, Oe, Yule. 2016).

Debriefing spaces which are underpinned by personal empowerment goals, such as storytelling sister circles, assist in stress management and improve general wellbeing and trauma relief. Individuals with strong cultural ties made reference to the significant value of sister circles as a culturally suitable forum for debriefing within a secure space among fellow trauma survivors. This sentiment was evident in their acknowledgment of sister circles as a locale that not only allowed them to talk about their trauma in relation to their culture without fear of judgement but also recognising other participants who share their culture would be able to relate to their story. International research (Griner & Smith, 2006b; Smith et al., 2011) has demonstrated that mental health services achieve greater efficacy when tailored to specific cultural groups. Additionally, scholarly investigations have revealed the effectiveness of interventions incorporating culturally adapted cognitive-behavioural therapy (Hinton, Hofmann, Rivera, Otto, & Pollack, 2011), culture-specific group treatment (Nicholson & Kay, 1999a; Zraly & Nyirazinyoye, 2010), as well as approaches involving spirituality and social support (Paranjape & Kaslow, 2010) in addressing trauma-related distress among individuals from diverse cultural backgrounds.

Sister circles were clearly valued by participants with strong cultural roots as an appropriate forum that had many positive impacts. Pia said she was burdened by her experience with

gender-based violence due to remaining silent due to her culture, and she never felt like she could share her experiences as she was concerned about what people with a different culture and from her community would say about her:

"... it was like a heavy burden that was on me all the years and coming here and lifting it, it lifted up, it's off my shoulders, I can be free walking outside, lift my head up high, anybody can know, it doesn't matter, it doesn't matter if people know, you maybe have a bigger story than mine, so you don't have the right to judge me or anything like that.... It was empowering for me."

The value of sister circles for challenging judgement and shame

Many participants shared how they had felt judged in other forums and in their communities for the challenges they had faced. In this respect, participants expressed that the sister circles provided a safe space for them to discuss their experiences, reframing their narrative from that of victims to a collective of women who shared common experiences of violence resulting in trauma or distress. Within the sister circle, they perceived a non-judgmental environment where neither their experiences nor the resulting trauma were scrutinized, thereby mitigating feelings of shame, which some members had experienced by family and community. The circle fostered an atmosphere wherein emotional stress could be alleviated through a shared sense of understanding and support. This sense of solidarity, connection, and comfort is recognized as pivotal in easing the burden on trauma survivors. The use of support groups in mental health, a practice spanning several decades, has consistently demonstrated positive outcomes in providing forums for problem discussion, experience sharing, and information exchange (Heller et al., 1997). Heller further asserts that, across diverse types of support groups, a robust and scientifically rigorous evidence base underscores the effectiveness of these groups in enhancing well-being and facilitating the recovery of participants.

Mira, a teacher of Islam in her diaspora community, similarly articulated the importance of a safe space where she could talk about her problems without being judged. Because she was in the authority position of being a teacher, she believed her pupils viewed her as being free of emotional burdens; she stated:

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"With my position, because I teach Islam, sometimes I feel people, my 'sisters' feel I don't really have a problem, so I was kind of... a little bit precautious or it was difficult for me to narrate a story, but after I narrated a story, I find it was easy to talk about this story itself, and I had a feeling of ease."

Mira described her feelings,

"I felt a sense of relief, and I felt a sense of ownership, of owning the story, and I felt like they understood how I feel."

Emotional stress can be eased when trauma survivors have a sense of being understood and supported. This creates a sense of solidarity, connection and comfort. Support groups have been used in mental health for many decades as a means of providing a forum to discuss problems and share experiences and information (Heller et al., 1997). Heller goes on to state that across many types of support groups, there is a strong, scientifically rigorous evidence base for the effectiveness of support groups in providing positive improvements to wellbeing and the recovery of participants.

Ruth agreed with Mira, and not only did she experience a catharsis, but she felt supported by the group participants "That sense of relief, I felt like I'm dropping a burden from my back, instead of carrying it alone, it's like I have many hands helping me through."

Ann conveyed her apprehension about sharing in a group therapy setting at the day hospital or being observed while visiting a psychiatrist:

So at the time we had to share whatever we went through, I was last because I was scared, even when I was in the day hospital, like sharing stuff in a group, when I was seeing a psychologist because I was like thinking somebody is going to make fun of my situation because it's always like that, if people see us sitting there, because it's like psychiatry something on the door, they think like we are crazy."

Ann expressed her concerns regarding the possibility of encountering judgment and shame from other patients in the waiting area of her local day hospital if she were to be observed entering the office of a psychologist or psychiatrist.

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Sharing stories for restorative identification and understanding

Participants recognized substantial value in the sister circles, perceiving them as extending beyond mere episodic instances of sharing and relief in debriefing with others. The sustained support provided within these circles proved particularly advantageous for the ongoing processing of emotional triggers and the development of a heightened understanding of overwhelming feelings, commonly associated with anxiety. Acknowledging the therapeutic potential inherent in narratives, participants actively engaged in a process of revisiting and recounting past experiences.

From an African-centered perspective, the concept of healing is construed as a communal undertaking, necessitating the maintenance of a harmonious balance between the spiritual realm and the physical world (Jackson-Lowman, 2004; Mariette, 2013; Somé, 1993). The scarcity of resources or a reluctance to seek trauma counselling from formal Western-based mental health care facilities underscores the imperative for alternative community-based models, such as storytelling sister circles.

Drawing parallels, South Africa employed its own form of restorative storytelling during the Truth and Reconciliation Commission (TRC), affording survivors of violence during apartheid the opportunity to share their narratives. This globally hailed process marked a significant stride toward healing. As posited by John Stephanus Klaasen (2020), narratives serve as a conduit for authors to recollect the past and, mindful of evolving social contexts, endeavour to construct a life consonant with their envisioned trajectory. The enduring support provided by sister circles plays a pivotal role in this sustained journey of emotional processing and understanding.

Pia expressed the relief and support she felt from other participants who spoke transparently and with ease about their trauma experiences.

"Coming here with the other people in our community, we knew each other, all of us, but they didn't know like the others what I went through, I didn't know what they went through, and tell them and hearing their stories, it makes me to get open, come let's tell your story, it won't be so bad and when I told my story it felt so...I felt so relieved. I feel better every time I come here, I feel better, hearing other people's stories, it makes me feel like yours is not so big, because you hear what that one is going through, but having your own story also known, now

you are also free of what happened to you all the years, because I'm free now, it's much, much better, there's nothing coming up and all that kinds of things."

Pia further stated that although her experience was minor compared to the stories she heard, she still felt that sharing her story offered relief:

"Whatever we have been doing in this group, whatever discussion, topics we were carrying, even further to my daughter and my sister, to say when you have a problem, don't keep it, find someone who you know, find maybe 2 or 3 people, have a gathering, talk about it, because you can experience...yours is even minor, and you get relief through that."

Ruth had been coping with feelings of depression on a daily basis,

"because it's always bugging me, every day, you know, I wake up in the morning, it's actually the first thing that bugs me, so the more I share with people, then the lighter it becomes".

Sigi expressed a sense of relief, feeling as though she could finally breathe again after she shared for the first time since keeping her story to herself for an extended period. Over the consecutive weeks of attending the sister circles, it became progressively easier for her to discuss her trauma. She shared,

"I just feel a little bit... much better. I feel like I can breathe in and out. Before I talked, it was like a heavy burden every time. Why, why?"

Margaret Read MacDonald (1999, p. 414) wrote that an "individual story can provide an opening of the emotions. In experiencing the emotions of others vicariously, the listener's own emotions become entangled and released". Participants demonstrated their experiences with violence by expressing a variety of emotions, often doing so for the first time. Furthermore, they established connections with fellow participants by recognizing that their feelings about their experiences were frequently shared within the group. This allowed them to finally make sense of the myriad of emotions they experienced and find some semblance of closure or meaning in their lives. Human beings are, by nature, storytellers.

"We tell stories to bring coherence to our lives. The coherence of our lives brings us to find solace and peace with what happens so that we can heal and move forward without the trauma impacting the rest of our lives" (Hunt, 2010; Rosenwald & Ochberg, 1992, p. 2).

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The process of sharing their stories unfolds over a period of six to eight sessions, conducted once a week. This structure allows individuals who may not initially feel comfortable sharing their stories to gradually build trust and confidence within the group. Participants have the flexibility to share only when they are ready and empowered to do so. While some participants choose to share their stories during the first session, others wait until the third or fourth session. Importantly, there is no pressure for participants to disclose their experiences, and they are reminded at each session that sharing is entirely voluntary and can occur whenever they feel ready and inclined to do so.

