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**Sufferin and Smilin:**  
A narrative study of the impacts of Violence Against  
Women on the space for action of African migrant women  
in Ireland

A thesis submitted for the Degree of PhD to National University of Ireland,  
Galway

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## Declaration by Candidate

I hereby declare that this thesis is my own work and effort, and that it has not been submitted elsewhere for an award. Where other sources of information have been used, they have been acknowledged:

Signature .....

Date .....

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The thesis is dedicated to the five participants who shared personal stories with me. These stories are treasure: I hope I have done them justice.

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## Abstract

The literature on the impacts of Violence Against Women and Girls (VAWG) details physical, reproductive and mental health impacts, and increasingly economic impacts; however less is known about the social impacts of VAWG. In particular, there is limited knowledge on the role of stigma beyond its relevance to help-seeking and disclosure. Using an intersectional narrative analysis, this thesis investigates the social impacts of lifetime experiences of VAWG among a small group of African women living in Ireland. I use the concept of life space or space for action (Lundgren 1998; Kelly et al. 2014) to frame social impacts as impacts on the relational self, and to explore the ways in which these might ripple out to the wider community.

This research was carried out among highly marginalized people in Ireland and investigated themes which are frequently silenced, presenting significant methodological challenges. I conducted five in-depth interviews and six participatory Focus Group Discussions with African migrant women, identifying a continuum of violence and oppression affecting research participants. Using narrative methods at all stages of the research, I developed a detailed analysis of collective identities and individual narratives of violence impact and survival. While the data set is small, it proves rich and revealing, and provides new insights into both intersectional oppression in Ireland, and the role played by stigma in the immediate social impacts of VAWG.

The research findings clearly identify two closely related collective identity tropes: the strong Black woman (Kanyeredzi 2017, Collins 2000) and the resilient survivor (Taylor 2018). These tropes, arising in the context of gendered racialized stigma and shame, produced impacts that are not previously documented in the VAWG literature. They are seen to protect victim-survivors from the intense pain and abjection of the emotion of shame, while also imposing a burden of what I term 'stigma work' on individuals: this is apparent in conscious efforts to maintain appearances and manage relationships. This work largely protected communities from the ripple effects of VAWG, placing the full burden of impacts on the individual. A counter-narrative of identity is also presented, which suggests different identity responses to stigma and the possibility of social burden-sharing.

This thesis represents one of the only in-depth academic studies of the intersections of race, migration, gender and violence in Ireland, and it identifies the strong Black woman trope for the first time in the Irish context. In the concept of space for action, it provides a new framework for understanding the social impacts of VAWG-related stigma and the ways that impacts can ripple from the individual, via her relationships, to the wider community. It identifies "stigma work" as an impact occurring in the context of both violence and stigma, and demonstrates how such work is protective of the individual at the affective level, and also protective of the wider community. The ultimate relational impact of VAWG was, in this study, absorbed almost entirely by individual victim-survivors: 'suffering' with trauma, isolation and intense responsibilities, while 'smiling' rather than exposing their vulnerability.

The thesis introduces new research questions for understanding VAWG and its impacts in the context of a continuum of intersecting violence and oppression. It offers recommendations to address gaps in understanding, policy and practice related to the specific needs of migrant women victim-survivors in Ireland.

# Chapter 1: Introduction

## 1.1 Rationale and Context

The study of gender-based violence against women and girls (VAWG)<sup>1</sup> has intensified in the past decade, to become a subject of interest across numerous academic disciplines, as well as gaining political significance in countries all over the world. Nonetheless, research into the subject is in its infancy: as recently as the late 1990s, ‘violence against women’ was still considered a niche subject, of interest to feminists but rarely of wider social interest (Hearne 2012). While progress has been made on theorising the phenomenon, understanding its prevalence and exploring the epidemiology, the impacts of violence against women around the world have yet to be fully reckoned. In the absence of an account of the full cost that violence imposes, not only on its victims, but on the communities, societies and economies in which they are embedded, it remains a struggle to generate the political commitment to address the problem in full (What Works: Economic and Social Costs of Violence Programme).

This research forms part of a wider study on the social and economic impacts of Violence Against Women. Funded by the UK Department for International Development, the study, entitled What Works to Prevent Violence: Economic and Social Costs of VAWG (Component three of the What Works programme), documents the economic and social impacts of VAWG in three developing countries: Ghana, Pakistan and South Sudan. It develops methodologies to expand the body of evidence on the economic and social costs of violence. This PhD study contributes to the understanding of the social impacts of VAWG, specifically those impacts which are produced as a result of the multiple stigmas that attach to experiences of VAWG. There is now a reasonably well-developed research base related to the health impacts of VAWG, both physical and mental, and separately a body of work related to barriers and enablers of help-seeking, in particular for women experiencing intimate partner violence and non-partner sexual violence (eg Campbell 2002; Garcia-Moreno and Pallitto 2013; Simmons et al. 2018). Efforts to quantify the economic costs of violence are gaining strength (including through the project in which this PhD is situated), permitting for a more accurate appreciation of the cost of inaction on the problem of VAWG (eg

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<sup>1</sup>Throughout this thesis I use the acronym VAWG, although the emphasis of this study was violence against women in adulthood. I understand the phenomena to be connected on a continuum: violence that occurs in girlhood has an impact on vulnerability to and impacts of gendered violence in adulthood. I explain these relationships in section 2.2.2 below

Walby 2004; Walby and Olive 2014; Duvvury et al. 2012; Duvvury et al. 2013; Duvvury and Scriver 2019). Fewer efforts have to date been made to describe the impacts of violence on the social nexus, on women's immediate relationships and their social networks. The focus rarely shifts from the immediate healthcare needs to the long-term wellbeing of the woman in society, and how this alters over the life-course as the experience of violence continues to bear on her. This results in a short-term and individualist reckoning of the impact of VAWG, which fails to assess the cumulative ways in which continued violence might impose a burden across entire lives and entire social groups (Kelly et al. 2014: 68).

The concept of life space or space for action (Kelly 2003, Kelly et al. 2014, Lundgren 1998, Sharp-Jeffs et al. 2018) is beginning to gain some traction in the literature and practice related to VAWG, allowing us to build our understanding of impacts out from embodied impacts to incorporate the social sphere. I make use of the concept to understand how violence affects women in their everyday social relationships. In doing this, the part played by stigma and shame is quickly revealed. Recent scholarship on stigma emphasises the ways in which stigma is situated within a political economy, and within this frame, I describe stigma, not as a mediator of the impacts of VAWG, but rather as itself a type of symbolic VAWG (Parker and Aggleton 2003), situated on a continuum of violence and oppression (Kelly 1988; Kanyeredzi 2017; Boyle 2019). There is a paucity of literature connecting gender, patriarchy, violence and stigma, and this thesis contributes to that literature.

This research project examines the experiences of African migrant women living in Ireland. While systematic data on VAWG prevalence and incidence is weak globally, data from Ireland is especially limited: there is a quantitative data gap on the related topics of violence against women and sexual violence, which have not been subject to complete population studies since 2014 and 2002 respectively. Ireland, long a country of mass emigration, has in the past twenty years become a site of significant inward migration. Research on Ireland's new communities is limited and spread across a very wide range of different disciplines (eg social work; geography; sociology; health sciences etc). While there is a live and active interest among frontline practitioners in issues of diversity and integration in women's rights and women's violence services, there is a significant gap in Ireland in sociological analysis of the phenomenon of violence against women, and in particular robust intersectional analysis. Existing grey literature produced in the main by NGOs and government agencies collects a wealth of detailed qualitative information about the experiences of migrant and ethnic minority women, a literature which to date has been under-utilised and under-analysed. With this thesis, I make use of this valuable data to frame the

knowledge about VAWG and migrant women. I go beyond existing data to gather new focus group and interview testimony which places the social impacts of VAWG in the context of migration, racism, contemporary neoliberal governance, and the ensuing stigmas.

This project sets out to describe the impacts of VAWG and VAWG-related stigma on the space for action of African migrant women in Ireland, with an emphasis on their social networks and relationships.

## 1.2 Introducing the researcher

The subject matter of this research project is mapped out below in relation to the academic literature on the subject. However, one of the aspects of both feminist theory and qualitative research that pleases me is the recognition that researchers themselves must recognize their own social locations (see Wiggington 2016). Rather than “bracketing” this, as some researchers advocate (see Crotty 2012), I acknowledge that certain aspects of my own history and identity inevitably steered me in decision-making throughout this project. In the name of reflexivity, I briefly lay out here the elements from my own background that I brought to the entire project, from scoping and framing questions through to analysis and writing; and consider the implications of these elements for my project.

In the first instance, I name my own substantial privilege: I am a White Irish woman, highly educated (obviously), middle class and living in the ‘hegemonic centre’, in Dublin city. This position of relative power is significant, and I reflect on it further here and in section 4.4 below. In addition to my own social positionality, I came to the project with a particular set of life experiences, which influenced me deeply and undoubtedly had an impact on the research decisions I made. I view this project as bringing together three core themes: VAWG, stigma, and difference in the lives of migrant women. I approached each of these themes with my own particular set of knowledges and indeed biases.

The topic of VAWG attracted me professionally: I came to my PhD from a role as gender and HIV policy advisor with an international development NGO. Hence, at the beginning of this project I was already working on the subject, and drawn to researching the nature of violence as part of systems of gender inequality. It was through my work on HIV that I was introduced to the topic of stigma. This subject had a particular resonance for me which PhD research allowed me to explore in depth. The resonance of which I speak is both personal and emotional: working with women living with HIV in Ireland and other

countries around the world, I felt a profound empathy and solidarity in response to the injustice represented by the stigma which was often layered on top of their diagnosis. This empathy was rooted in my personal experience of gendered powerlessness and shame in Catholic Ireland, which was most effectively shaken by my eventual encounter with feminist thinking, allowing me to understand this shame as a clear dimension of inequality (Fischer 2016, Bartky 1990). I was moved by the bonds developed by networks of stigmatized HIV activists in opposing stigma and campaigning for equality. Like other researchers and practitioners I wondered about the possibilities of analogies between HIV stigma and VAWG stigma.

The final theme of my research is the most problematic, as regards my personal motives. As a privileged White Irish woman, it is necessary to interrogate my interest in researching the “other”. I do this in more detail in section 4.4, below. In truth, my interest in migrant rights precedes my career in international development: I have on many occasions been a migrant myself, and concerned to meet and know new communities wherever I am; before doing a Masters degree in international relations I was volunteer coordinator for EFL classes for refugees in Dublin; the themes of migration, dislocation and shifting identities compel me. In the decades since then, I paid attention to the realities of allyship and solidarity, and worked in a development tradition that was explicitly informed by Freirean community development approaches. These formative experiences underpinned my research approach, and are inevitably present in the ensuing thesis presented here.

### 1.3 Research Objectives

The research began as an investigation into the role of stigma in mediating social impacts of VAWG. Over time, this evolved into an exploration of how intersectional stigma and shame impact on space for action as a result of VAWG, in the lives of African migrant women living in Ireland.

The investigation is broken down into a series of objectives, each building on the other. My first objective was to gain an understanding of the nature of VAWG in the lives of African migrant women in Ireland (both before arrival and in Ireland itself). As I outline in chapter 6.1, there is an absence of quantitative population-level data, but small-scale studies demonstrate that both the types and the prevalence of violence experienced by this group are likely to differ quite significantly from the general population (eg WHC 2009; Scriver and Mears 2014). Understanding experiences of violence within a marginalized community required paying careful attention to the challenging question of culture, an issue

I addressed by using the lens of ‘rape culture’ (Burt 1980, Johnson and Johnson 2017) or ‘violence culture’ (see chapter 2.2.4) to understand the role that particular cultural norms, beliefs and behaviours play in facilitating violence against women. I make a specific point of including dominant or ‘mainstream’ Irish culture in this analysis, in as much as it has an impact on migrant women in Ireland.

The second objective was to explore the impact of VAWG on the social nexus over the life-course: I map this out in the terms of space for action (Kelly, 2003; Kelly et al. 2014; Sharp-Jeffs et al. 2018). I bring an explicitly relational understanding to the question of impacts; that is to say, I look to the impact of violence, not only on individual women, but on the relationships that they have with others, and how those relationships in turn are constitutive of women’s own sense of self (Brison 2002).

The third objective was to explore in detail the role played by stigma in mediating these social impacts of violence. Drawing on readings of stigma and shame rooted in Bourdieusian and Foucauldian power analysis (eg Bartky 1990, Parker and Aggleton 2003, Tyler and Slater 2018), I identified the way in which stigma functions as a disciplinary process and the ways in which practices of self-regulation affected space for action (see chapter 2.5). While the presence of stigmas was so apparent as to feel almost mundane, and is mentioned in VAWG literature more often in passing than as a central focal point, I wanted to explore the ways in which research participants navigated around those stigmas. I sought to understand how women reconstructed their behaviours, practices and most of all relationships, and to understand what the impact of these adjustments would be on the research group.

In order to carry out this study, a methodological objective was necessary: to develop approaches to the study of stigma itself. Researching the experience of silence and silencing is challenging; doing so ethically is even moreso (Ahrens 2006: 271). Thus, the final objective was the identification of approaches to recruiting, researching and analyzing experiences of VAWG in such a way that new information could be gained; participants would not be harmed; and some wider impact could be achieved (Ellsberg and Heise 2005).

Flowing from these objectives, I shaped the following research questions:

- What are the impacts of lifetime Violence Against Women on the space for action of migrant African women in Ireland?

- What role does stigma play in constraining and constituting migrant women's lives affected by VAWG?
- How do women research participants adapt to, resist, and otherwise navigate stigma in their journey to surviving VAW?

#### 1.4 Research design and methodology

This study employed a narrative phenomenological methodology, exploring social constructions of identities in the context of multiple intersecting stigmas. Given its subject matter, the ethical dimension was paramount in the research design and implementation, both because of vulnerabilities inherent to the study questions, and because of my status as an outsider researcher (Fontes 2004, Wiggington and Setchell 2016). Narrative approaches are especially helpful for studies of such ethical complexity, allowing research participants some control of their own representation (Eastmond 2007). Narrative – the act of making meaning of experiences (Chase 2006: 656) – informed the study at every stage, from design, through analysis, to the final write-up. I was particularly alert to the employment of canonical narratives (Phoenix 2008: 66) by individuals, and the possibility that additional potential meanings were silenced by dominant narratives. My narrative approach is outlined in detail in chapter 4 of this thesis.

After spending time immersing myself in different migrant organisations and spaces, I conducted six focus group discussions (FGDs) with small groups of African migrant women who were well-known to each other. These participatory discussions were designed to explore knowledge of VAWG, attitudes and norms. They built a picture of typical community responses to violence and anticipated impacts of violence on individual women's space for action.

FGDs were additionally used as recruitment spaces for individual in-depth interviews (IDIs) with victim-survivors of violence. IDIs were conducted with five women to develop a detailed and rich description of lifetime impacts of VAWG on social relationships and networks. In order to conduct these interviews ethically, a series of protocols was put in place. The process of analysis drew on both narrative theory (maintaining the integrity and situatedness of individual testimonies) and the grounded theory approach of Gioia et al. (2012). This enabled a thematic analysis of both FGDs and IDIs, giving 'extraordinary voice' to research participants. I proceeded with the attitude that participants were experts in their own lives (Gioia et al. 2012), but also that it is necessary to juxtapose expertise from the margins with the knowledge created in the hegemonic centre (Yuval-Davis 2006). Thus, I situate the testimonies of a small

marginalized group of women in the wider context of the use of stigma as a political tool in contemporary Ireland.

## 1.5 Research findings and contribution

This research makes a significant contribution to the understanding of VAWG as it affects African migrant women in Ireland. The context analysis applies an explicitly intersectional frame to the understanding of violence against women as it affects specific and overlapping marginalised groups. As such it deliberately addresses differences that have previously been under-analysed, particularly those related to race and racism and group identities in the context of exclusion, marginalization and stigmatisation.

Theoretically, the research links the concepts of the continuum of violence against women (Kelly 1988, Kanyeredzi 2017, Boyle 2019), stigma power (Link and Phelan 2014, Tyler and Slater 2018), patriarchy (Hunnicuttt 2009) and migration, to produce an intersectional analysis of the social impacts of VAWG (see chapter 2.6). I use the concept of life space or space for action (Lundgren 1998, Kelly et al. 2014, Sharp-Jeffs et al. 2018) to describe the ways in which the impacts of violence and stigma affect the individual and relational self. Drawing on the work of Stangl et al. (2019), I apply a conceptual framework which effectively connects gender, patriarchy, violence and stigma, demonstrating how these are connected, and providing a way of understanding the social impacts of VAWG stigma.

My research supports the growing trend in European migration research to view contemporary migration and asylum systems as perpetrating symbolic and structural violence against those most vulnerable to perpetration and impacts of VAWG (Freedman 2016, Phillimore 2019). In chapter three and again in chapter six I demonstrate that certain migrant women in Ireland are trapped between their own life experiences of gender-based violence, and the international protection system which often pushes them back to abusive and dangerous social situations. A paradox arises whereby Ireland is seen as both a safe and protective place, and simultaneously one in which the state perpetrates violence against migrant women. This occurs through migration and welfare policies, and also through the weaponization of stigma against Black migrant women.

The findings outlined in chapter 6 demonstrate, unsurprisingly, a high level of stigma against women who have experienced different types of violence. Stigma within heritage communities (that is, migrant communities with a shared country of origin) in particular remains high, and is especially problematic

within the direct provision system<sup>2</sup> where a lack of freedom and cramped conditions often result in a tense and distrustful atmosphere (McMahon 2015: 60). Meanwhile, stigma related to race and migration status is clearly present, and can and does impact on women's pathways away from violence, for example by denying them employment opportunities or by limiting their ability to seek help outside of heritage community spaces. Analysing the FGDs and IDIs together, I identify a collective narrative identity of 'strong Black women' (Collins 2000; Kanyeredzi 2017), responding to violence with an identity trope of 'resilient survivorship' (Taylor 2018). The strong Black woman is a well-established trope in the literature on African American women and VAWG, however, its relevance to Ireland has not previously been empirically demonstrated or theorized. The resilient survivor meanwhile represents an internalization of neoliberal individualization (Taylor 2018), through which those who can't take responsibility for their own trauma are stigmatized and rendered abject (Scambler 2018). I describe these identity tropes as partly a response to the disciplinary practice of stigma (Parker and Aggleton 2003; Link and Phelan 2014) shaping how Black women living in Ireland respond to the 'gendered racialized shame' that characterizes their life experiences (Kanyeredzi 2017). These findings are outlined in detail in chapter 6.1 and 6.2.

I trace the ways in which these phenomena do (and do not) impact on the space for action of victim-survivors who contributed interviews. I demonstrate the adaptations that research participants made in their lives in response to stigmatization and avoidance of stigma. These adaptations relate to women's self-presentation in the public domain, and the careful and active management of their relationships and networks. I describe the work that these adaptations involve as 'stigma work' and compare it to other areas of feminised and invisibilised work identified by scholars, such as 'emotion work' (Hochschild 1979); 'violence work' (Kelly et al. 2014) and 'safety work' (Kelly et al. 2014, Vera-Gray 2018). The impacts of stigma, including stigma practices by the individuals who were stigmatized, are outlined in chapter 6.3.

As chapter 6.4 shows, participants in the research demonstrated many ways they sought to expand their space for action, in spite of the multiple oppressions that characterized their lives. They showed resilience to the most debilitating forms of shame (Baker 2013, Buchbinder and Eisikovits 2003, Tankink 2013, Taylor 2018, Tonsing and Barn 2016), through the use of methods of self-care. In this respect, the strong Black woman trope proved to be protective against the loss of self and

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<sup>2</sup> Direct provision is the name given to the system of dedicated and segregated housing and welfare provision for individuals awaiting decisions on their asylum applications in Ireland. It is discussed in detail in chapter 3.3.2

identity (Abrams et al. 2019), although it has other mental health impacts that arise largely due to self-silencing behaviours, such as depression (Beauboeuf-Lafontant 2008) and mental distress (Abrams et al. 2019). True to the nature of this as a narrative study, testimony emerged as a key tool for both self-care and collective resistance, and I suggest that ethically-conducted research can make a contribution to addressing stigma safely through testimony and communication. I conclude with a case study offering a possible counter-narrative to the dominant one of resilience and strength, suggesting a potential path for overcoming stigmas rather than accommodating them. The richness of the data and analysis conducted lend themselves to numerous recommendations for policy, practice and further research.

## 1.6 Thesis summary

Chapter two of this thesis presents an overview of the literature which informs the conceptual framework of the study. A discussion of violence against women emphasizes the relationship between gender, power and violence, and describes the continuum of violence which unites seemingly disparate types through the exercise of patriarchy. I introduce the concept of intersectionality, which is essential to understanding the fact that VAWG impacts different women differently, and that gender, while an essential unit of analysis, is insufficient to understanding the social impacts of violence, especially in this study of migrant women in Ireland. I go on to outline the current state of the art in researching impacts of VAWG, and introduce the concept of space for action as the frame for this study. Following this, I present the research literature on stigma and shame, focusing on the social functions of stigma and its role as a disciplinary process. I explore the contribution of feminist research on shame to our understanding of stigma and its impacts. The literature review concludes with an exploration of the ways that stigma and shame impact on victim-survivors of VAWG. I present a conceptual framework, modelled on a health stigma and discrimination framework (Stangl et al. 2019) which closely explores the production, manifestation and impacts of intersecting stigmas related to VAWG.

Chapter three of the thesis presents a context analysis for this study. It begins with a demographic outline of African migration to Ireland, followed by an exploration of the governance of migration in Ireland, with a focus on refugee and asylum seeker experiences. This leads to a discussion of intersecting stigmas that affect Black and migrant women in Ireland.

In Chapter four I outline my approach to developing a research methodology. Beginning with my epistemological underpinnings, I describe this mixed

methods study as fundamentally narrative in nature, with an emphasis on reflexivity and research ethics. I discuss the particular challenges and opportunities in carrying out qualitative research on the subject of stigma. Chapter five describes in detail the steps taken to implement the study. It details the recruitment and conduct of six participatory focus group discussions and five in-depth interviews; the steps taken to analyse this data and the process of validating and deepening the analysis.

The original findings of this thesis are presented from chapter six onwards. Chapter six is an outline of the limited data on VAWG as it affects migrant women in Ireland, and the policy measures that exist to protect women. It includes a detailed analysis of the grey literature on the subject, and a presentation of data gathered in key informant interviews and focus group discussions on the context of VAWG and migration in Ireland. I describe the Irish state as classically patriarchal, operating simultaneously to protect migrant women from violence, while further perpetrating violence against them. The context analysis concludes with a detailed exploration of the many factors structuring the impacts of VAWG against migrant women in Ireland.

Chapter seven presents the narratives of violence arising from interviews and FGDs with African migrant women in Ireland. It begins by introducing the participants and their narratives of violence and oppression, and presenting the nature of stigmas which they experienced – a presentation which is both in line with wider literature and specific to the Irish context. The next part of the chapter describes the collective identities constructed in the context of violence, oppression and stigmatization. I go on to explore the key impacts of violence and stigma on the space for action of 5 interview participants, with a focus on their sense of self and their social networks. Finally I discuss the actions participants took to manage their experiences of violence and stigmatization, in particular the importance and risks of testimony for victim-survivors, and I present a counter-narrative which offers an alternative to the collective identity of resilient survivorship.

The thesis concludes with a discussion of the contribution to the wider literature on VAWG and stigma, and a presentation of recommendations for research, policy and practice.

## Chapter 2: Conceptualising the impacts of VAWG and stigma 'A potent cocktail of shameful disempowerment'

### 2.1 Introduction

In the 21<sup>st</sup> Century, Violence Against Women (VAWG) has finally become a mainstream concern. Sexual violence, conflict-related violence, intimate partner terrorism: these topics have moved from being taboo issues to featuring in news bulletins and public policy discussions, motivating popular movements around the world. Yet the problem remains persistent: prevalence rates are high in spite of the introduction of new laws and programmes to address the issue. Violence against women is embedded in social structures in a manner that seems to be particularly intractable; types of violent acts shift in line with social changes, but the normalisation of gender-based violence remains remarkably constant. While there has been marked progress in naming the problem and recognising it as an egregious abuse of human rights, societies are only beginning to get to grips with the full impact that VAWG has, not alone on the health of individual women, but on their whole lives, and on the wider social and economic sphere (Simmons et al. 2018: 540). What is more, globalisation and mobility mean that VAWG cannot be understood in isolated geographical settings but must engage with the uneven mass dissemination of cultural norms. This research project forms a part of a wider research study on the social impacts of VAWG and is concerned with elaborating more clearly the nature of these social impacts. In this chapter, I explore the literature that establishes the relationship between VAWG, gender and patriarchy, and in particular the ways in which stigma and shame interact with these phenomena, as a contribution to mapping the full social impacts of VAWG.

The chapter begins by exploring Violence Against Women and Girls, outlining the definitions I use and why. It outlines what is meant by gender and patriarchy and the ways in which VAWG can be understood to be gender based. I map the types of violence which fall under the broad definition of VAWG as a continuum, and describe how these are connected by patriarchal structures. At the end of this section, referencing studies on the multi-level factors that influence VAWG risk and perpetration, I describe the elements that make up a violence culture.

The second section of the chapter considers the issue of difference, a particularly important question for this study of the experiences of African migrant women in Ireland. This section begins with a brief discussion of gender, culture and VAWG, in recognition of the fact that this is a politically charged topic, often

used expressly to stigmatise minoritised groups. I go on to outline intersectionality theory, recognising its limitations, and describe how I have put it to use in this study of migrant women in Ireland. I briefly introduce the topic of VAWG as it affects migrant women in particular, a topic I return to in more detail in chapter three.

The third section introduces the subject of social impacts of VAWG. Following a brief review of the literature on the costs and/ or impacts of VAWG, I introduce the concept of 'space for action', which I argue can be understood as a contribution to the wider literature on capabilities in human development. I describe how VAWG constrains space for action through acts of control by perpetrators and through persistent fear; and I argue that an under-explored element is the impact of VAWG-related stigma and shame on women's space for action.

The fourth section of the chapter then provides an introduction to the topic of stigma and shame. It describes the phenomena and separates them for the purposes of this study, establishing that stigma consists in the social process of labelling a given group and assigning a devalued status to them; while shame refers to the emotion which often ensues from stigma internalisation, a painful global negative self-assessment. I outline the contribution of shame theory, particularly from a feminist orientation, to understanding how stigma and shame processes are raced and gendered and affect oppressed people in particular ways. I explore the functions served by stigma and shame in overall systems of power, and I describe stigma as a symbolic violence which sustains patriarchal power relations parallel to the action of VAWG.

In the fifth section of this chapter, I bring the preceding sections together to explore the stigma and shame that attaches to VAWG, and the ways in which these impact on the space for action. I present an overview of the literature on experiences of VAWG-related stigma and shame, exploring specifically what this literature suggests about how stigma mediates the impacts of VAWG. Drawing on the Health Stigma and Discrimination Framework (Stangl et al. 2019) and the stigma power process (Link and Phelan 2014), I outline a framework for recognising stigma manifestations and outcomes, and present the existing evidence for the social impacts of VAWG stigma. While the literature emphasises processes of stigma-internalisation (concealment, withdrawal, self-blame and low self-esteem), I demonstrate that there is a gap in knowledge on the impacts of stigma internalisation beyond disclosure and help-seeking, especially as it relates to the medium and long-term impacts of VAWG.

The chapter concludes with a summary which outlines the conceptual framework for this study in its totality. Finally, I outline the specific contributions that this literature review makes to the understanding of a range of topics which are not well studied together: the social impacts of VAWG as they relate to patriarchy, migration, and stigma.

## 2.2 Violence against women

Violence Against Women and Girls (VAWG) harms women's health and violates their human rights (Campbell 2002, Ellsberg 2006, Garcia-Moreno et al. 2005, Garcia-Moreno and Pallitto 2013, UN General Assembly 2006, Women's Health Council 2009). Globally, roughly one in three women have experienced either physical and/ or sexual intimate partner violence or non-partner sexual violence in their lifetimes (European Union Agency for Fundamental Rights 2014, Garcia-Moreno and Pallitto 2013). In spite of widespread recognition of the importance of the problem, the concept of VAWG remains a broad one, which is contested in certain critical ways. This section defines VAWG, explores its manifestations and impacts, and examines the relationship between gender and gender-based violence. It outlines how VAWG is a fundamentally gendered phenomenon, inextricable from systems of patriarchy and gender inequality.

Before we can fully account for Violence Against Women and Girls as a phenomenon in contemporary societies, it is necessary first to define it. The current state of the field of research owes a great deal to feminist activists, theorists and practitioners, who made the case for recognising VAWG as a distinct category of violence in a context where the phenomenon was invisible 'in plain sight' (Stark 2012: 203). As feminist sociologist and activist Liz Kelly observed, the act of first naming VAWG was necessary to make action against it possible:

Naming involves making visible what was invisible, defining as unacceptable what was acceptable and insisting that what was naturalized is problematic.

(Kelly 1988: 139)

Nonetheless, the act of naming or defining is not a straightforward one. As Hearne (2012: 158) notes, 'Who defines violence and how it is defined is crucial.' There are two central issues to address in defining VAWG. First, why centre the act of naming on the sex of the victim (violence against **women**) - rather than on the type of violence, the location of violence, the meaning of the violence or

the motives of the perpetrators (Boyle, 2019)? And second, which types or acts of violence should be included within the definition, and which excluded? How broad or narrow does the definition need to be in order to be useful (Boyle, 2019)? The answers to these questions are connected and focus on the central underpinning issue: the precise role of gender in the phenomenon of VAWG. In the following section, I map the different types of violence which fall into the overarching category of VAWG, and outline how and why they are best understood as connected by patriarchal power structures.

### 2.2.1 Understanding gender and patriarchy

Before we can understand the concept of VAWG fully, it is necessary to explore concepts of gender, sex and power and the ways they are connected under systems of patriarchy. This begins with the meaning of both sex and gender. Simone de Beauvoir's contention in 1952 that biological differences between men and women do not give rise to essential differences of character or capacity, and that gender exists as a separate and distinct category to sex, once considered radical, is now widely accepted.

The World Health Organisation defines gender thus:

Gender refers to the socially (as distinct from biologically) constructed characteristics of women and men – including norms, roles and relationships of and between groups of women and men.

(World Health Organisation n.d.)

Importantly, the two terrains of biology and society are not wholly distinct: the social construction of gender is rooted in the biological fact of sex. Zimmerman and West (1987: 127) introduce a third terrain, that of sex category, in which biological reality is assigned social meaning. It is by reading others' sex category – 'the socially required identificatory displays that proclaim one's membership in one or the other category' (ibid.: 127) – that an individual's sex is assumed, and gendered expectations are applied. Gender then, is both rooted in sex difference *and* a product of social relations; while sex is both a material difference between groups *and* a social category given salience by its cultural and political usage.

Crucially, gender infuses social arrangements and relationships at all levels of society from the individual to the macro-social. Gender is thus not only a series of role expectations that apply to individuals: it is an organising principle for society, categorising women and men as separate and distinct rather than equal. The hierarchical system of relations between women and men that has prevailed over time in most societies in the world, whereby men exercise power and control

over women, is known as patriarchy (UN General Assembly 2006, Hunnicutt 2009). Patriarchy manifests in different ways in different times and places, but can be found entrenched in social and cultural norms, institutionalised in laws and political structures, and embedded in local and global economies (UN General Assembly 2006), in what Connell (2000) refers to as the gender order. What's more, it intersects and interacts with other hierarchical systems of subordination and exclusion (Hunnicutt 2009). As such, patriarchy is fluid and constantly taking new shapes; it is 'melting', as Baumann has it (cited in Hunnicutt 2009: 559). Dynamic, inconsistent and fluid as it is, patriarchy is the basic macro-social force which inflects Violence Against Women and underpins the range of different types of VAWG. Without a theory of patriarchy, the nexus of VAWG dissolves into a series of unconnected individual events (Boyle 2019).

Furthermore, contemporary patriarchal structures exist in concert with a global economic consensus of neoliberal late capitalism (Anthias 2014, True 2010, True 2014). Theorists thus call for an understanding of violence against women which is indeed underpinned by patriarchy, but further by a political economy which is itself socially and culturally embedded (Anthias 2014: 154). Global political economic trends which impact on violence against women include the informalisation of work; transnational labour migration; the creation of free trade zones; the sex and trafficking industries; sexual violence in armed conflict; and the gendered nature of natural disasters and post-crisis reconstruction efforts (True 2010).

Within a patriarchal system, Violence Against Women is thus both a cause and a consequence of gender inequality (UN Committee on the Elimination of Discrimination Against Women (CEDAW) (1992) UN General Assembly 2006). It is a cause of gender inequality in the sense that it negatively impacts on women's health, their capabilities, and their freedoms. In so doing, individual women find themselves with less relative power in their relationships and communities, and at increased risk of poverty (Stark and Hester 2018; UN General Assembly 2006; CEDAW 1992). There is an additional impact on women as a class, since the widespread presence and acceptability of various forms of violence strongly reinforces the cultural message that women are of inferior social status (Nussbaum 2005; UN General Assembly 2006). VAWG is also a consequence of gender inequality because the system of gender inequality provides ready justifications for VAWG and impunity for its perpetrators (Hagemann-White et al. 2010). Although research and practice related to VAWG focus heavily on two types of violence - intimate partner violence and sexual violence - in conceptualising the phenomenon I draw on the idea of a continuum connecting multiple types of violence, and in this section I outline the reasons for this.

### 2.2.2 Typologies of Violence Against Women

IPV and SV are the two most common, universal and most widely-researched forms of violence against women. Major comparative and quantitative research projects (eg Garcia-Moreno and Pallitto 2013, EU FRA 2014) frequently narrow their scope to these two types of violence. However, these types of violence are understood to exist in connection with a range of other types, united by the fact that these are gender-based.

Intimate partner violence refers to ‘any behaviour within an intimate relationship which causes physical, psychological or sexual harm to those in the relationship.’ (Krug et al. 2002: 89)

Sexual violence overlaps obviously with IPV, since it is included in the definition of IPV - but viewed as a specific type of violence, SV focuses not on the relationship context but instead on the specific harm.

IPV is the most prevalent form of VAWG worldwide (WHO 2003, UN General Assembly 2006, Garcia Moreno and Pallitto, 2013, EU FRA 2014), and correspondingly the most widely studied. Understanding of the issue has progressed significantly and an important recent development has been the growing adoption of laws specifically criminalising the practice of coercive control. While different jurisdictions use different definitions of the phenomenon, it was most influentially defined by Evan Stark in his book *Coercive Control* (Stark 2007). Coercion is ‘the use of force or threats to compel or dispel a particular response’ (p. 228); and control is ‘structural forms of deprivation, exploitation and command that compel obedience indirectly’ (p. 229). Taken together, the two elements of coercion and control result in a ‘condition of unfreedom’ (p. 205). Using the term coercive control eliminates the tendency to understand violence as always or only physical or sexual. This recognises the basis of much IPV in the power and control of abusive male partners (Domestic Abuse Intervention Programme n.d.), and further recognises that while the need for power and control may ultimately result in extremes of physical violence, this is often only one indicator of a type of intimate terrorism which can continue ‘in plain sight’ over many years (Stark 2007), unmarked by identifiably unacceptable violent incidents. Coercive control draws attention to the importance of psychological, emotional and financial intimate partner abuse. It also demonstrates the fallacy of focusing on isolated violent events, and the fact that while individual events may appear trivial, taken cumulatively they amount to a

violent pattern of power and control (Anderson 2009, Stark 2007, Westmarland and Kelly 2012).

Following IPV, the most common and most theorised form of VAWG worldwide is sexual violence (SV). Sexual violence is defined as

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

(Jewkes et al. 2002: 149)

Although theorisation of sexual violence increasingly accepts that it is both gender-based (Heise 1998) and heteronormative, and legislation has emerged slowly in many jurisdictions protecting women not only from violent attack but more broadly from the loss of bodily autonomy (Kelly and Regan 2003), there is a clear disconnect between the evidence base and popular opinion. There remains a strong tendency in mainstream society to view sexual violence as abhorrent, rare and rooted in individual pathologies rather than systemic attitudes to sexual relations (Burt 1980, Kelly 1988, Suarez and Gadalla 2010). This tendency proceeds from a legalistic framing of distinct types of violence, ordered by severity (Kelly 2008).

While the definitions I have used for IPV and SV are gender neutral, both are contextualised by comparative data demonstrating that patterns of vulnerability to violence are highly gendered (Hunnicuttt 2009). Broadly speaking, men are far more likely than women to experience homicide, aggravated assault and robbery; while women are more likely to experience rape, sexual assault and domestic violence (Ellsberg and Heise 2005, Hunnicutt 2009: 556, Krug et al. 2002: 10-11). This does not mean that men are never victims of these crimes, although research on men's victimisation for both IPV and SV lags significantly behind that on women (Sivakumaran 2010); but it does mean that there is a relationship between gender norms and patterns of violence which merits attention. I note that, because gender is an organising principle of societies that affects all members, certain types of violence against men are also gender-based, patriarchal, and heteronormative (Sivakumaran 2010).

In accordance with this analysis of Violence Against Women as gender-based and connected in a continuum relationship, a typology of VAWG extends beyond IPV and SV to include a wide range of types. The UN Declaration on the Elimination of Violence against Women (UN General Assembly 1993) organises VAWG according to the settings in which it occurs, thereby identifying three main

types: violence in the family, the general community, and perpetrated or condoned by the state<sup>3</sup>. I have already discussed the two most prevalent types of violence: intimate partner violence (violence in the family) and sexual violence - which occur across all of the settings identified by the DEVAW. A fourth setting, VAWG in conflict settings (UN General Assembly 2006), is both near-universal and highly specific: I discuss this in more detail below. VAWG in any and all of these settings may take the form of physical, sexual, emotional and/ or economic violence. Such a broad definition takes into account a wide number of distinct types of violence including, *inter alia*: IPV, SV, child sexual abuse, neglect of girl children, female genital mutilation, trafficking of women and girls, femicide and sexual violence in armed conflict situations (Ellsberg, 2006: 1).

The topic of VAWG and conflict is relevant to this study not least because of the close connection between conflict and forced migration. Levels of VAWG tend to increase in conflict and humanitarian emergencies (Murphy et al. 2017). This is true, not only of well-documented uses of gender-based violence as military tactics (Tickner 1997), but of other forms of VAWG, including intimate partner violence (Swaine 2015); as Hearne (2012) puts it of conflict situations: 'violence occurs within violence'. The pathways from conflict to VAWG are multiple. They include politically motivated attacks, but also the widespread availability of weapons, the normalisation of violence as a means of resolving disputes, militarised masculinities, and the breakdown of rule of law (Murphy et al. 2017). CEDAW General Recommendation no. 30 draws specific attention to the link between increases in both VAWG and gender discrimination and the outbreak of conflict.

International interest in the topic of sexual violence can at times emphasise conflict settings to the exclusion of other environments, and tends to emphasise perpetration by combatants over other types of perpetrators, including intimate partners and friends and acquaintances (Reilly 2018, True 2010). UN Security Council Resolution 1325 and subsequent resolutions on Women, Peace and Security aim to address gender and conflict in a holistic fashion including violence within conflict; though many commentators argue that the emphasis on conflict-related sexual violence has undermined the transformative gender equality goals of the original resolution (eg Murphy and Burke 2015, Reilly 2018, True 2010). What is clear is that women are vulnerable to gender-based violence during conflict and indeed post-conflict scenarios; that the risk of almost all forms of violence in conflict is higher than in peacetime; and that additional types of

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<sup>3</sup> This is broadly in line with the approach applied by the WHO in its overarching framework of violence and health (Krug et al. 2002).

violence occur due to violent conflict. This often functions as a driver of migration, a topic which is explored in more detail later in this chapter and in chapter 3. VAWG has also been demonstrated to increase in the context of other humanitarian emergencies such as natural disasters (Hughes et al. 2016: 160).

It is conceptually challenging to treat of all of these diverse forms of violence together, but what the broad grouping of types of violence achieves is to maintain a consistent focus on patriarchal structures, and the ways in which violence against women is both a cause and a consequence of gender inequality, as well as how it intersects with other forms of violence and exclusion in a continuum of oppression (Kanyeredzi 2017). In doing this, it communicates clearly that change in levels of violence demands change in gendered power relations.

Kelly (1988), theorised violence against women as existing on a continuum spanning sexual harassment, threats of violence, and unwanted sexual pressure, through to domestic violence, coerced sex and rape and incest. It is apparent from this continuum idea that types of VAWG cannot be limited to just severe physical violence committed by identifiable male perpetrators. Rather, acceptable male behaviours such as sexual harassment, cat-calling and coercive sex blur the boundaries of criminal behaviours such as rape, and create a public discourse on terms favouring men rather than women (Kelly, 1988). This fact provides cover for all sorts of violations which do not 'count' according to the intractable myth of 'real rape' which demands extremes of both physical violence and physical resistance before an act can conform to the description of violence (Regan and Kelly, 2003, Kelly 2008). Thus, the central issue becomes not violence per se, but rather coercion and the absence of consent – in essence, power relations – elements which cannot be sharply divided into criminal and non-criminal (Kelly 2008: 128-129). Researchers observe that the concept of a continuum of violence is accurate to the testimony of victims (eg Kelly 1988, Kanyeredzi 2017, Boyle 2019), who understand and interpret each act of violence within what Kelly (2016) refers to as a conducive context for violence. This is especially important for understanding how violence has different meanings depending on a woman's social location and marginalisation, as the discussion on intersectionality below outlines (Kanyeredzi 2017, Sokoloff and Dupont 2005).

The concept of violence as a gendered continuum incorporating everyday oppression through to severe physical and sexual harm is at the heart of my understanding of VAWG (Kelly 1988). It causes us to ask, not only what identifiable, specific harm is done by violence, but who benefits (Boyle, 2019). The concept of the continuum extends to the way that VAWG operates across the life course from birth to old age, often affecting individuals in different forms at different life stages. From sex-selective foeticide and infanticide through the

denial of education to girls, early marriage, sexual harassment and abuse of girls and women and so on, gender-based violence against women begins even before birth (Asian Pacific Institute on Gender Based Violence 2016). For this reason, although my research was carried out with adult women and focused on violence in adulthood, I refer to the phenomenon of Violence Against Women and Girls (VAWG). In addition to this, many victim-survivors experience everyday structural violence: this includes sexism and racism and the violence of poverty and exclusion (Scheper Hughes and Bourgois 2003, Kanyeredzi 2017). This structural violence in turn overlaps with and shapes the experience of specific instances of interpersonal violence against women (Kanyeredzi 2017).

### 2.2.3 Accounting for gender at all levels

There is widespread agreement among researchers and policy makers that VAWG is systemic, and that patriarchal forces play an important role in the perpetration and facilitation of VAWG (Jewkes 2002, Garcia-Moreno et al. 2005, UN General Assembly 2006, Hughes et al. 2016). The Istanbul Convention, for example, holds that VAWG: 'is a manifestation of historically unequal power relations between women and men' and, at the same time, is 'one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.' (Council of Europe 2011) Notwithstanding this, there are many complicating factors in the narrative of VAWG-as-patriarchal, and there is still insufficient empirical research on macro-level factors (Heise and Kotsadam, 2015: 333).

Research on VAWG and particularly on IPV occurs in many disciplines which do not always or necessarily adopt the macro level perspective that I have outlined. Dedicated journals such as *Partner Abuse*, for example, are actively sceptical about the relevance of gender and patriarchy to the etiology of violence perpetration (de Keseredy 2019). Theories of 'family violence' in the field of psychology have been especially influential (Hunnicuttt 2009), first in the US and increasingly around the world (Ellsberg & Heise 2005: 11). The research tradition of 'family violence' has been influential in developing methodologies for measuring domestic violence based on individual incidents: primary among these is the Conflict Tactics Scale. When used in different contexts, this scale often demonstrates gender symmetry in spousal violence (Hunnicuttt 2009, Straus 2009, Kimmel 2016). Research methodologies underpinned by theories of family violence, although they are widely used, are criticised by feminist researchers for placing excessive focus at a single level of analysis, the individual, without giving due regard to the power dynamics and context in which the violence takes place (Anderson 2009: 1453). They are further criticised for viewing domestic violence in isolation from the types of violence which women

experience outside the home, such as harassment and sexual assault (Ellsberg and Heise 2005: 11).

The theoretical model of patriarchy was developed in the context of analysis of VAWG by radical feminist thinkers such as Brownmiller (1975), Millett (1970) and MacKinnon (1989). Empirical evidence of the precise workings of patriarchy was limited however (Johnson and Johnson 2017), and the intellectual enterprise of eliminating violence by eliminating patriarchy stalled (Hunnicuttt 2009: 553). Feminists were criticised for failing to address other potential drivers of violence such as addiction or adverse childhood experiences; or to recognise that if patriarchy alone provided an explanation for VAWG, then all men would be perpetrators (Dutton 1994, Heise 1998, Hunnicutt 2009). Indeed, in order to tackle VAWG, violence could not be simply dismissed as entirely a function of structural relations, rather individual agency must be recovered in order to move towards accountability (Hearne 2012, Boyle 2019). A thorough accounting for the role of patriarchy in facilitating and prolonging violence against women requires a nuanced appreciation of the structures of patriarchy (Hunnicuttt 2009) and its interaction with other systems of power distribution (True 2012, Anthias 2013, Kelly 2016). This includes recognising that patriarchy is fluid and manifests differently at different times and places; that it intersects with other social hierarchies; and that it has a bearing on all people, not only women (Hunnicuttt 2009). While the theory of radical feminists would suggest that powerful men used violence to maintain their power, evidence shows that the most violent men are often those with less relative social status and power, undermining a simple narrative of the violent hegemonic male (Jewkes 2002, Hunnicott 2009).

Rather than abandoning patriarchy as an explanatory tool in favour of a more individualist framework, researchers recognised the need for a multi-level approach to understanding VAWG perpetration and risk (Hagemann-White et al. 2010). It is with these issues in mind that ecological frameworks of VAWG were developed. Theorising that IPV must occur in the context of a range of interconnected factors, from the individual level to the macro-social, Heise (1998) outlines the multiple factors that influence risk of both victimisation and perpetration for a broad range of types of VAWG. Drawing on Bronfenbrenner's classic ecological approach to health, an ecological model allows us to view VAWG victimisation as it occurs in context, with the dynamic interaction of multiple levels. VAWG is neither wholly structural nor entirely individual, but encompasses multiple levels of the social ecology. In cases of IPV, these include an individual's personal history (for example, witnessing marital violence as a child); the microsystem (family-related factors, such as use of alcohol, or male dominance in the family); the exosystem (community level factors such as a woman's isolation

or socio economic status); and finally the macrosystem (society-level factors including gender norms) (Heise 1998: 265). The interaction of multiple factors and levels is important to understanding VAWG prevalence, and to situating the phenomenon in its sociological context. The ecological model provides space to analyse the interplay between structure and agency in individual cases of VAWG. Further, it confirms and evidences the relevance of gender norms to the etiology of VAWG. It is a broad framework, and in the years since it was first proposed, it has been expanded to address numerous issues, such as risk of perpetration and impacts of violence, and to incorporate additional levels such as global cultural norms (Fulu and Miedema 2015). Even so, it is a somewhat static model which does little to illuminate the particular pathways through which culture and norms enable and create violent perpetrators, situations and events (Hagemann-White et al. 2010).

Taking a different approach, Anderson (2009) analyses the relationship between coercive controlling IPV and gender at three levels: as it affects identities, interactions and structures. Unlike Heise, Anderson's approach sees all levels of the socio-ecology as infused with gender, and teases out the detailed interplay between social, cultural and economic factors which impact on IPV. Anderson addresses this interplay (in the context of coercive control and IPV) by assessing gender at three levels: individual identity; interpersonal relationships; and through structures of gender inequality.

Theorising about identity addresses the specific puzzle of why it is not dominant men who are most likely to use violence, but those with reduced social status. Rather than violence being a tool used by powerful men to maintain their power, coercive controlling behaviour is more likely to be a reaction to the contradictions inherent in socially constructed masculinities (Connell and Messerschmidt 2005, Anderson 2009). Violence is most often invoked to establish difference from devalued femininities (Connell and Messerschmidt 2005, Anderson 2009). Thus, it is typically men with lower status on the losing end of multiple hierarchies who are more likely to invoke violence to correct their perceived powerlessness (Jewkes, 2002, Anderson 2009). Turning to the level of interpersonal relationships, Anderson demonstrates that male violence against women is symbolically effective owing to normative heterosexual scripts that favour male acts of control - such that equivalent acts by women do not establish the same social dominance. Finally, structures of gender inequality strongly influence the choices that women can make in the context of violent relationships: whether they have the financial ability to maintain themselves and their children, for example; or whether they have the legal right to separate or divorce from an abusive husband.

Multi-level frameworks that interrogate gender at all levels enable the representation of the ways in which VAWG is indeed gender based, and they also invite theorisation about other factors which influence victimisation and perpetration. Such detailed studies further enable the understanding of change over time and across space, as social norms shift, economic structures are altered, and experiences of violence vary. Fulu and Miedema (2015) for example, apply Connell and Messerschmitt's masculinities framework to understand recent shifts in local masculinities in the Maldives and the ways in which these are influenced by global forces of media; religious fundamentalism; urbanisation and economic restructuring; and democracy-promotion. Stark meanwhile theorises coercive control as a shift in violence dynamics emerging in response to broader changes in gender norms. According to Stark, coercive control is present in the context of loosening gender norms: 'When institutional patriarchy weakens, men substitute coercive control to maintain domination in personal life', he argues (2007: 173). This offers one good hypothesis for why patterns of VAWG differ starkly across socio-economic and cultural contexts, and predicts that where social change brings about greater gender equality, changes may occur not in prevalence of VAWG but rather types, with direct physical violence reducing but patterns of coercive control potentially increasing.

#### 2.2.4 Rape and violence culture

The term 'rape culture', coined by radical feminist activists in the 1970s, was described by Burt as 'a pervasive ideology that effectively supports or excuses sexual assault' (Burt 1980: 218). Prevalence of VAWG is clearly demonstrated to be associated with certain gender-related norms, which collectively can be described as 'violence culture'. Empirical studies introduced in the previous section assess the correlates of VAWG in different contexts and identify cultural factors which are associated with high prevalence levels, increasingly also exploring the pathways of influence (eg Heise 1998, Jewkes 2002, Anderson 2009, Heise and Kotsadam 2015, Fulu and Miedema 2015). While it is recognised that pathways to VAWG are multi-level and involve individual as well as social and cultural factors (eg Heise 1998, Heise and Kotsadam 2015), one meta-review of empirical evidence for the European Commission concludes that cultural factors are key to enabling perpetration (Hagemann-White et al. 2010). Assessing individual risk factors for perpetration of different types of VAWG, Hagemann-White et al. conclude: 'For the vast majority of individuals, these factors [ie individual ones] will only lead to violent behaviour when there is a conducive context permitting or encouraging this outcome'. (Hagemann-White et al. 2010: 78). As previously mentioned, Liz Kelly (2016) expands on the concept of the

conducive context, describing how in Central Asia, women's economic vulnerability places them at greater risk of trafficking for sexual exploitation. Studies on the prevalence of domestic violence, meanwhile, show that situations in which women are structurally dependent on men increase male control and undermine safeguards that might otherwise protect women from victimisation (Klein 2012: 23).

Key elements of violence culture include: hierarchical or traditional gender roles (Jewkes 2002, Johnson and Johnson, 2017); adversarial sexual beliefs (Burt 1980, Johnson and Johnson 2017, Suarez and Gadalla 2010); male entitlement (Jewkes 2002, Hagemann-White et al. 2010, Klein 2014); and crucially, the low social value and power of women (Jewkes 2002, Hagemann-White et al. 2010, Klein 2014). The low social value of women is apparent in male authority over women (Lefkowitz 1997, Hanmer 2000, Klein 2014, Heise and Kotsadam 2015); widespread sexism (Burt 1980; Johnson and Johnson 2017) and in active hostility towards women (Johnson and Johnson 2017). Acceptance of violence in society (Jewkes 2002, Johnson and Johnson, 2017) and in intimate relationships (Heise and Kotsadam 2015, Pence 1985, cited in Rankine et al. 2017) are further components of VAWG culture, as is the presence of media that sexualise violence, portray women as vulnerable sexual objects, and depict violence as rewarding or successful (Hagemann-White et al. 2010). Finally, a context of impunity, in which states do not hold perpetrators to account for their violent actions, enables the continuance of violence (Hagemann-White et al. 2010; UN General Assembly 2006).

As already discussed, while the many types of VAWG can differ immensely in their nature and severity and in the impacts that they have on victims and survivors, they are connected by being commonly underpinned by cultural elements that sustain them. From casual harassment to the most brutal physical assault, the likelihood of being victimised increases with the prevalence of violence culture. At the same time, cultural settings are ambiguous (Klein 2014: 21), and in any given group, place or time, multiple gender ideologies can co-exist (Connell, 2006, Klein 2014), so that violence culture frames and enables perpetration, but cannot predict it.

I conclude that cultural factors play a decisive, though by no means exclusive, role in the prevalence of VAWG (Hagemann-White et al. 2010, Klein 2014). The process of causality is not mechanistic, but rather involves a complex interaction of factors at different levels. Nonetheless, the importance of cultural factors across the continuum of VAWG support Burt's term 'rape culture' (Burt 1980, Suarez and Gadalla 2010), which I adapt to describe as 'violence culture', to include non-sexual forms of violence.

### 2.2.5 Summarising concepts and definitions

This section has outlined the arguments that favour a definition of violence against women centred on the fact of gender inequality, and on the argument that VAWG is, above all else, gender-based. This is both an empirical observation and a normative position, emphasising where resources and attention should be prioritised. Research trends now turn towards the precise functioning of these dynamics, the complex interplay between structural, individual and collective factors. It is to these questions that I aim to contribute, through an understanding of the ways that stigma structures the impacts of VAWG.

In line with the trend set by the UNGA, I adopt the following definitions. I understand Violence Against Women to mean

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

(DEVAW)

Accordingly, it is necessary to define gender-based violence; I do so drawing on CEDAW general recommendation 19:

Gender-based violence against women is ‘violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.’

This in turn demands a definition of gender. As I stated at the beginning of this section, I use a definition from the World Health Organisation which understands gender as socially constructed, and draws attention to the specific ways in which social construction occurs:

Gender refers to the socially (as distinct from biologically) constructed characteristics of women and men – including norms, roles and relationships of and between groups of women and men (WHO n.d.).

I emphasise that socially constructed characteristics between women and men are present not only at the interpersonal level, but also in institutions and structures of the state and beyond. I draw on concepts of a continuum of violence against

women (Kelly 1988) and a continuum of oppression (Kanyeredzi 2017) to gain an intersectional and thorough qualitative understanding of the experience of the victim-survivors. I also note that conceptually, the definitions that I use include violence committed against girl children because they are girls. Hence, although this research deals exclusively with adult women, and mainly with their experiences as adults, I use the abbreviation VAWG for violence against women **and girls** in recognition of the fact that the phenomena are conceptually and experientially linked.

In this section, I have established that gender and the system of unequal gendered power relations that is patriarchy, are the core uniting factors of the phenomenon of VAWG. I have also demonstrated how, accepting this fact, a thorough account of gender is necessary but insufficient for a complete understanding of VAWG. In the next section, I will introduce the concept of intersectionality, which provides for the analysis of the many other axes of discrimination and indeed oppression at play in experiences of gendered violence. Given the concern of this thesis with African migrant women in Ireland, intersectionality is an essential theoretical tool.

### 2.3 Intersectionality, VAWG and difference

The study of VAWG in the context of migration demands a careful reflection on the relevance of difference to the lives of victims and survivors of violence. A detailed literature exists on the subject of violence against women as it affects migrant women, most frequently in the US and usually with a focus on IPV (eg Sokoloff and Dupont 2005, Erez et al. 2009, Runner et al. 2009); but also in other countries (eg Thiara and Gill 2012, Thiara et al. 2015, Simon Kumar et al. 2017, Satyen et al. 2018); and indeed with a regional or global perspective (Kasturirangan et al. 2004, Freedman and Jamal 2008, Menjivar and Salcido 2016, Phillimore et al. 2019). Many such studies specifically name the need for an intersectional approach to analysis of migrant women's experiences of violence (eg Sokoloff and Dupont 2005, Erez et al. 2009, Ammar et al. 2014, Kalunta-Crumpton 2016, Tonsing and Barn 2016, Phillimore et al. 2019). This section introduces the concept of intersectionality, and discusses how it will be applied to gain a nuanced understanding of VAWG in this thesis. Before I do this however, it is first necessary to reflect on the topic of culture, which has already arisen in relation to violence culture, and now arises to describe difference between groups.

### 2.3.1 Culture and VAWG

I have clearly outlined the way in which VAWG is enabled, facilitated and normalised through cultural forces which I have described as rape and violence culture. Since this thesis deals with VAWG as it affects migrant women in Ireland, it is necessary, before I continue, to problematise the idea of culture, to recognise the traps that exist and outline precisely how I will use the concept in my analysis.

I use the term culture to refer to ways of life structured by power and representation (Schech and Haggis 2000, cited in Jolly 2002: 16). This understanding recognises that all groups possess different ways of life, meanings and value, and so these things are worthy of study both at the centre of power and at its margins. This is a development on earlier anthropological approaches to culture as something unique to 'other' supposedly 'primitive' societies (Jolly 2002: 6). As such, I note that culture is formed by influences both internal to specific groups and external to them and therefore subject to change; it is structured by power and influenced by representations, whether through in-group performances or media portrayals (Jolly 2002: 6-7).

The concept of 'culture' is often used to blur and limit our understanding of VAWG, and to racialise its potential and real victims, while people in western societies 'are depicted as having no culture, other than the universal culture of civilisation'. (Sokoloff and Dupont 2005: 46-47; see also Abu Lughod 2002, Merry, 2003: 974, Anitha and Gill 2018). While the phenomenon of violence in western societies such as Ireland might cause us to interrogate our politics, institutions and history, when it comes to 'other' women, there is a tendency to focus on the religious and 'cultural'. This is especially the case when Muslim women are concerned (Abu Lughod 2002, Patel and Sen 2010).

The topic of VAWG as a political issue has proved controversial among feminist activists, given its potential to recreate stereotypes of women as vulnerable, lacking agency and in need of protection (Peroni 2017: 52). These stereotypes are both more prevalent and more pernicious in the case of non-Western women, who are frequently presented in discourse as childlike in their dependency (Mohanty 1988, Abu Lughod 2002, Anthias 2014). Culture is frequently used as a trojan horse for stereotyping non-Western societies and peoples, with women's rights the convenient tool used to achieve this purpose.

The trap of selective culturalisation is visible in VAWG discourse when legislation, policy and analysis emphasise particular types of violence over others;

emphasising, for instance, honour-based crimes, female genital mutilation or sex-selective abortion in minority communities to the exclusion of more universal forms of violence (Anthias 2013, Peroni 2017, Anitha and Gill 2018). When it comes to so-called universal forms of VAWG such as IPV and NPSV, there is frequently a tendency to stereotype domestic violence in some ethnic groups as ‘an inherent part of their cultural repertoire’ (Menjívar and Salcido 2002: 91). The impact of this is twofold. It serves to normalise domestic violence within specific minority groups, releasing the host government from responsibility for addressing the issue (Menjívar and Salcido 2002: 92); and it further serves to reinforce the belief - rarely evidenced - that domestic violence is disproportionately high within immigrant communities (Menjívar and Salcido 2002), and implicitly low in mainstream society. In this way, meaningful intervention can be precluded both for citizens of the dominant culture and simultaneously for migrant communities.

The other side of the coin of selective culturalisation is cultural relativism. Okin (1999) observed the ways in which the policy of multiculturalism, for some time the dominant norm in European responses to immigration, seals off certain cultural beliefs and practices from critique, making multiculturalism potentially antithetical to women’s rights, in so far as it encourages the automatic celebration of cultural identities without interrogating their specific, frequently patriarchal, content. Yuval Davis (1997: 131) alerts the reader to the risks of ‘uncritical solidarity’, insisting that in as much as culture can promote harmful outcomes, it must always be a fair target for even-handed analysis and critique.

Postcolonial feminists offer perspectives grounded in the complex experiences of the ‘other’ women and communities in question. Saba Mahmood (2001) strongly urges the interpreter of ‘other’ women’s lives to begin by looking, not at externally-identified constraints, but at women’s own agency, noting a case of Egyptian women who were more committed to their own culture, oppressive as it may have seemed from the outside, than to their rights to liberal feminist individual autonomy (Mahmood, 2001). Yuval-Davis (2011) relates the experience of the movement of Women Against Fundamentalism, where a diverse group of women affected by religious fundamentalisms responded to controversy about the fatwah against Salman Rushdie with their own protest, rejecting both the anti-religious organised left, and the patriarchal islamists.

Culture then is too often deployed to define specific ‘othered’ groups from outside, and too rarely used as a tool to understand complex and often contradictory systems of meaning and belonging. While culture is core to the analysis that I am carrying out, I use the concept with caution. I explicitly name cultural influences that facilitate VAWG and intensify its impacts: these are explored in section 2.2.4 above, on VAWG culture, and throughout section 2.5 on patriarchal stigma and VAWG stigma. I draw attention to cultural factors that influence VAWG in Ireland

including the ways in which dominant institutions and power structures reproduce violence culture. As we shall see, studies of VAWG have been known to conflate culture with race or ethnicity, resulting in less rather than greater conceptual clarity, not to mention increasing racial stigma. By focusing on the presence or absence of the constitutive elements of VAWG culture (section 2.5), I aim to resist such tendencies.

I recognise that cultural influences are shaped by a wide range of factors, and they are strongly shaped by structural experiences (Yuval Davis: 2010), especially the experience of migration and having differential migrant status. Furthermore, cultures shift and change, and individuals can and do reject elements of their culture all the time (Kasturirangan et al. 2004). Finally, as discussed above, I acknowledge that culture intersects with other axes of difference and exclusion.

### 2.3.2 Different types of difference: introducing intersectionality

VAWG was one of the areas in which the theory and practice of intersectionality first took hold, in response to the limitations of existing approaches (eg Crenshaw 1991, Collins 2000). Scholars challenged the use of gender as the prime unit of analysis for VAWG, arguing that in many cases, violence against women was influenced by and inflected with other forces of oppression including racism, ethnocentrism, classism and heterosexism (Sokoloff and Dupont 2005).

The originator of the now common term intersectionality, Crenshaw (1991) highlighted the failure of mainstream feminism to appreciate the nature of violence against Black women, and in particular the way that poverty and racism made the experience of both domestic violence and rape qualitatively different for African American women than it was for white women. The only way to overcome this, Crenshaw argues, is to pay attention to what happens at the intersections of marginalisation. Crenshaw sees intersectionality as relevant to structural difference: the differential ways in which laws and institutions of the state act on particular groups; and also as political. In the realm of the political, Crenshaw draws attention to the failures of both feminist and anti-racist organising to address the issues that materially affect women situated at the intersection of two modes of oppression. Her observations have become essential to later feminist scholarship.

Many practitioners in the field of social and gender justice have concluded that a simple analysis across a single axis of oppression is inadequate to the task of understanding the dynamics of marginalisation and exclusion (eg Yuval-Davis 2010). The need for a conceptual approach like intersectionality is almost

intuitive, though the application of tools and strategies to put this concept into place is not without its challenges. For while understanding the overlapping nature of different types of identities and exclusions is an obvious task in the pursuit of equality; the act of interrogating difference can construct new problems of its own.

### 2.3.3 Intersectionality: critiques and applications

While the term intersectionality emerged in the late 1980s as a heuristic term to address dynamics of difference and solidarities of sameness (Crenshaw, Cho and McCall, 2013), the concept has travelled across disciplines and practices, generating different interpretations and applications. Critics of intersectional theory and praxis highlight three main issues: that it tends towards essentialising; that it fragments identities infinitely; and that in so doing it undermines the possibilities of change. Taken together, these unintended impacts of intersectional practices risk tending towards a social status quo, potentially making intersectionality a conservative rather than progressive force.

