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## Cold Intimate Partner Violence: Lived Experiences of South African Victims

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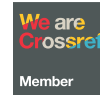
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Original Article

## Cold Intimate Partner Violence: Lived Experiences of South African Victims

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**Abstract.** In South Africa, Cold Intimate Partner Violence (CIPV), which involves emotional neglect and abuse, psychological manipulation, passive-aggressive behaviours and financial mistreatment, is under-researched. The significant impact of this phenomenon on survivors' emotional and social well-being remains poorly understood due to a lack of examination of victims' lived experiences, especially from a rural perspective. This qualitative study, grounded in social constructivism paradigm and a single case study design, investigated the lived experiences of victims of cold violence in intimate relationships. The study was conducted at the rural Bapong Crisis Centre (BCC) in Bapong Village, North-West Province, South Africa. The specific objectives included: (a) to explore the lived experiences of victims of CIPV utilising counselling services in BCC, (b) to establish the emotional and psychological effects of CIPV on the victims, and (c) to ascertain the measures and support systems that can effectively aid and enhance the well-being of CIPV victims. Data were generated through individual face-to-face semi-structured interviews from 9 participants who were purposively selected and inductively analysed through reflexive thematic analysis (RTA). The analysis revealed various main themes and subthemes. The main themes included (a) pervasiveness and manifestations of cold violence in intimate relationships, (b) emotional and psychological effects, and (c) measures and support systems. The subthemes included (a) insults, confusion and manipulation and (b) managing victims' access to possessions. The findings revealed that cold violence is a common occurrence in intimate relationships and manifests in various ways. Additionally, the research revealed detrimental emotional and psychological effects stemming from cold violence within intimate partnerships. The results underscore the need for tailored support and intervention approaches for victims of CIPV in rural areas. However, to achieve a more nuanced understanding, more studies are needed within this research niche to refine and guide the development of targeted, context-specific interventions, strategies, and/or guidelines, especially in countries with high levels of IPV such as South Africa.

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**Keywords:** Cold intimate partner violence, emotional abuse, victim, lived experiences, qualitative, South Africa

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### Introduction

Cold violence, alternatively referred to as emotional abuse, is characterised by non-physical abuse like emotional neglect, psychological manipulation, financial mistreatment and passive-aggressive behaviours (Zhou et al., 2024). It is increasingly recognised as a major global concern. Evidence suggests that the increase in cold violence may be due to a tapestry of factors,

including societal shifts and the rise of digital communication, which have facilitated covert forms of abuse such as gaslighting and emotional isolation (United Nations, n.d.). In Africa, traditional values and economic hardship frequently worsen the common occurrence of cold violence due to limited open communication and emotional expression, which encourages emotional neglect (Gilpin, 2019). South Africa confronts distinct difficulties stemming from inequality, joblessness, and Apartheid's trauma, resulting in emotionally detached and manipulative relationships (The Conversation, 2020).

For the context of this study, cold violence is described as behaviours such as coldness, neglect, indulging and estrangement shown by individuals who are in intimate relationships towards their partners (Liu & Zhang, 2016, p. 596). Interpersonal violence affects millions of individuals worldwide, with many enduring non-lethal forms (World Health Organization [WHO], n.d.). The WHO (n.d.) reports that interpersonal violence causes long-term health problems and premature death, especially among women and children, and it continues to affect millions globally each year, representing a significant ongoing burden (Zhou et al., 2024). Africa experiences a high prevalence of cold violence, which is frequently worsened by armed conflict and political instability in the region (Herre, 2024). Since 1989, the African continent has seen a significant number of deaths due to conflict, exceeding half of the global total. The result has been widespread trauma and psychological violence among affected populations (Herre, 2024). In addition, socio-economic issues and cultural beliefs aggravate the common occurrence of IPV and other types of hidden abuse, such as CIPV (Statista, 2024).