Storytelling sister circles are not only a once-off sharing and relief but an ongoing support of processing emotional triggers and gaining a better understanding of feelings that can be overwhelming and that create anxiety.

Casey reflected, "I realised the moment you tell your story, life is better for you."

Pia agreed and said:

"I felt so relieved, I felt relieved....hearing other people's stories, it makes me feel like yours is not so big, because you hear that one is going through, but having your own story also known, now you are also free of what happened to you all the years, because I'm free now, it's much, much better."

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Marley added:

"I felt empowered because listening to the ladies' stories and telling my own story and getting the feedback and the positive feedback, it gave me a sense of belonging, so I felt empowered that you can do this, you can be you, you can have self-confidence, you can build yourself from what you are now and become a better person. So, I have empowered my mind, I have empowered my body, I have activated an empowering in myself to be me, so I did feel empowered in the whole sharing stories of the ladies. Thank you."

Sharing stories was an important part of this research, emerging as both a key finding and key to the research process. It was a valuable component, not only for the research findings but for the participants as well. Marley was initially anxious about telling her story; her concerns were about what the other participants would think about her and whether they would be judgmental. At first, she felt uncomfortable relaying her experiences; however, her fears subsided once she realised everyone had a story about living in a violent society.

"I found it safe, at first I had this feeling of...where should I start if I say, what are they going to think about me, besides me having all this the previous time, is this the right place to say it, but when I could hear other people are talking, you know their concerns, more than what I thought there is a problem, I could see this is a very safe place to say out your feelings because there are people who have got more (problems) than what I think is big... Yes, it supported me a lot because I could see the way of our problem is the same; mine is even minor than the others".

Marley added that even her timekeeping improved, and she was committed to the process:

"I would love to continue with this circle, one, I'm not good in keeping time, but this group was even making me to focus about time, by 2 o'clock I needed to be there because I don't want to miss what this one is going to say and what that one is going to say, I need really to be on time, and also, this thing of time I need to be with others was really in me now, not saying I'm going to meet Marley, I'm just visiting there, any time I can be there, no, I was really coming for a reason, to know that I have got a duty to attend there, I have something to contribute there, therefore I need to be on time".

Safe space for self-understanding and growth

Participants conveyed that the sister circle provided them with a valuable opportunity and space for contemplation, enabling them to situate themselves in a reflexive environment to gain self-understanding and develop life skills for negotiating through their trauma. Within this context, individuals could internalize their journey and engage in introspective questioning, delving into inquiries such as "Who am I?" and "What is truly challenging me?" They found a platform to scrutinize past challenges and devise strategies for overcoming them, thereby alleviating anxiety associated with their experiences. The sister circle, by facilitating this process of introspection and self-inquiry, emerged as an instrumental space for participants to navigate and better understand their personal narratives, that they live by, both positive and negative, and gain a better sense of and direction for personal empowerment. Introspection constitutes a personal examination encompassing one's thoughts, feelings, and behaviour, serving as a self-reflective tool to enhance self-understanding. This process involves an inward gaze at cognitive and emotional responses to various topics or ideas, as well as perceptions of others. In the aftermath of trauma, both cognitive and somatic

disruptions to the sense of self are clinically documented among individuals with posttraumatic stress disorder (PTSD). The cultivation of self-reflection and awareness emerges as integral to the healing process from trauma, facilitating the exploration of constructive solutions during crises (Ayduk & Kross, 2010). Recognizing the self, others, and the environment is deemed pivotal in acquiring the comprehensive knowledge and actions requisite for restoring a crisis-ridden world (Kelly, 2017). This emphasis on self-awareness underscores the role of introspection as a multifaceted tool with implications for both individual and collective well-being.

Mira, who has experienced xenophobia, as one example of this self-learning, said:

"It gave me a space to be able to sit and reflect and internalise my situation (xenophobic living environment) and my feelings, who I am, what is really challenging me and what has challenged me in the past, did it make me who I am today, did I make a decision based on the traumatic event which I had, so the circle helped me to have the process of reflection but also have the internal dialogue and feeling to understand me as a person, but also to understand my feelings in general."

Blessing also experienced xenophobia as an economic migrant and stated:

"I felt empowered, now when I talk about it, there's not...I don't feel emotional, like before, I felt relieved when I talked about it, and now I'm more calm and in a better place than before."

Amy shared her sense of empowerment and belonging through the act of storytelling, both in recounting her own experiences and listening to the narratives of fellow participants. She expressed, "I felt empowered because listening to the ladies' stories and telling my own story and getting the feedback and the positive feedback, it gave me a sense of belonging. Amy highlighted the transformative impact of the storytelling process, stating,

"So I felt empowered that you can do this, you can be you, you can have self-confidence, you can build yourself from what you are now and become a better person." Amy concluded with gratitude, expressing, "So I did feel empowered in the whole section and the whole sharing of the stories of the ladies. Thank you."

Jean expressed that she felt a sense of relief but also more understanding of her own feelings and those of others in her friendship circle who had also experienced violence.

"Ag I feel better for it, I feel like relief, I understand better now, I am not alone, this feeling is something many have experienced, it makes me to feel like yes I'm not alone and I understand what my feelings came from, what happened to me and also what happened to others."

Jean who resides in Hanover Park has often witnessed gang violence and has friends and family who have been impacted from GBV.

The equalising effect of all participants telling their stories

Through the act of sharing their experiences, participants articulated a profound sense of connection with fellow survivors, characterizing the process as an equalizing and therefore deeply relational experience. This shared narrative exchange fostered a palpable feeling of commonality among participants, irrespective of their familiarity with one another or their knowledge of the specific details of individual traumatic experiences. The act of disclosure facilitated a sense of shared humanity, creating a bond that transcended the diversity of their individual backgrounds and unique stories. This shared connection became a unifying force, offering participants a shared understanding and solidarity, thereby contributing to a collective sense of support and empathy within the context of their shared experiences. The social identity approach to health posits that shared group memberships, such as belonging to a support group, sharing a common gender identity, or being part of a group shaped by a shared type of trauma, can exert both positive and negative influences on psychological health (Cruwys, Haslam, et al., 2014; Kellezi & Reicher, 2012). Membership in such shared groups can provide individuals with valuable psychological resources, including social identification with fellow group members, a sense of group cohesion, perceived alignment with others, and a shared sense of destiny (Borek et al., 2019; Steffens et al., 2021). These psychological resources, encompassing feelings of belonging, social support, and mutual understanding, may function as protective factors, buffering the impact of trauma and alleviating symptoms associated with posttraumatic stress disorder (PTSD). This underscores the significance of shared group memberships in promoting psychological well-being and mitigating the adverse effects of traumatic experiences.

Kat, the eldest member within her group, who had never disclosed her rape before, expressed her enthusiasm for the sister circle.

"I always long for this time now that we come together, it feels so great", she went on to say "I feel so excited, really, I think this group, it does a lot for me and what we was talking about and stuff like that. I was feeling great and I couldn't wait for this morning, sometimes I couldn't make it to be here, I was somewhere and when I was free I really rushed to be here, it was very, very good and after that I give my story, I hear everyone and suddenly something told me that I must say something and I couldn't keep it back anymore, what had happened to me all these years, I didn't talk to anyone in those years, but here it was the first time that I opened up."

Kat elaborated on what happened to her and her sense of being able to share with the group about her trauma.

"I was raped by two guys on the station and that was always in my mind and I think that is...but I overcome it and I was free, they didn't do me any harm after that and I get in the train and come home, but you didn't expect that day, I never thought I'm going to talk about it, but that day here, you hear everyone's story and so I opened it, it was the first, you was the first that was to hear about it, not my family, anyone, not a friend, I can say today that it was good to open up and after that I feel so...everything was so...that burden was fall from me and that heavy thing that was kept inside me and my mind and I feel great after that and I thank God that I did open up."

Kat conveyed her feelings of being supported made her feel good.

Nosi related how listening to the narratives of other participants enabled her to contextualize her own experience, instilling in her the confidence to share her own story.

"I felt empowered because before I said anything about my story, to listen to the others and then I used to say I've been through a lot, but it's true when they say, you never say you've been through a lot than the others because when you listen to the others you were like wow, people have been through hell more than you, you can just say okay I can do this, so that's what I told myself, okay, this is nothing to me, I can get over it and then I will live my life."