The intellectual desire to understand many different types of difference is frequently thwarted by reductive conceptual tools. The first issue that intersectional theorists must address is the precise understanding of difference. The many issues which intersectionality aims to address are often equivalised, although in fact they inflect individuals and groups in very distinct ways. The “classic” axes of gender, race and class are frequently overlaid with quite different axes such as legal status; (dis)ability; profession; education level; prison record and so on. Nira Yuval-Davis (2006: 199) cautions: ‘there is a need to differentiate carefully between different kinds of difference.’ Contra some characterisations of intersectionality, not all difference can be assigned to identity. In some cases, difference rather refers to the social location of an individual on different power axes (Yuval-Davis 2010, Anthias 2014): legal migration status is a good example of this. Rather than focussing on identity, Cho, Crenshaw and McCall (2013: 795) encourage researchers to consider sameness, difference, and relationship to power as they affect people in different social locations; I take my cue from them.

In identifying axes of exclusion or oppression, critics argue, these same axes (at times understood as nothing other than identities) can become understood as static and essential: precisely the problem that intersectionality sets out to overcome (Baillot et al. 2011). Constructs of ‘blackness’, ‘femaleness’ or ‘working classness’ need to be conceptually fixed before they can be practically mapped onto further subsets of identity or social location. The emphasis on fixed and static groupings might thus (unintentionally) resist flexibility and nuance, and

ultimately construct social location as social destiny (Yuval-Davis, 2010: 268). This tendency is exacerbated by imagining intersectional difference as additive (Yuval-Davis 2006), in a way that looks something like race + gender + class = oppression. This is literally reductive, as with each addition, the content of the category reduces, without necessarily changing. In essentialising specific elements (race, class, gender, mobility or others), critics also argue that intersectionality can result in constructing 'fragment[s] of a social category - as a black woman, as a white member of the working class and so on' (Yuval-Davis, 2010: 268). The creation of multiplicative identities tends towards emphasising difference rather than sameness, creating 'an illimitable process of signification' (Knapp on Butler, cited by Yuval-Davis 2006: 201), until there are hundreds of 'intersectional' identities, and no possibility of collectivity.

Rather than being additive then, axes of difference and exclusion are constitutive (Yuval-Davis 2006, Chantler and Thiara 2017: 84): race and gender co-constitute each other such that the experience of being a woman is infused with the experience of being a person of colour, and vice versa. And different social situations (being a migrant, having a different legal status) and identities (being a woman, being Kenyan, or African, or Muslim) develop and evolve together in a co-constituting way. Accordingly, it is not possible to understand axes of difference and/ or oppression in isolation, rather they must be assessed in their interactions with each other. Research on migrant experiences, wary of cultural essentialising, sometimes focuses on structural factors to the exclusion of cultural ones. Sokoloff and Dupont (2005), for example, argue persuasively for a focus on structural conditions in their study of migrant women's experiences of VAWG, to bring the focus to the statistics that show that marginalised and racialised women are usually more likely to experience violence. This overlooks the fact that there is an overlap and an interaction between structural, cultural and individual factors. African American women, for example, are socialised to appear in control in the presence of Anglo-American women, compromising their ability to seek help from Anglo-centric DV services (Moss et al. 1997, cited in Kasturirangan et al. 2004: 321): this constitutes an intersection between structural racism and cultural practices of out-group behaviour. In this manner, cultural preferences (the need to appear in control) are co-constituted by the fact of structural discrimination precisely because culture and structure exist in dynamic interaction, and both must be attended to (Yuval-Davis 2010).

It is clear then that conceptual tools for understanding multiple different differences are required, but that their application is challenging. I draw on intersectionality throughout this thesis in order to recognise the many types of difference that inflect the experiences of research participants. I observe multiple

boundaries of identity and belonging in the ways that they are both exclusive and inclusive (Yuval-Davis 2010). I draw attention to (often temporary or contingent) social locations, particularly related to legal migration status, social welfare status, and housing status, among other things. It is my intention, in paying attention to these different types of difference, to appreciate how at times they are constitutive of selfhood, and thus essential to understanding research participants in all their 'unrepeatable uniqueness' (Cavarero, cited by Livholts and Tamboukou, 2015); and how at times they constitute insurmountable barriers.

#### 2.3.4 Intersections of VAWG and migration

As we have seen, a detailed literature exists on the subject of VAWG and migration. Recent developments in migration studies highlight the 'superdiversity' of contemporary migrant-receiving communities (Vertovec 2007), such that old concepts of two-way integration from a specific 'heritage' country or culture of origin into a singular 'host' society are strained (Phillimore et al. 2019). Rather, as transnational scholars highlight, communities are increasingly constituted across multiple locations, connected through travel and communications (Gray 2016: 41), while 'host' societies are made up of a diversity of ethnic, racial, cultural and other categories. These insights into migration encourage us to consider the many different material, institutional and individual factors which mediate the risk and impact of VAWG, without either ignoring or over-emphasising culture (Phillimore et al. 2019). Drawing on intersectionality allows us to consider the many aspects that may inform victim-survivors' experiences: as Kanyeredzi (2017: 15) points out we must view women subjects simultaneously as women, as racialised women, and as victim-survivors, and understand their different identities and social locations.

There is no clear consensus on the prevalence of VAWG against migrant women globally, as studies use a range of very different methodologies, applying different parameters (eg IPV only, or VAWG more broadly), and addressing different migrant populations. VAWG can itself be the cause of forced migration (True 2010, Freedman 2012, Turan et al. 2016, Freedman 2016). Sub-Saharan African migrants interviewed in Morocco in 2009 reported that gender-based violence or persecution was often a key factor behind their decision to migrate, referencing conflict-related sexual violence, forced marriages, the threat of female genital mutilation and domestic violence (Freedman 2012: 43). Experiences of these types of VAWG generally intersected with poverty to act as catalysts in the decision to migrate (Freedman 2012: 44). It is widely agreed that the experience of migration itself produces specific risk factors and vulnerabilities to VAWG (Freedman &

Jamal 2008, Erez et al. 2009, Women's Health Council 2009, Council of Europe 2011, Goncalves and Matos 2016, Menjívar and Salcedo 2016, Simon-Kumar et al. 2017), although the paucity of population-level data makes this a difficult claim to quantify. Gender-based harassment and assaults are a well-documented feature of refugee and reception camps around the world, perpetrated by fellow-displaced people, locals, and camp staff and guards (Freedman 2016: 22). Increasingly, refugees settle temporarily in large urban centres rather than camps, where the risks of violence including gender-based violence are different. The UN High Commissioner for Refugees (2009) identifies a range of protection needs for women and girl refugees in urban and non-camp settings, including: threat of arrest and detention, refoulement, harassment, exploitation, discrimination, inadequate and overcrowded shelter, HIV, human smuggling and trafficking, and other forms of violence.

On arrival in host societies, migrant women are also vulnerable to particular forms of violence. In a systematic literature review on risk factors for IPV, Menjívar and Salcedo (2002: 902) found that, across a number of migrant-receiving societies, incidence of domestic violence was not higher in immigrant communities than in host communities, but that the experiences of immigrant women were often exacerbated by their specific positions as immigrants. Migration is also an important factor in shaping the lifetime impacts of violence (Kelly et al. 2014) and mediates help-seeking for violence and its impacts (Freedman & Jamal 2008: 10).

Existing research on VAWG and migration does not always integrate critical perspectives on 21<sup>st</sup> century movement. A tendency is present in some studies to elevate national origin/ heritage culture to the prime explanatory factor for IPV affecting migrants (Ammar et al. 2014). According to Kasturirangan et al. (2004), ethnicity is often used as a direct marker for cultural influences, although analyses on the basis of ethnicity rarely assess how aligned individuals are with their supposed ethnic identity (see also Patel and Sen 2010). Dominant cultural norms within any particular ethnic grouping do not automatically or necessarily hold for particular individuals within that group, however much 'ethnic fundamentalist' perspectives (Yuval-Davis 1997) may hold that they do. Further, researchers too often make the assumption that it is possible to stratify data for ethnicity without controlling for other socio-economic factors, giving ethnic and cultural backgrounds far more explanatory power than they merit (Kasturirangan et al. 2004, Bent-Goodley 2005, Sokoloff & Dupont 2005).

Intersectionality offers tools to understand the full range of factors which may contribute to the risk of VAWG and the impact of VAWG on women migrants, and to appreciate the ways in which these factors intersect. In the case of migrant

women, there is an array of influencing factors which are frequently conflated, including migration status, race, culture and religion. For example, in studies in the US the specific migration experiences of African migrant women are frequently subsumed under the broader category of racial discrimination (Kalunta-Crumpton 2016, Erez et al. 2009, Goncalves and Matos 2016), conflating the experiences of African Americans with those of immigrant Africans in America. Religious identity, meanwhile, tends not to be addressed (Ammar et al. 2014: 1451), or to be subsumed unreflexively under the broader heading of culture. In UK studies – often the most useful starting point for social analysis of under-researched issues in Ireland – there is an emphasis on the experiences of South Asian women (eg Thiara and Gill 2010), or a broad discussion of Black and Minority Ethnic (BME) communities (eg Thiara and Roy 2015, Chantler and Thiara 2017). More recent work is seeking to centre the experiences of African and Caribbean heritage women in the UK (eg Kanyeredzi 2017). This allows for investigation into migration status and racial discrimination as well as more geographically-specific cultural attitudes and beliefs and differentially-constructed types of patriarchy (Kandiyoti 1988).

There is a clear requirement for further detailed research and meta-analysis of prevalence and incidence of different forms of VAWG against migrant women in host countries and throughout the migration journey. Istanbul Convention<sup>4</sup> specifications call on parties to collect data systematically and consistently (Council of Europe 2011a), the better to provide comparable information. As things stand, it is difficult to draw exact conclusions about the differential rate of either IPV or NPSV affecting migrant or refugee and asylum-seeking women living in host countries, although it is fair to say that the experiences of violence, patterns of help-seeking, and lifetime impacts are strongly mediated by the different facts of migration. I return to the specifics of how VAWG impacts on migrant women in chapter 3, applying the international literature to the case of Ireland.

## 2.4 Researching the impacts of VAWG

As already established, Violence Against Women is both a cause and a consequence of gender inequality (UN General Assembly 2006). Section 2.2.5 above describes the violence culture which flows from gender inequality and enables VAWG. Nonetheless, the exact impacts of different types of VAWG are incompletely understood. This research project forms a part of a wider research

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<sup>4</sup> The Council of Europe Convention on preventing and combating violence against women and domestic violence in Europe is commonly known as the Istanbul Convention.

study on the economic and social impacts of VAWG, and is concerned with contributing to the understanding of non-health-related social impacts: for the rest of this section, I will explore the literature on the social impacts of VAWG. Owing to the specific interests of this study, the literature reviewed is broad, but wherever possible I have sought studies relating to the impacts of VAWG on migrant women in particular, and on women in African or at least lower income settings more generally.

Research on the impacts of VAWG tends to focus first on the question of health impacts (eg Campbell 2002, Garcia-Moreno et al. 2005, Vives-Cases et al. 2010 Garcia-Moreno and Pallitto 2013) including short and long term impacts on physical, sexual and reproductive, and mental health (Garcia-Moreno and Pallitto 2013). Health impacts can be immediate – including fractures or sexually transmitted infections – and also chronic, developing slowly over time, including chronic pain, gastro-intestinal disorders and disorders of the central nervous system (Campbell et al. 2002, Ellsberg 2006, Vives-Cases et al. 2010). Subsequent research has investigated the less direct but equally significant economic impacts of VAWG, not alone on individuals, but on macroeconomic systems, through impacts on productivity, lost earnings, out of pocket expenses and in some cases the cost of treatment and response (eg Walby 2004, Duvvury et al. 2012, Duvvury et al. 2013, Walby and Olive 2014, Vara-Horna 2018).

Outside of the health and economic sphere, it is generally recognised that VAWG has a broader societal impact. Research on this topic is in the early stages (Kelly et al. 2014: 68), and research on the long-term impacts of VAWG is sparse (Simmons, Knight and Menard 2015). There is much promising evidence from the public health literature which focuses on barriers and enablers of help-seeking related to violent experiences. Since help-seeking is a fundamentally social act, this literature offers significant insights into impacts on social networks through its focus on disclosure and networks of support (eg Bauer et al. 2000, Ahmad et al. 2009, Goodman and Smith 2011, Overstreet and Quinn 2013, Kim and Hogge 2015). However, this literature is necessarily concentrated on momentary experiences rather than the overall social impact of violence across the life-course. Research on VAWG and social networks - generally emphasising the potential of informal networks to intervene and support victim-survivors – is also valuable in this respect, although similarly not explicitly concerned with impacts (eg Levendosky et al. 2004, Goodman & Smyth 2011, Klein 2014) In the field of human rights and development, a small number of theorists have used the capabilities approach to open up the investigation into the wider impacts of VAWG (eg Nussbaum 2005, Agarwal and Panda 2007). Within this approach, the concept of space for action or life space is a promising area to further explore social impacts.

#### 2.4.1 Social impacts of violence: the relational space

In order to address the question of social impacts of VAWG, it is essential, first, to appreciate that VAWG impacts not only on the individual but on the relationships between individuals: between mothers and children; wives and husbands; friends; colleagues; neighbours and so on (Brisson 2002, Nussbaum 2005, Kelly et al. 2014, Naughton 2017). A starting point for understanding relationality comes in the observation by Winnicott (1965, cited in Klein 2014) that a healthy sense of self is built on a foundation of good relations with others; therefore, impacts of violence on the self are socially dependent (Klein 2014: 52) and also socially influential. As Charles Cooley argues, 'self and other do not exist as mutually exclusive facts' (cited in Yuval-Davis, 2010: 273); rather, the individual is embedded in their relationships with others, including their dependencies on and responsibilities for others (Robinson 2013: 140). The impact of VAWG on the self is an impact on the relational being: this means both that relationships are valued as a part of processes of damage and recovery for victims and survivors (Brisson 2002); and also that impacts affect not only individual victims, but also their social circle, as the costs and consequences ripple out into society (Coy et al. 2007 (cited in Sharp Jeffs et al. 2018: 11, Scriver et al. 2015)).

A significant socio-economic impact of violence, especially intimate partner violence, is seen when women withdraw from paid work or education, either at the behest of a controlling abuser (Stark 2007), or owing to the complex mental and physical health impacts of trauma (Agarwal and Panda 2007); however, the extent to which this occurs is to date not fully investigated. A recent study found that national loss in productivity in Ghana through missing work and/or being less productive at work due to VAWG was approximately 64 million days annually, equivalent to 4.5% of all employed women in effect not working (Asante et al. 2019). There is a growing interest in the interaction between violence and women's political participation (eg Htun and Weldon 2012), and widespread recognition that violence impacts on women's freedom to participate in the public sphere, owing to fear of re-perpetration, fear of social judgement, and reduced self-esteem and self-confidence (Nussbaum 2005). More detailed and empirical explorations of women's possible withdrawal from the social sphere remain to be documented specifically in a literature on the social impacts of VAWG - although indications are apparent in literature related to VAWG and help-seeking or VAWG and migration. Some studies (eg Klein 2012; Goodman and Smyth 2010; Levendovsy et al. 2004) focus on social networks and informal networks in the aftermath of different types of VAWG, mainly IPV - but these tend to emphasise

the prospects for improved responses to violence, rather than the specific outcomes and impacts of violence on individual women and their communities. An outstanding question remains: how do women's immediate and proximate relationships alter, flourish or diminish in the aftermath of VAWG, and at what cost to those women and to society at large?

While VAWG research tends to focus on access to formal agencies, it is people in informal social relationships (friends, family, neighbours, colleagues etc) who usually serve as either gate-openers or gate-closers for women to seek help. Research demonstrates that these people continue to be essential to the rebuilding of women's lives following escape from the violence (Klein 2012, Goodman and Smith, 2011, Kelly et al. 2014). Women draw on their social networks for 'shelter, money, transportation, or childcare as well as moral support and consolation or a safe place to sort out what happened and to think about the future' (Klein 2012: 39). Since survivors are more likely to report violence to their informal networks than to formal services (Klein 2012: 8), some researchers note the social cost of the burden placed on friends and family by violence (eg Au Coin and Beauchamp 2004: 4, Vara Horna 2018 53-54). This burden accrues first and foremost to the victim-survivor, who may find reaching out for help difficult, and may lose relational resources in doing so; Vara Horna, indeed, describes the relationship as a 'social debt' which ultimately must be repaid (Vara-Horna 2018: 54). It is well-established that perpetrators of IPV deliberately manufacture the isolation of their victims from potential sources of support (Klein 2012, Larance & Porter 2004, Stark 2007). The process of network maintenance and renewal can be undermined by the damage that VAWG does to trusting relationships (Kelly et al. 2014: 74), and by women's need to protect themselves from their abuser and to prevent him from learning about their lives post-separation (Kelly et al. 2014: 74).

The above discussion of the social impacts of violence focuses on the impacts on individual women and on their relationships with the wider social nexus, which in turn is likely to cause the impact to ripple outward to social groupings such as families, communities, workplaces and political society (Scriver et al. 2015). A further impact has been noted by many feminists: the impact of a culture of violence on women as a social class. Writing in 1998, Eva Lundgren remarked:

When women study feminist self-defence and pay lower taxi fares than men at night and the police provide abused women with alarm systems, all this can be characterised as change. But from another point of view, we can see that it cements and validates or stabilises the very phenomenon against which women are rebelling. (Lundgren 1998: 169)

Lundgren's observation is in line with the analysis of the US anti-rape movement in the 1970s, where women survivors of rape argued that the widespread acceptability of sexual violence endangered all women (Poskin 2006: 5). Indeed, there is a growing agreement that the prevalence and acceptability of VAWG within our society - within the violence culture mapped out in the previous chapter - amounts to a limitation on the free and equal movement of all women in the public sphere (Nussbaum 2005, Vera-Gray 2018). This in turn has knock-on impacts on the behaviours and practices of individual women in their everyday lives (studying self-defense and carrying alarm systems, as Lundgren mentions). I will return to the specific relevance of these adaptations and impacts later in this chapter.

#### 2.4.2 Social impacts and capabilities

Much of the existing literature on the social-relational impacts of VAWG tends to focus on accessing formal services, and to overlook the day-to-day exchanges and less formal relationships which account for the main support structures for most women (Klein 2012, Sharp-Jeffs et al. 2014: 68). This is unsurprising, since a majority of the published literature on this subject is in the field of public health. A more sociological analysis of the situation emerges under the broad approach of capabilities. The capabilities framework was developed by economist Amartya Sen to encourage the quantification of human progress and development beyond the reductive categories of GDP and economic growth. Capabilities thus broadens the scope for discussing impacts beyond defined fields of economic activity such as income, expenditure and the burden of health. Certain key aspects of the capabilities approach are useful for conceptualising the social impacts of VAWG. First, capabilities as a framework is considered ethically individualistic (Robeyns 2003), meaning that each individual is significant, and making it impossible to preference outcomes at a collective level over individual ones. This is especially significant in questions of gender, where women are often made invisible within households and collectivities. Second, although it is an individualist approach, some capabilities theorists embrace the principle of relationality, as outlined above. Robeyns for instance (2003) includes social relations as one of her list of 14 key functionings<sup>5</sup>. In this recognition, it becomes possible to view impacts on relationships and the ability to build relationships as core to the social impacts of VAWG. Finally, capabilities theory is a valuable space for understanding the social impacts of VAWG because it recognises that human experiences are embodied and holistic, and impacts across domains are dynamically interconnected (Nussbaum 2005, Robeyns 2018).

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<sup>5</sup> "Functionings" is the term used in capabilities literature to refer to states of "being and doing" such as being well-nourished or adequately sheltered.

Some theorists advance the development of indicators of collective capabilities, including such aspects as political awareness (Kabeer and Sulaiman 2015), collective action (Fukuda Parr 2003, Ibrahim 2006, Kabeer and Sulaiman 2015), and effective local governance (Ibrahim 2006); in effect, the ability to achieve by collective action what could not be achieved individually (Lessman and Roche 2013). Collective capabilities, conceived in this way, still amount to the collective actions of individuals, and the relevant impact consists in the outcomes for groups of individuals - what Lessman and Roche (2013) describe as 'socially dependent individual capabilities', since not all members will necessarily have cause to value political action or its outcomes (Alkire 2008).

Kabeer and Sulaiman (2015: 61-62) observe that an important interim impact of collective capabilities can be the quality of relationships, for example, within a social movement. They describe 'relational resources' as potentially a key element in the successful development of collective capabilities. The literature on the whole does not delve in much detail into the area of relational resources, and yet it is these that I aim to explore, as a crucial intermediating element between the individual and the collective, valued both for their intrinsic value to the individual, and for their instrumental value for wider collective purposes (such as solidarity, support, and norms disruption). In line with the concept of ethical individualism, and consistent with the emphasis on relationality, I suggest that to fully explore the ways in which impacts of violence 'ripple out', it is valuable to follow the chain of impacts on a victim-survivor from the individual through to the social spaces that she occupies.

#### 2.4.3 Life space as a capabilities approach

Although it is not typically described within the capabilities framework, I argue that the work of Liz Kelly and affiliated researchers in the Child and Woman Abuse Studies Unit of LMU on women's 'life space' or 'space for action' (the terms are used interchangeably) builds on the same philosophical underpinnings as capabilities theorists in exploring the broad impact of VAWG on women's range of capabilities (eg Lundgren 1998, Kelly 2003, Kelly et al. 2014, Sharp Jeffs et al. 2018). Like capabilities, space for action explores the ways in which VAWG affects a woman's whole being - biological, social, and symbolic (Lundgren 1998). Kelly (2008) cites the testimony of philosopher Sue Brison in the aftermath of her own brutally violent sexual assault:

I develop and defend a view of the self as fundamentally relational... capable of being undone by violence. But also of being remade in

connection to others ... Learning to fight back is a crucial part of this process, not only because it enables us to experience justified, healing rage ... the confidence I gained from learning to fight back not only enabled me to walk down the street again, it gave me back my life ... a changed life, a paradoxical life.

Brison (2002)

Space for action serves me principally as a conceptual tool to enable an understanding of how violence impacts on the whole woman in the world, and as a field within which impacts can be understood. The term represents the multiple interconnected domains of a woman's life, including her social relationships and her freedom to move in different physical spaces. It has been shown that space for action is significantly constrained by coercively controlling relationships and expands in the aftermath of such relationships (eg Westmarland and Kelly 2013, Kelly et al. 2014, Sharp Jeffs et al. 2018); it has also been demonstrated that the space for action of women in general is constrained by street harassment and non partner violence (Vera-Gray 2018). In all cases, the concept of space for action represents a dynamic relationship between the expansive agency and freedom which men enjoy under conditions of patriarchy, requiring the limitation of the agency and freedom of women. A central feature of coercive control is the 'microregulation of everyday behaviours' (Stark, 2007: 5). Yet it is important to note that even within conditions of extreme violence and control, women can and do retain and exercise agency (Kelly 1988, Madhok 2013, Campbell and Mannell 2016), which they use to manage their lives within the available parameters (Westmarland and Kelly 2013: 1101-1102).

A more recent study of space for action by Sharp-Jeffs et al. (2018) moves - in line with much capabilities research - to quantify the concept. Looking at the indicators used enables us to see in more detail exactly what is understood by space for action in the context of the social impacts of VAWG. The domains are as follows: Psychological and sense of self; Physical well-being and safety; Economic; Efficacy or competence; Support, relationships, and help-seeking; Wider community; and Parenting. These domains encapsulate impacts on the socially-constituted individual (psychological and sense of self; efficacy or competence); her material circumstances (physical well-being and safety; economic); and her relationships with other people (support, relationships, and help-seeking; wider community; and parenting). This is a very good fit for understanding the ways in which violence impacts on the relational space.

As I shall demonstrate later in this chapter, stigma similarly imposes strict parameters on what women can and cannot do, and also dictates that they

regulate themselves in anticipation of a sanction, narrowing their space for action. Patriarchal stigmas empower abusive men, and perpetrators often make use of such stigmas to reinforce their control over victims and survivors (Stark 2012). Fear of violent and abusive men and the control they exert serves to constrain women's life space. But even in the aftermath, the stigmas which underpin the violence can exert a similar force, and the results are worth investigation. Although the threat that underpins the constraint is different - and I acknowledge that this makes the nature of the experience qualitatively different - the patterns of impact are similar. Some of the patterns I mean are documented by Westmarland and Kelly (2013: 1102), including constraints on the freedom to speak one's mind without fear of the consequences; being able to reach out to others for support or help whenever it is needed; and believing in one's own self-worth, limitations of life space which women victim-survivors of IPV considered highly significant in the impacts of coercive control on them.

Space for action exposes the multiple connected domains that are impacted by violence, and also the adjustments that women make in their lives to adapt to this reality. The terms 'safety work' and 'violence work' have been coined to describe the adjustments that women make to their behaviours in order to survive and overcome experiences of violence. Women incorporate adaptations to their daily practices in order to escape the connected pervasive threats of sexual harassment, abuse and assault (Nussbaum 2005, Vera-Gray 2016, Vera-Gray 2018). Safety work describes the ways in which women's fear of crime actively alters their behaviours in the public realm (Vera Gray 2018: 125, Nussbaum 2005), and in their personal relationships (Kelly et al. 2014: 53-56), resulting in their withdrawal from certain groups and spaces (Kelly et al. 2014: 53-56): a 'fearful femininity' characterised by self-regulation (Gotell 2011, cited in Taylor 2018: 443). In addition to safety work, women carry out 'violence work': the emotional and physical adaptations made in order to overcome the harm done by violence (Kelly et al. 2014: 83). These are apparent in new patterns, activities and behaviours that are necessary to maintain equilibrium once safety is assured, including management of the self through mindfulness, meditation and other similar practices (Kelly et al. 2014: 83). If stigma does indeed impact negatively on the life space, then it is fair to suggest that women's accommodations to this impact can be framed as stigma work, the work done by women to adapt to their diminished status in the world. I suggest that stigma work is one of numerous underexamined outcomes of VAWG, and later in this chapter I outline how I aim to explore the outcomes and impacts of VAWG.

#### 2.4.4 Framing the social impacts of VAW

In this research, I utilise the concept of space for action to explore the social impacts of VAWG. I am interested in the changes that occur in relationships and in the wider community as a result of violence. I am particularly interested in the ways in which those changes are shaped by the social process of stigmatisation. As we shall see, these are phenomena that are widely recognised but insufficiently explored or theorised.

Stigma is far from the sole mediator of the social impacts of VAWG, so in order to understand this force, we must also account for certain other factors. Garcia-Moreno and Pallitto (2013: 8) outline pathways of impact, naming physical and mental trauma as mediators of the health impacts of VAWG, and additionally fear and control. These forces mediate not only health impacts but also social ones. Psychological trauma can result in profound and lasting impacts which mediate the possibility of social relationships, for example through PTSD and depression. Trauma is similar to stigma in certain of its psychological and social effects, including damage to trusting relationships, feelings of guilt and shame, and a damaged sense of self in the world (Deitz et al. 2015). Trauma and stigma are connected in complex ways, and evidence shows that self-stigma increases trauma symptom severity (Deitz et al. 2015). Controlling partners, as we saw above, can actively limit women's activities in the social sphere through denying access to paid work, education, friend networks, social activities, volunteering and so on; and in this manner the force of control mediates the social impacts of VAWG. Even in the aftermath of escaping violence of different sorts, fear often persists, causing women to carefully manage their movements to avoid any risk of encountering their perpetrator or other threats to their safety (Kelly et al. 2014). Following a detailed qualitative study on the impact of IPV on women's life space in the aftermath of leaving abusive relationships, Kelly et al. (2014: 74) concluded that the spatial world of their research participants represented 'geographies of fear and shame'. They were able to physically map these geographies of fear, describing the places that women felt safe, and the ones they learned to avoid. It is my intention with this thesis to explore approaches to documenting the geographies of stigma and shame.

#### 2.5 Understanding stigma

The role of stigma in shaping the social impacts of VAWG is frequently referenced but incompletely theorised. It is widely acknowledged to be an issue (eg Garcia-Moreno et al. 2005, Ellsberg 2006, Agarwal and Panda 2007, Freedman and Jamal 2008, Dartnall and Jewkes 2013, Garcia-Moreno and Pallitto 2013, Kelly et al. 2014,

Fulu and Miedema 2015, Menjívar and Salcido 2016; Simon-Kumar et al. 2017); however, with few exceptions, it is rarely the focus of VAWG research. More typical is this comment, from Dartnall and Jewkes (2013: 4-5), in which stigma is viewed as a barrier to research, rather than a subject in itself for research: ‘the experience of sexual violence is seen as stigmatising and shameful, which makes it difficult for victims to share their stories.’

In this section, as an introduction to the role of stigma in shaping the social impacts of VAWG, I introduce the topic of stigma. I explore how it functions, and its connections with patriarchy and other power systems. I distinguish between the social labelling process which characterises stigma, and the emotion of shame. In order to explore its role, we first need to understand the technicalities of the stigma concept itself, and the ways that it applies to VAWG.

Although it has entered common parlance since Erving Goffman’s popularisation of the term as a core sociological concept, debate persists around the precise definition of stigma. Goffman (1963) identified the possession of an ‘attribute’ (such as mental illness, or a particular disease like leprosy) ‘that is deeply discrediting’, and that reduces the bearer ‘from a whole and usual person to a tainted, discounted one’. Crucially, stigma resides not in the attribute itself, but in the relationship between attribute and social stereotypes (Goffman 1963), or to put it another way, at the interface of community and individual factors (Pescosolido et al. 2008). The study of stigma is often a study of interpersonal interactions, in line with Goffman’s approach to micro-sociology (Tyler 2018), however theorists increasingly call for a multi-level framework that understands stigma as constituted not only in individual and community elements but also by macro-social forces (Parker and Aggleton 2003, Pescosolido et al. 2008, Link and Phelan 2014, Tyler and Slater 2018, Stangl et al. 2019).

The study of stigma has proved practically useful for addressing multiple issues, and moved quickly from sociological theory to many applied social sciences, including public health and public policy (Tyler and Slater 2018). It is considered especially relevant to health conditions, and a large body of stigma theorisation emerges from research on illness stigma such as HIV, mental illness and leprosy (eg Link and Phelan 1989, Parker and Aggleton 2003, Deacon 2006, Vlassoff et al, 1996). Nonetheless, the concept remains challenging to pin down, with debates continuing about what precisely is stigma, and where parameters should be drawn to enable better research. Deacon (2006) argued that stigma can be understood as distinct from power relations, the better to address the impacts of HIV stigma not only on those living with the disease but also on the wider community. However, the majority of theorists, including myself, share the analysis of Link

and Phelan (2001, 2014) that power is in fact a core aspect of the stigma phenomenon. Although Deacon describes HIV stigma as a sort of contagious misinformation with disastrous effects, real understanding of the source of its impacts is only possible when we appreciate that status loss and consequent discrimination are only possible at the societal level when there is a significant power imbalance at play (Link and Phelan 2001). In order to imbue cognitions with discriminatory consequences, stigmatisers must mobilise ‘social, cultural, economic, and political power’ (Link and Phelan, 2001: 376). To begin then, I share Link and Phelan’s approach to defining stigma, which I also apply: ‘stigma exists when elements of labelling, stereotyping, separation, status loss and discrimination occur together in a power situation that allows them.’ (Link and Phelan, 2001: 377)

The crucial elements of stigma then are that it is a social labelling process with negative impacts on the individual, which is co-produced in interpersonal interactions (Goffman 1968) but underpinned by wider social structures and power relations (Link and Phelan 2001, 2014, Parker and Aggelton 2003, Tyler and Slater 2018, Stangl et al. 2019). In the following sub-sections, I describe in detail how this functions; first, I briefly outline typologies of stigma.

### **Stigma typologies**

Stigma manifests in many different situations and ways, making it challenging to describe comprehensively. A large number of different descriptive frameworks exist, broadly divided into experiential and action-oriented frameworks (Pescosolido and Martin 2015). Experiential frameworks describe types of stigma from the perspective of the stigmatised individual, describing the impact on the individual; for example ‘enacted stigma’ is apparent in the behaviours of stigmatisers; ‘received stigma’ is overt actions of rejection and devaluation; and ‘endorsed stigma’ is expressed agreement with prejudices and stereotypes (Pescosolido and Martin 2015). Action-oriented frameworks, in contrast, centre the source of the stigma rather than the experience of it.

Bos et al. (2013) provide a simple typology of stigma, combining experiential and action-oriented elements. This model has at its core public stigma, understood as ‘the consensual understanding that a social attribute is devalued’ (Bos et al, 2013: 2): see figure 1 below. Flowing from public stigma are specific action-based types or manifestations: structural stigma, endorsed and enacted within formal institutions and policy; stigma by association (or courtesy stigma as Goffman called it), applied not to the stigmatised individual themselves, but to others who are associated with them; and self-stigma. Overstreet and Quinn (2013) in their discussion of stigma as it relates to intimate partner violence, divide self-stigma

into two distinct experiences: stigma anticipation, and stigma internalisation. Anticipated stigma ‘refers to the degree to which people fear or expect stigma’ (this may never be enacted, but it nonetheless impacts negatively on the individual) (Overstreet and Quinn 2013: 5); while stigma internalisation is the extent to which people internalise negative and stigmatising beliefs, and come to believe them themselves, and indeed apply them to themselves. Combining the framework of Bos et al. (2013) with the more detailed depiction of self-stigma in Overstreet and Quinn (2013), I depict a hybrid framework below in figure 1. The framework highlights that while stigma can be experienced in many different ways and places, at its heart is public stigma, a product of a power system which enables certain labels and stereotypes to be devalued and to result in status loss. I associate self-stigma closely with the emotion of shame, which I discuss in more detail in section 2.5.2, below.

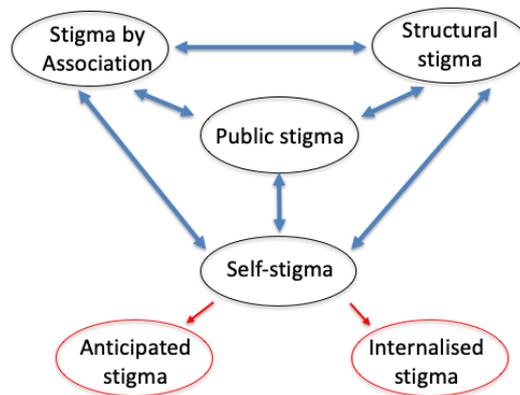


Figure 1 Stigma typology, adapted from Bos et al. 2013, Overstreet and Quinn 2013

### 2.5.1 Stigma processes: labelling

An important contribution to stigma studies is to demonstrate the common steps of the social process by which stigma and indeed shaming operate (Link et al. 1989, Link and Phelan 2001, Phelan et al. 2008, Link and Phelan 2014). Across the sociological fields of deviance, prejudice and stigma, theories of labelling have arisen to describe the process by which individuals become targeted for public or social opprobrium. In essence, labelling theory places the emphasis for social difference not on the individual who is defined as different, but on the fact of the definition. Howard Becker explained: ‘The deviant is one to whom that label has been successfully applied; deviant behaviour is behaviour that people so label’ (Becker 1963: 9). Labelling theory helps us to understand why some groups are labelled and stigmatised while others are not. It acknowledges that there is often no ‘real’ or verifiable content to the categories created: race, for example, is a biologically dubious category, and the same is true of disability (Nussbaum 2005).

The focus therefore cannot be on the qualifying attributes, but rather on the social process of distinction, and the power relations it reveals.

Link and Phelan review decades of empirical stigma studies to provide a step by step outline of the working of the labelling process as it relates to social stigmas. First, a specific human difference is labelled as significant or salient to society; next, negative attributes are ascribed to those who are labelled; then a degree of separation is established between stigmatised individuals and others; and finally stigmatised individuals experience status loss and discrimination (Link and Phelan 2001). Link and Phelan elaborate on the social conditions necessary for stigma to occur:

... stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labelled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. (Link and Phelan 2001: 367).

A major criticism of a certain strand of stigma research is the tendency, beginning with Goffman, to focus at the individual level, to view stigma as a thing done by individuals to other individuals (Parker and Aggleton 2003, Stangl et al. 2019). It is important to note then, in Link and Phelan's 2001 description of the modified labelling process, that labelling, stereotyping, discrimination and status loss occurs only in 'a power situation that allows them'. It is further important to note that such power situations include not only the interpersonal, but additionally the 'meso and macro socio-cultural structures and power' (Bonnington and Rose 2014, cited by Tyler and Slater 2018: 732). The relationship between stigma and power becomes more clear when we focus attention on what stigma achieves, and for whom, which we will consider in section 2.5.3. First, I consider the contribution of feminist studies to the subject, especially important given this study's emphasis on VAWG.

### 2.5.2 Self-stigma, shame and gender

Considering that stigma is often most intensely experienced as internalised or self-stigma (eg Link and Phelan 2014, Murray et al. 2015), it is important to consider one of its most significant outcomes: the emotion of shame. Shame is a social emotion, a member of the family of self-conscious emotions including guilt, humiliation and embarrassment (Scheff 2003: 93), and it is characterised as involving a painful negative evaluation of the global self, or the whole identity (Manion 2003, Locke 2007). This is what distinguishes shame from guilt, which

involves a negative evaluation of a specific behaviour (Lewis 1971, quoted in Tangney and Tracy 2011). Research literature on stigma and shame rarely overlap, although the two phenomena are clearly connected, and studies often address the same questions. What shame literature contributes to the understanding of stigma above all else is a detailed insight into the gendered nature of emotions, important for this study on the impacts of gender-based violence against women. Although neither stigma nor shame theory fully embrace intersectional approaches, literature on shame does point towards some insights on the political emotions surrounding race and class as well as gender.

Empirical research suggests that both women and men experience shame with the same relative frequency and intensity, but that their shame triggers are different, and closely aligned to socially constructed gender roles (Ferguson, Eyre and Ashbaker, cited by Manion 2003: 25). As well as different shame triggers, women and men have different responses to the feeling of shame. ‘Masculine’ traits of aggression, rage and perfectionism are antithetical to a sense of self-blame. ‘So the multiple experiences of shame that mark many boys’ lives are channelled into hostility’ argues Nussbaum: ‘toward women; toward the vulnerable part of themselves, and, often, toward dominant members of their own culture’ (2004) – this is what philosopher Bonnie Mann refers to as the ‘shame to power conversion’ (Fischer 2018: 5). While boys are socialised towards action, girls, at least in the anglo-European tradition, are discouraged from expressing hostility openly, resulting in a greater inclination towards internalisation of feelings of anger and anxiety: a ‘turning against the self’ (Manion 2003).

So we have a picture of shame as an outgrowth of social expectations, in particular of gender expression. Sandra Bartky (1990) explores the ways in which shame is used as a tool to maintain the gendered social regime. She suggests that shame among the oppressed is a mode of Being-in-the-world, which in turn suggests that the shame-feeling often precedes any specific stigmatising beliefs. Here, Bartky speaks mainly about the oppression of women, although her analysis has been applied to other systematically marginalised groups, such as African Americans (see Woodward 2000). While the women Bartky writes about believe themselves to be the equal of men, and can produce evidence of their equal capacity – they nonetheless constantly demonstrate the affect of shame. Shame then seems to reside in the gap between our rational understanding of how the world should be (that is, equal for women and men), and the feeling of nevertheless being less than, resulting in ‘a confused and divided consciousness’ (Bartky 1990: 94, Woodward 2000). In the US of 1990 where Bartky writes, women no longer receive the explicit message that they are inferior, indeed, they are told the opposite, that equality has been won. Yet they carry a constant feeling of inferiority or a sense of inadequacy (Bartky 1990: 94), a cognitive-affective adjustment to the

contradiction between the message of equality and the reality of persistent inferiority.

Shame then, according to Bartky, is present in those who cannot participate in standard moral psychology, the Rawlsian moral universe, and who can never hope to meet the normal and ordinary standards of behaviour, because they are always and already othered by society. Traumatic shame, rooted in systemic social marginalisation, is all-consuming, it inhabits every bone and every breath and eliminates cognitive functioning (Locke 2007). Theorising shame in relation to momentary events or beliefs, for Bartky, divorces the shame experience from its political roots. For this reason, the interaction between shame and stigma is complex: while stigma literature tends to interrogate the moments and methods by which devaluation occurs, shame theory draws attention to the classed, raced and gendered affective space within which stigmas gain their power to harm individuals. Although Link and Phelan (2001, 2014) highlight the severity of impacts of outright discrimination, Bartky and other feminist theorists make a convincing case that the destruction of self-worth inherent in the emotion of shame may in fact be the most lasting impact of many stigma experiences. As we shall see, some of the most insightful qualitative literature on the social and relational impacts of VAWG draw on concepts of shame, though overlapping conceptually with stigma.

For clarity in this study, I will describe stigma as the social process of labelling, stereotyping and corresponding status loss (Link and Phelan 2001). I describe shame as the painful affective experience of self-judgement and worthlessness, whether this is brought on by processes of labelling or, as in Bartky's study, precedes such processes and constitutes a mode of being in the world. I use the terms self-stigma, stigma internalisation and shame interchangeably in places, depending on the literature that I am drawing on: always to refer to the painful emotion produced by a devalued status (whether in one's own eyes or the eyes of others). These distinctions are not present in the literature, and I draw equally on stigma and shame literature to elucidate the two elements, of social processes of labelling, and of painful self-judgement. Bringing the two concepts together is valuable in order to understand the way experiences of VAWG evolve in a context of intersecting stigmas and shame, in a context infused with systemic oppressions including racism and patriarchy.

### 2.5.3 The social functions of stigma and shame

As mentioned above, the task of situating stigma in its political economic context is best achieved by focusing attention on what stigma achieves, and for whom. Much social-scientific work on the subject of stigma occurs in applied fields such

as social psychology, public health, law and criminology (Tyler and Slater 2018: 731). The emphasis is frequently on tracing the impacts of stigma in order to reduce them, often with the purpose of increasing the uptake of services or access to justice (eg Overstreet and Quinn 2013, Baker 2013, Ahmad et al. 2009). Within sociology, theorists have called for a renewed focus, not only on the nature and impacts of stigma, but on its sources, and ultimately the social functions that it serves (eg Parker and Aggleton 2003, Link and Phelan 2014, Tyler and Slater 2018), the better to understand it as part of an overall system of power relations.

Figure 2 below gives a full account of the different functions played by stigma and prejudice, as conceptualised first by Goffman (1968), and later by Phelan et al. (2008).

<b>Function of stigma:</b>	<b>Dominance &amp; exploitation <i>Keeping people down</i></b>	<b>Social norms enforcement <i>Keeping people in</i></b>	<b>Disease avoidance <i>Keeping people away</i></b>
<b>Target of stigma or prejudice (Phelan et al)</b>	Group membership	Deviant Behaviour	Disease or illness
<b>Target of stigma - Goffman</b>	Tribal stigma	Blemishes of individual character	Abominations of the body
<b>Example</b>	Race, ethnicity, gender	Sexual deviance, marijuana use	HIV, leprosy, mental illness
<b>Field of study</b>	Prejudice	Stigma Deviance	Stigma

Figure 2 The social functions of stigma

The table depicts three broad categories into which all types of stigma can be said to fall – although in reality, these frequently overlap and reinforce one another. The categories are constructed according to the purpose that they serve: keeping people down; keeping people in; or keeping people away. So for example, what is commonly called racism can equally be looked at as a type of race stigma, deployed with the intent of enforcing hierarchical relations in which those raced as Black or other are dominated by whites. The purpose of this type of stigma is keeping people down: the stigma serves as a message to the oppressed group that they should ‘know their place’. Meanwhile, stigmas that attach primarily to people’s behaviours – such as those applying to sex workers or LGBT people – exist with the purpose of keeping people *in*. In this case, the stigma is a message to wider society that sexual norms should be complied with: the outsider status of deviants serves as a warning to everybody else (Becker, 1963). Finally, stigmas that attach to health conditions often serve the function of keeping people *away*, originating in fear of contagion. They are intended to distance otherwise healthy

people from biological or, perhaps, behavioural threats and to insulate society from contagion.

This framework of stigma functions is useful in placing a focus on the political drivers of stigma and the shame that it deliberately produces, though the framework has limitations. As Link and Phelan demonstrate in *Stigma Power* (2014), many stigmatised individuals experience stigma across all three functions. The authors analyse mental health stigma, highlighting how its primary function is norms enforcement, but it also serves secondary purposes of domination (in order to reinforce norms and prevent transgression) and avoidance (to prevent the spread of alternative ideas) (Link and Phelan 2014). As well as recognising that one type of stigma can serve multiple social functions, it is also the case that most individuals who experience stigma do so across multiple intersecting stigmatised identities (Stangl et al. 2019). While this framework may offer an image of a deliberate and systemic process of group identification and devaluation, it draws on readings of Foucault and Bourdieu whose theories demonstrate that the functions of power, diffuse and distributed as it is, cannot be quite so cleanly categorised. The *Stigma Power* framework therefore illustrates the fact that stigma serves systems of power and domination, but simplifies the process significantly. It is useful to bear in mind Bartky's depiction of shame as a state of being, more pervasive than individual incidents or experiences might suggest, and to consider the impacts of multiple intersecting stigmas on the sense of self.

#### 2.5.4 Stigma as a disciplinary process

As the earlier discussion of shame theory reveals, the complex relationship between social hierarchies and power in the operationalisation of stigma is most apparent in the process known as stigma internalisation, whereby individuals' actions and even self-perception are constructed in the context of stigmatising beliefs. One of Goffman's most significant insights was that stigma functions 'as a means of formal social control' (Tyler and Slater 2018: 729), yet subsequent research has tended to focus at the level of interpersonal interactions rather than at this systemic level (Tyler and Slater 2018: 729). Parker and Aggleton (2003: 17-18) argue instead for an approach that places culture, power and difference centre stage with respect to the study of stigma.

In line with Goffman's observation, I have shown that stigma serves specific social purposes: norms enforcement; maintaining hierarchies; and disease avoidance (Phelan et al. 2008). Link and Phelan (2014: 25), argue that 'blatant person-to-person discrimination' is problematic for the stigmatiser, and so it is not the primary site of stigma enactment. This contention is debatable as we shall see:

outright acts of discrimination and exclusion are common in many stigmatising situations, not least those related to VAWG. Nonetheless, it is clear that a significant amount of stigma experiences are not explicitly enacted by others in interpersonal situations, and the origin of such experiences is key to understanding the functioning of stigma.

Link and Phelan (2014) draw on the work of Bourdieu (1987, 1990) to theorise that the most effective means of promoting stigma is by making it seem ordinary, until it is not even apparent. This occurs through the cultural designation of value, a process through which culture functions as symbolic power (Link and Phelan 2014, Bourdieu 1987). The exercise of symbolic power allows the communication of the devalued status to occur in the course of 'taken-for-granted' cultural exchanges, such that stigmatisation is 'misrecognised' - made to seem as though it were 'in the natural order of things' - both by those doing the stigmatising and those subject to it. While for Link and Phelan this process serves to benefit the interests of specific stigmatisers, a more thorough sociological analysis relates it to stigma as a political apparatus, consisting not only of individuals but also institutions and states (Tyler and Slater 2018: 732). Similarly invoking Bourdieu, Parker and Aggleton (2003) use the concept of symbolic violence to describe the ways in which symbolic systems (of words, images and practices) promote hierarchies and domination while convincing the dominated to accept existing hierarchies (Parker and Aggleton 2003: 18).

I agree that the interests promoted by stigma are structural as well as individual (Tyler and Slater 2018, Parker and Aggleton 2003), but I nonetheless draw on the pathway usefully described in *Stigma Power* (Link and Phelan, 2014) to illustrate how stigma moves from diffuse structural interests to marking the specific acts of stigmatised individuals. The framework shows how, following the communication of a culturally devalued status, the individual adapts their own behaviour (see figure 3, below). Such adaptations are core to the way in which stigma functions as a process of self-discipline, and they delineate some of the most pervasive and insidious manifestations of stigma.

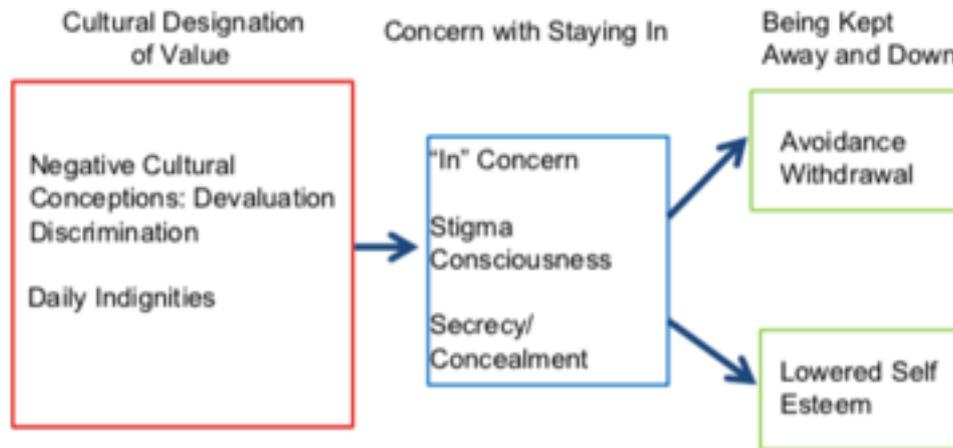


Figure 3 The Stigma Power framework, Link and Phelan (2014)

With the Stigma Power framework, Link and Phelan (2014) demonstrate that much of the manifestation of stigma proceeds from the stigmatised individual themselves, following the cultural designation of a devalued social status or value. The devalued status is communicated through daily indignities and acts of discrimination. In response to this, stigmatised individuals frequently internalise the negative assessment of them, and make adjustments to counteract their negative social value or to protect themselves from further stigmatisation. Such adjustments include secrecy and concealment of their stigmatised status; concern with being seen to be compliant with dominant norms ('in' concern); avoidance of and withdrawal from specific social spaces (keeping them away, and down); and lowered self-esteem (keeping them down). One value of the Stigma Power framework lies in its detailed exposition of the process by which fundamentally social phenomena (the normative designation of value) become translated into individual actions and affects. Other writers across different disciplines have observed a similar process.

In her reading of Hannah Arendt's *Rahel Varnhagen*, Locke (2007) describes the actions of Rahel, a Jew in Hitler's Germany. The shamed subject, Locke states, focuses her energy on 'changing herself so that she might accommodate the demands of her milieu' (151). Josephine Baker (2013) draws on Bartky's *Gender and Shame* (1998) to describe the stigma internalisation process among women survivors of IPV. Baker states: 'The practice of shame occurs through the judgement and measurement of oneself against standards produced by others, through self-regulation of the body' (Baker 2013: 152) Self-regulation of the body, in these cases, involved hiding, avoidance of others, and concealment of the self - all practices associated by Link and Phelan with 'in' concern. Bartky herself points to other aspects of self-regulation, traces of forced humility evident in women's public speech acts (Bartky 1990: 88-89). For Bartky, this is a process of 'perpetual attunement' written into women's experiences in the world: a constant experience

of 'in' concern. In their study of Black respectability politics meanwhile, Lee and Hicken (2016: 422) draw on the social scientific concept of vigilance, itself a version of 'in' concern, which describes individual attempts to avoid prejudice or discrimination while navigating social spaces. Examples of vigilance include heightened attention to appearances and language, as well as avoidance of certain spaces. Lee and Hicken, interestingly, go on to explore the health impacts of such practices of self-adaptation, including disturbed sleep patterns and intensified stress reactions.

Stigma Power provides a useful framework for seeing how stigma creates the far-reaching impacts that it does at individual level. Taking an overarching power approach to stigma as a whole has a further impact, of situating individual harms in their structural context, whereby stigma is a 'core organ of governmentality' (Tyler 2013: 212). I understand governmentality to mean 'the organised practices through which we are governed and through which we (consciously and unconsciously) govern ourselves' (Clever 2007: 228). Under contemporary neoliberal governmentality, power cascades from the labelling of specific individuals and groups right down to the self-discipline of those same individuals to comply or conform with the hegemonic order. The challenge of understanding the nature of stigma - particularly where experiences are muddled by multiple interlocking types of stigma - can be addressed in part by reflecting on the overarching hegemonic and governmental forces at play (Parker and Aggleton 2003: 18).

Shifting the focus from stigma as a thing in itself (Parker and Aggleton 2003) to stigma as a tool of governmentality, a special edition of the *Sociological Review* situates stigma in the contemporary neoliberal/ late capitalist moment (Tyler and Slater eds 2018). The withdrawal of the state in the context of austerity politics demands a shift in discourse related to social relations (Latimer 2018). This begins with the reduction of social services, which always impacts the poorest and most excluded most. In this context, governments seek to channel blame away from more powerful groups towards subordinated ones (O'Flynn et al. 2014). Scambler (2018) describes this process as the weaponisation of stigma. Scambler distinguishes between stigma (offences against norms of shame) and deviance (offences against norms of blame, the category that Phelan et al. (2008) call 'keeping people down'). In the worst cases, people are both stigmatised and deviant: Black female drug users, for example; these people Scambler refers to as 'abjects'. Abjects are 'both beyond the pale and deserving of their lot and their misery', allowing the state to abandon them with impunity. In chapter 6, I will outline how the Irish state used the process of weaponising stigma to make Black migrant women abjects, and simultaneously, to abandon them.

One final element of stigma as governmentality is the way in which it used to co-opt the marginalised into compliance with the new regime of minimal social services and the reification of the individual economic actor (Neocleous 2003, Mulhall 2016). As an example, Latimer (2018) describes how the stigma of dementia has hardened as a result of neoliberal ideologies of ‘aging well’. Dementia, she shows, is increasingly portrayed as a moral condition (something that can be prevented through managing self and risk), rather than a neurodegenerative condition. This is an act of stigma weaponisation, performing the dual trick of absolving the government of responsibility for dealing with dementia as a social issue, while simultaneously labelling people with dementia as deviant if they fail to conform to the ideal of ‘aging well’. The responsibilisation of the abject prescribes the proper technology of the self which is to be applied. In the case of dementia outlined here, that technology is ‘aging well’, even more often, it is ‘resilience’ (Neocleous 2013; Mulhall 2016; Taylor 2018).

The theme of stigma as power, as governmentality, and as associated with technologies of the self is important for a detailed understanding of the operation of stigma as it relates to race, migration and violence against women, and I will return to it in chapters three and six below.

#### 2.5.5 Cultural factors in stigma and shame

Strikingly, the study of shame is almost entirely a feature of the northern anglosphere, emerging principally from researchers in the US and UK. One exception is the work of Walker et al. (Chase and Walker 2012, Walker 2014, Walker 2015) which uses shame to analyse global poverty.<sup>6</sup> Following sociologist Norbert Elias (1937), Thomas Scheff (2003) held that shame is both more present in modern societies than it was in feudal ones, and simultaneously less visible. For at the same time as shame became instrumentalised for social control, it was repressed (less visible in outright discrimination, and more internalised in emotional responses). Modern societies are infused with shame, yet to talk about shame is shameful, and so it is invisible (Scheff 2003). Biddle (1997: 227) describes Eurocentric cultures as shame-bound, in a way that Indigenous ones (she is writing about Australia) are not, owing to the rampant individualism of Eurocentric cultures. The spoiled identity, the damaged self, the global painful feeling, these are concerns principally for those who value their uniqueness highly.

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<sup>6</sup> Sociological theorists Tyler and Slater (2018) regard Walker’s work to deal more properly with stigma rather than shame, with some justification.

Stigma, meanwhile, is considered to be ‘cross culturally ubiquitous’ as a phenomenon (Dovidio et al, cited in Pescosolido et al. 2008: 435), although the nature of stigma varies across time and place, as do the attributes targeted for labels. The significance of public stigma is said to be greater in group-oriented or collectivist cultures (Yoshioka and Choi 2005, Shin et al. 2013). For those socialised within collectivist cultures, the highest value is placed on one’s position in relation to others, rather than in one’s own achievements or identity (Yoshioka and Choi 2005). This means that stigma matters for access to material, social and power resources (ibid.), and being stigmatised has concrete material impacts including potentially homelessness and economic exclusion. Stigma is thus more common in group-oriented cultures (Shin et al. 2013, Yoshioka and Choi 2005); shame more common in individual-oriented ones (Biddle 1997, Scheff 2003).

In her discussion of societies in which violence against women is not normalised, Klein (2014) challenges the sharp distinction between ‘group oriented’ vs ‘individual oriented’ cultures. Among Marquesans (Rogoff, 2003) and the Hopi people, children are socialised to understand individual autonomy not as being in competition with social cohesion, but rather as being crucial to the success of the group. Klein (2014: 29) asserts: ‘It is possible to combine personal autonomy with community orientation without developing ruthless individualism on the one hand or autonomy-crushing collectivism on the other.’

This is an important intervention, cautioning against cultural essentialism, particularly when we deal with issues at the macro level. Yet even in this context, social control is still exerted, mainly through stigma rather than shame. In some ways the distinction between types of culture is procedural. Regardless of the social orientation, most cultures (including those cited by Klein) seem to have a process of labelling, stereotyping, and lowering the status of undesirable others. The distinction relates to the element which is most highly culturally valued (the unique self, or the self-in-community and access to comunally-held material goods), and in any given culture, this is the element which is spoiled, whether through stigmatisation or shame and shaming.

#### 2.5.6 Summary

This section has introduced the concept of stigma and outlined the mechanics of stigmatisation through processes of labelling, stereotyping and devaluation. These processes result in apparent ‘enacted’ discriminatory behaviour, and also more insidious impacts apparent in the internalisation of stigmatising norms and practices of self-regulation and self-discipline. I understand these processes to be

produced in a power system where stigma holds in place hierarchies, not simply at the interpersonal level but also in the meso and macro system. In this respect, stigma supports patriarchal structures and also neoliberal ones. In the final section of this literature review, I will outline how stigma relates to Violence Against Women, and the ways it mediates the impacts of VAWG on space for action.

## 2.6 Impacts of VAWG stigma

As I have already mentioned, stigma related to VAWG is widely noted in research, but more often as a barrier to research than a topic for investigation. Some promising exceptions to this pattern include studies focusing on stigma as it relates to: IPV (Overstreet and Quinn 2013, McCleary Sills et al. 2015, Murray et al. 2015, Overstreet et al. 2019); sexual violence (Tankink 2013, Deitz et al. 2015, Stauffer 2015, Verelst et al. 2014); sexual violence-related pregnancy in conflict (Scott et al. 2015); and more rarely, gender-based Violence Against Women (Barnett et al. 2016).<sup>7</sup> In a similar manner, research on VAWG frequently cites the significance of shame, and less often makes shame the direct topic of inquiry, with certain important exceptions (eg Buchbinder and Eiskovits 2003, Baker 2013). Finally, research on VAWG and migration often references stigma and/ or shame as important dimensions of the problem (Ahmad et al. 2009, Ting and Panchanadeswaran 2009, Thiara and Roy 2015, Kalunta-Crumpton 2016), although it rarely interrogates these dimensions in any detail – exceptions include Tankink 2013, Tonsing 2015, Tonsing and Barn 2016 and Kanyeredzi 2017. There is a notable gap in thorough theorisation of the interaction between stigma, shame and patriarchy in the context of violence against women.

Certain other concepts occupy the same explanatory space as VAWG-related stigma, in particular concepts of rape myths (Brownmillar 1975, Burt 1980), domestic violence myths (Peters 2008) and victim blaming (Suarez and Gadalla 2010) – although the study of all of these is typically centred on Western contexts (Hill and Marshall 2018: 422). Arising out of patriarchal stereotypes, both rape myths and victim blaming tendencies serve to promote, not only VAWG itself, but also associated stigma (Hill and Marshall 2018: 421). Using the stigma concept has certain advantages. By focusing on the processual moments of labelling, stereotyping, and status loss, it allows for the process of victim blaming to be incorporated into a well-established field of analysis in social scientific research, and further facilitates the critical analysis of intersecting stigmas which operate

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<sup>7</sup> It is outside of the scope of this study to discuss the stigma related to GBV experienced by men, which is also the subject of a small number of studies. As the gender role expectations of men are very different to those of women, as are the stigmas which affect them, the present study benefits from a close focus on women under conditions of patriarchy.

concurrently (something which, with the recent exception of Stangl et al. 2019, is done insufficiently). More recent sociological work on stigma and shame also enables us to situate these phenomena squarely within an analysis of contemporary governmental technologies (Parker and Aggleton 2003, Link and Phelan 2014, Tyler and Slater 2018), most particularly patriarchal structures as these intersect with race, migration and social welfare stigmas, among others.

As I noted above, although stigma is a crucial component of the nexus of VAWG and patriarchy, it is not the sole mediator of the social and relational impacts of VAWG. Indeed, numerous other forces intervene to influence the nature of impacts, beyond the direct control of a violent perpetrator. Chief among these are fear, control and trauma (Garcia-Moreno and Pallitto 2013: 8). In mapping the social impacts of VAWG, I am conscious of these important forces, but choose to focus on the role played by stigma, recognising that it cannot always be cleanly separated from other influences, and indeed the interaction of these forces deserves further research.

Stigma scholars call for the identification of structural factors driving stigma (Tyler and Slater 2018) and a political economy of stigma (Parker and Aggleton 2003) or indeed shame. This requires an understanding of the situated role of patriarchy in the study of specific instances of stigmatisation, as well as other overarching hegemonies. In order to fully understand the power arrangement that makes stigma possible (Link and Phelan 2001), we need to attend to dominant ideologies of racialised patriarchal neoliberal capitalism, and view the impacts of violence and stigma in this light.

In this section I outline the primary stigmas that are documented in literature related to VAWG and stigma. We have already seen that patriarchal norms and institutions are central to the persistence of VAWG in the form of violence culture. Violence against women exists in a broadly positive relationship with patriarchal norms (such as hierarchical gender roles and the low value and power of women: see section 2.2.5). Although literature rarely addresses the intersecting stigmas which affect women in the context of VAWG, these are multiple. For migrant women affected by violence, there are many intersecting issues shaping their experiences (see section 2.3 above), and multiple stigmas in addition.

The same patriarchal norms which influence the risk of victimisation for VAWG also mediate the severity of its impact (Overstreet and Quinn 2013). Research shows that the stronger the hold of patriarchal norms, the greater the impact on help-seeking (Overstreet and Quinn 2013), although there is less direct evidence about the broader impacts on space for action, as experienced in informal

relationships, social networks, community engagement, work, education and so on. This section describes my framework for mapping stigma in the context of VAWG and as it impacts on the life space. I draw on empirical studies of disclosure events, help-seeking behaviours and social networks to describe what is understood about the impacts of intersecting stigmas on space for action in the aftermath of VAWG, and finally I outline the framework that I will use in this study.

### 2.6.1 Stigma and VAWG

Patriarchal structures function in part through the presence of stigmas against deviation from prevailing gender norms – whatever these might be in a given time and place. By paying close attention to the labels that attach to VAWG experiences, I argue that two layers of stigmatisation are often in operation: first, a near-universal patriarchal stigma which attaches to any behaviour that transgresses normative femininity and encourages tolerance of VAWG; and second, a more specific stigma that attaches only to victims of VAWG. Women who are already constrained by patriarchal stigma are doubly constrained when they are stigmatised for experiences of VAWG. Applying Parker and Aggleton's conceptualisation of stigma as symbolic violence (2003: 18), both types of stigma constitute an additional form of violence enacted on women as a whole, and on victims of violence in particular: a symbolic violence which is experienced as separate and additional to interpersonal violence against women.

#### **Patriarchal stigma**

Stigmas related to gender role deviance are present to some extent in most societies and are likely to be strongest in places where patriarchal norms are strongest. Since this study focuses on African migrant women, I draw here especially on evidence related to migration and to African contexts. In the case of non-partner sexual violence (NPSV), the role of patriarchal stigma is often referred to as victim blaming, a process whereby the emphasis is shifted from the crime committed to the deviance that supposedly provoked it (Burt 1980; Suarez and Gadalla 2010). In such cases, even when sexual violence is acknowledged to be morally bad, stigmas apply to victims rather than perpetrators. This occurs via a host of different labels which are applied to victims. Victims are labelled as culpable for the violence due to their clothing, behaviours, or location at the time of the attack (Suarez and Gadalla 2010). In other instances, women are said to be lying about the violence to cover up their own transgressional sexual activity (Tankink 2013: 395), so they are stigmatised for deviant sexual behaviours. Alternatively, victims are labelled for supposedly 'selling sex' (Bartolomei and

Pittaway 2014: 50) - meaning that the violence in question is not 'really' violence, and therefore not 'really' morally bad (Kelly, 2003). Such instances of victim blaming can be clearly situated under Phelan et al.'s (2008) framework of stigma functions (see figure two above) as serving the purpose of norms enforcement/keeping people in, since they draw attention to gender deviance and communicate the sanctions for gender non-compliance. They do direct harm to victims of violence, but they also shape and structure the actions of people who are not victims, encouraging them to comply with the contextually relevant gender norms.