South Africa has a serious problem of cold violence, including many reported cases of domestic abuse and other non-physical abuse (Statista, 2024). For instance, in the 2022/2023 financial year, South Africa experienced 1.8 million reported serious and violent crimes, a 7.7% increase from the previous year (South African Police Services [SAPS], 2023). This encompasses various contact crimes frequently involving cold violence, including emotional and psychological abuse. The country's socio-economic struggles and high crime contribute to the pervasiveness of cold violence as socioeconomic disparities breeds fertile ground for abuse (Statista, 2024). In Africa and South Africa in particular, socio-economic factors, cultural norms, and political instability worsen the already prevalent problem of cold violence (Herre, 2024). Therefore, reducing cold violence particularly in intimate relationships within the African and specifically South African context, requires a multifaceted response involving policy adjustments, community backing, and intensified awareness campaigns. It is evident from the above-provided background that cold violence is rapidly becoming a public health concern with Africa and, specifically, South Africa, disproportionately affected. As such, the underreporting of this phenomenon, despite its severe impact on victims' mental and social well-being, necessitates targeted research and interventions.

### **Cold violence within the context of IPV**

The insidious nature of cold violence in intimate relationships, involving emotional, psychological, and financial abuse, causes significant harm (Mthembu et al., 2021). Though often eclipsed by physical abuse, its effects on victims are profound, leading to mental health issues and diminished self-worth (Joyner et al., 2015). Studies in South Africa reveal a startlingly high prevalence of intimate partner violence (IPV), impacting nearly 57% of young adults by age 28 (Kagura et al., n.d.). Tackling cold violence is crucial for disrupting the cycle of abuse and assisting survivors.

### **How to recognise cold violence in intimate relationships**

Cold violence in intimate relationships can manifest in various ways (Liu & Zhang, 2016). According to Adeboye (2018), this can appear as anger, criticism of the victim's friends, emotional distance, controlling behaviour, insults, disinterest, manipulation, refusal to

compromise, possessiveness, threats, or other behaviours. A detailed explanation of the behaviours listed is provided below.

**Anger:** cold violence from a perpetrator might be shown through anger outbursts. Anger outbursts are sudden, powerful expressions of frustration that may include yelling, swearing, damaging property, or being verbally or even physically abusive (Acland & Cavanagh, 2023). Feelings of anger often indicate irritation or annoyance.

**Criticising the victim's acquaintances:** unfair criticism of victims and their associates is a common tactic used by perpetrators of cold violence in intimate relationships (Nee, 2024). Sanders and Jenkins (2024) report that abusers frequently criticize their victims' friends to isolate them and assert dominance, as this is a common abusive tactic involving trauma bonding, manipulation, gaslighting, and emotional distress. Cengic (2020) concurs and states that to cultivate dependency and weaken the victim's support system, perpetrators criticise the victim's loved ones as well. The victim of such manipulation may experience increased self-doubt, feelings of unworthiness, and isolation.

**Distant:** this means the perpetrator is emotionally unavailable or keeps their distance from the victim (Sturmeay, 2022). Therefore, in the CIPV context, "distant" describes emotional detachment or psychological remoteness, often stemming from the desire to inflict emotional suffering.

**Domineering:** within the context of CIPV, domineering is demonstrated by perpetrators using intimidation and control to manipulate intimate partners to achieve their goals (Roche et al., 2020). The perpetrator displays a bossy, authoritarian behavioural style with the intention to inflict emotional harm.

**Insulting:** in the context of CIPV, insulting involves the perpetrator verbally abusing the victim (Diani et al., 2022). Insults, in some cases are delivered calmly and calculatedly without obvious displays of anger or emotion. The deceptiveness of insults lies in their lack of physical evidence despite their severe psychological effects. In other cases, insults are used by perpetrators to terrorize and control dependent victims. CIPV, without direct insults, can involve the use of humiliating comments or indirect cruel jokes.

**Disinterest:** perpetrators may display CIPV by showing minimal concern for the victim's well-being or feelings (Procentese et al., 2020). This lack of interest includes intentionally withdrawing communication and affection to control and punish their partner. In this case, the coldness inflicts as much mental health damage as physical or sexual violence, affecting the victim's well-being.

**Manipulation:** emotionally abusive perpetrators, according to Reeves (2020), often display manipulative behaviour. They commonly use manipulative strategies to control and influence their victims, often in a cold and uncaring manner. Manipulation can involve gaslighting—making the victim question their sanity and perceptions—alongside coercion, scapegoating, and altered sense of reality.

**Refusal to compromise:** perpetrators of CIPV employing this method demonstrate inflexibility, prioritising their desires and refusing to compromise, regardless of the impact on their intimate partner (King, 2024). In this scenario, the abusive partner, who is cold, rejects all attempts at compromise or negotiation, frequently employing emotional manipulation or abuse. Abusers might use anger, criticism, possessiveness, threats, and a lack of empathy to force their way.