Nosi's recognition of solidarity and shared experiences within the group became evident to her.

Ula remarked on how she observed emotional responses from others in the group when she shared her experience, signalling a shared understanding among the participants.

"When I told my story there was tears so it shows that whatever I was feeling they also felt like that. I was also worried that maybe there will be stories going around that this is what my life is about so then I didn't feel the need but now I'm in a better space."

She came to realize that recounting her story had a mitigating effect on her symptoms of trauma.

The relief of unburdening

Participants conveyed a transformative experience, expressing a profound sense of unburdening through the act of narrating their trauma experience. The process of relinquishing their emotional burdens within the sister circle provided them with a tangible relief, rendering them less anxious and fostering a newfound sense of freedom from the weight of their experiences with violence. This emotional unburdening within the supportive context of the sister circle served as a cathartic release, enabling participants to shed the emotional weight associated with their traumatic encounters. They reported a sense of liberation and diminished anxiety. Narrative exposure therapy (NET) has been identified as a resilient and accessible intervention, transcending barriers associated with formal education, culture, or age. Field-based studies have demonstrated the widespread applicability and effectiveness of this short-term, trauma-focused treatment module. Notably, NET can be seamlessly integrated into large-scale service provision and is adaptable for implementation by a diverse range of professionals, including trained counsellors, psychologists, psychiatrists, medics, paramedics, social workers, and teachers (Schauer, 2008; Neuner et al., 2008b; Jacob et al., 2014). This versatility underscores the potential of NET as an inclusive and practical therapeutic approach for addressing trauma, making it accessible across diverse contexts and for individuals with varying levels of formal education, cultural backgrounds, and age groups.

Lena expressed that she was initially reticent about telling her story of violence:

"I never thought I'm going to talk about it, but that day here, you hear everyone's story, and so I opened up, it was the first, you was the first that was to hear about it, not my family, anyone, not a friend, I can say today that it was good to open up and after that I feel so...everything was so...that burden was fall from me and that heavy thing that was kept inside me and my mind and I feel great after that, and I thank God that I did open up, I did feel very,

very good to be here because that burden did fall from me, it feel from me all these years, and that is what I can say, I feel good, up until now, I did never think of that again really, never."

Some participants believed that disclosing to family or friends may come with a plethora of repercussions such as shame, stigma and possibly rejection. Some suggested that if perpetrators were family members and they were regarded in high esteem or may contribute to the financial wellbeing of the family then they, the survivor, may be blamed. Others commented that in their experience mothers or aunts, senior members of the family, would insist it was a private matter to be dealt with within the family, often this meant the survivors were silenced or discouraged from seeking care.

Jean spoke about how she recognised that others in the circle seemed relieved when they disclosed and that she had felt silenced by her family.

"I decide to tell my experience because I see the relief for the others, and I will get my relief also. In my community you are afraid someone will call you names and maybe if you tell your mother she will say forget about it, we can't say that about the uncle because you know we live in his house, so you must maar keep quiet and just forget about it, you must carry on, so I did learn that it's better to keep quiet and even if I have anxiety or stress I carry on."

Jean proceeded to recount how a friend informed her that a social worker had suggested she should set aside her case and move forward.

"You know Michelle when I did hear of a social worker who told my friend she must just forget it, her case will not be heard, she must move on, we don't see a chance for reporting a case if even the social worker says just forget it. But we need to tell our stories we need support like in this group, we need relief from our trauma."

The concept of secondary victimization was first used during the 1980's by nongovernmental organizations working with victims of gender-based violence. This was a time when the word victim was replaced by survivor, in an attempt to affirm experiences of those who had been abused and raped by perpetrators. Much research considered women's experiences after rape and explained why women were reluctant to report cases to the police. Secondary victimization encompasses the actions and attitudes of social service providers that involve "victim-blaming" and insensitivity, contributing to the trauma experienced by victims of violence. The issue extends to institutional practices and values that prioritize the

organization's needs over those of clients or patients. At Rape Crisis Cape Town, lay counsellers, such as myself are often presented with accounts from survivors who have experienced secondary victimisation.

According to Klingspohn (2018), trauma-informed care and practice embrace a recovery-focused, strengths-based approach, with an understanding and response to the impact of trauma, where psychological, physical and emotional safety is paramount (for providers and service users) and provide opportunities for control, empowerment and recovery.

Speaking to decolonised trauma care, Klingspohn goes on to say that: "given the history of intergenerational trauma experienced by Indigenous women, all service providers delivering services to address domestic violence must have a clear understanding of the traumatic effects of colonisation, its impacts on indigenous women and their culture and develop competency in the types of cultural approaches that will be effective."

Concluding thoughts

This chapter has documented, on the basis of participants' narratives how sister circles are used as support structures for women who have been victims of GBV and in support of other past and ongoing violence and trauma. The government has responded in diverse ways and taken seriously GBV but the resources tell another story for many different women. The reality is that survivors telling their stories informally is probably the most common kind of support for women in these situations. In my experience many survivors who are inclined to share their experiences do so informally to family and friends, in women's groups or community workshops rather than accessing formal psycho-social services. Many never share their experiences for fear of stigma or due to feelings of self-blame and/or shame. Watts and Eagle (2002) noted that "many survivors of violence do not tell anyone about their experiences". The participants of the storytelling sister circles highlighted this sentiment. Even in communities where services exist, the sad reality is that most survivors of violence never use them (Heise 2011). The WHO's multi country study on domestic violence found that those seeking support turn to informal networks such as the immediate family or close friends instead of seeking help from formal services (Berik 2017). Strengthening informal support networks and linkages, including equipping those around women in the community to

respond appropriately to disclosures of violence, is consequently critical in terms of meeting the needs of women survivors of violence at the community level, particularly in remote areas.

Due to socio-economic challenges women have been facing in their communities, together with a lack of accessible and appropriate mental health care, they have been forced them to form self-help groups (Chitere, 1988), which act as an instrument to articulate their concerns through various interventions. From a sociocultural perspective, the emergence of self-help groups can be seen as a response to industrialization, the breakdown of the kinship system, and the decline of the community (Katz & Bender, 1976; Kessler et al. 1997), although other scholars see it as a manifestation of an ineffective, inefficient, and de-humanizing formal system of care (Gartner & Riessman, 1977). The increasing interest in providing family-centred services also contributes to the increased number of self-help groups worldwide (Rosenbaum et al., 1998).

According to Rappaport (1993), self-help groups offer a venue for shared experience, emotional support and social learning, which help to constitute a social identity among group members.

Traumatic events destroy the sustaining bonds between individual and community. Those who have survived learn that their sense of self, worth, or humanity depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair and the strongest antidote to traumatic experiences. Trauma isolates and the group recreates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma de-humanizes the victim; the group restores her humanity' (Herman, 1992).

Participants in this study have articulated many of these positive responses to the sister circle groups. Key themes emerging here indicate participants appreciation of these spaces as not only culturally and religiously appropriate, but also safe spaces for unburdening, for challenging shame and stigma, and for developing knowledge, understanding and life skills to gain agency and strength towards well-being in their lives.

Conclusions: Sister Circles as decolonial feminist support structures

Introduction

This concluding chapter serves as a comprehensive synthesis of the study's outcomes, providing a concise summary of the collected data and its findings. It reflects on the methodology used and underscores the significance of the research contributions to the broader domain of feminist research. Additionally, the chapter delves into the implications for policy changes, elucidating the recommendations that have surfaced from the conducted research. Recognizing the inherent challenges in research endeavours, including limitations such as constraints in data collection and sample sizes, the chapter candidly discusses these gaps. Furthermore, it outlines avenues for future research, suggesting strategies to address the identified limitations and advocating for continued exploration in this evolving field.

Summary of findings

In this study, I aimed to investigate how community-based participatory groups and informal gatherings (such as a participant-driven space like the sister circles, which becomes a "safe" space) informs intersectional feminist perspectives on mental-health interventions for women who, for whatever reason, do not want or cannot access mainstream mental health services.

The participants of the storytelling sister circles are all survivors of violence. Living in South Africa is inherently violent; however, some communities experience more violence than others due to the range of historical violence done to them and continued structural violence. Some storytelling sister circle participants had fled from war-torn African regions such as the Democratic Republic of Congo, and they had experienced violence not only in their own country but in addition had been subjected to xenophobia in Cape Town and shunned by local communities and/or had experienced gender-based violence at the hands of a partner or a South African perpetrator.