In the case of IPV, the same dynamic is visible, with labels rarely pertaining directly to the violence itself, and more often to the perceived transgressions that justify both the violence and the punishment that is social stigma. Particular attention in this respect must be paid to the nature of the institution of marriage in any given circumstance, as norms of femininity are often proscribed in direct relation to social expectations around marriage and motherhood. Numerous studies of VAWG draw attention to the centrality of marriage in African cultures, and the stigma that attaches to any actions that undermine the marital unit (eg Ting and Panchanadeswaran 2009, Barnett et al. 2016, Kalunta-Crumpton 2016, McCleary Sills et al. 2016); and studies of migration and VAWG often reference stigma not in relation to violence, but as it relates to divorce (Kalunta-Crumpton 2016). Marriage is further intrinsically associated with motherhood: as Akujobi (2011: 2) has it: 'No matter the skills, the desires and the talents of a woman, her primary function is that of motherhood, at least in Africa.'

In Kenya, marriage is highly prized culturally, and often also serves the essential economic purpose of maintaining women's and children's survival where social security is absent (Barnett et al. 2016). For this reason, communities protect the institution of marriage by stigmatising all deviance from it, in an act of collectively preserving the 'moral order' (Barnett et al. 2016, following Yang et al. 2007). As Barnett et al. (2016: 451) describe: 'Survivors are stigmatised for violating or failing to fulfil prescribed gender roles, with wife beating often taken as "proof" that such violations or failures have occurred.' The stigma on extra-marital sexual activity, whereby consent and coercion are not considered morally relevant but the sexual activity of the woman is, is codified in certain societies, particularly in North Africa, in the moral order of honour (Mahmood 2013). The net impact of all of these stigmas is to set up an impossible choice for women who experience IPV in contexts where marriage is highly valued or materially necessary: either to 'tolerate' the violence, or to 'tolerate' the social sanction that comes with any form of resistance. Buchbinder and Eisikovits (2003: 362) quote a research participant

who summarises the dilemma as follows: 'She will need to make a choice between being a married beaten woman or a divorced but stigmatized deviant.'

As the above quote shows, in the event that women decide that violence is intolerable, they frequently encounter stigma for violating the norm of family silence: the act of disclosure is frequently more severely stigmatised than the experience of violence itself (Bauer et al. 2000, Ting and Panchanadeswaran 2009, Ahmad et al. 2009, Kalunta Crumpton 2016, McCleary Sills et al. 2016). This norm is illustrated by Mannell et al. (2016: 70) in their study on IPV in Rwanda, where an FGD participant shared a proverb: 'the heart of a woman is the coffin of a man's sins.' Women who leave a violent relationship may meet a significant taboo on divorce (Kalunta-Crumpton 2016, Tonsing and Barn 2016), or be labelled as potential husband stealers, who have wrecked their own homes and threaten to wreck others (Barnett et al. 2016). Stigmas which attach to single motherhood automatically follow for mothers who leave violent relationships (Ahmad et al. 2009).

What is striking about this patriarchal stigma is that, in contexts where it holds, all women are subject to it, and indeed participate in its promotion. Not only violence, but any life situation which causes women to deviate from the ideal of marriage and motherhood (for example: unmarried pregnancy; abortion; infidelity; childlessness; higher status than the husband; sex work and countless others) can be met with patriarchal stigma, so women in most societies learn to adapt to the pervasive presence of this stigma, in various ways. Although it is not generally theorised in this way in the literature, I argue that patriarchal stigma is thus a form of symbolic violence (Parker and Aggleton 2003) that holds gender norms in place, constrains all women, and gives cover to other, connected acts of gender-based violence. This is a crucial element of the continuum of violence and oppression (Kelly 1988, Kanyeredzi 2017, Boyle 2019).

### **Stigmatisation of VAWG**

In describing patriarchal stigma, I have shown how both VAWG and stigma work together to maintain a gendered power hierarchy, affecting individual victims-survivors and the wider community. There are other instances in which the experience of violence itself is explicitly stigmatised. This is gendered, but attaches uniquely to the victim-survivor. Such stigmas are similar in their function to illness stigmas, serving the function of keeping the individual away, to avoid contamination by certain behaviours (Link and Phelan 2014: 27). For example, in the case of NPSV, victims are frequently labelled as 'spoiled' or 'dirty' (eg Verelst et al. 2014, Hughes et al. 2016, Barnett et al. 2016, Murphy et al. 2017), indicating

that their publicly embodied femininity has been destroyed, regardless of the circumstances in which the attack occurred.

In the case of intimate partner violence, the fact of being a victim of violence in some instances is labelled in itself as undesirable, and results in a devalued status. This can be worst for women who do not leave a violent relationship: when they are not blamed for provoking or deserving the violence, women from studies in the US were at times labelled as 'trapped, passive, weak' (Dunn, 2005, cited by Overstreet and Quinn 2013); and 'dependent, unassertive, helpless, depressed and defenceless' (Harrison & Esqueda, 1999, cited by Overstreet and Quinn 2013). The label of victimhood may take away a woman's own responsibility for her abuse (Overstreet and Quinn 2013), but it is no less a label, attached to a stereotype, denoting a social devaluation. Studies identifying these sorts of labels tend to come from the US, where marital violence is less normalised than in other contexts, and they hold in place impunity for violent men.

With specific regard to women from African countries, Ting and Panchanadeswaran (2009) describe IPV-surviving immigrant African women in the US as feeling shame for being victims of violence, specifically for their poor choice of husband. In a study in Ghana, FGD participants stated that women who had been victimised for IPV would not be welcome as community leaders because they demonstrated impaired judgement, for choosing an abusive partner (Alvarado et al. 2019b). In interviews with Nigerian immigrant women in the US, Kalunta Crumpton (2016) documented participants who described women as 'lazy' for staying with abusive partners owing to economic dependence. All of these cases represent victim-blaming, but it occurs not because the woman deviated from normative feminine behaviour, but specifically because she was a victim of violence. It distances her from the wider community, while maintaining the social status quo by permitting inaction.

Kanyeredzi (2017), describing a study of Black women of African and Caribbean heritage in the the UK, refers to pervasive feelings of 'racialised gendered shame' connected to the socialisation of Black women. She notes that Black victim-survivors of violence experienced shame for a number of reasons: failing to live up to community expectations of them to be strong Black women; for feeling emotions that they should be able to control; and for being victimised when they should have known better (96-99). Here, gendered racialised shame is a community response to an unacceptable narrative. Since discussing any type of domestic violence both invites negative stereotyping of the Black community (Crenshaw 1991, Sokoloff and Dupont 2005, Kanyeredzi 2017) and threatens the social order based on marriage and family, the discussion is collectively silenced.

Individuals who challenge this silencing are shamed by their families, causing them to feel bad about speaking out inappropriately, accept responsibility for the violent experience, and 'move on' from the experience. The painful emotion of shame plays a corrective role, and reins behaviours back to the acceptable norm (Kanyeredzi 2017: 98).

The above analysis of stigma labelling suggests that VAWG stigma is always underpinned by a broader patriarchal stigma, which affects all women within a patriarchal society, but attaches specifically to women victims of violence, and further that it intersects with other stigmas such as racism. This broad patriarchal stigma is a symbolic violence (Bourdieu 1987, Parker and Aggleton 2003) enacted on women as a group. This stigma, combined with more specific VAWG stigma, is an additional harm to victims of different types of violence, and it is likely to play a significant part in their navigation of social relationships in the aftermath of violence, although this is poorly documented. While research on stigma has advanced considerably and addresses a wide range of labels, power situations and social issues, intersectional analyses of stigma are relatively rare. In the literature on migration, while the field of stigma knowledge is rarely invoked, the points of intersection of different identities and social locations and their meanings are well identified. I explore these in greater detail in section 2.2 above and in chapter six. Here I will continue to outline the ways in which these intersecting stigmas manifest, and their impacts on the life space of victims-survivors of VAWG.

### 2.6.2 The impacts of stigma on the lives of victim-survivors

Literature on VAWG stigma and shame tends to emphasise stigma internalisation over direct experiences of discrimination and stereotyping. A US-based study by Murray and Overstreet (2015) coded IPV stigma experiences from 279 surveys and found that internalised stigma was most frequently referenced, at almost thirty nine per cent of all references; while the next most frequent type, with twenty one per cent of references, was stigma from the perpetrator. However, there is ample evidence of outright stereotyping and discrimination, for example: gossip and judgement about women who have experienced different types of violence (Kelly et al. 2014, Kalunta-Crumpton 2016); the social rejection of women who experienced sexual violence (Verelst et al. 2014, Scott et al. 2015, Stauffer 2015); and social rejection of IPV victim-survivors by groups of African immigrants in the US (Ting and Panchanadeswaran 2009, Kalunta-Crumpton 2016). Stigma by association is also present in attacks or threats of attack on the families of immigrants who report violence in their home countries in Africa (Ting and Panchanadeswaran 2009, l'Aigle, 2009, cited by Kalunta-Crumpton 2016, Kanyeredzi 2017). In many cases, the outcomes of these external manifestations

of stigma are acts of internalisation, a withdrawal back to the violent situation, silence, and concealment (Quinn and Chaudoir 2009, Overstreet and Quinn 2013, Murray and Overstreet 2015). Acts of rejection and discrimination are also documented at the hands of service providers, including health care workers, police officers, and immigration officers (Sokoloff and Dupont 2005), constituting a type of structural stigma. The outcomes of these manifestations are present in failed or non-help-seeking and limited access to the relevant services (Ahmad et al. 2009). Indeed, a majority of literature that addresses stigma and VAWG among migrant women highlights the fact that stigma is a barrier to migrant women's disclosure and help-seeking (Bent-Goodley 2005, Freedman and Jamal 2008, Ahmad et al. 2009, Bartolomei and Pittaway 2014, Byrskog 2014, Tonsing and Barn 2017)

While isolation is often a tactic of controlling abusers (Stark 2007) it can additionally be imposed by stigma. Sometimes, isolation is self-imposed through secrecy and concealment, in part so that victims can protect themselves from the perceived judgment of others about their violent relationship (Buchbinder and Eisikovits 2003, Baker 2013, Overstreet and Quinn 2013); or indeed to protect members of their networks from the embarrassment of witnessing domestic violence and not acting (Kelly et al. 2014: 63). Evidence also demonstrates the impact of internalising stigmatising beliefs, resulting in low self-esteem and feelings of shame. The emotional reaction of shame can devastate coping mechanisms (Buchbinder and Eisikovits 2013) by targeting the very centre of the person's sense of identity (Tonsing and Barn 2016: 630). Shame encourages rationalisation of the status quo and non-helpseeking: the cumulative effect of VAWG and its associated shame, Baker (2013) describes in reference to a specific group of survivors, formed 'a potent cocktail of shameful disempowerment, which resulted in the isolation of the women from each other, and the outside world.' In this way, it is also likely that stigma prevents women from organising to resist oppression as Bartky (1990) suggests.

Research on stigma in general, and stigma related to VAWG in particular, often focuses on the health implications of the phenomenon, in particular its role in disclosure, help-seeking, and individual mental health. Less research exists on the choices made by stigmatised individuals and the ways in which they navigate their daily lives. Stangl et al. (2019), whose framework I adapt in section 2.6.1, seek to understand not only stigma manifestations, but also impacts or outcomes. In the case of VAWG, we might expect outcomes related to the presence or absence of women from particular public spaces including education, work and community spaces, as well as their adapted behaviours in those spaces, although very little literature outlines this explicitly. These theoretical discussions also

point to the importance of further research on the specific impacts of VAWG on 'relational resources' (Kabeer and Sulaiman 2015), the ability of women to make connections with fellow-survivors and to build solidarity, in the face of the isolating function of stigma and shame.

### 2.6.3 Conceptual framework

This study sets out to investigate the social impacts of VAWG on migrant African women living in Ireland. Social impacts are conceptualised as impacts on the self and the relational space between individuals and others, including the family, friends, local community and relationships in public spaces such as the workplace and education. Such relationships are found to have both inherent and instrumental value to women (Klein 2012, Kanyeredzi 2017). Social impacts are understood as acting on the individual's life space or space for action (Lundgren 1998, Kelly 2003, Kelly et al. 2014, Sharp-Jeffs et al. 2018), where space for action is the multidimensional range of individual freedoms which are affected by the exercise of gender-based violence against women. The limitation of women's space for action by violent men serves to expand the space of individual abusive men and of men as a social group (Lundgren 1998, Kelly and Westmarland 2013, Vera-Gray 2018). I explore the ways that stigmas similarly constrain the life space of victim-survivors, holding in place the expansive space enjoyed by those who benefit from stigmatising structures. Recognising that there are other mediators of the social impacts of VAWG - including trauma, fear and control (see for example Garcia Moreno and Pallitto 2013) - I focus on the specific impacts of stigmas.

Stigma and shame play a crucial role in the lived experience of VAWG, as a small and diverse empirical literature demonstrates (eg Akpinar 2003, Baker 2013, Buchbinder and Eisikovits 2003, Tankink 2013, Barnett et al. 2016, Manell et al. 2016, McCleary Sills et al. 2016, Tonsing and Barn 2016). It can be overwhelming to attempt to describe the precise impacts of these phenomena, since they are so extensive, and affect lives in so many ways. I draw on Stangl et al's (2019) framework to clearly separate stigma manifestations, outcomes and impacts; and Link and Phelan's (2014) Stigma Power framework to highlight the process of stigma internalisation, the generation of shame, and the ways in which this internalisation itself produces far-reaching outcomes of VAWG.

The conceptual framework for this study is modelled on Stangl et al's (2019) recent health stigma and discrimination framework (see figure 4 below):

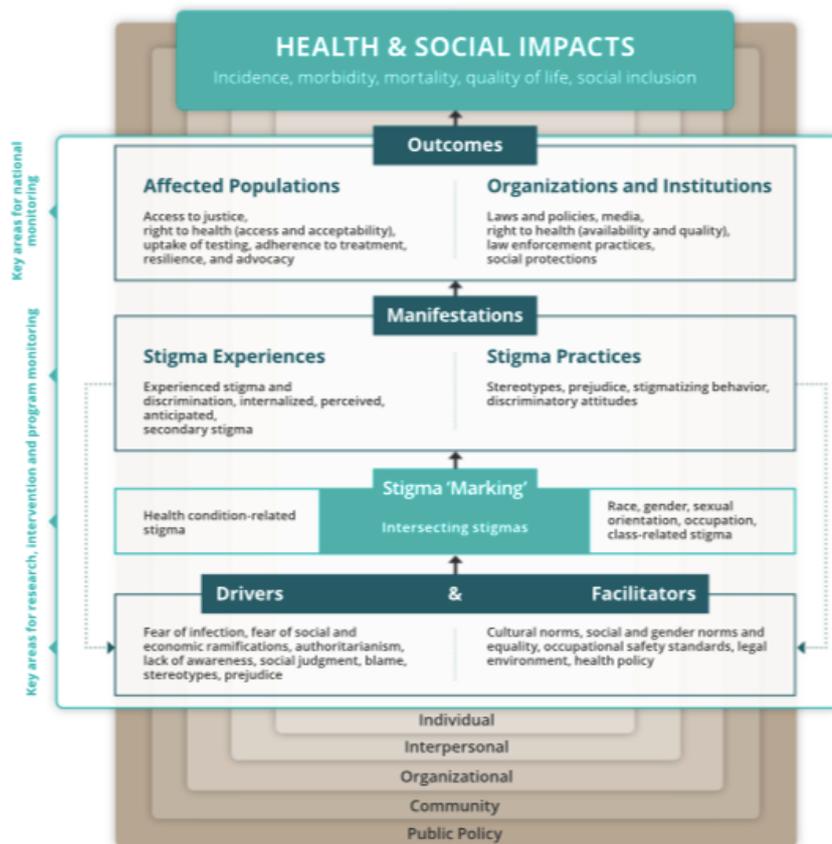


Figure 4 Stigma impacts framework: Stangl et al.(2019)

The health stigma and discrimination framework (Stangl et al.2019) is a theoretical depiction of the operation of intersecting stigmas from the beginning of the stigmatization process (drivers and facilitators) to its end (impacts). I adapt this broad framework, and apply it specifically to a single stigmatized identity, that of the VAWG victim-survivor. I use the framework to describe how stigma moves from drivers through labelling ('marking' in the language of Stangl et al) through stigma experiences and practices, and ultimately to impacts on the life space of the affected individual. Figure 5 outlines my conceptual framework, representing the flow from stigmatisation through manifestations to outcomes on space for action, both individual and collective.

## The social impacts of VAWG-related stigma: framework

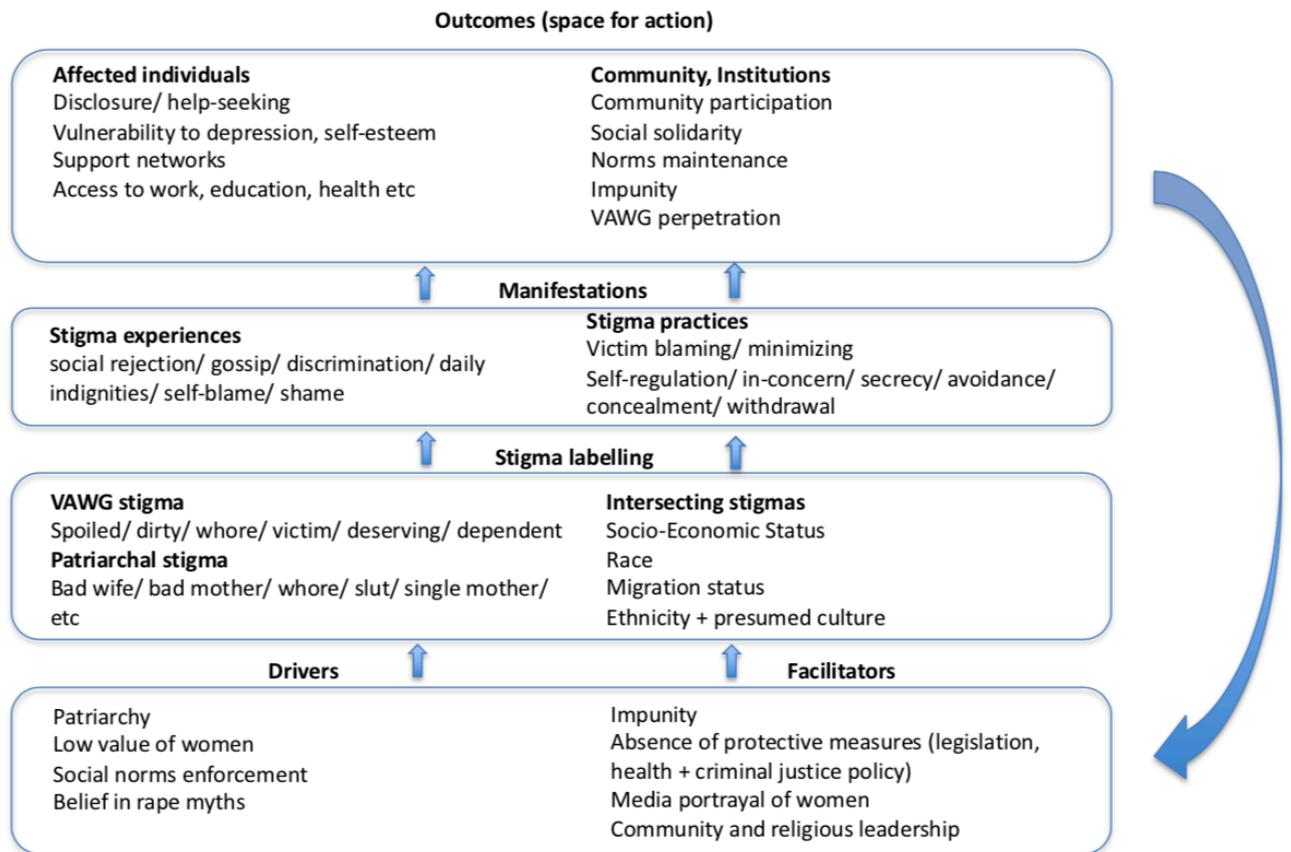


Figure 5 Conceptual framework for the study

Stangl et al. conceptualise drivers of health stigma as inherently negative factors which lead to stigma ‘marking’ or labelling (Link and Phelan 2001); while facilitators may be either positive or negative. In the case of VAWG, the drivers and facilitators of stigma (both patriarchal and VAWG-related) are effectively the same as the elements of rape and violence culture (see section 2.2.4; see also Burt 1980, Hagemann-White et al. 2010, Johnson and Johnson 2017). These include patriarchal structures; the low social value and power of women; social norms enforcement; and belief in rape myths. Facilitators of VAWG stigma meanwhile include impunity for acts of VAWG; the presence or absence of protective measures including legislation for women’s rights and a responsive policy environment in health and criminal justice sectors; portrayals of women in the mass media and the role played by community, political and religious leadership. At this level, the framework helpfully positions patriarchy, violence and stigma in relationship with one another. The very same drivers and facilitators which enable VAWG are shown to lead to VAWG stigma labelling. It

is thus important to understand stigma – a type of symbolic violence, as Parker and Aggleton (2003) contend – as a part of the continuum of violence against women and girls (Kelly 1988, Boyle 2019).

Moving up the framework, these drivers and facilitators enable stigma labelling, the application of stereotypes to identified individuals. Stangl et al.(2019) note that the content of the stigma marks or labels differ across different groups, and although they do not discuss the role of power in this process, I have shown in section 2.5 that the application of stigma labels is strongly marked by power relations (Parker and Aggleton 2003, Link and Phelan 2014, Tyler and Slater 2018). The content of VAWG stigma includes specific stereotypes about victims of violence, as well as broader patriarchal stereotypes about “transgressional” women. This labelling process occurs alongside intersecting stigmas such as socio-economic status and, crucially for this study, race, migration status, and presumed cultural identity (see section 2.3), making the experience of VAWG stigmatization very different depending on the individual’s location on the social hierarchy (Parker and Aggleton 2003, Logie et al. 2011, Stangl et al. 2019).

The next level of the framework shows that stigma labelling results in specific stigma manifestations. Stangl et al. divide these into stigma experiences (ie lived realities) and stigma practices (ie behaviours, attitudes and actions). Stigma experiences can be understood as analogous to the cultural designation of (reduced) value indicated by Link and Phelan (2014), outlined in section 2.5. They include social rejection, gossip, daily indignities and feelings of self-blame and shame. Stigma practices include victim-blaming and minimizing of victim experiences (Ahrens 2006, Overstreet and Quinn 2013, Overstreet et al. 2019). I emphasise stigma practices by the affected individuals themselves, since the literature indicates that this is a significant manifestation of stigma related to VAWG (eg Overstreet and Quinn 2013, Murray and Overstreet 2015, McCleary Sills et al. 2015). Such practices include stigma avoidance and concealment (Overstreet et al. 2017, Quinn and Chaudoir 2009) consistent with the predictions of Link and Phelan in *Stigma Power* (2014).

The labels and manifestations of stigma are previously documented across various studies of VAWG (eg Overstreet and Quinn 2013, Barnett et al. 2016, McCleary Sills et al. 2016), many of which are not immediately concerned with stigma (eg Buchbinder and Eisikovits 2003, Klein 2012, Baker 2013, Kelly et al. 2014, Tonsing and Barn 2016, Sharp-Jeffs et al. 2018), but organizing them in this framework makes it possible to see the role played by intersecting stigmas and to clarify the precise ways in which stigma manifests in the lives of victim-survivors, and what its sources are. The application of this framework to VAWG

is therefore valuable for making sense of the disparate literature on the subjects of violence, gender, patriarchy, stigma and shame.

The final level of the framework is the one which initially inspired this research study. Stangl et al. (2019) set out to document outcomes of stigma as they affect stigmatized individuals and organisations and institutions. Adopting the conceptualization of space for action (Kelly 2003, Kelly et al. 2014, Sharp-Jeffs et al. 2018), I begin with the immediate individual impacts of stigma, and continue to trace the ways in which these impacts ripple from individuals to their communities and wider structures, drawing on the domains of space for action developed by Sharp-Jeffs et al. (2018). The impact of stigma on institutions, which Stangl et al. include in their framework, is beyond the scope of this study.

Research demonstrates that stigma impacts VAWG disclosure and help-seeking (eg Bent-Goodley 2005, Ahmad et al. 2009, Bartolomei and Pittaway 2014, Byrskog 2014). Stangl et al. (2019) include vulnerability to poor mental health as a potential outcome, and evidence exists for the impact of VAWG, trauma and stigma on self-esteem (see for example Link and Phelan 2001, Quinn and Chaudoir 2009, Deitz et al. 2015). While research exists on VAWG and social networks (eg Klein 2012, Levondosky et al. 2004, Goodman and Smith 2011), it references stigma in passing rather than studying it in detail. This study hypothesizes that stigma will have an impact on the support networks of victim-survivors through rejection, isolation and withdrawal: this is anticipated by Link and Phelan (2014), and documented in studies of VAWG and migration by Ting and Panchanadeswaran (2009) and Kalunta-Crumpton (2016), although the precise relationship between VAWG and these stigma-impacts is not fully explored. Stigma may also impact on the access of victim-survivors to work, education and healthcare (Link and Phelan 2001).

Beyond the individual, I hypothesise that impacts may ripple out to the community by undermining levels of community participation on the whole or affecting the nature of victim-survivors' participation at community level (Link and Phelan 2001); and by potentially affecting the quality of solidarity between community members (Kabeer and Sulaiman 2015). These are hypotheses, which I explore by investigating how affected individuals navigate social spaces (see chapter five). Finally, as discussed in section 2.5, patriarchal and VAWG stigmas serve the purpose of norms maintenance (Phelan et al. 2008), and are thus likely to hold in place stigmatizing attitudes which are in turn supportive of VAWG. For this reason there is a direct connection between community level outcomes such as norms maintenance and impunity, and VAWG culture, which is supportive of further VAWG perpetration.

## 2.7 Conclusions

### 2.7.1 Contribution to theorising VAWG stigma

While much literature references stigma as a part of the violence experience, this research places stigma and shame at the very centre of its analysis. It illustrates the ways in which the phenomenon of VAWG depends on patriarchal stigma and VAWG stigma for its endurance and situates such stigmas on the continuum of violence and oppression (Kelly 1988, Kanyeredzi 2017, Boyle 2019). Focusing on the impacts of VAWG on space for action, this thesis sets out to demonstrate the nature of stigma manifestations and their outcomes on the space for action of African migrant women victim-survivors in Ireland.

My analysis of stigma, violence and patriarchy goes beyond the common assertion that stigma is a barrier to help-seeking, to teasing out the function that stigma plays in holding hegemonic patriarchal and/ or neoliberal norms in place. In this context, I describe stigma as symbolic violence against women, separate to and additional to acts of interpersonal violence. This function in turn legitimises VAWG as an interpersonal tactic, sustains violence-supporting norms; and shapes the life chances of women in the aftermath of VAWG. My analysis of stigma, patriarchy and VAWG responds to current trends in stigma literature emphasising the structural components and functions of stigma (eg Parker and Aggleton 2003, Tyler and Slater 2018, Stangl et al. 2019); I broaden this analysis by introducing largely feminist theories of shame, which add to our understanding of the intersection between stigma and oppression, particularly patriarchal oppression.

This research does not explicitly compare the operation of patriarchal stigma in different communities, for example among African migrant women compared to Irish women. However, it suggests that while prevailing stigmas are very different depending on the nature of patriarchal norms in a given time and place, the experience of VAWG is almost invariably stigmatised or shameful. In taking an intersectional view of the role of culture in mediating the experience of VAWG, it draws attention to crucial differences that may exist between different value systems, for example, the power and relevance of shame as a mediator of the impacts of VAWG.

## Chapter 3: African women in Ireland

### 'All these Nigerians, you know what they are at'

#### 3.1 Introduction

The current study was conducted with a view to understanding the impacts of life experiences of VAWG among African migrant women living in Ireland. There is a paucity of qualitative and quantitative data related to VAWG in Ireland generally, and especially as it affects specific marginalised groups. Studying African migrant women in Ireland makes an immediate contribution to the small sociological literature on VAWG in Ireland. African women represent an understudied population within the overall under-examined area of VAWG in Ireland; and additionally a population which offers a rich and poorly-explored space for examining questions related to gender, violence and stigma. This research area also allows me to bring together the topics of stigma, VAWG and migration, an approach which is missing from the wider international literature. I selected a specific group of migrant women – African women – to provide for sufficient comparison across the group without narrowing it to the extent that recruitment would prove difficult. One further reason for the selection of this research group is that this study forms a part of a larger research project on the social and economic impacts of VAWG in developing countries, specifically Ghana, South Sudan and Pakistan (see for instance Alvarado et al. 2019, Asante et al. 2019, Duvvury and Scriver 2019, Elmusharaf et al. 2019). The focus on migration from Africa created a connection between the findings of this PhD research and the wider study, and the theoretical analysis for this study contributed to the larger project.

The International Organisation for Migration defines a migrant broadly:

**Migrant:** An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, [whether within a country or] across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.

(International Organisation for Migration 2019: 130)

Commentators often observe a sharp dichotomy between economic migration on one hand and forced migration deserving of asylum on the other; this dichotomy, although valid in legal discourse, is sociologically false (Yuval-Davis, 2013: 53). Reasons for migration are varied, and often include a combination of 'push' factors – which may be economic, political and/ or security related – and 'pull' factors including employment opportunities and the presence of a social network. This study is concerned with first generation African migrant women in Ireland.

I begin this chapter by profiling the African migrant population in Ireland, a highly diverse group, slightly dominated by Nigerians and including many people with experiences of Ireland's refugee and asylum system (McGinnitty et al, 2018: 26). I outline the nature of Ireland's migration regime, with a focus on refugee and asylum issues. I follow this outline with a discussion of stigma in the Irish context as it relates to VAWG and patriarchal power, migration, and race. I draw on a case study of the 2004 citizenship referendum to highlight the construction of black female migrant bodies in the political and popular discourse, a construction that persists to this day.

### 3.2 African migrants in Ireland: demographic profile

African populations in Ireland can be characterised as 'superdiverse' (Vertovec 2007), coming as they do from a very broad range of countries, language groups and backgrounds, although by far the largest single national group of Africans living in Ireland come from Nigeria (Arnold et al. 2018; Fanning 2018). According to the 2016 census, 33,575 residents in Ireland were born in Africa, of whom twenty seven per cent are Nigerian (CSO 2018). African women reach Ireland in many different ways, including work migration and travel with spouses, but many have experience of the International Protection system (McGinnitty et al. 2018: 26). Organised resettlements of so-called 'programme refugees' in recent years have included small groups (often as few as three, up to a maximum of 180) for example from Somalia in 2004, 2005 and 2013; Sudan in 2008 and 2011; and the Democratic Republic of Congo in 2007, 2009 and 2012 (Office for the Promotion of Migrant Integration, 2019). Because of the salience of international protection in the lives of many Africans in Ireland, this review emphasises issues related to refugees and asylum seekers, though it reflects on other aspects of migration also. Even among refugee and asylum-seeking populations, there is an extremely broad diversity in terms of class and backgrounds, with a large range for example of ethnicity, language, levels of education, religious backgrounds (including secularism/atheism), sexualities and political alignments (Fanning 2018). This is as true within single national groups such as Nigerians as it is across different

nationalities. Many first generation African migrants in Ireland have naturalised as Irish citizens, with high numbers self-describing with hybrid identities such as Irish-Nigerians or Irish-Congolese in the country's most highly diverse communities such as Dublin 15 and Balbriggan (Dhala et al, 2019).

While it is true that Africans in Ireland constitute a superdiverse population, certain social trends, particularly employment trends, affect the group as a whole. Analysis of the Employment Programmes Database shows that Nigerians, as an example, have far lower rates of progression into paid labour than other migrant groups (Spanish and Polish), even though Nigerians have the highest level of education among those groups (Joseph 2018). African nationals report the highest unemployment rate of any nationality<sup>7</sup> in 2016 at fourteen per cent (McGinnitty et al. 2018: 25). There is a stark gender divide in the unemployment figures, with African women less likely to be in employment than either other women or African men (McGinnitty et al. 2018: 26). On the whole, African women, and African mothers in particular, have the lowest rates of education and less favourable qualifications than others in the workforce (McGinnitty et al, 2014). The ESRI posits potential reasons for the absence of African women from the workforce, including larger family sizes and the multiple challenges of childcare (cost, lack of family support, low incomes) (O'Connell and Kenny, 2017). However, research now points comprehensively to the existence of widespread and rarely-acknowledged discrimination against Africans in the labour market (Kingston et al. 2013, Michael 2015, McGinnitty et al. 2017, Joseph 2018). Housing discrimination is also widespread within a highly strained private housing market, in which women of African origin experience the highest levels of discrimination (Michael, 2015).

Evidence suggests that across the EU, the gender breakdown of asylum-seeking populations is shifting (Freedman 2016, UNHCR 2018). While in the past, asylum seekers were predominantly male, more recent statistics show a growing number of women and children travelling, both as part of family units and as lone adults with children. In Ireland, the gender division of asylum seekers remains heavily skewed towards men in all age groups between 18 and 55 (Reception and Integration Agency 2018). Many factors shape the migration experience, and these differ from person to person; but when it comes to the risk and impact of violence, gender has a defining role, particularly in cases of forced or disorderly migration, as we saw in section 2.3.4 above. A significant structuring factor is the institutional and cultural actions of the state vis-à-vis new migrants, which I outline below.

### 3.3 Migration and Ireland in the 21st century

#### 3.3.1 From accidental influx to deliberate regime: the governance of migration in Ireland

In 1996, Ireland changed for the first time in modern history from being a country of net emigration to being one of net immigration (Arnold et al, 2018). In the quarter century since then, a regime has come into place governing migration which is frequently ad hoc, contradictory and highly politicised. When immigration began to arise as a policy issue, in the mid-1990s, Ireland was successfully pursuing a deliberate development strategy of high integration into global markets (Hewson 2018: 16) and was undergoing an economic boom widely known as the 'Celtic Tiger'. One outcome of Ireland's economic openness and rapidly growing economy was a need for an increase in the labour supply (Hewson 2018: 576). At the same time, there was also a dramatic increase in applications for international protection (Arnold et al. 2018: 16).

The response of successive governments to the changing nature of migration into Ireland was an effort to 'take control' of the phenomenon, a common political attitude of neoliberal managerialism (Gray 2006). Migration was cast within a discourse of 'national interest' concerned in the main with protecting the state's territory, labour market, welfare state and social cohesion from 'potential threats by immigrants and their future descendants' (Boucher, 2011: 126 cited in Titley, 2014: 127). Policy responses were thus driven by a need to be seen to control the public purse (Lúibhéid, 2004: 337, Hewson, 2018) and to exercise sovereign control over national borders (Lúibhéid 2004: 337), and secondarily to promote or even celebrate diversity (Titley 2014: 127). Immigrants regardless of their status were framed through Irish government policy as a population requiring documentation, surveying and analysis, and generally precise management (Gray, 2006: 134).

State policies typically stratify different migrants, rendering 'migrant labour into a manageable object for capital' by means of legalisation or illegalisation (de Genova 2009, cited by Gray 2016: 47). A complex system of rules and regulations developed to differentiate different types of migrants within Ireland (Mancini and Finlay 2008), with a discursive ordering of migrant populations along a conventional axis from 'good' to 'bad' (Titley 2008). Migrant workers were encouraged to come to Ireland through a variety of temporary work permits, creating a system of differential citizenship, with 'guest workers' constituting a temporary and disposable category of people with lesser rights than citizens, including naturalised immigrant citizens (Mancini and Finlay 2008: 1). Asylum-seekers found themselves at the bottom of the putative hierarchy, constructed in

political discourse and the popular media ‘in terms of insecurity, burden and a drain on resources’ (Lentin 2012: 231; see also Hewson, 2018: 581) – a construction to which I will return shortly.

In 1999, Ireland moved from a system where the welfare needs of asylum seekers were determined locally by Community Welfare Officers (Thornton 2014) to a system of ‘direct provision of housing, health needs and so on’ (Arnold et al. 2018: 18). Until June 2018, this system had no legislative basis but was based on administrative decisions and ministerial circulars (Thornton 2014: 15). One of the impacts of this was to place asylum-seekers on a separate basis to other members of the population in terms of welfare entitlements, one of many actions which served to mark asylum-seekers out as separate from the mainstream population. The system of direct provision is discussed in more detail below, and later in this chapter as it relates specifically to experiences of VAWG.

The expansion of the European Union in 2004 led to further changes in Ireland’s migration regime. Unlike most other pre-expansion states, Ireland provided for the immediate integration of workers from EU accession states including Poland and Romania. Predicting additional demands on the public purse, the Habitual Residence Condition (HRC) was introduced to avoid the supposed risk of ‘benefits tourism’ (Thornton 2014: 10-11), and following a number of circulars it barred asylum seekers from being habitually resident (Thornton 2014: 11). The provision requires all applicants for social welfare - including child benefit, one parent family payment, jobseekers’ allowance, and rent allowance - to prove that they have been resident in Ireland for a minimum of two years (time spent as an asylum applicant or on a student visa is not reckonable). While the provision affects Irish citizens and those born in Ireland as well as migrants, it has a disproportionate impact on migrants, who risk the impacts of the HRC whenever they leave the country to visit family, attend funerals etc. Later in this chapter, I will discuss the specific impacts that the HRC has on migrant women’s vulnerability to violence; it is also one further provision which concretely marks migrants out as requiring a higher burden of proof to access basic resources (Fagan 2008).

The governance of migration in Ireland has thus tread a fine line between openness to an international workforce with a shallow pro-diversity discourse, a ‘celebratory recognition’ that cast the presence of migrant diversity as a positive transformation (Tittle 2014: 127), and the need to be seen to manage the national borders and control the public purse. Integration policies, when they have been pursued, have constructed migrant populations in all their diversity as necessary to economic progress and therefore in need of (conditional and limited) social support (Gray 2006: 134). While integration has been promoted as a means of

managing a somewhat unmanageable phenomenon (Gray, 2006), lasting policy-level commitment to migrant integration has been highly inconsistent: it was one of the first policy areas to fall victim to significant austerity cuts with the emergency budget of 2008 at the very beginning of Ireland's economic crash (Hewson, 2018)<sup>8</sup>. Since then, resources for integration have been near-absent, and the task of integration was ceded entirely to the NGO sector, itself reeling from austerity-induced cuts (Glynn 2014, Murphy et al. 2017). A 2017 audit of integration policies of public bodies in Ireland demonstrated that as few as five per cent of public bodies contacted had taken any concrete steps on migrant integration (Murphy et al, 2017: 3).

The current migration regime continues to favour internationally mobile workers in highly skilled sectors. Visa restrictions for non-EU citizens are extremely onerous, and visas remain contingent on continued employment in the state. Migration is frequently framed as a resource to sustain a growing open economy, and not as a human phenomenon with unpredictable benefits as well as costs. Breda Gray (2006) describes the desired migrants of the Irish political imaginary thus: 'integration policies must foster self-sufficient and autonomous immigrants, who must work on themselves in order to be independent, and committed to contributing to the Irish economy and society, in order that they may be integrated.' (Gray 2006: 130)

Labour migration and asylum are very different processes, but they overlap significantly in the public discourse. As Razack (1999) observes, the act of policing borders 'requires as well the policing of bodies of colour already inside [the border].' In this way, bodies of colour become inherently questionable and potentially threatening to the state, and processes of 'everyday bordering' (Yuval-Davis et al. 2018) take hold.

The political context in which the migration and asylum system has arisen is highly relevant for the experiences of African women living in it, and their abilities to navigate traumatising life experiences. I shall return to the ramifications of the political approach to migration later in this chapter, when I discuss stigmatisation in Ireland and the case study of the 2004 citizenship referendum. At this point, I turn to the specific system in place to manage the reception and integration of asylum seekers and refugees, representing the experience of many African women on arrival in Ireland. A small number of refugees arrive in Ireland with a pre-arranged commitment to provide them with protection, under the global auspices of the UNHCR. Others - also a small number relative to other countries both in

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<sup>8</sup> On that occasion, the junior ministry for integration was abolished, and agencies and programmes dedicated to the issue abolished or downscaled (Hewson, 2018).

Europe and elsewhere - seek international protection in Ireland, either at ports of entry, or having spent some time in Ireland, for example on a short-term visa (Lúibhéid 2004: 336). Both groups generally find themselves requiring the support of the state for housing and welfare needs, which is provided, in the context of a housing crisis throughout Ireland, via the system of direct provision.

### 3.3.2 International Protection and direct provision

The European Reception Conditions Directive sets out that all Member States should provide 'standards for the reception of international protection applicants that will suffice to ensure them a dignified standard of living'. Ireland acceded to this directive in July 2018, putting the conditions of asylum seekers on a statutory basis for the first time (Arnold et al. 2018). As outlined above, since 1999 applicants for international protection have accessed basic shelter and survival needs from the Irish state through a system that has come to be known as direct provision (DP). Under DP, migrants are dispersed throughout the state to accommodation centres (there were 39 centres at August 2019) and emergency accommodation (up to 1000 asylum seekers were living in hotel accommodation in July 2019 (Press Association 2019)). Managed under the Department of Justice by the standalone Reception and Integration Agency, these centres are run, for the most part, as private enterprises; none are purpose built (Asylum in Europe, 2018), and by 2019 the system was entirely oversubscribed (Hennigan 2019). More than 700 successful residents, having been granted leave to remain in Ireland, were unable to leave their accommodation centres owing to Ireland's housing crisis (Henderson 2019).

Criticisms of Direct Provision include overcrowding; poor quality of the built accommodation; precarious security of residents, particularly women and children; non-availability of food preparation facilities; isolation from local communities and workplaces, and the duration of time spent in the system (AkiDwA 2010, Graham 2011, Irish Refugee Council 2011, Doras Luimní 2014, McMahon 2015, Mbugua 2016, MASI 2019). The Ombudsman for children described Direct Provision in 2018 as 'wholly unsuitable for children' (Hutton 2018). A 2015 working group investigation did not look at the appropriacy of the specific approach to reception and integration, but only at the standards within the system as it was provided (McMahon 2017). The investigation identified 173 recommendations, of which the most pressing were the length of time people were spending in the Direct Provision system, outside of mainstream society; and the lack of a right to work for asylum seekers. Asylum-seekers wait between eight and ten months for an initial interview (Gallagher, 2019), the beginning of a long process of application for international protection. Following receipt of a

rejection, an applicant then enters a new waiting period for the appeals body, the International Protection Appeals Tribunal; if approved, an applicant may wait up to 9 months for the signature of the Minister for Justice to gain the papers they require to move on with life (MASI 2019).

The experience of Direct Provision is inevitably a gendered one, and later in this chapter I will discuss the intersection of migration, asylum, Direct Provision and VAWG. On the whole, the lengthy periods of time that individuals spend in Direct Provision act against the possibility of migrant integration. Housing international protection applicants separately from the general population increases the appearance of difference, and thus the likelihood of racial tension and discrimination (FLAC 2009, Arnold 2012, Hewson 2018). It contributes to the public construction of raced bodies, and specifically those in the asylum system, as a 'one way, illegal and unproductive population, antithetical to Ireland's social and economic milieu' (Hewson 2018: 581). As early as 2001, a report noted the significant level of social control over asylum-seekers' lives, and the highly institutionalised nature of the system of direct provision (Veale and Fanning, cited by Thornton 2018). As Liam Thornton argues: 'The system of direct provision is a system of enforced poverty, the core purpose of which is to make Ireland a deeply unattractive location for asylum seekers to have their protection claim determined.' (Thornton 2018: 74)

While at any given time the numbers of people in the direct provision system are small, the presence of the system and the discourse surrounding it play an important role in attitudes to race and migration in wider Irish society – something which has been increasingly exploited in 2019. It is to the issue of stigma within contemporary Ireland that I now turn.

### 3.4 Functions and productions of stigma in Ireland

This thesis is concerned with the impacts of VAWG on the space for action of African women in Ireland, and in particular with the ways those impacts are mediated by stigma. In the following section, I outline the social stigmas most relevant to the study. I have already established (section 2.5) that stigma is socially produced and serves a social function within existing power structures, mapping a close relationship between stigma, power, hegemony and governmentality (see for instance Goffman 1963, Parker and Aggleton 2003, Phelan et al. 2008, Link and Phelan 2014, Tyler and Slater 2018, Scambler 2018). Parker and Aggleton (2003) describe how stigma is used by individuals, communities and the state to produce and reproduce social inequality. They further note that new forms of stigma tend to reinforce existing exclusions.

In this section, I describe the ways that migration, race and gender intersect within Ireland's neoliberal regime to create a nexus of particular stigmas around black female migrant bodies. I begin with a brief summary of Ireland's context of neoliberal governmentality and patriarchal and racialised welfare stigmas before bringing these together in a case study of the 2004 citizenship referendum, encapsulating the intersection of race and other stigmas. I argue that patriarchal stigma is fundamental to the Irish national imaginary, and although patriarchal norms have shifted significantly in recent decades, particularly for wealthier and better-educated groups, the pattern of patriarchal stigma remains entrenched in cultural and political practices. While the stigmas outlined in the section that follows do not all relate specifically to the phenomenon of VAWG, they create the social web in which migrant women navigate the risk and impacts of VAWG. In chapter 6, I will outline how this network of intersecting stigmas functions to impact on the space for action of migrant women in the aftermath of VAWG.

#### 3.4.1 Neoliberal governmentality

The overarching political economic context of contemporary Ireland is that of a small state which has embraced the logic of free trade and competition (Hewson 2018: 574) predicated on the mobility of capital and labour (Gray 2016), and the attendant political decisions that go along with this. Naomi Klein describes 'the policy trinity' of neoliberalism: 'the elimination of the public sphere, total liberation for corporations, and skeletal social spending' (quoted in Tyler and Slater 2018: 733). Tyler and Slater outline how the UK government achieves its aim of empowering private market actors while stripping back the state through the strategic deployment of stigma. The ideal neoliberal subject is *homo economicus*, a self-responsible subject, required to invest continually in her own human capital (Foucault, 1979: 226, cited in Mulhall 2016). Deviance from the ideal of *homo economicus* - through dependence on the state and failure to be a self-sufficient economic unit - is necessarily stigmatised, and at times governments or corporations deliberately activate stigma (Tyler and Slater 2018: 732, Scambler 2018, Gaffney and Millar 2019).

Migrants in general - and asylum seekers in particular - are central targets in the system of neoliberal governmentality. Globally, migration regimes construct hierarchies to celebrate the movement of the highly skilled as 'professional mobility' while condemning the lower skilled as unwanted 'migration' (Castles 2010; cited in Gray 2016: 46). Governments are required to regulate and distinguish the desirable and undesirable. The case study at the end of this section describes precisely how in 2004 women asylum-seekers were set up as exemplars

of a threat to the economic stability of the country and correspondingly stigmatised. The impact cannot be fixed to asylum-seekers however: as we shall see in the section on welfare stigma, black bodies in Ireland are easily conflated with illegality or untrustworthiness. Meanwhile, the tantalising possibility remains that individual migrants might gain acceptance in Ireland if they can attain the status of a good immigrant (Razack 1999, Kwack 2016): productive, hard-working, placing no burden on the state and ‘integrating’ seamlessly with ‘Irish’ society.

### 3.4.2 Patriarchal stigma

Patriarchal stigma and shame are a defining feature of twentieth century Irish identities. It is outside of the scope of this thesis to go into the long history of the subject, but a significant body of work on the topic exists from historians and sociologists (for selected examples on Irish womanhood, nation and migration, see: Ryan 2001, Garrett 2000, Gray 2004, Earner-Byrne 2004, Ferriter 2012, Fischer 2016, Cloatre and Enright 2017, Redmond, 2019). It is widely acknowledged that post-colonial independent Ireland underwent a process of national identity-construction in deliberate opposition to ‘Britishness’ (Fischer 2016, Lúibhéid 2004). The Irish character was constructed to be marked by ‘purity, chastity and virtue’, embodied for the most part in the person of the Irish woman (Fischer 2016: 822). Patriarchal stigmas outlined in section 2.6.1 held strong sway in Irish society, in particular the normative importance of marriage and motherhood; as the 1936 constitution makes clear, the patriotic duty of women was to be wives and mothers (Article 41.2, *Bunreacht na hEireann 1937*). Women’s bodily autonomy was controlled through bans on contraception (lifted in 1992), divorce (lifted in 1996) and abortion (the most repressive abortion laws in Europe were lifted following a referendum held in 2018). There were strong material sanctions for gender non-compliant women in Ireland, heavily marked by class concerns (Fischer 2016). These features served to conceal VAWG as nothing more than the outcome of gender transgression, as described in section 2.5 above. The extent of stigma and shame that surrounded transgressive femininity – most especially pregnancy outside of marriage – can be detected in this comment from Jennifer Redmond, of Irish women emigrants in the 1950s: ‘It was a woman’s responsibility to deal with the crisis of illegitimacy by vanishing from the community to protect her own and her family’s reputation.’ (Redmond 2019: 129)

Clara Fischer (2019) demonstrates the intersection of class and gender compellingly with regard to single parents (overwhelmingly female) in Ireland. Between 2013-2015 a coalition government of Fine Gael and Labour implemented a ‘labour activation’ policy intended to include more women in the workforce.

The impact of this policy was to take income, in the form of a single parent allowance, away from single mothers. The policy disadvantaged those working part time who were described by the Department of Social Protection as ‘nesting’ (Murphy 2018). The policy is underwritten by a stigma against single mothers, which is both patriarchal, noting the female deviance of single parenthood, and neoliberal, blaming women for not being able to take financial responsibility for their families, at the same time as the state makes taking such responsibility impossible. A survey which Fischer conducted with SPARK, Single Parents Acting for the Rights of our Kids, found that of 370 participants interviewed, eighty three per cent felt shame for being a lone parent (Fischer 2019).

The traces of patriarchal stigma are deeply embedded in experiences of VAWG in Ireland, informing Ireland’s own rape and violence culture (see section 2.2.4). Improvements in legislation related to issues including domestic violence, marital rape, and female genital mutilation among others have not been met with adequate resources, as I shall demonstrate later in this chapter. Meanwhile, since 2018 there has been a public reckoning with attitudes to female sexuality, best encapsulated in the ‘Belfast rape trial’ (McKay 2018). When four members of the Irish national rugby team were found not guilty of rape, exposure and concealing evidence in a high-profile court case, public discourse revealed all of the elements of rape culture, but in particular extremes of victim-blaming and male sexual entitlement (McKay 2018). Indeed, victim-blaming is at the heart of the judicial process related to sexual violence, given the adversarial nature of the system: in 2018, a Cork lawyer used her closing remarks in a rape case to hold up the underwear worn by the 17-year-old complainant, inferring that she had thereby invited sexual activity. The 27-year-old accused was acquitted (Forde 2018). Leaders from the Dublin Rape Crisis Centre and the Cork Sexual Violence Centre have responded to such events by arguing that patriarchal approaches to sexual violence persist in Ireland (Roche 2018).

Contemporary patriarchal stigma then is underpinned by historic beliefs about women’s essential role, written into article 41.2 of the constitution. It is racialised, as we shall see, and targeted particularly at those most dependent on the state, notably single mothers, in a mixing of neoliberal with patriarchal norms. And it continues to propagate rape myths and to police female sexual activity, framing women as invariably responsible for sexual violence against them.

### 3.4.3 Welfare stigma

Gaffney and Millar (2019: 14) argue that the construction of the welfare state in conditions of neoliberal Ireland is a form of governmentality in which citizens are

expected to be always compliant both as welfare claimants (making accurate claims, leaving the system in a timely fashion, never making mistakes) and as wider citizenry (exercising vigilance and reporting fraudulent claimants where necessary).

In the aftermath of the collapse of Ireland's so-called Celtic Tiger economy, which lasted roughly from 1995-2008, O'Flynn et al. (2014) demonstrate that successive governments, with the active support of media outlets, succeeded in shifting societal focus away from the failings of governments and the financial system by scapegoating, among others, welfare recipients. The most high-profile instance of this was in the run-up to current Taoiseach<sup>9</sup> Leo Varadkar's successful contest for the leadership of Fine Gael in 2017, when as Minister for Social Protection he led out on a media campaign entitled Welfare Cheats Cheat Us All (see Department of Social Protection, 2017). With this campaign, one of Ireland's most senior politicians framed the issue of welfare fraud as a significant economic concern when in fact it made a minor impact on the public purse (Brennan 2017), simultaneously normalising the stereotype of welfare recipients as cheats. Campaigns like Varadkar's involving a backlash against welfare recipients as fraudulent or undeserving are a commonplace of the Global North since the economic crises of the 1970s (Gaffney and Millar 2018: 5), and often have a gender or racial focus (Gaffney and Millar 2018: 5), as we have already seen in the case of welfare payments to single mothers.

Stigma attaching to the welfare recipient reinforces the construct of the ideal neoliberal subject as *homo economicus*, with alternative economic arrangements (of dependency or vulnerability; of rejection or resistance to the hegemonic way of life) being consequently deviant. Griffin and Boland (2018) describe Ireland's existing welfare conditionality as inefficient and ineffective, and additionally stigmatising. The net impact of welfare conditionality is ultimately to label welfare claimants as 'lesser than' others in Irish society.

Studies of immigrant experiences of the social protection system carried out in 2011 and again in 2014 (O'Brien 2012, 2014) demonstrate clearly the ways in which welfare stigma can be racialised. Specific cases of racism in the social protection system were described as rare in 2011, though by 2014 they had increased (O'Brien, 2014). One instance was that of Bibi (p14), who had her rent allowance and One Parent Family payment cut by a Community Welfare Officer who explained to the NGO representing Bibi: 'All these Nigerians, you know what they are at'. In

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<sup>9</sup> The Irish Prime Minister is called Taoiseach

another case, Radhi (p18) was told, in response to her application for family reunification:

‘Why didn’t you stay there [in the country from which she had been granted international protection]? You want him [the family member she hoped to be reunited with] to come here and go on social welfare.’

These instances are clear examples of the racialisation of welfare stigma. In other instances, there is evidence of social welfare officials applying a higher burden of proof to applicants of colour when assessing their entitlements (Fagan 2008, O’Brien 2012). Such racialised statements and actions can impact migrant women seeking help in the aftermath of violence (Menjívar and Salcido 2016). In addition, they contribute to the overarching construct of the Black woman as a ‘benefit scrounger’ (Millar and Gaffney 2019).

The governmentality of the neoliberal self involves not only the stigmatisation of dependence and economic need, but also the lionisation of the autonomous economic individual. The Foucauldian *homo economicus* is a self-responsible subject, required to invest continually in their own human capital. Mulhall (2016) demonstrates how the discourse of wellbeing and resilience, already strongly critiqued in US and UK contexts, is also present in Ireland, and she argues that wellbeing and resilience function as governmental technologies which ensure compliance of neoliberal subjects even as deregulation removes their protections and rights (Mulhall, 2016: 30).

The relevance of this disciplinary system of governmentality to specific sub-communities such as migrant women has not been teased out in the case of Ireland previously: I do so in chapter six. I first turn to a case study of the 2004 citizenship referendum, which encapsulates the coming together of gender, race and migration stigmas in a way which has had a lasting impact not only on Irish law, but also on the ways in which Black women are labelled, stigmatised and shamed in Irish society.

#### 3.4.4 Case study: 2004 citizenship referendum

Lentin and McVeigh (2006) identify the 2004 citizenship referendum as marking the point at which Ireland moved from being a racial to a racist state. Hewson (2018) extends this argument, pointing out that in addition to state racism, the referendum demonstrates Ireland’s deployment of biopolitics in the service of neoliberal managerialism.

By the turn of the 21st century, Ireland's citizenship regime was anomalous in Europe, based as it was both on *jus soli* and *jus sanguinis* principles<sup>10</sup>. In the late 1990s, some newspapers reported a 'crisis' in Irish maternity services attributed, among other things, to a growing number of 'migrant' (meaning Black African) women pressurising the service. The argument was made that women were arriving in Ireland in late pregnancy in order to gain citizenship for their Irish-born child, and thereby to gain Irish residency for themselves. At the time, it was administratively easier to access Irish residency in this manner - which was conferred almost automatically by dint of giving birth in Ireland - than to claim asylum through the then-nascent international protection system (Lúibhéid 2004; Fanning 2018). Two specific legal cases established this as a 'loop-hole' in Irish citizenship legislation (Mancini and Finlay 2008, Hewson 2018, Lúibhéid 2004). This so-called loop-hole became the subject of political and media attention, with news reports discussing 'baby tourism'. This situation unfolded in the context of Ireland's shifting labour needs (see section 3.3 above) and offered an opportunity to resolve certain inherent contradictions in the emerging immigration issue by limiting citizenship rights for certain, less desired, immigrants. The centre right government of Fianna Fáil and the Progressive Democrats called a referendum to remove the *jus solis* provision from Irish citizenship laws, a referendum which was passed by a significant seventy nine per cent of the vote.

The referendum impacted Ireland by changing the citizenship laws, but also by enabling a damaging racialised and gendered debate to take place, with little or no regard for the subjects of that same debate (Lentin and McVeigh 2006). A fundamental argument of the Yes campaign, supported by the governing parties of the time and many other political actors (Lentin and McVeigh 2006: 113), was that poor pregnant black women were coming to Ireland as 'scroungers', to gain access to what at the time was a thriving economy and its welfare system. According to Liam Thornton: 'The referendum campaign took place in a sea of hostility, where the Irish state was seen as under an existential threat, with 'illegal' crossings via the birth canal viewed as an issue of significant public comment and decision.' (Thornton 2018: 62).

This hostile environment was memorably described by Luibhéid, who titled her article on the depiction of Black African women 'Childbearing against the state' (Luibhéid, 2004). The salient point is that Black women's pregnant bodies became symbolically associated with the labels of illegality, fraudulence and deception.

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<sup>10</sup> *Jus soli* means that all people born on Irish soil had an automatic entitlement to Irish citizenship; while at the same time, under *jus sanguinis* those with a parent or grandparent entitled to Irish citizenship were also so entitled.

One Fianna Fáil TD (member of parliament) Noel O'Flynn was reported as saying 'the country is being held hostage by sponges, wasters and conmen' (Lúibhéid 2004). Discussion very quickly moved from asylum seekers' supposedly devious residency claims to their 'true' purpose of living off the state (Lúibhéid 2004: 339). Lentin and McVeigh (2006: 102) demonstrate that the racist arguments which underpinned the Yes campaign were never backed up with evidence; for example, there were no figures presented to support arguments of a 'baby boom' among newly arrived Black women, nor of 'floods of migrants' pushing the system to the brink (Lentin and McVeigh 2006: 101-102). Indeed, Dervla King demonstrated that the unanticipated migrant births which were widely publicised amounted to a total of two point four per cent of all births in Dublin hospitals in 2003 (Lentin and McVeigh 2006: 102).

The citizenship referendum had a lasting impact on the Irish polity. Most importantly, it resulted in a complete change in how the right to reside and gain citizenship in Ireland was conferred. It also impacted at the level of public attitudes and stigmas. As I described in section 2.5.3 above, Scambler (2018: 777) describes the process of weaponising stigma as the process of converting rejects (eg Black migrant women, stigmatised but not deviant) to abjects (eg asylum seeking women, deviant-ly exploiting the Irish public purse for their own nefarious gain). With the citizenship referendum in Ireland, all Black migrant women, and in some senses all Black people, became associated with the label of welfare tourism. Abjects, says Scambler, 'are both beyond the pale and deserving of their lot and their misery.' Thus weaponisation of stigma allowed the state to turn its back, not only on the few people opportunistically attempting to enter Fortress Europe, but all migrants who have rights within the state.

In her 2018 book of short stories, Melatu Uche Okorie - a Nigerian writer who draws on her own experience in Ireland in her fiction - describes the othering of children of migrants many years later. In the following extract we see how not only migration status but the fact of having migrated became salient within Irish political discourse, as migrants were deliberately othered as a precursor to status loss. The citizenship referendum thereby marks a moment where legal categories of belonging were made salient within Irish political discourse, an ongoing impact:

[Your aunty] told your mother how once in her daughter's school, all the children's pictures were put up on the wall with their countries of origin written above it and how the children with non-national parents had their parents' countries of origin. She said weren't children of any parentage born in Britain, British, or those born in Australia, Australians. You asked

her what children born here were called and she said, 'migrant children or children of non-nationals, depending on who their parents were.' (Uche Okorie 2018: 29)

One thing which this extract demonstrates is the slippage from labelling of asylum-seeking women to labelling of all racialised women's bodies - 'a sliding of distinctions among asylum seekers, immigrants and black Irish women' (Lúibhéid 2004: 343). The 2004 referendum enabled the wholesale labelling of Black women in Ireland as welfare tourists. Fifteen years later, the stigma has proven remarkably resilient, as the extract from *This Hostel Life* above demonstrates. In the course of recruiting for this research, another Nigerian woman in a direct provision accommodation centre - who declined to participate in an interview - informed me that as a Black woman in Ireland:

'People think we just came here to give birth.'

## Chapter 4: Narrative research methodology – 'The reaffirmation of self'

### 4.1 Introduction

Designing and carrying out a qualitative research study for the first time is daunting, demanding that the researcher makes mistakes and adjustments, and that she justifies her decisions as she goes. It falls almost entirely to the researcher to determine the parameters of the project and justify these. Key concerns throughout the development and implementation of my research methods were with the connected issues of agency and power, and these themes run through this methodological overview. Specifically, I made a point of interrogating power relations in the research process and the ways that I was situated as a researcher in the power dynamics of the process.

In this methodology chapter, I recap the research objectives and questions, and introduce the different lenses that frame the project. I unpack my epistemology as a researcher, and I discuss my own standpoint and those of the research participants. Next, I outline my narrative approach: why it was appropriate to make this a narrative study, and what the idea of narrative means for this research. Following this, I discuss the core principles of research ethics and how I applied these to the study. I specifically consider the ethical challenges posed by doing qualitative and narrative research on the subject of stigma. In the following chapter, I go on to outline the research methods: the evolution of the study and what was done from design through to final analysis.

### 4.2 Research objectives and questions

As outlined in the introduction to this thesis, this research has a number of high-level objectives, which break down into specific research questions. The first objective is to understand the nature of VAWG in the lives of African migrant women in Ireland. This is largely addressed through the literature reviewed and analysed in chapter three, which provides an intersectional overview of VAWG and migrant African women in Ireland, and also identifies gaps in the knowledge base (see also recommendations, in chapter seven).

The second objective is to explore the impact of violence on the social nexus, as part of a much wider research study mapping the under-explored social and economic costs of VAWG. I do this by invoking the concept of space for action to guide my exploration of the relational impacts of violence: on the sense of self; on

close personal relationships, support and help-seeking; and on the individual in her wider community. As I will go on to outline, I explore this impact through narrative methodologies, investigating both individual and collective stories of impacts of violence.

The third objective is to identify the role played by stigma and shame in shaping the impacts of violence against women. I aimed to move beyond the rather mundane identification of social stigmas to understanding the different patterns of stigma and shame, the ways in which women navigated lives with stigma, and the possibility that some participants might reject, resist or simply not experience stigma. The conceptual framework introduced in section 2.6.3 brings together objectives two and three, situating the impacts of VAWG-related stigma in a wider context of patriarchal power and intersecting oppressions.

The final objective I identified is a methodological one: to develop approaches to recruitment, data collection and analysis that yield new information about VAWG-related stigma while remaining ethically sound. At the end of this chapter, I explore the specific challenges of this objective, and in the following chapter I outline how I set about addressing these challenges.

Flowing from these objectives, I shaped the following research questions:

- What are the impacts of lifetime Violence Against Women on the space for action of migrant African women in Ireland?
- What role does stigma play in constraining and constituting migrant women's lives affected by VAWG?
- How do women research participants adapt to, resist, and otherwise navigate stigma in their journey to surviving VAW?

### 4.3 Epistemology

Epistemology refers to the way a researcher perceives the world; as such, mapping the epistemology establishes the credentials of the research project (Crotty 2012). Many contemporary social scientific researchers reject classical positivism, with its emphasis on objectivity and absolute 'truth', preferring to employ one of a range of interpretivist epistemologies (Bryman 2008: 16). Understanding that human realities cannot be isolated and scrutinised in the way that certain scientific phenomena can, I also reject positivism as a starting point for social research. I begin instead with the understanding that perceptions of the world are constructs, mediated by the act of perception, and draw on phenomenology to focus on 'the meaning for several individuals of the lived

experiences surrounding a concept or a phenomenon' (Creswell and Maietta 2002: 151). A key proponent of phenomenology, Schutz recognises that the topic of social research is meaningful to the subjects of that research, and that it is the meaning perceived by individuals in social institutions and relationships that motivates their actions.