**Possessiveness:** perpetrators of CIPV may be excessively possessive, demonstrating a strong desire to be totally in charge of their victims (Badenes-Sastre et al., 2024). Possessive tendencies in cold violence often manifest as controlling behaviour, jealousy, and an unwillingness to share or even lend possessions. This can also involve preventing a victim from using their belongings or feeling angry when they interact with others.

**Threats:** victim threats are a common occurrence in abusive situations, especially within the context of CIPV (Yim et al., 2024). CIPV threats include various forms of coercion and intimidation that can appear in various places, for example, personal relationships. These actions might include threats of harm, abandonment or suicide. It is vital for partners to seek help when they recognise these behaviours in their intimate relationship. Seeking support from a trusted friend, family member, or professional counsellor can provide insight and strategies for dealing with such an abuse. It is important that victims of cold IPV are conscientised to the long-term health effects of such an abuse.

### Psychosocial effects of CIPV

CIPV has significant and extensive psychosocial consequences (Shen et al., 2024). Victims frequently suffer from long-term stress, anxiety, depression, and post-traumatic stress disorder [PTSD] (Dokkedahl et al., 2019). The persistent emotional abuse can severely damage self-esteem, resulting in feelings of worthlessness and helplessness (Shen et al., 2024). Socially, abusers' controlling actions can isolate victims from their support systems, worsening their mental health. In effect, CIPV's accumulated effects can cause future mental health problems and struggles with healthy relationships (Shen et al., 2024).

The influence of CIPV in South Africa must be viewed within the context of the country's sociopolitical past. South Africa's Apartheid regime forced Black, Coloured and Indian people into secluded areas through discriminatory laws like the 1913 Land Act and Segregation Act, which barred them from owning or renting land in white-designated zones. The outcome was stark economic imbalance, confining Black people to neglected, rural regions plagued by social ills – a reality that still exists in some areas to date. Therefore, the substantial presence of CIPV in rural South Africa, along with its unique challenges, is not unexpected, given the circumstances. The scarcity of resources and isolation in these regions hinder victims' ability to escape abuse or seek assistance (Gillis, 2024). In addition, cultural norms and the stigma surrounding CIPV may discourage victims from reporting abuse or accessing support. The shortage of mental health and legal support exacerbates the issue, leaving victims without the resources for recovery and rebuilding (Gillis, 2024). These factors maintain the ongoing issue of CIPV in rural areas, making it especially problematic. The researchers undertook this study to gain unique and valuable insights into the lived experiences of CIPV among victims in rural South Africa for the reasons stated above.

### Purpose of the Study

#### Study Aim

The study aimed to explore the lived experiences of victims of CIPV using counselling services in the Bapong Crisis Centre (BCC) in the North West province, South Africa.

#### Overarching Research Question

What are the lived experiences of victims of cold IPV utilising counselling services in BCC?

## Objectives

- To explore the lived experiences of victims of CIPV utilising counselling services in BCC.
- To establish the emotional and psychological effects of CIPV on the victims.
- To ascertain the measures and support systems that can effectively aid and enhance the well-being of CIPV victims.

## Method

### Study Design

The study was qualitative, grounded in social constructivism research paradigm and a single case study design. By adopting a social constructivist approach, the researchers gained a deep understanding of the participants' perspectives (Bobbink et al., 2024). As the paradigm stresses the role of social interaction and shared experiences in shaping knowledge and meaning; both the participants and the researchers were actively involved in a dynamic process of creating shared understanding, whereby participants' experiences and insights were observed and then co-constructed through shared conversations and interpretations. This facilitated a more comprehensive data gathering process, providing richer insights into the participants' viewpoints. In the same context, the researchers opted for the qualitative approach, and it assisted in examining the real-world issues affecting victims of CIPV (Bhandari, 2023; Korstjens & Moser, 2018). Specifically, the approach enabled researchers to more thoroughly understand the multifaceted and intricate experiences of individuals affected by CIPV. In a similar vein, researchers used a single case study to gain an in-depth knowledge of CIPV victims' experiences.