A concern for many people recovering after violent conflict is the lack of disclosure and publicity and the tendency towards secrecy surrounding what happened and the need for it to be told. This is a story that individuals and a nation repeat to one another to bring coherence to past events and make sense of the present and future. In the context of the

international tribunal following the Rwandan genocide, the possible cathartic effect of speaking the truth is discussed by Adami and Hunt (2005). South Africa had its own form of restorative storytelling during the Truth and Reconciliation Commission (TRC). The process offered survivors of violence during apartheid South Africa to tell their stories. This process of survivors telling their stories was heralded globally as a significant step towards healing.

Narratives provide the vehicle through which the authors recollect the past and, considering the changing social settings, seek to live the life they ought to live (Klaasen, 2020). In The Truth and Reconciliation Commission's (TRC) final report, Sandra Young (Young, (2004) suggests that the evidence of those who have given witness [is] that, by telling their story, they have shared a burden and found a new sense of peace.

From an African-centred perspective, healing is a community endeavour that involves maintaining a harmonious balance between the spiritual realm and the physical world (Jackson-Lowman, 2004; Mariette, 2013; Somé, 1993). The lack of resources or reluctance to seek trauma counselling from formal Western-based mental health care facilities accentuated the need for alternative community-based models similar to storytelling sister circles.

The study yielded results that showed people's resistance to and/or dissatisfaction with healthcare facilities. Participants in this study indicated their inclination to attend the storytelling sister circle rather than access healthcare facilities which are often, in their experience, difficult to access due to long waiting times, medical staff who are not cognisant of their spiritual belief systems or their community issues resulting in secondary victimisation. Human service workers are so often the bystanders of systemic violence (gendered and racialized violence) (Funston, 2019). By being bystanders of systemic violence, it further affirms the general public's narrative of the inconsistencies of the healthcare system.

The study further uncovered the reluctance to engage with these issues in a public manner because of the fear of stigma and further victimisation by those that participants know and trusted. When participants were asked what kept them from seeking support, accounts from focus groups and interviews revealed many barriers. These included secondary victimisation by their families or other community members, feeling helpless in their situation, shame, fearing future violence and being denied access to services. Fears that their case and

information would not be kept confidential were another barrier, as was a lack of knowledge about how and where to seek help from existing mental health services.

Stigma and shame played a particularly significant role in determining whether women sought care or not. For some, deep-rooted socio-cultural norms in the role of women in protecting the perpetrator and family privacy was also a key barrier to seeking care.

By telling their stories in the storytelling sister circles, survivors were letting other victims of violence know that it is possible to rise above the challenges they face, including the trauma of violence and the injustice of the system. By telling their stories and narrating their lived experiences, they assisted others by showing that there was a way to process their feelings. In sharing their stories of recovery, participants also reported learning valuable life skills and gained understanding and knowledge for their own lives.

In the literature, the term "recovery" is poorly defined, and criteria for recovery are seldom identified (Herman, 1992; Everstine & Everstine, 1993). Yet it is widely accepted that recovery does not happen in isolation and occurs only through relationships (Herman, 1992). There are four possible recovery outcomes, i.e., 1) clients who received clinical help and recovered, 2) clients who have received clinical help and have not recovered, 3) clients who received no help and recovered and 4) clients who have received no help and did not recover (Harvey, 1998). Harvey (1998) suggests that one needs to look at whether symptoms have been mastered, whether the client can assign new meaning to the trauma, whether the client can maintain relationships and whether the client can assign new meaning to the trauma, the client can maintain relationships and whether the client can remember the trauma without being overwhelmed. Everstine and Everstine (1993) propose that recovering from trauma is similar to recovering from grief. They state that the victim must undergo different stages to overcome the trauma.

Participants in this study clearly benefited from having a safe space available to them and report their own 'recovery' through this process. The findings suggest that survivors, particularly those of sexual assault and intimate partner violence, initially feel isolated and under supported by existing resources. They also did not feel supported by the public resources on offer, which lacked appropriate cultural and religious sensitivity and frameworks to make them feel safe and tended to be inaccessible financially and in other ways. Sister

circle groups reportedly offered much in terms of accessibility, cultural appropriateness, and safety Sister circle groups emerge as a promising alternative, offering accessibility, cultural sensitivity, and a safe environment for healing. These groups provide a platform for shared experiences, offering comfort and validation to participants (Kast, 1986). Through storytelling and communal support, individuals find catharsis and realize they are not alone in their struggles. Kast (1986) discussed that knowing that other people have had similar experiences and healed is a great comfort for them. While each person's struggles are unique, finding a common denominator in their struggles alleviates the feeling of isolation while unburdening the silenced effect and narrative. Eventually, through the process, they understood that they were not struggling in isolation. This offered them a sense of catharsis.

The findings of the study thus point to the imperative for community healthcare facilities and all who assist in the mental health care of survivors of violence to consider facilitating storytelling sister circles to create support channels. Spaces such as these could perhaps be implemented into public health policies for larger engagement of women across the greater South Africa, to address the violence that women are subjected to.

The study particularly flags the imperative to explore alternative approaches to trauma processing services, especially considering the potential complicity of formal primary healthcare services in perpetuating power dynamics and reinforcing oppression, leading to secondary victimization. Despite the genuine intentions of mental healthcare professionals, individuals who have experienced trauma often find themselves re-traumatized within traditional care frameworks. By acknowledging the evolving nature of trauma treatment and the ongoing research into its psychological effects, it is essential to prioritize empowering survivors as active agents in their recovery journey. Judith Herman's assertion that empowerment is fundamental to recovery underscores the importance of placing survivors at the forefront of their healing process (Herman, 1992, p. 133). Empowering survivors to articulate their experiences fosters autonomy and encourages a sense of solidarity among participants, as observed in the research conducted.

It is clearly time to consider other approaches where alternative "trauma processing" services are provided. Formal primary healthcare services can become complicit in the abuse of power and the reproduction of oppression, and secondary victimisation. Despite the best intentions and 'care' of mental healthcare professionals, victims and survivors are often (re)traumatized.

While trauma treatment is a complex and difficult process, trauma therapy is still in its early stages. Research into how trauma affects the psyche is ongoing, and new therapies and interventions are being proposed as more information about trauma becomes available. Trauma specialist Judith Herman states, "the first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery" (1992, p. 133). Empowering the traumatized person to take an active role in treatment instils a sense of autonomy. The participants in this research were reportedly motivated and empowered by verbalising their own experiences and telling their own stories, in addition to gaining a sense of comradery by listening to the stories of others and gaining perspective regarding their experiences and feelings. The shared experience of telling and listening creates a space between the listener and the storyteller. Simms explains this space as simply being humans together (as cited in Simpkinson & Simpkinson, 1993, p. 8).

The imperative for decolonizing health services, especially concerning the processing of trauma related to gender-based violence in the Western Cape of South Africa, is underscored as essential for the healing and well-being of the impacted women. Recognizing the cultural nuances and embracing alternative, culturally sensitive methodologies can contribute significantly to more effective and inclusive mental health support in the aftermath of traumatic experiences.

Reflections on the methodology: decolonial research methods

This study adhered to essential principles pertinent to storytelling sister circles to ensure the effective facilitation of the groups. At the initiation of the storytelling sister circle, participants were explicitly informed of their right to express themselves freely, including the use of any characteristic language prevalent within the group. Throughout the storytelling sister circle sessions, participants consistently affirmed the group leaders statements and actively engaged in discussions highlighting shared experiences and commonalities within the group.

These deliberate strategies and considerations aimed to create a supportive and inclusive environment conducive to open expression and meaningful dialogue.

As is evident from the findings, participants in the storytelling sister circles enjoyed and valued sharing spaces with other survivors of violence. These one-of-a-kind spaces allowed them to express their frustrations, excitement, and overall experiences with others who could identify and understand. Participants in this study expressed how much they enjoyed and needed to be a part of the storytelling sister circle group process. The women participated in discussions that they rarely are permitted to have, by participating in the storytelling sister circle. They could discuss their accomplishments and challenges with women who could directly relate to them. In this respect the methodology deployed for the study was also the same framework of the circles themselves which added a further layer of comfort, transparency and rationality. The stories shared in relation to the research were contained within the safe space of the sister circle process. Although I as the researcher was there to observe, in the Zonnebloem and Hanover Park sister circles, I was with their regular group leader and known to many participants as a sister circle facilitator and Rape Crisis staff member. Regarding the Bo-Kaap group I was not known to anyone participating in the group. As such, my role in the research process was to simply be there, not direct the process, but allow it to unfold as it usually does.