It is the job of the social scientist to gain access to people's 'common-sense thinking' and hence to interpret their actions and their social world from their point of view. (Schutz, cited in Creswell and Maietta 2002: 151)

Phenomenological studies identify a phenomenon, situate it in a socio-cultural context, and interrogate the boundaries of that phenomenon, often by analysing multiple different experiences (Crotty 2012). Cosgrove (2000) outlines how both phenomenologists and social constructionists begin from an opposition to positivist views of reality, concerning themselves with how the individual makes meaning of experience. The two perspectives diverge on the question of the precise location of power and agency. Phenomenological thought pays attention to the ways in which meanings are co-constructed in relationship with wider society - but it maintains that there are objective meanings to be revealed by social research (Cosgrove 2000). Subscribing to the social constructionist school of thought, I hold that meaning is produced through discourses of power, rather than uncovered through listening to self-generated narratives (Cosgrove 2000). Judith Butler (1990, 1995; cited by Cosgrove 2000) argues that there is no subject position outside of preceding power relations; however, she highlights that power relations can be subverted and resisted, even from within those structures (Cosgrove 2000).

In common with both phenomenologists and social constructionists, I focus on the production of meaning in social contexts, and the ways that individuals navigate social structures, suffused as these are with discourses of power. I align myself with social constructionism, which argues that 'reality' is constructed collectively by human institutions, and focuses research attention on 'the collective generation and transmission of meaning' (Crotty 2012: 58). I interrogate the ways in which reality is constructed in social discourse, drawing on Foucauldian and feminist analyses, such as those of Sandra Bartky (1990) and Diane Taylor (2018). When researching human experience, I am always aware that individual accounts are shaped and informed by information transmitted through culture, over generations, infused with hierarchical power relations - and this is especially important for understanding how stigmas shape individual and collective narratives.

Drawing on Cosgrove (2000), I note that a phenomenologist might approach the puzzle of why women conceal and 'tolerate' violence with 'grand narratives' of the person, such as self-deception or being inauthentic to herself (the problem is that the victim is living inauthentically; or she is falsely telling herself that she is the source of the problem in order to maintain the illusion of control). However, the identification of stigma as a serious issue for the understanding of VAWG is a fundamentally social constructionist position, since stigma is indisputably socially constructed (see section 2.4 above). The problem with social constructionism is that it can render the question of agency moot: it does not help with questions like "why don't all men commit rape?" or "how and why can some victim-survivors resist stigmatising discourses?" Following Butler, Cosgrove (2000) suggests that researchers attend not only to the social production of gender and embodiment, but also note the moments and conditions in which discursive power regimes are opposed, subverted or resisted. This is the approach that I take in this work.

#### 4.4 Reflexivity and standpoint

Standpoint theory criticises the illusion of objectivity in social research which Haraway describes as 'the god-trick of seeing everything from nowhere' (1988: 581). Standpoint theory instead gives prominence to the insights of oppressed people, who are often the subjects and rarely the agents of such research. The approach is valuable not alone for epistemological reasons, but more especially for political and ethical reasons (Haraway 1988: 579). Feminist standpoint theory is 'specifically about challenging, from the position of the marginal, silenced and subjected, the conceptual practices of power' (Cockburn 2015). Some feminists adopt a standpoint approach believing that social situatedness endows the subject with a privileged access to the truth (Yuval-Davis, 2012: 315). Patricia Hill Collins polemically sums up this perspective thus: 'the more subordinated the group, the 'purer' its vision' (cited by Yuval-Davis 2012: 319). There are a number of risks to exaggerating the authority of marginalised perspectives, similar to the risks of all intersectionality theory: it can both essentialise ever smaller groupings of people; and it can fragment peoples it is intended to unite. I draw on standpoint theory then, not to argue that there is a unique centre of expertise in the lives of the admittedly marginalised people with whom I carried out this research, but to deliberately place a value on marginalised perspectives and experiences, equal to (not necessarily greater than) the value of mainstream or hegemonic knowledge. Furthermore, I believe that no research on social situations and oppressions can be complete without additionally interrogating the hegemonic centre (Yuval-Davis, 2012: 319).

A reflexive word is necessary on my own particular standpoint as a researcher. I am white, Irish, settled, highly educated and well-off, and although I am affected in many ways by living in a violence culture, I have not been personally victimised by VAWG. I have worked for most of my career in the field of international development, as a programme officer for an international NGO and as a policy advisor. This career path has seen me participate in problematic post-colonial structures in development contexts, and I have consequently spent time educating myself on these issues. Carrying out this research, awareness of my own positioning vis-a-vis a marginalised and frequently 'othered' group of people was important. On different occasions, research participants and gatekeepers challenged me on the decision to carry out research with 'their' community, rather than my own (by which I think they meant white and Irish). The challenge was welcome, as it exposed power differentials and to some extent enabled us to redress them. At such moments the power lay with the challenger: as a researcher, I was depending on their support and cooperation. On other occasions, gatekeepers argued that I was being naive. In all of these cases, I noted and explored the experiences in personal diaries and memos (Davis 1998). I learned that it was incumbent on me to incorporate the analysis of what I knew (mainstream Irish cultures and structures) as well as what I didn't. I maintained humility and an openness to learning, but also a critical ear to different perspectives. I found confidence in the transversal politics of Nira Yuval Davis, who asserts that advocates and activists (and by extension researchers) do not have to be part of the specific community they advocate for: 'It is the message, not the messenger, that counts' (Yuval-Davis 2012: 51). Nonetheless, I recognised my epistemic limitations and aimed to remedy them through reading, asking questions, and listening.

The need for reflexivity went far beyond face-to-face research encounters, to awareness of the factors driving my own analytical inclinations. It has been observed that most social research is, in some sense, 'me-search' (Van der Kolk 2014), and it was important to recognise and separate my own relationship with issues of gender, stigma and shame from the research questions. My initial reading for this project involved, among other things, developing an understanding of how shame was used as a political tool in Irish social and political history, a body of inquiry which resonated strongly with me. It involved a deep engagement with western feminist inquiry on the politics of emotion (I wrote about this in Ballantine 2018a and Ballantine 2018b). I was surprised on engaging with my field data to find that this investigation – so powerfully resonant to me personally – was not especially helpful in understanding the experiences of the research cohort of migrant African women. I continued to reflect and write about shame and gender, but recognised that the politics of

emotion at play was better understood in the literature on critical race theory than in feminist shame theory.

While standpoint research emphasises the uniqueness and distinctiveness of individual lives, it can make it hard to see the wood for the trees, filling the field with tiny details to the exclusion of any wider reality. Given my commitment to putting research to practical ends, I view narrative data from the margins as one essential component of the information needed to bring about change in people's lives. Different positionings generate different insights; thus, any knowledge based on a single positioning is 'unfinished' (Collins 2000: 236). As a social scientist, I juxtapose individual narratives against each other, and against the more formal, established narrative visible in policy and limited quantitative data (Bryman 2008). In doing this, I aim to highlight misperceptions and new avenues of understanding on the topics of migration in Ireland, VAWG and stigma.

#### 4.5 Methodological approaches and narrative research

While there is a strong tradition of quantitative research on stigma and indeed VAWG, this is inadequate to the project of tracing lifetime impacts on life space that I have set, particularly since social impacts is a relatively new field of investigation. Quantitative data, no matter how rich, cannot provide access to the reflexive individual (Elliott 2005: 131) or their relationships and their expanding and constricting life space. It misses the complex ways in which phenomena of stigma and shame become woven into lives and written into identities as these are transformed by violent acts. My research began by looking to qualitative methodologies for the exploration of my subject matter. Many of the topics of this study, its concern with relationality and collective voice, all benefit from a narrative approach to data collection, analysis and reporting. However, given the paucity of available data on the sub-population in question (African migrant women in Ireland), a mixed methods approach was deemed appropriate. In this approach, qualitative narrative research is the principle method (see Morgan 1998, cited in Bryman 2008), but it is preceded by an investigation into the context of VAWG and migration in Ireland which involved a document analysis of grey literature and Key Informant Interviews (KIIs). It was appropriate to deploy mixed methods for this study, since the core questions, which are ideally suited to a narrative inquiry, demanded contextual information that was absent. To address my first research objective - to gain an understanding of the nature of VAWG in the lives of African migrant women in Ireland (both before arrival and in Ireland itself) - I framed policy-led questions with qualitative methods outlined in section 5.2 and 5.4.

In this section, I discuss what narrative is for me, and how I have put it to use in this study. Narrative inquiry is concerned with meaning-making at the human level (Wolgemuth 2013): a narrative is an individual's own account of something. Narration, says Andrea Cavarero, 'reveals the meaning without committing the error of defining it' (cited in Yuval Davis 2010: 267). Narrative, of course, is most commonly seen as another word for story: the way in which individuals naturally, unselfconsciously relate things. The driving substance of a narrative for me is in the meaning made of a given experience, rather than the meaning of a particular event, a distinction which Andrews et al. (2008) explore. For event-centred research, a narrative constitutes an individual representation of an event, which is whole and consistent over time; while experience-centred research – including this study – stresses that representations vary drastically over time and across circumstance. (Andrews et al. 2008).

Narrative is especially widely-used as an approach to refugee studies, with its emphasis on exposing the complexities and contradictions of real lives. This can directly counteract the tendency to identify refugees as homogenous and their experiences as universal and stereotypical (Eastmond 2007), and even threatening (Hopkins 2009). Narrative inquiry enables researchers to highlight the uniqueness and diversity of migrant experiences. Stories can illuminate 'the reaffirmation of self' (Eastmond 2007) against over-generalised and de-individualising images presented by mainstream narratives in receiving societies and camps. In so doing, they can effectively undercut the reductive portrayal of 'traumatised victim of war'.

The part that narrative plays in the construction of identity is of particular interest to me. The doing of narrative permits the study of identity and the local practices through which it is performed, while foregrounding the context in which this happens (Andrews et al. 2008). Paul Ricoeur, one of the most influential theorists of narrative, describes it as the thread to which individuals cling to maintain wholeness through seemingly chaotic and incoherent lives (Elliott 2005: 125). This in turn gives a flexibility to the idea of identity, which is neither fixed and constant, nor wholly unmoored from any permanence, but rather a process that sustains even as it changes. Such a conceptualisation provides a valuable grounding for researching violence, gender and stigma, and particularly their impact over time.

Many theorists discuss the manner in which cultural contexts shape the way that individuals 'do' narrative throughout their lives, and this question is highly salient for my interest in social stigmas. Whether the approach is narrative genre (Todorov (1990, cited in Elliott 2005: 128); canonical narratives (Bruner (1990, 2002), cited in Phoenix 2008: 66)); or cultural master narratives (Mattingly and

Garro, cited by Tankink 2013: 394), in all cases, the relevant point is that cultural settings provide their members with the tools and scripts for doing narrative: 'a limited stock of possible story-lines', as Polletta (1998: 424) describes it. By this reasoning, 'stories not conforming to a cultural stock of plots typically are either not stories or are unintelligible' (Polletta 1998: 424).

Tankink (2013) observes that cultural master narratives are created by continuous dialogue between individuals and the group they belong to: although they are culturally prescribed, they are by no means fixed or rigid. This means that the available stories and plots can change over time: for example, Plummer (1995, cited in Elliott 2005: 128) highlights narratives of rape and 'coming-out' which have a well-recognised form when she writes in the 1990s, but which would have surely read as unintelligible decades previously. On the other hand, Tankink (2013) documents experiences of refugees from South Sudan for whom the available master narratives have lost their dynamism and instead of shifting and adapting, have become rigid and non-negotiable as a result of the migration context.

The doing of narrative then is an interplay between structure and agency: there persists an 'active narrator' (Elliott 2005: 129) even given the constraints of canonical narratives. As Garfinkel has it, individuals are not 'cultural dopes' (Elliott 2005: 129). Cultural resources provide guidelines for the ways that people construct their self-accounts; but they do not determine the content, which is selected, edited and revised by the individual herself (Elliott, 2005). For this study, the value of individual and collective narratives is best articulated by Marsh et al. (2017: 65): 'Narratives link the personal and socio-political by situating the narrator in the personal and the broader social and political milieu which has shaped their lives'.

The relevance of the co-construction of narrative applies not only to the individual in her wider socio-political setting, but also to the immediate co-construction of the narrative in the context of the research encounter, the interview or research exchange. Narrative researchers acknowledge that data is co-constructed in the interaction between researcher and participants (Webster and Mertova 2007). This calls on researchers to be aware of their own part in the creation of the narrative as it emerges in the context of interviews and other encounters: the presence and actions of the researcher shape and construct the narrative that is created. In the case of migration narratives, and refugee narratives in particular, the research encounter may be only one context in which the same experience is told, alongside asylum hearings, meetings with solicitors, doctors, counsellors not to mention many personal exchanges (Eastmond 2007).

While not explicitly therapeutic, the process of making meaning for research purposes is, simultaneously and inseparably, the process of making meaning for oneself. Narrative research then, involves offering some power to the research participant. The act of telling, constructing oneself and others, ordering one's own experience, and interpreting it for presentation can also constitute agency or power: in giving the narrator a sense of cause and consequence it offers the possibility of continuing and directing the story. (Eastmond 2007, Boonzaier and van Schalkwyk 2011). Eastmond (2007) shares the example of a research project with survivors of Chile's military regime, for whom narrative research offered the promise of being publicly acknowledged and believed. My own research was carried out while anti-immigration sentiment was high globally and particularly in the UK, and the possibilities of narrating away racist stereotypes was on my mind. As this project comes to an end, right wing and anti-immigrant discourse is ever more present in Irish society. It was positive to provide space for participants to tell their detailed personal stories. Towards the end of this thesis, I reflect on the significance and potentialities of that telling for participants.

Through narrative inquiry, I investigate the chronologies of cause and effect that flow from life experiences of violence against women, in the context of complex migration stories. Narratives, however, are not necessarily coherent, and traumatic experiences are likely to fragment memory, undermine trust, and inhibit expression (Eastmond 2007). Thus it is important not to limit the understanding of story or narrative to mere chronology. Narratives are replete with meaning, conveyed in sequence, symbolism, character. These details are highly relevant to the analysis of narrative data, and the identification of precisely what, within a narrative act, constitutes data.

Researchers can take a narrative approach to distinct phases of a project (such as literature or data analysis), or they can structure their methodology entirely as a narrative study (Bryman 2008), as I have. Narrative data collection often relies on very loosely structured interviews, leading with questions that invite the participant to tell stories ('tell me what happened'; 'can you tell me about a time when...'), rather than a structured question-and answer format, which can suppress narratives (Mischler 1986). Before I could design a research study however, it was necessary first of all to attend to the ethical dimension.

#### 4.6 Research ethics

At the outset of this project, my primary methodological concern was the ethical one, and the process of developing a methodology began and was centred around a detailed and comprehensive application to the NUI Galway Research Ethics Committee (granted in March 2017). Numerous guidelines exist for the conduct

of ethically sensitive research. For this study, my starting point and regular reference point was the WHO guidelines on researching Gender Based Violence (Ellsberg and Heise 2005), developed alongside the WHO Global Study on Violence Against Women to provide the highest standard of ethical guidelines for an emerging research field, including in low income and/ or highly patriarchal settings. In addition, reference to the WHO guidelines on research with victims of trafficking (Zimmerman and Watts 2003) was useful, given their specific focus on migrant women (as victims of trafficking by definition are) and violence on the migration journey. Here I summarise a useful set of core principles, drawn from combining these guidelines:

- Do no harm/ ensure the safety of both participants and research staff
- Ensure confidentiality and anonymity, for safety and data quality
- Design the study so as to minimise distress, and do not retraumatise participants
- Put in place referrals to available sources of support
- Ensure accurate interpretation of results, and put information collected to good use
- Ensure informed consent
- Know your subject and assess risks
- Listen to and respect each person's own risk assessment
- Prepare for emergency information

While the existence of detailed guidance on conducting ethically challenging research is highly beneficial, I emphasise that ultimately, ethical research is a question of developing skills rather than applying precise formulae. The process of obtaining approval for carrying out research is described by Guillemin and Gillam (2004) as 'procedural ethics' (cited in Kaiser 2009: 1634). Mulla and Hlavka (2011: 1516) explain further:

ethical research practice will largely depend on the qualities and skills of the researcher(s). Such skills stress interdependence and responsibility, and include respect, empathy, imagination, authenticity, and... adaptive thinking.

The process of carrying out this study involved identifying these skills in myself, learning to trust and value them, and focussing on developing them where I felt they were missing. Interaction with other qualitative researchers and practitioners of various sorts helped immensely in developing my respect, empathy and adaptive thinking. People characterised as 'vulnerable' often have good reason to be wary of researchers and the research process (Ellard-Gray et

al. 2015): rather than viewing this as an obstacle, I sought to engage with reluctance and acknowledge power imbalances where I could. A more detailed account of steps taken to ensure that my research was ethical is included in the following chapter on my research implementation.

#### 4.7 Researching stigma

Because stigmas are part of the cultural repertoire that constitute canonical narratives, it is important to think carefully about how we research these and the impact of our methods. There are specific methodological concerns about the impacts of researching stigma, especially when collective methods such as focus groups are used.

In the first instance, there can be a distance between researcher and participants, where the participants have been identified as sharing a stigmatised identity which the researcher does not share, potentially imposing a barrier to recruitment and to openness in the research encounter (Wiggington and Setchell 2017: 251). To deal with my unfamiliarity with violence narratives, I conducted a pilot interview with an acquaintance who had disclosed her own background of domestic violence to me, an approach recommended by Wiggington and Setchell (2017: 252). Feedback from this process reinforced the importance of a trusting relationship and absolute confidentiality and gave me more confidence to proceed. In addition, I consulted with friends and contacts from the African community in the development of my research materials: I selected these people for their academic expertise and their familiarity with carrying out participatory work with migrant communities. Between them, they helped me to pitch things right and to connect with research participants. I learned the importance of striking a balance between formal ethical checks and cautions (emphasised in the methodological literature), and an approachable style which would enable trusting relationships (prioritised by my reference group).

Frequently, stigma is heavily present in the cultural setting of the research exchange, yet difficult to discuss directly. For example, Tankink (2013: 396) describes the social impacts of talking about sexual violence in a group setting with other refugees from South Sudan as being experienced as a worse harm than the individual impact of the violence itself. For Tankink's research participants, they were able to disclose their experiences of sexual violence in individual interviews with her as an outsider interviewer. Tankink concludes that in group settings, it was best to respect the cultural norm of silence within the group, since they did not have a counter-narrative for sexual violence that was not harmfully stigmatising. She further reflected that through the use of metaphor and story-

telling, such a counter-narrative might emerge; as I shall show I drew heavily on story-telling in this research, and a counter-narrative was indeed present.

Not alone may it be challenging to discuss stigma in group settings; stigmas may be activated and weaponised in such locations too (Michell 1999: 45). Socially excluded or stigmatised people can be easily isolated and silenced in group settings (Michell 1999: 45). Thus, focus group research could potentially create a site in which stigma thrives and alternative, outlying perspectives are silenced or rendered unsayable. Given the lasting harms done by stigma, the construction and analysis of focus groups for research requires careful consideration: the act of discussing stigma may add to the salience of that stigma within a group, and even increase stigmatising attitudes (where they were not previously significant). This risk is not always recognised in qualitative literature on VAWG drawn from group discussions, which often emphasises the role of stigma without giving insights into how people navigate or negotiate it, and may provide space to replicate and reinforce it (examples of such studies include Jewkes 2002, Stauffer et al. 2015, Barnett et al. 2016, McCleary Sills et al. 2016).

On the other hand, it is possible to be too precious about the research topic, and to sidestep the possibility of rich and compelling insights. Morgan and Krueger draw attention to 'a certain thrill in the open discussion of taboo topics' (Farquhar and Das 1999: 59), whereby avoiding sensitive topics may be nothing but excessive caution on the part of the researcher. What matters most is probably not the subject matter but the composition of the group: where there are shared experiences of exclusion and oppression, a focus group can be a rich environment for exploring these very experiences collectively, and possibly even developing group 'consciousness' of the topics under discussion (Wilkinson 1999:75).

In summary, the liberatory, conscientising potential of group-based research must be balanced against the risk of harm that stigma can cause even within the research site. The nature of information that can be shared in confidential individual interview settings is often qualitatively different to that in FGDs. In some cases, the 'outsider' identity of the researcher can prove liberating for participants in the interview context, where they can speak freely without the burden of the stigmas that dominate the in-group (Tankink 2013). For this reason, I draw on FGDs in my study to understand beliefs and norms, to find collective narratives of gender, migration and violence, and to provide spaces for collective growth and solidarity - but when it comes to the individual meaning of the phenomena under study, I privilege information gathered in the relative safety of the interview space.

In my description of my research methods which follows, I outline how narrative approaches and ethical considerations guided my selection of approaches, and my decision-making as the project progressed.

## Chapter 5: Research into practice

The design of a research study involved getting to know the field while exploring options around specific methods and tools. My research design involved a process of planning, implementation, meeting obstacles, and making revisions. This chapter describes the steps taken to carry out this research study, from identification of the field of research, to recruitment and the implementation of specific research tools and methods. I describe in detail the steps taken to ensure that the research was ethical, and the analysis method implemented. Finally, I discuss the limitations of the study.

### 5.1 Selecting methods

The epistemological underpinnings and nuanced questions described above drew me to a first person narrative approach to my research. However, I was faced with a difficulty: in the absence of an academic literature on the phenomenon of VAWG in the lives of migrants in Ireland, my qualitative research lacked context. In order to gain a full understanding of the issue I was researching, I needed to address the gaps on the nature of violence against women among migrant women in Ireland. Therefore, I apply a mixed methods approach in which narrative takes methodological priority, but for the purposes of sequencing the research study, it is preceded by other, policy-led research methods (see Morgan 1998, cited in Bryman 2008: 607). The complete range of my mixed methods study is presented below.

### 5.2 Designing a research strategy

My initial research plan involved two principal means of gathering data: Focus Group Discussions (FGDs), and In-Depth Interviews (IDIs). While these are very common methods in social research, they serve different purposes, and it is important to be alert, when designing a research study, to the exact purpose of each method, and the reasons for applying them together (Michell, 1999).

I chose to conduct FGDs for a number of reasons. FGDs were designed as a source of primary data on community attitudes and norms, and collective narratives of VAWG and stigma, but they served other purposes also. I used the FGDs as the springboard for recruitment for IDIs, so that the main selection criteria for both were the same (see section 5.4 below). FGDs gave potential IDI participants a feeling for my research style and interests. I also used the FGDs to familiarise myself with the 'world' that I was researching, to make contacts and to learn appropriate behaviours around research participants. Finally, FGDs created a

space in which the themes of violence and gender could be explored openly and actively with participants. In this, my aim was not to initiate new projects - this would have been beyond the scope of this particular project - but it was at least to 'stimulate the sociological imagination' (Farquhar 1999), giving participants the opportunity to explore and reflect on the topic with peers in a structured fashion.

IDIs were my selected method to provide the core of the narrative study: the information about how migrant women navigate the experience of lifetime VAWG in the context of stigmas and intersecting oppressions. I initially aimed to conduct ten to fifteen IDIs, which I considered a low but achievable target. Ultimately, as we shall see, I achieved just half of my lower target, which I enriched with multiple visits and a more detailed analysis than initially planned.

Through the course of the study, I carried out other activities to fill targeted gaps in my knowledge, establish the research context and to build my familiarity with the subject area. The mixed methods approach I ultimately settled on involved a document analysis of grey literature, and Key Informant Interviews (KIIs), used to develop context, completeness and diversity of views on the poorly-documented topic of VAWG and migration in Ireland (see Bryman 2006). I found that carrying out KIIs made me a better interviewer, facilitator and analyst. As time went on, I assembled notes from more and less formal encounters with experts in the field of migration, women's rights and gender-based violence, and I analysed these for original insights into the context, presented in chapter six below.

In addition, I conducted ongoing ad hoc voluntary work with gatekeeper organisations and research participants and participated in migrant activist spaces. I found the decision-making around these broader immersion activities challenging at times, and they called for a very broad understanding of the nature of my research, since they didn't always or necessarily bring me into direct contact with African women in Ireland. Prioritising my time, I ultimately settled on a number of commitments which would keep me connected, inform me, and satisfy my strong sense of ethical obligation to research participants, as follows (in all of these cases, the commitment is a standing one which I maintain:

- I attended regular coffee mornings with the Amal women's network, where I met a wide range of Muslim women living in Ireland, and was able to see the issues that arose naturally for them;
- I participated actively in a group called Ireland Says Welcome and later with MASI, networks of activists dedicated to migrant rights;

- I responded to all direct requests for help from research participants, especially those who provided interviews (see section 5.7.4 below on benefit and reciprocity).

There was one final phase to data gathering, and this was ongoing collection of feedback while I was conducting analysis. As I explain in more detail below, as I moved through phases of analysis, I returned to various stakeholders to check my findings and interpretations: a list of validation encounters is included in appendix B. The most significant of these activities was a workshop conducted with participants from the original FGDs and IDIs, in which I presented my analysis for feedback and reflection. The practicalities of organising these sessions were mixed, and at times onerous, but it was highly worthwhile and influenced my thinking. In bringing my findings back to practitioners and activists, I was challenged to push my analysis beyond information that was already well-known, and to find new angles and interpretations of the data.

### 5.3 Who and where

The first step in my research plan was the identification of potential participants for narrative interviews and FGDs. Chapter 3.1 outlines the reasons for focusing this research on African migrant women living in Ireland. As described at the beginning of chapter 4, I began the study with the objective of understanding the impact of lifetime violence against women and stigma on the space for action of African migrant women in Ireland.

Different approaches to qualitative research take different views on the matter of sampling. It is important to note that, although I drew participants from a narrow and well-defined demographic grouping, the research is not presented as representative of that group. For this reason, I expressly did not seek saturation, nor findings that could be generalised to the population of migrants or sub-populations therein. Rather, I identify threads and patterns in individual lives, outline commonalities and important differences, and juxtapose these against 'official' accounts of policy and practice to highlight gaps, connections and opportunities (Bryman 2008). Section 5.3 below on designing a research strategy describes how I set targets for recruitment including inclusion and exclusion criteria, and the actions I took when I didn't meet those targets.

### 5.4 Getting to know the field: document analysis, immersion and KIs

As an independent researcher from outside of the service sector, I first needed to get a feel for the field of study related to African migrant women in Ireland and

their life experiences of VAWG. Since there is limited published academic literature, I began by conducting a thorough review of publications by NGOs, statutory agencies and postgraduate research students. These were identified alongside the work of mapping migrant rights organisations (see below), and I regularly returned to the search using keywords in internet searches ('Violence Against Women'/ 'Domestic Violence'/ 'Intimate Partner Violence'/ Migrants/ African/ Racism/ Ireland) throughout the study. Although not peer reviewed or subjected to editorial oversight (for the most part), the publications I reviewed were assessed according to criteria laid out by Scott (1990, cited in Bryman, 2008): they were found to be authentic, credible, representative (of the migrant rights sector primarily) and clear and comprehensible. This yielded an array of largely qualitative data, which interacts usefully with the wider international literature to begin to build a picture of the Irish context (see chapter six).

Next I sought to develop an understanding of the Irish health and social sector, and civil society organisations working on migration and violence against women: this was particularly important given the absence of a literature that addresses the needs and experiences of this sub-group. First, I mapped relevant actors in the violence sphere and in the migrant rights sphere. It is important to note that in Ireland, there are very few explicitly feminist migrant organisations (the few exceptions are discussed below), and no migrant organisations that are primarily or wholly dedicated to the topic of VAWG, and so researching with and recruiting from dedicated groups was not possible. As I describe in section 5.4 below on recruitment, I chose not to carry out recruitment directly with service providers, and although I carried out KIIs and developed ongoing contacts with providers in the VAWG sector, I did not invest in the same level of local relationship-building with that sector as I did with the migrant community.

Starting with an online exploration and working with my networks I identified a wide range of migrant community organisations as a starting point for understanding the issues and carrying out recruitment for the study. I approached a number of organisations on the basis of certain criteria: namely that they would be representative of migrants as a whole or people from a specific country, region, or faith; and that there would be evidence of gender leadership (ideally) or sensitivity (at least). In all cases, I approached organisations to engage with dedicated women's membership groups within them. As I planned to recruit through these organisations, I also investigated whether they had the capacity to support women who disclosed experiences of violence, or whether they had referrals in place.

Figure 7 below describes the organisations that I developed relationships with in order first to gain a grassroots understanding of migration and gender issues and later to recruit research participants. I chose to build relationships with community organisations rather than larger more formal NGOs, largely to facilitate contextual immersion and later recruitment. The organisations I chose are described in figure 7:

Name	Represents	Gender perspective
<b>AkiDwA</b>	<p>Organisation of migrant women in Ireland. Initially for African women and expanded to include all migrant women. Strong focus on refugees, asylum seekers and the DP system. Carries out essential research and advocacy on these issues.</p> <p>I worked with the Young Migrant Women group; with the health outreach worker; and with organisational staff.</p>	<p>Explicitly feminist. AkiDwA has a long history of programmes and advocacy on VAWG, highlighting issues including sexual violence, domestic violence and especially Female Genital Mutilation as they affect migrant women. AkiDwA has had significant success in influencing legislation and policy in Ireland, especially on the subjects of Women Peace and Security, FGM and Forced Marriage.</p> <p>AkiDwA had a referral system in place for women affected by violence.</p>
<b>i-smile</b>	<p>A grassroots women’s network based in Dublin 15: i-smile developed to provide migrant women with a space to meet and organise in the highly diverse communities of Dublin 15. It is a very small wholly voluntary organisation which organises networking events.</p>	<p>i-smile has a strongly female leadership and a keen interest in gender issues: my first encounter with them was at an International Women’s Day event they organised on domestic violence. It does not have an explicitly feminist ethos.</p> <p>i-smile did not have a referral system in place for women affected by violence, so I was responsible for ensuring that referrals were available.</p>
<b>Cáirde Balbriggan</b>	<p>A migrant health rights NGO, with both a national presence in Dublin and a local office in North Dublin. In Balbriggan,</p>	<p>As a health rights NGO, Cáirde is modelled on a social determinants of health approach, which promotes a gender analysis</p>

	<p>Cáirde operates as a community development organisation with a large drop-in centre in the middle of the town. It runs English language classes, a women’s group, and individual advisory services for migrants in a very diverse community.</p>	<p>of the issues affecting its clients. In addition to its community development work in North County Dublin, Cáirde has carried out research and advocacy on mental health needs of migrant communities, among other areas. It is not explicitly feminist. Cáirde had a referral system in place for women affected by violence.</p>
<p><b>New Communities Partnership</b></p>	<p>NCP is the network organisation representing migrant organisations throughout Ireland. Like AkiDWA, it receives funding to provide direct services to migrants through a number of targeted programmes.</p>	<p>NCP does not expressly address gender issues. The programme I worked most closely with was the family support unit, which engages with migrants who are affected by child support interventions. NCP had a referral system in place for women affected by violence.</p>
<p><b>Amal Women’s Group</b></p>	<p>I incorporated Amal Women’s Group into my research once it was already underway. Amal is a women’s group based in the Islamic Foundation of Ireland. A largely voluntary group, it meets weekly and carries out a range of outreach activities with Muslim women in Dublin and further afield. Amal also operates a response and advocacy service for Muslim women run by trained and vetted volunteers; this addresses many issues including VAWG.</p>	<p>Amal is dedicated to issues affecting women and young people although without an explicit gender analysis. It places a strong emphasis on the issue of VAWG as it affects Muslim women throughout Ireland and provides a diverse response to VAWG including referrals to established services and information on rights and entitlements. As indicated, Amal has a referral system in place for women affected by violence.</p>

Figure 6 Organisations supporting research recruitment

Over the course of the research I built relationships with these organisations, whom I viewed as gatekeepers to the community I was researching, as well as links with activist groups such as the Movement of Asylum Seekers in Ireland (MASI) and Migrants and Ethnic Minorities for Reproductive Justice (MERJ): established

in 2018). I built relationships across the migrant rights sector with a view to improving my own understanding of the issues, and to generating contacts to support recruitment for research activities. It is important to emphasise that recruitment for FGDs did not proceed until I had spent some time with individuals in each organisation exploring issues and establishing ethical parameters, particularly around vulnerability, confidentiality and support. As an outsider researcher, I began by establishing my own trustworthiness with the leadership of these organisations, before building rapport with the women who met under their auspices. Getting to know these organisations offered me familiarity with the issues that arose most commonly, and their staff were generous with their time and insights, and very interested in my research. Ultimately, progress was made on the basis of individual relationships, with relatively little institutional involvement.

During this phase of research, I conducted a number of Key Informant Interviews (KIIs), in order to improve my own understanding of the issues and to fill in gaps in the research context. In as much as they respond to the first objective of the project, findings from these KIIs are presented in chapter six below. Key Informants were identified and selected according to their situation in relation to the research topic: I sought to speak to people who were actively working at different points in the intersection of migration and violence against women (a list of those cited is in annex A). Each of these interviews was semi-structured, with questions related to the specific activities that the participant was involved in (for example, interviewing the leaders of the Amal women's network I focused on the experiences of Muslim women in Ireland; while interviewing the therapeutic coordinator for Spirasi I focused on gender based violence in the experiences of victim-survivors of torture).

## 5.5 Recruitment

VAWG research studies often recruit participants from specialised service providers, such as domestic violence refuges and rape crisis centres: I did not do this. There are two arguments in favour of recruitment from service providers: an ethical one and a practical one. Ethically, recruiting from a formal service makes it more likely that all research participants are already in receipt of structured psycho-social support. The practical reason is that recruiting from a VAWG organisation ensures a recruitment pool in which all participants have experienced VAWG: it makes fulfilling the selection criteria far easier. The main reason not to recruit from service providers is that it reduces the sample to only women who seek formal services, a small group which is quite distinct from the wider population of women who experience violence (Ellsberg and Heise 2005:

57). My research design therefore was to recruit participants to Focus Group Discussions from their own local organising spaces, and from these FGDs to recruit interviewees.

The selection criteria for FGDs were as follows:

(i) Inclusion criteria:

- Participants must be African migrant women. That is, they must have moved to Ireland in their own lifetimes from an African country.
- Participants must be aged over 18.
- Participants must be able to communicate in English (total fluency is not required)

(ii) Exclusion criteria:

- Participants who are currently in an abusive relationship should not participate. While it is not possible to fully screen for this at recruitment stage, it was made clear to gatekeepers that this is an important criterion.
- Participants must be capable of giving informed consent; they must be of full mental capacity, and they must not be coerced or even excessively encouraged to participate.

As already discussed, the principle data-related purpose of the FGDs was to explore norms, attitudes and behaviours, and collective narratives. The other purpose of the FGDs was to develop a trusting space from which to recruit potential candidates for IDIs. A benefit of using FGDs as a recruitment space for IDIs was that it gave participants a very clear view of what participation would look like and established a consent process that was very open and mutual. FGDs made use of participatory tools (see appendix C) and built a rapport between participants and the interviewer, removing some of the barriers to recruitment, particularly given my identity as an outsider researcher. This was highly successful in the case of FGD A, in which, of three FGD participants, two went on to give IDIs. However, there were two serious limitations to this approach. First, it assumed that in all of the FGDs there would be at least one participant who had not only themselves experienced VAWG, but was also willing to disclose this fact to the researcher in confidence. And second, setting up an FGD involved a lot of logistical work and it became apparent that, although this was a good way of building trust and community, it was not in itself good enough for identifying even as few as the planned 10-15 IDIs. Once I had gathered sufficient data from FGDs, they proved too time-consuming to continue setting up in the hope of recruiting interview participants.

I needed to revise my thinking both on recruitment for IDIs narrowly, and data gathering more broadly. I broadened the search for IDI participants in two ways. The first, placing an article in *Metro Eireann* (Ballantine 2017), a newspaper for new communities in Ireland, was unsuccessful in that it did not yield any additional leads, although it did serve as a useful reference for explaining my research throughout the project. The second approach was convenience and snowball sampling through gatekeepers, previous participants, and others that I had got to know in the field. This yielded one additional interview, and five very strong leads. Of those leads, I spent considerable time getting to know individuals, explaining the research topic and process, building trust. I took notes from these discussions, which were also very fruitful in understanding the field. Ultimately, none of them resulted in more interviews. The reasons were mixed, and consistent with literature on the topic (eg Ellard-Gray et al. 2015): unwillingness to jeopardise the asylum process; unwillingness to relive difficult experiences; or in some cases, repeated missed appointments until the research process had necessarily progressed. Lives are complicated, and recruiting individuals one by one outside of an institutional setting is very challenging. The process I implemented required a longer time-frame to allow for deeper relationship-building. Meanwhile, my immersion in migrant-controlled spaces exposed me to many perspectives on gender, race and violence which usefully informed the study while not providing interview data.

When recruitment for interviews stalled I made two adjustments to the study. First, I deepened my engagement with the five participants in IDIs, interviewing three of them on two or more occasions, and continuing to be in touch with all of them so that I gained a more nuanced understanding of their individual processes of integration and meaning-making. Second, I revised my analytical approach to place a greater analytical focus on FGD data as well as secondary and contextual sources. This shifted the nature of the study from broad interview analysis to a set of five case studies of individual women embedded in their context. Since three of the five participants in IDIs also participated in FGDs, it was possible to see participants in a community context, which added depth to my understanding of both the FGDs and the IDIs. The overall impact was a shift in emphasis at the analysis stage: rather than an intense analysis of 10 or 12 interviews (the demands of which would likely rule out close analysis of other data), I was able to incorporate a wider perspective and engage closely with the FGD data. This resulted in less varied and detailed evidence of the direct impacts of VAWG on space for action, but far more insight on the nature of stigmatisation and symbolic violence against African migrant women in Ireland. This is essential context for understanding the impacts of VAWG and situating it effectively within the continuum of oppression.

### 5.5.1 Tools and methods

### 5.5.2 FGDs

I carried out six FGDs in the Summer of 2017. I chose not to follow orthodox advice that FGDs should optimally include 8 to 12 people and that they should not already know each other (Elliott 2005), since the needs of this study were very different to the market research practice from which FGD ‘orthodoxy’ comes (Elliott 2005). Rather, I prioritised creating a comfortable setting where participants would speak freely and I could observe the social norms and interpersonal dynamics that existed in networks of friendship and trust (Michell 1999). This approach guarded against the risk of stigmatisation occurring within the FGDs themselves (Michell 1999), as I discussed in section 4.7 above. I asked gatekeepers to help me to recruit such groups, and conducted a diverse mix of FGDs.

I planned to conduct half of all FGDs outside of Dublin. As table 2 shows, I succeeded in reaching one third of participants outside Dublin, though all were living in Leinster: 4 FGDs were with groups living in suburbs in the greater Dublin area; one was with women in a town in the south of Ireland (not named for reasons of confidentiality); and one drew women from Wicklow and Louth mainly, as well as some living in Dublin. Participants in FGDs were drawn from a wide range of African countries, although two FGDs were comprised entirely of Nigerian women (A and D) and two of women from South Sudan (B and C). The high representation of Nigerians in this study is consistent with their representation among Africans in Ireland; the relatively large proportion of women from South Sudan is largely coincidental, owing to the social network of one gatekeeper for FGD B. For logistical reasons, in two FGDs there was a single non-African participant: a Syrian asylum-seeker in FGD E, and an Italian staff member from C airde in FGD F. Where I cite their comments in Chapter 6, I note that the commenter was not African. The migration status of participants varied, with many having been granted leave to remain in Ireland, some following a period in direct provision and later receiving Irish citizenship (particularly in FGDs A, B, C and D); and others still living in direct provision accommodation, especially the 11 women in FGD E. The youngest women who participated were in their early twenties (FGD D, FGD E) and the oldest in her 60s (FGD D).

FGD	Participants	Organisation	Countries of origin	Relationship	Place	Location
A	3	i-Smile	Nigeria	Close friends (inc founder of i-Smile)	Dublin North West	Community centre
B	5	Cáirde	South Sudan	Close friends (inc Cáirde manager)	South Co. Dublin	Participant's home
C	6	AkiDwA	South Sudan	Women's group + friends	Leinster	Community centre
D	4	NCP	Nigeria	Close friends	Dublin South West	Public library (private room)
E	11	AkiDwA	DRC, Kenya, Uganda, Tanzania, Zimbabwe	AkiDwA young migrant women group	Dublin city centre – participants from Louth, Wicklow + Dublin	NCP office meeting room
F	5	Cáirde	South Sudan, Nigeria, Angola, Sierra Leone, Italy	Cáirde staff + volunteers	Balbriggan (North Co. Dublin)	Cáirde office meeting room

Figure 7 FGDs conducted

The FGDs were hosted mainly in private rooms in public spaces: community centres, NGO offices and a library; with the exception of one FGD hosted in a participant's own home. In each case the space was well-known to the participants and easy for them to find and get to. I did not pay any stipend for travel or out of pocket expenses (for FGD E which was embedded in a day-long workshop, AkiDwA did), but I took great care to arrange the events so that participants incurred a minimum of costs - they were mainly local to the participants, and I provided refreshments, and in every case baked a cake. The intention was to develop an atmosphere of ease, familiarity and welcome. In all cases, even when creating a convivial atmosphere turned out to be outside my control, the attention paid to the details and the effort that I put into the set-up built confidence in my commitment to the group and their needs.

In the FGDs I used a series of connected participatory activities (see appendix C) to stimulate conversation and move the focus away from me and onto collective reflection on the research topic (Barbour and Kitzinger 1999). I adapted the guide in appendix C slightly after the first FGD, so the final approach was as follows:

We began with a personal reflection on social supports. I asked each individual to think about the people in her life who are important, for any reason. I asked them to list those people, and consider where they interacted, how often, and how important they were for the individual's well-being. Then we began collective activities: if the group was small, we would all work together; where there were more than 6 participants, I split the group in two. From a box filled with cardboard cut-outs of women, each group was tasked with choosing one cut-out – these depicted a range of younger and older women, in traditional, casual and professional clothing, with heads covered and uncovered. The group was invited to name their chosen character, and collectively we developed a back story for her: where she came from, how she came to be in Ireland – I steered this with reference to the experiences of the group, and my own advance research.



*Figure 8 Images used in FGD vignettes*

Next I asked the group members to create a 'venn diagram' of their character's social network. The venn or chapati diagram is a tool often used in participatory research and rapid rural appraisal; see for instance Appel et al. 2012. Participants wrote names or descriptions of individuals on circles (eg: parents/ sister/ neighbours). Participants were directed to use large circles for more important people, smaller circles for those who were less important – important meaning significant to the survival or wellbeing of the character. The circles were positioned close to the figure if interaction was regular (eg teachers in her children's school), and far away if their interaction was less regular. Therefore, in the case of a person whose mother was important in her life but living far away

and difficult to contact, she might have a large circle, but placed very distant from the cardboard cut-out of the woman.



Figure 9 Venn diagram from FGD D

Following the venn diagram activity, we moved to a free listing of types of violence that the imagined woman might have experienced at any time in her life (Ellsberg and Heise, 2005). Initially, this was the first activity in the FGD guide, but after implementing the guide once, I moved it to come after the venn diagram. This allowed for plenty of time for a “lighter” discussion before moving to the more difficult theme of violence. By the time we reached the free listing activity, most groups were fully invested in the task of creating a character, and were confident making statements about that character without feeling personally exposed. This allowed for a very concrete and specific discussion of violence.

The last activity was the most detailed, taking up the longest time (most groups came to an end before conversation had been exhausted on this topic, a disadvantage of using such a rich research method outside of an ongoing programme of learning or action research). Having carried out the free listing, I added some details to the back story of the character in the vignette. I explained that she had experienced some of the violence that we discussed in her life – in each group I described a specific experience, tailored to the group (see Appendix D for an example of the detail used, although in practise this was often negotiated to feel accurate for the group). We then returned to the venn diagram created earlier and discussed how a background of violence in her life might alter the woman’s social network. Participants discussed whether and how violence would

affect specific social relationships, they moved the circles around, removed some and added new ones. This stage of the focus groups was often lively, energetic and rich in anecdotal detail; it was also quite personal and participants often shared specific detail about things that had happened to people in their own lives.

These creative narrative activities gave space for participants to describe social networks and the norms surrounding them. My research methods built on those used in the wider What Works study (see Alvarado Merino et al., 2019a) – but I introduced the fictional woman to the methodology in order to enrich the participatory nature of the focus group. The use of the device of collectively creating a character and developing her story allowed the participants to describe aspects of the social nexus that were broadly common, and to tease out differences in their perspectives. It allowed for sharing of anecdotes and opinions without exposing any one person, and in so doing gave useful insight into “typical” social networks among different groups of migrant women. One thing that stood out was the different nature of imagined African women’s relationships with people of their same nationality (the ‘heritage community’) compared to white Irish people: different groups discussed this theme at length and insightfully. Another was a complex relationship with faith organisations, which were sites of social engagement as well as maintenance of religious practice, although they varied considerably from group to group, mediated by dimensions of religion, age and ethnicity.

The response to these participatory workshop-style tools was, in the main, enthusiastic, and with one exception, participants entered fully into the three activities, often becoming very immersed and energised by the tasks. Many people described the sessions as fun, and certainly there was a lot of laughter as well as some heated discussion. Indeed, by far the biggest problem with the practical running of FGDs was that we invariably ran out of time before participants ran out of energy to discuss the topics at hand. In the case of FGD C, the venn diagram activity was a poor conceptual fit for the group, and it was necessary to let it go and facilitate a more structured kind of discussion with me asking questions (‘does the woman work, does she have close friends at work?’) and the participants responding.

The issue of language arose in two of the six FGDs: in all others, English was the main language in which participants communicated with one another. FGDs B and C were both conducted with refugee women from South Sudan, and in both cases, Arabic was the lingua franca of a close-knit group of people. It was straightforward to resolve this, with some of the group discussion taking place through Arabic and an appointed individual feeding the content back to me. This

slowed things down considerably and yielded far less rich data in the transcripts than the wholly English-language FGDs; but it kept the focus on the activity and the collective narrative, and was thus a reasonable trade-off.

With participant consent (see section 5.7.3 and appendix D, E), all FGDs were digitally audio recorded, and I took photos of the materials produced in the groups for further analysis - I did not photograph participants' faces, although they sometimes took selfies. Immediately following the FGDs I wrote up field notes capturing the major themes and insights that emerged; I later listened back to the recordings and wrote a broad overview of the discussion along with time markers, without transcribing in detail. Later still, I identified the key parts of the discussions and transcribed these fully. The extent of transcription varied from group to group, and I continued to return to both the audio recordings and the transcripts over time.

### 5.5.3 Interviews

The challenges I encountered with recruitment are discussed above; ultimately I conducted eight in-depth interviews with five participants between June 2017 and March 2018. A list of the interview participants and their profiles is included at the end of this chapter. Of the five, three disclosed intimate partner violence: one in her country of origin, and two in both their countries of origin and in Ireland. Additionally, two of the participants had experienced conflict-related sexual violence; one at the hands of state police, and one at the hands of armed combatants. Interestingly, one participant (Ijeawe) volunteered to contribute an interview and shared a highly insightful personal story of patriarchy and patriarchal stigma which did not include any interpersonal violence. Her narrative helps me to see the patriarchal stigma that affects all women in certain contexts, which is deepened and exacerbated by experiences of violence. Two of the participants were in the international protection process at the time of the interview, and the others were naturalised Irish citizens. Each interviewee is introduced in full at the beginning of chapter 6.

I used a semi-structured narrative interview approach, allowing the interviewee as much as possible to control the narrative herself (Mishler 1991). I drew up an interview guide (see appendix C) but in the main it served as a background reference rather than a tool I actively used. My interviewing manner was constructed so as to redress the power imbalance as much as possible; through giving participants control of the time and how it was used; through using minimal encouragers and active listening techniques; and by including space at the end of the interview for participants to add anything they wanted

(Wiggington & Setchell 2017: 258). There was a dual axis to the interviews: I asked first about the participant's journey to Ireland; and then to tell me about the violence that they had volunteered to share. Often the telling of these two things gave way automatically to reflections on the impact of the violence on the subsequent life-course; and my part was to probe in the social and relational space. At times, the telling of the violence took up a lot of time and emotional energy, and with the agreement of the participants, in three out of five cases I carried out a separate second interview to probe about social impacts. With Blessings, we agreed not to do this as she had shared her story as fully as she was ready to: although we remained and remain in touch, she does not speak often about her violence experience or its impacts.

After the initial interview, I drew a timeline of the overall story as I understood it, and at the next research encounter (if there was one), I invited the interviewee to reflect on that and on the idea of social impacts. The image below shows a timeline I developed from Shade's first interview, which we used as a basis for her second one: the red flashes describe specific points in her story characterised by violence.



Figure 10 Shade's story, Interview 2

At various points in the research process, I told participants' stories back to them, as much as possible using their words, as in this example from Shade's interviews. This provided participants with the opportunity to control the narrative, and to influence my final analysis. In this way, I attempted to make our co-construction of a narrative as transparent as possible. Having the visual aid to refer to allowed me to bring participants' attention to particular moments in their overall narrative, to focus on specific incidents and the impacts of those incidents. However, it did not always work this cleanly. In Mary's case, I laid out my interpretation of her story, and she took an entirely different and new angle,

describing things that had not arisen in the original interview at all, rather than reflecting on the impacts of what she had previously described. The visual timeline ended up serving as a summary of things that had already been addressed, rather than as an invitation to go deeper on these issues. Thus in this case it was successful in serving as an expression of transparency between researcher and participant; but unsuccessful in enabling me to steer or direct the narrative.

As with the FGDs, I kept field notes in the immediate aftermath of interviews; however unlike with the FGDs, I transcribed the entirety of the IDIs, a total of 9 hours of interviews. Each participant was assigned a pseudonym (see 5.7.2 below) which was used in all transcripts, and in some cases pseudonyms were also used for other important people in the narratives. In transcribing the interviews, I worked to preserve the patterns of natural speech as much as possible, so that the voice of the interview participant might be maintained in the final text (this thesis). For this reason, some extracts of the interview transcripts (often from Shade) read as long uninterrupted paragraphs, while others (especially Blessings') are spread over many lines of text, broken by regular line breaks representing pauses. The appearance of the transcript on the page is intended to mirror slightly the experience of listening to the telling of the story: sometimes hurried and confusing, sometimes stilted and pained. In addition I kept a record of correspondence and ongoing interactions with interview participants.

## 5.6 Ethical procedures

In addition to devising the research process with an ethical lens (see section 4.5 above), certain procedures needed to be put in place to address the possibility of harm arising during the research. Here, I outline specific approaches to ensuring ethics throughout the conduct of the research.

### 5.6.1 Vulnerability and harm

Since qualitative research is always an intervention of some kind (Fontes, p163), it is important to question what impact the research process itself has on increasing or reducing the vulnerability of participants. Feminist researchers often highlight the importance of not viewing vulnerability as inherent to a person, in such a way that it renders invisible the efforts they make to protect themselves (Peroni 2016: 62, Kelly 2008: 130). Respect for the agency of interview participants became an important thread in the development of my research methodology, and among the skills I learned were when to negotiate and discuss decisions with research participants (for example related to what parts of

individual testimonies to anonymise or to redact), and when to trust my own judgement and take decisions independently. The WHO research guidelines on trafficking (Zimmerman and Watts 2003) advise researchers to listen to each person's own risk assessment, and I did this with each person with whom I explored the possibility of an in-depth interview.

VAWG research must first and foremost commit to not doing (further) harm. Lee and Renzetti outline the conditions in which research can be considered sensitive, and all of these applied at one time or another to this study:

- (a) Where research intrudes into the private sphere or delves into some deeply personal experience;
- (b) where the study is concerned with deviance and social control;
- (c) where it impinges on the vested interests of powerful persons or the exercise of coercion and domination; and
- (d) where it deals with things sacred to those being studied which they do not wish profaned. (p. 512)

Sections 3.7 and 2.6 of this thesis outlines the many ways in which VAWG can heighten vulnerability, especially for migrant women, and research processes can unintentionally increase that vulnerability. The risk of re-perpetration, identification or social ostracization which may be triggered by being known to have participated in a research study (Fontes 2004) is often best assessed by the individual survivor. I developed a protocol in the event of participants experiencing distress as a result of participating in the research (see appendix F). This protocol included a system of referrals to violence-expert organisations should a woman require further support; although I established that all women who took part in interviews were already in receipt of dedicated support related to the violence they had experienced; and most gatekeeper organisations also had referral protocols to connected counselling services. Everybody who participated in the research received a copy of a very helpful handbook on mental health for migrant communities in Ireland, in English, French or Arabic<sup>11</sup>.

In addition to the harms that can occur in the course of research encounters, there is an additional risk of research findings being used deliberately or otherwise against particular groups; for example, through applying cultural stereotypes of misogyny to entire ethnic communities (Sokoloff and Dupont 2005). This is best avoided by employing participatory methods which engage the community themselves in assessing research findings and recommendations

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<sup>11</sup> A PDF of the handbook can be found at this url: <http://cairde.ie/wp-content/uploads/2013/02/cairde-mental-health-ENGLISH.pdf>: Pages 17 and 18 contain referral information related to violence against women, among other issues.

(Sokoloff and Dupont 2005). While this study was not designed as a collaboration, transparency was essential, and participants were invited to review research tapes and transcripts in the information sheet received at the beginning of each encounter (see appendix G). I also endeavoured to share my research findings as fully as possible, including through return visits to gatekeepers and a validation workshop with participants (see appendix B).

During the interviews, the ongoing impact of trauma and deep emotional pain was clear, both through what was said and in the embodied telling of the narratives. Two interview participants described profound feelings of pain (their word) which remained with them long after their different experiences of violence had ended:

I don't know if this pain will ever go away from me. I just tell myself that this is the pain that I will just lay myself to rest with it. I don't see it going.

*Blessings*

I - I wish. My wish now is. To stop that pain. *Cries* You know. And just stop hurting. I don't know how.

*Maude*

In both of these cases, participants expressed satisfaction that their interview, although emotional, had been a positive experience. Both had time to process the pain that they expressed and said that they felt better before leaving. I followed up after all interviews with a phone call later the same evening. As I shall outline in chapter 6.4, interview participants all described their own strategies for dealing with upset.

### 5.6.2 Confidentiality and anonymity

As with all elements of VAWG research, the issue of confidentiality must be approached at least initially through a lens of safety. A layer of complexity is introduced when the participants are not only vulnerable to threats of violence, but also subject to state asylum systems, as numerous people in this study were. Participants who are awaiting judgements in their asylum cases can be especially protective of their personal data, which they may believe could be used against them (Fontes 2004, Eastmond 2007). These twin concerns – the risk that the research participation or content might become known either to abusers or to officials judging asylum claims – made confidentiality a central and constant concern for some participants in this study, while others, secure in their status in

the state or confident in their safety in Ireland, were more relaxed in their attitude to confidentiality and anonymity.

In order to ensure confidentiality, for FGD recruitment materials the study was not advertised as including questions on the subject of violence, as this can place participants at risk within their communities (Ellsberg and Heise 2005: 36). Research encounters took place in private settings where there was minimal possibility of interruption; nevertheless, in the case of FGDs, participants were advised **not** to share personal or confidential stories since confidentiality couldn't be guaranteed. Nonetheless, I needed to be on the alert when people in the flow of conversation shared personal and sensitive information. On one occasion, at an FGD in one of the participants' homes, a visitor arrived during the FGD. The atmosphere in the room changed noticeably, and it was only when the trusting space was broken that I realised how much confidence had been established within the group. I quickly switched off the tape, explained what was happening, and asked the visitor to leave. There was visible relief among the participants when she did.

In accordance with the information sheet shared with participants, I adopted a default position of anonymising all material, and all names and identifying features in this thesis are anonymised, including locations in Ireland, some countries of origin, educational institutions and the names of friends and family members. The names used for interview participants came for the most part from the names that they assigned to the character in the vignette created in their FGD. In Ijeawele's case, the name Shade was taken because two participants from FGD A provided interviews. I chose the name Ijeawele because of our shared interest in the writing of Chimamanda Ngozi Adichie: Ijeawele is the friend to whom Adichie addresses her letter on raising feminists (Adichie, 2017). As Maude did not participate in an FGD, I selected her name: it is the name of somebody I knew from her country, who had a similar energy to her. Blessings took the name of her mother, which she told me. Given the opportunity, I would invite participants to select their own names in the future.

Notwithstanding my efforts at anonymisation, I was highly alert to the possibility, within small distinctive communities in Ireland, of deductive disclosure (Kaiser 2009), particularly since two of the interview participants sought public profiles for themselves and anticipated sharing their personal stories more widely at some stage. I raised the subject of anonymity on a number of occasions; the production of books for each interview participant (see section 5.6.4 below) offered an excellent entry point for this discussion. Ultimately, I have maintained anonymity

for all participants in this study, even those who may go on to speak publicly about the same information.

This research approaches confidentiality as an ongoing concern, and an ongoing process. I learned to move beyond my instrumental desire to reassure participants that their participation would be completely confidential, instead recognising that transparency and frankness about the risks and limitations of the research encounter are ultimately more beneficial to all parties (Karnieli-Miller et al. 2009).

I ensured that the storage of participant data was consistent with ethical guidelines (Kaiser 2009). The audio recordings of FGDs and IDIs were transferred onto my personal computer and immediately deleted from my digital audio recorder. These recordings and their transcripts are stored digitally on my computer under a locked user name to which only I have a password. Any use of names referred to in the recordings is redacted in the corresponding transcripts and Nvivo files. I will store this data for five years, after which I will delete it entirely, in accordance with GDPR regulations.

### 5.6.3 Informed consent and voluntariness

Informed consent implies the capacity to understand the study and the implications of participating; and the freedom and ability to refuse or withdraw consent (Bryman 2008, 121). As researchers tend to research 'down' power hierarchies (Fontes 2004), this is not a given. It is a researcher's responsibility to assess and ensure that participants have an understanding of the process, and that there is a genuine possibility that they can choose not to participate. Both Fontes (2004) and Mulla and Hlavka (2011) argue that even in the case of people living with severe trauma, it is better to assume the capacity to consent than not, although some may suffer from mental impairment and not be able to consent. It is for a researcher to ensure that consent is possible and participation is truly voluntary. I developed a protocol for informed consent (see appendix F), which ensured that even though written materials for focus groups would not mention the subject matter of the research, all participants would be aware of what the research was about. This was shared and agreed with gatekeepers, and I used it in decision-making related to recruitment and setting up encounters. Before all research encounters, participants signed a consent form (see appendix E): they received one copy while I kept the other in a locked safe in my office. Participants in KIIs signed the same consent form as other research participants; subsequently I shared the interview notes with each of them and requested permission to use their names and organisations' names in this thesis and resulting articles: all agreed.

There is a slight conflict in place here, as in many cases, and certainly in mine, the researcher has a need to recruit participants which may motivate them to 'sell' or even coerce participation (Fontes 2004). In this case, in terms of power relations, there is an incongruity between the macro setting in which I had rather more power in Irish society than my research participants, and the micro setting of the research, in which I was entirely dependent on strangers to choose to take part in my study (Karnieli-Miller et al. 2009). Migrant women's wariness of Irish authorities, discussed in chapter 3, meant that working with me could seem like a risky proposition. This necessitated trust-building on my part, with local gatekeepers and with potential research participants. I met with potential participants before carrying out FGDs and IDIs, and not all went on to take part in the research, demonstrating their freedom to choose not to participate.

The easiest women to reach for my study were those living in direct provision accommodation centres, dependent on state services for daily needs and substantially disenfranchised. Such living conditions fit closely with the conditions identified by Fontes (2004) as more likely to result in coerced participation, such as where women are highly dependent on others. Fontes also highlights that women may feel coerced into participation by friends, fellow residents (in a shelter or, in my case, DP centre), and others who feel that the research might 'do them good'. This was relevant to my recruitment strategy for both interviews and FGDs, especially when I reached the stage of snowball sampling, and again, I was required to be encouraging but transparent about both benefits and risks of participation.

#### 5.6.4 Benefit-reciprocity

It is widely recognised in VAWG research that there is an obligation on the researcher, not to eliminate risk, but to use their findings for social benefit (Fontes 2004, Ellsberg and Heise 2005). This project was designed to maximise the potential for community change, through using focus groups rather than only individual interviews; and through working with women who are already part of organised structures (Fontes 2004). Notwithstanding this, PhD studies are designed as a testing ground for trainee researchers, and where the researcher is not already embedded in an active intervention (as I wasn't, giving me more independence) it can be difficult to 'apply' findings of this sort.

I took three approaches. Most broadly, I aimed to bring my research findings to benefit the community of policy and practice on the subject of migrant women's lives and health. This is underway, alongside the network of researchers and

practitioners I have developed: it takes place through academic papers, conference papers, policy interventions and writing for general audiences (eg Ballantine 2019; Ballantine 2018; Forde et al. 2017). Next, I committed to using my growing expertise for the benefit of the organisations who were working on this topic and the gatekeepers who assisted me. I shared copies of my context analysis with migrant rights organisations and plan to produce an evidence brief for practitioners based on the same content. Finally, I did my best to offer assistance to individual participants in the project, providing references, accompanying them to job interviews, and in Maude's case, accompanying her to the family court. Once transcription was complete, working with a friend who is an artist and a print maker, I presented each interview participant with a complete copy of her interview transcript laid out as a book in chapters, and hand-bound in colourful fabric binding. With these books, I returned the story to its owner, validating and encouraging their courage and their testimony.

## 5.7 Analysis

Although there are many detailed step-by-step guides to conducting data analysis, it is widely recognised that like research ethics, qualitative analysis is a skill that calls for creativity and strong theoretical underpinnings (Wolgemuth 2013: 587). My data analysis strategy flowed from the narrative research methodology and a critical assessment of the data at hand. I drew on a range of sources: interview and FGD transcripts; notes and transcripts from KIIs; images from FGD activities; field notes and memos; correspondence from participants and other items including newspaper articles that mentioned participants. At the same time, the primary source of data was the transcripts from IDIs and FGDs.

In setting out to conduct narrative analysis, I considered the critique that this analytical approach can be subjective, impressionistic and lacking in rigour (Bryman 2008). How can something be called analysis without a consistent and fully documented analytical strategy? Grounded theory and its many variants emerged precisely to address concerns about lack of transparency in qualitative research. The many different analytical strategies that have emerged under the umbrella heading of grounded theory share a commitment to rigorously developing basic concepts through constant comparison, and connecting these concepts robustly (Bryman 2008: 542-544). Grounded theory approaches incorporate some of the tools of post-positivist science to clearly delineate the analytical strategy and facilitate transparency and replicability. For its own part, this approach leaves analysts open to the accusation of stripping away context and meaning, in order to produce an output that is academically verifiable, but thin

and lacking in substance, far removed from the originating narrative(s) (Bryman 2008: 549).

The analytical approaches of grounded theory and narrative thus present directly oppositional challenges. I wondered whether the two approaches could be knitted together to strengthen one another, with grounded theory providing the rigour that will give the research authority and trustworthiness, while a narrative approach preserves the context and the richness of the data? A small literature (eg Lal et al. 2012, Floersch et al. 2010) considers grounded theory and narrative research, and tends to conclude that the trap for the researcher is finding oneself unwittingly operating across contradictory epistemological models. Lal et al. (2012) warn researchers to be alert to their epistemological underpinnings, before applying a 'mixed bag' of tools.

Aware of this, I hold the core of this research as a narrative project, in the sense that it seeks to understand meaning for the research participants, as they construct it in different ways through the telling of their experience. But I don't reject thematic analysis; in fact, the majority of my analytical work was thematic in nature. For thematic analysis, I drew on an adaptation of grounded theory described by Gioia, whose coding methodology aims to privilege human sense-making, and treats the participants as knowledgeable agents themselves (Gioia, Corley and Hamilton 2012; Gioia and Pitre 1990).

I began by studying the IDIs and tracing the overall narrative arcs and central plots described by interviewees themselves (Floersch et al. 2010). This was facilitated by the common structure of a migration journey punctuated by episodes of violence. This overarching approach to narrative arcs helped me to get a handle on ideas of chronology and causality as I heard them in interviews; sharing it with interview participants allowed me to introduce the analytical process to participants, and provide opportunities for them to steer or correct my interpretation of their story.