### Study Setting(s)

The Bapong Crisis Centre (BCC), a counselling unit within the Bapong Community Health Clinic (Bapong CHC), served as the study location. This centre assists clients facing a range of health, social, and other difficulties, including IPV. Located in Bapong village, South Africa, Bapong CHC is a health facility within the Madibeng subdistrict of the Bojanala district, North-West Province, serving approximately 40,000 people (Statistics South Africa [Stats SA], 2022). Due to its rural setting, this area in the North-West province was chosen because it offered a unique opportunity to uncover rural-specific insights into CIPV.

### Participants

Nine (9) victims who experienced cold IPV in their intimate relationships were interviewed to generate the data. They were 6 females and 3 males. The youngest participant was 24, and the oldest was 61. Five (5) participants were married, and 4 were cohabiting. Two (2) participants were employed, and 7 were unemployed. In terms of education, the participants' ranged from Grade 10 to a diploma. In terms of ethnic group, there were 3 Batswana, 1 Tsonga, 1 Shona, 1 Coloured, and 2 Sotho individuals, while another participant opted not to reveal their ethnicity. All participants were South African citizens (by birth or marriage) and lived in the Bapong village of South Africa's North-West province. CIPV endurance ranged from a minimum of 5 months to a maximum of 14 years. Below is the demographic information for the 9 participants who took part in the study. To protect participants' privacy, integrity, confidentiality and anonymity, real names are not used instead, the participants are denoted with pseudonyms as participant 1,2,3 and so forth.

**Table 1.** Demographic Information of Participants.

| Pseudonym     | Gender | Age | Marital Status | Occupation | Education | Ethnic Group | Country of Residence | Duration of IPV Endurance |
|---------------|--------|-----|----------------|------------|-----------|--------------|----------------------|---------------------------|
| Participant 1 | F      | 43  | Married        | Unempl.    | Grade 10  | Tsw          | RSA                  | 4½ years                  |
| Participant 2 | F      | 35  | Married        | Employed   | Grade 12  | Tsonga       | RSA                  | 5 months                  |
| Participant 3 | F      | 31  | Cohabit        | Unempl.    | Grade 11  | Coloured     | RSA                  | 4 years                   |
| Participant 4 | F      | 24  | Cohabit        | Unempl.    | Grade 12  | Black*       | RSA                  | 9 months                  |
| Participant 5 | M      | 44  | Married        | Unempl.    | Diploma   | Tsw          | RSA                  | 2- 3 years                |
| Participant 6 | F      | 25  | Cohabit        | Employed   | Grade 12  | Sotho        | RSA                  | 4 years                   |
| Participant 7 | F      | 43  | Cohabit        | Unempl.    | Grade 12  | Sotho        | RSA                  | 7 years                   |
| Participant 8 | M      | 61  | Married        | Unempl.    | Grade 10  | Shona        | RSA                  | 14 years                  |
| Participant 9 | M      | 39  | Married        | Unempl.    | Diploma   | Tsw          | RSA                  | 13 years                  |

**Key:** \* = unwilling to specify their ethnic group; RSA= Republic of South Africa; Tsw = Motswana; Unempl. = unemployed; Colour = Coloured; F = Female; M = Male

### Sampling Procedures

This study's population consisted of CIPV victims utilising counselling services at the Bapong Village BCC, North-West Province, South Africa. The sample was purposively selected, and the sample size was determined using the principle of saturation. Saturation refers to “the point at which no new data or themes are emerging from the data set, which indicates that the data have been fully explored” (Naeem et al., 2024, p. 1). Saturation in this study was reached at the 9<sup>th</sup> participant. Purposive sampling is a non-probability technique where researchers select participants based on their desired traits for the research (Ames et al., 2019). The study required participants to meet specific inclusion criteria, which included inter alia being a victim of CIPV of any gender or sexuality (although the study was open to individuals of any gender or sexuality, only individuals who identify as heterosexual participated), utilising counselling services at BCC, being 18 years or older, being able to consent and having a basic understanding of Setswana or English languages.