In the current growing decolonial critique of and concern about the exploitative and extractivist nature of much research, such methodologies are models for engagements that resist such 'epistemologically violent politics of knowledge' (Shefer, 2021, p.1). Methodologies that work against centering the researcher while dehumanising the participants are ever important. Sister Circles are already decolonial participatory methodologies for healing and care. I have attempted to draw on this space to think with participants for contributing to scholarship towards decolonising support for women. I do however acknowledge that there are always possibilities that power relations may creep into the process and outcome of research so am deeply aware that this is my own work, that will support my own studies so I will endeavour to ensure the findings of the study are not only shared in academic circles but also fed back to the communities and participants towards affirming and bolstering community-based sister circles.

Contributions to literature

This thesis contributes to the interdisciplinary discourse on trauma, particularly focusing on the structural violence that perpetuates gendered, classed, and racialized oppression leading to trauma. Drawing on feminist, activist, psychology, and social work literature, the research underscores the systemic roots of violence and the need for alternative trauma processing services. The existing literature emphasizes the complicity of formal primary healthcare services in the perpetuation of power abuse, oppression, and secondary victimization, despite the compassionate intentions of mental healthcare professionals.

While trauma treatment remains complex and ongoing research explores its psychological impact, this thesis explores a unique avenue for trauma therapy – Storytelling Sister Circles. Judith Herman's (1992) assertion that the survivor should be the author and arbiter of their own recovery lays the foundation for a therapeutic approach centred on empowerment. The study aims to fill a gap in the literature by investigating the impact of sister circles, a method that provides survivors with agency and autonomy in their recovery process.

In concordance with Debra Kaminer and Gillian Eagle's perspectives on trauma intervention (2010, p. 154), a broader perspective is warranted in assisting trauma survivors. This entails transcending individual-focused treatments and embracing holistic strategies that leverage community support and resilience. The reconceptualization of trauma intervention as an interdisciplinary endeavour is proposed, involving not only mental health professionals but also non-governmental organizations in the community development sector, alongside contributions from state entities in education, security, justice, and social welfare.

The participants in this research, primarily victims of sexual assault and intimate partner violence, but not exclusively, expressed initial feelings of isolation and lack of support from conventional resources. Public mental health services were often deemed inaccessible due to financial constraints and cultural insensitivity, shame and social norms. Sister circles emerged as a transformative space that offered accessibility, cultural relevance, and safety, providing a platform for women to share their traumas within a supportive community.

The study draws on Kast's (1986) assertion that the knowledge of shared experiences and healing journeys is a source of comfort for survivors. Through the storytelling process within sister circles, participants found common ground in their struggles, alleviating feelings of

isolation and silencing. The collective experience of sharing stories fostered a sense of catharsis, empowering survivors to navigate their healing journey within a supportive community of the sister circle.

The research highlights the unique contribution of sister circles in the South African context, where historical legacies of structural, physical, and sexual violence persist. The decolonized and unorthodox approach of storytelling sister circles proves to be culturally resonant and positively received. While Western psychological treatments dominate existing research, this study champions the effectiveness of African-centric methodologies and overlapping participatory decolonial feminist ones in addressing the nuanced experiences of trauma.

In conclusion, storytelling sister circles emerge as indispensable forums for providing comfort, breaking silences, and fostering resilience among women dealing with traumatic experiences. The findings encourage a revaluation of trauma therapy approaches, emphasizing the importance of cultural relevance and survivor empowerment in the pursuit of holistic healing.

Implications for Practice and Policy

A critical gap exists in current mental health policy and psychosocial practice in contemporary South African health care systems and particularly in the context of high rates of GBV and violence in general. Drawing on feminist, activist, decolonial psychology, and social work literature the need to explore innovative approaches to trauma recovery need to be foregrounded in this context. Structural violence perpetuates gendered, classed, and racialized oppression, leading to trauma that often remains inadequately addressed within formal primary healthcare services. This research emphasizes the urgent need to consider alternative "trauma processing" services that prioritize survivor empowerment and community support.

In the preface of the book "The Gender of Psychology" (Shefer, Boonzaier & Kiguwa, 2006), the authors highlight the development of a substantial body of feminist psychology advocating for the reconstruction of a psychology that accurately represents women's experiences and appropriately responds to their challenges and needs. This feminist perspective emphasizes the recognition of the multiplicity of gender and its intersection with other subjectivities, including race, class, sexual preference, and more. The authors stress the importance of

drawing on feminist and qualitative methodologies to address issues of gender inequality traditionally overlooked by psychologists. They cite examples of such issues, including gender-based violence and coercive and inequitable practices in heterosexual relationships, both at a sexual and domestic level. Numerous feminist psychologists, as referenced by the authors (Bohan, 1992; Burman et al., 1996; Gergen, 2001; Gergen & Davis, 1997; Hare-Mustin & Maracek, 1990; Wilkinson, 1986; Wilkinson & Kitzinger, 1995), have made significant contributions to this critical discourse. Many feminist and critical psychologists have over many years challenged mainstream psychological research and practice, which persists in attempting to compartmentalize identities, under the belief that it can 'control' for gender, class, or 'race', and has failed to acknowledge "that 'race', class, gender, and other differences interact in ways that construct very different lived experiences" (Shefer, 1997, p. 85). Consequently, psychological realities for individuals are shaped by these complex entanglements of diverse identities and intersecting power relationships.

The systemic roots of violence and injustice, as outlined by Smith (2011), necessitate a revaluation of mental healthcare practices that may inadvertently perpetuate abuse of power and secondary victimization. Despite the well-intentioned efforts of mental healthcare professionals, victims and survivors frequently experience (re)traumatization within existing systems.

Judith Herman's (1992) assertion that the survivor should be the author and arbiter of their own recovery underscores the importance of empowering traumatized individuals to actively engage in their healing process. This research posits that trauma therapy, particularly within the context of South Africa, requires a paradigm shift toward more inclusive, culturally sensitive, and survivor-centric approaches.

The study has illuminated the transformative potential of storytelling sister circles, highlighting their role in motivating and empowering survivors to verbalize their experiences. The shared experience of storytelling creates a supportive space that bridges the gap between the storyteller and the listener, fostering a sense of camaraderie. The thesis argues that integrating such alternative methods into mental health policy and practice can significantly contribute to more effective and culturally relevant trauma recovery strategies.

The research findings underscore the inadequacy of public resources, particularly for victims of sexual assault and intimate partner violence, in terms of cultural sensitivity and accessibility. Sister circle groups emerge as essential forums providing accessibility, cultural appropriateness, and safety for survivors. This study suggests that the incorporation of Storytelling Sister Circles into mental health policy could enhance the support offered to trauma survivors, breaking silences and fostering a sense of catharsis.

As mental health policy and practice continue to evolve, this thesis advocates for a more holistic and survivor-centric approach that acknowledges the unique needs of trauma survivors, particularly in contexts marked by a history of structural, physical, and sexual violence. By embracing innovative and decolonized methods such as storytelling sister circles, South Africa's mental health landscape can better address the diverse and nuanced experiences of individuals dealing with trauma and gender-based violence.

Recommendations for further research

Given the limitations of this study, flagged in the methodology chapter, it is imperative to continue and expand research that investigates alternative forms of healthcare, particularly for women victims of GBV and in violent and impoverished communities.

In light of the constraints presented by the sample size and restricted geographic scope of my research, I advocate for a more inclusive approach in future research endeavours. This entails embracing a broader and more diverse participant pool, as well as extending the geographical reach of data collection efforts. The expansion of sample size holds promise in enhancing the generalizability and robustness of study findings, thereby facilitating a more comprehensive understanding of the benefits of storytelling sister circles. Furthermore, broadening the geographic scope of inquiry offers an avenue for exploring regional variations and cultural intricacies that may shape the research landscape. By embracing a larger and more heterogeneous sample cohort, future investigations are poised to yield richer and more nuanced insights, thereby advancing this research.

Further research into alternative trauma therapy methods, including but not limited to Art Therapy, Eye Movement Desensitization and Reprocessing (EMDR) and Somatic Experiencing, holds significant promise for advancing the field of trauma treatment and improving outcomes

for individuals affected by trauma. Continued research in alternative modalities could inform the development of more tailored and effective interventions, ultimately enhancing the quality of care and support available to trauma survivors.