At this stage, I had a high level of familiarity with the data having gathered it, written reflections and transcribed it, but throughout the process of analysis and writing I continued to return to my tapes and transcripts to access the 'original' material. I was determined to hold close to the original context of the information I had collected as I boiled it down into a more manageable mass. With this in mind, and with the use of qualitative software NVivo, I began line by line coding, of both IDIs and FGDs. In this, I was steered by the adaptation of grounded theory outlined by Gioia et al. 2012, which I discuss below.

What drew me to the Gioia coding approach was its emphasis on giving 'extraordinary voice' to research participants, who are treated as knowledgeable agents. I consider the first phase of coding to be an intermediate step between data processing and data analysis. I read each transcript, often also listening back to the audio, and developed a large number of codes drawn entirely from the participants' own words (Gioia et al. 2012). In the first round of coding, I maintained the integrity of informant-centric terms, developing an overarching picture of the terms and themes that arose naturally in the fieldwork. At this stage, I did not actively search for statements about stigma, shame, gender or violence (although of course these were present in the research guides), but simply coded the statements as I read them. This resulted in literally hundreds of codes and proved an excellent way of immersing myself in the transcribed data. Reading the transcripts together, guided by participants' own words, allowed me to read one account 'through' the others, facilitating an inter- and intra-comparison of interviewee responses (Floersch et al. 2010: 413) which I documented through memos. I paid close attention not only to themes but also to the language used and the discourses constructed, and indeed the things that were not said (Bryman 2008: 500-502). In this way for example, the discourse of resilience and survivorship proved striking from a very early stage of analysis.

In order to manage the codes, I organised them into folders following the overarching chronological structure: 1. pre-migration; 2. The violence; 3. Migration journey; 4. In Ireland; 5. Impact. This was a rather superficial structure (for example, the disclosed violence took place at all chronological phases) but I found it worked very well and imposing a loose chronology on the data helped me to explore ideas of cause and effect, to get closer to the impacts of violence. I ended up with some stand-out messages emerging from the data. Using the qualitative research software package Nvivo, it was easy to visually assess these codes, for example, to see if they represented a single participant returning constantly to the same theme or if they were widespread across the data; and to see if they emerged primarily from individuals, FGDs, or a mix of both.

In the emerging analysis, certain things stood out; what follows are some striking examples. On the subject of survival strategies in the aftermath of violence, I coded 11 statements from 6 different sources under a group called 'Mary have to pretend she's happy'. This statement was very striking in the informant-centred phase of coding, and I looked for connected statements. I found smaller numbers of similar statements such as 'I cover up a lot' and 'suffering in silence'. I gathered these under a single node alongside other codes, and in the second phase gave them the theme 'maintaining appearances.' Following further study of the literature, this theme was merged with others under the heading 'self-regulation.'

Certain statements were striking in that they only came from IDI sources, such as one with 11 references from three IDIs: 'Oh maybe I'm the cause of the problem'. This indicated to me that much of the insight into shame and self-blame was not present in FGDs, but strongly so in IDIs.

Once I had completed line-by-line informant-centred coding, organised it and created memos about it, I clustered the nodes into more conventional thematic codes. This involved the coming together of the participant voices with slightly more theory-centric themes (Gioia et al. 2012), though still very loose. The first two phases of coding enabled me to 'hear' the dominant voices in the transcripts and to organise these in a way that was fit for analysis. They pointed in numerous directions, which were more and less relevant to my study themes.

As I iterated between my data and the literature, I began to develop a structure that seemed to unite these. This was initially a very high-level structure, and phase three of coding centred heavily on the systemic nature of VAWG and the interrelations of patriarchy, gender norms, stigma and shame. This was valuable for developing my theoretical thinking, but provided very little insight into my research questions about the impacts of VAWG and stigma, and mainly served to confirm existing literature. Gioia et al. (2012), in line with their commitment to the research participant as a subject expert, sometimes share their emerging analysis with participants, and I did this in a variety of ways, both formally and informally, which helped to fine-tune the analysis and develop new questions to apply to the literature and the data.

Returning to the literature on the social impacts of violence I delved into the issue of the relational space, and the precise nature of impacts on space for action. I revisited the longitudinal study of Kelly et al. (2014), and found that it resonated closely with my data and my emerging interpretations of the impacts. What's more, while it referenced the presence of stigma and shame it did not really theorise the role that these phenomena played in the redevelopment of lives. I found my own understanding of social impacts shifting, from a linear empirical model to one that was more consistent with narrative approaches. I posed new questions of the data, emerging from my conceptual framework and also from lengthy reflection; for example: what expressions of agency and positive life space did victims-survivors make? And how did victim-survivors and their communities discuss vulnerability, anger and other emotions? Moving between literature and the study data helped me to identify silences as well as voices. What my research study offered did not wholly 'fit' of the conceptual framework I had outlined, but it could certainly be overlaid on the conceptual framework, telling a range of

overlapping stories of how lives are navigated within the clear constraints that have been identified.

My final round of coding revealed the three-part structure that is presented in chapter 6. The coding allowed me to have confidence in my analysis, and especially to note if I was allowing individual voices to speak for all of my participants, and to correct for this. In writing the analysis, I returned to the wholeness of the individual narratives and to their contexts, illuminating connections, differences and interrelationships (Marsh et al. 2017: 65). The process of writing brought new questions and I continued to move between printed transcripts, the coding structure and the literature to come up with the final analysis.

## 5.8 Limitations of the study

In this chapter I have laid out the efforts I took to ensure that the study would meet high standards of methodological rigour. No study is without limitations, and two are especially important. I set out on this research with a view to conducting a very standard qualitative study based principally on semi-structured narrative interviews. Given the highly sensitive nature of the topic and my status as an outsider researcher, my target of 10-15 interviews, while low, was realistic. In the event, this study draws on just five interviews, presented as case studies within their wider context; and on 6 FGDs with a diversity of women (a total of 34) from within the target group. I make no claims that the findings of this research are generalisable, either to African or migrant women in Ireland. Rather, I view these as exemplifying cases (Bryman 2008: 56) which describe in detail and in context some of the important issues to arise with regard to the impacts of VAWG on space for action and enable me to expand on the theorisation of this topic.

A second potential limitation of the research lies in the method of recruitment, both for FGDs and IDIs. I chose not to recruit through service providers, the better to reach the majority of women who do not report their experience to formal services. Instead, I recruited through grassroots community networks. Community leaders are often the ones tasked with upholding conservative values within a group, and may promote a group definition that is ethnically essentialised or even fundamentalised (Yuval-Davis, 2010; Patel and Sen, 2010). This can lead to the charge that research conducted with local leaders as gatekeepers is compromised. I did my best to get around this charge by working with a wide variety of gatekeepers, this certainly included gatekeepers that could be described as 'conservative' but very close to the grassroots; others who were avowedly feminist; and others in the heterogenous critical activist space. I am confident that

my study involved a diverse mix of perspectives, and limited (though certainly not absent) essentialising tendencies. However, I am equally conscious that in choosing not to use service providers as gatekeepers, I exchanged one type of control for another, and ultimately recruitment was still conditioned by the access granted to me, initially through community gatekeepers.

## 5.9 Introducing the research findings

The remainder of this thesis is dedicated to the findings and analysis that flowed from the methods presented above. Chapter six responds to my first research objective: to gain an understanding of the nature of VAWG in the lives of African migrant women in Ireland. In the absence of formal statistics on this topic, this chapter pieces together existing literature – both academic and non-academic – with the international literature and evidence from key informants and my own contextual immersion. Chapter 7 presents the data and analysis from focus group discussions and in-depth interviews with victim-survivors. These two chapters represent an original contribution to the understanding of VAWG in Ireland, and to research on the social impacts of VAWG and particularly the role of stigma.

## Chapter 6: Mapping VAWG and migration in Ireland

The literature on migrant women navigating life experiences of violence is dominated by accounts of intimate partner violence, emphasising both the risks of violence, and the specific nature of help-seeking to end the violence (Erez et al. 2009). There is a small, predominantly grey literature on the subject in Ireland, which tends to emphasise (as indeed do I) the experiences of refugee and asylum-seeking women. As I have shown in chapter 2 above, and as the Istanbul Convention highlights, migrant, refugee and asylum-seeking women are affected by specific vulnerabilities to VAWG and to its impacts. Such heightened vulnerability occurs as a pretext for departure, in the course of the migration journey, and in host countries.

In this chapter, I discuss VAWG as it affects African migrant women in Ireland. While this is a topic of significant interest, there are few published studies on the subject, and so this overview involved primary and secondary research. As discussed in section 2.3, I bring an intersectional approach to this discussion, identifying aspects of sameness and difference, and noting the impact of power and powerlessness (Cho et al. 2013). Drawing on KIIs conducted for this study as well as research published by NGOs and state agencies, I highlight specific issues related to migration status, the international protection system, race, structural oppression and integration issues including language, access to information, and belonging. As we know from intersectional theory, each of these categories inflects the others; and I place the role of the Irish state as the duty-bearer of women's rights front and centre (Council of Europe 2011a).

### 6.1 VAWG in Ireland: a statistical overview

On the whole, population level data on prevalence and incidence of different types of VAWG in Ireland is absent or inadequate. The most recent statistically representative study was conducted in 2014, as part of a cross-EU project by the European Fundamental Rights Agency, covering all twenty-eight EU member states (European Agency for Fundamental Rights 2014). While not disaggregated for specific groups such as nationality or migration status, it does give the most up-to-date and reliable population level information available about the prevalence and incidence of VAWG in Ireland, although practitioners in the field suggest that the figures are likely to be underestimates (Forde 2019b). According to FRA statistics, 26% of women in Ireland have experienced physical or sexual violence at the hands of a partner or non-partner since the age of fifteen; and 8% had done so in the twelve months preceding the interview. Out of the twenty-eight countries studied, Ireland showed the second highest number of women avoiding places or situations for fear of being assaulted; it also rated the highest

number of women reporting feelings of shame in the aftermath of a violent incident in Europe: at 43% well above the survey average of 28% (European Agency for Fundamental Rights 2014). The FRA data demonstrate that violence against women in Ireland impacts a significant number of women, and occurs both in the public and private spheres. Tellingly, a scoping study on sexual harassment and sexual violence in public spaces carried out for Dublin City Council reported that men who perpetrated actions of sexual harassment were of all ages and all socio-economic and cultural backgrounds (Bourke et al. 2015: 20).

For those seeking a greater degree of granularity regarding VAWG, the last comprehensive report on the subject, the Sexual Abuse and Violence in Ireland Study, was carried out in 2002 (McGee 2002)<sup>12</sup>. This report addresses sexual violence in greater detail and according to a different framework than the FRA report, including a profile of violence against members of specific marginalised groups. However, in 2002, migrants and ethnic minorities were not included in the quantitative survey analysis. In the discussion of their findings, the authors of the SAVI report noted parallels between the status of Traveller women in Irish society and that of other ethnic minority women, but they left it to later studies to quantify the phenomenon of violence against ethnic minority women. Between 2002 and 2011, for example, the number of non-Irish nationals living in the country increased by 143%.

Service providers responding to VAWG testify that migrant women make up a significant proportion of their user base (Women's Aid 2018). A comprehensive study carried out by the Women's Health Council in 2009 found that ethnic minority women (not including Irish Travellers) made up 13% of all of those reporting to GBV services including refuges, helplines, and legal and psycho-social aid; and that within this group, refugees, asylum-seekers and women on temporary or dependent visas were disproportionately represented. This indicates that migrant women in certain (more precarious) legal categories are over-represented among service users of GBV organisations; and indeed that ethnic minority women with more secure legal status may even be under-represented.

A series of qualitative interviews with twenty-six minority ethnic women (including Travellers and Roma) provided a breakdown of types of violence experienced by migrant women, depicted here in relation to the migration journey.

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<sup>12</sup> A follow up to this survey is planned by the current government and a scoping report has been completed (2018), with current expectations that the pilot study will take place in 2020

Type of violence	Prior to Ireland	In Ireland	Total
Domestic violence	10	15	25
Sexual assault outside home	4	-	4
Conflict-based rape	2	-	2
Sexual assault in prison	2	-	2
FGM	1	-	1
Forced marriage	7	-	7
<b>Total</b>	<b>26</b>	<b>15</b>	

Figure 11 Types of violence by location (WHC 2009: 47)

The small sample is not representative of the migrant population as a whole, although it does give a good indication of types of violence experienced in relation to the migration journey. The study suggests that intimate partner violence remains the most significant type of VAWG experienced over the entire lifetime by migrant women in Ireland, and that it affects women both pre-migration and once in Ireland. In this small sample, more experiences of Domestic Violence had occurred in Ireland than prior to arrival. Erez et al. (2009) find that immigrant women may have an increased risk of domestic violence due to relocation; this finding may be supported by the WHC data, although the study is so small it is not possible to draw conclusions. The paper also highlights other types of violence that are less commonly reported by the general population, including sexual assault in prison, FGM and forced marriage.

A 2012 study of sexual violence experienced by refugees and asylum seekers by the RCNI sheds more light on the life experiences of rape and sexual assault among refugees and asylum seekers, not including intimate partner violence. In 2012, 69 incidents of sexual violence were disclosed to Rape Crisis Centre counsellors, by 61 refugee or asylum-seeking women (Scriver and Mears 2014). The data in this report is strikingly different to the data collected by Rape Crisis Centres about service users from the general population and suggests that a relevant factor is the high levels of conflict that many migrant women have left (Scriver and Mears 2014: 22). The 67 clients who made the disclosures came from 23 different countries, but almost 60% came from just four countries: DRC, Zimbabwe, Nigeria and Uganda. All of these African countries have recently experienced violent conflict, civil unrest and serious human rights abuses. The data which were collected do not tell exactly when or in what country the reported incidents occurred, but one

RCC counsellor commented that the majority of cases had occurred prior to arrival in Ireland. Fully 46% of all reported incidents were perpetrated by security forces and/ or took place in a prison, rebel or government camp, indicating a high level of conflict-related violence in disclosures to RCCs. What's more, 52% of incidents reported involved more than one assailant, compared to just 11% among the general population of service users. The authors of the study note that these very severe experiences may have concealed additional less severe experiences including IPV which may not have been reported.

Best estimates suggest that 5,277 women and girls living in Ireland have experienced FGM (Van Baelen et al. 2016). At present there is no national data collection tool to identify girls at risk of FGM, or babies born to women who have undergone FGM (European Institute for Gender Equality 2015). Similarly, data on forced marriage in Ireland is currently not systematically gathered, although the Domestic Violence Act (2019) for the first time made a crime of forced marriage. No data is currently available on arrests or prosecutions made since the entry into force of the Domestic Violence Act in January 2019. Between 2012 and 2016, a total of 311 suspected victims of trafficking were detected or notified to the Garda Síochána, of whom 121 came from EU member states, 73 were Irish citizens (mainly children subjected to sexual abuse), and 50 came from West Africa, particularly Nigeria (GRETA 2017: 7). Trafficking data is especially challenging to gather, and the European expert group on the subject note that these figures are likely an underestimate (GRETA 2017: 7).

From this summary, it is apparent that no precise conclusions can be drawn about the relatively small population of African migrant women in Ireland as regards VAWG, and that more sophisticated data collection tools are necessary. However, as a population that overlaps considerably with refugees and asylum seekers, it is reasonable to expect higher than average prevalence of VAWG. It is most likely that IPV remains the most prevalent form of VAWG, but certain other forms stand out from the general population including ones that involve multiple perpetrators, weapons, and FGM. It is also clear, as I shall go on to outline, that the experience of migration itself shapes and constructs the experience of VAWG and post-VAWG survival, and that in this, the Irish state itself emerges as a perpetrator of structural and symbolic violence. In the following section, I discuss the actions taken by Ireland to protect and fulfil the rights of migrant women in respect of the risk and impacts of VAWG, and the existing gaps.

## 6.2 Policy and practice responses to violence against migrant women

In this section, I return the focus to the actions of the Irish state in response to the connections between migration and VAWG. I will begin by framing the discussion in terms of Europe-wide research on the current migration situation, and the role of the European state as a perpetrator of violence. In doing this, I emphasise migrants who find themselves in the international protection system – although I also discuss the experience of migrant women outside of this system. I then go on to outline the practical policy actions taken by the Irish state to support migrant women in relation to their vulnerability to the threat and impacts of VAWG. On the whole, I argue that the state plays a paradoxical and classically patriarchal role, of both protector and perpetrator.

### 6.2.1 International protection and state violence

The process of migration, especially insecure migration involving overland and overseas travel and/ or support of paid agents, often increases women's vulnerability to different types of violence (Freedman and Jamal 2008, Freedman 2012, Freedman 2016). In the absence of social networks and economic opportunities, migrant women can find themselves dependent on abusive men, most often partners, but also potentially parents, siblings, and traffickers. The state is most often framed as a potential protector, as in the term for the system of asylum: International Protection; yet it also plays a role as perpetrator of violence (Freedman 2019, Phillimore 2019b). As Jane Freedman (2012, 2016) highlights, the European Union (in which Ireland supports a securitised approach to migration) consistently prioritises state security and border security over human security, and in so doing renders the humans crossing borders ever more vulnerable. This vulnerability is worsened by denying asylum-seekers the right to work, and hence maintaining them in a state of poverty and dependency. For migrant women, the promise of escaping an abusive relationship is too often thwarted by the violence of the asylum system itself, which women experience as revictimising (Thiara and Roy 2019).

The asylum system limits space for action in numerous ways, often analogous to the operation of coercive control (Phillimore 2019a). It is controlling in the sense that it limits mobility and imposes isolation and poverty. It is coercive because it is underpinned by the threat of deportation on the one hand, and destitution on the other (Phillimore 2019a). Migrant women who are dependent on abusive partners, parents or others can find themselves trapped between legal security in a violent household and the violence of the asylum system itself (Roy 2019). Even those with secure legal status confront structural constraints to their life space,

especially due to the discrimination that I have demonstrated in housing, the labour market and the social welfare system (eg Michael 2015, McGinnity et al. 2017, Joseph 2018).

It should be noted that these acts of symbolic and structural violence are perpetrated equally against men, women and child asylum seekers; but their impact is gendered. It is especially relevant for women who are already rendered vulnerable to the threat of gender-based violence and the impact of such violence by the migration situation imposed on them by state asylum regimes and the securitised nature of Fortress Europe (Freedman 2016).

### 6.2.2 Policy measures to address violence and migrant women

In this short section, I outline the actions that the Irish state commits to in relation to violence against women and migration. The policies and practices outlined here collectively provide evidence for state efforts to protect women from violence and its impacts in the context of the international protection system. In chapters 6 and 7 I will refer again to the paradox of the Irish state as simultaneously patriarch, protector and perpetrator of violence, and the impact that this has on migrant women.

Ireland is a signatory to the Council of Europe Declaration on preventing and combating violence against women and domestic violence (Council of Europe 2011a), ratified on March 8<sup>th</sup> 2019, more commonly known as the Istanbul Convention. The Convention establishes violence against women as a form of gender discrimination and sets legally binding standards to prevent VAWG and domestic violence. It consists of extensive and very specific provisions for tackling all forms of violence against women: articles thirty-three through forty identify and call for prohibition of named types of violence including psychological violence, stalking, forced marriage, FGM and forced abortion or sterilisation. Chapter VII deals specifically with migration and asylum, addressing conditions specific to women migrants, refugees and asylum seekers. The chapter pays special attention to residence status and visa status, which as we shall see are significant complicating factors for migrant women travelling with a husband or partner. It further establishes in line with UNHCR (2002) guidelines, that there are gender-based grounds for asylum claims, and it calls on state parties to ensure that a gender-sensitive interpretation is given to the Convention grounds for asylum. It calls on parties to take all measures to develop gender-sensitive reception procedures and support services. Elsewhere, the Istanbul Convention makes other provisions which are of importance to migrant women, for example

ensuring that victims receive adequate and timely information in a language that they understand.

Domestic, sexual and gender-based violence are crimes in Ireland, primarily governed by the Sexual Offences Act (2017) and the Domestic Violence Act (2018)<sup>13</sup>. Collectively, Ireland's national response to VAWG is overseen by Cosc, the National Office for the Prevention of Domestic, Sexual, and Gender Based Violence (DSGBV), within the Department of Justice. The passage of the Domestic Violence Act in 2018 saw the introduction for the first time of the crime of coercive control, as well as the crime of forced marriage.

Ireland has a National Strategy to address DSGBV, 2016 to 2021 (Department of Justice and Equality 2016). The strategy has three pillars: supporting victims and survivors; holding perpetrators to account; and education and training of public sector providers. The strategy does not target any specific demographic groups or make reference to differential circumstances of a material, cultural or structural nature. In its 2018 action plan, the strategy identifies a range of 'communities of particular vulnerability', including migrants, Traveller and Roma women, and people with substance misuse difficulties towards whom 'appropriate, evidence-based targeted interventions' are to be directed. It further identifies the need to improve confidence in the interventions of An Garda Síochána<sup>14</sup> among 'diverse and emerging communities'. Other specific actions in the strategy have specific relevance for migrant women, especially those which relate to pillar two, supporting victims. Targeted improvements in, inter alia, housing provision, witness protection, psychological support services and helplines, garda response and service coordination, while not naming target groups, are all highly relevant to specific migrant needs. The strategy further commits to a 'bottom line gold standard' of data collection whereby all datasets would be disaggregated by key demographic information: age and sex of victim and perpetrator; disabilities; and ethnicity (though not migration status) of both victim and perpetrator. The National Strategy for DSGBV asserts that the strategy can be delivered 'within current resource allocations'; resourcing is discussed in more detail below.

Ireland's third National Action Plan on Women, Peace and Security 2019-2021 seeks to provide relief, recovery and rehabilitation for women affected by conflict on the island of Ireland, including women who have migrated to Ireland from

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<sup>13</sup> Additional legislation is also relevant, including, inter alia, the Criminal Justice (FGM) Act 2012 ; the Criminal Law (Human Trafficking) Amendment Act 2013; and the Criminal Justice (Victims of Crime) Act 2017. A review of legislation on sexual offences is to take place in Ireland to address issues related to the trial of sexual offences (Irish Times).

<sup>14</sup> The police force in Ireland is known as An Garda Síochána; or Garda.

other conflict-affected areas. The National Action Plan addresses the protection needs of women in conflict settings; it specifically recognises the additional protection needs of migrant women living in Ireland. It also commits to improving the rights of women to participation and leadership in peacebuilding and overcoming violence. It includes relevant objectives including the implementation of a vulnerability assessment for all international protection applicants (not currently in place), and improvements in training in the health service on Domestic, Sexual and Gender-Based Violence for vulnerable or at-risk communities. The plan does not specifically reference resourcing for violence services or indeed for integration activities. The UNHCR operates a category of women at risk which seeks to identify refugee women with increased vulnerability to violence (Bartolomei et al. 2014). In Ireland, such a category is not deliberately identified.

Significant improvements have been made over time in the provision of services to victim-survivors of SGBV in Ireland, including the incorporation of policies to identify and respond to SGBV in key sectoral areas such as hospitals, courts and the Garda Síochána (Foreman 2018: 3). Dedicated services for people affected by SGBV exist, principally provided by NGOs and civil society actors: this includes a network of helplines, refuges, and one-to-one support services including outreach and court accompaniment (Foreman 2018: 3). There are six Sexual Assault Treatment Units (SATUs) based in Irish hospitals to provide a comprehensive first response for survivors of sexual assault.

Notwithstanding the actions outlined above, Ireland still falls short of commitments and obligations with regard to violence against migrant women (and indeed with regard to VAWG more broadly). The 21 domestic violence refuges around the country represent thirty-one per cent of the minimum recommendation of the Istanbul Convention (Safe Ireland 2017); and in 2015, 4,796 requests for refuge accommodation could not be met due to funding shortfalls. The economic crash of 2008 which saw cuts to migrant integration efforts - as mentioned at the beginning of this chapter - also saw huge funding cuts to frontline women's services (see for example Crowley 2017: 301-302). Although the 2015 European Victims Directive mandates the state to provide free services for victims of violence who require them, Rape Crisis Centres have experienced cuts of up to thirty per cent since 2008, while Domestic Violence services have seen cuts of up to thirty-eight per cent (Forde et al. 2017). None of these cuts were reinstated in the 2020 budget. In this context, it is questionable whether the national strategy on DSGBV can indeed be delivered within existing - severely reduced - resource allocations. The impact of the inadequacy of funding is felt most strongly by marginalised groups including many migrant

women, whose needs require additional resourcing - for example for translation, targeted outreach, and person-centred trust-building approaches (Thiara and Roy 2015). Cuts to integration services outlined in section 3.3.1 above further demonstrate a minimal commitment to engagement with the specific challenges of migrant and ethnic minority communities in social services, including specialised violence services. Migrant women navigate life experiences of violence in this dual context of reduced resources and structural violence.

### 6.3 VAWG impacts on migrant women: An intersectional analysis

The existing literature on the topic of VAWG and marginalisation in Ireland is, as already stated, somewhat limited although qualitatively rich, and found principally in “grey” literature from NGOs and state agencies. It addresses different social locations including race and ethnicity, often with an emphasis on Traveller women or migration status. Indeed, Irish Travellers constitute the proto-typical racialised and marginalised group in Ireland (Joseph 2018: 52). People with precarious legal status, limited social networks and/ or marginal social locations experience limitations in their space for action, which can be experienced as significant constraints in connection with gender based violence. This section outlines these overlapping limitations and effects, and the ways in which they interact with life experiences of violence.

There is to date limited documentation on the question of racism and VAWG, or the specific experiences of Black women surviving VAWG. The following analysis places existing studies from Ireland and insights from key informants in the context of the wider international literature to highlight consistencies and gaps.

#### 6.3.1 Legal status

Chapter VII of the Istanbul Convention usefully lays out the most pertinent issues related to violence against migrant, refugee and asylum-seeking women (Council of Europe 2011). It highlights two elements in particular: residence status, and the asylum process.

In an interview for this research, Leonie Kerins of Doras Luimní described legal status as being ‘at the top of any migrant’s hierarchy of needs’ (KII, April 16, 2018), prior to language acquisition or any other integration needs. Undocumented migrants are the most vulnerable of all, having neither access to basic supports and rights nor any pathway to gain access. Official legal residence confers many basic rights upon an individual including for example: access to social welfare supports; healthcare; education; driving permits; and travel within the EU.

Delays in the international protection system mean that people have been considered asylum seekers for as long as 12 years (Thornton 2014, MASI 2019), leaving them with limited rights and almost no capacity to gain employment (Arnold et al. 2018: 27). The legal status imposed by delays in the system increases vulnerability to episodes of violence, and limits a woman's ability to seek help. The Irish Human Rights and Equalities Commission has described women in Direct Provision as among the most marginalised groups in Ireland (IHREC 2017).

Outside of direct provision and the international protection system, migrant women in violent intimate relationships are still often dependent on their spouse, not only economically and socially, but also legally, if their visa permission to remain in the country is predicated on their marriage (Menjívar & Salcido 2016: 908). In a KII for this research with the Amal women's network, Hanan Amer estimated that approximately half of the women who approach the network for support have their visas controlled by their husbands (KII, October 12, 2017). Up to March 2019, the Spousal Dependent Visa gave permission to reside, but not to work or access welfare payments in the country, creating significant barriers to the possibility of leaving a violent relationship. The fear of deportation or loss of residence is a tool used by perpetrators to prevent victims of domestic violence from seeking help or from separating from a partner (Council of Europe 2011b: 301). The Women's Health Council reported multiple examples of women in Ireland whose abusive partners threatened that they would be deported if they attempted to leave (WHC 2009), as does Fagan (2008).

The Istanbul Convention highlights the fact that migrant and refugee women may be excluded from support services because of their residence status (Council of Europe 2011b: 53). In Ireland, this is clearly the case. Individuals with precarious legal status such as undocumented migrants and asylum seekers have limited access to social supports: crucially, in this case, refuge services. Sarah Duku of Cáirde Balbriggan notes that some women's refuges require clients to be legally resident (ie: at least Stamp 4 visa status) before they can accept them (KII December 12th 2016) – although other service providers note that individual refuges will accept clients if they can. Even with legal status, victim-survivors can be limited from seeking social support owing to the Habitual Residency Condition, which is similar to the UK situation dubbed 'no recourse to public funds' (Fagan 2008): this provision was introduced in section 3.3.1 above. The HRC limits the ability of legal residents of Ireland to access social protection payments to those who can prove that they are "permanently resident" in the state. Eligibility can be denied to migrants who have recently travelled to their home countries, or who have not been in the country for the previous two years. In order to leave a

violent partner, women, particularly migrant women, often require welfare payments and housing support (Safe Ireland 2016). Refugees can be challenged to accept women without recourse to welfare payments, as it means that the refuge must find the resources to support the individual's day-to-day costs (for example nappies or medical costs) - this often comes down to the resources available to the individual refuge. Access to limited housing support – in a context of a complex housing crisis – is also prohibited to those excluded by the HRC.

In effect, by limiting their access to state support, the HRC forces abused women to choose between continued dependency on an abuser, or absolute poverty – an act, in the final reckoning, of economic violence. Accessing other services (for example medical and psycho-social supports in relation to experiences of sexual violence) also requires a basic minimum income, denied to many migrant and ethnic minority women, owing to a combination of the HRC and barriers to working. Numerous organisations and UN bodies have drawn attention to the limitations the Habitual Residency Condition imposes on women experiencing domestic abuse, and particularly migrant women (egs AkiDwA 2008, Women's Health Council 2009, O'Brien 2012, Safe Ireland 2013, National Women's Council of Ireland 2015).

In recognition of the specific legal difficulties posed to migrant victims of VAWG, in 2012 the Irish Naturalisation and Immigration Service (INIS) produced a set of immigration guidelines for providing services to victims of Domestic Violence, allowing for routes to secure legal status independently of abusive partners. These guidelines do not alter the law, but interpret it in light of the specific challenges posed by the HRC to victims of Domestic Violence.

### 6.3.2 Seeking international protection

After legal status, the Council of Europe emphasises access to the right to asylum as a key issue for migrant women affected by VAWG. The (non-binding) UNHCR Guidelines on Gender-Related Persecution (2002), establish that proper interpretation of the refugee definition should cover gender-related claims, including gender-based violence. This allows for asylum assessments to consider previously disregarded forms of persecution predominantly affecting women, including those which take place in the domestic sphere (Shreves 2016). Notwithstanding the favourable legal conditions to make independent asylum claims on the basis of gender-based violence, it is also well-established that few migrants are aware of these conditions (Freedman 2012, Erez et al. 2009).

Detailed analysis of asylum hearings demonstrates that in spite of clear legislative parameters and guidelines, asylum hearings are ultimately subjective events (Baillot et al. 2011: 114). In order to assess a claim in the asylum system, the relevant decision makers must assess 'credibility' of the candidate (Eastmond 2007: 260), notwithstanding the impact that trauma often has on the ability to relate an internally consistent narrative (Eastmond 2007: 258). It has been argued (eg Baillot et al. 2011: 112) that the reliance on credibility in the UK asylum system echoes a similar requirement to establish credibility in cases related to rape, and indeed, women asylum seekers can find themselves at the collision of two popular discourses of disbelief - one associated with the 'bogus' asylum claimant (Eastmond 2007: 260); the other with the false rape victim (Baillot et al: 116). In this context, women asylum-seekers must meet an unattainable standard as 'good enough victims' (Bhuyan 2008: 162). Decisions of the International Protection Tribunal are available to researchers, and although there is currently no systematic analysis of gender-related decisions, some information is publicly available. MASI (2019: 9) document one instance where a woman sought international protection in Ireland having experienced torture, rape and sexual slavery. She was rejected based on her supposed lack of credibility, and it took eight years before her appeal was successful and she was granted refugee status.

Patricia Brazil (2012) documents three specific cases where the credibility of female asylum applicants with gender-based claims in the Irish system have not been accepted, in some cases because the country-of-origin information used by the Irish tribunal was not gender sensitive (Brazil 2017). Establishing credibility is especially difficult in cases where the persecution in question largely occurred in the private sphere, and where the impact of trauma can delay or distort disclosure (Brazil 2017: 7). Although these factors are acknowledged in official guidance, 'mitigating circumstances' are only taken into account once 'the general credibility of the applicant has been established' (Baillot et al: 115). Some asylum seeking women interviewed by researchers in Ireland believed that their credibility was actively doubted, and tested to the limit in the asylum hearing, for example by repeatedly asking versions of the same question, or asking the same question at separate hearings a few months apart, as though to 'catch them out' (AkiDwA 2012: 20). A further problem is encountered in the high administrative and emotional burden of establishing evidence of sexual violence: AkiDwA (2012: 20) document delays and failures in acquiring medical certificates of rape because of changes in women's GPs.

Regardless of the ultimate outcome, the asylum system can be traumatising and retraumatising in and of itself. A service provider who worked with women in the asylum process in Ireland described asylum tribunals involving invasive cross

examinations about women's experiences of rape (Graham 2011). This is corroborated in one testimony collected by AkiDwA (2010: 20), who describe disinterested officials 'rushing' applications:

When I went for my interview, I was very badly treated. The woman interviewing me said she doesn't want to hear my tales. I cried a lot. Am only saying it now, have never shared with anyone.

There is evidence that protocols related to asylum hearings are not always observed; for example, women reported that they were not aware of their entitlement to request a female case worker or immigration official (AkiDwA 2012: 20). Translation services, where available, are not always appropriate: MASI (2019) describe a situation where a woman seeking international protection from the state of Iran was given a translator for her protection hearing. The translator was employed by the Iranian embassy in Dublin. Taken together, this evidence shows that the asylum system itself can traumatise victims-survivors of VAWG in Ireland, and can indeed be experienced by victim-survivors as a violence in itself (Phillimore 2019b). Further research on the gender-specificities of the asylum system in Ireland is required, including assessment of the number of gender-related asylum claims, the proportion that are successful, and the extent to which Irish policy is responsive to gender-related claims.

### 6.3.3 Direct Provision

The system of direct provision is described in section 3.3 above. Although designed as a short term reception system, it has evolved into a form of long term institutional living which has many impacts on women migrants affected by VAWG.

The EU Reception Conditions Directive obliges member states to assess whether international protection applicants have special reception needs, and to meet those needs. According to the directive, groups who have special reception needs include victims of human trafficking and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence. At the time of writing (November 2019), Ireland has no vulnerability assessment for international protection applicants. This makes it impossible to provide targeted services for survivors of violence, including trauma-informed therapeutic care, appropriate accommodation, and psycho-social support. In 2014, the Reception and Integration Agency developed a policy document on safeguarding residents against domestic, sexual and gender-based violence: this policy document requires updating to bring it in line with the Reception

Conditions Directive; it is not currently monitored for implementation; and it is not implemented in all accommodation centres or in emergency accommodation.

The isolation of accommodation centres makes access to supports extremely difficult: a dispersal policy dictates that most accommodation centres are not located in Dublin or large urban centres (Conlon 2010). In order to access, for example, medical treatment or counselling, residents are required to organise childcare and undertake long journeys on public transport to service facilities. Location thus serves as a major barrier to accessing help in the aftermath of traumatising experiences. Besides, information about local services in multiple languages is often not available, not least owing to low levels of funding for local VAWG services (personal contact: rural VAWG services). Asylum-seekers were given a limited right to work following a European court ruling in 2018, but access to work remains extremely challenging, posing a significant barrier to integration (MASI 2019). In an interview for this study, Aisling Hearn, therapeutic coordinator at Spirasi, noted that Direct Provision itself contributes to the development of complex trauma, and is a retraumatising experience for many. Discussing the survivors of torture (including gender based violence) that Spirasi serves she noted of those in DP: 'It doesn't feel like they've actually escaped at all' (KII: 14th August 2017).

Qualitative studies and reports suggest that some women in the DP system have been pushed into sex work as a result of poverty and lack of the right to work (Graham 2011, Mbugua 2016, Brennan 2018), while others find themselves confronted with sexual harassment by Irish men (Graham 2011, Mbugua, 2016). AkiDwA (2012: 20) documented a practice of local men soliciting sex near to DP centres, by kerb crawling and propositioning women.

#### 6.3.4 Language and Knowledge

Outside of the legal demands of migration and asylum, knowledge of the host language can be the primary force shaping the migration experience, serving to isolate migrant women without host language skills from much formal help. Associated with this is often a lack of knowledge of available support and services, which can be complicated and bureaucratic in many cases. Throughout the world, most immigrants need to learn a new language after arrival in a host country (Menjívar & Salcido 2002), and ultimately, language skills often determine a migrant's levels of social integration (O'Connell and Kenny 2017).

Within a family, there are often disparities in the language skills of men and women, and corresponding disparities in levels of integration and acculturation, where the more linguistically able members, often the men, are more likely to be

well integrated with the host community (Menjívar and Salcido 2002). Fagan (2008) reports a case in a Dublin refuge where a woman was denied access to English language learning, while her husband and her children all spoke perfect English. Immigrants without host country language skills are more likely to live in communities with coethnics (Nah 1993) and therefore less likely to build links outside of a single community. Lack of language skills can provide a barrier to accessing necessary services, both related to violence and other needs. For example, language was reported to create a problem in accessing childcare, which is essential to integration in the wider community and thus being able to access support (AkiDwA 2012: 14). According to a report by Wezesha on the experiences of women affected by conflict on the island of Ireland (Mbugua 2016), the major barriers to accessing healthcare for such women were language differences and cultural competence among providers.

For migrant women who do seek help within the host community - and as noted in section 3.4 above, they may turn to VAWG services in numbers disproportionate to their representation in the wider population (WHC 2009) - numerous complications can arise related to translation and interpretation. Migrant adults at times rely on their own children to translate into the host language: considering the norm of family silence which dominates in many cultures (section 2.6, above), this can make accessing help outside of the family potentially unthinkable (Thiara and Roy 2015: 16).

An associated issue is the knowledge that migrants have of laws and services in the host country. A 2005 study of domestic abuse among women and men in Ireland notes that immigrant women tend not to be aware of refuges or other support services (Watson and Parsons 2005); this point was also made by Hana Amer in a KII for this research. Immigrants often frame their expectations of response using their home countries as a point of reference (Menjívar and Salcido 2002, Erez et al. 2009, Simon-Kumar et al. 2017). So where the laws or practices are not victim-centred in the country of origin, that can shape the expectations of services in a host country. In this way, institutional and public stigma in a country of origin contributes to anticipated stigma in the host country. Service providers surveyed by Fagan (2008) in Ireland observed that this was often the case with migrant women in violence services. In FGDs for this study, participants often described their expectations of police according to what they knew from their home countries, as in this example:

If you go to police in Nigeria.  
I have never heard that but. [if you go to police] they will say, Ok, you've been rape, well. You will see rape now.

So that's why, at home – if you call the police, even the police would put you to shame. If you call the police on your husband at home in Nigeria they would put you to shame  
-FGD D

This description is true, not only with reference to formal services, but also in the way that migrant communities situate themselves normatively within a diaspora space (Brah 1996), continuing to reference attitudes and behaviours 'back home' (Kanyeredzi 2017). This can mean that casual acquaintances from outside of the heritage community play an essential role in linking women to services that they might otherwise have been unaware of (WHC 2009: 60) - and social isolation, poor language skills and past experiences of stigmatisation can leave some migrant women unaware of available services. This can result in underuse of services by migrant women (Fagan 2008). Knowledge is also mediated by trust and by the ability of services to inform women in hardly reached groups - a subject I return to under the heading of community, belonging and trust, below.

### 6.3.5 Isolation

While marriage can provide a route out of certain violent contexts (for example enabling women to escape from wartorn locations (True 2010)), it can also be a risk factor for new or additional types of violence. Numerous migrant women reported having married Irish men in their countries of origin, and come to Ireland to escape conflict and unrest, only to find themselves subject to controlling and racist behaviour in their dependency on Irish husbands (WHC 2009, Graham 2011). Isolation is a well-recognised tool of abusers, and immigrant women are easily positioned for total social isolation (Stark 2007). This can intensify the impacts of violence and strengthen the power and control of a violent perpetrator. Isolation emerges as a significant feature of the experiences of migrant women living with domestic abuse in Ireland. In one qualitative study, numerous women reported that they expected to be protected by the law in Ireland, but found that they encountered significant practical challenges to accessing help in the absence of a family network (WHC 2009: 54). As I have already outlined, direct provision accommodation, employment discrimination, and the high cost of living in urban centres all act to exacerbate migrant women's potential isolation and to constrain their space for action.

A further aspect that is unique to international families is the specific way that abusive fathers can exercise control over their partners through their children. This was raised in KIIs by both Salome Mbugua (15th November 2018) and Hanan Amer (12th October 2017) as a common theme in their interactions with migrant women: for example, the Amal women's group had supported women whose

husbands took their children away from Ireland without their consent or agreement – and then used the distance as a lever to control their partners.

Some societies have community-based responses to family violence, which are disrupted by the migration process (Kalunta-Crumpton 2016, Magnussen et al. 2008; cited by Rankine et al. 2017). Changes in the nature of housing from one location to another (typically in moves from rural to urban settings) have a particular impact on inter-familial and inter-communal relations: where the wider family network would ordinarily be available to support individuals who are experiencing abuse, moving to individualised single-family housing units can cut off a valuable source of support and control (Fulu & Miedema 2015; Rankine et al. 2017).

### 6.3.6 Race and structural axes of oppression

As the earlier discussion of intersectionality outlined (section 2.3 above), it is not possible to discuss VAWG without recognising other axes of oppression that affect women in communities that are marginalised. Vulnerability is perpetuated by structures of privilege and exclusion, meaning that marginalised women experience the risk and impact of violence differently to women not impacted by the same type of exclusion (Kanyeredzi 2017, Logie et al. 2011). A majority of literature on the situation in Ireland concentrates on the structural barriers of the migration system itself (eg AkiDwA 2012; AkiDwA 2008; Mbugua 2016), paying less attention to what happens at the intersection of migration, racial discrimination and gender-based violence. We have already seen some examples of structural racism in Irish society, which leads to poor employment opportunities, exclusion from the housing market, and on occasion discrimination at the hands of service providers including social welfare officers. This affects victim-survivors of VAWG because it increases their dependence on abusive relationships; it adds to the material challenges of daily life and can add significantly to the mental health impact of violence.

One element of economic security is singled out by Ting and Panchanadeswaran (2009: 827-828) as constituting a significant barrier to help-seeking for African immigrant women in the US, and that is secure housing. In that study, migrant African women testified to preferring to remain in an abusive relationship than to move to insecure housing or being housed in a dangerous neighbourhood. Safe Ireland (2016a) have documented the intersection between Ireland's housing crisis and domestic violence, and report that women are staying in abusive situations owing to a chronic housing shortage. Housing precarity can shape the experience of IPV more than almost any other structural factor (see for example

Kelly et al. 2014). Women awaiting an international protection decision are sheltered from Ireland's housing crisis thanks to the direct provision of accommodation with all of its attendant challenges, but other migrant women are made especially vulnerable by housing precarity, particularly when they do not have social networks to fall back on. Although the Safe Ireland study does not mention migrant women, it is most likely that many are affected by the same dynamic.

Women's victimisation by members of their own communities are often linked to violence directly targeting those communities (Incite! Cited by Sokoloff and Dupont 2005: 52). Because African men are discriminated against in the US and UK, especially by criminal justice systems, Black women are more likely to protect their minoritised partners, even when they are themselves victimised (Collins 2000, Humphreys and Thiara 2003, Kanyeredzi 2017). This dynamic has not been researched to date in Ireland in the case of women of African origin, although it is described in the case of Traveller women, who may self-silence with relation to sexual violence in order to protect the image of their ethnic group (McGee et al. 2002: 208). Group loyalty structures African women's experiences of VAWG in other ways (Menjívar and Salcido 2002, Akpınar 2003, Kasturirangan et al. 2004, Sokoloff and Dupont 2005, Kanyeredzi 2017). Qualitative research carried out by AkiDwA (2008: 8) concluded that African women in Ireland feared being alienated from their heritage communities if they spoke publicly about domestic violence, while the WHC (2009) made similar findings with regard to Irish Traveller women. One informant who is not named here stated that she was known in her community as "broken houses", since by supporting abused women she was considered responsible for breaking up homes. The intersecting experiences of sexism and racism can serve to doubly marginalise certain migrant women (Kasturirangan et al. 2004: 320), leaving them with fewer options to escape or confront violence in their lives.

Racial prejudice and discrimination can lead to decreased social opportunities, limited economic mobility and difficulties in acculturation (Ammar et al. 2014) - all of these things intensify the risk and impact of VAWG. Intersectional factors also structure interactions with services in important ways. As an example, Sokoloff and Dupont (2005) highlight the US stereotype of African American women as being aggressive and resilient, causing service providers to treat them with less empathy and compassion than they do white women. The emphasis on facilitating separation from abusive partners through protection orders and shelters or refuges is a facet of services designed with the needs of middle class white women in mind (Crenshaw 1991). For African and Caribbean-origin women in the UK, separation is often not economically viable, not because they are

dependent on a partner's income but owing to shared childcare responsibilities and shared debts (Kanyeredzi 2017). Another study found that African American women in the US attributed their experiences of rape to their geographic settings, often having to walk in dangerous and poorly lit areas at night, quite contrary to white women's experiences (Wyatt 1994).

As with culture, there is almost no research on the intersection between race and VAWG in Ireland, although the WHC 2009 recognises the salience of the issue, and notes that experiences of racism were not mentioned in qualitative studies of women's experiences of violence services. The information outlined above on racism within Irish society, and experiences of cultural responses to structural racism in other countries, indicate that nuanced analysis is required. Fagan (2008) observed that violence against women services are staffed by an overwhelmingly white Irish workforce: this remains true more than ten years later.

#### 6.3.7 Community, belonging and trust

The act of migration is a major life event which restructures the life course and has an inevitable impact on both risk of violence and the impact of violence. The term acculturation refers to the adjustment that takes place as an individual adapts to a new culture (Ho 1990, cited by Kasturirangan et al 2004: 323). This adjustment occurs in the space between structural and cultural factors, reconstituting elements of individual and group identities. Detailed evidence on this topic is missing in the Irish context, and this thesis contributes to that evidence base.

As already discussed, violence against women services are often designed with a specific (white, middle class) situation in mind (Crenshaw 1991, Sokoloff and Dupont 2005). In some cases, the intervention of authorities in family conflict is seen by migrant community members as inappropriate, certainly before more local mechanisms are attempted. A New Zealand study found that migrants affected by IPV had a preference for informal support from family, friends and community rather than formal support delivered through safe houses, community organisations, media or information sheets (Tse, 2007, quoted in Simon-Kumar et al. 2017: 1389); Kalunta-Crumpton documents similar preferences among Nigerian immigrants in the US, who tend to prefer support from family members or faith leaders.

Indeed, networks connected by common practices, traditions and beliefs can provide essential support to victims and survivors of VAWG (Kasturirangan et al. 2004 p 322). In Ireland, faith is found to be essential in developing individual

coping mechanisms among asylum seekers (Murphy 2015: 261), and women in Ireland drew strength from their cultural identities in the aftermath of experiences of VAWG (WHC 2009).

Trust arises as a major issue for those carrying out outreach to minority communities; this issue exists at the intersection of culture and the structural constraints on immigrant communities. Migrant women, like ethnic Traveller women in Ireland, often have negative experiences of authorities and a distinct wariness around them. Fear of family separation is especially high, in particular the risk that families seen as inadequate or 'dysfunctional' might have their children taken into state care (Bent-Goodley 2005, Simon-Kumar et al. 2017). This is well-documented in Ireland as a concern that troubles Traveller families (WHC 2009: 64) and increasingly migrant families also (Graham 2011, Mbugua 2016). The fear of having children taken away from their families arose in FGD F. When asked if a fictional woman would seek formal support in the context of domestic violence, one member of the focus group replied as follows:

She will be very careful because she – unless there is psychological whatever. And she will be so scared as well. Because her children might be taken away.

FGD F

Service providers emphasise the need to identify strategies that can keep families together but stop the violence (Simon-Kumar et al. 2017).

Issues with trust can also emerge as a result of experiences of racism and anti-immigrant attitudes in general interactions with the host society (Menjívar and Salcido 2002). Formal services that lack in diversity can seem hostile or at best alien locations for minority women to seek help (Fagan 2008: 60-61). Services can be actively racist, or unwittingly so, a problem badly exacerbated by shortfalls in resourcing which limits the ability to carry out outreach, and to spend the unstructured time needed to build trust with women from excluded and marginalised groups (Simon Kumar et al. 2017; Thiara and Roy 2015).

Migrant community-based responses to VAWG in Ireland have begun to emerge in recent years, though often unsupported by the mainstream violence sector. Migrant service providers point to the relevance of 'cultural competence' for supporting migrant women (Mbugua 2016; KII with Amal women's network). Some argue that the need for cultural awareness lends to a demand for ethnic-specific services (KII with Amal); others note the conservative advice that frequently comes from community sources. Sarah Duku of Cairde (KII, 12th

December 2016) described her expectation of grassroots support: the message to 'bear up for the sake of the kids'. Much further research on this community-based response is required: it has the character of a humanitarian response.

### 6.3.8 Accessing services

Many of the issues related to service-provision for migrant women affected by violence are already covered in this section under other headings; however, the status of the sector itself requires attention. In Ireland, as already discussed, cuts to violence services since 2008 have hit outreach and information activities especially hard, since these are not 'frontline' services, resulting in disproportionate impact on migrant women, especially those with poor English literacy (Women's Aid: personal communication). Access to information and effective service outreach is shaped by the resourcing regime in Ireland as well as the skills and disposition of the individual immigrant. Outreach is important for building trust and breaking down barriers between mainstream service providers and marginalised women affected by violence (Thiara and Roy 2015). Other limitations are present: Aisling Hearn (KII: 14th August 2017) notes that women clients struggle more than men to access the services of Spirasi (for survivors of torture, including IPV) in the absence of childcare.

Much of this analysis relates to the lack of targeted supports for victims of particular types of violence, or victim-survivors in particular social situations. In interviews for this study, the service which most participants mentioned was Spirasi, a holistic service for survivors of torture. According to Aisling Hearn, the trauma-informed therapy provided by Spirasi is not available from any domestic violence services in Ireland. This is one reason why Spirasi is a valuable source for migrant women who have often experienced multiple forms of violence and consequently complex trauma – as described in the discussion in chapter 7.1.3 on the continuum of violence and oppression. A further limitation is that the services of Spirasi are only available in person in Dublin; but no funding is available for individuals to avail of these services once they gain international protection.

KIIs for this research occasionally touched on the issue of ethnic-specific services including refuge accommodation (eg KIIs with staff from Amal Women's Network, Women's Aid, Cáirde: see appendix A for details). Such a model has had some success in the US and in the UK, although resourcing for ethnic-specific refuges in the UK has been devastated in recent years (Patel and Sen 2010, Thiara and Roy 2015). The strongest call for such a service comes from the Muslim community in Ireland, among whom some leaders argue that Muslim women in Ireland have specific needs which are not met in mainstream services - including

food and prayer spaces as well as protection from discrimination (KII: Hanan Amer, 12th October 2017). No research has been done to date to establish demand for such a service.

### 6.3.9 Culture

Patriarchal values manifest in many, if not most cultures, creating an environment in which VAWG can flourish, even when a social group may not explicitly condone such violence (Kasturirangan et al. 2004: 321). These values are discussed in detail in section 2.6 above, which outlines the beliefs which underpin patriarchal stigma as it affects victim-survivors of VAWG. These include cultural norms underpinning victim-blaming relating to the 'proper' mode of dress and behaviour (including sexual behaviour) for women. They also include the cultural value of marriage (Ting and Panchanadeswaran 2009, de Sousa 2010, Barnett et al. 2016, Kalunta-Crumpton 2016) as central to patriarchal bargain-setting (Kandiyoti 1988). Closely connected to the cultural value attached to marriage are norms related to single women, divorce and single parenthood.

At times, the interaction of norms from the country of origin with the structural marginalisation of a particular group can lead to an intensification of beliefs, even resulting in greater social conservatism taking root among migrant communities than persists in the country of origin. Scholars of diaspora studies point out that ethnicised diasporic identities can become privileged above gendered, raced, classed or other aspects of subjectivity (Gray 2016: 43). Faith communities are frequently the basis of network-building for new arrivals in a country - this has been shown to be true for instance, of Nigerians in Ireland (Fanning 2018). Nigerian women in the US were found to be most likely to approach extended family, community elders and faith leaders in that order to seek help for experiences of IPV (Akinsulure-Smith et al. 2013), even though the most common response from faith leaders in the Nigerian community was to advise victims to be obedient to their husbands (Kalunta-Crumpton 2016: 12).

Although some cultural beliefs fuel VAWG, migrant women in Ireland also draw strength from their cultural identities, and they draw on values, religions and beliefs as coping mechanisms for VAW (WHC 2009). Bent-Goodley (2005) highlights the potential of spirituality to build resistance, coping methods and provide hope against VAWG among women of colour in the US. Cultural celebrations, foods and art forms can provide comfort and release to victims and survivors (Kasturirangan et al. 2004: 322). Theological teachings also operate not only to support VAWG but also to oppose it.

Few reports directly address the issue of culture with regard to VAWG and migrants in the case of Ireland, although the WHC (2009: 51-54) does map the patriarchal norms that surrounded many migrant women's experiences of domestic violence, both before and after arrival in Ireland. On the whole there is very limited research on cultural practices, beliefs and values in emergent superdiverse Ireland as these relate to gender and VAWG. This thesis sets out to make a contribution to this area, by exploring the interaction of life experiences of VAWG with cultural stigmas among and against migrant African women in Ireland. In section 3.4 above, I described the political and cultural context in which stigmas are constructed in Ireland. The cultures to which migrant women and communities themselves subscribe are diverse. In chapter 6, I will explore how stigma was presented in focus groups and interviews conducted for this research, and assess the interaction between women's own lives and the violence cultures which inform and influence them.

#### 6.4 Conclusion

This chapter has introduced the context of African migrant women in Ireland. It has outlined the different systems that govern their reception and integration, and described in detail the ways that migration status, migration experiences and structural oppression intersect with and influence the impacts of VAWG. In doing this, I have argued that the Irish state must be understood as fulfilling a protective role through its legal obligations and national policies, but simultaneously perpetrating symbolic and structural violence against migrants. Specifically the state perpetrates violence against asylum-seeking women (Phillimore 2019a), often revictimising them (Freedman 2019, Roy 2019). I have situated the impacts of VAWG in the light of stigmatisation as it is deployed in Ireland, paying attention to the structural functions and drivers of stigmatisation (Parker and Aggleton 2003, Tyler and Slater 2018), and also to Ireland's history as the *sine qua non* of patriarchal stigma and shame (Fischer 2016, Cloatre and Enright 2017). To illustrate the nature of stigma against black African migrant women in particular, I highlighted a case study of the 2004 citizenship referendum, whereby Ireland, ever patriarchal, went from being a racial to a racist state (Lentin and McVeigh 2006). This is the context in which migration and violence against women interact to produce impacts in the lives of migrant women. I have shown that many of the well-established features of VAWG and migration have been documented in a small grey literature in the case of Ireland; however significant gaps exist in understanding the role of race, stigma and cultural dimensions in mediating the impacts of VAWG on women's life space. I now turn to the methodology of my study, before outlining the research findings.

## Chapter 7: Impacts of violence, impacts of stigma

### 7.1 Overview

Research on stigma and VAWG tends to focus on discrete moments at a given point in the VAWG plot or journey: namely disclosure and help-seeking (eg Ahmad et al. 2009, Quinn and Chaudoir 2009, Overstreet and Quinn 2013). From existing research we know that stigma and shame inhibit both disclosure and help-seeking. Research on VAWG and social networks has a similar temporal focus, with valuable studies by Goodman and Smyth (2011), Levendosky et al. (2004) and Klein (2012) framing informal support networks as an overlooked component of service provision for victims-survivors, that is to say, a part of the resources available at moments of help-seeking. In this chapter, I expand this view of informal networks, to explore the long term impacts of VAWG and stigma on victim-survivors' space for action (Lundgren 1998, Kelly 2003, Kelly et al. 2014, Sharp-Jeffs et al. 2018), understood as the multiple interconnected domains of a woman's life, including her social relationships and her freedom to move in different physical spaces. I profile African migrant women's multiple intersecting experiences of stigma in Ireland, and outline the ways in which these stigmas mediate the impacts of VAWG on space for action, and how research participants navigated their lives in the aftermath of VAWG.

The chapter begins with a profile of research participants: the five in-depth interviews, and the six focus group discussions completed. I go on to outline the nature of stigma identified in the research study. An overarching argument of this thesis is that the participants in the study - in both interviews and FGDs - are commonly bound up with a continuum of oppression which includes racism and cultural violence (Taylor 2005, Kanyeredzi 2017), and these stigmas have particular impacts on victim-survivors of VAWG. I describe the multiple interlocking stigmas which constrain the group, including patriarchal stigma, racial stigma and stigma associated with other social locations introduced in chapter 3. In section 6.2, analysing narrative plots and the discourse of interview testimonies and FGDs, I describe a collective identity narrative of the resilient survivor, an application of the strong Black woman schema (Collins 2000, Beauboeuf-Lafontant 2005, Beauboeuf-Lafontant 2007, Beauboeuf-Lafontant 2008, Kanyeredzi 2017, Abrams et al. 2019) to victim-survivors of VAWG. I explore the concept of resilient survivorship as it is identified by Dianna Taylor (2018) as a feature of contemporary rape governmentality, whereby sexual violence expressly individuates and militates against collective action. Discourses of resilience are reinforced in the context of contemporary migration

governance in Ireland, combining an identity of ‘good immigrant’ (Razack 1999, Kwack 2018) with that of the ‘resilient survivor’ in a racialised context.

Having established the social context of stigmas against African migrant women in Ireland, I move on to describe the identifiable impacts of VAWG on the space for action of specific victim-survivors who participated in interviews. I begin with a discussion of self-stigma, shame and associated impacts on the sense of self, noting that the strong Black woman trope is protective of the most debilitating elements of shame, although it is associated with other harmful mental health outcomes. In line with existing literature, I find that in these cases (in common with most women whether migrant or otherwise), patriarchal stigma empowers abusers (Stark 2012); impedes disclosure (Ahrens et al. 2006) and inhibits help-seeking (Barnett et al. 2016). I show that for participants in this study, alongside the effects of trauma, stigma eroded the ability to build trusting relationships and inhibited network-formation, leading to an individuation of victim-survivors and a lack of network support. This is apparent in the small networks that three of the interview participants maintained in the aftermath of violent experiences and relationships, and in their high levels of self-reliance, already referenced in the theme of resilient survivorship. I go on to show the self-regulation described by interview participants, resulting in what I term stigma avoidance work or stigma work, in particular the work of relationship management and maintaining appearances. I compare these practices of stigma work to safety work (Vera-Gray 2018; Kelly et al. 2014), and describe them as an invisible burden, even on women who appear to be ‘surviving’. With the small number of interviews gathered, there is unfortunately not enough evidence to draw conclusions on the impacts of VAWG and stigma on participants’ space for action in work and education, and I recommend further research on this topic.

In section 6.3, I interrogate the narratives of interview participants to detail how individual victim-survivors navigate life in the aftermath of VAWG. This is done, as I have shown, in the context of multiple intersecting stigmas, and the collective identity of resilience, or the strong Black woman. Participants commonly drew attention to their carefully learned and practised strategies of self-care, and also discussed the importance and challenges of testimony for their own processes of recovery and for contributing to wider change. I present a case study of Maude as the one interview participant who challenged core components of the strong Black woman identity, and describe her construction of resilience as a potential counter-narrative to the canonical narrative presented.

This chapter presents a detailed study of the nature of stigmatised identities among African migrant women. Drawing on an extensive literature, it explores the ways in which these identities are affected in the course of and in the aftermath of violence. It interrogates five core interview testimonies to describe specific impacts of VAWG through an intersectional lens of stigma and stigmatised identities, and explores the approaches taken by victim-survivors to navigate their impacts.

### 7.1.1 Introduction to the research participants

Before I present the analysis of the research, I first introduce the five interview participants with a short overview of each woman's core narrative, focusing in particular on the impacts of VAWG on her life space. Throughout this chapter, I treat the testimonies as distinct case studies, reading across them for specific insights and for commonalities. Although this is a small number of studies, as described in chapter four above, each one was conducted over a period of months, and they are analysed in depth for insights into the lived experience of VAWG victimisation and navigating stigma.

#### ***Shade***

Shade is a Nigerian woman living in Ireland for nearly twenty years. Over two interviews, she described a childhood of relative poverty after her father left her mother, including experiences of child sexual abuse. She was academically capable and ambitious but she married a man who turned out to be controlling and abusive. When she travelled to Ireland, he co-located between Ireland and Nigeria, and exercised financial and psychological control over her; he was physically and sexually violent when they were together. They had more children together, and Shade did not disclose the violence and control that she was experiencing to anybody. Remaining in Ireland, Shade described her struggle to become financially independent in spite of her abusive husband's disapproval and machinations to keep her dependent on him. She left him, enrolled on training courses and found financial aid from charities, and in time she established a foothold in Ireland. At no point did Shade seek or receive help from women's rights or violence agencies.

Shade believes that her experience of VAWG undermined her personal development and thwarted her significant professional ambition. By leaving an abusive husband, she lived in conditions of relative poverty for years. Her status was significantly reduced in the eyes of her social network in Nigeria, and in the eyes of her community in Ireland; she also struggled with racism and exclusion from mainstream Irish spaces. She now considers herself an exemplar of a

successful migrant woman, and participates actively in leadership spaces, although she rarely uses these spaces to discuss VAWG.

Shade's narrative sets the overarching theme of this research project: Sufferin and Smilin, a phrase she used repeatedly to describe her manner of absorbing challenges and 'carrying on'. For Shade, freedom is a choice that she made at great but worthwhile sacrifice. The following quote is descriptive of this, where she describes how she paid a friend to look after her pre-school aged children so that she could go to a computer class:

With my little money - Yeah!  
I paid the money  
I didn't mind, I could go hungry, I just - I want my freedom I didn't care  
*smiling, emphasis*  
*Shade*

Shade went on to complete a Masters degree, and build a professional career. She is a leader in her local and migrant communities, and has drawn attention to issues related to migration, employment, integration and domestic violence. She hopes to bring about change in the nature of VAWG in the future.

### ***Maude***

Maude came to Ireland from a Southern African country<sup>15</sup> in June 2016; at the time of writing she is still in the international protection system awaiting a judgement. Maude grew up in relative poverty, with three siblings and an absent father. She was strongly motivated at school, but when she was sixteen her mother arranged for her to be married to a much older man. They separated a few years later - she did not describe this experience as violent, although she was a child at the time of the marriage.<sup>16</sup>

Maude later married again, and went on to have another child. He was controlling and violent towards her, financially, physically and emotionally, over a period of five years. He forced her to give up work. He in turn experienced politically-motivated violence against him in the city where they lived, and they decided as a family to leave the country and seek international protection.

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<sup>15</sup> For the two participants who are still awaiting the outcome of their international protection application (Maude and Blessings), I have concealed their country of origin: I note here that they are not from the same country.

<sup>16</sup> Article 16 of the Declaration to Eliminate Violence Against Marriage states "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage...."

Maude travelled ahead of him to Ireland with their children, and he followed later.

In Ireland, Maude and her family were placed in a direct provision accommodation centre where they began to settle. She attended support groups for survivors of torture with Spirasi<sup>17</sup>. When her husband joined her, his abuse continued. She described how she experienced this within Ireland's direct provision system:

On top of the problem we were facing which was external, internally he is adding on to the problem. That's what I used to tell him when we come here. We are in asylum. The process alone is hard. Do you need to add it by being abusive?

*Maude*

After time, with the help of a support worker in her accommodation centre, Maude succeeded in gaining a transfer to a different accommodation centre, and she sought help from Women's Aid to separate from her husband. She sought and was granted a safety order which prohibits him from watching or being near to her home. Thus, the experience of VAWG interrupted her resettlement in Ireland, and resulted in legal complications for her asylum application. Her abuser actively worked to disrupt the support networks that she established in Ireland. Fear of him mediated her ongoing ability to occupy spaces and build relationships.

In a new accommodation centre, Maude became involved in community organising. She continued to access support from Women's Aid (legal) and Spirasi (psycho-social). Her integration in Ireland was built through activist spaces, explicitly feminist and anti-racist in their structures, a fact which made her experience of stigmatisation quite distinct from others in the study.