### Materials, Apparatus and Procedures

Data were generated through individual face-to-face semi-structured interviews, using an interview schedule to maintain focus while allowing for flexible, in-depth conversations. The interview guide was designed by the researchers to explore the lived experiences of victims of CIPV. The guide was piloted with two CIPV victims outside the study sample to confirm its effectiveness in gathering the necessary information. This helped the researchers to refine the open-ended questions and ensure that they are more precise. The questions in the guide included among other: 1) *May you kindly share with me your experience of the CIPV that you endured?* (this question was followed up with a probe for those participants who did not understand, and the probe was: *may you kindly share with me in detail how it was like to experience CIPV?*). The interviews were conducted in a private office at the BCC. Each interview session was between 30–45 minutes long. Ethical standards (confidentiality, anonymity, voluntary

participation, beneficence and non-maleficence, autonomy, integrity, respect, confidentiality, anonymity and privacy) were maintained throughout the data collection process. Before the study was conducted written consent was sought from each participant and oral consent was also sought to record the interviews.

### Data Analysis

Data were inductively analysed using reflexive thematic analysis (RTA). The six phases of RTA adapted, as outlined by Campbell et al. (2021), are (1) familiarizing oneself with the data, (2) generating codes, (3) constructing themes, (4) reviewing potential themes, (5) defining and naming themes, and (6) producing the report. Initially, the researchers transcribed the data, reading and re-reading it repeatedly to familiarize themselves with it and identify initial patterns. The second phase involved the researchers coding the data, focusing on interesting features potentially relevant to the research question. The entire dataset was coded and all the codes as well as relevant excerpts, were collated together for analysis. In the third phase, the researchers examined the coded data to discover overarching patterns or initial themes. The data for each theme was then collated. Phase four involved verifying candidate themes against the dataset; ensuring a compelling narrative that directly addresses the research question. Themes were refined, and as a result, others were combined, split or totally discarded. Phase five involved creating a detailed breakdown of all themes, specifying their focus and scope. Each theme was given a descriptive name. The final phase involved synthesis of the analytical narrative and data extracts in relation to existing literature into a unified and non-redundant analysis.

### Trustworthiness/Rigour

Trustworthiness/rigour was ensured by adopting four canons: credibility, dependability, confirmability, and transferability (Nowell et al., 2017). To ensure trustworthiness, the researchers used several strategies, which included audit trials, the use of relevant methods, member checking, thick descriptions, peer review, prolonged engagement, bracketing, field notes, and reflexivity.

### Ethical Considerations

The University of South Africa's College of Human Sciences Research Ethics Committee (CREC) approved this study with ethics reference number #51020661\_CRECHS\_2023. The study adhered to all relevant ethical principles, including beneficence and non-maleficence, autonomy, integrity, respect, confidentiality, anonymity, voluntary participation, privacy, and informed consent.

### Results

Findings in the form of themes and subthemes presented in this section emerged from the inductive data analysis process. The participant responses are presented verbatim to validate the themes and subthemes, offering readers an authentic and unfiltered sense of the participants' expressions. Consequently, the excerpts include grammatical errors. To preserve participant privacy, confidentiality, and anonymity, pseudonyms are used rather than real names. Participants are therefore sequentially identified as participant 1, 2, 3, and so forth. The themes and subthemes are presented first in a table format.

**Table 1.** Emergent Themes and Subthemes.

| Main themes  | Subthemes  |
|--|--|
| Theme 1: Pervasiveness and manifestations of cold violence in intimate relationships | Subtheme 1.1: Insults, confusion and manipulation<br>Subtheme 1.2: Managing victims' access to possessions |
| Theme 2: Emotional and psychological effects   |  |
| Theme 3: Measures and support systems  |  |

### Theme 1: Pervasiveness and manifestations of cold violence in intimate relationships

This theme arose from the participants' perspectives, highlighting the manifestations and pervasiveness of cold violence in intimate relationships. It is evident from the participants' expressions that the abuser's aim is to inflict emotional harm on the victim. The latter is illustrated in the verbatim extract from the response of participant 1 (Female, 43 years) who illuminated *"the forms of IPV that I experienced are physical, verbal and even cold. . . On cold, he can be silent for very long, for five days and even stretch the silence even close to about two weeks. . . When he shows anger, I give him time to calm down before I approach him. However, he would still not want to talk"*. Similar sentiments were echoed by participant 4 (Female, 24 years) who expressed *"... Sometimes when I talk to him, he just keeps quiet. He just gets angry and leave me. He deliberately hurts my feeling"*. Along the same lines, participant 5 (Male, 44 years) response illustrated that coldness was used to stop him from asking his intimate partner about her whereabouts. He illuminated *"...the silence is her passage to block me from asking and stopping her from going, even though she knows I cannot stop her when she has decided"*. Participant 6 (Female, 25 years) expressed how the cold violence she experienced in her intimate relationship affected her mentally and changed her perception of men. The following direct quote from the participant illustrates their view *"...the silent treatment, it has affected me mentally. Even when a male person talks to me, even when the person is joking, it reminds me of the abuse I endured."* In some cases, cold violence was used by the abusers when they were planning to do malice and did not want to be questioned nor held accountable for their actions. A verbatim excerpt from Participant 9 (Male, 39 years) clearly illustrates this *"When she plans mischief, she hits me with silence, and answering with 'yes', 'no', 'I don't know' even when I know that she knows, or 'I forgot'. She likes to keep quiet..."*