Reflexive commentary

In reflecting on my personal lived experience as researcher, counsellor and facilitator of sister circles, the challenge of entirely setting aside pre-existing assumptions, interpretations, and individual experiences related to the topic became apparent. Despite this inherent challenge, I conscientiously endeavoured to approach the findings of this research with a reflexive perspective. Acknowledging the inherent subjectivity involved, the role of a researcher necessitates an awareness of one's own positionality and its potential impact on the interpretation of results. It underscores the importance of recognizing and considering the researcher's individual perspectives and biases in the process of interpreting research outcomes.

The researcher can try their best to remain fair to participants' narratives, rather than their own. With my background as a counsellor previously, that experience played a crucial role in being able to converse and understand the participants of the study. Therefore, to combat the challenges of my own situatedness, I took measures to ensure my thoughts and experiences did not reshape my reading of the data or at least acknowledged and worked through as I reflected on my responses to the material and participants through writing a regular research diary. However, I also took comfort from the consideration that feminist research acknowledges the central role of the researcher, rejects notions of researcher objectivity and rather works with reflexivity. Indeed, my role as a counsellor and activist for gender justice may be seen as a strength, rather than weakness or limitation. Further, notwithstanding the smallness of the study and my own situatedness, the study's findings could still be applicable and transferable (Creswell, 2014) to similar GBV victim populations and of relevance in other contexts of disadvantagement and general lack of support for women who have experienced GBV.

Concluding thoughts

This thesis builds on a substantial body of feminist, activist, psychology, and social work literature focused on forms of structural violence that facilitate the reproduction of gendered, classed, and racialized oppression and violence that manifests in trauma. As many have suggested, the work of theorizing and investigating how people come to be 'traumatized' invites consideration of the numerous structural and social factors. Violence and injustice have systemic roots (Smith, 2011).

Sister circle groups within the context of South Africa and its history with structural, physical, and sexual violence have proven their capacity to provide African women with the space to communicate and work through their traumas and experiences with GBV. While prevailing research predominantly emphasises a Western approach to psychological treatment, the unconventional and decolonized methodology of storytelling sister circles appears to garner positive reception within the South African context.

In summary, sister circles stand as distinctive forums, offering solace to participants as they share narratives of their lived experiences, particularly those related to traumatic or stressful events. This process facilitates the breaking of silences, encouraging individuals to discuss occurrences they may not have disclosed for an extended period or ever.

Within the specific context of South Africa, where structural, physical, and sexual violence have deep historical roots, sister circle groups offer a culturally resonant approach to processing trauma related to gender-based violence. Embracing these unconventional methodologies represents a step towards decolonizing mental health services, ensuring inclusivity and effectiveness in supporting impacted women.

This study has particularly argued for the adoption of sister circle groups as forums for sharing narratives and processing traumatic experiences demonstrates their potential to break silences and facilitate healing, particularly within communities affected by gender-based violence. Decolonizing health services and embracing culturally sensitive approaches are vital for addressing the unique needs of survivors and promoting their well-being in the aftermath of trauma.

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References

Ackerly, B., & True, J. (2008). Reflexivity in Practice: Power and Ethics in Feminist Research on International Relations. *International Studies Review*, *10*(4), 693–707. http://www.jstor.org/stable/25482017

Africa Portal. (2023). Violence Against Women in South Africa. Retrieved from https://africaportal.org/wp-content/uploads/2023/05/CSVR-Violence-Against-Women-in-SA.pdf.

[Accessed October 29, 2023].

Anderson, D., & Alpha, S. (2003). Recovering Trauma. ProQuest. AAI3096271. Available from: https://scholarworks.umass.edu/dissertations/AAI3096271,

[Accessed 29 August 2020].

Angless, T., & Shefer, T. (1995). Survivors of Woman Abuse: A Support Group Experience. *Social Work/MaatskaplikeWerk*, 31(4), 305-310

Arndt, S. (2002). Perspectives on African feminism: Defining and classifying African-feminist literatures. Agenda, 54, 31-44.

Baloyi, L. (2009). Psychology and psychotherapy redefined from the view point of the African experience. Unpublished Doctoral thesis. Adelaide: University of South Australia.

Barnes, T. (2007). Politics of the mind and body: gender and institutional culture in African Universities. *Feminist Africa*, 8, 8-25.

Becker, L. (2010). Working with Groups, 2nd edition. Cape Town, SA: Oxford University Press.

Berg, A. (2012). *Connecting with South Africa: Cultural communication and understanding.*College Station: Texas A&M University Press.

Beyene, A. S., Chojenta, C., Roba, H. S., & Melka, A. S. (2019). Gender-based violence among female youths in educational institutions of Sub-Saharan Africa: A systematic review and meta-analysis. Systematic Reviews, 8(1), 1-11. https://doi.org/10.1186/s13643-019-1027-2

Boonzaier, F., & Shefer, T. (2006). Gendered Research. In T. Shefer, F. Boonzaier, & P. Kiguwa (Eds.), *The Gender of Psychology* (pp. 3-11). Cape Town: UCT Press.

Borek, A. J., Abraham, C., Greaves, C. J., Gillison, F., Tarrant, M., Morgan-Trimmer, S., McCabe, R., & Smith, J. R. (2019). Identifying change processes in group-based health behaviour-change interventions: Development of the mechanisms of action in group-based interventions (MAGI) framework. *Health Psychology Review*, 13(3), 227–247. 10.1080/17437199.2019.1625282

Boylorn, R. M. (2008). Lived Experience. In L. M. Given (ed.) The Sage encyclopaedia of qualitative research methods (Vol. 2), Thousand Oaks: Sage.

Braun, V., & Clarke, V. (2006) Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.

Briere, J. N., & Elliott, D. M. (1994). Immediate and Long-Term Impacts of Child Sexual Abuse. *The Future of Children*, *4*(2), 54–69. https://doi.org/10.2307/1602523

Carolissen, R., Shefer, T., & Smit, E. (2015). A critical review of practices of inclusion and exclusion in the psychology curriculum in higher education. South Africa: PINS.

Casey, K. (1996). The new narrative research in education in Apple M. W. (Ed.), Review of Research in Education 1995-1996, 21st edition, Washington, DC: American Education Research Association.

Chioneso, N. A., Hunter, C. D., Gobin, R. L., McNeil Smith, S., Mendenhall, R., & Neville, H. A. (2020). Community Healing and Resistance Through Storytelling: A Framework to Address Racial Trauma in Africana Communities. *Journal of Black Psychology*, 46(2-3), 95-121. https://doi.org/10.1177/0095798420929468.

Commission for Gender Equality. (2011). Report on South Africa's Compliance with CEDAW Committee.

Cruwys, T., Dingle, G. A., Haslam, C., Haslam, S. A., Jetten, J., & Morton, T. A. (2013). Social group memberships protect against future depression, alleviate depression symptoms and prevent depression relapse. *Social Science & Medicine*, 98, 179–186. 10.1016/j.socscimed.2013.09.013

Czarniawska, B. (2004). Narratives in Social Science Research: Introducing Qualitative Methods. London: Sage Publications.

Dalton, J. H., Elias, M. J., & Wandersman, A. (2007). *Community psychology: Linking individuals and communities (2nd ed.)*. Belmont, CA: Thomson.

Dekel B., & Abrahams, N. (2021) 'I will rather be killed by corona than by him...': Experiences of abused women seeking shelter during South Africa's COVID-19 lockdown. *PLOS ONE*, 16(10): e0259275. https://doi.org/10.1371/journal.pone.0259275

Dunkle, K., Jewkes, R., Brown, H., McIntyre, J., Gray, G., & Harlow, S. (2003). Gender-Based Violence and HIV Infection among Pregnant Women in Soweto A Technical Report to the Australian Agency for International Development.

Edwards, S. D. (2000). Developing community psychology in Zululand, South Africa. In S. N. Madu, P. K. Baguna, & A. Pritz (Eds.), *Psychotherapy and African reality* (pp. 149–159). Sovenga, South Africa: UNIN Press.

Edwards, S. D. (2011). A psychology of indigenous healing in South Africa. *Journal of Psychology in Africa*, 21, 335–347.

Frank, A. W. (1995). *The Wounded Storyteller: Body, Illness and Ethics, 1st edition*. Chicago: University of Chicago Press.