### ***Blessings***

The primary impact of VAWG on Blessings was her forced migration to Ireland. Blessings gave the shortest and most fragmented interview, and although we stayed in touch afterwards she never again spoke about her life in the East African country she came from. She married a man who was physically and emotionally violent towards her. She was given very strong messages from across her community that violence in marriage was normal. Her violent husband was a member of the police forces at a time when political violence was on the rise.

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<sup>17</sup> The Spiritan Asylum Services Initiative: the national centre for the rehabilitation of victims of torture in Ireland.

On one occasion the police visited Blessings in the shop that she ran and offered her a bribe in return for supporting the ruling party. When she refused, she was physically attacked and beaten by the police, and her car was attacked and damaged. Her husband criticised her for not complying with the police, and he also physically attacked her. Blessings decided to flee the country with her children.

Blessings arrived in Ireland in June 2016 and was placed in direct provision accommodation. Unlike Maude and Shade, in leaving her home country she was leaving her relationship, and she lost the connection to her home country entirely, as a result of fear and the threat of re-perpetration against her relatives. She left behind a very small social circle since her mother had disappeared and her father had died; she was left with a grandmother and a handful of friends and cousins with whom she now has no contact. In Ireland, unable to take up work, she enrolled on a pre-nursing course which she found both challenging and fulfilling. Blessings was extremely focused on the future, and inclined to always emphasise the positives in her situation:

I'm doing um Pre-nursing and it makes me feel so good.  
Cause I feel like  
I have won the war  
And, I, I still have the strength of showing, up, what I'm capable of.  
*Blessings*<sup>18</sup>

Blessings characterised her experience in Ireland as one of 'being saved' and placed a very high priority on her physical safety and that of her children. She placed very little emphasis on building a social network, preferring to maintain control over immediate issues of physical and financial security. As I discuss in this chapter, violence and negative disclosure experiences left Blessings with very limited trust in new people.

Blessings' narrative focus was on her unrealised, expected potential. Although her life is currently characterised by isolation and precariousness, she feels that it is a great improvement on what she fled, and it will continue to improve:

So. Each and every week I make it a point that my work is up to date.

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<sup>18</sup> As I outlined in chapter 4, each interview was transcribed with line breaks to capture natural speech. Blessings paused extensively during her interview, at times when she was overcome with emotion. This is reflected in her transcripts, which are similarly fragmented on the page.

Even if I'm going through difficult or rough time. Or the environment where I'm staying, needs more energy to move up and down, but I'm very very proud of myself that I can I can do that. I can do that, and I can also make sure that my work is 100% done. You know. So. I strongly feel like I am a girl with a good potential

*Blessings*

### **Mary**

Over the course of two interviews as well as her participation in FGD C, Mary shared a wide-ranging and detailed narrative which nonetheless concealed a great deal. She spoke about violence at length but she did not respond to queries about the specific impacts of given events. Rather, she constructed a tale of individual overcoming, emphasising many barriers and constraints. The structure of her testimony was somewhat different to what I represent here, which is chronological. The story that she told began with an overview of 9 years in UNHCR camps in Northern Uganda, before moving back (at my provocation) to her childhood and life up until she fled South Sudan, discussing her movement between South Sudan and Uganda, and finally describing (in far less detail) her coming to Ireland. This breaks down into three quite distinct phases of storytelling, each of which independently sustains the plot of struggle and overcoming - strongly mediated in both Uganda and Ireland by bureaucratic barriers to individual progress.

Mary was born in South Sudan and lived in a rural village where her family had some status. Her father died when she was very small. Subsequently she helped her mother in the home and didn't begin school until she was twelve; her schooling was interrupted by the outbreak of war. Mary fled her village shortly before it was ransacked, and lived with an uncle and his wife who abused her economically and physically and pressured her to marry so that she would not depend any longer on the family. Around this time she became pregnant; she was captured by the rebel army and forced to carry artillery and march. The soldiers threatened her and her unborn baby. The father of her child died in the war.

Mary succeeded in escaping South Sudan, on foot, with her mother, her son and her brother. She was captured numerous times and described different types of violence against herself and others: forced sex; coercion at gunpoint; knife slashings; and repeated threats to take away the boy children. She did not dwell on these violent experiences but spoke about them in a matter-of-fact way, and emphasised her own role in escaping.

Mary travelled to Uganda where she lived for 9 years in different refugee camps. She spoke at length about the multiple occasions when she was offered a transfer to a safe country and the offer fell through, for one reason or another. While in the camp, she built alliances with other women to push for fairer treatment for the South Sudanese refugees. She travelled on occasion to avail of economic opportunities in South Sudan.

After 9 years, Mary was informed that she and her child would be travelling to Ireland with their group of fellow-countrymen. They were settled in a town in the South of Ireland. There, integration was challenging, and nine years later, she was still struggling to establish herself as financially independent. She remains in very close contact with her siblings and her mother, and in many ways her most important social network remains her family: her child and grandchildren in Ireland, and her mother and brothers now living and settled in Uganda. Her interview concluded with an assertion of her success as a matriarch and a family member, and determination to find work in order to be more successful.

More than any other participant, violence - both gender-based and conflict-related - and migration were constitutive of Mary's entire life story and identity. There was plenty of evidence of trauma in her account, limiting her psychological wellbeing and her ability to build networks. When reflecting on impacts in her day to day life, she tended to focus on structural constraints such as bureaucracy and the availability of work far more than she did on the impacts of violent events or social norms. This presented challenges for the analysis, but is consistent with research on refugee survivors of sexual violence from South Sudan, which finds that open discussion of such events is highly taboo and likely to result in exclusion from the community (Tankink 2013).

### ***Ijeawe***

Ijeawe's narrative is different to the others since she shared a testimony of patriarchal constraint rather than direct interpersonal violence, and it demonstrates the continuum nature of violence. She was drawn to the interview following her participation in FGD A precisely because discussions about patriarchal stigma resonated so strongly with her. Ijeawe was from a middle class family in Nigeria and became pregnant in her early 20s. Her family had high expectations of her and were openly disappointed when she became pregnant. The father of her child was not really interested in the relationship or the pregnancy and he left. There was some conflict between her family and his, and she did not feel that she could stay in Nigeria as a single mother owing to the stigma attached.

Ijeawele travelled to Ireland to escape the shame of unmarried motherhood in Nigeria. She lived in many different places all over Ireland as she tried to establish a new life. Her family did not support her initially and it took time to build a network in Ireland; but over time things improved. She was very pleased to be able to access social protection (social welfare), in particular a back to education allowance which enabled her to take on a university degree when her children were teenagers. She became involved in volunteering. By the time this research had finished, Ijeawele was working, and she believed that she had overcome the stigma which initially triggered her migration.

I draw on Ijeawele’s testimony much as I do on the FGD data, for detailed understanding of the continuum of oppression, and the multiple overlapping stigmas that affect the research group, and the tools that individuals use to navigate these stigmas.

### **The continuum of violence and oppression**

In her analysis of 9 interviews with African and Caribbean heritage women in the UK, Kanyeredzi (2017) outlines a continuum of violence and oppression which allows for a more complete and holistic understanding of the experiences of interview participants. When researchers narrow their understanding of violence to individual and specific categories, it can lead to under-identification of violence, especially among minoritised communities (Thiara et al., 2015: 30). Using Kanyeredzi’s continuum framework, the table below shows that each interview participant experienced harm across a range of areas: migration and intergenerational trauma; violence and abuse; and race and racism. While participants in FGDs did not self-identify as survivors of VAWG, it was clear from research discussions in both IDIs and FGDs that across this continuum, all participants in the study were affected in some way by a continuum of violence and oppression:

	<b>Migration, intergenerational trauma and oppression</b>	<b>Violence and abuse</b>	<b>Race/ racism</b>
<b>Shade</b>	Her father abandoned her mother when she was young; her mother raised her and her brothers	She was sexually abused as a child in exchange for school fees. Her husband was physically, financially	She struggled and still struggles to get work in Ireland in spite of a high level of qualification and years of voluntary

	alone, the family were poor and stigmatised for being a single parent family.	and psychologically violent towards her for 14 years.	work. Frequently feels she is culturally excluded. Experience of humiliation claiming social welfare.
<b>Blessings</b>	Her father died and her mother was disappeared in political violence in her home country. She knows many people who were killed or imprisoned due to the conflict.	Decades of political violence in her home country. Her husband was physically and sexually violent towards her. She was attacked and beaten by the police in her home country for refusing to comply with their bribery.	Her children have been subject to racist comments in school: she tells them to ignore them.
<b>Maude</b>	Her father was absent, and she and her siblings were raised in poverty by her mother.  Her second husband was attacked repeatedly by racist mobs, forcing them to migrate to Ireland.	Her mother married her to a much older man at the age of 16. Her academic studies never recovered after that.  Her second husband abused her physically, financially and emotionally for five years.	She experienced racism against her husband in her home country.  In Ireland she is an activist against racism and the asylum system.  She has been subject to racist slurs about herself and her daughter in the schoolyard and in public.
<b>Mary</b>	Her father was killed, by poison she believes. Her country was at war before she was	She was neglected and physically abused by her aunt when she lived with her as a teenager.	Mary mainly described isolation in Ireland. She found it harder to meet people and make

	<p>born and again from the age of 12. Her father and uncles fought in the earlier war.</p> <p>Her first husband was killed in the fighting. Her second husband disappeared.</p> <p>She fled her country and lived in refugee camps for 9 years.</p>	<p>She suffered violence including sexual violence at the hands of soldiers during the war in her country.</p> <p>She described multiple types of violence she experienced in conflict: coercion at gunpoint; knife slashings; sexual assault; threats to take away her son.</p>	<p>connections than in the African countries she had lived in. She did not believe she was integrated in the community.</p> <p>She found it very hard to get paid work, and was inhibited by regulation and lack of support from pursuing her business interests.</p>
<b>Ijeawe</b>	<p>She fled to Ireland to escape the stigma and judgement in her family when she became pregnant outside of marriage.</p>		<p>Racist comments in public, on public transport, from older people. Shaming experiences of applying for social welfare.</p>

Figure 12 Continuum of oppression (Kanyeredzi 2017)

### 7.1.2 Introducing FGD participants

A total of six FGDs were conducted with a diverse range of participants, as outlined in chapter five above. Importantly, each group was composed of women who knew each other well, to facilitate free and open conversation. Figure 8 in section 5.5.1 above summarises the size and nature of each of the FGDs. Most of note is that a wide range of national backgrounds were represented, with a disproportionate representation of women from Nigeria and South Sudan. Participants also represented a large diversity of backgrounds in Ireland: some had arrived up to twenty years ago (FGD A, FGD D) while others were more recent arrivals (FGD E). Many participants had become naturalised Irish citizens, while others had refugee status, and still others were awaiting the outcome of asylum applications. Likewise, many were engaged in full time work; others were seeking work and others were unable to work at the time of the research.

### 7.1.3 Overview of VAWG impacts

Much of the interview data on the subject of the impacts of violence is consistent with existing literature and is not the specific focus of this chapter. Here, I give an overview of the broad themes in the data which are not addressed in the rest of this chapter.

VAWG impacted heavily on participants' physical safety and their feelings of security (Au Coin and Beauchamp 2004, Kelly and Westmarland 2007, Kelly et al. 2014). For example, violence caused Blessings to leave her home country and also to cut off relations with family in her home country for fear of endangering them. It caused Maude to feel unsafe in the accommodation centre where she and her daughter lived in Direct Provision. Maude's abuser also intimidated her over social media causing her to leave facebook, a vital tool for organising and networking for her. In addition to the impact of fear, violence had a severe impact on participants' mental health, resulting in evidence of trauma, anxiety and depression (Campbell 2002, Ellsberg 2005, Garcia-Moreno and Pallitto 2013): the specific mental health impacts flowing from internalisation of stigma and shame are taken up later in this chapter. Economic impacts were also far-reaching (Kelly et al. 2014, Sharp Jeffs et al. 2018) and while they are not the focus of this study they provide essential context for the experiences of victim-survivors. Maude and Shade were both forced to give up work and education by their abusive and controlling partners, both in their home countries and later in Ireland. Blessings meanwhile fled the violence of her partner and the police and arrived in Ireland with US\$15 to her name having paid for her flight and assistance. Mary's experience of fleeing conflict-related violence was complicated by nine years in a refugee camp, during which time she was able to work (albeit in a context of near-total uncertainty), before coming to Ireland where it took years before she could find work. In all cases, the interaction of violence and migration resulted in a significant delay in establishing any control over the economic life space - this is naturally the case as a result of displacement, but it is intensified by the impacts of the actions of violent men. The findings outlined above are broadly consistent with the literature reviewed in chapter 3.6. I now turn to the less-studied area of the impact on social relationships and space for action, in a context of intersecting stigmas.

I begin my findings with an overview of intersecting stigmas that affect African migrant women in Ireland in their navigation of life experiences of VAWG. The section draws on both interview narratives and focus group discussions (with both survivors and non-survivors). I use this section to set the context for

exploring the nature of stigma internalisation among African migrant women, and its specific impacts on victim-survivors of VAWG.

As expected, there is much evidence of the existence of patriarchal stigma, which serves to normalise both IPV and NPV, and creates barriers to help-seeking (Ahmad et al. 2009, Overstreet and Quinn 2013, Barrett et al. 2016). One noteworthy dimension of patriarchal stigma is the significance of marriage in the social lives of Nigerian women in Ireland: in this study, women suggested that they were not considered fully adult if they were not married. Patriarchal stigma was most commonly manifest through public stigma, most especially through gossip among close others (in this study, almost exclusively members of the community of origin). A significant manifestation of patriarchal stigma was in anticipated stigma by association attaching to children and family members. Intersecting stigmas including racism, stigma related to asylum status, and social welfare stigma are also described.

#### 7.1.4 Stigmas: identifying the labels

It is well established that women who experience VAWG are frequently silenced by stigma, and analyses often go no further than this (see section 2.6 above for a thorough discussion of the research literature on the topic). Where research does investigate stigma in experiences of VAWG, there are relatively few qualitative studies specifically with African or indeed migrant women victim-survivors. Important exceptions include Tankink (2013), Mannell et al. (2016) and Tonsing and Barn (2017), all of which are in-depth qualitative studies that explore the ways that stigmas affect women survivors of VAWG in and from developing country settings. These studies review the patriarchal stigma that holds VAWG and impunity for VAWG in place. Patriarchal stigma is similarly prevalent in this study. There were, however, multiple other types of stigma present, related to race, single motherhood, asylum status and social welfare: some of these are discussed in chapter 3.7. Applying the framework used by Bos et al. to outline types or manifestations of stigma (see figure 1 above), the manifestation that participants were most alert to was gossip among the heritage community, both in home countries and in Ireland. I draw on the concept of 'diaspora space' (Brah 1996), which shows how some migrant communities frame their experiences with reference to multiple locations and differently located communities. This brings a complexity to ideas of 'home' which can be situated simultaneously in Ireland (for example) and in countries of origin, even many generations after an initial migration (Kanyeredzi, 2017: 21). Diaspora space is useful for understanding participants' conceptualisation of the social networks as geographically expansive, with ideas of 'home' holding important normative power (Brah 1996).

References to 'back home' showed that stigma is constructed in multiple geographical spaces and indeed mediated by technology (Ting + Panchandeswaran 2009, Kalunta Crumpton 2016).

### **Patriarchal stigma**

The description in chapter 2.6 of patriarchal stigma and its relationship with the institution of marriage was comprehensively borne out in this study. All of the features outlined were present: the centrality of the marriage unit; the woman's role as responsible for family harmony; the taboo on breaking family silence ('the heart of a woman is the coffin of a man's sins' - from Mannell et al. 2016); and the taboo on all types of non-normative female adulthood. This final taboo incorporates divorce, single motherhood, and women who do not have children. In interviews and FGDs, speaking both generally and with reference to personal experience, participants agreed that women were stigmatised for many transgressions against normative femininity.

The stigma which came when women speak publicly about violence or breaking the norm of family silence (Bauer et al. 2000, Ahmad et al. 2009, Ting and Panchandeswaran 2009, McCleary Sills et al. 2016, Kalunta Crumpton 2016) was communicated in the message, documented repeatedly in this study, that participants should tolerate violence.

Em. I was saying that, em, just cause the African, mentality thingy. Em. If she goes to tell anybody else in her family they just tell her to ignore it and keep Yeah Yeah - and keep your mouth shut basically yeah. Maintain your marriage  
FGD E

A message that came across especially strongly from Nigerian participants was the importance of marriage in securing an adult woman's social legitimacy. In a study of IPV among Nigerian immigrant women in the US, Kalunta Crumpton (2016: 12) argues that 'marriage accords [Nigerian] women status and respect'. Participating in the marriage contract represented a type of patriarchal bargain (Kandiyoti 1988) which gave women access to the wider social nexus:

marriage.... makes you a full human being  
- *Shade*

Both *Shade* and *Ijeawele* described wearing wedding rings when they were in public, since they would not be taken seriously if they were known as unmarried or divorced women. *Ijeawele*, in her interview, explained the normative

importance of marriage for her legitimacy, and the corresponding low status that came with single motherhood:

Because when other people see you, and see the ring - say, Ok. Yeah.  
So. Then they are now comfortable to have a chat with you. But when they, first of all look at you you don't have any ring. Then. She's a single mother.

Single mother.

We are all: There

*she holds her hand very low to indicate a low social status*

The married couple are up there.

*she holds the same hand up much higher*

That's the mentality that we have, yeah.

*Ijeawele*

As outlined in Chapter 2, there was also a strong confirmation of victim-blaming tendencies (Burt 1980, Suarez and Gadalla 2010) among heritage communities and in countries of origin, both in relation to intimate partner violence and especially in relation to NPSV. One participant from South Sudan in FGD B outlined the situation clearly:

S: And then also back home like, if, if a man rape a woman, like just, a strange woman. Like a man just rape her. And, the society or even the law, will not stand with that woman.

B: Absolutely cause it's her fault

M: They will say: she provoke him.

B: Yeah!

*FGD B*

Although there is ample evidence that patriarchal norms, including those related to marriage, continue to hold sway in Ireland (see section 3.4.2 above), research participants, when discussing patriarchal stigmas, focused entirely on their own heritage communities and countries of origin. The nature of patriarchal stigma experienced in other, more 'mainstream Irish' situations such as interactions with formal services or in public spaces, was markedly different. It was more likely to be associated with single parenthood and welfare dependence - that is, an intersectional stigma combining patriarchal norms with racial, asylum and class-based ones. I discuss these different intersecting stigmas in section 6.1.5 below, on stigma manifestations.

Indeed, in the course of discussing the social impacts of violence, participants drew attention to a difference between patriarchal norms in countries of origin and in Ireland. One of the key insights made by Goffman (1963) was that people can be stigmatised in one space and not another. This certainly emerges as relevant to this group of participants, with 'Ireland' being seen as less patriarchally stigmatising, as Ijeawele highlights:

So that's why I came into Ireland.

And em, you know. Find a, a safe place to stay. Where you're not being judged, you know.

*Ijeawele<sup>19</sup>*

This differential stigma between one's own community and any other arose also among service providers in FGD F:

I mean to be honest with you, I mean I had African people coming to me simply because I was white. Simply because I was white and telling me look I trust you because I know you're not gonna share with the rest of the community.

*M<sup>20</sup>/ FGD F*

These reflections on the differential patriarchal stigmas between Ireland and countries of origin are consistent with qualitative findings by the Women's Health Council (2009). In that study, participants reflected on the absence of stigma and judgement in their experience of service provision in Ireland, compared to their experiences elsewhere, with one participant describing a women's service provider as follows:

Very nice, very good, very understanding. It's support It's not judging me. I am so surprised. Because, maybe because I don't have that experience in [country of origin]. I don't think I would find good, would feel like this if I was in [country of origin]'

*Riya, in WHC 2009: 62*

The Women's Health Council research also recorded expressions of faith in the Irish police forces, in contrast to a belief that police forces in certain countries of origin would reinforce the stigma attached to VAWG:

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<sup>19</sup> The paradox of patriarchal Ireland becoming a place where women would not be judged had a great hold on me, and I wrote about it in Ballantine 2019.

<sup>20</sup> M participated in FGD F along with African-origin staff and volunteers from the women's group facilitated by Cáirde in Balbriggan. M is Italian, and provides information and organising support to members of the migrant women's group.

‘Here in your country you can go to the guards and they will help you. You don’t understand, you cannot do that in [country of origin]. You know? There’s no police that will answer you on that’

*Bayo, WHC 2009: 61.*

So when it came to patriarchal stigma, the overwhelming narrative from this study was that patriarchal norms, especially those related to marriage, affect many African women living in Ireland; and have a normalising and isolating impact on victims of both intimate partner violence and NPV. These norms were almost entirely described as being embedded in heritage cultures and promoted in heritage spaces - although similar concerns are regularly expressed by women from multiple communities in Ireland (eg Watson and Parsons 2005, Saint Arnauld 2014, Women’s Aid 2017, Women’s Aid 2018). Some participants in the study highlighted specific provisions in Ireland which lessened the power of patriarchal stigma: namely, legislation against marital rape (FGD A), and the practice of child benefit being paid directly to mothers (FGD B, FGD F). Thus, there was a sense that Ireland offered an opportunity to unsettle or challenge patriarchal stigma, equally expressed in FGDs and IDIs. Rather than viewing this in a false binary way (African cultures: patriarchal; Irish cultures: post-patriarchal) it is useful to see the opportunity offered by seeking help outside of one’s own cultural network, something which is often valuable for women who experience violence, and frequently less accessible to migrant women owing to structural barriers in the host society including racism.

### **Race stigma**

As we already saw in chapter 3, racism, though relatively poorly monitored and documented, is unquestionably present in Ireland, inflected in particular ways for migrant Black women as encapsulated in the instance of the 2004 citizenship referendum. In the current study, racism arose frequently and was discussed freely, most particularly when FGD participants carried out a free listing of types of violence that might affect a fictional woman like them. All of the groups raised racist violence, and most raised it first of all, before discussing other types of gender-based violence against women.

Participants gave specific examples, including attacks on family homes and cars, broken windows, defecation on the doorstep (FGD D), and hateful comments (FGD A, FGD E). There was a high awareness of racism as a public stigma, present in most spaces that research participants moved in. In FGD C, one participant told a detailed story about how her son had been bitten by the next door

neighbour's dog and required a tetanus shot in the aftermath. There followed a heated debate about whether she should report the situation in accordance with her doctor's advice.<sup>21</sup> Ultimately, she concluded that she should not, since it would draw the judgement of her (white Irish) neighbours on her family: hers, she pointed out, was the only Black family on the street:

B: No! They will talk. One day something happened to your child again, they will not help and they will not touch it, you know? First of all you have to be careful, anything they are going to do. They will say that you are rude. You are mean - to people.

*FGD C*

The experiences of public stigma related to race documented here are strongly echoed in a 2019 study of people of African descent living in the West Dublin suburb Dublin 15 (Dhala et al, 2019). That study confirmed the evidence here of widespread experience of racist attitudes and behaviours, and further a belief among participants that racism was not to be treated as a 'serious' issue, certainly not reported (I return to this in section 6.2.2 below).

Awareness of racism, as with all stigmas, has an impact on the individual and collective identity and sense of self (Kalathil et al. 2011: 40). This is the crucial space where structure and culture are co-constituting (Yuval Davis, 2010), and racialised groups develop cultures of exclusion in response. The set of cultural attitudes held in mainstream Irish society towards raced others can become a structural reality like a brick wall (Ahmed 2012, cited by Kanyeredzi 2017: 48), aggressively delineating the space for action of the individual.

### **Other intersecting stigmas**

Other stigmas emerged in the study which additionally constrain women's space for action, and which are interconnected. These include stigmas against single motherhood (as we saw in Ijeawele's quotes earlier), which also overlapped with a sense of stigma related to using social welfare, which I describe in section 6.2.2 below.

In addition, a mental health stigma was also present, suggesting that mental distress was a sign of weakness, or a uniquely White or un-African condition. A discussion in FGD E about accessing therapeutic support for the impacts of

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<sup>21</sup> By law, the dog should have been put down following the incident.

VAWG resulted in this response:

it's a natural thing for an African person not to want to share their feelings  
*K/ FGD E*

A study carried out by Cáirde on migrant mental health found that this attitude to mental health problems was widespread and associated with awareness of mental health stigma, as described in this quote from a focus group of migrant community health workers in Ireland:

From the African context [...] mental health as a topic is not spoken about. It does not exist. It is viewed as 'mad'. Some people still have the perception in that if you are mad no one wants to associate with you. People don't want to talk about it. They don't want anyone from their community to know [...]. Someone from Nigeria doesn't want another Nigerian person know the situation. It is across the board. It is madness. It is one word.

*Community Health Workers Focus Group; Bojarczuk et al. 2015: 13*

#### 7.1.5 Stigma manifestations

Because the methodology of the study emphasised the micro and meso levels of interpersonal interaction, much of the stigma that was directly identified was felt among friends, close acquaintances and family members. As we shall see, the pattern of multiple intersecting stigmas combined to structurally constrain the space for action within which participants developed protective and supportive identities, most particularly related to resilience and the strong Black woman identity. These identities provide parameters within which women can 'get things done' in a way that is legible to themselves, communities and families (Barnett et al. 2016: 450); and at the same time, they have other impacts on individual wellbeing and social networks which are less apparent.

In this sub-section, I map stigma manifestations from interview and FGD data, primarily as they relate to VAWG. Stangl et al. (2019), in their framework for understanding stigma, usefully separate manifestations from the outcomes of stigma. Identifying stigma manifestations is often as far as many studies go. I draw on Bos et al.'s (2013) framework (see figure 1, section 2.5) to emphasise public stigma – 'the consensual understanding that a social attribute is devalued' – as the core of all stigma types or manifestations. Participants in this study move through different social spaces where different consensuses prevail; among these, the public stigma manifestation that was most discussed was gossip. Continuing to

follow Bos et al's stigma typology, I present evidence of stigma by association and institutional stigma. In the second and third parts of this section, I analyse the discourse used in FGDs and IDIs, and the narrative plots of IDIs to explore the nature of stigma internalisation and self-regulatory behaviours.

### **Public stigma**

'The consensual understanding that a social attribute is devalued' (Bos et al. 2013: 2) manifests in multiple 'daily indignities' (Link and Phelan, 2014: 27) of the type that are described in chapter 2.5 above, although the term indignity is a rather gentle one for the reality it conveys. Although Link and Phelan contend that the exercise of stigma power is most commonly hidden and subtle (2014: 30), public stigma can be very overt and deliberate. A study on sexual violence against asylum-seeking women living in Ireland (Scriver and Mears, 2012) documents the experience of Rose, who was kidnapped by soldiers in her country of origin, beaten, threatened, raped repeatedly and then abandoned. Following the attack, Rose was cast out by her parents, who believed that she had brought shame on the family and was now impure. This act of rejection and expulsion is an extreme example of the violence of direct stigmatisation. Ultimately, Rose arrived to Ireland as an asylum-seeker where she eventually received services. Rejection of this type occurs in particular in the aftermath of sexual violence, as studies from Uganda and the DRC demonstrate (eg Verelst et al. 2014, Stauffer 2015, Scott et al. 2015). The threat of outright rejection by family and community imposes a severe chilling effect on survivors of non-partner sexual violence, who may consequently never disclose their experiences (see for example Tankink 2013 on refugees from South Sudan). Although such outright rejection was not directly reported by any participants in this study, the threat of rejection underpins stigma's power (Ogden and Nyblade 2005) and shapes the adaptive behaviours of participants in this study.

As already mentioned, the most common expression of public stigma in this study, the daily indignity that arose most regularly, was the experience of gossip. While examples of this are presented later in this chapter, some of them are worth addressing separately here. Tankink (2013: 396) describes how women from South Sudan maintain silence about their experiences of sexual violence in order to avoid gossip. This insight is born out in other studies (eg Ahmad et al. 2009, Runner et al. 2009, Edwards-Jauch 2012, Cislighi and Bhattacharjee 2017), which all confirm that gossip serves as a negative sanction against non-conforming women (Edwards-Jausch 2012: 107); and that VAWG is often understood as evidence that women did not conform. The fear of gossip as a negative sanction was apparent in FGDs, as here:

Actually, there's some women that talked that told their friends what happened in Nigeria, and they turned against them in life.

Carol: What do you mean by turn against them?

They use what they have said. And gossip about them. They use it against them.

*FGD A*

The context of migrant spaces, small communities in which “everybody knows everybody”, heightened participants’ sensitivities to gossip. Shade described this, talking about her status as a single mother and victim-survivor:

but I wouldn't tell it to my immediate Nigerian community. Because it's gonna go, go – the way they're gonna say this, it's gonna be – I know what they're gonna say.

*Shade*

This sensitivity is further heightened in the context of direct provision accommodation, in which the local community is characterised by enforced inactivity and exclusion and the ever-present threat of rejection/ deportation by the Department of Justice. Maude described how her abuser exploited this atmosphere:

But in [DP centre] people knew about it [the abuse] because – after I left, Shirley's father went around and told people that, me I can't keep my family together, I'm a prostitute.

*Maude*

Building social relationships was difficult for Maude in the accommodation centre, and she reflected:

I'm going to run mad because of all the gossips and everything.

*Maude*

Gossip and fear of gossip was especially related to developing relationships of trust, as I discuss in section 7.3.2 below. In focus group discussions about VAWG, there was a high level of alertness to gossip as a social sanction, as in one exchange in FGD E. One participant, K said:

I think it's all about who you actually tell. If you tell the right person, then...

*FGD E*

The response to this from A was:

There is no right person. Have you ever heard of the saying in Africa, right?  
There is no secret between two people. The only way that secret remains alive,  
is if one of them are dead.

*A/ FGD E*

Later in the conversation, discussing help-seeking, A made the same point again:

But the only thing you need to understand. By opening your mouth, right?  
And by saying it out loud. It will always come back to you in a different web.

*A/ FGD E*

The awareness of gossip and its power had a strong impact on the ability to build trusting relationships, particularly for Blessings and Maude. I describe this in detail in section 7.3.2.

The discussion above about patriarchal stigma demonstrates that the threat and impact of gossip was most strongly felt in the heritage communities and countries of origin of participants in the study and that in spite of patriarchal stigma being well-documented in the Irish context, participants noted a distinction between heritage communities and others in Ireland. This was complicated by pervasive racial stigmas, also outlined above, encountered in public spaces. The presentation of the impacts of violence on individual women to follow outlines how research participants navigated a social space fraught with public stigma.

### **Stigma by association**

Stigma by association is the stigma that attaches to people who are connected to the labelled individual: family members, children, close friends and others (Bos et al. 2013). Limited existing research on VAWG stigma tends not to emphasise stigma by association, but in this study it emerged as foundational to participants' experiences. A major concern for participants in the study was protecting children from being stigmatised. In this quote for example, participants in FGD F discuss the best way to deal with an abusive husband:

S: You're trying to hide. You don't want people outside there to see him as this bad person. He's the father of your children. The stigma will also attach to your children as well. You don't want to put your kids through all that. Let me just parry. Let me suck it in.

*S/ FGD F*

Shade described her daughter's own stigma consciousness, again, a patriarchal stigma related to normative gender roles of her parents. In this extract, Shade is discussing her then 13-year-old daughter's response to an episode of serious physical violence against her (Shade), in which Shade threatened to call the police:

She [Shade's daughter] said it: No don't, because when he goes to jail, he becomes an embarrassment, so then he becomes an ex-convict. So even, even, that shame of having a father like that, she didn't want to have that. So she said that to me, so she can't. She said - I shouldn't call. And she was crying and pleading! Oh god. So. I mean. Your child is crying and so - I did not do that!

*Shade*

Both of these extracts demonstrate how stigma consciousness and in particular anticipated stigma by association against children can militate against disclosure of IPV or help-seeking. While an individual victim may be willing to face social exclusion herself, she is also required to consider the social impacts on her children; such challenges are documented in the case of women living with HIV (Ogden and Nyblade 2005: 33).

Stigma by association against children is significant, and the same phenomenon also affects other family members. The discussion on social networks in section 6.3.4 of this chapter (below) shows how Shade's family feared the stigma that might attach to them if she got divorced, and how that impacted on her space for action. Their anticipation of being stigmatised themselves caused them to pressurise Shade to self-silence, and to tolerate her abusive marriage.

This is a clear example of the 'diaspora space' (Brah 1998; Kanyeredzi 2017) being the space that Shade inhabits, whereby violence impacts her relationships simultaneously in Ireland and Nigeria. The presence of stigma by association complicates women's decision making, both in the immediate context of, and in the aftermath of VAWG. 'In concern' (Link and Phelan, 2014) extends far beyond the self to attach to the immediate family, and is further reproduced by immediate family members, whether one's own children, parents or siblings. From this study, we see that women's choices can be influenced by a concern about exposing family members to stigma, whether in Ireland or in the country of origin.

## **Structural stigma**

Structural stigma refers to the ways in which societal ideologies and institutions perpetuate or exacerbate a stigmatised status (Corrigan and Lam 2007; cited by Bos et al. 2013: 4). It is especially relevant to VAWG in relation to victim-survivors' help-seeking, since it could be experienced in the context of healthcare settings, legal advice, women's services and so on. In 2009, the WHC reported that out of 26 interviews with migrant and ethnic minority women in Ireland, no migrant women reported racism at the hands of violence services. Although I heard very few direct reports of institutional stigma related to VAWG, an intersectional analysis of the multiple stigmas identified above demonstrate that institutional stigma is certainly relevant in the narratives I gathered, particularly related to experiences of racism and social welfare stigma, as I will show in section 6.2.2 below. The presence of racist and sexist decision-making in the social welfare system, outlined above, gives some evidence of structural stigma operating against Black African women in Ireland. I explore these stigmas further below in the context of the collective identity narrative.

## **Self-stigma: stigma internalisation and anticipation**

The final element of Bos et al.'s (2013) stigma typology, and the focus of much research on stigma and VAWG (see section 2.6), is self-stigma; further sub-divided by Overstreet and Quinn (2013) into anticipated stigma and internalised stigma. As both a manifestation and an outcome of stigma, this type is explored in section 6.3 of this chapter, on the impacts of VAWG. First, I describe the collective narrative response to stigmatisation and violence.

### **7.2 'Hope will suck it in': collective identities and stigmatisation**

The social impacts of VAWG occur in a particular context, just as stigma occurs in the context of a power situation which allows it (Link and Phelan 2001). With this narrative study, I aim to draw attention to the ways in which the social and cultural context shapes the possibilities for victim-survivors among African migrant women in Ireland. In chapter 3 above I described intersecting stigmas against Black migrant bodies in Ireland and the ongoing resonance of the 2004 citizenship referendum, in which Black female bodies were framed as 'childbearing against the Irish state' (Lúibhéid, 2006). In this section, I outline the ways in which multiple stigmas, experienced in a 'diaspora space', were represented, reproduced and activated in FGDs and interviews conducted for this study. While research into stigma related to VAWG is typically focused on patriarchal stigmas, I document the other types of stigma which arose in

discussions, in order to understand the intersections and to frame the collective identity narrative which arose strongly across the totality of research data.

Identities are constructed through narrative, the stories that groups of belonging 'tell themselves and others about who they are, and who they are not, as well as who and how they would like to/ should be' (Yuval Davis, 2010: 266, citing Denis-Constant Martin 1995). Identity narratives, as already discussed in chapter 3, provide a thread to which individuals cling to maintain a sense of wholeness in incoherent lives (Elliott, 2005: 125); this is achieved, in part, through the creation and use of canonical scripts rendering certain experiences 'readable' and others incoherent (Elliott). Such narratives then are not only individual but collective.

I describe a discourse of resilient survivorship which arises in both FGDs and IDIs. I describe this as a collective identity formed in the context of patriarchal and other stigmas, within a contemporary system of neoliberal governmentality. The discourse of resilience is recognisable in the literature as a 'new technology of the self' (Neocleous, 2013: 5). The identity of the 'resilient survivor' has particular salience for victim-survivors of VAWG, framing self-reliance as the best response to crises and needs and in so doing, narrowing the boundaries of what change is possible.

Black feminist theorising, mainly from the US, draws attention to a dominant trope referred to as the 'strong Black woman' (SBW) (Collins 2000, Beubeouf-Lafontant 2005), described in detail below. No previous research has applied the SBW trope to Ireland, and although it is a commonplace of US theorisation, the Irish historical and social context is so different as to give pause as to the applicability of the schema. I apply it because, as I shall show, it describes the data that emerged in this study with great accuracy. The individualising tendency of contemporary gender violence governmentality (Taylor 2018) meets the experiences of racialisation and racism to frame participant identities and narratives.

I begin by outlining the common narrative arc in four of five interviews which constitute a particular identity of resilient survivorship, and then describing the ways in which focus group narratives support this identity. I observe the boundaries of belonging constituted by patriarchal norms and maintained collectively. Taken together, these two identity narratives of strong Black women and resilient survivors support a sense of individual agency, while undermining the possibility of collective change (Beubeouf-Lafontant 2005, Taylor 2018).

### 7.2.1 Individual narratives of resilience

Yeah, let's just keep, I think we are just naturally tough or strong people cause god has given us this resilience that's the word resilience you just keep going. It's not easy it's painful but we just keep putting our best ... Foot Forward, our best smile forward, that's what we do really. *Laughs.*  
*Shade*

The collective identity narrative of the resilient survivor is encapsulated in Shade's quote above. I describe resilient survivorship (Taylor 2018) as a collective identity because it occurs frequently across both FGDs and individual narratives, and involves common terms and examples. Resilience as it is used in most cases here relates to strength characterised as endurance (Beaubeouf-Lafontant 2005: 106); specifically being able to 'move past' negative or traumatising events without being visibly affected by them (Beaubeouf Lafontant 2008: 400, Beaubeouf Lafontant 2005: 106). In this sense, it can be described as 'spectacular overcoming' (James, cited by Taylor, 2018). Further elements of the resilient identity include financial independence through participating in paid work and providing for the family (Kanyeredzi, 2017: 102) and not engaging in complaint (Beaubeouf Lafontant 2005: 106).

The strong Black woman trope, as Kanyeredzi (2017) observes, constructs the identity of victim-survivors through a 'gendered racialised shame'. This involves racial loyalty (Crenshaw 1994, Collins 2000), whereby Black women protect their minoritised and stigmatised partners by not reporting them to the police (Humphreys and Thiara 2003) and by silencing themselves about abuses of Black men in their communities (Kanyeredzi, 2017). It also involves the construction of a particular type of femininity which is above all not weak or vulnerable, in contrast to hegemonic White colonial femininity (Kanyeredzi, 2017). Gender compliance thus creates a protective image of strength and non-victimhood, and passes gender stigma on to others, who fail to maintain the SBW identity - later in this section we shall see how Blessings (among many other participants) did this.

Narrative statements from individuals and FGDs collectively construct this identity, which, when presented to participants in a validation workshop, was strongly endorsed.

Taylor (2018) analyses the responses of women to sexual violence and identifies the trope of 'resilient survivorship' which is consistent with the narrative arcs of resilient identities. In particular, she points to the requirement for resilient

survivors to ‘spectacularly overcome’ the damage of sexual violence, in order to be rewarded with ‘increased human capital, status, and other forms of recognition and recompense’ (Taylor 2018: 444, citing James 2015). Taylor problematises this discourse in the case of rape victim-survivors, recognising that while it may be experienced as empowering, it simultaneously limits individuals’ freedoms – or in the language of this thesis, constrains their space for action.

As the individual interview vignettes at the beginning of this chapter demonstrate, the underlying plot of very different interview transcripts shares a common trajectory from suffering to ‘spectacular overcoming’ (Taylor 2018). This amounts to the strong Black woman (enduring, uncomplaining) with the addition, per Taylor (2018), of neoliberal self-actualisation and individual success. The narrative approach of the interviews was to focus on two overarching and broadly connected ‘stories’: the story of coming to Ireland; and that of an identified episode or pattern of violence and its subsequent impacts. There is scope within this structure for any number of temporal and causal tellings; but in the cases of Shade, Blessings, Mary and to some extent Ijeawele, the overall plot tells a story of violence followed by escape, followed by struggle and often poverty, ending in the expression of personal pride or satisfaction at ‘having overcome’, with an emphasis on individual agency and the brightness of the future. In the four cases I have named, this narrative demonstrated a personal identity of resilient survivorship. Here I outline in brief how those narrative arcs conformed to this identity:

Shade’s partner controlled her by keeping her dependent on him. After many years of living intertwined lives, with him travelling frequently between Ireland and Nigeria, she told him that she was leaving:

You know, he said: Once you walk, I’m not gonna support  
you. And the kids. And I said:  
I don’t care. *laughs*  
*Shade*

She subsequently described the hardship that she endured without his financial support:

So I just went online I was  
and I googled, how can a mother with three kids all by herself find a job?  
*Shade*

She paid somebody to look after her three children under the age of five while she began a computer course, in spite of having almost no disposable income. What comes across is the sense that this process was difficult and caused her huge financial strain, but worth it:

I could go hungry, I just - I want my freedom.

*Shade*

In carving out independence in spite of obstacles and purposefully expanding her own space for action, Shade experienced a feeling of empowerment based on self-reliance. Here, she uses a term that she drew on regularly: the idea that to 'have a voice' in her culture is a signifier of a woman who is both subversive and free:

Because I had even changed I used to be very shy but now I was more confident. I had raised kids by myself I had a voice.

*Shade*

Shade described her ambitions for the future, describing herself as a survivor. As we shall see later in this chapter, she concluded her second interview with reflections on her potential to inspire others, in the most explicit example I encountered of 'spectacular overcoming' (Taylor 2018).

Blessings' narrative follows a similar arc of adversity and overcoming, and a survival identity forged in the overcoming. Her narrative was of brutality in her home country and a hasty escape at great expense: she spoke at length of the violence which she suffered before fleeing her home country, and her absolute isolation in surviving that. At the time of our interview, Blessings was studying a pre-nursing course while living in direct provision accommodation, awaiting a decision from the department of justice. Attending the course required a long and expensive journey on public transport three days a week, as well as a full course-load of assignments alongside parenting two school-age children, themselves recovering from the trauma of violence and escape. In her narrative, Blessings centred her own actions to improve the situation:

I'm doing um

Pre-nursing

and it makes me feel so good. Cause

I feel like

I have won the war

And, I, I still have the strength of showing, up, what I'm capable of.

I still have that strength of which I didn't even know  
that I would have so much, energy in Ireland  
*Blessings*

Like Shade, she emphasises her own part in overcoming the obstacles ('I feel like I have won the war'), and expanding her own and her children's space for action:

Well  
We are just fine, yeah  
and I'm  
I'm doing so well  
I'm doing so well  
So far I have performed very well.  
It's not easy though but I'm trying.  
You know.  
*Blessings*

The attitude *Blessings* takes is one of quiet resolve, also an intention to 'keep her head down' in order to get along; which is discussed further in section 6.2.2 below. Nevertheless, like Shade, she expressed a level of belief in her own overcoming which was sustained through difficulty.

Although her testimony is very different from other interviews in this study, Mary expresses a similar identity of resilience and even defiant survivalism. Mary's transcript is temporally highly distinct from the others, as it was told in numerous separate sequential chunks, dealing with different periods in her life. The plot of her two interviews was difficult to follow and dominated by bureaucracy and disputes; but the narrative driver was always her role as protagonist, at times in the face of life-threatening violence:

I'm not scared I'm not scared  
Of course I'm not scared for anybody  
If that I'm scared  
until now I will be a dead person.  
*Mary*

Struggle and survival are at the very heart of Mary's narrative, in which her autonomy is always centred. Here, she summarises her experience as a young girl in her home country fleeing active conflict:

I used to fight for my right I used to fight on my own.

On my own nobody there only me.  
Even my mother would be not there.  
Only me.  
*Mary.*

For Mary, who came to Ireland as a refugee fleeing extreme conflict, survival is highly associated with the freedom to work and earn money, on her own terms. Mary was subjected to physical and sexual violence in the context of war as a young girl, and subsequently lived in refugee camps for 9 years. Most of her adulthood has been shaped by the experience of bureaucratic authority over her life. She concluded her testimony with her expression of confidence and belief in her own resources:

Mmmm I'm planning to get myself a job, get money, and do something for myself.  
I never work for somebody in my life. Never do for somebody.  
I always do my business on my own.  
Yeah.  
*Mary*

Each of the above three narratives – Shade, Mary and Blessings – conformed to a structure that was not imposed, of individual challenge-struggle-overcoming, emphasising their own actions even when I probed about supports and barriers from the wider community. This structure was consistent with the resilient survivor, seen to perform 'spectacular overcoming'. Maude's narrative arc was quite different. Unlike the others, Maude's depiction of adversity persisted up to the present day, and her narrative was far less complete than others. Maude's narrative was 'stuck' in Direct Provision. Unlike Blessings, Maude worried about having to remain in institutional accommodation for a long time. In her case, the overarching plot mixes ongoing abuse by her husband with her own efforts to improve her life, and crucially her inter-dependence with others. As I shall discuss at the end of this chapter, Maude's dominant theme was this statement, which she repeated on different occasions when we met:

I've always believed that no man is an island  
*Maude*

The plot of Maude's narrative is lengthy – incorporating childhood poverty and early marriage – and cyclical, moving through efforts to improve things into different challenges. At times, all of her past struggle is present simultaneously, as here:

And sometimes I'm like, oh my god did I waste so many years of my life? Because if I count from 2011 ... until now. That's years of abuse. That's like years, you end up even – after he'd abuse you, when he'd say he's sorry, you'd just forgive. But it's still paining you! It pains me a lot, until today I'm like, oh my god. How I'm going to move forward – from here? Where to from here?

*Maude*

The narrative of escape and survival against the odds is one of marking change towards increased autonomy/ greater space for action. Whether this involves escaping from conflict and danger (in the case of Mary) or from a hostage-like relationship (in the cases of Blessings and Shade), it sees the survivor achieving an expansion in her life space, and exercising that freedom (Shade: 'I could go hungry, I just - I want my freedom'). Maude experienced an expansion in her space for action by escaping her abuser, but constantly drew attention to the ways her life space remained totally constrained by the state, keeping her 'captive' in direct provision:

So for me what has been stressing me is –  
being in direct provision and a life that is very difficult it's not easy.

...

And, [DP centre] is, is really not a good environment

I hope and I pray that we get our papers.

Yeah.

You know she's, Shirley [Maude's daughter] is still young, but she will grow up in Ireland.

You wouldn't want your child to be exposed.

Yeah so – to what is currently happening there.

*Maude*

Ultimately, Maude does not bring her narrative to a conclusion with survival or success, but acknowledges that hers is an ongoing challenge:

I know I have a long way .. that I have to get to where I will say, you know I'm completely healthy I'm happy.

*laughs a little*

*Maude*

At the end of this chapter, I will present Maude as a case study of a counter-narrative, offering some alternatives to the canonical narratives of the strong Black woman and resilient survivor.

All of the narratives included reflections on material necessity: while some participants felt that they chose their situations so that they could pursue freedom, their circumstances invariably drove them to self-reliance whether or not it was a choice (Mary: 'on my own, nobody there only me'). The narrative of personal achievement emerges from these twin circumstances of liberation and overcoming extreme material need, resulting in a sense of achievement: as Blessings said: 'I feel like I have won the war'.

### 7.2.2 Collective narratives of resilience and strength

A striking feature of the FGD data is that it draws on similar constructs of strong Black women and resilient survivorship expressed in the interviews. The analysis of focus group discussions - particularly when I focused on events in Ireland - revealed far more about resilient identities than about other facets of victimhood and survivorship, such as struggle, vulnerability or resistance, and it drew relentlessly on the strong Black woman trope. I emphasise that participants in FGDs - even those who did not self-identify as victim-survivors - brought expertise in the continuum of oppression that includes racism, patriarchy and poverty (Kanyeredzi 2017).

In FGDs, participants discussed the likely impacts of lifetime violence on a fictional woman that they collectively narrated through a series of participatory activities. In doing this, they built a collective narrative of violence and survival which frequently mirrored the narrative plot outlined in the interviews already presented: spectacular overcoming, or at least stoic endurance.

The first element of this collective identity is represented in the idea of female strength - which on analysis is closely related to endurance, the ability to carry on in spite of adversity; as with Shade's opening epithet in this section: 'we are just naturally tough or strong people' (see Beauboeuf-Lafontant, 2005)

In FGD E, Participant A unexpectedly disclosed a personal experience of violence in childhood, and her struggles with having it heard. In this short FGD exchange we can see the group collectively constructing an identity that explicitly rejects the label of victimhood and claims a label of being strong:

A: It's the same as for example, it took me a while to come out and say things were happening to me when I was a child. Do you know what I mean? But immediately you open your mouth. The backlash you get, whether it's from your parents, whether it's from your society - it automatically gives people a thing of - you are already labelled. In terms of, you must be the victim. And, everybody's like - Oh my god! And. You are like: That is not what I need, I just need you to know my story? Cause I don't want it to happen to somebody else, right?

But sometimes it's like, everybody is looking at you like - This, broken thing that needs to be - fixed, somehow. Do you know what I mean? And a lot of people, anyway from our culture, we do not want to be seen like that. We want to be seen like: This Strong Person.

And that's it.

Carol: Would you guys agree?

J: Yes.

F: Most people don't want to be victimised [seen as victims].

J: I don't like people feeling sorry for me.

B: Right.

F: Yeah, I agree with that.

A: I feel like it's an African thing, but most of us are like that.

*FGD E*

The level of agreement with this rejection of a victim identity was very strong – more so than at other points in what was a very heterogenous focus group. The victim label is the other side of the resilience/ strength coin: women are rewarded for presenting an image of stoic endurance, and correspondingly reject the prospect of presenting as weak or vulnerable (Kanyeredzi, 2017: 96-99).

Rather than dwelling on the harm of violence, participants in FGDs regularly endorsed the importance of moving on or getting past specified violent experiences in the lifetime. In FGD F, participants discussed a vignette about a character to whom they gave the name Hope. Hope was introduced as a migrant woman living in Ireland, with a violent partner in her home country in East Africa. The participants discussed what her support network would be, and what sort of support she might seek:

S: I can change Hope's story from the one that you gave Hope [ie, that Hope was experiencing abuse and control at the hands of her absentee partner]. The fact that she left and she came to Ireland means she's not going to be that person there that somebody was abusing and they were

doing all those things to. She is going to strive really hard so that when he sees her again...

B: Mm hm.

S: So you see I'm sure she must have a job, you understand anything to keep her going with the kids, to change her lifestyle and that of the children that she brought.

*FGD F*

This short extract summarises many of the core elements of the collective narrative of resilience, applied directly to survivorship. The resilient survivor overcomes spectacularly by 'striving really hard' (Taylor, 2018) and crucially, having a job and earning money so that she can be autonomous. I will return to the importance of financial independence as a challenging pillar of the strong Black woman trope. I asked if Hope would seek help or support from formal or informal sources, and S returned to the discourse of the strong Black woman, enduring and striving to overcome:

S: Ah, Hope will suck it in.

S: For 5 years now she has moved on

E: (*agreeing*) Has moved on

S: So she's a new life person, she's no longer the old Hope of yesterday. She has, she has become a new person a more lively person than she was before.

...

S: It depends who Hope is as a person. If Hope is resilient, Hope will move on. And use that as a way to make herself better. Ok? Or, if Hope wants to live... in the past, all the time, then it will impact, on her life.

A: This is the way

*FGD F*

The concept of moving on and making a break with the past was echoed in FGD D, when participants talked about the impact of sexual assault or rape on a fictional woman, named Anice. In this quote, the final sentence is telling: a woman is depicted as having no choice but to obliterate the memory and the impact of rape in her life, and to move on, not to allow the assault to affect her life.

I seen a girl raped in Nigeria and they say she has emotional, psychological problems.

That's normal in Africa...

So what's happened to you, it's not that it's normal. But you have to forget it! You allow that one to affect your life? No!

*P, FGD D*

Resilience then, in the context of surviving violence against women, is collectively constructed as being strong or enduring, overcoming harm and moving past it/ putting it behind oneself. This is in clear contrast to what it is not: oppositional, resistant, complaining, vulnerable or dependent.

### **Money, work and social welfare: resilient survivors as *homo economicus***

If resilience is a defining feature of contemporary governmentality, it is especially pertinent for questions of material survival. In line with the strong Black woman schema, participants expressed an expectation that African women would work to secure their families' financial independence (Kanyeredzi 2017, Beauboeuf-Lafontant 2007). The options available to victim-survivors were normatively constrained by an expectation that African women, even in the context of sexual violence or intimate partner violence, were expected to have 'their own' money (not rely on partners) to support their families. In effect this meant having a job, in spite of low rates of employment for Black African women in Ireland and the existence of discrimination against them (see chapter 3). We already saw this above in the discussion of the fictional character Hope in FGD F, where S stated: 'I'm sure she must have a job'.

With regard to financial hardship, participants expressed negative attitudes to social welfare. When asked where a fictional survivor would turn for financial assistance, some participants expressed a strong rejection of social welfare in favour of private sources of support: churches (FGD B, FGD A); charities (FGD A); and family members (Ijeawele). A complex relationship with social welfare emerged. Shade and Ijeawele, in interviews and in FGD A, both discussed feelings of humiliation related to the social welfare system, and the onerous demands that were placed on them there:

Being a Nigerian, there's this sort of negativity around being Nigerian. So, if you go to the social welfare office, this is what people have told me you know, so going to the social welfare office, the attitude! They ask for your arm and your leg – 'I can't, I live here now, you know?' Go to your, village, to your, to where your Mum was buried... What the heck?!

*Shade / FGD A*

Both Shade and Ijeawele also described in detail experiences of having to discuss their personal finances and their estranged husbands' earnings, and their feelings at being forced to disclose domestic violence, abandonment and poverty to strangers in public. Shade, who is a leader in her community, described this feeling of humiliation as a problem for many in her community. As discussed in chapter 3, humiliating, racist and misogynistic acts and decisions have been documented in the social welfare system (O'Brien 2011, 2014; Fagan 2008), although there is no systematic study of the subject. A further concern arose in KIIs with NCP and Amal women's network and in FGD F, that if the state became involved in participants' affairs in any way including through welfare provision, that their children might be taken into care:

And she will be so scared as well. Because her children might be taken away.

*E/ FGD F*

In a presentation on the shame of single parenthood (UCD Gender Shame and Sexuality in Ireland symposium, 2019), Wangari<sup>22</sup>, an East African member of SPARK, described how she felt shame at receiving welfare in a country where she has not yet paid tax. This serves as another unwitting echo of broader neoliberal constructs, in particular the idea that migrants in Ireland must avoid at all costs the risk of becoming 'a burden on the state' (O'Brien, 2011). Far from being dependent or 'welfare scroungers' (Millar and Gaffney, 2019), participants in this study (particularly Shade, Mary and Ijeawele) expressed shame at accessing social welfare payments. Ijeawele offered a perspective that it was dishonest to get money without 'working' for it:

You know, em. Back home in Nigeria we don't have any, there's no welfare system. You work for it.

*Ijeawele*

These attitudes towards financial independence represented a particularly striking paradox: women were expected to be financially robust and independent at the same time that many of the potential avenues for material support were blocked. Paid work was difficult to access due to barriers to African women's employment (Joseph 2018, McGinnitty et al. 2018), while social welfare was often stigmatised. Later in this chapter, we shall see how Blessings (as just one example) passed on stigma related to welfare dependence to other migrant women in her situation.

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<sup>22</sup> Not her real name

This discourse related to financial survival is relevant to women's life experiences of violence. It can add to the intersecting layers of stigma and shame that affect victim-survivors, with welfare dependency heavily stigmatised both among the immigrant women in FGDs and in wider Irish society. Experiences of, and attitudes to, social welfare are important in this study because they are a key site of the reproduction of stigma, in particular what Bos et al. (2013) describe as structural stigma. It is through engagement with such institutions of the state that migrant women directly encounter stigma from above (Bos et al. 2013). The construction of resilient survivors as financially independent, even in the context of trauma, discrimination and heavy caring responsibilities, was extremely important, a value that Kanyeredzi further notes as inherent to the Black mother-daughter relationship (2017: 102). A tension arises between the self-concept as resilient and a reality of dependency, which may prove a source of considerable stress.

### **Race and resilience**

As I outlined in section 6.1.4 above, everyday racism and racist violence were pervasive in the lives of the research participants. However, 'resilient' strong Black woman identities led to a collective consensus that racism was something to be played down, minimised, not drawn attention to. The idea that it was not worth pursuing issues related to race or racism came up a number of times. Echoing the idea that women would 'move on' from experiences of gender based violence, there was a sense that racist acts should be ignored, overcome, or risen above:

Yeah but it's never, even in Ireland ok. The harassment of people, call you names, it's not as deep, it's not really, major. Like you just kind of, overlook it like if I get harassed & people call me the N word or something it's usually by people who are drunks, or people who take drugs - or people who are just driving by like. And I overlook those kind of things, I don't think she [Anice, the character in the vignette] would be phased by that sort of thing.

*P/ FGD D*

Blessings described how she instructed her children not to draw attention to racist events in school:

I'm first they used to bring stories at home.  
And then I sat down with them, I said, you know what guys,

you, must go to school and learn.

If people they are negative about your skin colour or whatever, don't mind we are all God's children, we are all created by God, we are all the same in God's eyes.

Those were my words. I was only trying to comfort them. And after that, I saw some changes.

And I even said, me, don't report. Don't tell me what they said. Just concentrate on your future, go to school and learn. Listen to your teacher, play nicely with your friends, don't take advantage that sometimes they can be mean and you just take that advantage, no. Just go to school, you go to school for learning. This is a good opportunity for you, just go, to school and learn. You know?

*Blessings*

These responses are consistent with findings of Dhala et al. (2019: 13, 15) that people of African descent in Dublin 15 adopted a 'keep your head down' approach in response to episodes of racism, including racist attacks. Participants in this study described how they adapted to the presence of racism as one more feature in their lives, presenting it as almost mundane ('you just kind of overlook it' – FGD D). This response is reminiscent of Woodward's (2000: 224) reflections on Bartky's insights into the practise of patriarchal shaming, which she described as 'so pervasive that it recedes, as it were, into the hum of the background'.

Participants did not reference experiences of racism in any violence service, which is in line with findings of WHC (2009) and Fagan (2008), although more extensive and contemporary research is required. Practices of reporting or challenging racism were not discussed, and often - as we have seen in the case of Blessings above - such practices were actively discouraged.

While a small but growing number of studies document the existence of racism in Ireland (eg Michael 2015, Naughton 2015, Joseph 2018, Dhala et al. 2019), few document the responses of stigmatised communities in reaction to racism. In line with the ideals of the good, resilient immigrant (Gray 2006, Kwack 2018), here once again we see a collective response to stigma marked by withdrawal and compliance. As I outlined in chapter 2.5.6, vigilance (Lee and Hicken 2016) is itself a type of 'in concern' which results in normalisation of stigmatising norms and self-regulation. By accepting dominant (racist) norms, the individual technology of the self is sustained, and with it, relations of domination and subordination (Phelan et al. 2008). The impact of racism on victims and survivors of VAWG in Ireland is poorly documented, and vigilance, lived as playing down

experiences of racism, also makes it more difficult to identify the presence of racism when women report or seek help for VAWG.

### 7.2.3 The meanings of resilience

As I have shown in chapter 3, discourse in Ireland has framed a definition of ‘good immigrants’:

‘self-sufficient and autonomous... who must work on themselves in order to be independent, and committed to contributing to the Irish economy and society, in order that they may be integrated’ (Gray, 2006: 130).

The mirror image of this good immigrant is the bad one: illegal, burdensome to the state, and producing dependent children who will extend the notional burden on into the indefinite future (Hewson, 2018). Participants in this study tread the line between these two stereotypes. This section has demonstrated how, within these stereotypes and wider patriarchy, participants described a collective identity of resilient survivors, ‘spectacular overcoming’ and the strong Black woman. It is clear that these overlapping tropes function as disciplinary tools. Kanyeredzi (2017: 98) notes that gendered racialised shame (which supports and sustains the strong Black woman identity for victim-survivors) plays a corrective role within Black families, reining individual behaviours back to acceptable norms. However, notwithstanding its disciplinary uses, resilience also describes a coherent response to material realities. In the lives of the participants in this study, self-reliance was often all that was available to them. It may indeed have served as a disciplinary tool, but it was fundamentally a practical response to circumstance – as Barnett et al. (2016: 444) describe, speaking of VAWG stigma in Kenya, it was an example of ‘getting things done in the context of the current social order’.

A key facet of the collective identity described above was the extent to which it was individuating, placing all of the responsibility and pressure for survival on the shoulders of the individual victim-survivor. The resilience that participants invoked seemed fragile - as in Mary’s comment ‘only me in all the world’; yet individual independence of this sort underpins the idea of spectacular overcoming. Of the strong Black woman trope, Beauboeuf-Lafontant (2005: 105) comments:

I maintain that the dominant image of the “strong Black woman” is a limiting rather than empowering construction of black femininity and that it rewards women for a stoicism that draws attention away from the inequalities they face in their communities and the larger society.

The focus on individual self-work connects the strong Black woman with the oft-critiqued neoliberal ideal of resilience (eg Neocleous 2013, Bracke 2016, Garrett 2016, Mulhall 2016). In the general discourse, resilience can be boiled down to the ability to ‘bounce back’ from shocks and adversity (Neocleous 2013) - but observers frequently note that the shocks from which individuals are encouraged to recover are in fact imposed by the same governments promoting resilience (Garrett 2016), as we saw for example in section 3.5 on structural violence against asylum seeking women.

I understand resilience as not only a key tool of governmentality, but as one that explicitly and intentionally deploys stigma. ‘Resilience’ is a characteristic of the strong Black woman; the good economic subject (Neocleous, 2013: 5) and the good rape victim (Gotell - cited by Taylor 2018: 442). The responsibilitisation of individuals for structurally-mediated outcomes is a core feature of resilience as a tool of governmentality (Garrett 2016, Taylor 2018). While this is frequently couched in language of empowerment, it easily slips into a discourse of blame and ‘weaponised stigma’ (Scambler 2018) as we saw in discussions about welfare stigma and racism in Ireland in chapter 3.4 above.

Victim-survivors of VAWG are almost universally stigmatised in support of patriarchal systems of power, as I have established, and they are additionally stigmatised in the contemporary construction of individuals as responsible for their own protection and well-being both before and after victimisation (Taylor 2018). Black migrant women in Ireland, as we saw in chapter 3.4, are further stigmatised in the Irish discourse as objects, most clearly in the wake of the 2004 citizenship referendum. This places women in an impossible situation: determined to demonstrate their strength and endurance, while the state keeps them dependent. The situation is well-captured in the following quote, from a study with refugee women affected by conflict:

It’s like the government brought us here and dumped us after two years, yet we are a long way to come into terms with our experience and impact of war on us. The social welfare allowances we receive is not enough, it would have been better if we had jobs; we need to be facilitated to access work. We would like to become independent. We have skills and talents, yet we can’t do anything. Our lives have been wasted and our children’s lives are going to be the same. We are here forgotten, neglected completely, isolated; we will continue to grow old and become useless in a land that we feel we do not belong.

*FGD participant, Mbugua 2016: 15*

'Resilience' then is a necessary response for migrant women affected by multiple types of oppression. It simultaneously serves a disciplinary purpose of 'privatising' the burdens of trauma and harm on individuals. This is enacted through the deployment of multiple stigmas against Black, female bodies, stigmas which ultimately render the practice of resilience extremely difficult. This is the context in which migrant African women experience and navigate the lifetime impacts of VAWG.

### 7.3 'I stayed in a dark room for so many years': The social impacts of VAWG

Having outlined the collective narrative of stigmatisation, oppression and identity that arose in this study, I here describe the impacts of violence on victim-survivors in the study. I conducted four interviews with self-identified victim-survivors; however, as we have seen many of the participants in the study had been victimised along a continuum of oppression as conceptualised by Kanyeredzi (2017), providing valuable knowledge about racism, social exclusion and structural violence. Insights from FGDs are therefore included in this section, sometimes with reference to specific experiences, other times with reference to community norms.

As outlined in Chapter 2.6, I use a framework of impacts of VAWG-related stigma on space for action; I will return to this framework at the end of this chapter. In the preceding section, I described the content and manifestations of stigma. Here, I outline the ways in which violence and stigma impacted on participants in their social world. In doing this, I apply a specifically intersectional approach, paying attention to the intersections of social location where gender, race, class and other situations act and operate on one another.