#### Subtheme 1.1: Insults, confusion and manipulation

This subtheme arose from the participant accounts showing how insults were used to confuse, manipulate, and sustain cold IPV. Participant 3, a 31-year-old female verbatim response described the situation *"When I try to leave, he carries my stuff back and threatens me, forces [manipulate] me to return to his house and insults me."* Cold IPV's emotional effects are amplified through insults and degrading language, eroding the victim's self-esteem and causing increased mental distress.

#### Subtheme 1.2: Managing victims access to possessions

This subtheme arose from some participants' accounts detailing how abusers exert control through manipulating access to possessions, sometimes entirely denying victims their belongings. The assertion is supported by a 24-year-old female participant (Participant 4) who stated verbatim *"...the way he treats me, such as refusing me to have access to my belongings and his belongings."* It is evident that the abuser wants to inflict emotional pain on the victim

while preserving the existing power imbalance. Abusers limit victims' access to information and personal autonomy to maintain control, fostering isolation, feelings of self-doubt, hopelessness, and powerlessness.

## Theme 2: Emotional and psychological effects

The theme emerged from some participants' expressions regarding how cold violence in their intimate relationships negatively affected their emotional and psychological well-being. The effects were incredibly far-reaching. The verbatim extract from participant 1, a 43-year-old female, captures the latter "It affected me immensely...It was emotionally painful...". Participant 9, a 39-year-old male, echoed similar sentiments and stated, "I am emotionally drained...I have suffered emotionally". Similarly, participant 3, a 31-year-old female, expressed the same view and illuminated, "It affected me emotionally; I even got more forgetful without realising". Comparably, participant 4, a 24-year-old female concurred, "He touches [hurts] my emotions so bad". Participant 7, a 43-year-old female, agreed and stated, "You know, it is not nice, it is painful, I am emotionally hurt." In the same vein, participant 6, a 25-year-old female, also expressed the same view "He can do it physically, emotionally, mine was mostly emotionally". Additionally, participant 2, a 35-year-old female, also concurred with other participants and stated, "...thinking about it makes me emotional, very . . . [sad]... it caused me depression, anxiety, mental stress and I am always indoors as I try to cope, but I still feel hurt...eish! I am always having anxiety, depression and difficulty breathing at times, its bad!". For some participants, the impact was so significant that it led them to engage in unhealthy coping mechanisms, such as smoking. Participant 7, a 43-year-old female verbatim response, illuminated this "You know, it is not nice, it is painful, I am emotionally hurt. I was not smoking, now I smoke a lot because I live with a headache. I live with pain".

## Theme 3: Measures and support systems

This theme emerged from the participants' expressions regarding measures and support systems which they think can aid them and enhance their psychological well-being. Participant 1, a 43-year-old female, reported that she would appreciate more information on how to receive help in abusive relationships. The participant illuminated, "I still want more information on receiving help in an abusive relationship, and to make claim for my husband's support. I know, a bit, but would still require more information. I have been made aware that if we have been together for six or more months, I could take steps. I heard from radio that I can make a claim of maintenance. I want more information on abusive relationships". Participant 2, a 35-year-old female, concurred and expressed that although she knows some of the rights, they might have changed, and she would like more information to be up to date. The participant views are captured in the following verbatim extract, "I think I know the rights, but maybe they may have changed, so it will be good to know the new ways". Participant 3, a 31-year-old female echoed similar sentiments and conveyed, "Maybe they [rights] may have changed so it will be good to know the new ways. Maybe it can help that I am taken through the rights again. Maybe I can use them this time." Similarly, participant 4, a 24-year-old female, highlighted the significance of being fully equipped with the necessary information which can be empowering. The participant expressed, "Ya', I need to be fully equipped with all the necessary information". Similarly, participant 7, a 43-year-old female, indicated that she has knowledge regarding her rights and what she would hope to see are helpful changes. The participant reported, "Learning and seeing any changes in what I know may be helpful." Comparably, participant 8, a 61-year-old male who is a South African by marriage, emphasised that he does not only want more information about victims' rights but he would like to know specifically which ones he has and how he can use them as his wife always threatens him that the rights are hers and not his as he is not a South African by birth. The participants expressed the following sentiments "I do need