Funstan, L. (2019). In the business of trauma: An intersectional-materialist feminist analysis of 'trauma-informed' women's refuges and crisis accommodation services in Sydney and Vancouver. University of Sydney.

Gender-based violence in South Africa [homepage on the Internet]. (2023). https://www.saferspaces.org.za/understand/entry/gender-based-violence-in-south-africa#Whatisgender-basedviolence?

[Accessed 6 Dec 2023]

Giorgio, G. (2009). Traumatic truths and the gift of telling. Qualitative Inquiry, 15(1), 149-167.

Goodman, L., Dutton, M. A., Weinfurt, K., & Cook, S. (2003). The Intimate Partner Violence Strategies Index: Development and application. *Violence Against Women*, 9, 163–186.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta analytic review. Psychotherapy: *Theory, Research, Practice, Training*, 43(4), 531-548.

Gqola, P.G. (2002). Coming out and being proudly threatening: Feminist activists and African academies. *Feminist Africa*, 1, 1-4.

Ggola, P. D. (2010). What Slavery Is to Me. Johannesburg: Wits University Press.

Ggola, P. D. (2016). Rape: A South African Nightmare. Cape Town: Melinda Ferguson Books.

Gqola, P. D (2021). *Female Fear Factory*. Johannesburg: Melinda Ferguson Books at NB Publishers.

Gumede, W. (2020). The Impact of Violence on Democracy: Why Is Post-Apartheid South Africa So Violent, and What Can We Do About It? Freedom Park Museum publication.

Gutlove, P., & Gordon, T. (2004). Psychosocial healing and post-conflict social reconstruction in the Former Yugoslavia. *Medicine, Conflict and Survival*, 20(2), 136-150. https://doi.org/10.1080/136236942000234726

[Accessed 24 August 2020].

Harber, B., & Lewis, S. (1997). An Overview of the Consequences of Violence and Trauma in South Africa [online research report]. Centre for the Study of Violence and Reconciliation.

Available from: https://www.csvr.org.za/publications/1778-an-overview-of-the-consequences-of-violence-and-trauma-in-south-africa

[Accessed 10 July 2020].

Herman, A. A., Steain, D. J., Seedat, S., Heeringa, S. G., Moomal, H., & Williams, D. R. (2009). The South African stress and health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South African Medical Journal*, 99(5, 2), 339-344.

Herman, J. (1992). Trauma and recovery. The Aftermath of Violence—from Domestic Abuse to Political Terror. New York, NY: Basic Books

Hinton, D. E., Hofmann, S. G., Rivera, E., Otto, M. W., & Pollack, M. H. (2011). Culturally adapted CBT (CA-CBT) for Latino women with treatment-resistant PTSD: A pilot study

comparing CA-CBT to applied muscle relaxation. *Behaviour Research and Therapy*, 49(4), 275-280.

Jacob, N., Neuner, F., Mädl, A., Schaal, S., & Elbert, T. (2014). Dissemination of psychotherapy for trauma-spectrum disorders in resource-poor countries: a randomized controlled trial in Rwanda. *Psychotherapy & Psychosomatics*, 83, 354–363.

Jewkes, R., & Abrahams, N. (2002). The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science and Medicine*, 55(7), pp. 1231-1244.

Jewkes, R. (2002). Intimate partner violence: Causes and prevention. *The Lancet*, 359, 1423-1429.

Jewkes, R., et al. (2010). Intimate Partner Violence, Relationship Power Inequity, and Incidence of HIV Infection in Young Women in South Africa: A Cohort Study. *Lancet*, 376, 41-8. DOI: 10.1016/S0140-6736(10)60548-X.

Kaminer, D., & Eagle, G. (2010). Traumatic Stress in South Africa. Wits University Press. Retrieved from http://www.jstor.org/stable/10.18772/22010105096

Kaminer, D., & Eagle, G. (2010) *Front Matter. In Traumatic Stress in South Africa* (pp. I-Vi). Johannesburg, South Africa: Wits University Press. Available from http://www.jstor.org/stable/10.18772/22010105096.1

[Accessed August 26, 2020].

Kaminer, D., Grimsrud, A., Myer, L., Stein, D.J., & Williams, D.R. (2008.) Risk for post-traumatic stress disorder associated with different forms of interpersonal violence in South Africa. Soc Sci Med. 2008;67(10):1589-1595. doi:10.1016/j.socscimed.2008.07.023

Kavanagh, A. F. (2010). Introduction to the special issue: women in/and storytelling. *Storytelling, Self, Society,* 6(2), 91-93.

Kiger, M.E., & Varpio, L. (2020): Thematic analysis of qualitative data: AMEE Guide No. 131, *Medical Teacher*, 42(8):846-854. DOI: 10.1080/0142159X.2020.1755030

King N. 2004. Using templates in the thematic analysis of text. In C. Cassell & G. Symon (Eds), *Essential guide to qualitative methods in organizational research* (pp. 257-270). London: Sage.

Kirmayer, L., Simpson, C., & Cargo, M. (2003) Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 11, (1), 15-23.

Klaasen, J. S. (2020). Narrative Pertaining Truth and Reconciliation. *Studia Historiae Ecclesiasticae*, 46(1), 1-12.

Klingspohn, D. (2018). The Importance of Culture in Addressing Domestic Violence for First Nation's Women. *Frontiers in Psychology*, Vol 9. DOI: 10.3389/fpsyg.2018.00872.

Lewis, D. (2003). Feminist studies in Africa: Review essay. Cape Town, South Africa: African Gender Institute

Lincoln, Y.S., & Guba E.G. (1985). Naturalistic inquiry. Newbury Park (CA): Sage

Machisa, M. T., Jina, R., Labuschagne, G., et al. (2023). Circumstances, policing, and attrition of multiple compared to single perpetrator rape cases within the South African criminal justice system. *Crime Science*, 12(1), 11. https://doi.org/10.1186/s40163-023-00191-6

Magome, K. (2006). Gender roles, gender-based violence and HIV/AIDS: An exploratory study in two communities of the Western Cape, South Africa. Journal of Social Aspects of HIV/AIDS Research Alliance, 3(3), 516–528.

Matthew, S., Abrahams, N., & Jewkes, R. (2013) Exploring Mental Health Adjustment of Children Post Sexual Assault in South Africa. *Journal of Child Sexual Abuse*, 22(6), 639-657. DOI: 10.1080/10538712.2013.811137

Maquibar, A., Estévez, I., Gómez-Durán, E. L., & Echeburúa, E. (2018). Women's perceptions of gender-based violence: Self-blame and fear of social rejection. Journal of Interpersonal Violence, 33(10), 1581–1602. https://doi.org/10.1177/0886260516631660

Mkhize, N. (2004). Psychology: An African perspective. In Ratele, K., Duncan, N., Hook, D., Mkhize, N., Kiguwa, P., & Collins, A. (Eds.), *Self, community and psychology* (pp. 4-1–4-29). Lansdowne, South Africa: University of Cape Town Press.

Mortensen, D. (2020, June 5). How to Do a Thematic Analysis of User Interviews. Interaction Design Foundation - IxDF. https://www.interaction-design.org/literature/article/how-to-do-a-thematic-analysis-of-user-interviews

[Accessed Dec 2022]

Muldoon, O. T., Haslam, S. A., Haslam, C., Cruwys, T., Kearns, M., & Jetten, J. (2019). The social psychology of responses to trauma: Social identity pathways associated with divergent traumatic responses. *European Review of Social Psychology*, 30(1), 311-348. DOI: 10.1080/10463283.2020.1711628.

Nabigon, H., Hagey, R., Webster, S., & Mackay, R. (1999) *The learning circle as a research method: the trickster and windigo in research, Native Social Work Journal*, vol. 2, no. 1, pp. 113-137.

Naidoo, A. V. (2000). Community psychology: Constructing community, reconstructing psychology in South Africa. Inaugural lecture Stellenbosch, South Africa: University of Stellenbosch.

Namy, et al. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*, 184, 40–48.

Neal-Barnett, A., Stadulis, R., Murray, M., Payne, M.R., Thomas, A., & Salley, B.B. (2011) Sister circles as a culturally relevant intervention for anxious African American women. *Clinical Psychology*, 18(3), 266–273.

Nelson, A. (2009) Storytelling and Transformational learning In Fisher-Yoshida, B., Geller, K. D. and Schapiro, S. (eds.), *Innovations in Transformative Learning: Space, Culture & the Arts* (pp. 207-223). New York: Peter Lang AG.