I focus on the key themes which arose in the study: first, impacts on the sense of self, which can be read as both a manifestation of stigma (internalisation of stigmatising beliefs) and also an outcome (feelings of shame and impacts on self-esteem). Next I look at key social exchanges: first, experiences of disclosure and self-silencing and their relationship with trust; and next, help-seeking behaviours. These exchanges set the scene for the ways in which violence impacts on the relational self, which I go on to explore in some detail. I describe the impacts of VAWG-related stigma on the social networks of interview participants, reducing networks in size. Finally, I outline the ways in which participants navigate stigma and collective identity constructs in social spaces in the aftermath of VAWG. I note that all participants described doing stigma work, which involved careful and conscious management of relationships, and especially the

determined maintenance of an appearance of strength and indeed happiness. This is all consistent with the construct of the strong Black woman, and I relate study findings on the mental health impacts of the strong Black woman trope.

### 7.3.1 Self-stigma and impacts on self-esteem and shame

Self-stigma is understood by Stangl et al. (2019) as a manifestation of stigma, but it is also a very serious impact or outcome, which can constrain life space by undermining self-belief and the capacity to act at the individual level. This is recognised in the empowerment literature, which recognises the centrality of ‘power within’(see Cornwall and Rivas 2015), a power which is undermined by debilitating experiences of self-stigma and shame. In the psychological literature, shame and embarrassment related to IPV are seen to lower self-efficacy and the sense of self-worth (Narayan, 2005: 21, Overstreet and Quinn 2013: 6-7). These impacts on the self are equally recognised as crucial to the expansion or constraint of space for action (Sharp-Jeffs et al. 2018: 165). As already outlined in chapter 2.5, a quantitative study on IPV stigma identified self-stigma as the most common form of stigma reported by victim-survivors (Murray et al. 2015).

Literature establishes that self-stigma and shame produce some of the most acutely felt harmful impacts of VAWG (eg Buchbinder and Eisikovits 2003, Baker 2014, Tonsing and Barn 2017). Bartky’s astute analysis of gendered oppression, taken up by scholars of racial shame such as Woodward and Locke, predicts a type of shameful harm that can best be described as abjection. Taylor (2018: 440), discussing the humiliation of sexual violence, describes it thus:

It has the potential to fix the self in an abject relation in which it is displayed before itself as merely a negation, as not only unworthy, but indeed incapable of freedom.

The impact of the shame-feeling, as described in these studies, is to completely limit the space for action of the individual woman, ‘entrapping’ her (Buchbinder and Eisikovits 2003) in feelings of worthlessness. Such feelings are powerfully captured by qualitative studies, as in Baker’s with British women victim-survivors of domestic violence:

I think that I always got the feeling that I was trapped inside, erm, I always felt that there is a me somewhere, but this me somewhere isn’t allowed to be... (Baker 2013: 165)

The impact of stigma and shame on participants' self-esteem in this study was rather different to that predicted by the qualitative studies cited above on the topic. There was clear evidence of self-stigma and self-blame related to experiences of violence and gender transgressions, however there was very little evidence of the sense of worthlessness and self-loss depicted in feminist qualitative research on shame and violence. The strong Black woman identity - itself a form of 'racialised, gendered shame' (Kanyeredzi 2017) - offers a certain protection against this loss of self (Abrams et al. 2019), as I shall explain below.

Stigma internalisation is most apparent in the self-blame that was evident in some testimonies. When Maude described different moments in her long-standing experience of IPV, she frequently returned to blaming herself, although the reasons she gave for self-blame shifted. This is a common aspect of victim-blaming behaviours, which are contradictory as dominant femininity is contradictory, blaming women whether they are controlling or submissive (Eaton, 2019). Maude internalised blame at the same time as she shifted the labels that she applied to herself while narrating her story. Early in her narrative, she recalled internalising her abuser's insults and blaming herself for being a bad wife:

I felt like whatever he was telling me was what I am.

*Maude*

Later, reflecting on the violence she experienced, she blamed herself for allowing him to hit her/ being a weak victim:

Did I actually allow him to do that?

*Maude*

Later again, she blamed herself for speaking out:

maybe by asking for help I was wrong.

*Maude*

Maude continued to consider herself blameworthy even after she had successfully secured a protection order against her abusive partner.

Blessings too reflected on her own culpability for her situation, asking, in reference to her feelings while still in her home country with a violent partner:

oh what have I done?

*Blessings*

These expressions of self-blame echo those of Bayo, a survivor of IPV who was interviewed by AkiDwA:

‘You are ashamed to tell other people because, you know, you kind of also feel that it was your fault. Maybe I was too argumentative about all those things. Maybe I should have just let go, maybe that wouldn’t have happened.

*Bayo/ AkiDwA (2012)*

In response to the threat of stigma and blame, and the internalisation of these beliefs, participants engaged for the most part in self-silencing behaviours. This will be explored more in the following sections on disclosure and help-seeking. Self-silencing is a common technique employed by the strong Black woman (Kanyeredzi 2017, Abrams et al. 2019). Self-silencing, according to Abrams et al. (2019), protects Black women’s projected image of the strong self, rather than facilitating a loss of self as in the discussion on female shame above. The belief that one is strong and resilient seems to crowd out the possibility that one might be worthless. While participants made reference to self-blame, this is consistent with identities of resilience and strength, according to which strong women take individual responsibility for their problems, absorb them and endure them. Contrary to my expectations, participants in this research strongly communicated a sense of their own inherent value and worth, as for example when Shade said:

It’s not my fault: I was naïve and - inexperienced and - it’s not my fault!

*Shade*

Blessings’ self-identity as resilient protected her from shame. By claiming the narrative of spectacular overcoming Blessings escapes a possible alternative narrative, that of failure, victimhood, and blameworthiness - the abjection depicted in many narratives of VAWG stigma and shame (Buchbinder and Eisikovits 2003, Tankink 2013, Tonsing and Barn 2016):

There’s tears they will never stop coming, but  
One way or the other just put on myself a crown.  
Cause I feel like I played a big role, and I proved them wrong.

You know?

I guess they are still looking for me, but they won’t see me.

*Blessings*

Blessings' and Shade's self-depiction as powerful and strong constitutes an expansion in space for action which comes with exercising agency even in highly constrained circumstances (Madhok 2013) and in the pride that came with learning that survival was possible. It is possible that other migrant women, not reached by this study or others, do not experience this protection from severe shame-feelings, but among those who self-identified as resilient, statements of extreme shame were not present.

As section 6.4 shows, this self-belief was at times a result of concerted and self-conscious personal work on the part of individuals, who projected an image of strength and simultaneously cultivated feelings of strength and resilience within themselves. The strong Black woman identity is recognised as a paradoxical one (Romero 2000), at the same time protective of the self, but also damaging. The trope has been shown, when internalised, to correlate with psychological distress (Abrams et al. 2019). From this study it certainly seemed to protect women from the sort of debilitating shame and sense of worthlessness documented in other qualitative studies, but the dissonance that it creates (Beauboeuf-Lafontant 2007, Kanyeredzi 2017) can bring about depression and other negative psychological outcomes (Beauboeuf-Lafontant 2008).

These mental health impacts of the strong Black woman trope were not identified specifically by participants in this study, in part because interviews did not probe into the impact of the protective identity constructs adopted in response to stigma and social exclusion - although as we shall see, Maude's own analysis of the situation was consistent with analyses and empirical work presented here. I return to mental health impacts later in this section, when I discuss the impact of self-silencing on victim-survivors.

Stigma internalisation and subsequent shame involve the application of stigmatising beliefs directly to the self, resulting in such attitudes as 'I am bad'; 'It's my fault'; and 'I am worthless'. By contrast, 'in concern' (Link and Phelan 2014) involves avoiding such stigmatising statements by self-regulating in order to comply with mainstream societal expectations. Throughout this section, I will discuss the ramifications of the gendered racialised shame of the strong Black woman identity. Here I note that it protected participants from some of the deepest feelings of shame documented in other VAWG research.

### 7.3.2 Disclosure, silence and trust

Many manifestations of stigma are triggered by disclosure events (Ahrens 2006, Overstreet et al. 2019), and this was certainly the case in the lives of victim-

survivors in this study. Negative third-party reactions to disclosure of VAWG, such as awkward silence, ridicule or blame, can ‘strike at the core of the victim’s being’ (Klein 2012: 52; see also Ahrens 2006, Goodman and Smyth 2011). The act of disclosure then can be a high stakes moment in a victim-survivor’s life: it is made in the hope of some improvement, but risks punishment (Ahrens 2006) or silencing (Kanyeredzi 2017, Abrams et al. 2019). In this study, disclosures of both IPV and NPSV were discussed, and victim-survivors testified to many common reactions. Responses documented here are similar to those described by Kanyeredzi (2017: 108) as ‘denial, minimisation, accusations of confabulation’. Specific disclosure events were described, causing reactions of: blaming the victim (FGD E; Maude); doubting the victim (Blessings; Maude); and minimising the importance of violence (Blessings, Maude). In literature on African American women and Afro-Caribbean heritage women in the UK, the ‘mandate to be silent’ is a common finding (Kanyeredzi 2017: 108). Preserving community wellbeing is prioritised over the wellbeing of individual women - this is worsened in a hostile and racist context but had clearly been the case when violence was experienced in home countries also.

Blessings and Shade in particular both described damaging experiences of disclosure which left them feeling isolated and unable to seek support among their own networks - in both cases before coming to Ireland. In Blessings’ case, although she chose not to silence herself in her home country, she was quickly met with silencing messages from her family and friends:

Yes I started telling friends but they  
it was hard for them to understand cause the way  
they used to see me they thought I was just a happy import  
someone was even saying you know what I always admire your lifestyle, I  
really adore it, and I always wish to be like you.

*Blessings*

On Blessings’ attempted expression of vulnerability, risk and fear, she was explicitly redirected by her own community to the appearance of happiness, in an act that Kanyeredzi describes as the ‘regulatory shaming effects of strong Black women’ (2017: 99). As we shall see, this type of experience eroded Blessings’ capacity for trust and left her isolated and wary of other people. It also clearly signalled the community norm of self-silencing, a norm which was held among participants in Ireland as well as in countries of origin.

Shade too made a very conscious choice to disclose to her sister-in-law, only for the recipient of her disclosure to tell Shade’s abusive husband, and to side with

him against her. Once again, the impact was to prevent further disclosures and to reinforce the mandate to be silent.

This mandate was clearly supported in FGDs. In FGD E, a discussion about disclosure and help-seeking related to domestic violence weighed the balance of finding help and maintaining community cohesion, and ultimately came down on the side of self-silencing:

So it's better she be quiet

Sometimes it's not better, you can always get help. But the only thing you need to understand. By opening your mouth, right? And by saying it out loud. It will always come back to you in a different web.

*A/ FGD E*

With the exception of Maude, whom I discuss in the following section on help-seeking, there were almost no discussions of positive disclosures in the data. Shade eventually disclosed to her mother and received her wholehearted support, but only after keeping silent through 14 years of violence, and escaping alone. Participants in FGDs hypothesised that friends would be supportive and worth reaching out to in the event of violence, but there were no reported examples of a wholly positive disclosure of any type of violence to friends.

On the whole then, disclosure was viewed as a risky move, because of the danger of the recipient siding against the victim, and because of the danger of social judgement, rejection, and other manifestations of stigma. These assessments, described by individual victim-survivors and in FGDs, were made with reference to a diaspora space, so that they were concerned with public reactions in diverse geographic locations. This amounts to a strategic decision on the part of victim-survivors to protect themselves from threat of exclusion or judgement, also documented by Kanyeredzi (2017: 79). This has a regulatory effect, limiting further disclosures, and also an impact on trust - interestingly it works to preserve relationships (Abrams et al, 2019), but makes relationships less helpful or supportive.

The punishment that negative disclosure experiences constitute - referred to by Symonds (2010) as the Second Injury - demonstrates how the victim's life space is shaped and constrained not only by the abuser, but by a supportive community network, a fact that is frequently exploited by abusers (Stark 2007, Goodman and Smyth 2011: 82, Klein, 2012).

A growing body of research, already mentioned in the section above on self-stigma, documents the mental health impact of self-silencing and non-disclosure. A UK-based study on mental health among Black women (Kalathil et al. 2011: 46) found that the journey to recovery is more difficult when the individual is met - as Blessings and Shade were - by negative social, community and familial attitudes towards mental distress and its causes. As already mentioned, a 2019 study (Abrams et al. 2019) looks at the connections between the Strong Black Woman schema, self-silencing behaviours, and mental distress, and concludes that the internalisation of the schema correlates with psychological distress. This clinical study added to previous empirical work which documents the correlation of 'strength' and self-silencing in African American women with stress-related outcomes including anxiety, depressive symptoms and adverse maternal health (Woods-Giscombé 2010; Beauboeuf Lafontant 2008).

Self-silencing and concealment of stigmatised identities such as victim-survivorship (Overstreet and Quinn 2013, Overstreet et al. 2017) have social impacts beyond their mental health impacts. They can lead to an acceptance of loneliness, loss of social ties with others, and loss of trust in the self and others (Buchbinder and Eisikovits, 2003: 359, Goodman and Smyth 2011: 81), causing a direct impact on the quality and quantity of social relationships, a subject I return to in section 6.3.4. Most apparent in some of the testimonies in this study however, was the way in which negative disclosure events impacted on trust in relationships.

Experiences of trauma such as violence often erode the human capacity to trust (Deitz et al. 2015). This impact flows from the damage done to relationships by violent perpetrators, and also from the reactions of recipients of disclosure who fail to support the victim-survivor. Goffman (1963) noted that being stigmatised had an impact on social relationships; and Link et al. (1989) noted that individuals who are highly concerned with stigma are likely to have minimal support systems, consisting only of secure and trusted people. The theme of trust was dominant in many of the interviews, and also FGDs.

Blessings described how her negative disclosure experiences eroded her trust for others:

And I, I did not have the trust, I did not, know, if I'm telling someone, that someone, where is it going to land the information that I've just told, you know?

I was just afraid. From everyone.

*Blessings*

Shade found that her ability to build relationships with others was damaged by previous experiences of violence and betrayal, leaving her isolated. Recalling her early years as a single parent in Ireland, Shade said:

I didn't trust anybody. So.  
I just. I don't know, just  
Leaned on my own strength, and.  
Leaned on, you know. That...  
*Shade*

Shade and Blessings both reported that they struggled to build relationships because they were unable to trust people. Both of them had been harmed by unsuccessful attempts at disclosure and were wary of exposing themselves to judgement and bad treatment. They spoke about inability to trust as it affected both new friendships and new intimate relationships, arising out of the multiple direct harms that had been done to them by violent perpetrators and supportive surroundings.

Acts of disclosure are attempts made to expand the life space; they also serve to test the boundaries and limits of available space for action. Where they were attempted, they tended to demonstrate constraints: Shade and Blessings both described how they were punished for their acts of disclosure (Symonds 2010), and found themselves being less trusting as a result. On the whole then, by experimenting with disclosure, participants mainly revealed social constraints on their space for action. One exception was Maude, whose experience is explored as a case study in section 6.4.3.

### 7.3.3 Help seeking

It is frequently observed that stigma and/ or shame prevent women from seeking help related to VAWG (Ahrens 2006, Ahmad et al. 2009, Overstreet and Quinn 2013, Barnett et al. 2016, Tonsing and Barn 2017); and that racial loyalty and the presence of race stigma can additionally inhibit migrant and minority women from seeking help (Menjívar and Salcido 2002, Kasturirangan et al. 2004, Ting and Panchanadeswaran 2009, Ogunsiji et al. 2011, Kanyeredzi 2017).

Notably, the phenomenon of racial loyalty arose rarely in this study, which I discuss below. Contrary to well-documented cases in the US (Crenshaw 1994, Collins 2000) and the UK (Kanyeredzi 2017), there were no references in this study to protecting Black men or the Black community from social stereotypes of violent

masculinities. This is not for a moment to suggest that the phenomenon - well-documented in other contexts - is not relevant in the Irish context, although its relevance may prove to be different to countries with more established and entrenched patterns of racial stigma. In one KII, Sarah Duku, health outreach officer with Cáirde migrant rights NGO, noted that African women avoided help-seeking because they did not want to be stereotyped as coming from dysfunctional families; this related to the risk that their children would be 'taken' by child protection services (WHC 2009: 64). In FGD C, as described in section 6.1.4, one participant described how she did not seek formal intervention related to a dog attacking her son, because of the way that she and her family were already racialised within their community. In Ireland, there are growing perceptions of discriminatory policing against young Black men in Dublin (Dhala et al. 2019: 14), and some indications that minority ethnic communities are under-protected and over-policed (IHREC 2019: 136). Awareness of being racialised and potential racist discrimination was thus clearly present, although never named as a factor in decision-making related to help seeking, disclosure or navigating life experiences of VAWG.

The most significant instance of help-seeking described was by Maude. She experienced IPV while living in the Direct Provision system awaiting a decision of the International Protection Tribunal, and she succeeded in leaving her abusive partner and getting relocated to a different centre. Subsequently, she received legal aid and accompaniment from Women's Aid while she applied (successfully) for a safety order against the abusive man. She was encouraged in this by Julie<sup>23</sup>, a staff member of her DP centre. Julie worked as a coordinator of programmes for children, she was friendly towards Maude and believed and trusted her when she learned what was happening in Maude's life:

And also Julie. Julie is in, em, she's in [DP centre]. So. That day when he was chasing me, in the house, she – she kind of helped me to calm down. And every day she would.. phone me, call me to her office. Talk to me. You know. Kind of give me that support to say. You know what you don't need to take this abuse. You need to get help. But the first person you must look after is yourself. I know she told me so many times that sometimes it got to my head, that you must look after yourself. Even her when she met me those times I was like, in pieces. But she was someone I could just – be like that. You know you could just express yourself without fearing of – being judged. So, yeah, Julie supported me a lot.

*Maude*

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<sup>23</sup> Not her real name

Julie's awareness of Maude's situation and her act of framing Maude's experience as violence which was harmful and wrong encouraged Maude to move beyond self-blame or tolerance to access the support that was available. In this case, being in an institutional environment was arguably helpful, in the sense that finding accommodation away from her abuser was possible - although only by accepting that she had no control whatsoever over the accommodation supplied to her and her daughter (Conlon 2010), still within the DP system. Accepting formal help meant losing her informal network in one sense, and when she and her daughter moved to a new centre she lost the contact and support of Julie. When she applied for a safety order, Maude was supported by Women's Aid, an experience she described as positive, although she did not talk about it in detail. Maude's act of help-seeking was facilitated by an informal contact with a supportive and informed friend (Julie) - a situation described as common in the 2009 WHC report on migrant women's experiences of VAWG (WHC 2009). Maude was highly motivated to seek help - she had unsuccessfully attempted to do the same in her country of origin - but she still came to information in an incidental rather than structured fashion (WHC 2009), largely facilitated by her own networking skills and the social capital she had built up by volunteering with Julie before her husband arrived in Ireland.

### **On absence of help**

Of the other interview participants, only Shade had never accessed formal support related with her experience of violence. Nonetheless, with the exception of Maude, the help that was received by other research participants was mainly in the aftermath of escape. Mary attended counselling in Ireland intermittently - she had also received support from Spirasi in her early years in Ireland. Blessings approached Women's Aid for support, but since her needs were therapeutic rather than practical (her abusers were all in her home country) she looked elsewhere. Ultimately she also received therapeutic care from Spirasi. The main barriers to help-seeking, as I shall show, were related to assumptions that help was not available or that it would not be useful, and so individuals needed to 'get on with things'. This perspective is perfectly captured in the testimony of Bayo, interviewed by AkiDwA in 2012:

And, there wasn't many help out there It would be kind of your duty to make things work on your own. You know, you just have to accept it.  
*Bayo/ AkiDwA 2012.*

Participants in FGDs agreed that, regardless of the type of violence in question, members of their African communities were unlikely to seek formal help, and

ultimately unlikely to disclose to anybody. In FGD C, Mary responded to questions about where a fictional survivor of sexual violence, also called Mary, would go for help. She responded as follows:

And she had a lot of suffering really really in the refugee camp. Because nobody helping her. And there you have to make a house on your own.

...

And she is looking for the help, nobody helping her.

...

Now Mary, live in Ireland, for 9 years. But still her life is not easy. Because of the kids and – no help for Mary. That. Mary still her life is not easy. Although the children they are going to school. But Mary still feel lonely in the house, depression.. that why Mary need help.

*Mary/ FGD C*

Participants in FGD C all had experience of living in refugee camps in East Africa, unlike many other research participants, and Mary's depiction of being left without practical support to make sense of an alien environment met with agreement from the other participants in the group. It is telling how Mary connects very different contexts in the refugee camp and Ireland as being similar in terms of isolation, hardship, and lack of accessible services or community support. This was a recurrent theme, both in Mary's lengthy individual testimony and in the collective narrative of FGD C. It references the challenge of moving from a tight, close-knit and informal network of support to a more rules-based formal system. Anuj Kapilashrami (2019) describes the immigrant victim experience of navigating help-seeking in the UK as being like assembling a car: the task of identifying the necessary pieces of information and putting them all together is extremely challenging. This was accompanied by a sense that the help that was needed was not necessarily the help that was on offer, as in this extract, where I asked Mary about how she and others in her community dealt with traumatic experiences that she recounted:

Carol: And do you - you get support for that as well, you talked about a counsellor.

Mary: Me?

Carol: Yeah.. when we had the focus group you said that sometimes people are able to go to therapy, or able to go to counselling.

Or... There is help, with just the, experiences that...

Mary: The, there is just, yeah, help with the experience like. Not help with the money or something like that no.

Just, experience like.

Mary's response here demonstrates a mismatch between her immediate practical needs for recovery, and a system which is concerned with psycho-social needs but not necessarily attuned to different circumstances. For Mary at the time of the interview, meaningful 'help' would have included access to employment opportunities, family reunification, and more integration in her local community. Her response further exposes an attitude to mental health services which is highly consistent with African perspectives in general (see Bojarczuk et al, 2015) and with the strong Black woman trope in particular, according to which mental health complaints such as depression are easily equated with moral weakness (Beauboeuf Lafontant 2008: 47). Participants in this study emphasised their material needs, particularly at times in their lives when they were responsible for young children - but available help, certainly for Mary and Blessings, was mainly emotional or therapeutic.

More than drawing on structural supports for health or material needs then, participants described their own self-reliance. Every interview included a question about sources of support in life (both formal and informal). Here, Blessings responds:

Carol: No. I mean like – who are the people in your life, that you rely on, to feel good, or that you rely on, you know, to be able to get things done.

Blessings: Uhm, to be honest with you, like where I stay, ah?

Me I'm a reserved person and I'm a indoors person, yeah

...

My boys [her two sons, age 7 and 9 at the time of the interview] are my friends and my everything, yeah?

*Blessings*

Self-reliance was the ability to respond to any and every challenge independently, a self-image that might arise out of necessity, but which is reinforced by the strong Black woman identity. Summarising her own story, Mary depicted her radical self-reliance as follows:

so many things happen in my life

is a lot

I used to fight for my right I used to fight on my own.

On my own nobody there only me.

Even my mother would be not there.

Only me.

*Mary*

Self-reliance, as I have described with regard to overarching narratives of ‘spectacular overcoming’, was a source of great pride to each of the women who contributed individual interviews to the study. It is apparent in Shade’s narrative of re-training and finding work while raising three children alone in a foreign country; Blessings’ narrative of attending third level education two days a week because she couldn’t afford the bus fare to attend full time; and Mary’s depiction of a lifetime of struggle against violence, poverty and uncertainty, most often alone and without help. This characteristic was born out of necessity. Participants expressed unmet needs, most often related to integration, poverty as single mothers and the difficulty of finding work<sup>24</sup>, with no expectation that these could be addressed by anybody other than themselves. As we saw, Maude accessed crucial legal support, and all participants received some psycho-social support, which they valued, although their problems were often connected to isolation or financial stress. As I shall go on to outline, women’s personal networks did not necessarily provide further support.

Abrams et al. (2019) argue that help-seeking behaviour is diametrically opposed to the identity of a strong Black woman, since women who identify thus prefer not to express emotional needs or exhibit vulnerability (2019: 526). This perspective is certainly accurate to the focus group discussions, as in this instance, where the convenor or gatekeeper of the group asks the others about formal help options for their fictional participant, Anice:

Y: Will Anice ever get help and support – will she call, the rape crisis, the guards...?

Will she be trustful enough to call the guards and say look this is what I’m going through? Or the Rape Crisis?

P: From the husband?

A: Awww. Africa doesn’t....

P: Yeah Nigerians don’t do that kind of thing. Sorry.

*FGD D*

---

<sup>24</sup> I note that those who had been in Ireland for numerous years were all securely housed; but those in direct provision faced housing needs that they had not yet encountered. The study did not include anybody currently in housing precarity, although this is a significant issue for refugee and migrant women in contemporary Ireland.

A wide number of reasons for non-help seeking were offered in FGDs, including distrust of authorities and framing of expectations in reference to countries of origin (Menjívar and Salcido 2002); and especially a belief that help-seeking goes against the collective identity of strength and endurance. Within individual interviews though, retrospective reflections on support needs at moments of violence showed that those needs were mainly met at an individual level, and participants simply did not think that the help they needed could be found outside of their own selves. In this way, the impacts of VAWG stopped at the level of the individual, rather than being absorbed by the community or the state.

#### 7.3.4 Social networks

Social networks are important to victims and survivors of different types of VAWG: they provide for long-term physical safety of victim-survivors, their emotional health and overall wellbeing (Goodman and Smith 2011: 80) specifically offering 'emotional and material support, shelter, transportation, money, or childcare' (Klein 2012: 2-3). In the context of women's immigration and especially the experiences of refugees and asylum seekers, the development of social networks is a key part of the integration process (Hunt 2008, Cheung and Phillimore 2016) - indeed, informal networks are frequently more relevant to integration processes than any governmental initiative (Gray 2006). Social networks and the support they offer are relevant throughout the life-course and not only at moments of crisis. For this reason, the presence of networks and the freedom to access them are a crucial component of space for action (Kelly et al. 2014). But the dynamics of exclusion and stigmatisation thrive in informal spaces, as we have seen in the endemic public stigma described in this study. What's more, local social capital can prove to be an expendable resource, and victim-survivors only really have one or two chances to draw on it before it is 'used up' - or they find themselves uncomfortably indebted to their neighbours and friends (Goodman & Smyth 2011: 83, Vara-Horna 2018). According to Vara-Horna, this type of indebtedness is one further reason for victim-blaming related to IPV. Studies show that survivors of IPV report lower levels of emotional and practical support than non-survivors (Levendosky et al. 2004, Goodman and Smith 2011). The strong Black woman schema meanwhile, emphasises the role of Black women as community resources rather than as drawing on the community themselves for support (Giscombé-Woods 2010). In line with this, it emphasises the heroic ability of individuals to sustain any burden single-handedly and without external support, a capacity frequently coached by African-origin mothers to daughters (Kanyeredzi 2017).

## Reduced networks, self-reliance

True to the above overview, interviewees in this study testified to falling back on their own resources and having few sources of practical help or support beyond themselves. When victim-survivors described their social networks in detail for this research, it was apparent that these networks were harmed both by VAWG and related stigmas.

As I have already shown, the testimonies gathered from victim-survivors in this study, with the exception of Maude, demonstrated self-reliance and vanishingly small networks, particularly when it came to offering practical support. VAWG is shown in this sense to be individuating, casting women back on their own resources and separating them from potential networks of support (Taylor 2018).

All IDI participants, when asked to describe sources of social support, instead shared experiences of isolation or absence of support. All of the participants in interviews were single mothers as a result of experiences of VAWG (with the exception of Ijeawele), and as we have seen, they were subject to judgement, gossip and blame for that status. Reflecting on her early days of single parenthood, Shade identified just one person in Ireland who had provided her with practical and moral support, for example by driving her to the supermarket or looking after her children from time to time. She said that she did not have other supports:

she was the only person, really, I could think of  
That really supported me and I was also  
and I was ok with that  
I was busy enough anyway, I just had time for the kids, and her, and that  
was it, really. That was how I got on.  
*Shade*

As with other IDI participants, here Shade does not construct her lack of a support network as a problem - although she does view as problematic her financial and time poverty and the isolation of parenting alone. True to the identity of the strong Black woman, she absorbed her situational challenges and struggled on. This study does not document those women who found this impossible or became overwhelmed by individual responsibility. Nor did their narratives of isolation feature strongly in the collective narrative of resilient survivorship. Not all victim-survivors are successful in finding it in themselves to 'move on' - the voices of those who did not are not represented here.

Living in direct provision accommodation centres played a particular role in participants' ability to build and develop supportive networks, as we see in the cases of Maude and Blessings. While Maude's case shows that the institutional setting at least provided a clear mechanism by which to secure a move from shared housing with an abusive man (something that is much more difficult for women in social, privately-rented or even privately owned housing), there were significant trade-offs. Both Maude and Blessings - as well as others in the course of this research - drew attention to the atmosphere of gossip and judgement in the accommodation centres, and the absence of trust among residents. Accommodation centres are highly unorthodox settings in which all residents are living in a state of uncertainty and relative poverty (Conlon 2010), and in the course of this research different people explained the difficulty of establishing trusting relationships in this context. As one woman put it, who preferred not to be interviewed for the research:

We don't share in [accommodation centre]. We all lie to each other.

I have already described how Blessings viewed herself and her two children as her sole sources of support. She described her discomfort with other people in her accommodation centre, and her frustration at the difficulty of exercising her personal ambitions in the context of a limiting and constraining environment. In doing this, Blessings claimed her own identity as a strong Black woman, and passed on the stigma to those in the accommodation centre who did not project independence and stoicism. The hierarchical nature of stigma and shame is described by Bartky (1990) and Walker et al. (2013: 229), whose global study of shame and poverty noted how people living in poverty frequently sought to identify others who more readily fit the stereotype of the undeserving poor than they did themselves. At the same time, Blessings described a social setting in which everybody lived in conditions of uncertainty and vulnerability - not one in which strong networks could be developed. Here, asked about networks of support within the accommodation centre, Blessings describes how she protects herself and also how she views fellow asylum-seekers:

I choose people, where I can commit myself with them.

Some people you know they're just, negative people. People that are not earning, anything for their future, you know?

Sorry to say this but like, there are people who have been here in Ireland for more than 5,6,7,8, 10 years.

Those people they just wake up and go and do the laundry, they gossip, or they go and - they eat, they sleep, they are not achieving anything I am not saying that I'm better than them no

But then

From my point of view, I don't feel like entertaining myself with such kind of people – I want someone who's going to motivate me, who's going to give me a good encouragement, who's going to say Know what Blessings, if you take, that pain in this book, you write this and do that, if you need any help with my computer, you can come and share with us, the kind of people that I... that's the kind of people that I wish

But if, we have nothing to say or if we have nothing to do the encouragement, I don't see myself linking with you.

Yeah, that's me.

We are different as people. Our sense of humour is very different.

So, at the end of the day, you choose what you want.

*Blessings*

The irony was that Blessings was not really in a position to choose much in her situation, owing to her total dependency on the state while she waited for a decision on her international protection application. Within the accommodation centre, Blessings was determined to maintain positivity, and so she protected herself from an atmosphere of negativity, gossip and judgement. This left her with little or no available network of support<sup>25</sup>. Meeting Irish people was a big logistical challenge, and so she remained isolated within the centre.

Maude too felt that she needed to withdraw from the social space of the direct provision accommodation centre to avoid gossip. When she was still with her abusive partner in an accommodation centre in a rural area, she found the congested setting of the accommodation centre made her situation even worse, and she began to avoid her neighbours:

I said No I don't need to tell anybody. You know. That is what is happening to me. The more - if I want to share it, the more pain, because this person is not coming to empathise with me. They just here for the news so they go and gossip about it...so I just stopped the whole thing I said no no no no no no no no. I'm going to run mad because of all the gossips and everything.

*Maude*

---

<sup>25</sup> Blessings and I became friendly, and on a few occasions, she sought my support for specific issues, for example making her way to job interviews and dealing with harassment in her accommodation centre. However I offer relatively little practical support since I live far from her centre and we have no day-to-day interaction.

Although Maude was a very social person who confidently drew on others for support, she nevertheless found herself isolated and suspicious in the context of her accommodation centre. The pervasive atmosphere of gossip has a clear negative impact on residents, and undermined Maude's ability to build relationships there: she made connections with solidarity activists outside of the centre, which in turn increased her partner's controlling actions. After she separated from her abuser and moved to a different centre, she continued to carefully manage her social relationships within the accommodation centre, as I will describe later in this chapter.

In both Maude's and Blessings' cases, the specific context of direct provision damaged their abilities to build networks. Blessings emerged very isolated - Maude, as we shall see - succeeded in finding spaces where it was safer to seek support. Direct Provision itself constrains space for action in many ways, as do most residential asylum systems (Phillimore 2019a, 2019b), reinforcing the social isolation imposed by abusive men and social stigmas.

In Shade's case, the concept of diaspora space is useful for understanding the impact of VAWG on social networks. Stigma strongly affected Shade's personal family network: while her day to day life was in Ireland, the impact of violence harmed her in the diaspora space, by damaging her family network. As the only girl, Shade's experiences were considered to reflect on the whole family, and her broken marriage was connected in the minds of her brothers with her mother's earlier experience of being abandoned and left to raise her children alone. Long after her abusive relationship had ended, Shade's family members blamed her when she raised her plans to divorce her husband:

The family name is a disgrace. There's a stigma, I mean, it, you know, so....  
Oh no, you know your dad left, and it left that gap. Now your husband is leaving. It's like our family is cursed, don't allow us to look like a cursed family!

*Shade*

As a result, Shade found herself without the support of her family, and consequently with a reduced network on which to draw for positive reinforcement or material help. Transnational relationships are significant in the lives of many migrants, and Shade retains a strong connection to Nigeria which is both physical (she communicates with people there and travels there for work) and identity-related (Nigeria is her reference point for home). I asked her if she found herself avoiding particular places or spaces as a result of her identity as a survivor of VAWG, and she replied as follows:

Emm. It's easier, for... In Ireland, no. It's easier to... but in Nigeria yes. I wouldn't go anywhere near family stuff no, no no no no. I wouldn't  
*Shade*

VAWG and associated stigma was thus responsible for Shade losing a tight knit extended family network in Nigeria. The impact on her network in Ireland is discussed later in this section.

Mary meanwhile had a large and close network at the time of interviews, but she nonetheless spoke about feelings of loneliness and isolation. She described the importance of friends to keep her mind off her troubles:

Although we are getting everything that we have food we have nice house  
we are sleeping in good place than before back home  
but still there is something that  
attacking your heart all the time, you will be thinking about it some time  
when you are alone like me

....

And it's hard.

And that's why, come like a weekend like this I have to go out...

I'm going to Oxfam

and then met friend there told me the friend have coffee together, and  
you feel like you are, you are good people for now

but when it come into evening time,

you are alone in the house and just keep

TV, you watch TV. But you cannot talk!

*Mary*

Of a qualitative study with forty-four Black American women about mental health and Beauboeuf-Lafontant argues

The relative silence of interviewees on the subject of support from other women suggests that such networks may help women to manage their struggles rather than question their loads.

Beauboeuf Lafontant, 2007: 47

In the case of three of the four self-identified victim-survivors interviewed here (Blessings, Shade and Mary), this came across in their reliance on networks of friends, principally other women, for activities, with a strong emphasis on 'keeping busy' (Kanyeredzi, 2017: 33). Participants described a deliberate

shouldering of the burden of single parenthood and survival from VAWG alone, and underplayed the associated struggles. This resulted in social isolation which could be quite extreme, even when individuals were embedded in a supposedly supportive community.

### Networks of wellbeing and harm

In spite of the limitations of support networks outlined above, all participants with the exception of Blessings described networks of friendship and support that were important to them. In FGD A, discussing a domestic violence vignette, F described the changes in a fictional woman's social networks after leaving an abusive husband thus:

More friends, more freedom.  
F/ FGD A

In this FGD, reflecting on life for a single mother in the aftermath of violence, the group emphasised friends, parties and fashion. The venn diagram image in figure 11 was constructed in FGD A as a representation of their fictional woman's social network in the aftermath of escaping a violent intimate relationship. We see that parents reduce in importance following IPV, while friends become more important. The group emphasised Church, friends, party, and fashion in the life of their fictional survivor.



Figure 13 FGD A Venn diagram of social network after IPV

Woods-Giscombé (2010) observes that the benefit, and indeed purpose, of the so-called Superwoman Schema (which is used interchangeably with the strong Black woman schema), in particular the act of self-silencing about individual trauma, pain and violence, is to preserve the self, family and the community. This breaks down in the context of direct provision, which in effect removes individuals from a community, maintaining them in a provisional space for an indeterminate period of time. Maude and Blessings self-silenced in their accommodation centres, but they did not receive the corresponding benefit of integration in a supportive community. In the case of Shade, when she stopped self-silencing it resulted in a punishment in her home country, which left her with a reduced social network and an altered status within her diaspora space. Prevailing attitudes towards her 'back home' (Kanyeredzi, 2017) retained importance for Shade, and she felt the loss of the family and community that might otherwise have supported her in life.

The participants in FGD A, who described an active and mutual community of support, effectively problematised the matter of the community network, identifying it as helpful for promoting positive wellbeing, largely through company, but simultaneously a normatively constraining space. At one point, Ijeawele described the active policing of norms that went on in this circle, and the need to keep experiences of violence hidden:

I: Actually, there's some women that talked that told their friends what happened [sexual violence] in Nigeria, and they turned against them in life.

Carol: What do you mean by turn against them?

I: They use what they have said. And gossip about them. They use it against them. So, I confided in you that I was raped –

*FGD A/ Ijeawele*

There was a strong contrast in FGD A between the joy that participants evoked in their social spaces, and the identity boundaries which characterised the same spaces. Ultimately, as I show below, the task of reconciling these contrasting characteristics fell to individual women, who concealed their vulnerability and needs in order to participate in the group, in line with Woods-Giscombé's (2010) depiction of Super Women (pre)serving the community.

As I discussed in section 6.2 above, self-reliance was characterised as a type of resilience, although it can be considered a brittle resilience, in the sense that it is

wholly self-dependent, with no safety net should the self-reliant individual stumble or fail. Participation in social networks was underpinned by a conscious management of the self and relationships in the network space, which I discuss in the following section.

Theorists suggest that, in addition to impacts on the individual survivor, this phenomenon of undermining participation in networks owing to VAWG and stigma may result in the weakening of those networks themselves, damaging the fabric of connections linking neighbourhoods, families and friendship groups (Coy et al. 2007, Klein 2012: 46). However what my findings suggest is that women may invest time and effort in maintaining the integrity of networks, with a contradictory impact on their individual space for action. Social connections contribute to well-being, but require self-silencing, and limit freedom to speak. It appears that in prioritising network conformity, they preserve the integrity of social connections at an individual personal cost - as well as a cost to the possibility of social solidarity and structural change (Beauboeuf-Lafontant 2005). In this sense, the impacts of VAWG are absorbed by the individual instead of affecting the wider community. I explore this contradictory dynamic further in the following section on stigma work.

### 7.3.5 Stigma work

I have just shown how social networks were impacted in a context of VAWG and stigma, and the connected identity construct of the strong Black woman. Blessings preferred to avoid most social settings, while Shade, Maude and Mary all found them to be important sources of wellbeing (escape from isolation and loneliness, affirmation of identity), but requiring very careful management. In particular, participants spoke about the need to take control of the relationships that they had in order to avoid judgement, stigma and negativity; and the need to maintain the 'correct' appearance, largely in line with the strong Black woman.

In the preceding section, I described the nature of social networks as they were depicted by interview participants, and the ways in which participants found themselves relying principally on their own resources. This impacts women not only in the sense that they have less resources to draw on, but also because it places an additional burden of work on them, the work of protecting themselves from negative interactions including stigma and judgement while navigating social spaces. The strong Black woman trope is described as protective of women within their networks (Romero, 2000); but maintaining the identity requires work and comes at a cost.

## Management of relationships

As already mentioned, Blessings preferred to avoid others in her accommodation centre. She described her strategy for managing her social network, keeping it small and trustworthy:

I have a big heart and a warm heart, you know.  
But what I have just learned, I don't want to be too much attached, to people, one.  
And I choose people, where I can commit myself with them.  
*Blessings*

Blessings is not only withdrawing from social relations, but also actively managing the relationships she does choose to have. She was wary of people and, as described above, actively and consciously “chose” the people that she allowed herself to be close to. This was a result of negative disclosure experiences, broken trust, and the nature of the population in the accommodation centre where she lived. It was mediated by trauma and stigma, as well as Blessings' own personal ambition.

In the following quote, Shade discusses her relationship with the social sphere, in the context of creating a professional career by founding her own local NGO:

...what has helped me is the environment: I've changed the people around me. The people, I've changed what's to me...  
*Shade*

Shade is very clear that this task of relationship management is work. In the following extract she describes it more explicitly as such ('I have to keep being careful the things I say.... It's about managing it'). She also notes that the network where she carries out most of this work is her community of Nigerians, where her identity is most closely policed:

So you don't want to get into all that, so that's why sometimes you have to kick the Nigerians away. Just a little bit of gap. So that they don't know you too much. Because they're going to use the little bit they know against you.  
...

Cause I'm constantly having that, there's there's shame in there there's stigma in there, but it's about managing it, managing it well so that you can *laughs* overcome the storm.<sup>26</sup>

*Shade*

Shade depicted herself as instinctively trusting and open but forced into wariness and 'management' tasks because of the threat inherent in her environment. She was especially conscious of the risk of gossip within the community of Nigerians in Ireland ('Sometimes you have to kick the Nigerians away' / 'they're going to use the little bit they know against you'). As we saw at the beginning of this chapter, Shade believed that majority-Irish spaces were less patriarchally stigmatising than heritage spaces. However, moving between these networks and spaces was not simple. Shade also described her sense of alienation in Irish culture, and frustration with situations where she felt targeted but unable to complain. For Shade, 'kicking the Nigerians away' was an obvious response to the stigma she faced in her heritage community, but it immediately presented a new challenge as she was othered in the Irish professional circles where she tried to move. She described her experience of being the only Black person in different professional settings in Ireland. In the following quote, she is talking specifically about carrying out freelance work commissioned by a unit of local government, and more generally about her long experience of trying to fit in to the way that business is done in Ireland:

Fighting against, you know, so many layers and layers of, norms or people or culture, or you are different or.

So it's I feel that I will [would] even be more successful back home in Nigeria. Honestly.

...

But here. I feel as though I'm just beating against the – oh play her down – because they have the power. They have the money. They have the contacts. I don't have.

*Shade*

Shade was very slow to describe her professional experiences as racist, although she was also highly conscious of how her race affected her opportunities. For example, she described taking a course in computing when her children were young, with just one other African student alongside about ten Irish ones. At the end of the course, all of the Irish students were able to find work placements, and neither of the (equally- or more-qualified) African students were. Shade struggled

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<sup>26</sup> I note that although Shade was aware of my research interest in stigma, she introduced these terms without my inviting them.

to put her finger on the reasons for the outcomes that always seemed to disadvantage her, although I have already noted, Black African women in Ireland suffer from disproportionately poor employment outcomes (O’Connell and Kenny 2017) and indeed employment discrimination (Joseph 2018).

In some senses, what Shade describes is being trapped between two different networks, where she is always required to adapt herself and exercise self-discipline because of her outsider status, as a transgressive woman among Nigerians, and as a Black woman in Ireland. The task of managing relationships became part and parcel of her social self; while in the case of Blessings, she became wary and for the most part decided against the risk of new relationships. Maude too described a proactive and conscious approach to managing social relationships, which I return to in the final section of this chapter.

### **Maintaining appearances**

Across both interviews and FGDs, the importance of self-presentation dominated. The collective identity of resilience and strength was further characterised by always appearing to be, not only strong, but in control and happy. This is consistent with the symbolic representation of strong Black women in American and western culture (Romero 2000, Beauboeuf Lafontant 2008, Kanyeredzi 2017). A significant feature of this aspect is the extent to which it is understood to be “false”.

Maude described her daily performance of survivorship. She spoke about the need to be seen as competent, autonomous and even happy. Here, she discusses her life in the crowded direct provision centre where she lives:

... there are people like, you don’t want to show them your pain so I always have to play that covering act you know like looking happy. That’s the difficult part when you’re in pain, you can’t show it to everybody. If I’m at the [accommodation] centre I have to pretend to be this strong person happy. Even if you are not feeling happy that day. So that day was just that day was I was trying to be - looking happy when I wasn’t feeling happy  
*Maude*

In FGD B the group discussed a domestic violence vignette about a character the group called Mary. The fictional Mary, from East Africa, was living in Ireland and her husband was abusive. Reflecting on her options, one participant stated that even though she might feel angry and upset at home:

Mary have to pretend she's happy

*FGD B*

As I have already established, strength/ stoicism/ resilience emerged in all FGDs as aspects of the collective identity. Individual victim-survivors encounter this collective identity in their close social networks and self-regulate to meet it. We already saw how Blessings' disclosure in her home country was met by a corrective response from her friends, who insisted that she maintain a performance of happiness:

it was hard for them to understand cause the way  
they used to see me they thought I was just a happy import

*Blessings*

Rather than maintaining those appearances, Blessings chose to withdraw socially, although she continued to emphasise the importance of not complaining and not drawing attention to difficulties, maintaining her stoic endurance (Kanyeredzi 2017: 90).

Self-regulation was described by Shade in FGD A. She discussed a vignette about a fictional woman in a violent relationship, and the way she constructs her survival identity:

you may see her [the fictional woman] with fake stuff shining with make-up and everything smiling,  
that's what they call, Suffering and Smiling.

*Shade/ FGD A*

Here Shade renders explicit the work of maintaining appearances: 'you may see her with fake stuff shining with make up and everything smiling'. The word fake is telling: the quote is not about a woman taking pride in her appearance, but rather a depiction of a stoical cover-up: smiling to disguise the suffering. Presenting photographs to represent moments in their life histories, victim-survivors interviewed by Kanyeredzi similarly emphasised the act of wearing a 'mask of confidence' (2017: 107), drawing attention to their use of make-up and actions to 'fake confidence'. Black women may wear masks of strength as they feel they have few options for displaying vulnerability (Kanyeredzi, 2017).

In FGD D, the importance of outward appearances also came up, with a striking visual description of the ideal woman experiencing violence ('on a platter of

gold') who uses her outward appearance to conceal the reality of the violence in her life:

That is why it is good, you know what you said a while ago that... maybe she might not even be close to her friends because her friends might be seeing her on a platter of gold like ah

But she might even make up all those stories, like ah no I have no problem because of,

because of what she's going through, she doesn't want them to know anything about, about,

I wouldn't.

You know I wouldn't want anybody to know anything about me, you know like

*A/ FGD D*

The sense of facade, pretence and dissembling from both FGDs and IDIs is very strong, and underpins identities of the strong Black woman and the resilient survivor. In their analysis of stigma and IPV in Kenya, Barnett et al. (2016: 455) observe: 'What matters most is maintaining the public face that a marriage is "working"'. In the quote from FGD D above, it is clearly understood that in the act of maintaining appearances, the victim-survivor is simultaneously alienating herself from the support that her friends might otherwise offer her ('she might not even be close to her friends because her friends might be seeing her on a platter of gold'). Crucially, here participants in an FGD acknowledge both that seeking support requires a display of vulnerability, and that such a display is impossible in the context, since it involves allowing the appearance of resilience and strength to slip. The collective narrative places a strong value on the imagined strong or enduring woman, and in so doing it inadvertently renders any other presentation as invisible or invalid: the victim must appear to be happy.

Tellingly, Ijeawele described the work of disguising her gender deviance - as a single mother, rather than a survivor of violence - in very similar terms. Coming to Ireland alone with her baby, she hoped that the baby's father would join her, but he never did. Single motherhood was one situation in this study which attracted stigmatisation in most social circles (not uniquely Irish or African ones) - and in Ijeawele's case it certainly generated stigma towards her, and also feelings of shame within her. She narrated her experience of building a social network in Ireland, and trying to hide the fact that she was a single mother. She would accept invitations to dinners where her partner was expected, and then

cancel at the last minute, and when her friends tried to call to her house she would put them off.

Her strategy as she described it, was:

Just avoid avoid avoid avoid.

And I think I cover it I cover it up well.

*Ijeawele*

Covering and concealing particular elements of gender deviance was frequently referenced as a strategy, and also endorsed in FGDs. When I presented this analysis in the validation workshop, the work of maintaining appearances was strongly and positively endorsed. One participant, a community leader, was especially impressed by the Sufferin and Smilin motif. She described the affective tone of her community of professional Nigerian women:

We can't cry. We have to overcome the storm. We can't show our vulnerability.

We have to be strong in our moment of tears. Everybody has their moment of tears. Them being vulnerable at first makes them strong.

*Y, Validation workshop*

Although Maude, as we shall see later, described a very different approach to identity and wellbeing, overall Y's attitude to displaying vulnerability was widespread, especially in FGDs. Among Black women in other contexts (that is, the US and UK), 'strength' is often conceived as a performance, focusing on outward behaviour rather than underlying emotional or physical conditions (Beauboeuf-Lafontant 2008: 38). It is not uncommon for women to draw attention to the discrepancy between appearances and the reality - as in the case of one African American interviewee who stated 'I don't think I'm as strong as people see me' (Beauboeuf-Lafontant 2008: 40). The development of an exterior wall to meet the expectations of others hides pain, vulnerability and exhaustion - but it does not obliterate these conditions. Rather, they have been known to manifest in displacement activities including over-eating, shopping and drinking (Beauboeuf-Lafontant 2008: 43).

### **Stigma work: a summary**

While VAWG has many impacts, studies with victims show that sometimes it is the day-to-day experience that takes a lasting toll. Stark (2007) highlights the 'micro-regulation of everyday behaviours' undertaken by perpetrators as being the primary method of establishing coercive control. For women victim-

survivors of IPV interviewed by Kelly and Westmarland (2013: 1101), being able to expand their space for action and live with less micro-regulation was identified as a significant improvement. Yet the acts of careful network maintenance described by Shade and Blessings, and the acts of managing appearances described by many of the participants, demonstrate that micro-regulation can continue, imposed by the constraints, not of an abusive perpetrator, but of particular social structures. While I am not suggesting an equivalence of impact of these patterns, I am suggesting that social norms maintain the constraints on space for action initiated by abusive men.

Micro-regulations imposed by coercive controllers affect women in particular ways, including preventing them from speaking their mind freely; preventing them from getting help; and affecting their self-esteem and self-belief (Westmarland and Kelly 2013: 1100-1102). As I have demonstrated, the micro-regulation inherent in adopting the strong Black woman identity did indeed impact on women's freedom to speak their minds and to reach out to others, and it impacted on the sorts of networks they could participate in. It is possible, though not demonstrated here, that it also resulted in displacement activities such as over- or under-eating, compulsive shopping, or excessive consumption of alcohol (Beauboeuf-Lafontant, 2008). It is important to recognise that the fear and threat represented by a controlling partner is qualitatively different to that represented by the possibility of social rejection. However, the social mechanism of self-discipline is comparable, and what's more, abusers are aware that public stigma protects them, and they exploit that fact (Stark 2007). What I depict here is a collective identity born out of racial and patriarchal stigmas, which in the aftermath of VAWG can impose a micro-regulation that controls and constrains women's life space long after violence has ended.

In *The Right Amount of Panic*, Fiona Vera-Gray describes the many things that women do to protect themselves from violence in public and private, often unrecognised and invisible; these actions are termed 'safety work' (see also Kelly et al. 2014). Women's safety work is at once necessary for physical survival in a public space designed principally for men, and simultaneously holds the unequal hierarchical division in place, placing the burden of living with danger entirely on individual women rather than on the structures which endanger them. Convinced that they themselves are responsible for the violence against them, women shrink themselves in the public space, and attempt to determine exactly what is 'the right amount of panic' (Vera Gray, 2018: 126).

It is apparent that the avoidance and management of stigma occurs in a similar way to safety work, with similar outcomes. It is both an internalised micro-

regulation of everyday behaviours, and an invisible process of conforming to and maintaining the order that oppresses. This is true, not only of patriarchal stigma but of the constellation of stigmas that affect oppressed people in the current capitalist moment. What we see in the discussions and analysis described above is an intersection of neoliberal individualism with patriarchal stigma among migrant women, imposing a burden of stigma work in the place of free, potentially liberating engagement with others.

#### 7.4 'I put on myself a crown': possibilities of survival and change

In this final section of my research findings, I look beyond mapping the specific impacts of VAWG and stigma to the ways in which participants navigate their circumstances. I look at the efforts that they made to expand their life space, emphasising two things: the use of tools of self-care to manage the impacts of trauma and stigma, and the importance and potential of testimony for participants. Situating these efforts in the contemporary Irish context, I reflect on the extent to which individual victim-survivors are making up for the absence of a social safety net, and the extent to which the social impacts of violence are concentrated on individuals, at times insulating the wider community and society from harm.

##### 7.4.1 Self-care

Among the individuals who presented for interview, it was notable that all showed a high awareness of the impact of trauma and stigma on their own sense of self, and awareness of the ways in which their experiences threatened long term damage to their mental health. Victim-survivors described their conscious efforts to manage the harmful impacts of trauma and stigmatisation on the self. Specific approaches to self-care involved reading and researching mental health and wellbeing; seeking inspirational stories and quotes; practicing self-coaching; and seeking additional supports such as counselling when that was considered necessary and practical. Similar coping strategies are noted by Kelly et al. (2014), in their study of women using domestic violence refuge accommodation, and by Logie et al. (2011) in their study of women living with HIV and intersecting stigmas.

Ijeawele, who joined the study precisely because she felt patriarchal stigma had so dominated her life, described the deliberate approach she took to overcoming such stigma:

But now. I've come a long way. Really come a long way. And reading books, going on line, researching, doing stuff has really really opened my eyes like. There are some things I'm saying, [other people] will say - Oh did you study that?

*Ijeawele*

What Ijeawele describes is a self-directed process of personal development that was similar to other reports. Maude and Shade both described how they actively sought out inspirational quotes, books, videos, and self-help texts. Mary meanwhile had attended counselling sessions, and Maude attended a support group for survivors of torture facilitated by Spirasi. All interview participants were engaged in self-care and all spoke about it deliberately. Self-reliance demanded a level of self-care. A particular approach was conscious self-coaching to overcome feelings of negativity, as Maude practices here:

But every time I'm trying to make myself feel better look better, you know from the inside out, look after myself better, say no: I didn't deserve that. I deserve better.

*Maude*

Blessings described coaching herself in a very similar fashion, consciously turning moments of vulnerability into ones of strength and power. As we already saw in chapter 6.3, Blessings coached herself out of a vulnerability narrative:

There's tears they will never stop coming, but  
One way or the other just put on myself a crown.

*Blessings*

Taylor's critique of self-care as a pillar of resilient survivorship is that it offers the (implicitly false) 'possibility of being able to tap into one's own internal resources in order to "recover" without having to deal with other people' (Taylor, 2018: 446). The tools of self-care described above certainly conform to the description of technologies of the self, and are consistent with the neoliberal moment of individuation (Neocleous 2003, Taylor 2018), as present in Ireland as any other late capitalist society (Mulhall 2016, Garrett 2016). In light of diminishing resources for victim-survivors of VAWG in Ireland (see section 3.5.2 above), it is in the clear interests of the austerity state for individual victim-survivors to take responsibility for their wellbeing into their own hands (Taylor 2018; Gotell 2011).

Nonetheless, as Blessings' and Maude's quotes show, resilience had a meaning for these participants that went far beyond individualism. It amounts, in these

quotes, to finding strength - power - within the self. This, as Audre Lorde (1988) famously argued, is nothing less than self-preservation, and potentially very much more. Narayan (2005: 6) observes that without such 'power within', broader empowerment across other dimensions of power is not possible. Tools of self-care are therefore essential to survival, but insufficient. They are also made more necessary in the context of few targeted services for migrant women victim-survivors of VAWG, as participants in FGD C highlighted when they observed: 'No help for Mary'.

#### 7.4.2 Testimony

In the course of interviews, the subject of storytelling arose, separately to that of disclosure or help-seeking, as a dimension of recovery and empowerment. This had two clear elements: first, the individual benefit of claiming one's own narrative (Taylor 2005, Franzblau et al. 2008) and being heard (Brison 2000); and second, the potential of making a meaningful difference in the lives of other women, possibly even protecting others from the worst impacts of VAWG. While testimony played an important part in the narrative of survival and potential transformation, it was fraught with challenges. Participants described both strategic telling and strategic silences (Kanyeredzi, 2017), and also a desire for safer spaces and opportunities to tell their stories.

Survivors of trauma, Brison argues, sometimes need to tell their story in order to survive, and not alone to tell, but to be heard by others. In the course of hearing, individual identities can be publicly (or privately) recognised and validated:

It is not sufficient for mastering the trauma to construct a narrative of it: one must (physically, publicly) say or write (or paint or film) the narrative and others must see or hear it in order for one's survival as an autonomous self to be complete.

*Brison 2002: 68.*

Blessings in particular seized the opportunity to participate in an interview and to tell her story in a confidential process. She said, of coming to my house and doing an interview:

It's not easy you know to talk about such things. But then, it also give me power. Yeah, it also give me power. And it also shows me that I did not deserve all this. You know. What I went through.

*Blessings*

In this way, Blessings clearly related the act of telling her story to her self-care. For her, testimony connected to processes of recovery and transformation, and was therapeutic in a way (Brison 2001, Fontes 2004, Eastmond 2007, Marsh et al. 2017).

It was clear from discussions with most of the participants that they valued the opportunity to narrate their experiences; but also that they valued the nature of the research process which guaranteed confidentiality and gave participants control of the interview and therefore the narrative arc (Mishler 1986). I made it clear throughout the process that I viewed research participants as authorities on the subject; itself an empowering recognition (Franzblau et al. 2008: 1800). Participating in research was thus a low-risk activity for those who took part, and may have fulfilled the therapeutic objective of reclaiming control over the individual narrative and being heard (Brison 2001, Fontes 2004, Marsh et al. 2017). Once the fieldwork was complete, I worked with an artist friend to produce the five interview transcripts as individual hand-bound hardback books, and returned them to each of the participants (see figure 12 below). On receiving her book, Ijeawele said:

I just did that thing [meaning the interview] and moved on. But this [book] shows how far I've come.

*Ijeawele*

The physical reality of a book gave Ijeawele's story greater substance and allowed her to claim ownership of her narrative as significant. Both Maude and Shade had a strong sense of their own survival as exemplary and potentially instructive; indeed it was Shade's own determination to eventually write a book that suggested to me this project of returning the interview transcripts as books. In a text message after we met, Maude said:

just reading [the book] now, considering publishing when I get documented.

*Maude*

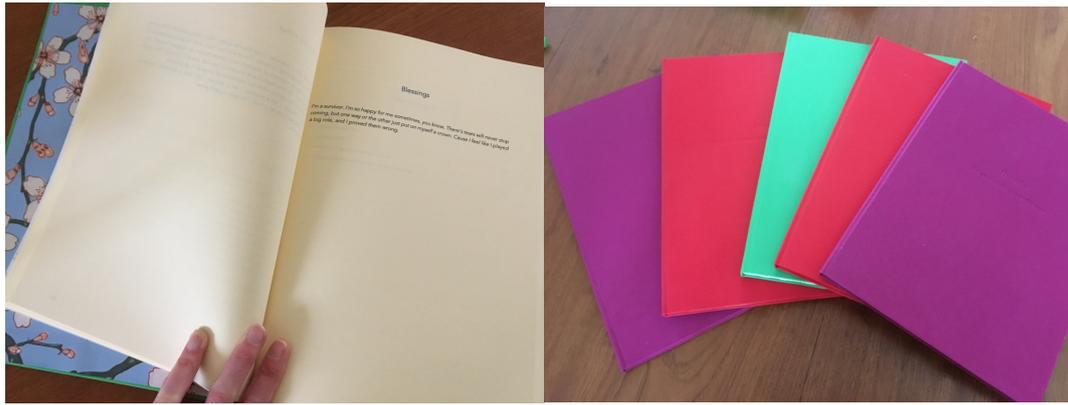


Figure 14 Books made from interview transcripts

A similar reaction from Shade made it clear that she and Maude reaped a personal benefit from the act of testimony, but that they also viewed their testimony as a potentially collective act.

Most interview participants (with the exception of Mary) expressed a belief that their individual narratives might serve to help others apart from themselves. Both Blessings and Maude reflected on how they had drawn on their own experience to provide succour to other women in similar contexts:

And every chance I get, if someone is talking about the subject, I talk about my own experience. I don't go into details but I tell them, You know what? You can walk out. And make it. Because the most important person is You.

*Maude*

Here, Maude is using her own experience to help others, while simultaneously protecting herself. Shade planned to share her story publicly eventually, a desire rooted in her identity as a leader and influencer:

So it depends. But again, I could also share, I, I plan to because what this empowerment thing is all about. I plan to one day, when I'm ready, I plan to share my story because I don't want to hide it, I want to - I want somebody to be inspired, right?

*Shade*

Although Shade, Blessings and Maude each clearly expressed a desire to share their experiences with others, they were also cautious and strategic with their testimony. Like Maude, Shade described a guarded openness with other women in her community about her status as a survivor. As a community leader, she

provided support to migrant women in West Dublin, who approached her for all sorts of reasons. She described her response to other people's disclosures:

I think if somebody says something that triggers - someone may be sharing their experience and it's like I Connect, because I Know - but I don't ... with a lot of women, I don't go about telling them my own story unless, you know, I could touch on it for lots of reasons I could tell them yes, but I don't go deep and discussing...

- *Shade*

Shade and Maude both described the tension between wanting to connect in solidarity with people who had similar experiences and the risk posed by the vulnerability of disclosure. I understand this vulnerability to encompass the risk of re-traumatisation, of not being understood, and of being stigmatised – all negative social reactions documented by Ahrens (2006). Madhok draws the attention to acts of agency which are not resistance: choices not to act, to remain in a violent context, to be silent. In this study, Maude, Blessings and Shade moved between speaking and strategic silences (Kanyeredzi 2017), protecting themselves by offering a listening ear to others without revealing too much about themselves. I describe this as a tension because there was an apparent desire to do more, to tell more widely. For Maude, this was directly related to her experiences of the campaign to repeal the 8<sup>th</sup> Amendment in Ireland<sup>27</sup>, which she was involved in. She was very convinced by the power of personal stories to break stigmas and bring about social change, and expressed a desire to contribute to such change herself (field notes, June 2018). Maude felt constrained from speaking out first and foremost because of her precarious legal status as an applicant for international protection.

Blessings had a more visceral sense of the risk of using testimony as a public intervention, even on a very small scale. In this extract, she discusses her desire to reach out to others with her story, and the difficulty that this poses:

I wish I could  
help some people.  
You know there was this time where  
I wanted to open a group on Facebook, for people that they're going  
through abuse or are the victims.  
Just months ago before I met you.

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<sup>27</sup> In 2018 a referendum was held in Ireland to remove the constitutional bar on abortion in almost all circumstances. It mobilised a large and diverse grassroots base and succeeded largely through taboo-breaking and storytelling.

That thing, you know I said  
I'm so powerful  
Thinking of such huge step. Yeah.  
I pretty powerful.  
But then no, I didn't do it, but I know one day.  
One step at a time. You know.  
I wish I could, help more people.  
*Blessings*

Blessings sees the potential impact of her narrative, not just for herself but for others. She contemplates spaces where it might be shared - and she makes clear the journey that this requires, that moving from a discrete individual interview to a public testimony would be 'a huge step'.

Sandra Bartky describes shame as profoundly disempowering. 'The need for secrecy and concealment that figures so largely in the shame experience is disempowering as well' she says, 'for it isolates the oppressed from one another and in this way works against the emergence of a sense of solidarity' (Bartky 1990). This is similar to the point that Taylor makes when she argues that VAWG - and its corresponding shame - is individuating. The above reflections about testimony demonstrate the challenge thoroughly. In spite of strong motivation to break through concealment and silence, the risks were experienced as too great, so individuation persisted. Testimony could only be safely carried out in the context of complete confidentiality, such as in a therapeutic or formal research context, which is limited because it doesn't offer the possibility of connecting the oppressed to one another.