that information, to understand how I can use these rights as she has said the rights are hers not mine as a foreigner. Ya, maybe I can learn more, so Yes!". Participant 6, a 25-year-old female, who is originally from Zimbabwe and also a South African by marriage agreed and conveyed, "I want to know if I do have rights, as a Zimbabwean, then find out which ones I have". Participant 5, a 44-year-old male who was born in South Africa, echoed similar sentiments and illuminated, "I want to know . . . how to access these rights. I do need that information to understand how I can use these rights. It is good to have information".

## Discussion

The study discovered that cold IPV is pervasive and manifest in various ways in intimate relationships, yet this rarely receives attention, and it is also hardly a focus of research, particularly in rural areas. It was evident from the participants' responses that the aim of cold violence in intimate relationships is to inflict emotional harm on the victims as well as to deliberately hurt their feelings. The study also established that in some instances, cold violence in a form of silence was used by the abuser to stop the victim from asking about their whereabouts demonstrating the power imbalance and censorship to maintain dominance and control. This affirms the assertion by [Fuchs \(2024\)](#) who illuminated that silence is a prevalent tactic in CIPV. In effect, silence functions as a means of emotional withdrawal, intending to punish the victim and establish control. The frequent use of silence also aligns with findings of the study by [Neustifter et al. \(2015\)](#) which established that intimate partner abuse often involved the use of silent treatment by the abuser which can destabilize the victim's emotional states and undermine their sense of security. The use of silence as a punitive measure therefore reflects broader patterns of power dynamics in CIPV and reinforces control and may contribute to the victim's internalization of guilt and feelings of inadequacy.

Within the same context, the study established that cold violence experienced in intimate relationships for some participants had far-reaching negative mental health consequences and altered their perception of men in general. Furthermore, in some instances, cold violence was maintained using insults with the intention to confuse and manipulate the victim. That is, the emotional effects are usually amplified through intermittent insults and the use of degrading language, consequently eroding the victim's self-esteem and worth and causing significant mental distress. This affirms the observation by [Presbitero \(2020\)](#) who illuminated that verbal abuse in intimate relationships can severely impact victims' self-esteem and mental health. That is, the combination of silent treatment coupled with derogatory language creates a toxic environment that fosters isolation and exacerbates feelings of worthlessness among victims. In effect, experiencing insults compounds victims' emotional distress.

Manipulation was another important aspect which was found to be commonly used by perpetrators to maintain cold violence in intimate relationships. This included manipulating access to possessions and sometimes entirely denying victims their belongings. Consequently, the latter affected the victims' personal autonomy, fostering isolation, feelings of self-doubt, hopelessness, and powerlessness. This aligns with the results of the study by [Lansbach \(2024\)](#) which demonstrated how abusers often exert control over various aspects of their intimate partners' lives using manipulation, leading to feelings of isolation.

The study also found that cold violence experienced in intimate relationships had a negative effect on the psychological and emotional well-being of the victims. The effects included inter alia emotional pain, feeling emotionally drained, being more forgetful, anxiety, depression, headache and difficulty breathing at times. For some participants, the effects were so significant that they started engaging in unhealthy coping mechanisms such as smoking, which puts them at more health risk. The negative effects that cold violence has on the mental health of victims underpins the results of the study by [Ragucci et al. \(2024\)](#) who decried that the long-term emotional consequences of cold violence are profound. The latter was attributed to the intricate

interplay of silence, manipulation, and verbal abuse. [Ragucci et al. \(2024\)](#) further adds that victims often suffer from anxiety, depression, and other psychological issues resulting from prolonged exposure to cold violence within intimate relationships. The cumulative mental health impact underscores the necessity for comprehensive support systems for victims.