Ngcobo, H. S. B. (2002). Guidelines for multicultural counselling competencies with specific reference to the South African context. Unpublished Doctoral thesis. Richards Bay, South Africa: University of Zululand

Nicholson, B. L., & Kay, D. M. (1999). Group treatment of traumatized Cambodian women: A culture-specific approach. *Social Work*, 44, 470-480.

http://etd.uwc.ac.za/

Nicholson, T.J. (2019) Psychology in Society.

Osborn, S. (2018, September 7). South Africa murder rate: Police minister admits country resembles a warzone. Express. https://www.express.co.uk/news/world/1016518/south-africa-murder-rate-warzone-police-minister-crime-rate

Ozoemena, R. N. (2015) Crimes against women in South Africa: Is the justice system fair? In Verwoerd, M., & Lopes, C. (eds.), *Sexualised Violence in the National Debate* (pp. 47-53). Cape Town: Heinrich Boll Foundation.

Paranjape, A., & Kaslow, N. (2010). Family violence exposure and health outcomes among older African American women: Do spirituality and social support play protective roles? *Journal of Women's Health*, 19(10), 1899-1904.

Parry, B. (2020). Feminist research principles and practices. In Kramer, S., Laher, S., Fynn, A., & Janse van Vuuren, H. H. (Eds.), *Online Readings in Research Methods. Psychological Society of South Africa*. Johannesburg: Psyssa. https://doi.org/10.17605/OSF.IO/ BNPFS

Patil, V. (2013). From patriarchy to intersectionality: A transnational feminist assessment of how far we've really come. *Signs: Journal of Women in Culture and Society*, 38(4), 847–867.

Pillay, A. L., & Lockhat, M. R. (1997). Developing community mental health services for children in South Africa. *Social Science & Medicine*, 45, 1493–1501.

Pillay, Y. (2019) State of mental health and illness in South Africa. *South African Journal of Psychology*, 49(4), 463–466. Available from https://doi.org/10.1177/0081246319857527, [Accessed 28 July 2020].

Rachel Jewkes, Jonathan Levin, Loveday Penn-Kekana. (2002) Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science & Medicine*, 55(9) 1603-1617, ISSN 0277-9536.

Ramgoon, S., Dalasile, N. Q., Paruk, Z., & Patel, C. J. (2011). An exploratory study of trainee and registered psychologist's perceptions about indigenous healing systems. *South African Journal of Psychology*, 41, 90–100.

Rosen, M. (2017) A Feminist Perspective on the History of Women as Witches. *Dissenting Voices*, 6(1), Article 5. http://hdl.handle.net/20.500.12648/2749

http://etd.uwc.ac.za/

Russell D., & Harmes, R. (Eds.), (2001). *Femicide in global perspective*. New York: Teachers College Press.

Russo, A. (2002) Stories of Survival, Stories of Resistance. *Counterpoints*, *169*, 196-211. https://www.jstor.org/stable/42977484?seq=1.

SADAG/Cassey Chambers: https://www.sacap.edu.za/blog/management-leadership/mental-health-south-africa/

[Accessed Sept 2019]

Safer Spaces. (n.d.). Gender-based violence in South Africa. https://www.saferspaces.org.za/understand/entry/gender-based-violence-in-south-africa. [Accessed 14 December 2023]

Safer Spaces (n.d) . Gender Based violence in South Africa

https://www.saferspaces.org.za/understand/entry/gender-based-violence-in-south-africa (Accessed 5 January 2024)

Sanyal, M. (2019) Rape: From Lucretia to #MeToo, 1st edition, London: New Left Books.

Schauer, M. (2008). Counseling for trauma patients: A manual for experts. Unpublished manual. Neuner, F., Schauer, M., Klaschik, C., Karunakara, U., & Elbert, T. (2008b). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. Journal of Consulting and Clinical Psychology, 76(4), 686–695. doi:10.1037/0022-006X.76.4.686

Schauer, M. (2015) Narrative Exposure Therapy. 10.1016/B978-0-08-097086-8.21058-1.

Schnyder, U., Bryant, R.A., Ehlers, A., Foa, E.B., Hasan, A., Mwiti, G., Kristensen, C.H., Neuner, F., Oe, M., & Yule, W. (2016). Culture-sensitive psychotraumatology. *Eur J Psychotraumatol* 2016 Jul 28;7:31179doi: 10.3402/ejpt.v7.31179

Schultz, K., Cattaneo, L., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. (2016). Key roles of community connectedness in healing from trauma. Psychology of Violence. 6, 42-48. 10.1037/vio0000025.

Shefer, T., & Hearn, J. (2022). Knowledge, Power and Young Sexualities: A Transnational Feminist Engagement. 10.4324/9781003056010.

Shefer, T. (2021) 'Troubling' politics of research on young sexual practices in South African contexts. *Feminist Encounters: A Journal of Critical Studies in Culture and Politics*, 5(1), 11. https://doi.org/10.20897/femenc/9748 *

Shefer, T., Boonzaier, F., & Kiguwa, P. (2006). Preface. In Shefer, T., Boonzaier, F. & Kiguwa, P. *The Gender of Psychology* (x-xv). Cape Town: UCT Press.

Smith, T. B., Rodríguez, M. D., & Bernal, G. (2011). Culture. Journal of Clinical Psychology, 67(2), 166-175.

Sodi, T., & Bojuwoye, O. (2011). Cultural embeddedness of health, illness and healing: Prospects for integrating indigenous and western healing practices. Journal of Psychology in Africa, 21, 349–356.

Sokoloff, N. J., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender. Violence against Women, 11(1), 38–64.

Sotshangane, N. (2002). What impact globalization has on cultural diversity. Turkish Journal of International Relations, 1, 214–231.

Spivak, G.C. (1988) Can the subaltern speak?', Die Philosophin, 14(27), pp: 42-58.

Strebel, A., Crawford, M., Shefer, T., Henda, N., Cloete, A., Simbayi, L., Kalichman, S., &

Van Zyl, M. (2005) Escaping Heteronormative Bondage: sexuality in citizenship, In Gouws, A. (ed.) (Un)Thinking Citizenship: Feminist Debates in Contemporary South Africa. Cape Town: Juta.

Vogelman, L., & Simpson, G. (1990) Current Violence in South Africa. *Sunday Star Review*, 17 June 1990.

White, M. (2007) Maps of narrative practice. W W Norton & Co.

Widyono, B. (2009). Justice for Cambodia.

http://etd.uwc.ac.za/

Wilkinson, S. J., & Morton, P. (2007). The emerging importance of feminist research paradigms in built environment research. Structural Survey, 25(5), 408-417. Doi:10.1108/02630800710838446

Williams, H.M., & Erlank, E.C. (2019) Traumatic incident reduction: A suitable technique for South African social work practice settings', *Health SA Gesondheid* 24.

Williams, S. L., Williams, D. R., Stein, D. J., Seedat, S., Jackson, P. B., & Moomal, H. 2007. 'Multiple traumatic events and psychological distress: The South Africa Stress and Health Study.' Journal of Traumatic Stress, 20(5): 845–55.

Wood, K., Lambert, H., & Jewkes, R. (2008). "Injuries are Beyond Love": Physical Violence in Young South Africans' Sexual Relationships. Medical Anthropology, 27(1), 43-69. https://doi.org/10.1080/01459740701831427

World Health Organization. (n.d.). Intimate partner violence. Retrieved November 23, 2023, from https://apps.who.int/violence-info/intimate-partner-violence/#:~:text=Intimate%20partner%20violence%20refers%20to,psychological%20abuse%20and%20controlling%20behaviours.

Yduk, O., & Kross, E. (2010). From a distance: Implications of spontaneous self-distancing for adaptive self-reflection. Journal of Personality and Social Psychology, 98, 809–829. doi:10.1037/a0019205

Young, S. (2004). Narrative and Healing in the Hearings of the South African Truth and Reconciliation

Commission. *Biography 27*(1),

145162. https://doi.org/10.1353/bio.2004.0041.

Dunkle, K., Jewkes, R., Brown, H., McIntyre, J., Gray, G., & Harlow, S. (June 2003) Gender-Based Violence and HIV Infection among Pregnant Women in Soweto A Technical Report to the Australian Agency for International Development

https://sahivsoc.org/Files/Rachel%20Jewkes%20-

%20Gender%20based%20violence%20and%20HIV%20(26%20Nov,%2010h30).pdf

[Accessed 28 December 2022]