Participants in this study were not entirely silenced, rather they were strategic in the deployment of their stories and their testimony (Kanyeredzi 2017), choosing how to position themselves, subtly indicating a commonality of experience without exposing themselves with too much personal detail. While interview participants contemplated sharing their own stories for the collective benefit, they recognised that this involved an individual sacrifice, unless it was conducted in a completely safe location. One of the participants - for confidentiality reasons not named - attended the bi-annual Safe World convention in 2018, and expressed a strong sense of connection and solidarity as a result.

In Rahel Verhagan, Hannah Arendt describes the class of the 'conscious pariah', a class of people who manage to renegotiate their shame by way of political action (Locke 2007). According to Locke:

this is not an easy life, but the only humane choice for social outcasts. It requires surrender to one's 'wretched situation' ... The conscious pariah embraces outsider status and gains the epistemic privilege therein.

The conscious pariah represents a resistance identity, theorised by Castells (1997) and introduced to the political economy of stigma by Parker and Aggleton (2003: 19). For Parker and Aggleton, there is perhaps an alternative to either compliance - Castells' legitimisation identity, represented here in resilient survivorship and self-silencing; or risky resistance identities, Arendt's conscious pariah, whose identity even Maude cannot embrace. The alternative is the project identity, formed, according to Castells,

when social actors, on the basis of whatever cultural materials are available to them, build a new identity that redefines their position in society and, by so doing, seek the transformation of overall social structure.

Parker and Aggleton (2003): 19

Implicit in the inputs above from research participants about the risks and potential of reaching out to others is the sense that for these participants it was not easy to find examples of women like themselves, who had similarly overcome experiences of violence. Nonetheless, participants expressed a desire for such connection. At different times, different participants contemplated addressing this gap themselves (Blessings' quote about a facebook group above is a good example) but retreated in the face of difficulty. The perceived gap itself is important: in spite of the best efforts of women's violence services, and migrant organisations such as AkiDwA, the voice of African victim-survivors was still hard to encounter for the women interviewed here, and still constrained by the controlling image of the strong Black woman. Building a 'project identity', in practice, is difficult.

#### 7.4.3 No man is an island: Maude as a possible counter-narrative

As I have mentioned on occasion in this chapter, Maude's account stood out as quite distinct from the common themes that emerged from interviews and focus groups. Three of the elements which the strong Black woman identity most clearly endorse are individual endurance, self-silencing and the denial of vulnerability (Kanyeredzi 2017). Maude by contrast sought out social spaces where she could actively contest her circumstances, and she openly accepted her own vulnerability. Here I present the ways in which Maude's identity responses to violence and

oppression offer an alternative narrative to the dominant one - of resilient survivorship and the strong Black woman - in this study.

I have already outlined that Maude's narrative plot is somewhat different to the other four interviews, since it does not share the elements of 'extraordinary overcoming' to construct an identity of resilient survivorship. The identity that Maude constructed through her interviews was rather one of an ongoing struggle in collaboration with others. The key statement in Maude's transcript, repeated on other occasions when we met, was:

I've always believed that no man is an island.

*Maude*

While in other cases I observed interview participants drawing on a very small social network for support and protecting their own privacy, when I asked Maude about her sources of social support, she listed a large number (more than ten) of different people by name. They included people from solidarity networks and other direct provision accommodation centres around Ireland, and individual Irish people. Maude had built this network consciously through her voluntary involvement in various pursuits: local organising in the centre to provide activities for children and access cooking facilities; and wider organising with activist groups to contest the system of direct provision. Maude thus counted on a heterogeneous network with explicitly feminist and anti-racist values, which played a part in enabling her to build trust in others. It provided a safe space for her to keep herself occupied, make friends and carry out her own healing. Specifically, her networks were made up of people who supported each other to 'get things done' (Barnett et al. 2016) while at the same time actively questioning their wider circumstances. This contrasts markedly with Beauboeuf-Lafontant's characterisation of the strong Black woman identity as drawing attention away from the inequalities Black women face in their communities and the larger society (2005: 105).

Klein (2012) states that social networks can be understood as relevant for two sets of characteristics: their structure (tight or loose, made up of family/ friends/ or neighbours) and their content, meaning the norms and values that inhere within a given network. The tactic that Maude used was to seek out and join networks whose *content* was not stigmatising, where she found political solidarity 'in the subaltern salon' (Locke 2007). This approach contrasts to Shade's, whose professional needs meant that she moved from her patriarchally stigmatising heritage community to an Irish network infused with racial bias and stigma.

In Maude's active network choices, certain elements served as enablers. First and foremost, her freedom from her husband, achieved when she succeeded in getting herself and her daughter relocated from their shared direct provision accommodation. As long as she lived with her abuser, Maude's networking was intensely controlled and constrained - escape resulted in significant expansion of her space for action in this regard. Second, Maude's geographic location in a large urban centre (unusual for residents of direct provision, who are more commonly geographically isolated) facilitated her to seek out meetings and events where she could build contacts and make friends, outside of the oppressive environment of the accommodation centre. And finally, in actively constructing social networks where she could find political solidarity, Maude was enabled by skills that she had built up over a lifetime of organising and volunteering in her home country before coming to Ireland.

Maude's attitude to vulnerability also contrasted with the strong Black woman trope that was so strongly endorsed elsewhere. At the validation workshop which Maude attended, we explored the concept of resilience. I have already shared the perspective of Y, who said:

We have to be strong in our moment of tears. Everybody has their moment of tears. Them being vulnerable at first makes them strong.

*Y/ Validation workshop*

Maude replied with a very different perspective. She said, of a vignette that she had created around a character she named Linda:

You are taught you always have to be strong – Linda doesn't always agree with that. You need to go through the emotions as and when they come to get strong. You need to give yourself a chance to heal.

*Maude/ Validation workshop*

Maude offered nuance in her perspective on emotional healing, offering herself the opportunity to be weak, vulnerable and in pain, to lie low in order to heal. While the discourse of the strong Black woman who overcomes spectacularly drowned out possibilities of weakness, frustration or rage, Maude expressed all of those emotions, and in so doing, offered a possibility of an alternative to the canonical narratives. In her belief that no man is an island, Maude offered a perspective on resilience that it requires not just internal strength but also a system of external support (Garrett 2016). She described how she constructed such a system for herself.

Maude's active choices demonstrate that the controlling image of the strong Black woman, while compelling, is not inescapable - although the set of enabling factors for Maude show how much of a challenge this approach could prove for other women. Unlike other participants, she was able to draw on very specific support with childcare, food preparation and accessing paid work; additionally she found a safe social space within which to explore political change. None of this freed her from the burden of stigma work: as I have shown, she still employed strategic silences, managed her public appearance and invested in manipulating her social network. Maude's space for action remained somewhat constrained by stigma and highly constrained by material circumstance. However, in the self-identity she constructed in the narrating of her violent past, she succeeded in expanding space for social connection and possible social change.

#### 7.4.4 Conclusion

The continuum of oppression that includes gender-based violence against women, racism, and structural oppression of migrants is psychologically traumatising (Ellsberg et al. 2008), it is materially damaging (Scriver et al. 2015) and it is individuating (Taylor 2018). Indeed, individuation is written into stigma and shame, into racialised identities like the strong Black woman, and into prevailing neoliberal ways of framing sexual violence (Beauboeuf-Lafontant 2005, Taylor 2018). However, survival requires a focus on the individual first, since without self-esteem and internal efficacy individuals are unlikely to benefit from any other types of empowerment (Narayan 2005: 21-22). Participants in this study demonstrated an urgent appreciation of this fact and invested heavily in their own mental health. They did this in part to sustain their inclusion in social networks, resulting in a situation where the impacts of VAWG did not ripple outwards to impact the close community - and indeed community members supported each other to withstand the impacts and material burden of VAWG rather than challenging it (Beauboeuf-Lafontant 2007). The result is a social solidarity which nonetheless sustains patriarchal, racial and other stigmas.

In spite of these practices of collective stoicism - the 'Sufferin and Smilin' inherent in identities of strong Black women and resilient survivors, an aspect of the emphasis on wellbeing and a possible pathway to collective change is the role of narrative and testimony in victim-survivors' experiences. While protecting themselves from re-traumatisation and stigmatisation, self-identified victim-survivors in this study held themselves in a state of readiness to share and connect in solidarity with others. The individuating nature of shame, violence and collective identities worked against this - yet participants continued to seek opportunities. Testimony emerged in this study as beneficial, yet risky for those

who testify. The support for such acts is one key recommendation addressed in the next chapter.

In the case of Maude, we see the scope for alternative narratives, which accept vulnerability and build solidarity. In asserting repeatedly that ‘no man is an island’, Maude rejected the message that she should protect the group from the burden of her individual harms. She shared her needs, and reached out to others to collectively carry them, and to incorporate the needs of others. Maude refused patterns of individuation, and offered alternative narrative identities to the resilient survivor.

## 7.5 Conclusion: Applying the conceptual framework

In this thesis, I have outlined a narrative analysis of the impacts of VAWG on African migrant women in Ireland; a group which, I argued in Chapter 3, is subject to weaponised stigma as raced, gendered individuals framed in public discourse as object: deviant and undeserving (Scambler 2018). In addition to FGDs and in-depth interviews, I carried out an analysis of ‘grey’ literature collected by NGOs and state agencies on the subject of migrant women and violence to support the findings from this study. My study documented evidence of the presence of intersecting stigmas affecting victim-survivors of VAWG, in line with existing literature (Logie et al. 2011, Tyler 2018, Stangl et al. 2019); although poorly explored in the case of VAWG. Research participants emphasised the presence of patriarchal stigmas within their heritage communities in Ireland and in their countries of origin (in the diaspora space which they occupied), while the context analysis in chapter 3 reveals Ireland to have a history steeped in patriarchal stigma. Participants also testified - in line with a small literature (Michael 2015, Naughton 2016, Joseph 2018) - to widespread racial stigma against Black women in Ireland, and against them as single mothers in particular (Fischer 2019).

With these findings, I set out to explore a conceptual framework of impacts on the life space, which I described at the end of Chapter 2. Below I present the original framework, with some adaptations derived from the research study:

## The social impacts of VAWG-related stigma: adapted framework

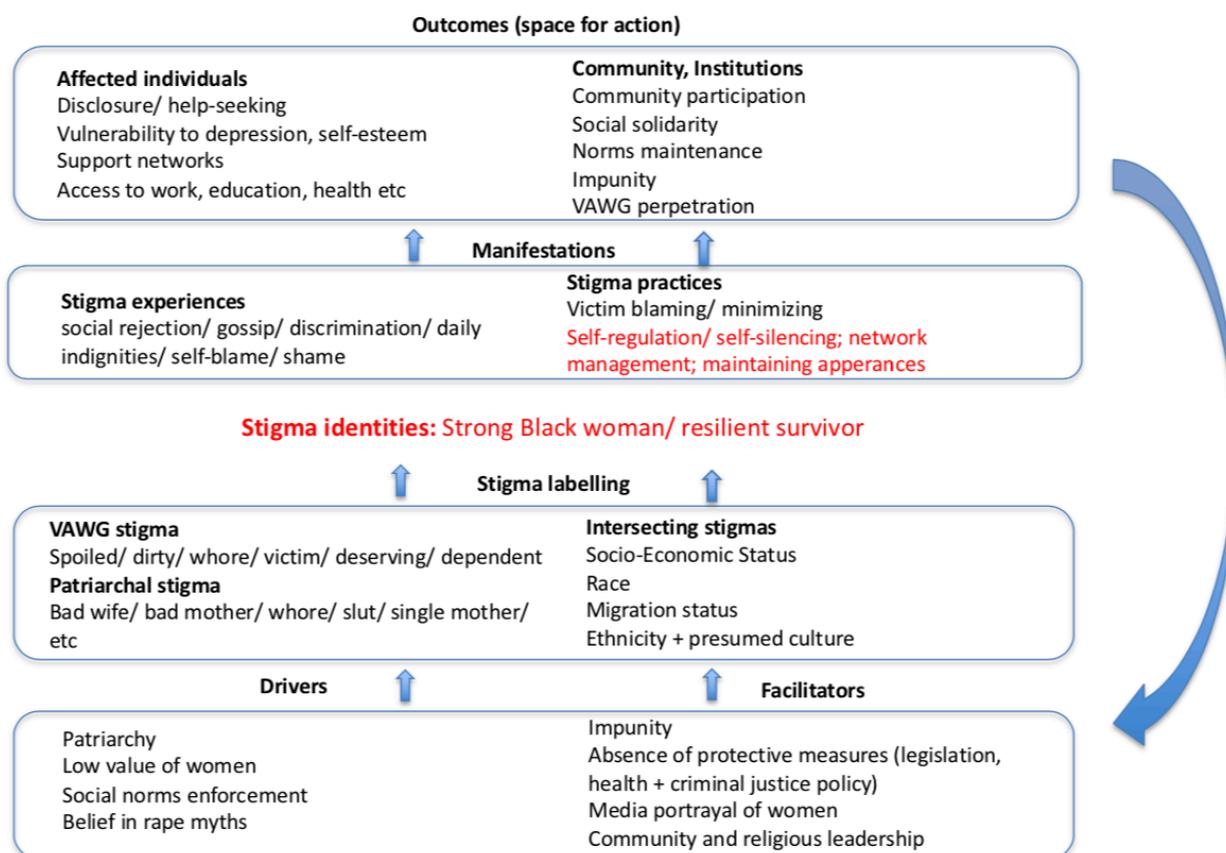


Figure 6 Revised conceptual framework

It was not my intention to follow this framework mechanistically or to draw exact conclusions about cause and effect, although I suggest that such an approach could be developed from the same theoretical basis. Rather, I set out to explore the narratives of cause and effect that arose in response to the question: what are the social impacts of lifetime experiences of VAWG? The conceptual framework – a modification of the health stigma and discrimination framework by Stangl et al. (2019) - serves to structure these findings very effectively. This study however suggested an additional level to the framework, which I outline below.

The drivers and facilitators of VAWG-related stigma are already outlined and discussed in chapter 2. These drivers and facilitators were seen to be relevant in this study, although they only apply to the topic of VAWG and not the many additional stigmas which intersected and constituted the experiences of study participants. While there are many additional elements to be added here, I would emphasise two: the presence of institutional racism – as evidenced in the case

study of Ireland's citizenship referendum in section 3.4.4; and the withdrawal of the welfare state and corresponding stigmatisation of those with welfare needs.

The content of stigma labelling in this study was consistent with the literature reviewed in chapter 2, particularly the literature on experiences of VAWG among migrants (eg Menjivar and Salcido 2002, Ahmad et al. 2009, Simon-Kumar et al. 2017) and among African- and Caribbean-origin women in dominant White societies (eg Crenshaw 1991, Crenshaw 1994, Sokoloff and Dupont 2005, Ting and Panchanadeswaran 2009, Ogunsiyi et al. 2011, Kalunta-Crumpton 2016, Kanyeredzi 2017). Stigma labels were as predicted in the original framework. The intersecting stigmas which were of greatest significance in this study were race, migration status, welfare dependency and mental health stigma. All of these were fundamentally gendered: for example, welfare dependency could not be separated from the stigma that attaches to single mothers, and single Black migrant mothers in particular (see chapter 3.4.4).

A significant finding of this study is the development of collective narratives of identity within the context of violence, oppression and stigma labelling already outlined; and so I inserted an additional layer to the framework. Across both IDIs and FGDs, I documented a strong collective identity, very close to the well-documented controlling image of the strong Black woman trope among African-origin women in the US and UK (eg Collins 2000, Beauboeuf-Lafontant 2005, Beauboeuf-Lafontant 2007, Beauboeuf-Lafontant 2008, Kanyeredzi 2017). The term that participants most frequently used was 'resilience', a term which is familiar from the exploration in chapters 2 and 3 of the ways in which stigma is weaponised against specific groups in contemporary society. Referring to Taylor (2018)'s study of sexual violence and humiliation, I use the term 'resilient survivorship' to deliberately connect this identity of resilience to the impacts of VAWG. The collective identity of strong Black women enabled a sense of progress within the constraining circumstances: this was true both of individual victim-survivors and the wider group of migrant women. At the same time, it rendered other possible identifications somewhat unintelligible (Polletta, 1998: 424). In this manner, the collective identity which emerged in the context of a continuum of oppression and multiple stigmas had a specific impact on the ways that VAWG was experienced.

The manifestations of stigma that I observed were quite particular to the experience of VAWG as a semi-concealable social identity (Quinn and Chaudoir 2009), and so the emphasis at this level is quite different to that of the Stangl et al. (2019) framework. The experience of daily indignities was dominated by gossip and everyday racism, with outright rejection and discrimination less apparent

owing to practices of self-regulation which I will go on to discuss. Meanwhile, practices of stigmatisation were dominated by victim-blaming (Suarez and Gadalla 2010) and minimisation (Ahrens 2006). There were numerous examples of self-blame among research participants, and in the wider qualitative grey literature (eg WHC 2009, AkiDwA 2008, 2010, 2012, Graham 2011, Mbugua 2016), however, in this study participants were protected from the worst manifestations of shame by their 'resilient' identities (Abrams et al. 2019).

The most significant manifestations of stigma were visible in practices of self-regulation (Baker 2013) adopted by the stigmatised individuals themselves, facilitated by their collective identity narratives. As maintaining these identities demanded a good deal of the individuals, I have used the term 'stigma work' to describe this. They involved self-silencing with respect to experiences of VAWG (Ahrens 2006, Kanyeredzi 2017, Abrams et al. 2019), involving concealment and secrecy, alongside the careful management of social networks to avoid judgement and rejection, and the maintenance of the appearance of happiness, resilience and normality, consistent with the 'in-concern' described by Link and Phelan (2014).

A major aim of this project was to describe the impacts of these stigma manifestations, and in order to do this, it was necessary to tease out the precise nature of the manifestations in the detail that I have done here. I understand impacts to be the influence of VAWG-related stigma on women's space for action (Lundgren 1998, Kelly 2003, Kelly et al. 2014; Sharp-Jeffs et al. 2018), which continues to constrain women's freedom even when specific perpetrators of violence are no longer present. The impact of stigma and self-silencing behaviours on disclosure and help-seeking is already well-documented (eg Ahmad et al. 2009, Ting and Panchanadewaran 2009, Kim and Hogge 2015, Overstreet and Quinn 2013, McCleary-Sills et al. 2016), and was borne out in this study; although among self-identified victim-survivors an additional major barrier to help-seeking was the absence of what was considered valuable help. While identities of resilience and strength proved protective against the worst excesses of shame (Abrams et al. 2019), they likely had different mental health impacts, as identified in other studies including Beauboeuf-Lafontant (2008) and Woods-Giscombé (2010); these were not probed in this study. Maude recognised the potential damage of the strong Black woman schema and acts of self-silencing when she stated 'You are taught you always have to be strong... You need to give yourself a chance to heal.' Other participants did not reflect on the long-term mental health impacts of their stigma work, and this is an area that requires much more targeted interrogation.

A further impact of stigma manifestations including gossip and self-regulation was on social networks. Participants testified strongly to reliance on their internal resources. With the exception of Maude, participants described extremely small or absent networks of support in Ireland, in some cases many years after escape from violence. They preferred to fall back on their own resources, without the risk of betrayal or judgement, and even when they had active social lives, they were built on the illusion of self-reliance. This left these women socially-isolated and suggested that much of the potential social impact of VAWG was in fact concentrated in the individual victim-survivors, stopping in these cases at the women rather than rippling out into their communities to impact on social cohesion, as suggested by Coy et al. 2007 and Klein 2012.

The asylum system constituted a specific isolation, whereby people were physically isolated from mainstream society, and simultaneously housed in harmful environments in which gossip and judgement thrived. Building social networks was thus a near-impossible task for women while still in the DP system. In this respect, structural violence inherent in the system constrained space for action and worsened the impacts of VAWG on social relationships (Phillimore 2019b).

The final area of investigation in this study was the impact of VAWG-related stigma on women's participation in social arenas including work, education and healthcare. Limited findings were made in this regard, since two participants were prohibited from working at the time of the interviews (due to their migration status) and another (Mary) was seeking work at the time. Shade's case showed the intersection of patriarchal stigma within Nigerian communities and racial stigma in professional Irish networks, constraining her own significant professional ambition. The analysis presented here thus predicts pathways by which intersecting stigmas might constrain migrant women's access to broader social spaces; however more data is required on this subject.

When it came to impacts on communities and institutions, women's withdrawal from social networks suggests that the quality and strength of those networks themselves might be impacted (Coy et al. 2007, Klein 2012: 46). On the other hand, some participants testified to continued participation in social networks, necessitating them to carry out significant stigma work. In doing this, victim-survivors protected their communities from the ripple impacts of VAWG (Woods-Giscombé 2010), and experienced a degree of social solidarity and inclusion, which precluded any challenge to the existing moral order of normalised violence and racism. Stigma thus served its fundamental purpose of norms maintenance (Phelan et al. 2008), which in turn is shown to maintain impunity and drive

further perpetration, feeding back in to the drivers and facilitators which underpin the model (see chapter 2.2.4).

## Chapter 8: Conclusion

This narrative study set out to describe in detail the consequences of VAWG on migrant women's social relationships, with a focus on the role of stigma in mediating these. At the beginning of this study I set out four objectives, and this chapter begins by outlining how I achieved these objectives. The chapter continues with a discussion of the specific contributions of the thesis, acknowledging certain limitations. I conclude this thesis by outlining recommendations for further research, policy and practice with regard to lifetime experiences of VAWG among migrant women in Ireland.

### 8.1 Responding to the thesis objectives

At the outset of this project, I had four research objectives. The first was to establish the nature of VAWG experiences among African migrant women living in Ireland. I did not propose to conduct primary quantitative data-collection for this task, and so this information was gleaned from an analysis of existing grey literature presented in chapter 3, and placed in the context of the limited international data on violence against migrant women. Both in the existing literature and in the new data collected for this project, I worked according to the concept of a continuum of violence and oppression (Kelly 1998, Kanyeredzi 2017, Boyle 2019), and sought to understand the many points on this continuum. This summary, although limited by the paucity of data and particularly quantitative data, is a useful contribution to existing knowledge about gender-based violence against women in the Irish context. It establishes that refugee and asylum-seeking women, and those on irregular visas, are especially vulnerable to multiple types of violence, and that those types are likely to be different to those experienced in the general population, and inflected by the intersections of other types of oppression.

The second and third objectives of this study are closely related. The second objective was to identify the social impacts of lifetime experiences of VAWG on African migrant women in Ireland. In chapter two, I defined social impacts as impacts on the relational self: on the individual woman, her relationships with others, and on others through those relationships; this understanding was best captured in the concept of space for action (Kelly et al. 2014; Sharp-Jeffs et al. 2018). An important aspect of space for action is that it shows the way that not only individual victim-survivors, but at times women as a class are impacted by the exercise of VAWG (see for instance Vera-Gray 2018). While this concept is gaining some currency in the field of VAWG research and practice, it remains

under-conceptualised: I situate it within the wider literature on capabilities (eg Robeyns 2003, Nussbaum 2005, Kabeer and Sulaiman 2015) to position it as a definable and potentially measurable social impact. This theoretical work was necessary to make sense of precisely how VAWG impacted on women's social selves. Rather than review the full range of impacts of VAWG on victim-survivors' space for action, I chose to focus on those impacts that flowed from the intersection of VAWG and VAWG-related stigmas.

This brought me to my third objective, to understand how stigma mediates the social impacts of VAWG. The conceptual framework presented at the end of chapter two, an adaptation of Stangl et al. (2019)'s health stigma and discrimination framework, traces the pathways by which VAWG-related stigma is produced, manifest and produces impacts on women's space for action. In chapter six, I describe detailed findings which follow this framework, whose utility I review at the very end of that chapter. According to my analysis, it was necessary to introduce a new level to the framework, which describes collective identities that emerged in the context of stigmatisation and the continuum of violence and oppression. These identities have been described in other contexts, but not before in Ireland, or in relation to the issue of stigma: they were the strong Black woman (eg Collins 2000, Beauboeuf-Lafontant 2005, Beauboeuf-Lafontant 2007, Beauboeuf-Lafontant 2008, Kanyeredzi 2017) and the resilient survivor (Taylor 2018). The adoption of these identities was key to the self-regulation inherent in the intersecting stigmatisations experienced by research participants, and was also key to the ultimate impacts of VAWG-related stigma. Going beyond the mere presence of stigma, I outlined the ways in which it proscribed possibilities for social relationships and the self-regulatory behaviours women carried out in those relationships, which I describe as stigma work: self-silencing, relationship management, and maintenance of appearances.

The final objective of the project was to develop methodological approaches to researching stigma and silences. The specific challenges of researching stigma are the difficulty of gaining knowledge about subjects which are silenced (Ahrens 2006: 271); and the ethical challenge of protecting those who break taboos from the harms of stigmatisation (Michell 1999): these challenges are discussed in detail in chapter 4.7. Later in this chapter I will discuss the specific lessons that I learned in this project about researching stigma, which lead into my thesis recommendations.

## 8.2 Contribution

### 8.2.1 Methodologies for researching stigma

The process of carrying out this research was challenging for a number of reasons and required me to adapt the planned strategies for recruitment, data gathering and data analysis. In chapter 4.7 I outlined the specific problems presented by stigma research: both epistemological – how can we gain knowledge about subjects which are silenced?; and ethical: how can we do so without bringing harm to those who participate in research? Methodological advances in VAWG research (eg Ellsberg and Heise 2005, Fontes 2005, Zimmerman and Watts 2006) were useful, but did not address the specific issue of stigma, apart from to acknowledge its role as a barrier to research. Thus I needed to incorporate new strategies, which I offer as a contribution to the methodological literature on VAWG and stigma.

As this research was not embedded in a service provision setting, recruitment was dependent on a great deal of trust-building, which required more time than the initial schedule allowed for. As a result, it was necessary for me to accept that the reach of my recruitment for in-depth interviews with victim-survivors would be more limited than initially anticipated, and to revise the approach to both data gathering and data analysis. Arising from this experience, chapter 5 describes strategies that worked for gathering valuable evidence about stigma and VAWG in an ethical way. The chapter describes how I extended my engagement both with individual interview participants and members of the wider African migrant community, spending time with individuals and groups and taking notes about their daily encounters with stigma and daily impacts of violence and oppression. This slow and extended approach allowed for participants to trust me with their testimony, and as I describe in chapter 6.4.2, it also allowed me to provide them with copies of their testimony in such a way that gave it a lasting meaning, in the form of single-issue books, professionally bound and decorated. This would not have been possible with a larger number of contributors, but it created a lasting connection between participants and their own narrative. My contribution extends to the approach taken to data analysis, embedding individual narratives in the context of FGD discussions.

I observed, over the course of the research, the individual and collective value that participants placed on their individual testimonies; the desire to share these testimonies for the greater good; and the risks inherent in acts of sharing. My findings about testimony, discussed in detail in chapter 6.4.2, contribute to the existing literature on the potentialities of narrative methodologies related to

stigma, exploring the tension between recovery through telling and through building solidarity, and the risk and exposure as inherent in stigmatised identities. This investigation leads me to specific recommendations, both for research practices and for VAWG practitioners in Ireland and elsewhere, outlined later in this chapter.

### 8.2.2 Theorising the relationship between VAWG, patriarchy and stigma

I present the theoretical work of this thesis as a new contribution to the literature, for the first time delineating the connections between VAWG, patriarchy and stigma, and how they function to produce and reproduce individual harm and collective gender inequality. In chapter 2.2, I noted that the connection between violence against women and patriarchy was frequently lost in academic studies (Hunnicuttt 2009). In chapter 2.5, I highlighted the work of social theorists of stigma who call for a renewed emphasis on the structural factors underpinning stigmas (Parker and Aggleton 2003, Tyler and Slater 2018). These theorists have especially emphasised racial, welfare and housing stigma (see for example a special issue of the *Sociological Review*, July 2018); I emphasise patriarchal stigma within this work. The limited research on VAWG stigma is dominated by social psychological studies which do not incorporate an analysis of the power structures informing processes and outcomes of stigmatisation (eg Overstreet and Quinn 2013, Deitz et al. 2015, Murray et al. 2015, Scott et al. 2015, Overstreet et al. 2019). In the absence of such an analysis, the understanding of stigma impacts can be narrow and individualistic.

I draw on the concept of VAWG as a continuum (Kelly 1988, Kanyeredzi 2017, Boyle 2019) to connect violence with wider structures of patriarchy, which in addition produce patriarchal and VAWG-related stigma, itself a symbolic violence (Parker and Aggleton 2003). As a result, I move away from describing stigma as a mediator of the impacts of VAWG, to assessing the ways in which it is a part of the system of VAWG, supporting violent perpetrators. I understand social impacts in terms of women's space for action (Lundgren 1998, Kelly 2003, Kelly et al. 2014, Sharp-Jeffs et al. 2018), which I define as 'the multiple interconnected domains of a woman's life, including her social relationships and her freedom to move in different physical spaces.' Key aspects of this concept are that space for action is the freedom that different types of violence take away; and that there is a dynamic relationship between the space for action that violent men seek to expand and enjoy under conditions of patriarchy, which requires the limitation of the agency and freedom of women. I note that even in highly constrained circumstances, women actively work on their space for action, narrowing it to manage threats of violence and stigmatisation, and expanding it

where possible (Westmarland and Kelly 2013). I argue that stigma is part of the system which constrains women's space for action, particularly in the context of VAWG.

In chapter 2.6 and again in chapter 6.4, I have presented a conceptual framework drawing on the health stigma and discrimination framework by Stangl et al. (2019). With this model, I have been able to connect patriarchy and violence culture (chapter 2.2) with stigma processes (chapter 2.5: see in particular Link and Phelan 2001, Parker and Aggleton 2003, Phelan et al. 2008, Link and Phelan 2014, and Tyler and Slater 2018), tracing the specific impacts of intersecting stigmas on the space for action of victim-survivors in this small study. The application of this broad health-related stigma framework, contextually adapted, to the subject of VAWG, is a new and valuable contribution to research in the areas of both VAWG and stigma. In the recommendations section to follow, I outline further research avenues which might expand the use of this framework.

A particular contribution from the findings of this study is the introduction of an additional level to the original conceptual framework, which outlines the stigma identities observed in this study. Researching a very narrowly-defined group (African migrant women in Ireland), collective narratives of identity arose very strongly in the data that I collected and these identity narratives strongly structured the impacts of stigmatisation on victim-survivors of VAWG. Following Parker and Aggleton (2003) and Castells (1997), I therefore encourage renewed attention to the role of identity constructs in the experience and navigation of stigma.

### 8.2.3 An intersectional analysis of VAWG, stigma and migration in Ireland

Using intersectionality to understand this research meant paying close attention to the social locations of research participants and placing impacts in the context of migration and race in austerity Ireland. In this respect, I make two main contributions to the understanding of race, migration and VAWG in the Irish context: first, the identification of the strong Black woman identity trope; and second the identification of the constraints imposed on the space for action of migrant women victim-survivors by the Irish state itself.

Detailed qualitative research of this sort is uncommon in the academic literature pertaining to Ireland, and this study expands the knowledge base on the nature and impacts of structural exclusion for Black African-origin women. Uniquely, it identifies the role played by identity construction within intersecting structural constraints, naming identities of the resilient survivor (specific to violence), and

strong Black woman. This analysis is infrequently applied to the context of migration and VAWG outside of the US, and has not been explored in the case of Ireland previously.

This study further demonstrates that structural violence within Ireland's migration system, and particularly the asylum system, constrains space for action and intensifies the impacts of VAWG on individuals by limiting the choices available to them. It highlights the ways in which racism in Irish society and patriarchal stigma combine to narrow network possibilities for individuals, potentially isolating them in a context where the social safety net is under attack and especially difficult for migrants to access. In this way, the Irish state is responsible for symbolic violence against migrant women who are victim-survivors or vulnerable to VAWG. A comparable analysis has been brought to bear in the case of the UK (Phillimore 2019a, 2019b) and the wider European context (Freedman 2012, 2016).

The identification of a collective narrative identity of resilient survivorship among strong Black women constitutes an application of Foucauldian interpretations of stigma power (Link and Phelan 2014, Tyler and Slater 2018). This identity is both a reasonable response to highly constrained space for action (Barnett et al. 2016), and simultaneously a disciplinary practice which militates against solidarity action or indeed collective resistance (Neocleous 2003, Beubeouf Lafontant 2005, Taylor 2018). Ultimately, it allows individual victim-survivors to create a coherent identity in the aftermath of violence in a context of stigmatisation (Taylor 2018). Ironically, the resilience which study participants claimed in order to dodge multiple stigmas was itself thwarted in multiple ways, most importantly through the isolating and impoverishing asylum system (Thornton 2014, Conlon 2010), and the barriers to employment for African women in Ireland (O'Connell et al. 2017, Joseph 2018).

### 8.3 Limitations

In chapters 4 and 5 I outlined the steps taken to ensure the study would meet standards of reliability and validity in qualitative research, through use of validation strategies and systematic documentation of my data collection and analysis. Nonetheless, I recognise that there are certain limitations which must be taken into account when considering the implications of the research analysis presented here.

First, the study was conducted with a relatively small sample, particularly of in-depth interviews. These interviews are presented as exemplary case studies,

adding a significant detail to the understanding of the social impacts of VAWG; however it would not be possible to extrapolate from these findings to a more general population, even within the narrow inclusion criteria applied for this study. The interviews presented demonstrate the applicability of the conceptual framework and populate it with new information related to stigma identities and impacts. I recommend further research using this framework.

A second limitation is the nature of the participants in the study, all of whom represented a level of 'survival' or 'moving on' greater than that of others who did not participate; women for whom the constraints on their space for action may be many times worse than for the participants in this study. As Ahrens (2006: 271) observes, any attempt to study silence is limited by the fact that, by definition, the population of interest is not disclosing to anyone. It is not possible to say from this study whether the nature of impacts on even more constrained individuals are qualitatively different, or if they are simply more severe versions of the impacts presented here. Research should thus continue, implementing the best available methodologies for enabling people in positions of extreme vulnerability to share their testimonies.

These methodological limitations, discussed in chapter 5, have two main ramifications for the conclusions of the thesis. In section 6.3.1 I describe the protective effect that the strong Black woman identity had from the most extreme impacts of shame, and indeed this was a very clear finding from IDIs. Given the way that this was endorsed both in FGDs and in validation activities (see appendix B), I am confident in this finding, not previously documented. However, this is in no way to suggest that the shame which is depicted as a corrosive feature of VAWG in other studies (Buchbinder and Eisikovits 2003, Baker 2013, Tonsing and Barn 2016, Taylor 2018) does not ever affect Black or African-origin women in Ireland. Indeed, those women who found disclosure more difficult are likely to be those most impacted by harmful shame. Their voices are not represented here, but merit further attention.

On a related point, while the narrative of the resilient survivor was very dominant, both in IDIs and FGDs, in this very small sample a strong counter-narrative also arose: that of Maude. Other counter-narratives may well be present, offering a range of alternative ways of telling the experience of recovery and survival.

## 8.4 Recommendations

In the course of carrying out this study I have engaged in policy discussions in Ireland, particularly with regard to the financing of VAWG services (eg Forde et al. 2017), and the international protection system (eg Ballantine 2019a, 2019b). The recommendations I present here are those that arise directly from the unique contributions made by this thesis, outlined above.

### 8.4.1 Implementing new tools for research and practice

The research tools described in chapter five and in appendix C and D were carefully developed with a view to getting in-depth understanding of a highly sensitive topic. They were devised with reference to existing best practice guides (most notably Ellsberg and Heise, 2005) and in consultation with colleagues carrying out qualitative research on the social impacts of VAWG in Pakistan, Ghana and South Sudan (see eg Alvarado et al. 2019a; Alvarado et al. 2019b). I came to this research with a background in participatory learning and facilitation, and brought this experience to the development of materials that would be engaging and insightful, while meeting the highest ethical standards (see chapter 5 for full details). In the course of carrying out the research, I found that my approach – carefully researched, but inevitably also instinctive – was effective in part because of the application of narrative-based tools. Participants responded more enthusiastically than I had expected to the invitation to tell stories, both imagined and recalled. The opportunity now exists to expand the initiative from this research project by converting these tools into a training package, in partnership with migrant women’s organisations.

My research tools – a series of participatory activities – could form the basis of materials for exploration and reflection on violence within community spaces. While I used these activities in order to gain insight (I aimed to avoid being narrowly “extractive” through high levels of accountability to participants; but the end goal was information for this thesis), they could be deployed effectively for learning through action research or facilitation-based training. Indeed, some of the material gathered through the research and shared in validation activities as research ‘findings’ could usefully be added to such a course. A proposed course outline could include some or all of the following dimensions:

- Introduction: making a connection with the topics of gender, agency and power (exercise: choosing images of characters, giving them a narrative back-story).

- Mapping social networks and exploring gender relations within them (venn diagram activity).
- Exploring and understanding violence and oppression (exercise: free-listing).
- Exploring and understanding violence and oppression (continuum of violence, victim-survivor stories – see fig 12, section 7.1.1).
- The impacts of violence on the life space (exercise: narrative using the character from the introduction and venn diagram).
- The role of social networks and communities in impacts of violence (revision of venn diagram activity).

The development of such resources would make a valuable contribution to both research and practice in the area of intersectional research on violence against women and girls, and would build on the significant and insufficiently used research approaches of, for example, Robert Chambers and Veneklassen and Millar.

#### 8.4.2 The need for testimony in safety

As outlined above, the conduct of this research required me to develop long-term ethical strategies to enable the testimony of victim-survivors. Participants placed a clear value on their own narratives, both for personal therapeutic purposes, and as potentially socially valuable for shifting the constraints on other women's space for action. It is therefore a recommendation of this thesis that both researchers and practitioners implement some of the methodological steps described in chapter 5, in particular around trust-building and giving participants full control of their narratives – an action which was given full meaning in the return of interview transcripts to participants in the form of individual books.

A further recommendation, for the data and analysis presented here and for future narratives that are collected, is to provide a safe forum for such testimonies to be shared and accessed. The desire for such a forum was clearly expressed by Blessings, Shade and Maude. No participants were aware of such spaces, although some had looked for them, primarily on the internet, and as we saw, Blessings considered setting up a facebook group for survivors to share their stories. It is well recognised that the majority of women who experience violence do not reach out to formal services – but they do seek advice, support and solidarity, often online.

None of the research participants were part of women's survivor support groups, yet all expressed a belief that their own experiences could help others to find a path to survival – and that they might have benefited from the insights of women who had similar experiences to them. The specificities of migrant needs, including visa status, local information and language support, strongly support the value of a migrant-specific space for sharing and connecting.

#### 8.4.3 Further application of the conceptual framework

The conceptual framework developed for this research proved very robust and facilitated new insight into the connections between patriarchy, VAWG and stigma, and the role of identity in this, albeit for a very small study sample. I therefore recommend the further application of this framework to research on VAWG and stigma. I suggest that it could be used to trace the origins and impacts of VAWG and stigma with regard to a larger, more diverse group of victim-survivors, to further populate the levels related to stigma identities, practices of self-regulation and the outcomes of these on individuals and communities. A specific focus is needed to explore how VAWG and stigma interact to constrain or expand women's space for action in the workplace, educational settings, and healthcare settings (beyond immediate helpseeking).

With regard to the identity of the strong Black woman, research from the US indicates that the adoption of such identities has an impact on Black women's mental health (Beauboeuf-Lafontant 2008, Woods-Giscombé 2010, Abrams et al. 2019), leading to mental distress, depression and potential displacement activities. This study was not designed to investigate the impacts of particular identity constructs; yet further research on this topic in the Irish context would be highly valuable.

#### 8.4.4 Addressing VAWG in the lives of migrant and ethnic minority women in Ireland

The work done by NGOs to document institutional racism in Irish society (eg O'Brien 2012, 2014, Michael 2015) provides an important basis for understanding of the problem, although to date no statistically representative study has been completed. Participants in this study and in others (eg Dhala et al. 2019) make clear that racist behaviour is anticipated and experienced in many areas of Irish life. Very little evidence is available on minoritised women's experiences with violence against women services, particularly from the perspective of minoritised women themselves rather than service providers. As this detailed study has shown, racism is often subtle, and the perspectives of clients must be sought out

to demonstrate exactly how it operates and impacts on minoritised communities. More extensive research on this topic is urgently required, building on existing studies including this one; Fagan (2008); and WHC (2009). The role of the Irish state as patriarch, protector and perpetrator/ structural enabler of violence (Ballantine 2019b; Phillimore 2019a) must be recognised and addressed in migration policy, research and practice.

Through field work and key informant interviews, it became apparent to me that gaps in knowledge and services are being filled throughout Ireland at the grassroots level. Individual churches and faith groups provide support to women undergoing problems in the home and in public, and local community leaders are often called upon to mediate or intervene in family disputes. Many of these initiatives have some level of “institutionality”, being embedded in faith organisations or ethnic-group ones – others are entirely ad hoc. They constitute a key aspect of the response environment for migrant women affected by violence. For services seeking to improve access and outreach, this is a key part of the ecosystem that calls for greater understanding and engagement.

As chapter 3 of this thesis demonstrates, the existing data on prevalence and incidence of different forms of VAWG in Ireland is extremely poor, especially when it comes to sub-populations including migrant women or ethnic minority women. In the context of this lacuna, response services are operating with partial knowledge. Ireland presents a research challenge because its population is relatively small. The upcoming Sexual Violence Survey, currently expected to begin data collection in January 2022 (Department of Justice 2019), requires a sample size of at least 5,000, ideally higher, in order to be able to investigate sub-groups adequately (Department of Justice 2018). Nonetheless, the numbers will inevitably be small, so discrete qualitative and quantitative studies on marginalised populations are required, to make visible issues and patterns that will remain invisible in the context of a wider population-level study.

## 8.5 Summary, reflections and lessons learned

This thesis has shone a light on narratives of violence in the lives of African women in Ireland, and in so doing, has contributed to the literature on gendered stigma, shame, and the social impacts of VAWG. Through the use of mixed methods including narrative methodology, it has expanded evidence on both the overall context of violence against women and migration in Ireland; and provided deep insight into the impacts of violence on the life space of migrant women. Unlike the majority of studies on VAWG, it “opens the box” on stigma, describing it in granular detail in the lives of victim-survivors. While those at a

distance from violence were quick to identify stigma and its impacts, those who were more immediately affected (interview participants) offered a more nuanced view of navigating life with stigmatised identities. Stigma is closely related to identities, and this study demonstrates the process of identity construction that occurs within the multiple stigmas that shaped the lives of research participants, Black African migrant women living in Ireland. The narrative identities depicted here – and most especially that of the Strong Black Woman – are new insights in the Irish context, and add to understanding of stigma, gender, race and violence.

Carrying out this research project allowed me personally to pursue two of my most long-standing ambitions: to create knowledge related to migrant rights; and to complete a thorough research project from start to finish. I carried it out with a deep sense of gratitude to those people who were willing and often enthusiastic participants: African women, migrant membership organisations, and women's violence organisations. Interview participants came to the project with courage and placed their trust in me out of a firm belief that testimony was necessary to bring about change. Experiencing this trust and belief first hand gave me a sense of responsibility and indeed stewardship of the narratives with which I had been entrusted. This had a dual impact. It burdened me with a sense of obligation to those at the sharp end of the twin injustices of gender based violence and racist migration regimes; and it empowered me to write and teach about such injustices, and participate as much as possible in activism. At a personal level, this was a source of growth and pride, but also a source of challenging emotions related to guilt and responsibility. Regardless of the subject matter, doing a PhD is an intense and deeply personal undertaking. On completing this project, I have a newfound confidence in my own knowledge and skills, and a corresponding drive to put these into practice.

This research has given me an important sense of the state of evidence in relation to violence against women in Ireland and internationally. While on a global level methodologies have improved immeasurably in the past twenty years, it remains the case that our qualitative insight into the nature of violence and its extensive impacts is limited; and statistical data, while important, hides a multitude. Carrying out this project gave me a keen appreciation for the need for rigorous qualitative research as well as more detailed statistics, and an appreciation too for the challenge of designing ethical and effective research projects. I learned a great deal about services related to migration, integration, racism and violence: particularly the impact of resource scarcity and the challenges that exist in Ireland around networking and learning. Ireland is still at a very early stage in developing partnerships in this nexus of migration and violence, yet such partnerships are both urgently needed and require sufficient resourcing and

careful management. Above all, this research has convinced me of the need for migrant women-led initiatives (research, policy and practice) to address the multiple oppressions that they face. For a researcher of my background, the role from here on is to promote, support and nurture such initiatives.

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## Appendices

### Appendix A Key Informant Interviews

<b>Name</b>	<b>Role</b>	<b>Organisation</b>	<b>Date</b>
Sarah Duku	Health advocacy officer	Cáirde	12.12.2016
Aisling Hearn	Therapy coordinator	Spirasi	14.08.2017
Nor Nasib and Hanan Hegazy Amer	Coordinators	Amal Women's Group	12.10.2017
Leonie Kerins	CEO	Doras Luimní	26.04.2018
Salome Mbugua	Founder	Akidwa, Wezesha	15.11.2018

### Appendix B Validation activities

#### 1. Meetings conducted with gatekeepers and key informants

**Women's Aid workshop:** sharing and discussion of research findings as part of complete staff meeting in Women's Aid Dublin office – 16<sup>th</sup> October 2018

**Sarah Duku:** meeting at the Cáirde office in Balbriggan – 10th October 2018

**Salome Mbugua:** meeting at AkiDwA office in Dublin – 15th November 2018

**Niera Belacy/ Amal women's network** – 22nd January 2019

#### 2. Workshop conducted with research participants

**Validation workshop:** 16th February 2019

Recruitment was done via original research participants and gatekeepers, accessing the same community.

Three women participated; Maude, and two members of FGD D.

The methodology was similar to the original FGD methodology, exploring and deepening the themes that arose in the data analysis.

## Appendix C FGD and In-Depth Interview guides

The social cost of violence against African migrant women living in Ireland: The role of stigma and shame

### Qualitative tools for FGD and IDI

#### Participatory Focus Group Discussion Guide

PFG Identification Number: _____	Location: _____
Gatekeeper organisation: _____	Date: _____
Time Started: _____	Time Ended: _____
Participant Summary: _____ Women age 18-29	_____ Women age 30 +

#### Overarching questions:

- What types of violence are most common among migrant women?
- How do migrant women develop and build social capital and collective agency in Ireland, over time?
- What are the most important spaces, places and networks for the development of social capital and agency?
- How might a woman's social capital and agency be altered if she has experienced gender based violence

#### A) Introduction and informed consent (10 minutes)

1. Researcher introduces herself
2. Researcher introduces the research topic and gains consent – see outline below.
3. Ask participants to introduce themselves
4. Explain ground rules: All information shared during the discussion should be treated confidentially; only one person should speak at a time; respect opinions that differ from your own; etc. Ask participants to suggest other ground rules

that will help them feel comfortable sharing their ideas during the group discussion.

5. Short icebreaker activity

### **Informed consent procedure:**

Before proceeding, facilitator must distribute and read participant information sheet.

Additional text to be shared after reading the information sheet:

*As you are aware, the main focus of my study is on the impact that violence has on African women’s lives and health. This is not written on our information sheets because in some cases it could put you at risk.*

Take questions and gather signatures to verify that consent has been obtained from all PFG participants.

### **B. Activity Guide**

What types of violence are most common among migrant women?

‘In every community in the world, sometimes women experience violence in their daily lives. This can happen in their own home, on the street, or in other places.’

<b>Main questions/instructions</b>	<b>Secondary questions</b>	<b>Probing questions</b>
Let us build a list of all the kinds of actions that we could consider violence against women.  Be specific	Think first about where violence might happen. <ul style="list-style-type: none"> <li>• In the home;</li> <li>• in public places (markets and shops, public transport, schools or clinics, restaurants, bars and nightclubs);</li> <li>• in other private places (other people’s homes)</li> </ul>	<b>Prepared list of actions:</b>  <b>Intimate Partner Violence:</b> Yelling at or humiliating in public; Throwing things; Having affairs outside of marriage; Demanding sex from your partner when she doesn’t want it; Threatening to

	<p>Think about the places that women in your community have left:</p> <ul style="list-style-type: none"> <li>• Refugee camps</li> <li>• War zones and conflict zones</li> <li>• Prisons</li> </ul>	<p>withdraw financial support; Pushing or shoving; Slapping; Blows with the fist, on any part of the body except the head, that don't leave a scar; Beating up with bruises or swelling; Saying that your partner is stupid or worthless; Controlling your partner's activities (work, visits, friends); Blows with a fist to the head; Blows during pregnancy; Threats with a gun or knife  <i>(adapted from WHO/PATH Guidebook on Researching VAW)</i></p> <p><b>Non-partner sexual violence:</b>  Being forced to perform any sexual act that you did not want to by someone other than your husband/partner: including sex; unwanted sexual acts such as exposure; grabbing parts of a woman's body; penetration with parts of the body or objects  <i>(adapted from WHO multi-country study on Intimate Partner Violence and non-</i></p>
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		<i>partner sexual violence, 2013)</i>
Discussion/Ranking: Which actions are <i>common</i> for women with your background, in terms of frequency? (Use colour coding or stickers to indicate common)	Of the actions here, which does the community consider <i>normal</i> ? Which go 'too far'? (Color coding or other marking to distinguish 'normal' from 'too far')	Use the first list to probe

## Activity 2: exploring social capital and agency among migrants

Facilitators note:

*Activities 2 and three use cardboard circles to talk about social networks and the impact of violence on social networks. Encourage participants to move the circles around, and to interact with them, for example by drawing lines through them to indicate changes in relationships. Take photographs of the diagrams as they are built to capture the discussion.*

### Venn diagram/ network mapping

#### Materials:

Plenty of cardboard circles of different sizes

Cut out drawing of an African woman

Markers

*Begin with an individual reflection:*

'I'd like you to reflect on your life here in Ireland. I'd like you to make a list of all the people and services who have helped you here. Not only Irish people, but everybody who has been important.'

'Now we are going to make a diagram together.'

*Place the image of a woman that the group have chosen at the centre of a piece of paper.*

Main Questions	Secondary Questions	Probing Questions
<p>With the whole group, ask them to write each type of person or service that you have identified on a circle: put the most important ones on the biggest circles. Who are the people and the services she needs to help her?</p>	<p>Put the circles that she can access easily close to her, and the ones that are difficult to access far away. Make the ones that are most important larger.</p>	<p>How often does she reach out to the people close to her?  Why are they important? In what way?  How are these ones easy to access? How are these ones difficult?  Who helps her to feel positive about herself?  Who helps her to establish day to day life?  Who helps her get education or a job?  Who helps her to connect with family at home or in other places?  Who helps her with her children?  Who helps with her health?</p>

### Activity 3: exploring impacts of violence on social networks

‘Now we are going to talk again about violence and the ways that it will impact on our imaginary woman. Is everybody comfortable to continue with the activity? Remember that you are not expected to tell us about any specific stories: this is a general exercise.

Let’s continue.’

Main Questions	Secondary Questions	Probing Questions
<p>‘Now consider the same woman. Remember the types of violence that we talked about at the beginning of our discussion. If she has experienced any of these types of violence (indicate the list of <i>common and severe</i>), how</p>		<p>Will she tell anybody about the violence? Who? Why? How will they react?  Will she try to hide the fact that she experienced violence? From whom? Why?  If people know about the violence (because she has left her partner, or because it is</p>

will that affect her relationship with these people or service providers?’		known in the community), what would be different?
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### **Part Three: Follow up**

Thank you very much for participating in this discussion. I have learned a lot about your understanding of life in Ireland. I hope to use this information to work with your leaders and service providers to improve the lives of women here in Ireland.

My research is investigating the impact of violence on women’s lives. As well as carrying out these group activities, I also want to interview women about their individual experiences. This will help me to understand some points in more detail, and to make good recommendations.

If you would like to participate in an interview, please contact me. You can talk to X, who can put you in touch with me. Or you can contact me directly – by phone, email or by post. Here are my contact details. (card)

Finally, if you have been affected by this conversation, there are services available for women. This booklet tells you who to contact if you have been personally affected by the things we have discussed today (*indicate the page with Women’s Aid, Rape Crisis Centre, Aware*).

Please remember that this discussion is confidential, and what we have shared between ourselves are not to be discussed outside of this group.

## Appendix D Sample code used for venn diagram in FGDs

*A variation of this code was used for the final venn diagram activity in each FGD*

Can we give this woman a name? She has lived in Ireland for 17 years. She is from South Sudan. She has 3 children, aged 21, 18 and 14. She is separated from her husband Victor, who lives in the US. She doesn't currently have a partner.

1.

*Hope* moved to Ireland from Uganda in 2008, with her husband and child. The first few years in Ireland were difficult. Victor worked as a taxi driver and *Hope* was at home with the children (he did not want her to work outside the home). He was not at home often and she felt very isolated; although the family were financially secure, she had no money of her own. They fought often. He criticised her constantly, and especially criticised the way she raised the children. When he was drunk, he sometimes hit her. At times, he forced her to have sex with him.

Victor moved to the UK to pursue a business opportunity. He visits most years, and they are not divorced, but she doesn't consider him her partner.

2.

Before she left South Sudan, *Hope* had to leave her city. Food was not available and there was a huge influx of people. Travelling to a refugee camp, she was attacked by bands of men, and raped, more than once. She never told anybody.

## In Depth Interview Guide

KII Identification Number: _____	Location: _____
Gatekeeper Organisation: _____	Date: _____
Time Started: _____	Time Ended: _____
Age:                      18-29: Y N	30+ Y N

*The interview is semi-structured. The questions and probes highlight the focal areas of the research. The participant should be encouraged to speak freely and at length, but guided to expand on the themes outlined in this guide.*

### **Informed Consent:**

Before proceeding, interviewer must share participant information sheet and obtain signature to verify that verbal consent has been obtained.

### **Introduction**

Build rapport; introduce topic of VAW

Main Questions	Secondary Questions	Probing Questions
<p>I'd like you to begin by telling me a little bit about yourself and your life.</p> <p>Can you tell me about when you first came to Ireland?</p>		<p>How long ago was it? How did you get here/ Can you tell me about the journey?</p>

### **Impacts of violence on social networks and public stigma**

Main Questions	Secondary Questions	Probing Questions
<p>Now I'd like to discuss an experience of violence in your life. It doesn't matter when it happened – before you lived in Ireland or since you came here.</p>	<p>When did it happen, and where? (<i>establish whether before arrival in Ireland, after or both</i>)</p>	

<p>Can you tell me about the most significant incident of violence that you have experienced in your life? <i>'Most significant' – could be the worst, the most severe – or the first. The one that has had the biggest impact.</i></p>	<p>Have there been other incidents?  Who did you tell?  How did they react?</p>	
<p>Can you tell me about the impact that violence has had on your life since coming to Ireland?</p>	<p>Move away from health impacts to social: Did the people around you change the ways they behaved towards you? Where do you feel most included? Where do you feel excluded?</p>	<p>What sort of actions make you feel excluded or unwelcome? (Prompts: gossip; verbal insults or threats; physical harassment; not inviting you to events or occasions)?</p>
	<p>How have your family members (husband, children, parents) been affected by your experience of violence? Have they had experiences of being excluded similar to yours?</p>	<p>Where do they feel excluded? (Prompts as above) What sorts of actions make them feel excluded or unwelcome (Prompts as above)</p>
	<p>Why do you think you were excluded?</p>	<p>bad wife; divorce/ separation/ single parenthood; bringing shame on family; bringing shame on community</p>

*Introduce: we are going to talk about your own feelings about the violence. Please remember that you do not have to continue with the entire interview. When we are finished, I will provide you with information about services that you can contact to support you.*

*Are you happy to carry on?*

### **Impacts of violence on sense of self; shame and self-stigma**

<b>Main Questions</b>	<b>Secondary Questions</b>	<b>Probing Questions</b>
Can you tell me about your own feelings about your experience of violence. When you think about it, how does it/ did it make you feel?		Do you feel angry? Guilty? Do you blame yourself? Do you blame other people (whom)?
	Are there things that you have chosen not to do because of your experience of violence?	Attend family events; attend community or church events; apply for a job, a course of education or a promotion; not to have sex; not to begin/ continue a relationship

**Close: positive experiences, hopes for the future**

<b>Main Questions</b>	<b>Secondary Questions</b>	<b>Probing Questions</b>
Can you tell me about a time when you have felt supported or helped in Ireland? (It doesn't need to relate to your experience of violence)		Who helped you? How did you feel? Was this surprising, or normal?
What are your hopes for your future?		

‘Thank you for agreeing to participate in this interview. This booklet has information about services that are available for migrants in Ireland. Some of these services are especially for women who have had experiences like you have.’



Appendix E Participant Consent Form: Focus Group Discussion, In-Depth Interview

**Research Project: African migrant women’s lives and health in Ireland**

FGD/ IDI No:

**Date:**

**Principal Researcher:** Carol Ballantine (PhD Candidate)

- |   | <b>Please</b>            |
|---|--------------------------|
| <b>tick the box</b>                             |                          |
| • I have read the Participant Information Sheet | <input type="checkbox"/> |
| • I have had the chance to ask questions        | <input type="checkbox"/> |
| • I understand the information provided         | <input type="checkbox"/> |
| • I agree to the interview being audio-recorded | <input type="checkbox"/> |
| • I have received a copy of this consent form   | <input type="checkbox"/> |

**Name of Participant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name of Researcher:** Carol Ballantine

**Signature:** \_\_\_\_\_



OÉ Gaillimh  
NUI Galway



WhatWorks

TO PREVENT VIOLENCE

Economic and Social Costs of  
Violence Against Women and Girls

## **The social cost of violence against African migrant women living in Ireland: The role of stigma and shame**

### **Consent protocol: For researcher and gatekeepers**

In recruiting participants for the study, it is very important that they understand what the study involves. Otherwise they might be agreeing to participate, without giving informed consent.

One difficulty with qualitative research on violence against women is that the subject itself imposes barriers to recruitment. If there is any possibility that an abuser could find out that a woman participated in such a study, this could put her at risk. So within a small, tight-knit community, it is important that there isn't widespread, detailed knowledge that the study is going on, or it could arouse suspicion.

For this reason, written recruitment materials do not mention the subject of violence against women. Instead, recruitment materials state that the study deals with 'migrant women's life and health'.

This protocol has two main purposes:

1. To ensure that the subject matter of the research study is kept sufficiently confidential that participants are not harmed by being associated with it.
2. To ensure that participants are fully informed of the nature of the research project, and can give fully informed consent.

The participants will be accessed in different ways, and so communication will be different depending on whether they are contacted in person or by phone, in a group or individually. The table below outlines how the nature of the study will be communicated in each case.

## Communicating research information for informed consent: flowchart

<b>Step 1: How does the woman first hear about the study?</b>	<b>In a regular meeting (eg NCP Somali women's group), researcher present</b>	<b>Over the phone, from a gatekeeper she knows (eg Salome, Adaku, Caroline)</b>	<b>In person, from a gatekeeper she knows (eg Salome, Adaku, Caroline)</b>
<b>From whom?</b>	Carol (the researcher)	A gatekeeper	A gatekeeper
<b>What is communicated about the nature of the study?</b>	<b>Research topic:</b> African women's life and health in Ireland	<b>Research topic:</b> African women's life and health in Ireland	<b>Research topic:</b> Impact of violence against African women living in Ireland. No personal information required for FGDs.
<b>Step 2:</b>	Woman expresses interest in participating in the study		
<b>Step 3:</b>	Talk to researcher after the meeting ends (in confidence, individually or in a small group of interested women). Researcher clarifies: topic is impact of violence against African women in Ireland. No personal information required for FGDs.	Known gatekeeper clarifies: topic is impact of violence against African women in Ireland. No personal information required for FGDs.	
<b>Step 4:</b>	<b>Woman confirms interest in participating</b>		
<b>Step 5:</b>	Take contact details and provide information about proposed location and rough times and dates for FGDs. Share information leaflet for contact information and participant information sheet. Follow up within two weeks.		



## **The social cost of violence against African migrant women living in Ireland: The role of stigma and shame**

### Appendix G Protocol for referrals and distress

#### **1. Women in abusive relationships in IDIs**

Women who are currently in abusive relationships are explicitly excluded from the research. It is not possible to screen for abusive relationships within recruitment. Therefore, there is a possibility that in the course of FGDs or IDIs it could emerge that this is the case.

If a disclosure arises during individual interviews, the researcher will pause, and question in order to confirm gently that the woman is currently at risk. The following protocol will be followed:

1. Gently probe to confirm that the woman is at risk
2. Assure her that she is believed, she is not to blame, her confidentiality is assured
3. Ask if she has spoken to anybody. Ask if she is aware of support services. Indicate the support services in the referral booklet (Women's Aid for domestic violence and RCC for sexual assault).
4. Offer to assist her to contact these services. Offer to contact a friend, family member, or member of the supporting organisation.
5. Ask if it would be ok to call her later in the day or the next day to be sure that she is ok. Take her contact details.
6. Explain that you will not continue with the research, as it is focused on past experiences of violence and not current ones. Thank her for her participation, and make sure that she can get home safely.

#### **2. Distress in IDIs**

The IDIs require quite a detailed discussion of the impact that violence has had on individual women. This may result in distress. If a woman becomes very emotional in interviews, the following protocol will be observed:

1. Ask if she would like to take a break, and if she would like you to switch off the digital recorder.
2. If she continues to be upset, ask if they would like to end the interview, and ask if there is anybody they would like you to call to spend time with them.

3. Ask if she is aware of support services. Indicate the support services in the referral booklet (Women's Aid for domestic violence, RCC for sexual assault, and also supports related to migration issues and mental health). Offer to assist her to contact these services.
4. Before leaving, ask the person if it would be ok to call them later in the day or the next day to make sure they are ok. Alternatively, ask them if they would like you to have someone from the local community (e.g. from the gatekeeper organisation) call them to make sure they are ok. Take her contact details

### **3. Disclosure and/ distress in FGDs**

The FGDs are deliberately more general in nature and more interactive, and participants are discouraged from sharing individual information. Nonetheless, it is possible that the subject matter could result in distress. It is less likely, but also possible, that a disclosure of a current abusive relationship could emerge in the course of an FGD. If either of these things occurs, the following protocol will be observed:

1. In each case, the gatekeeper for the sending organisation will be informed that the FGD is taking place. In some cases, the gatekeeper might be on hand, helping with the site logistics.
2. In the event of disclosure or distress of a participant, the facilitator will give the group and activity to carry out together. She will then take the individual aside and follow protocol 1 or 2, depending on whether the issue is distress or an abusive relationship.
3. If the individual wishes to rejoin the group, the FGD will continue as usual.
4. If the individual wishes to end her participation, she can do so. She may wish one of the other members of the group to accompany her home, or she may wish the gatekeeper to be contacted and accompany her. The facilitator will ensure that she can return home safely, and will continue the FGD as planned.
5. As per both protocols, before the participant leaves, check if it's ok to contact her later that day or the following day to check that she is ok. Take her contact details.



## Appendix H Participant Information Sheet

### **Research Study: African migrant women's lives and health in Ireland**

#### **Information for Participants**

Take time to read this sheet. Ask Carol if you have any questions.

You don't have to take part in the research if you don't want to.

#### **What is this research about?**

This research is about African migrant women's lives and health in Ireland.

#### **Why is this study being done?**

To find out more about African women's lives in Ireland.

To ask for more money and services that African women need in the future.

#### **Will being in the study bring benefits to me or this community?**

There will not be new resources or services in your community as a result of the study.

You might enjoy the discussion. You might feel better after it. You might learn new things about your community and your rights.

Carol will share the findings with policy makers and service providers.

#### **Will the study cause any discomfort to me?**

It might. Some of the questions might bring sad memories.

You do not have to answer. You can leave at any time you want.

#### **What will happen to the information I give?**

It is confidential. Your name is not recorded.

It will be used for Carol's PhD research. It might be published in an article in a journal or newspaper. Your name and personal information will **not** be used.

Carol will share the information with you if you want.

**Will my friends or family find out about what I said?**

The information is confidential. Your name and personal information will **not** be used unless you want them to.

**Do I have to be in the study?**

No. It is your decision if you want to take part. You can leave at any time. I will not ask you why you do not want to take part. It is your decision.

**What if I have any questions?**

The researcher is Carol Ballantine, and my phone number is 086 6045546. My email address is carolballantine@gmail.com

If you don't want to talk to me, my research supervisors are: Nata Duvvury, 091 52539; and Stacey Scriver, 091 524116.

If you want to speak in confidence to someone independent, you may contact the Chairperson of the NUI Galway Research Ethics Committee, C/O Office of the Vice President for Research, NUI Galway, [ethics@nuigalway.ie](mailto:ethics@nuigalway.ie). 091 495 312.