The participants suggested measures and support systems which they believe can help them significantly as victims of cold violence within intimate relationships. The common theme which reverberated throughout the participants' responses was that more information is needed on the rights of victims and how they can receive help when they find themselves in such predicaments. This information will empower the victims to make informed choices. The study also established that the participants believed more information would also allow them to be up to date with changes happening within the IPV sphere in general, which they can therefore take advantage of. The study further established that the victims, especially those who are originally from countries like Zimbabwe, and are now South African citizens by marriage, experienced added challenges as their intimate partners constantly threaten them that the victims' rights are solely for South Africans and not them. The participants illuminated that they would appreciate it if they could know more about their rights as victims, how to access these rights and benefit from them. These results underscore the significance of continued awareness campaigns so that the victims are always up to date regarding the resources available at their disposal.

## Limitations

While insightful, the study's limitations warrant acknowledgement. Firstly, because the study was qualitative, the findings are not generalisable and should only be interpreted within their specific context. For future studies to be generalisable, a quantitative approach or a mixed-methods design is recommended. Secondly, as is typical in qualitative studies, the sample size was small as the focus was on 'quality' and not 'quantity'. To mitigate this, it is recommended that future studies consider using a larger sample size. Thirdly, the study used purposive sampling to select the sample which is susceptible to bias. It is therefore recommended that future studies employ probability sampling to give every potential participant a fair chance of selection. Additionally, future studies should consider expanding beyond Bapong Village in the North West province of South Africa to include other rural areas within the province to build upon this study. This will enable future study comparisons, leading to a deeper understanding of cold violence in intimate partner relationships in rural areas.

## Recommendations

To improve identification, support, and intervention for victims of CIPV, the following are recommended based on the study results.

- To fight the misconception that violence in intimate relationships is only physical, social service authorities in Bapong Village should launch awareness campaigns educating the public about CIPV and how to identify the common emotional and psychological tactics used such as silent treatment, verbal insults, and manipulation among others.
- Services addressing the emotional and psychological consequences of CIPV, including specialized counselling and mental health support, should be made available. Services need to be tailored to also assist victims in recognising emotional abuse, overcoming guilt, and restoring their self-esteem.

- Mandatory training programs should be implemented for professionals like healthcare providers, social workers, law enforcement, and therapists to better identify emotional and psychological effects embedded in cold violence within intimate relationships. To prepare professionals to help, this training should equip them with knowledge on common manipulative emotional tactics, the controlling use of silence, and the long-term emotional damage to victims.
- To aid victims in recognizing vulnerabilities and risk levels within abusive relationships, standardized safety protocols and risk assessment tools are essential. This can help offer guidance to professionals on effective support and intervention strategies.
- To ensure timely legal intervention and protection, advocacy is needed for the inclusion of emotional abuse and psychological manipulation as formally recognised forms of IPV.
- Confidential helplines, online resources, and safe spaces should be made readily available to victims, ensuring they can seek help without fear of reprisal.
- Sustained psychological intervention should be provided to victims of CIPV to help them cope with the cumulative trauma stemming from manipulation, guilt, and low self-esteem.
- Shelters, domestic violence organizations, mental health professionals, legal advocates, and law enforcement should collaborate to comprehensively and coordinately respond to CIPV cases.
- Victim-centered approaches should be designed to prioritise the safety, autonomy, and emotional health of victims, particularly those who might not immediately identify, or disclose or report the abuse.

## Conclusion

The study aimed to explore the lived experiences of victims of cold IPV using counselling services in the Bapong Crisis Centre (BCC), a counselling unit within the Bapong Community Health Clinic (Bapong CHC) in Bapong village in the North West province, South Africa. The results revealed that cold violence is more common and manifest in various ways in intimate relationships, yet it rarely receives attention from authorities and researchers. The study also found that CIPV seriously harms victims' mental and psychological well-being. Multiple tactics are usually employed by abusers to maintain CIPV and cause emotional harm to victims. This involved among others manipulation, silencing, intimidation, insults, ridicule, and the denial or restriction of access to personal belongings. The results consistently highlighted a central theme: the perpetrators' prioritisation of control and power at the expense of the victims' well-being.

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